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for Traumatic Stress Studies

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Frontiers in Traumatic Stress:
Global Perspectives and Creative Solutions

Poster Abstracts

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Baltimore Marriott Waterfront
Baltimore, MD

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Thursday, September 18, 2025

1:30 p.m. - 2:45 p.m.

Poster Session 1 Presentations

TA1. HOW DO POST-9/11 U.S. VETERANS PERCEIVE MORAL INJURY: AN EXPLORATORY STUDY

Leah Danson*¹, Katrina Spontak¹, Ai-Nghia Do¹, Nicholas Rattray¹

¹*VA HSR and D Center for Health Information and Communication, Roudebush VAMC*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Global

Abstract Body Intro: Research on moral injury (MI) continues to grow despite a lack of consensus definition. Exploratory studies can enable construct clarification and minimize conceptual drift. This qualitative study sought to understand how post-9/11 U.S. Veterans perceive and describe MI. Methods: Twelve Veterans completed a cognitive interview utilizing the Moral Injury Questionnaire–Military Version and the Expressions of Moral Injury Scale–Military Version. Using thematic analysis, qualitative data was coded and evaluated focusing on saliency of key codes and their connection to existing theoretical frameworks of MI. Results: Veterans described their experiences of MI in narratives that may not be captured in prominent definitions or conceptualizations of MI, particularly in relation to betrayal-based events. Some Veterans did not perceive experiences to be morally injurious if they happened outside of combat or life-threatening situations. Other Veterans perceived the measures' questions as too narrow in scope to account for what they considered morally injurious. Discussion: Definitions and conceptualizations of MI may need to expand to be inclusive of experiences of betrayal that do not come from high stakes situations or explicitly distinguish MI from other constructs such as institutional betrayal. Veterans' perceptions that MI is primarily based in combat experiences has significant implications for adequately capturing and assessing MI.

TA2. TRANSFORMING TRAUMA-INFORMED CARE WITH THE PSYCHOLOGICAL UNDERSTANDING AND LIFE SATISFACTION EVALUATION (PULSE) TOOL: ADDRESSING SERVICE NEEDS AND GAPS IN MENTAL HEALTH CARE

Brigitta Beck*¹, Carolyn Yeager¹

¹*Univ of Colorado at Colorado Springs*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Introduction: Traditional mental health assessments often fail to capture critical aspects of client progress, particularly within trauma-informed care frameworks. The PULSE (Psychological Understanding and Life Satisfaction Evaluation) platform was developed to address these gaps by providing a comprehensive, user-friendly tool for assessing and tracking individual well-being. PULSE integrates psychological assessments with real-time life satisfaction data to offer customizable, consistent, and interpretable evaluations. The platform is optimized for advanced data analysis, supporting robust program evaluation while enhancing care delivery. Key features include tailored assessments, data visualization, actionable treatment planning recommendations, history of progress, and flexible access to facilitate clinical decision-making.

Methods: At the Lyda Hill Institute for Human Resilience, we developed PULSE, a custom software system designed to measure mental health resilience over time in a novel clinical setting for trauma recovery. Existing software solutions lacked the capability to track resilience across multiple domains with the necessary depth and specificity. PULSE was engineered to monitor resilience in four key domains: psychological, physical, social connections, and purpose/meaning. Automated assessments were administered via PULSE at intake, midway, and follow-up to monitor progress and assess the impact of the trauma recovery program.

Results: PULSE successfully captured changes in resilience across the four domains, yielding actionable data that provided valuable insights for both clinicians and clients. This data informed treatment planning allowed for ongoing evaluation of program effectiveness. The platform was well-received by both healthcare providers and clients, demonstrating its utility in enhancing engagement and facilitating targeted care.

Conclusion: PULSE enhances trauma-informed care by offering a visual representation of client progress, promoting self-efficacy, and increasing engagement in the treatment process. As a custom-developed solution, PULSE enables the capture of nuanced changes in resilience that existing tools cannot measure. By reducing clinician bias and addressing gaps in service delivery, PULSE contributes to improved well-being and treatment outcomes, representing a significant advancement in mental health assessment and care provision.

TA3. PTSD SYMPTOM CLUSTERS AND CANNABIS USE: THE MODERATING EFFECTS OF PTSD-SPECIFIC COPING MOTIVES

Christopher Latourrette*¹, Lauren Smith¹, Taylor Kliebhan¹, Sage Hawn²

¹*The Virginia Consortium Program in Clinical Psychology*, ²*Old Dominion University*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body PTSD is frequently linked to elevated cannabis use and related problems, including cannabis use disorder. Self-medication, or “cannabis-to-cope,” is one theory underlying this association. Few studies have investigated the relationships between distinct PTSD symptom clusters and cannabis use, particularly the use of cannabis as a coping

mechanism. The current study investigated the associations between the four PTSD symptom clusters, PTSD-specific coping motives, and problematic cannabis use among 345 trauma-exposed undergraduate cannabis users (M_{age}=22.19, SD=6.45; 46.7% White; 79.7% woman-identifying). Linear regressions revealed significant associations between each PTSD symptom cluster and problematic cannabis use (Intrusions: β =.143, Avoidance β =.189, Negative alterations in cognition and mood: β =.228, and Arousal: β =.244, p s < .008). PTSD-specific coping motives moderated the association between intrusion symptoms and problematic cannabis use (β = -.032, p = < .004), but did not moderate the effects of the other PTSD symptom clusters on cannabis use. Despite higher cannabis-related problems among individuals who rely heavily on cannabis as a PTSD-specific coping mechanism, the expected positive association between PTSD symptoms and cannabis-related problems reversed in this group. This suggests a trade-off between symptom relief and the risk of cannabis dependence. Clinical implications, including the potential utility of harm reduction approaches and psychoeducation surrounding the potential of dependence, will be discussed.

TA4. QUALITATIVE ACCOUNTS OF ALCOHOL AND CANNABIS PROTECTIVE BEHAVIORS FOR SEXUAL ASSAULT AMONG COLLEGE WOMEN

Reagan Fitzke*¹, Riley Hester², Elisabeth McLane², Shantel Horne², Brigitta Beck², Colin Mahoney²

¹*University of New Mexico*, ²*University of Colorado at Colorado Springs*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Sexual assault (SA) is alarmingly prevalent among college women, with substance misuse often considered as both a risk factor and an adverse health outcome of SA. Alcohol and cannabis co-use, particularly simultaneous co-use (i.e., use on the same occasion so that effects are likely to overlap), has been on the rise among college women, and can confer additional risk for negative consequences, including SA experiences, above and beyond the use of either substance alone. Thus, alcohol and cannabis use and co-use represent an important target for gender-based violence prevention in this population. Further, harm reduction and protective behavioral strategies (PBS), which have largely been applied to substance use intervention efforts, are of increasing interest in gender-based violence prevention efforts. Applying a harm reduction framework in the context of substance use-related SA has the potential to reduce risk for SA, as well as substance misuse, revictimization, and related psychosocial sequelae post-SA. Qualitative interviews were conducted with (N = 20) college women who have experienced SA that use both alcohol and cannabis. Findings will be discussed, including research implications highlighting the potential role of alcohol and cannabis use and co-use PBS in preventing SA experiences. Notably, findings support the integration of alcohol/cannabis harm reduction clinical interventions, such as brief motivational interventions, personalized normative feedback, and skills-based interventions, in SA prevention efforts for college women.

TA5. EXAMINING WORKPLACE TRAUMA IN FEMALE FIREFIGHTERS: A MIXED-METHODS STUDY OF MENTAL HEALTH AND OCCUPATIONAL RISKS

Alexis Berry*¹, Kristy Cuthbert, PhD¹, Anka Vujanovic, PhD¹

¹*Texas A & M University*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The small body of literature on female firefighters (FF) reveals common themes that directly impact physical and mental health (Jahnke et al., 2019): higher injury rates, work-related discrimination and harassment, and lack of adapted protective equipment (Hollerbach et al., 2019; McQuerry et al., 2019). This study used quantitative and qualitative methods to explore workplace trauma experiences and mental health symptoms in a sample of 76 FF. The survey included measures for PTSD (PCL-5), alcohol use (AUDIT), traumatic life events (LEC-5), anxiety (OASIS), suicide risk (SBQ-R), and sexual harassment (SHI). Women in the sample were mostly white (77.6%), with a mean age of 40.22 years and 14.29 years in fire service. The mean symptom measure scores were as follows: PCL-5 (27.10), SHI (28.64), OASIS (8.94), AUDIT (6.46), and SBQ (5.24). Full demographics will appear in the poster. Of note, 85.5% of FF endorsed a traumatic experience in the workplace. Of the trauma-exposed population (N=65), 51.3% experienced an unwanted sexual experience. Qualitative data highlights FF experiences with unfair workplace treatment and unwanted sexual attention. Full statistics on trauma exposures and qualitative themes will be highlighted in the poster. This study highlights the high rates of workplace trauma and psychological distress among female firefighters. Findings emphasize workplace risks, PTSD symptoms, and the need for targeted interventions. Addressing workplace culture, mental health support, and future research on long-term effects are crucial for improving well-being in this underrepresented population.

TA6. FUNCTIONAL IMPAIRMENT OF PERPETRATOR TRAUMA

Olathe Bigknife Antonio*¹, Rachel Williamson¹, Chris Dums¹

¹*University of Montana*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Perpetrator distress refers to the psychological response of individuals who believe they have caused harm, potentially in violation of their own morals and values. Limited research explores the differences in symptoms of posttraumatic stress related to potentially traumatic events (PTEs) that involve perceived perpetration versus those that do not. The present study aims to assess differences in severity of PTSD and complex PTSD symptoms, as well as the functional impairment (interpersonal, occupational, and other important life domains) associated with these symptoms, between perpetration- and non-perpetration-related PTEs. 585 participants completed the International Trauma

Questionnaire and classified their index traumatic event as either self-caused or not. Results indicate that those who identified their PTE as caused by their own actions did not differ in symptoms of PTSD (re-experiencing, avoidance, sense of current threat) or symptoms of complex PTSD (indicated by disturbances in self-organization). However, those with perpetration-related PTEs reported higher functional impairment related to both PTSD ($t(563) = 2.67, p = .008, d = 0.23$) and complex PTSD ($t(563) = 2.40, p = .017, d = 0.21$) symptoms. Findings suggest that symptom presentation may be similar across different PTEs but that those involving perceived perpetration may lead to greater functional impairment.

TA7. EXPLORING SEXUAL MINORITY DIFFERENCES ACROSS DISORDERED EATING BEHAVIORS IN TRAUMA-EXPOSED COLLEGE STUDENTS

Taylor Kliebhan*¹, Sage Hawn¹

¹*Old Dominion University*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Posttraumatic stress disorder (PTSD) is comorbid with a range of psychiatric disorders, including eating disorders (EDs). Known risk factors for PTSD include sexual minoritized (SM) identity. SM individuals experience higher rates of lifetime trauma, an increased risk for PTSD, and increased risk for other psychiatric illnesses, including EDs. The self-medication hypothesis suggests that PTSD may contribute to the development of EDs through trauma-related eating to cope (TREC). Despite preliminary evidence for TREC, this phenomenon has yet to be explored in SM individuals. Among a diverse sample of 726 trauma-exposed undergraduates ($M_{age}=22.55, SD=6.92$) we explored differences in TREC across SM and heterosexual individuals, examined whether the association between PTSD and disordered eating (DE) behaviors differed according to SM status, and tested whether SM status moderated a self-medication mediation model in which PTSD was associated with DE via TREC. TREC levels did not differ between SM and heterosexual individuals, $t(702)=-.29, p=.77$, nor did SM status moderate the association between PTSD and restriction, ($b=-.05, p=.58$), binge eating ($b=-.05, p=.62$), or emotional eating ($b=-.05, p=.16$). Despite support for the self-medication model, evidenced by significant indirect effects across all models, none of these indirect effects were conditional upon SM status ($ps .11-.18$).

TA8. DEVELOPMENT AND VALIDATION OF A MEASURE ASSESSING CHILD SAFETY-RELATED IMPULSES AND MOTIVATIONS IN RELATION TO POTENTIAL TRAUMA EXPOSURE

Alexander Rice*¹, Evan Salerno¹, Jennifer Bivin¹, Joscelyn Fisher¹, Christin Ogle¹, Stephen Cozza¹

¹*Uniformed Services University of the Health Sciences*

Track Assessment and Diagnosis

Primary Program Type Public Health

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Accidental injuries are a leading cause of morbidity and mortality in U.S. youth. Parents may underestimate traits like impulsivity and curiosity that increase risk exposure. As no validated measures assess parental perceptions of these traits in relation to child safety, we developed the Child Safety-Related Impulses and Motivations (CSIM) measure. Data from 600 parents of children aged 2–17 years were analyzed. Factor analyses examined structure and invariance across age groups (2–4, 5–10, 11–17 years). Correlations with Strengths and Difficulties Questionnaire (SDQ) subscales were assessed. Exploratory factor analysis identified two correlated factors: Impulsive Risk Propensity and Hazard Access Propensity. Multi-Group Confirmatory Factor Analysis supported measurement invariance across age groups. Both subscales demonstrated strong reliability ($\alpha = 0.82-0.95$). Impulsive Risk Propensity correlated strongly with conduct problems ($r = 0.63$) and hyperactivity ($r = 0.61$), while Hazard Access Propensity correlated moderately with conduct problems ($r = 0.44$); weaker correlations were observed with prosocial behavior, peer problems, and emotional symptoms ($r = -0.39$ to $r = 0.32$). The CSIM is a valid and reliable tool for assessing parental perceptions of child safety-related tendencies. It may inform interventions aimed at improving parental risk perception and in turn reduce risk of child injury and trauma exposure.

TA9. BLOOD BIOMARKER CHANGES AND RELATIONSHIPS AFTER A LOW DOSE ORAL KETAMINE TREATMENT FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

Bonnie Quigley¹, **Alain Brunet***¹, Emerald Orr¹, Sophie Kafka¹, Adem Can¹, Daniel Hermens¹

¹*University of the Sunshine Coast*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region East Asia and the Pacific

Abstract Body Ketamine has been investigated as a treatment alternative for PTSD for the last 20 years, yet there have been virtually no reports of biological changes or biomarker characterization related to treatment. To address this significant gap, this study analyzed 25 participants from an open-label clinical trial of low dose oral ketamine for PTSD treatment. Serum and plasma samples were quantified before and after a six-week ketamine treatment for brain-derived neurotrophic factor (BDNF), vascular endothelial growth factor A (VEGF-A), serotonin, FK506 binding protein 51 (FKBP51) and a panel of cytokines. Analysis of BDNF and VEGF-A levels throughout the trial detected a significant positive correlation between the two biomarkers and a small but statistically significant decrease in both measures after ketamine treatment. This novel finding reinforces evidence that ketamine's effect relies on a reciprocal interaction between BDNF and VEGF-A, offering potential insights into the biological mechanism of PTSD symptom reduction. Additionally, the analysis of FKBP51 and serotonin revealed novel relationships between these biomarkers and clinical scales, before and after ketamine treatment. Finally, significant changes or relationships involving the immune cytokines were not detected in this trial, possibly because half the participants presented with low-grade inflammation while the other half did not. This

study represents the first comprehensive analysis of blood biomarkers before and after ketamine treatment for PTSD and reveals important biological changes and relationships related to this treatment.

TA10. UTILIZING LARGE-SCALE BIOBANK DATA TO EXAMINE COPY NUMBER VARIANT ASSOCIATION IN PTSD

Sydney Kramer*¹, Saeed Farajzadeh Valilou², Roseann E. Peterson³, Ananda B. Amstadter¹, Tan Hoang Nguyen¹, Christina Sheerin¹

¹*Virginia Institute for Psychiatric and Behavioral Genetics*, ²*Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University*, ³*Institute for Genomics in Health, SUNY Downstate Health Sciences University*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body PTSD is moderately heritable, and genome-wide association studies (GWAS) have identified numerous common variants associated with PTSD. Yet, rare structural variation through copy number variant (CNV) associations are much less understood. We leverage short-read whole genome sequencing (srWGS) data from the All of Us (AoU) study to examine rare CNVs associated with PTSD. This study used data from the All of Us Research Program's Controlled Tier Dataset v8, available to authorized users on the Researcher Workbench.

We conducted Firth's regression using srWGS based genotypes and 49,879 samples of European ancestry with cases defined as 2+ ICD 9 (309.81) and 10 (F43.1) codes for PTSD and controls defined as absence of these codes and adjusting for population structure, sex, and age. We examined the genome-wide total span of CNVs and CNVs overlapping individual genes. P-values were Bonferroni adjusted.

A total of 1483 cases and 48436 controls were identified. We tested the association of 584,029 CNVs with PTSD. One marginally significant duplication, q21.22 (z-stat=5.35, OR=17.91, SE=0.54, p=8.909e-08, adj p=0.05) was found in the THAP9 gene. A deletion, q22.2, was also suggestive (z-stat=5.19, OR=1.95, SE=0.13, adj p=0.06) in the DSCAM gene. Two suggestive CNVs were identified as associated with PTSD case status even in a limited sample size. The duplication in THAP9 has been associated with neurodevelopmental disorders. Planned extensions will apply cross-ancestry pipelines, additional biobanks, and integrative common variant approaches to enhance power and further clarify the genetic architecture of PTSD.

TA11. TRAUMA, PAIN, AND POSTPARTUM RECOVERY: EARLY PREDICTORS OF POSTPARTUM DEPRESSION IN A TRAUMA-EXPOSED SAMPLE

McKenzie Lockett*¹, Noor Joudi², Miriam Schultz³, Katherine Bianco², Pervez Sultan³, Danielle Panelli²

¹National Center for PTSD - Dissemination and Training Division, ²Division of Maternal-Fetal Medicine and Obstetrics, Stanford University School of Medicine, ³Stanford University School of Medicine

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Introduction: Adverse childhood experiences (ACEs) heighten risk for postpartum depression in pregnant people. In non-pregnant people, ACEs are linked to greater pain-related impairment (PI), which can contribute to depression. However, there is little research on the effects of PI on postpartum depression in pregnant people with ACEs.

Methods: We conducted a prospective cohort study of postpartum pregnant people with history of at least 1 ACE who delivered via cesarean. Postpartum PI in various domains (e.g., life enjoyment, personal relationships) was collected 24-48 hours post-delivery using the Brief Pain Inventory. Postpartum depression was measured 6-weeks postpartum via the Edinburgh Postpartum Depression Scale (EPDS), and imputed with the postpartum day 3 EPDS if missing. Linear regression analyses adjusting for confounders (primary language, socioeconomic status, imputed score) were used to investigate the effects of PI domains on EPDS scores.

Results: Among 55 people with an ACE, 42 (76%) had a postpartum EPDS score for analysis. Higher PI in life enjoyment predicted higher EPDS scores, ($b = 0.94$; 95% CI 0.41, 1.47; $p = .001$) and higher PI in personal relationships predicted higher EPDS scores ($b = 0.67$; 95% CI 0.05, 1.29; $p = .03$).

Conclusion: Results suggest that post-Cesarean PI in life enjoyment and personal relationships may be early vulnerability factors for worse downstream postpartum depressive symptoms. Integrated postpartum pain and psychological assessment among trauma-exposed pregnant people may aid early intervention.

TA12. ASSOCIATIONS OF DIMENSIONS OF EARLY LIFE ADVERSITY WITH MITOCHONDRIAL DYSFUNCTION

Shiloh Cleveland*¹, Judith E. Carroll¹, Linsey Stiles¹, Amanda K. Montoya¹, Jennifer A. Sumner¹

¹UCLA

Track Biology and Medical

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Early life adversity (ELA) is linked to poor health across the lifespan, including cardiometabolic disease. One key, yet understudied, mechanism that may explain how ELA gets under the skin to impact cardiometabolic risk is mitochondrial dysfunction. Mitochondria are targets of the body's stress response and mediators of stress-related

pathology, and mitochondrial dysfunction has been associated with accelerated biological aging and cardiometabolic risk. This study is the first to investigate whether experiences of ELA, including key dimensions of threat- and deprivation, are associated with mitochondrial function in a sample of trauma-exposed adults (n=143). Participants reported on ELA, including threat and deprivation. Mitochondrial bioenergetics and energy metabolism (i.e., oxygen consumption rate and extracellular acidification rate) of live peripheral blood mononuclear cells were assessed. Generalized estimating equations were used to examine associations between overall ELA and dimensions of threat- and deprivation-related ELA with mitochondrial function, adjusting for relevant covariates. Greater cumulative ELA was linked to greater respiratory activity, with distinct associations for threat and deprivation related to respiration and metabolism. This study sheds light on unique dimensions of ELA associated with a key process of biological embedding of early adversity.

TA13. POST-TRAUMATIC STRESS DISORDER RATES IN TRAUMA-EXPOSED CHILDREN AND ADOLESCENTS: AN UPDATED THREE-LEVEL META-ANALYSIS

Ilse Visser*¹, Malindi Van der Mheen¹, Rik Knipschild², Wouter Staal³, Mark Assink⁴, Ramón Lindauer¹

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Track Child and Adolescent Trauma

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Child/Adolescent

Region Global

Abstract Body In the past decade, no meta-analytical estimates of the prevalence of post-traumatic stress disorder (PTSD) among children and adolescents have been published, despite a host of new prevalence studies as well as updated DSM-5 criteria.

We set out to estimate the prevalence rates of PTSD in trauma-exposed children and adolescents on the basis of DSM-IV and DSM-5 criteria, and to investigate differences in prevalence across trauma type, sex, time since exposure, type of informant, and diagnostic measures.

Studies identified in a previous meta-analysis were combined with more recent studies we retrieved in a new systematic literature search, resulting in a total of 95 studies describing 64 independent samples (N = 6,745 DSM-IV, N = 12,644 DSM-5) over 30 years. Three-level random-effects models were used to estimate prevalence for DSM-IV and DSM-5 criteria separately, and for testing coded variables as moderators.

The DSM-IV meta-analysis estimated a PTSD prevalence of 20.3% (95% CI interval 14.9%–26.2%) using 56 samples, and revealed moderating effects of sex, trauma type and diagnostic interview type. The DSM-5 meta-analysis found an overall prevalence of 12.0% (95% CI interval 3.7%–24.2%) using eight samples, with insufficient data for moderation analyses.

While most trauma-exposed youth do not develop PTSD, a significant proportion – 20% under DSM-IV criteria and 12% under DSM-5 criteria – do, particularly girls and individuals

exposed to interpersonal trauma. These findings highlight the urgent need of continuous efforts in prevention, early trauma-related screening, and effective diagnostics and treatment.

TA14. THE EFFECT OF CHILD SEXUAL ABUSE (CSA) AND DEPRESSION ON INFLAMMATORY MARKERS AND HEALTH OUTCOMES: A PROSPECTIVE STUDY

Catherine Elliott*¹, Hannah Swerbenski¹, Jennie Noll¹

¹*University of Rochester*

Track Child and Adolescent Trauma

Primary Program Type Biological/Medical

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Introduction: The chronic stress associated with child sexual abuse (CSA) is linked with poor mental health, physical health, and inflammation, but no prior prospective study has teased apart directionality of these associations to clarify how CSA may precipitate negative health outcomes.

Methods: 111 female participants (n=53 CSA-exposed during childhood at Mage= 11) were followed from early adolescence to adulthood (Mage=37.08 at follow-up) and reported depressive symptoms, health, and provided blood samples, which were assayed for C-Reactive Proteins (CRP), Albumin-to-Globulin Ratios (AGR), neutrophils-to-lymphocyte ratios (NLR), and clinically perturbed white blood cells (WBC). Composites for Infectious Diseases, Metabolic Disorders, Respiratory Problems, and subjectively rated overall health were drawn from healthcare interviews.

Results: Model fit was good, with CSA predicting WBCs ($\beta=.182$, $p=.051$), whereas depression predicted higher CRP ($\beta=.200$, $p=.041$) and lower AGR ($\beta = -.222$, $p =.017$). In turn, CRP was linked to respiratory problems ($\beta=.238$, $p=.006$) and NLR linked to metabolic disorders ($\beta=.236$, $p=.056$).

Implications: Results highlight specific inflammation markers that may link early chronic stress and health, elucidating biological mechanisms. Thus, primary prevention of CSA and treatment of depression may be leveraged to address chronic stress related health disparities.

TA15. CHILD ADULT RELATIONSHIP ENHANCEMENT (CARE): A SINGLE SESSION INTERVENTION FOR CHILD CAREGIVERS ACROSS SETTINGS

Julia Thompson*¹, Kristin Dean², Michele Moser³

¹*East Tennessee State University*, ²*University of Tennessee*, ³*East TN State Univ Ctr of Excellence*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Caregivers of young children in the children welfare system who have been impacted by trauma may have limited information or knowledge about how to interact with children who may display disruptive behavior or emotional outbursts. The Child Adult Relationship Enhancement (CARE) model is a trauma-informed set of skills that can be used by any adult, across settings, who works with children impacted by trauma. Based on CBT parenting strategies, the CARE model has been disseminated in a variety of child-serving settings, such as daycares, preschools, community centers, and primary care (Schilling, et al., 2017) in a single training session with demonstrated efficacy in reducing disruptive behavior and enhancing positive attachment (Messer et al., 2018). This presentation will describe strategies to disseminate and implement CARE in settings where children in the foster care system interact.

TA16. DO CAREGIVER PRACTICES PREDICT LATER RESILIENCY IN EMERGING ADULTS WHO WERE EXPOSED TO TRAUMA DURING CHILDHOOD?

Akila Gopalkrishnan*¹, Josselyn Telule¹, Abigail Wilkinson¹, Freddie Pastrana Rivera¹

¹*The University of Southern Mississippi*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Children and adolescents are often exposed to potentially traumatic events (PTEs; abuse, disaster), increasing risk for posttraumatic stress symptoms (PTSS), though many evidence resilience (Lai et al., 2017; Meijer et al., 2019). Considering their role in child development, caregivers likely impact youth post PTE adjustment. Studies find that caregiver behaviors can influence youth resilience (Isokääntä et al., 2019; Masten et al., 2018). Resilience may also shape youth response to stress and caregiver dynamics. Yet, research on caregiver practices post youth PTE exposure are limited, especially from children's perspective.

In this study, we examine differences in resilience in emerging adults with and without childhood PTE and how perceived caregiver practices (warmth, discipline) predict resilience in both groups. We hypothesize adults exposed to early PTEs will endorse lower resilience (Connor and Davidson, 2003); negative caregiver practices will negatively predict resilience; and positive practices will positively predict resilience.

After recruitment (university portal, flyers), 427 college students (18-25 y/o; 88% women; 75% White) consented to study. Data were collected via Qualtrics on PTEs (LEC-5), caregiver practices (adapted APQ), and resilience (CD-RISC). Analyses will include series of multiple linear regressions and relevant covariates (e.g., family structure, caregiver traits) will be examined.

Elucidating links amongst parenting, resilience, and trauma may inform screening and intervention efforts for youth and families, especially those exposed to early PTEs.

TA17. THE WEIGHT OF EXPERIENCE: HETEROSEXISM'S ROLE IN SGM-ACES AND DEPRESSION

Nayda Castillo*¹, Maricela Galdamez¹, Sandra Estrada Gonzalez¹, Ruby Charak¹

¹*University of Texas Rio Grande Valley*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Sexual and gender minority individuals (SGM) individuals face increased risks of experiencing adverse childhood events (ACEs), as well as those tied to their minority identities such as heterosexist experiences (Charak et al., 2023; Schnarrs et al., 2022), which in turn are associated with depressive symptoms (Dorri et al., 2023; Ronzón-Tirado et al., 2023). This study aimed to examine the mediating role of daily heterosexist experiences (DHE) in the association between ACEs related to SGM-identity (SGM-ACEs) and depressive symptoms. Participants included 98 SGM Latine women from South Texas (age M/SD = 24.39/7.53; 71 women, 13 non-binary, 3 transgender female, 11 gender expansive; 50 lesbian, 45 bisexual, 3 asexual). Over three quarters of participants reported SGM-ACEs (79.6%) and half reported IAP (50.5%). Findings indicated those who experienced greater SGM-ACEs also reported higher levels of DHE (a: $\beta = 0.559$ $p < .001$), which, in turn, was associated with greater depressive symptoms (b: $\beta = 0.348$, $p < .001$). The direct effect of SGM-ACEs on depressive was statistically significant (c: $\beta = 0.249$, $p < .05$). Further, the indirect effect through partner abuse was also statistically significant (a*b: $\beta = 0.194$, 95% CI [0.038, 0.402], $p < .01$). Findings emphasize the importance of prevention of SGM-ACEs during childhood and focusing on minority stressors and heterosexist experiences while providing trauma informed services to SGM individuals.

TA18. HOPELESS IN THE HOME: EFFECTS OF FAMILIAL PROBLEM-SOLVING AND NEGATIVE EVENTS ON HOPELESSNESS IN PSYCHIATRICALY HOSPITALIZED ADOLESCENTS

Rachna Iyer*¹, Aleksandr T. Karnick¹, Esther Palacios-Barrios², Michael Armey³, Nicole Nugent³, Leslie Brick³

¹*Brown University*, ²*The Ross Center*, ³*Alpert Medical School, Brown University*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Adolescents experience hopelessness at alarming rates, posing risk for depression, suicidality, and other negative outcomes. Family dysfunction has also been associated with similar poor mental health outcomes. Limited research has looked at the relationship between family dysfunction and hopelessness specifically. This study used ecological momentary assessment (EMA) data to assess the relationship between family dysfunction, family-related negative events, and momentary hopelessness. Adolescent participants (N=156) were recruited from an inpatient psychiatric suicide unit and completed

the Family Assessment Device (FAD) at baseline. During a 21-day EMA period, they reported current feelings of hopelessness and whether they had experienced a negative event. Analyses included multilevel linear mixed-effects models. Experiencing a family-related negative event was associated with momentary hopelessness ($p < 0.001$), as was family dysfunction ($p < 0.001$). Of the FAD subscales, only problem-solving had significant associations with hopelessness ($p=0.005$). Exploratory analyses revealed that relative to family-related negative events ($r=0.64$), school/work-related negative events ($r=0.91$), health-related negative events ($r=0.87$), and relationship-related negative events ($r=0.75$) had stronger effect sizes on outcomes of momentary hopelessness. These results suggest that family, school, health, and relationship problems are significantly related to hopelessness in children, and that the ability to solve problems within a family can have a strong impact on this experience of hopelessness.

TA19. THE ROLE OF EMOTION REGULATION IN CHILDHOOD TRAUMATIC EVENTS AND CURRENT DEPRESSION SYMPTOMS

Laura Torio*¹, Elizabeth Goncy¹

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Childhood trauma (CT) has been associated with multiple negative consequences, such as depression (Nani, Uher, and Danese, 2012). Studies have demonstrated that effective emotion regulation (ER) strategies, which include managing their emotions to meet needs and achieve goals (Gross, 1998), can help mitigate the severity of depressive symptoms (Hopfinger et al., 2016). We hypothesize that ER will moderate the relationship between traumatic childhood experiences and depression, reducing its symptoms. Young adults ($N=525$, 74,5% women, 79,6% white) completed measures on difficulties in emotion regulation, adverse childhood experiences, and depression.

Higher scores on difficulties in ER paired with higher scores on depression (linear curve $F=412.003$, $p < .001$). There is no moderation effect of difficulties in ER on the relationship between childhood traumatic events and current depression symptoms, even though both of them independently do (DER: $B=.605$, $p < .001$) (ACE: $B=.034$, $p < .001$).

These findings suggest that even though ER strategies are related to depressive symptoms (certain strategies may be maladaptive for individuals), there may be other factors playing a more critical role in the development of depression following childhood trauma.

TA20. THE ROLE OF SOCIAL ISOLATION IN THE RELATIONSHIP OF CHILDHOOD ABUSE TYPES TO SLEEP DIFFICULTIES

Laura Ong*¹, Elizabeth Gracey¹, Holly Orcutt¹

¹*Northern Illinois University*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Population Type Adult
Region Industrialized Countries

Abstract Body While cross-sectional and longitudinal studies have demonstrated a relationship of childhood abuse to later sleep difficulties, additional research is needed to clarify the mechanisms by which childhood abuse may impact sleep. Initial evidence suggests that this relationship may be mediated by perceived stress. However, no studies have explored the potential mediating role of social isolation, which has been found in other contexts to predict sleep difficulties. The present study explored the role of perceived stress (PSS) and social isolation (PROMIS v2.0 Social Isolation 4a) as parallel mediators in the relationship of childhood physical, sexual, and emotional abuse (CTQ-SF) to sleep difficulties (first three items of ISI) among a sample of 535 undergraduates. After trimming nonsignificant paths, the final model was estimated with 10,000 bootstrapped iterations. Indirect paths emerged from childhood emotional abuse to sleep difficulties through social isolation ($\beta = .22$; $p < .001$) and also perceived stress ($\beta = .15$; $p < .001$). Childhood physical abuse was directly related to perceived stress ($\beta = .19$; $p = .04$). Although longitudinal studies are needed to confirm causality, social isolation may help explain the relationship of childhood emotional abuse to sleep difficulties, even after accounting for perceived stress.

TA21. VICTIMIZATION AND THREAT-BASED ADVERSITIES: ASSOCIATIONS WITH ADOLESCENT SELF-HARM

Sabrina Cassarino¹, Allegra Anderson², Marisa Marraccini³, Sophie Edelman², **Nicole Nugent***¹

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Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Population Type Child/Adolescent
Region Industrialized Countries

Abstract Body There is strong evidence linking adverse childhood experiences (ACE's) with psychological challenges in adolescence. Studies show that maltreated youth might succumb to a "victim" mindset, potentially increasing the likelihood that they face future threats, such as peer conflict. Similarly, dimensional models of adversity and psychopathology provide a framework in which ACEs are characterized by core dimensions of threat and deprivation, with threat-based adversities showing strong associations with adolescents' suicidal thoughts and behaviors (STB). In a sample of 194 adolescents (ages 13-18) discharged from psychiatric hospitalization for STB, the current study examined the associations between threat and deprivation-based adversities and non-suicidal self-injury (NSSI). Multiple linear regression analyses showed that threat-based adversities (i.e., bullying victimization; physical, sexual, and emotional abuse) were associated with earlier age of considering NSSI ($B = -.29$, $p = .005$) and greater frequency of NSSI in the past six months ($B = .25$, $p = .006$). Of note, deprivation-based adversities (i.e., physical and emotional neglect) were not

associated with NSSI ($p > .05$). Findings highlight the risks associated with threat-based adversities, emphasizing the importance of addressing bullying victimization in maltreated youth.

TA22. TRAUMA RELATED COGNITIONS AND EMOTION REGULATION AS MEDIATORS OF PTSD CHANGE DURING ONLINE WRITTEN EXPOSURE THERAPY

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¹*National Center for PTSD, Dissemination and Training Division*, ²*Palo Alto University*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Prior research suggests that trauma related cognitions and emotion regulation are associated with changes in PTSD symptoms. A systematic review found that reductions in negative trauma-related cognitions mediates change in PTSD symptoms across different evidence-based treatments. However, trauma related cognitions have not been tested as a mediator of PTSD change during written exposure therapy (WET), which is an evidence-based PTSD treatment that was recently found to be helpful when delivered in an online program. Moreover, very few studies have tested alternate mediators, such as emotion regulation. This study addresses these gaps by testing trauma-related cognitions and emotion regulation as potential mediators of PTSD change during WET. Data were drawn from a larger study of 223 veterans (M age=48.46, SD=9.95) who were offered WET through an online program. PTSD symptoms (Posttraumatic Stress Disorder Checklist for DSM-5; PCL-5), trauma-related cognitions (Posttraumatic Cognitions Inventory; PTCI-9), and emotion regulation (Difficulties in Emotion Regulation Scale; DERS-16) were assessed at baseline, mid-, and post-treatment. Repeated measures ANOVAs revealed reductions over time for the PCL-5, $F(3)=29.87$, $p < .001$, PTCI-9, $F(2)=7.659$, $p=.001$, and DERS-16, $F(2)=15.91$, $p < .001$. Results of lagged mediation analyses testing PTCI-9 and DERS-16 in a combined model will be presented. Identifying mediators of symptom change during WET may provide clues about potential mechanisms of therapeutic recovery.

TA23. VIEWING DISRUPTIVE BEHAVIOR THROUGH A TRAUMA LENS

Kristin Dean*¹, Caleb Corwin², Julia Thompson³, Michele Moser⁴

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Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Parent-Child Interaction Therapy (PCIT) is one of the most researched and strongest evidence-based treatment models for young children with behavioral challenges. Although initially developed for disruptive behaviors in children ages 2-7, PCIT has been implemented in a variety of cultures for a variety of family stressors, including substance use exposure (Bertrand, 2009) and maltreatment (Campbell, Chaffin, and Funderburk, 2014). PCIT utilizes highly specified, step-by-step, live coached sessions with the parent/caregiver and the child. Parents learn skills through didactic sessions and receive feedback in specific skills as he or she interacts in play with the child to change negative interaction patterns. This presentation will review strategies to disseminate PCIT in community health centers and establish a cohort of clinicians to work with young children exposed to trauma.

TA24. SYMPTOM PROFILES OF CHILDREN WITH TRAUMA AND DEVELOPMENTAL CONCERNS; RELATIONSHIP AND IMPACTS OF DEFICITS IN SENSORY PROCESSING AND EXECUTIVE FUNCTIONING

Jodi Zik¹, Steven Berkowitz*¹

¹*University of Colorado Anschutz Medical Campus*

Track Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Background: Trauma exposure in childhood is known to be associated with lower executive functioning (EF). Sensory processing (SP) may be a relevant driver of lower EF in trauma-exposed youth. Objective: Participants will 1) understand a replicable structure for assessing children with trauma and developmental concerns 2) incorporate new clinical data of symptom profiles of trauma-exposed children with focus on highlighting SP and EF impacts and relationships, and 3) understand feasible multidisciplinary early intervention models for these youth. Methods: Descriptive statistics and Pearson correlations were performed on cross-disciplinary data obtained from trauma-exposed youth in the Trauma Assessment Services for Kids (TASK) Clinic (n=44, median age 8.05). Results: Data indicates that these children have profoundly impacted EF (90% have scores in the clinically elevated range), and SP (82% have deficits). EF has a strong positive association with SP (.70, $p < .01$) and trends towards association with trauma symptomatology (.48, $p < .05$). Satisfaction rates are exceptionally high, with 100% of caregivers reporting better understanding of their children. Conclusions: Our unique clinical approach coupled with this preliminary data underlines the potential for creating an updated clinical standard of care in assessing these children to include components of SP and EF evaluation. Moreover, it points towards future prevention and treatment targets, such as comprehensive trauma treatments incorporating SP and EF skills.

TA25. EPIDEMIOLOGICAL INSIGHTS INTO POTENTIALLY TRAUMATIC LIFE EXPERIENCES IN CHILDHOOD

Annika Skandsen*¹

¹*University of Bergen/Stavanger University Hospital*

Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body This poster aims to enhance understanding of the epidemiological associations between potentially traumatic experiences (PTEs) in childhood and mental health outcomes. We will present empirical data from The Bergen Child Study and the Norwegian National Patient Registry, situating these findings within the current state of research. The focus will be on how PTE exposure correlates with posttraumatic symptomatology and healthcare utilization among children.

Objectives include:

1. **Epidemiological Knowledge Development:** Attendees will learn about the prevalence and types of PTEs encountered by children, emphasizing associations with risk factors that increase vulnerability to mental health issues.
2. **Understanding Psychopathology Links:** Participants will learn about the associations between varying levels of PTE exposure and the development of posttraumatic stress symptoms (PTSS) and psychiatric diagnoses, particularly among children in contact with Child and Adolescent Mental Health Services (CAMHS).
3. **Application of Research Findings:** We will discuss how family dynamics, social support, and other resilience factors are associated with children's mental health outcomes related to PTE exposure.

Our data indicate that while PTE prevalence and PTSS can differ across demographics, exposure to multiple PTEs is significantly associated with increased risk for childhood psychopathology. This poster will equip professionals with knowledge of these epidemiological insights, of interest for intervention strategies and support systems for affected children.

TA26. MECHANISMS MEDIATING THE RELATIONSHIP BETWEEN CHILD SEXUAL ABUSE AND SEXUAL SATISFACTION

Jason Shulman*¹, Alicia Selvey-Bouyack¹, Patricia Frazier¹

¹*University of Minnesota*

Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Childhood sexual abuse (CSA) is an established risk factor for adverse sexual outcomes in adulthood, yet much of the research has focused on sexual dysfunction. Sexual satisfaction—a key dimension of sexual well-being—remains underexplored. Recent meta-analyses have also called for investigating mediators of the relations between CSA and sexual outcomes. This study examined the relations between CSA and sexual satisfaction using longitudinal data from 1,105 adults who participated in the biomarker project within the Midlife in the United States (MIDUS) study. Meditation analyses assessed whether self-

esteem or perceived control over one's sexual life explained the relationship between CSA (at T1) and sexual satisfaction (at T2), accounting for sex assigned at birth. Bootstrapped confidence intervals were used to evaluate indirect effects. There was a significant indirect effect between CSA and sexual satisfaction through self-esteem ($p = .03$) but not through control over sex ($p = .35$). Results help clarify the mechanisms linking CSA to long-term sexual well-being, providing a more comprehensive framework for intervention.

TA27. SILVER LININGS: PARENTAL OPTIMISM AND ITS INFLUENCE ON FAMILY MENTAL HEALTH OUTCOMES POST-DISASTER

Emily Hermann*¹, BreAnne Danzi¹

¹*University of South Dakota*

Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Following a disaster, families may be at risk for adverse mental health outcomes, including posttraumatic stress disorder (PTSD). An individual's life orientation (i.e. optimism) is known to influence mental health, but it is less known how parental optimism might be related to posttraumatic stress and family mental health outcomes post-disaster. This study examined participants' life orientation and both parental and youth mental health outcomes following Hurricane Milton. Participants were 83 caregivers (78% White, 12% Latine, 8% Black, 2% Other) who were evaluated for optimism 1-week prior to exposure to Hurricane Milton, a destructive Category 5 hurricane. The same group was reevaluated 2 weeks after Hurricane Milton to assess for PTSD symptoms and family mental health outcomes. Differences in symptoms emerged for both the parent and child depending on the level of parental optimism. Parents with the highest level of optimism had lower rates of anxiety, depressive, and stress symptoms, $ps < .05$. However, there was no significant difference in parent PTSD symptoms. Similarly, children of parents with the highest levels of optimism demonstrated fewer internalizing, externalizing, and attention symptoms when compared to moderate and low levels of parental optimism, $ps < .05$. Results highlight the importance of fostering optimism as a protective factor in the context of a disaster.

TA28. TRAUMA AND TODDLERS: INNOVATIVE STRATEGIES TO TREAT YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM STANDARDIZING PCIT FOR TRAUMA: TRAUMA DIRECTED INTERACTION

Caleb Corwin*¹, Kristin Dean², Michele Moser³

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Track Child and Adolescent Trauma

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body The COEs have been disseminating PCIT in East Tennessee since 2007, and recently the Tennessee Department of Children's Services is including PCIT in their Family First Prevention Services Act implementation plan. While most of our trained PCIT clinicians are trauma-informed, the ways in which they manage trauma symptoms during PCIT likely differs significantly because until now a standardized protocol for addressing trauma in the model has not existed. We are piloting the Trauma Directed Interaction (TDI) protocol of PCIT so that therapists have a standard approach to helping caregivers manage the trauma reactions of their young children, in addition to learning appropriate behavior management strategies. PCIT-TDI is an indicated modification of PCIT, under development by two certified PCIT International Certified Global Trainers, for young children with comorbid disruptive behavior and trauma exposure (Gurwitch and Warner-Metzger, 2022). TDI attends to multigenerational trauma histories, personal trauma, and/or cultural trauma. While TDI maintains the theory of PCIT and fidelity to the model, it occurs in PCIT between the relationship-building phase and the discipline phase. This presentation will review the TDI model and discuss dissemination and training efforts for community health center clinicians working with young children in child welfare.

TA29. THE MILITARY UNIT AS A SOURCE OF SUPPORT OR STRESS, EMOTIONAL SELF-REGULATION, FORGIVENESS, AND PTSD: A PILOT STUDY AMONG RECENTLY DISCHARGED COMBAT MILITARY RESERVISTS

Michael Weinberg^{*1}, Shai Shorer², Doron Marom³, Miri Cohen¹, Shahar Shirony³

¹*University of Haifa*, ²*University of Haifa*; *B'Shvil Hamachar Organization*, ³*B'Shvil Hamachar Organization*

Track Clinical Interventions

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Middle East and North Africa

Abstract Body Background: PTSD symptoms in recently discharged combat veterans transitioning to civilian life may be associated with internal and external stressors or resources. Aims: The present study aimed to explore the relationships between veteran's perception of their military unit, emotional self-regulation, forgiveness (self, others and situation), and PTSD symptoms post war. Method: 161 male combat soldiers assembled into specialized units during war completed the study questionnaires. Path analyses using structural-equation-model were conducted to examine the relationships between perception of the unit as a source of support/stress, emotional regulation, and PTSD while mediated by the three dimensions of forgiveness. Results: The situational forgiveness model best explained the relationships among the research variables. The perception of the unit as a source of distress was negatively associated with forgiveness of the situation ($\beta = -.22, p < .01$) and positively associated with PTSD ($\beta = .16, p < .05$). Emotional regulation was positively associated with forgiveness of the situation ($\beta = .34, p < .01$) and negatively associated with PTSD ($\beta = -.16, p < .05$). Forgiveness of the situation was negatively associated with PTSD ($\beta = -.24, p < .01$). This model significantly explained 11% of the variance in forgiveness of others and 10% of the variance in PTSD symptoms. Conclusions: The importance of emotional regulation and different types of forgiveness are important to deepen veterans' coping process. When serving away from the nuclear unit, veterans might experience their new unit as a source of distress.

TA30. DO LONGER INTIMATE PARTNER VIOLENCE INTERVENTIONS IMPROVE OUTCOMES? A META-ANALYSIS

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¹*National Center for PTSD, Behavioral Science Division*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Global

Abstract Body Intimate partner violence (IPV) interventions often face accessibility challenges and high dropout rates. More work is needed to improve engagement and reduce barriers to treatment. One approach is to examine whether session length impacts effectiveness, as research on mental health interventions suggests that longer treatments are not always superior (Sloan et al., 2018). Additionally, past meta-analyses have primarily examined recidivism outcomes from police and partner reports while excluding self-reported IPV behaviors, which may better capture violence that does not result in legal consequences. This meta-analysis explored whether session length is associated with treatment effectiveness among randomized controlled trials (RCTs) of IPV interventions. A systematic search conducted by a team of three coders identified 593 articles for title and abstract review, with 29 undergoing full-text review. The final sample included 22 RCTs comparing IPV interventions to no treatment, treatment as usual, or an active control.

Results showed no significant relationship between session length and treatment effectiveness for recidivism or self-reported IPV behaviors. Findings also indicated that, on average, IPV interventions have only a small effect on reducing both self-reported IPV and recidivism. These results suggest that shorter interventions may provide a scalable, effective alternative, but further research is needed to determine the best strategies for improving IPV treatment engagement and outcomes.

TA31. EXPLORING THE ROLE OF MATERNAL PTSD AND PARENTING PRACTICES IN ADOLESCENT BEHAVIOR

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¹*Queens College, CUNY*, ³*The Graduate Center and Queens College, CUNY*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Maternal PTSD impacts parenting practices and child behaviors. Prior research has linked maternal PTSD with poor parenting behaviors, i.e., inconsistent discipline and poor supervision, which may contribute to child behavioral problems. Yet, the interrelationship among the three factors remains unclear. This study examined the effects of maternal PTSD and parenting practices on child internalizing and externalizing problems in

ages 11-14. We further examined whether parenting practices moderate the relationship between maternal PTSD and child behavior. Results show that both maternal PTSD status ($p=.039$) and inconsistent discipline ($p=.044$) predicted externalizing behavior, while poor supervision had no notable effect. Further, neither maternal PTSD nor parenting predicted internalizing behavior, and no interaction effects were found in any analyses. Contrary to expectations, children of mothers with PTSD who engaged in inconsistent discipline showed lower externalizing behaviors, suggesting protective mechanisms within the maternal PTSD context. These protective mechanisms might include heightened maternal vigilance, enhanced emotional awareness, post-traumatic growth, or compensatory parenting strategies that emerge specifically within the context of maternal trauma histories. These findings highlight the need for further research to identify protective factors in mothers with PTSD and inform targeted interventions that support effective parenting in mothers with and without PTSD.

TA32. THE PROLONGED EXPOSURE, PHARMACOTHERAPY, AND THEIR COMBINATION (“PEP-C”) STUDY: STUDY DESIGN, PROGRESS, AND “LESSONS LEARNED” TO DATE

Keith Bredemeier*¹, Sadie Larsen², Alexander Puhalla³, Kathleen Grubbs⁴, Lori Davis⁵, Michael Thase⁶

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Although both psychotherapies and medications have established efficacy for the treatment of Posttraumatic Stress Disorder (PTSD) in adults (Forman-Hoffman et al., 2018), and these treatments are widely available through the Veterans Affairs (VA) Healthcare System, the comparative effectiveness of these treatment options remains unclear. Further, patient level predictors of clinical outcomes in PTSD treatments are not well established. We are conducting a multi-site randomized controlled trial comparing the effectiveness of Prolonged Exposure therapy, pharmacotherapy (paroxetine or venlafaxine), and their combination in a large (target N = 300) and diverse sample of Veterans with PTSD (Bredemeier et al., 2022). Further, a range of baseline patient variables will be used to develop algorithms for generating individualized predictions of treatment outcomes within and across treatment conditions (“Personalized Advantage Indices”; Cohen and DeRubeis, 2018). Here, we present the study design and methodology of our trial, and our current progress for the project (N = 234, as of 1/31/2025). “Lessons learned” will be presented and discussed, with a focus on recruitment barriers and enhancement strategies, benefits and complexities in leveraging VA clinical services, and balancing the collection of comprehensive, gold-standard assessments with patient burden and resource limitations.

TA33. PREDICTORS OF ENGAGEMENT IN A BRIEF INTEGRATED INTERVENTION FOR PTSD AND HAZARDOUS ALCOHOL USE IN PRIMARY CARE

Allyson Smith¹, Katherine Buckheit¹, Nadine Mastroleo², **Kyle Possemato***¹

¹*VA Center for Integrated Healthcare*, ²*Binghamton University (SUNY)*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Primary Care Treatment Integrating Motivation and Exposure (PC-TIME) is an effective, 5-session intervention for Veterans with hazardous alcohol use and posttraumatic stress disorder (PTSD). To enhance treatment outcomes, it is critical to understand predictors of treatment engagement. The present study examined baseline severity of PTSD, depression, and alcohol use as predictors of engagement in PC-TIME. Participants were 30 Veterans randomized to receive PC-TIME who completed measures of PTSD (PCL-5), depression (PHQ-9), and alcohol use (AUDIT). Treatment engagement was operationalized dichotomously based on number of memory exposure exercises completed at home and in-session ($M=1.77$, $SD=1.36$). Low treatment engagers completed exposure exercises at home and in-session < three times ($n=17$); high engagers completed exposure exercises at home and in-session three or more times ($n=13$). Higher baseline PTSD severity ($t(28)=-2.44$, $p=.021$), depression severity ($t(28)=-2.19$, $p=.037$), and alcohol use severity ($t(28)=-2.60$, $p=.015$) significantly predicted lower treatment engagement. Clinical implications include considering an emphasis on motivational interviewing for patients with higher symptom severity and ensuring clinicians complete homework check-ins with patients between sessions to increase likelihood of completing exposure exercises.

TA34. RESOLUTION OF TRAUMA BUFFERS THE EFFECT OF TRAUMA EXPOSURE ON POSTTRAUMATIC STRESS SYMPTOMS

Sarah Ahmadi*¹, Crystal Park¹

¹*University of Connecticut*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma exposure is highly prevalent and associated with heightened risk of posttraumatic stress symptoms (PTSS). Repeated trauma exposure can have a cumulative effect on PTSS. The extent to which the index trauma was adequately resolved or continues to generate stress may have implications for PTSS. The objective of this study was to test whether resolution mitigates the impact of trauma.

Young adults ($n = 180$) who had been exposed to ≥ 1 DSM-5 Criterion A traumatic event completed measures of trauma history, extent to which their index trauma had been resolved, and PTSS. Trauma exposure was quantified as number of lifetime traumatic events.

Regression analyses tested effects of trauma exposure, trauma resolution, and their interaction on PTSS.

Trauma exposure predicted PTSS ($B = .79, p < .001$). Resolution of trauma predicted PTSS ($B = -4.92, p < .001$). Trauma exposure and resolution interacted to predict PTSS, such that with greater trauma exposure, those lower or average in resolution experienced greater PTSS ($B = -.26, p < .01$).

Young adults who experience more traumatic events may be at increased risk for greater severity of PTSS. Feeling that their index trauma has been resolved may buffer the impact of trauma exposure on PTSS. Cognitive therapies aimed at reducing PTSS should consider trauma resolution as an intervention target.

TA35. INTEGRATION OF BIOMARKER DATA COLLECTION IN A RANDOMIZED PILOT TRIAL OF EMERGING EXPOSURE AND NON-EXPOSURE TREATMENTS FOR TRAUMA-RELATED NIGHTMARES

Patricia Spangler*¹, Catherine Dempsey², Gena Glickman¹, Kristina Medvescek², James West¹, Lei Zhang¹

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Nightmares are prevalent among service members and veterans and impact mental health and daytime function. They are associated with overall PTSD symptom severity and are often resistant to evidence-based treatments (EBTs). To gain understanding of treatment response variability, investigating biomarkers that may indicate in-session stress response is key. Technology that captures physiologic markers of emotional arousal during trauma activation, including heart rate variability (HRV) and electrodermal activity (EDA), are useful in developing exposure treatments. Investigating genetic, molecular and neuroendocrine biomarkers that have been associated with posttraumatic stress response, sleep, and cognitive function, including BDNF, ACTH, and cortisol has the potential to increase understanding of treatment response variability and to improve differential diagnosis. The goal of this study is to compare the potential efficacy of two emerging treatments for nightmares: (1) Nightmare Deconstruction and Reprocessing (NDR), an exposure-based psychotherapy; and (2) NightWare (NW), a non-exposure approach using a wristband system. We will also assess the feasibility of circadian-dependent blood sampling and use of the Empatica EmbracePlus wristband to collect cardiovascular and electrodermal data. This poster will present preliminary results on methodologic feasibility indicators, including dropout rate, percent of physiologic data collected, and blood sample collection. Data collection is under way, with a target sample of up to 30 servicemembers and veterans in the National Capital Area.

TA36. PSYCHEDELICS FOR THE FRONT LINE: A SCOPING REVIEW OF EMERGING EVIDENCE FOR PSYCHEDELICS FOR BEHAVIORAL HEALTH TREATMENT IN VETERAN, ACTIVE-DUTY, AND OTHER MILITARY POPULATIONS

Jessica Tansing*¹, Abigail G. Strother², Elyse H. Restrepo, MA³, Brooke A. Fleischman, BA¹, Sarah C. Noonan, MS¹, Madhavi K. Reddy, PhD¹

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body This scoping review aims to assess the preliminary safety and efficacy of classical and non-classical psychedelics, and their perspective treatment protocols for addressing behavioral health (BH) issues and brain injury within veteran, active-duty, and other military populations. PubMed, Scopus, PsycINFO, MEDLINE, ScienceDirect and grey literature were searched to identify publications on classical (DMT, 5-MeO-DMT, psilocybin, LSD) and non-classical (MDMA and ibogaine) psychedelics for BH and brain injury treatment in veteran, active-duty, and other military populations. Inclusion criteria required a veteran, active-duty, and/or other military sample and classical and/or non-classical psychedelics for BH and/or brain injury treatment. Excluded publications involved ketamine, tetrahydrocannabinol, and/or cannabidiol. Researchers will use COVIDENCE following the Preferred Reporting Items for Scoping Reviews (PRISMA-ScR) guidelines. A literature search through Gorgas Memorial Library identified 166 publications. After duplicate removal, 110 publications were selected for screening by the researchers. Detailed results will be presented at ISTSS 2025 as screening is currently ongoing. Preliminary search results demonstrate that classical and non-classical psychedelics are being assessed for safety and efficacy for BH and brain injury treatment in veteran, active-duty, and other military populations, with clinical trials underway. Critical gaps will be identified to help inform future clinical research priorities and policies.

TA37. OVERCOMING RECRUITMENT BARRIERS IN MILITARY RESEARCH: ADDRESSING TRAUMA AND DIVERSE POPULATIONS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Introduction: Research in military populations is vital for the U.S. Armed Forces, yet recruiting and retaining service members is challenging due to barriers from unique environmental stressors. This study identifies key barriers to participation and explores strategies for improving recruitment among trauma-affected and diverse populations.

Methods: Participants from the Uniformed Services University Clinical Trials Working Group were recruited for an online survey on recruitment barriers and strategies, informed by a literature review. Open-ended text responses (n = 187) were coded by research staff, and common themes were identified.

Results: This study revealed several key barriers to research recruitment, including trauma exposure, deployment stress, logistical challenges, low leadership support, and lack of community trust. Survey results indicated a variety of recruitment strategies, but limited evidence on their effectiveness, especially regarding trauma-informed approaches.

Conclusion: Barriers to military research participation are substantial, with trauma related stressors playing a central role. While trauma-informed practices offer potential solutions, further research is needed to identify effective strategies to address these challenges and improve recruitment and retention.

TA38. A PILOT RANDOMIZED CONTROLLED TRIAL OF PATIENT-CENTERED MODULAR COGNITIVE BEHAVIORAL THERAPY FOR COMPLEX PTSD AND COMORBID INSOMNIA IN DANISH VETERANS

Sofie Folke*¹, Lars Nissen¹, Katrine Friis¹, Anni B.S. Nielsen¹, Thanos Karatzias²

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body This study assessed the preliminary efficacy of Patient-Centered Modular Cognitive Behavioral Therapy (PACE) for Complex PTSD (CPTSD) and comorbid insomnia in military veterans. PACE includes four CPTSD-focused treatment modules plus the six-session Cognitive-Behavioral Therapy for Insomnia and Nightmares (CBT-I and N) treatment module. A key feature of PACE is shared decision-making, where the patient and therapist collaboratively determine the order of the five treatment modules.

Sixty Danish veterans with CPTSD were randomized to the patient-centered, flexible version of PACE (n = 30) or a control version with a predetermined module sequence (n = 30).

Assessments were conducted at baseline, posttreatment, and 3-month follow-up. The primary outcome was self-reported CPTSD symptoms, assessed with the International Trauma Questionnaire (ITQ), with secondary outcomes including insomnia severity, depression, and quality of life.

Both groups showed significant symptom reductions. ITT analyses found ITQ total score reductions of 7.97 (95% CI: -12.52, -3.41) in the intervention and 8.43 (95% CI: -11.94, -4.92) in controls (Cohen's d = 0.04). Completer analyses (Intervention: n = 22, Control: n =

19) indicated larger reductions (Intervention: -11.41, Control: -13.32), though between-group differences were non-significant.

These findings suggest that the patient-centered component of PACE is less important than the content of the intervention. Further analysis, including long-term follow-ups, is underway and will be presented at the conference.

TA39. TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY IMPLEMENTATION: THERAPIST LEVEL FACILITATORS AND BARRIERS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Child/Adolescent

Region Global

Abstract Body Data indicate ~60% of US youth experience a traumatic event by age 16, yet only 20% receive trauma-specific evidence-based intervention (EBIs), such as TF-CBT. Barriers to implementing trauma-focused EBIs include negative perceived clinical competence and avoidance of key treatment components, such as gradual exposure. In contrast, therapist TF-CBT knowledge has been found to predict full treatment implementation. Additional research on implementation facilitators and barriers can inform clinical training efforts. This study, involving data from n=130 therapists participating in a TF-CBT Learning Collaborative (LC), examined whether therapist-level factors predicted implementation of TF-CBT and its components (general vs. trauma-specific). Hierarchical linear regressions assessed variance accounted for by agency type, years treating PTSD, therapists' perceived clinical competence pre- and post-LC, and pre-LC TF-CBT knowledge. For implementation of all components, the overall model predicted 11.8% of the variance, $F(6,123) = 2.8, p = .015$, with significant direct effects for pre-LC TF-CBT knowledge ($B = .64, p = .02$) and post-LC perceived competence ($B = .009, p = .005$). For implementation of trauma-focused components (e.g., trauma narration, in vivo exposure), the overall model significantly predicted 11.6% of the variance, $F(6,123) = 2.7, p = .017$, with significant direct effects for therapists' pre-LC TF-CBT knowledge ($B = .73, p = .005$), perceived competence ($B = -.004, p = .020$) and post-LC perceived competence ($B = .006, p = .038$). Clinical implications and future directions will be discussed.

TA40. FACTORS INFLUENCING SUCCESSFUL IMPLEMENTATION OF MORAL INJURY GROUPS CO-FACILITATED BY MENTAL HEALTH PROVIDERS AND HEALTHCARE CHAPLAINS

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¹*VA Integrative Mental Health*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Mental Health Professionals**Region** Industrialized Countries

Abstract Body Some Veterans experience moral injury (MI) stemming from violations of deeply held moral beliefs that lead to feelings of disgust, shame, and loss of meaning. MI can be addressed via groups co-led by mental health providers and chaplains (MIGs). We conducted a hybrid type III randomized evaluation trial of MIGs at VHA sites comparing technical assistance (TA) to a Dynamic Diffusion Network (DDN). The DDN offers structure, support, and accountability for implementation facilitation. Semi-structured interviews (N=34) were done with MIG providers from 9 sites (4 DDN; 5 TA). We conducted rapid directed content analysis of interview notes and recordings, informed by the Consolidated Framework for Implementation Research, to understand determinants affecting anticipated and actual implementation and anticipated sustainment. The DDN arm reported slightly higher pre/post implementation success ratings (8+ or higher/10) than the TA arm (7+ or higher/10). The TA arm received ad-hoc consultation but wanted the more intensive support provided to the DDN arm (e.g., site visits). Across arms, implementation was aided by an interdisciplinary approach to MIGs, leadership support, and a perceived need for MI care. Barriers included staffing/time, recruitment challenges, and infrastructure limitations. Across arms, providers reported being deeply affected by Veterans' MI stories and a desire to continue and/or deepen engagement with the DDN. All implementing sites anticipated that MIGs would be sustained. More intensive support of a DDN was perceived as valuable and associated with slightly greater implementation success.

TA41. DIGITAL ENGAGEMENT PATTERNS ASSOCIATED WITH CLINICAL OUTCOMES FOR CLINICIAN-SUPPORTED USE OF PTSD COACH MOBILE APP IN VA PRIMARY CARE

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: Effective engagement with digital self-management resources can be facilitated by human support. Among VA patients, clinician-supported use of the PTSD Coach mobile app (CS-PTSD Coach), a resource-efficient hybrid digital intervention for PTSD self-management, showed efficacy relative to usual primary care mental health care in a recently completed randomized controlled trial. In this exploratory secondary analysis, we asked whether, and how, the clinical benefit observed is associated with engagement with the PTSD Coach app.

Method: Detailed app usage analytics were collected from participants in the CS-PTSD Coach arm of the trial (n = 69). To characterize engagement, we derived 5 overall use metrics and 6 component-specific metrics with meaningful, non-redundant variation among participants. We then examined associations between use metrics and baseline-adjusted post-intervention clinical severity (PCL-5) using robust regression with false discovery rate (FDR) correction.

Results: Increased app engagement showed consistently positive associations with clinical improvement. Component-specific predictors included use of self-monitoring and psychoeducation components of the app, with medium-large effects (robust ES: 0.25 to 0.36; equivalent Cohen's d: 0.5 to 0.72).

Conclusions: Greater engagement with the PTSD Coach mobile app is associated with clinical benefits in primary care, supporting an active role for the digital component of the hybrid CS-PTSD Coach intervention and the value of a hybrid approach to expand access to effective self-management.

TA42. RECALL OF PTSD TREATMENT OPTION INFORMATION

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Patients recall little information from medical encounters (Silberman et al., 2008), including mental health appointments (Lee and Harvey, 2015). Effective shared decision-making—and direct-to-consumer marketing—relies on patients remembering information about different options to choose among them. No research has examined memory for initial treatment option offerings. 887 participants who screened positive for PTSD were given brief, balanced written information about 7 treatment options (CPT, PE, EMDR, Written Exposure Therapy, Present-Centered Therapy, medications, and general counseling). For a randomly selected treatment, participants were asked to recall whether it was a trauma-focused talk therapy. Correct recall was below 75% for all treatments. Next, they were asked to recall the level of effectiveness (very, moderately, or somewhat). Correct recall was < 53% for all treatments. Finally, participants were asked to describe a randomly selected treatment to a loved one. Answers were coded as accurate (30.3%), somewhat accurate (23.8%), or inaccurate (15.6%). Some reported that they could not remember well enough to do so (10.5%) or gave other types of answers (19.8%). These results imply that in shared decision-making providers may need to give more than brief informative descriptions for patients to adequately understand treatment options available to them.

TA43. TRAUMA TREATMENT FOR THE VERY YOUNG: PCIT FOR TODDLERS

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body For children younger than two with behavior problems and trauma histories, there are very few interventions available. Because they are not old enough for PCIT, which serves children ages 2-7, caregivers of young children are often left frustrated and without intervention to address the attachment disruption and emotion regulation challenges often precipitated by trauma. Likewise, children at the lower age range for PCIT with developmental delays or language barriers may not be able to benefit from PCIT.

PCIT with Toddlers is an adaptation that embraces novel components for the special needs of toddlers ages 12 to 24 months, or up to 36 months with young children with significant developmental delays (Girard et al., 2018). Specific procedures for promoting the attachment relationship and emotion regulation in both the caregivers and children includes direct emotion coaching, an intervention particularly beneficial for children and caregivers that have experienced a trauma history. Central to the model is the understanding that difficult behaviors in toddlers are a sign of emotion dysregulation rather than deliberate defiance, and a nurturing and sensitive caregiver helps develop the child's capacity to manage emotion. This presentation will review the PCIT Toddler protocol and discuss how training and dissemination occurred in cohort with other PCIT implementation efforts.

TA44. YO, LET'S SPIN DA BLOCK: GOOGLE MAPS STREET VIEW AS AN INNOVATIVE THERAPEUTIC TOOL

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Children in correctional settings experience higher rates of trauma and adversity, including community-based violence, compared to the general population. Additionally, Black, Latinx, Indigenous, LGBTQIA2+, and other minoritized youth are overrepresented in these systems. Historical adversity, toxic stress, and limited access to resources within secure settings create significant barriers to building rapport with adolescents. The innovative use of existing tools, such as Google Maps Street View (GMSV), presents a unique opportunity to bridge cultural gaps by enabling youth to vividly share their stories while fostering stronger therapeutic connections. GMSV can aid in unraveling the complexities of community-based trauma by facilitating the disclosure of traumatic experiences and supporting the processing of real-time emotional reactions. This workshop, through literature review and clinical case vignettes, will demonstrate how using GMSV enhances engagement and empower clients to explore their communities in collaboration with clinicians. These interactions provide immediate insights into emotional and physiological responses linked to trauma. Emphasis will be placed on the importance of creative approaches to community-based trauma assessment with attention to the ongoing national emergency in children's mental health, which disproportionately impacts minoritized youth.

TA45. TRANSITIONING WITH CARE: ADDRESSING GAPS IN BEHAVIORAL HEALTH CARE AND SUPPORT SYSTEMS DURING THE TRANSITION FROM MILITARY SERVICE

Daija Jackson*¹, Eileen Barden², Olivia Baryluk³, Danielle Tate⁴, Keiona Brooks¹, Michelle Bovin⁵

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body The transition from active-duty military service to veteran status is a critical and complex period that presents unique challenges such as financial instability, difficulties in reintegration, and adjusting from a highly structured military culture to less regimented nature civilian life. Consequently, this transition is associated with increased risk for physical and behavioral health conditions, such as PTSD, depression, and chronic pain. This impact on quality of life highlights the importance of accessible, comprehensive, and continuous care. Despite ongoing efforts to enhance evidence-based interventions for service members and veterans, significant gaps remain in understanding the vulnerabilities and best practices for supporting their well-being during this critical period. In this panel, we will discuss key challenges associated with initiating and engaging with care encountered during this transition period. Topics will include barriers to accessing behavioral health care, complexities in the continuity of care between DoD and VA mental health services, and the level of structured support available in transitioning from military to civilian life. The panel will also discuss practical recommendations for bridging these gaps in clinical practice to support service members and veterans during this pivotal phase and fostering an effective reintegration process.

TA46. TREATMENT ATTENDANCE AND OUTCOMES IN A VETERANS AFFAIRS OUTPATIENT PTSD MODEL OF ACCELERATED SERVICE DELIVERY PROGRAM

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Massed, or accelerated, delivery (i.e., multiple sessions per week) improves patient retention in trauma-focused evidence-based psychotherapies (EBPs) and results in

reductions of posttraumatic stress disorder (PTSD) symptoms. However, it remains unclear whether scheduling disruptions that lead to reduced frequency of sessions in outpatient massed delivery impact treatment outcomes. The present program evaluation examines whether treatment outcomes of Veterans enrolled in massed outpatient PTSD EBPs at a local Veterans Affairs medical center differ based on the number of sessions attended per week. We will extract demographic variables, EBP selection, session attendance, and self-report symptom severity levels (i.e., PTSD Checklist for DSM-5 (PCL-5) scores) from medical charts of Veterans referred for massed PTSD EBP. First, we will compare the proportions of Veterans in each of the following EBP groups: never started, received massed delivery consistently, received partially massed delivery, started in massed but changed to traditional delivery, or dropped out prior to treatment completion. We will then calculate the average number of EBP sessions attended per week and examine whether it is associated with outcomes as measured by PCL-5 scores. Results will inform whether additional efforts are needed to ensure high fidelity to the massed model in outpatient PTSD treatment.

TA47. COGNITIVE PROCESSING THERAPY IN A COMMUNITY SETTING: DO PTSD AND DEPRESSION OUTCOMES DIFFER BY RACE/ETHNICITY?

Amanda Seanior-Elliott*¹, Daniel Szoke¹, Amber Smith¹, Mariana Puentes¹, Philip Held¹

¹*Rush University Medical Center*

Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Cognitive Processing Therapy (CPT) has demonstrated significant and lasting reductions in PTSD and depression symptoms. However, most evidence comes from clinical trials and veteran samples, with some studies suggesting inferior outcomes for minoritized individuals. Examining these outcomes in community-based settings is crucial to understand the generalizability of CPT's effectiveness. The goal of this study was to compare PTSD and depression symptom reductions among 24 individuals who identified as non-Hispanic White, Hispanic, or Black/African American. Data were analyzed from 24 individuals with PTSD who received CPT at Rush's Center for Trauma Recovery. Participants were grouped based on self-identified race/ethnicity. Changes in PTSD symptoms (PCL-5) and depression symptoms (PHQ-9) from intake to post-treatment were compared using ANOVA. No significant differences were observed in PCL-5 change between racial/ethnic groups ($p=.322$; average PCL change: 25.66). Similarly, PHQ-9 changes did not differ significantly across groups ($p=.713$; average PHQ change: 7.67). Findings suggest that individuals from different racial/ethnic groups experience similarly large reductions in PTSD and depression symptoms in community settings when treated with CPT. These results are encouraging for clinicians and researchers, as they show that CPT can be effectively delivered across diverse populations without requiring extensive modifications. Clinicians are encouraged to make fidelity-consistent adaptations (e.g., tailoring language or delivery) to improve personalization.

TA48. WHERE YOU START, HOW YOU HEAL: COMPARING HOSPITAL BASED VIOLENCE-INTERVENTION PROGRAM PTSD TREATMENT COMPLETION AND OUTCOMES BY REFERRAL SOURCE

Amber Smith*¹, Daniel Szoke¹, Amanda Seanior-Elliott¹, Mariana Puentes¹, Philip Held¹

¹*Rush University Medical Center*

Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Hospital-based violence intervention programs housed in Emergency Departments (EDs) serve as critical access points for trauma treatment. However, little research has compared treatment outcomes between individuals referred through EDs and traditional referral streams (e.g., community referrals). This study aimed to compare Cognitive Processing Therapy (CPT) completion rates and symptom reductions among individuals referred via EDs and traditional referral sources. Data from 55 individuals with PTSD referred to Rush's Center for Trauma Recovery were analyzed, including ED referrals (n=21) and traditional referrals (n=34). Treatment completion rates as well as PTSD (PCL-5) and depression symptom reductions (PHQ-9) were compared between groups. Fisher's Exact Test showed no significant difference in completion rates between referral groups ($p = 1.00$; mean completion rate 49%). However, individuals referred through traditional streams experienced significantly greater reductions in PCL-5 ($p=.033$; mean change: 28.6 points) and PHQ-9 ($p=.013$; mean change: 9.2 points) compared to ED referrals (PCL-5: 15.7 points; PHQ-9: 4.0 points). Although both groups completed treatment at similar rates and experienced clinically meaningful reductions in PTSD and depression symptoms, traditional referrals experienced nearly double the symptom reductions. Differences may be due to patient complexity, motivation, or readiness. ED referrals may involve patients with higher acuity and primary medical concerns, whereas traditional referrals often represent individuals actively seeking mental health care.

TA49. INTIMATE PARTNER VIOLENCE AND THE PANDEMIC: MENTAL HEALTH OUTCOMES AND SERVICE UTILIZATION

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Track Clinical Interventions

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Intimate partner violence (IPV) is a global public health crisis linked to severe mental health outcomes. This study investigated the differential impact of the COVID-19 pandemic on the relationship between various forms of IPV and mental health outcomes. Participants were 438 women from the National Crime and Victimization Survey who had reported some form of IPV, (half surveyed the year prior to the pandemic and half surveyed during two years of the pandemic). Participants reported degree of physical, psychological, and sexual abuse, their experience of anxiety, depression, and distress symptoms, and their use of mental health services. The key hypothesis was that IPV would be to a greater extent associated with mental health outcomes during the pandemic than prior to the pandemic.

Binary and ordinal logistical regression showed that overall, the odds of depression during the pandemic was 2.80 times higher compared to pre-pandemic years, and that the incidence of physical IPV increased by 2.92 times the likelihood of depression. However, counter to hypothesis, interaction terms were nonsignificant, as physical IPV did not to a greater extent predict depression or anxiety during (relative to prior to) the pandemic. Consistent with the hypothesis, however, psychological IPV during the pandemic (relative to prior to the pandemic) significantly increased the odds of reported depression. The findings showed that the pandemic increased the impact of psychological but not physical IPV. Discussion considers the need for specialized mental health treatments tailored to the unique challenges of IPV during a global crisis.

TA50. NEEDING HELP AND SEEKING TREATMENT AS A RAPID ASSESSMENT TOOL FOR ASD, PTSD, AND DEPRESSION IN DIFFERENT CONTEXTS

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Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Middle East and North Africa

Abstract Body Objective: To cover 14 years of research regarding the role of simple questions such as: "Do you need help?" and "Have you sought treatment?" in tracing vulnerable people for PTSD and other psychological distress in the context of mass disasters (e.g., acts of political violence, displacement, and COVID-19).

Methods: Different large-scale samples were withdrawn from several populations (i.e., students, adolescents, displaced towns, foster care workers, and drug addicts) and were surveyed in the context of mass disasters (political violence, evacuation, or COVID-19). They were asked whether and what type of help they needed or whether they sought professional treatment during the time of disasters. The associations between these questions and ASD, PTSD, depression, and anxiety, using standard measures, were assessed.

Results: Rates of needing help in different disasters and various populations ranged between 30% to almost 50%. Rates of treatment-seeking among war-displaced and non-displaced individuals were 46% and 31%, respectively. Perceived needing help was positively associated with PTSD among Jewish and Arab adolescents in the context of ongoing political violence. Needing help was associated with anxiety and depression among university students in the context of the Omicron wave of COVID-19. Seeking treatment was associated with higher levels of ASD among war-displaced individuals.

Conclusion: A simple measure of self-reported needing help or seeking treatment can serve as a rapid screening indicator for vulnerable groups in the context of mass disasters.

TA51. LONG-TERM EFFECTS OF WAR-RELATED STRESS ON CIVILIANS FROM AN (F)MRI PERSPECTIVE

Monika Fnaskova*¹, Pavel Říha¹, Martin Gajdoš¹

¹*Central European Institute of Technology*

Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body The long-term impact of war stress on civilian populations is an understudied topic, particularly in the field of neuroimaging. In our study, we investigated survivors of war and conflict associated with the breakup of the former Yugoslavia (G1) who are currently living in the Czech Republic. We also examined the second generation (G2) - children of war survivors who were born after the conflict and thus were not directly exposed to war stress but grew up in a post-war environment.

Participants (G1, G2 and control group (CG) of people with no war experiences) underwent an MRI (Voxel-based morphometry), a functional MRI scanning (The Aversive task (AT), The Montreal Imaging Stress Task (MIST)), semi-structural interview and a series of psychological questionnaires (PCL-5, ACE, CES, the Brief-COPE).

The results of the psychological questionnaires revealed no differences for G1 or G2 compared to CG. However, in the case of neuroimaging, both stress groups showed changes compared to controls. The G1 group showed a reduced volume of specific brain structures (posterior cingulate cortex, orbitofrontal cortex). Both stress groups showed more robust brain responses to stressful tasks than the control group.

These results suggest that the G1 group, affected by stress experienced 3 decades ago, shows signs of adjustment and psychic resilience, but at the same time marked at the structural and functional levels of the brain. An important finding is that participants in the G2 group, who grew up in the challenging post-war period, also exhibit increased brain activation of stressful stimuli.

TA52. ASSOCIATION BETWEEN PERCEIVED DISCRIMINATION AND PTSD/CPTSD SYMPTOMS AMONG TRAUMA-EXPOSED NORTH KOREAN DEFECTORS: A MEDIATING ROLE OF LONELINESS

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¹*Yonsei University College of Nursing*

Track Mass Violence and Migration

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body Objective: This study aimed to identify North Korean defectors' (NKDs) post-migration trauma exposures, and to examine whether post-migration trauma exposure and loneliness were associated with probable PTSD or CPTSD (C/PTSD) symptoms.

Methods: This cross-sectional study analyzed secondary data from 500 trauma-exposed NKDs residing in South Korea. Key measures included the International Trauma Questionnaire, Experiences of Discrimination Scale, and the UCLA Loneliness Scale.

Results: The most common post-migration trauma exposures experienced by NKDs in South Korea were related to violence by an individual, particularly discrimination (37.0%) and verbal abuse (22.4%), contrasting with the family-related traumas predominantly experienced before and during defection. Mediation analysis revealed that perceived discrimination was significantly associated with increased loneliness ($\beta = 0.18, p < 0.001$), which, in turn, was associated with greater probable C/PTSD symptoms ($OR = 1.07, p < 0.001$). The indirect effect of perceived discrimination on probable C/PTSD symptoms through loneliness was significant ($OR = 1.12, 95\% CI [1.05, 1.21]$), indicating that loneliness fully mediated this association.

Conclusions: These findings emphasize that NKDs continue to experience traumatic stress even after migrating to South Korea. Loneliness appears to play a critical role in exacerbating mental health challenges in this vulnerable population. Thus, interventions aimed at reducing loneliness could effectively mitigate the negative psychological impacts of perceived discrimination among NKDs.

TA53. MORE THAN A DECADE AFTER DISPLACEMENT: SELF-EFFICACY, SENSE OF COMMUNITY, RESILIENCE AND QUALITY OF LIFE AMONG BAKASSI RETURNEES IN NIGERIA

JohnBosco Chukwuorji*¹, Aniekan Ubom², Juliet Nwifo¹, Uzochukwu Chinweze¹, Mary Basil Nwoke¹

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Track Mass Violence and Migration

Primary Program Type Public Health

Presentation Level Introductory

Population Type Child/Adolescent

Region West and Central Africa

Abstract Body Following Nigeria's relinquishing of their claim on the oil-rich Bakassi Peninsula in Western Cameroon, hundreds of thousands moved back to Nigeria with assurances that federal authorities would cater for their welfare, shelter and livelihoods. No studies have investigated the predictors of quality of life among the Bakassi returnees in Southern Nigeria (N = 1061). We examined the contributions of self-efficacy, sense of community (reinforcement of needs, membership of community, influence and shared emotional connection), and resilience in quality of life. Adolescents (N = 1061, Mean age = 15.62 years, SD = 3.53; 41.2% females) completed a questionnaire form comprising Generalized Self-efficacy Scale, Sense of Community Index-Revised, Child and Youth Resilience Measure 12, and the Pediatric Quality of Life Inventory Version 4.0. Results showed that increase in self-efficacy was associated with increased quality of life ($B = .51, p < .001$). For the dimensions of sense of community, reinforcement of needs and influence

were associated with increased quality of life ($B = .56, p < .01$; $B = .89, p < .001$). High resilience was associated with increase in quality of life ($B = .32, p < .001$). Psychosocial interventions and social services aimed to develop self-efficacy, build mechanisms to improve shared emotional connection and influence, as well as strategies to foster resilience are warranted to enhance the quality of life of adolescent Bakassi returnees. Public health professionals should be supported by the relevant agencies to implement programs for optimum quality of life among youth in the aftermath of displacement.

TA54. AN ECOLOGICAL MOMENTARY ASSESSMENT STUDY OF EMOTION REGULATION STRATEGIES AND STRESS RESPONSE

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Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Emotion regulation is a crucial determinant of long-term outcomes of stress. Much of the prior literature on emotion regulation in stress is cross-sectional and, therefore, does not examine momentary emotion regulation and its immediate sequelae. Hence, the usage of an ecological momentary assessment (EMA) methodology may allow for a greater understanding of the immediate consequences of emotion regulation strategies in context. The current study investigated the role of an adaptive (cognitive reappraisal) and a maladaptive (emotional suppression) emotion regulation strategy in the relationship between momentary stress and momentary negative affect (NA) utilizing an EMA methodology in a sample of undergraduates ($N = 46$) over six days. Cognitive reappraisal significantly negatively moderated the relationship between stress and NA such that higher cognitive reappraisal weakened the relationship between stress and NA. Further, emotional suppression significantly positively moderated that relationship such that higher emotional suppression strengthened the relationship between stress and NA. Hence, cognitive reappraisal was reaffirmed as a broadly adaptive emotion regulation strategy while emotional suppression was reaffirmed as a broadly maladaptive emotion regulation strategy. Findings suggest that it may be beneficial to consider the importance of context when examining stress response constructs.

TA55. IDENTIFYING AND CHARACTERIZING PTSD STUDIES IN THE FITBIR DATABASE

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Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) are highly comorbid; however, questions remain regarding causality, prognosis, TBI severity, and the role of social determinants of health. The Federal Interagency Traumatic Brain Injury Data Research Informatics System (FITBIR) is a publicly available data repository that provides a unique opportunity to further this knowledge. However, identifying PTSD studies in FITBIR is challenging. Our experienced data harmonization team identified and characterized FITBIR studies that submitted PTSD forms to aid users in leveraging this promising resource.

Of the studies included in FITBIR, 22 reported administering a PTSD measure (i.e., $k = 20$ PTSD Checklist; $k = 3$ Clinician-Administered PTSD Scale; $k = 2$ Primary Care PTSD Screen). Twenty studies reported age, 18 reported sex, 16 reported race, 14 reported ethnicity, 12 reported employment, and 14 reported education. Regarding injury severity, 9 studies focused on mild TBI and 13 included individuals with a range of TBI severity or did not specify severity. No study focused solely on moderate/severe TBI. Finally, 8 studies utilized veteran or service member samples.

Our findings suggest that FITBIR has potential to examine the impacts of TBI on PTSD. In particular, a large portion of available studies focus on mild TBI and veterans or service members. However, we did find a lack of studies on moderate/severe TBI, heterogeneity in PTSD measures, and inconsistent reporting of demographic characteristics. This work will help users identify and leverage PTSD studies in the FITBIR database.

TA56. TRAUMA LITERACY AS CULTURAL COMPETENCY: A CRITICAL SHIFT IN PROFESSIONAL UNDERSTANDING

Felizia Hunt*¹

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Track Professionals

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The effects of trauma are often treated as clinical or behavioral issues, rather than recognized as the result of lived experience—one that, like race, gender, or culture, can carry identifiable markers that shape communication, decision-making, and engagement with systems. Misinterpretation of survivor behaviors results in inadequate support, re-traumatization, and poly-victimization. Recognizing trauma as a core component of cultural competency will shift how professionals—in healthcare, legal, educational, and social service fields—interpret and respond to trauma-impacted individuals and families. This presentation frames trauma literacy as an integral component of cultural competency, based on my research and thought leadership, that examines how trauma survivorship aligns with global definitions and concepts of culture. Using coercive control and post-separation abuse as case studies, we will discuss:

- How misinterpreting trauma responses as defiance, instability, mental illness, or noncompliance, can be mitigated through strong cultural competency training that recognizes trauma history as a cultural framework.

- The role of trauma cultural competency in preventing misdiagnosis, negative labeling, adverse legal outcomes, and secondary victimization across professional sectors.
- A global approach to addressing trauma from a cultural competency framework.

This session will explore strategies for integrating trauma recognition into cultural competency training in legal, medical, education, mental health, and social services environments to ensure cross-sector application.

TA57. THE ASSOCIATION OF PTSD WITH CHILDHOOD TRAUMA AND RESILIENCE IN ADULTHOOD IN A SAMPLE OF TREATMENT-SEEKING VETERANS WITH PTSD

Alex Lin*¹, Amy Hoang², Kathleen Grubbs³, Erica Weitz⁴, Keith Bredemeier⁵

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Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Childhood adversity and trauma can lead to an increased risk of developing psychiatric disorders and poorer functional outcomes in adulthood (Copeland et al., 2018). On the other hand, resilience has been shown to be a protective factor against the impact of childhood trauma on adult health outcomes, particularly in the development of depression (Schultz et al., 2014; Watters et al., 2023). Yet there is limited research on the relationship between childhood trauma, resilience, and PTSD. In an ongoing study that compares the effectiveness of Prolonged Exposure (PE) therapy, medication, and their combination in reducing PTSD symptoms, 229 Veterans with PTSD completed self-reported baseline measures on childhood trauma, resilience in adulthood, PTSD, and depression (Bredemeier et al., 2022). When examined in a linear regression model, childhood trauma did not predict PTSD severity at baseline, and depression severity was predicted only by childhood physical neglect ($B=.347$, $p=.036$). On the other hand, resilience significantly predicted both PTSD ($B=-.357$, $p < .001$) and depression ($B=-.283$, $p < .001$) severity. Results suggest that childhood trauma may have less impact on PTSD symptoms, while resilience can be a protective factor against mental health distress. Future research should examine the potential moderating interaction between childhood trauma and resilience and their longitudinal impact on PTSD symptoms, such as treatment response and attrition.

TA58. SELF-REFLECTIVE RESILIENCE-RECOVERY ACTIVITY PROMOTION TRAINING FOR AMBULANCE SERVICE PROVIDERS: INITIAL TEST OF FEASIBILITY, ACCEPTABILITY, AND IMPACT ON MECHANISMS OF ACTION

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¹*Syracuse University*, ²*University of Pittsburgh*, ³*American Medical Response*

Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Other Professionals

Region Industrialized Countries

Abstract Body Globally, ambulance service providers experience elevated risk for mental health symptoms, creating a critical need for resiliency interventions. Self-Reflective Resilience-Recovery Activity Promotion Training is a digital intervention promoting positive meaning making and recovery activities (e.g., exercise). Recruitment occurred for 6-months via email; 83 workers were randomized to intervention (n=37) or control groups (n=46). Most were White (89%) and male (51%). Both groups completed questions about meaning making and recovery activities for 8 days. The intervention group completed 10 additional items asking about stressors, the lessons learned from them, and recovery strategies that could be practiced. Overall, 85% completed ≥ 1 assessment (M=6.07, SD=2.20). The intervention was rated as helpful, useful, and not burdensome (M=3.59, SD = 0.83, range=1-5) and likely to be used in the future (M=3.62, SD=0.87, range=1-5). The intervention group found more positive meaning in stressors (b=1.46, SE=0.67, p=.027), but did not practice more recovery activities (b=0.02, SE=0.41, p=.97). Results support the intervention's feasibility and acceptability and offer encouraging evidence that it fosters positive meaning making. Future research should augment the intervention with resources that help identify specific actionable strategies for recovery activity practice.

TA59. VETERANS' VOICES: A COMMUNITY ENGAGEMENT APPROACH TO VETERAN CULTURE TRAINING FOR MENTAL HEALTHCARE PROFESSIONAL TRAINEES

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Track Professionals

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Population Type Mental Health Professionals

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body The objective of this project was to offer veteran culture training to mental healthcare professional (MHP) trainees through a community engagement approach that involved direct interaction and collaboration with local veterans. Specifically, this project used a humanities-based discussion program titled "Veterans' Voices" to 1) build relationships between veterans and mental healthcare professional trainees, and 2) expand veteran cultural awareness for this much needed workforce of future healthcare providers for veterans. Veterans' Voices is a 5-week public program that brings veterans and civilians together to read and discuss literature featuring themes about war, military service, and return to civilian life. Participants form small groups at each public meeting and read aloud a series of selected texts that range from classical to contemporary. Five MHP trainees and five community veterans were trained together before the program began to become discussion leaders. Discussion leaders are then responsible for guiding public participants through the readings and a meaningful discussion about how the texts relate to their experiences. This presentation will provide an overview of the program and pilot data over 2 years (i.e., 2 completed series) that will include program evaluation data and qualitative feedback from 10 MHP trainees. Preliminary results indicate a high level of satisfaction with the program from

both trainee and veteran perspectives, as well as several benefits from public participants. This feedback supports the benefits of extending veteran culture training beyond didactics or single seminars, and encourages more experiential training and community integration with local veterans.

TA60. THE ROLE OF SEEKING AND PROVIDING SOCIAL SUPPORT FOLLOWING DISCRIMINATION

Carolina Garcia*¹, Arthur R. Andrews¹, Vanessa Dominguez¹, Jacey Anderberg¹

¹*University of Nebraska-Lincoln*

Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Latin America and the Caribbean

Abstract Body Discrimination may function similarly to other traumatic events and predict PTSD symptoms (Williams and Zare, 2022). Similar to many treatments for PTSD, treatments for discrimination-related stress, emphasize seeking social support (Comas-Díaz et al., 2019). However, few studies have examined how others respond when seeking support for discrimination or how offering such support affects those who provide it. This study examined how support networks respond following instances of discrimination using four weeks of daily diary data from 73 Latinx residents of the Midwest. Results indicated that most participants did not report experiencing discrimination on most days (4% of daily diary observations), but they did seek support following 59% of discrimination instances. While the most common response was to offer solidarity (42%), nearly half of the responses reported were negative (48%). Participants reported offering support for discrimination more often than they reported having experienced discrimination themselves (7% of observations), which was in turn associated with same-day stress ($p < .001$). This project is one of few to explore the impact of discrimination and related stressors from a sociocultural lens (i.e., participants and their support networks) and suggests a potential conflicting role of support following discrimination, particularly for those providing support.

TA61. PROXIMAL RELATIONS AMONG MOMENTARY STRESS APPRAISAL, PTSD SYMPTOMS AND SUBSTANCE USE AMONG WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE

Melissa Schick*¹, Diana Potwardowski², Howard Tennen³, Tami Sullivan¹

¹*Yale School of Medicine*, ²*Apt Foundation*, ³*UConn School of Medicine*,

Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Cognitive models of posttraumatic stress disorder (PTSD) highlight individual differences in the appraisal of a traumatic event as a key process leading to the heightened sense of current threat that is characteristic of PTSD. The purpose of this

study is to identify the extent to which momentary appraisal of intimate partner violence (IPV) as upsetting influences PTSD symptoms and substance use in real-time among women experiencing IPV. Methods: Women (N = 244, Mage = 37.1 years) who reported experiencing IPV and using substances were recruited from the community to complete experience sampling surveys four times per day for 30 days. Results: Momentary appraisal of severe physical, psychological, and sexual IPV was associated with PTSD symptom severity ($p < .005$). Momentary appraisal of psychological IPV was associated with alcohol use ($p = .004$) and likelihood of other drug use ($p = .04$), while appraisal of physical IPV was associated with likelihood of cannabis use. Effects of momentary of psychological IPV on PTSD symptom severity and alcohol use ($p < .03$) and of appraisal of physical IPV on likelihood of cannabis use ($p = .02$) persisted over time. Appraisal of psychological IPV significantly interacted with PTSD symptom severity to predict likelihood of drug use ($p = .04$), such that the effect of psychological IPV appraisal on PTSD symptoms was significant in moments where PTSD symptoms were high ($p = .02$) but not low ($p = .75$). Conclusions: Findings underscore the importance of attending to appraisal of IPV in addition to experiences of IPV per se given its association with clinically relevant outcomes.

TA62. VIOLATED EXPECTATIONS IN IPV DISCLOSURE: POTENTIAL IMPACTS ON SELF-COMPASSION, SOCIAL SUPPORT, AND POSTTRAUMATIC STRESS SYMPTOMS

Zara Kenigsberg*¹, Paige Klein¹, Colin Mahoney¹, Rachel Weiskittle¹, Steven Bistricky¹

¹*University of Colorado at Colorado Springs*

Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Social reactions to survivors' disclosure of intimate partner violence (IPV) can influence their posttraumatic stress symptoms (PTSS; Schackner et al., 2021). However, expectancy violations (EVs; unanticipated responses) in IPV disclosure processes remain underexplored. EVs, and how positively or negatively they are experienced, may affect a survivor's perceived social support (PSS) and self-compassion (SC; e.g., treating oneself with nonjudgmental kindness). SC and PSS are relevant psychosocial resources in facilitating healthy posttrauma adjustment (Allen et al., 2024). The present study examined the indirect effect of positive and negative expectancy violations on PTSS via self-compassion and perceived social support. A sample of woman-identifying IPV survivors ($n = 296$) completed a cross-sectional battery of measures assessing these constructs. Results from mediation analyses support hypotheses; negative EVs mediated PTSS via SC ($\beta = 0.05$, $p < .01$) and PSS ($\beta = 0.05$, $p < .01$), while positive EVs mediated PTSS only through PSS ($\beta = -0.04$, $p < .01$). Results indicate future longitudinal research examining how EVs might influence recovery trajectories is needed; they also suggest the potential utility of programs that promote supportive responses to IPV disclosure and strengthen key psychosocial resources to optimize IPV survivors' mental health. The study's findings will be contextualized through additional discussion of methods, clinical implications, and directions for future research aimed at enhancing support for IPV survivors.

TA63. THE ROLE OF SELF-COMPASSION IN THE MENTAL HEALTH EFFECTS OF NEGATIVE FIRST DISCLOSURE EXPERIENCES AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

Zara Kenigsberg*¹, Paige Klein¹, Steven Bistricky¹

¹*University of Colorado at Colorado Springs*

Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Negative social reactions to intimate partner violence (IPV) disclosure predict heightened posttraumatic stress symptoms (PTSS; Schackner et al., 2021) and may impede posttraumatic growth (PTG). Thus, the first disclosure experience can be an important predictor of mental health. Self-compassion (SC), e.g., regarding oneself with nonjudgmental kindness, may protect against harmful effects of negative first disclosure experiences, thus decreasing PTSS and increasing PTG, though these relations have yet to be examined. This study tested potential indirect effects of negative social reactions on PTSS and PTG via SC. Women survivors of IPV recruited from community-based organizations and online recruitment platforms (n = 267; 38% meeting probable PTSD criteria) completed online measures cross-sectionally to assess social reactions to their first disclosure experience, SC, PTSS, and perceived PTG. Results supported hypothesized indirect effects of negative social reactions to PTSS ($\beta = 0.03$, CI [0.01, 0.07]) and PTG ($\beta = -0.03$, CI [-0.07, -0.01]) via SC. Findings are consistent with SC as a potential buffer against the harmful effects of negative first disclosure experiences and justify future longitudinal research. This research may help inform global public health campaigns and brief interventions to optimize disclosure experiences and self-compassion in IPV survivors.

TA64. FIGHTING FIRES, SUPPORTING LIVES: EVALUATING ROLE ENGAGEMENT AND SELF-EFFICACY AMONG PEER SUPPORTERS IN FIRE SERVICE

Jalisa Jackson¹, Julia M. Katz¹, Jourdan Milton¹, Michelle Pennington¹, John Niemec², **Suzy Gulliver***¹

¹*Warriors Research Institute, Baylor Scott and White Research Institute*, ²*International Association of Fire Fighters*

Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Firefighters (FFs) represent an occupational group with elevated exposure to potentially traumatic events and risk for depressive and alcohol use symptoms (Bing-Canar et al., 2019; Zegel et al., 2022). The International Association of Fire Fighters (IAFF) developed a peer support training curriculum designed for firefighters, taking advantage of the social networks inherent within fire service culture (Gulliver et al., 2019). This study assessed engagement and confidence in using the skills learned from this training (i.e., crisis

intervention or active listening) in 1171 Peer Support Specialists (PSSs) by administering an online cross-sectional survey. Chi Square Tests of Independence showed an association between training modality and level of engagement for all evaluated skills except suicide assessment and crisis intervention. We found that PSSs who received peer support training in-person reported more confidence in their ability to provide peer support ($M = 37.36$, $SD = 7.04$) than PSSs who received training online ($M = 33.86$, $SD = 6.67$), $t(1169) = 7.38$, $p < .001$. Furthermore, PSSs who received peer support training in-person reported utilizing their skills more often ($M = 32.08$, $SD = 6.89$) than those who received training online ($M = 29.83$, $SD = 6.68$), $t(1169) = 4.82$, $p < .001$. Findings suggest training modality or additional training for specific skills could influence efficacy and engagement for PSSs. Further research on efficacy and engagement could enhance the benefits of peer support, extending impact for FFs exposed to and affected by trauma.

TA65. FEASIBILITY OF IMPLEMENTING AND COLLECTING DATA ON TRAUMA AND PTSD INTERVENTIONS DURING THE RUSSO UKRAINE WAR

Katja Kolcio*¹, Marta Pyvovarenko², Jennifer Rose¹

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Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Objective: Frontline mental health care in Ukraine faces three critical challenges:

Stigma against mental health care, and specific cultural context of Russo-Ukraine war.

Overcoming logistical barriers to mental health support and evaluation during wartime.

Preventing burnout among frontline mental health workers.

This paper evaluates the feasibility of a somatic movement-based care model in addressing these challenges.

Methods: Between 2020 and 2021, project leaders conducted an eight-day training program on somatic methods for psychosocial care providers in the Donbas region of Ukraine.

Somatic methods—movement-based, mind-body techniques—address cognitive, social and physical manifestations of complex trauma. They are accessible, fun, and easily adapted to cultural contexts, and function across age groups and within peer, family, and community settings.

Over the following seven months, 20 frontline care providers integrated these methods into their practices. Survey data were collected by providers from 460 respondents-clients of the 20 providers utilizing somatic methods in their practice. Providers entered data using a tablet with a custom Psychologist Package app. A simple longitudinal design without randomization or control group was implemented to assess change in psychosocial outcomes over time. Data were collected at the first session and approximately every 4th session thereafter. The data analytic sample included participants who attended at least 2 therapy

sessions (n=232). There were no significant differences in baseline psychosocial outcomes between clients attending only 1 session vs. clients attending 2 or more sessions.

Results: Mixed linear regression model results controlling for number of therapy sessions (mean=4.5, sd=4.7 sessions) indicated (a) a significant linear decrease in depression scores (linear coefficient = -0.10 (95% CI = (-0.11, -0.08)), and a significant quadratic coefficient, which indicated that the magnitude of the decrease in depression scores became smaller over time; (b) a statistically significant increase in functionality scores (linear coefficient = 0.08 (95% CI = (0.06, 0.10)) and a significant quadratic coefficient, which indicated that the magnitude of the increase in functionality scores became smaller over time (quadratic coefficient = -0.002 (95% CI = (-0.001, -0.003)); and (c) a statistically significant decrease in anxiety scores (linear coefficient = -0.09 (95% CI = (-0.10, -0.07)) and a significant quadratic coefficient, which indicated that the magnitude of the decrease in anxiety scores became smaller over time (quadratic coefficient = 0.002 (95% CI = (0.001, 0.003)).

The implementation of the program and evaluation were found to be feasible even under conditions of war, offering a scalable and adaptable approach to mental health care in conflict zones.

Participants in the training reported that somatic methods served to:

Build trust and engagement facilitating mental health support.

Prevent burnout in frontline workers by promoting self-regulation and stress resilience.

Function as a preventative care measure, teaching skill that enhance resilience in children and the ability of frontline workers to manage stress in high-risk environments.

Discussion: This presentation will detail program implementation and outcomes of the Vitality Project. By contributing to the growing evidence for somatic interventions in conflict settings, this paper explores their role in sustaining frontline mental health care workers and communities at large.

TA66. RACIAL/ETHNIC IDENTITY AND DISCRIMINATION ASSOCIATED WITH MAJOR DEPRESSION DIFFERENTLY IN SUBGROUP ASIAN AMERICANS NATIONWIDE

Thomas Knobel*¹, Amy Ai¹

¹*Florida State University*

Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult

Region East Asia and the Pacific

Abstract Body Social identity theory proposes that racial/ethnic identity/REI protects minorities. But findings are not always consistent for minorities alongside discrimination. Little is known about its role in Asian-American subgroups, mostly immigrants in the U.S. Echoing Sue et al.'s (2012) call for investigating AA heterogeneity, we explored the

differential associations of REIs and major depressive disorder (MDD), using a national database, adjusting immigration stressors (e.g., discrimination and acculturation). Three hierarchical logistic regression models were conducted for Chinese, Filipino, and Vietnamese Americans, respectively, to evaluate the independent effect of racial/ethnic identity. The results showed that Chinese were more likely to suffer from MDD among three subgroups. Multivariate analyses associated REI and being US-Born with MDD in Chinese, but Social Support was protective. REI also moderated the detrimental impact of discrimination for Chinese. Years in the US and Discrimination predicted MDD in Filipinos. Religious Attendance and Social Support reduced the likelihood of MDD in Vietnamese. Our findings reveal a more complex picture regarding the role of REI rather than reinforcing consistent protection. The differential findings should have some implications for social work services for these subgroup AAs and deserve more in-depth investigation in the future. (1400 chara.)

TA67. PHYSICAL HEALTH CONDITIONS AND SUICIDE RISK: RESULTS FROM THE ARMY STARRS SOLDIER HEALTH OUTCOME STUDY (SHOS-B)

Luke Sumberg*¹, Matthew Georg¹, Sabreen Mohammed¹, Catherine Dempsey¹, David Benedek¹, Robert Ursano¹

¹*Center for the Study of Traumatic Stress*

Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Introduction: Research suggests physical health conditions, such as chronic pain, cancer, and heart disease may increase the risk of suicide death in service members. The purpose of this study is to identify whether history of physical health conditions increases the risk of suicide death among military populations and identify target for suicide prevention and intervention.

Methods: Data were from a case-control psychological autopsy study which compared U.S. Army suicide decedents (n = 135) to propensity-matched controls (n = 128) and soldiers who reported suicide ideation in the past year (SI) (n = 108). Interviews were conducted with next-of-kin (NOK) and Army supervisors (SUP) informants. Multivariable logistic regression analyses examined history of past 30 day physical health conditions after controlling for covariates.

Results: SUP reported suicide decedents were significantly less likely to report physical pain, and more likely to report poor appetite/overeating, to feel restless/tense, compared to PS controls. NOK identified suicide decedents were more likely to be easily fatigued, to feel restless/tense, and to report memory problems compared to PS controls.

Conclusion: Our findings suggest family members and supervisors of suicide decedents similarly identified physical health conditions in the month prior to suicide death, which may be a target for suicide intervention and prevention. Surprisingly, pain was not associated with increased risk of suicide death. Future investigations should explore possible explanations for the relationship between pain and the suicide risk in service members.

TA68. INSIDE THE ‘VENICE OF AFRICA’: RESILIENCE BUFFERS THE IMPACT OF ALIENATION APPRAISAL ON QUALITY OF LIFE IN MAKOKO FLOATING SLUM

James Effiong*¹, Oluchi Osondu², Samuel Ajayi³, Isaac Olufadewa³, Miracle Adesina⁴, JohnBosco Chukwuorji⁵

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Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region West and Central Africa

Abstract Body While the detrimental effects of alienation on well-being have been well studied, there is a dearth of data on the factors that may potentiate or attenuate the relationship between feeling of alienation and quality of life (QoL). We investigated whether resilience moderates the association between alienation appraisal and QoL among residents of Makoko, a slum area located in Lagos state, Nigeria (N = 409; 58.2% females; Mean age = 34.63 years, SDyears = 10.96). Adopting a cross-sectional design, data was collected using a questionnaire comprising the Interpersonal Alienation subscale of Alienation Questionnaire, the Resilience Scale and the World Health Organization Quality of Life measurement Instrument. Hayes regression-based PROCESS Macro for SPSS was used in analyzing the data. Findings showed that interpersonal alienation predicted psychological QoL and social QoL, but not physical QoL and environmental QoL. Resilience predicted physical, psychological, and social QoL, but not environmental QoL. Interaction effects showed that feeling of alienation robustly predicted decreased psychological QoL for those with low resilience compared to those with moderate and high resilience. Increased alienation was associated with increased social QoL when the participants had moderate and high levels of resilience, but not when they had low resilience. Findings imply that resilience building programs as a form of cognitive behavioral and existential intervention may have diverse buffering roles on the connection between feeling of social disconnection and QoL.

TA69. EXPLORING THE FACILITATORS AND BARRIERS TO ENGAGING IN A METHAMPHETAMINE TREATMENT PROGRAM IN THE TRAUMATICALLY INJURED POPULATION

Nicholas Schumann*¹

¹*Queen's Medical Center*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma centers have estimated illicit methamphetamine use in approximately 10% of all trauma admission. In Hawai'i, over 1% of the population uses methamphetamine

regularly and primarily impacting marginalized community's indicative of a public health issue. Substance use prevention and intervention benefits individuals and can lead to significant healthcare cost savings. Methamphetamine use is particularly difficult to treat, with no approved medication available to help patients reduce or stop their use. Contingency Management (CM) has emerged with robust evidence as effective in prompting abstinence with those with methamphetamine use disorder (MUD) and this intervention has been found to be feasible to implement generally in other environments. This presentation provides results of a formative evaluation aimed to explore implementation determinants of a CM program at a Level I trauma center. Traumatically injured patients with MUD (N = 15) were interviewed to evaluate the social context, motivators, and potential barriers to change, as well as assess interest in engaging in CM. Data examining interest in abstaining from methamphetamine use due to the recent traumatic injury and the shift in perspective will be highlighted. This presentation will also highlight qualitative interview data, derived themes, and share how trauma centers can scale up this valuable intervention to address service gaps.

TA70. SUICIDE IDEATION BEFORE AND AFTER ENTERING SERVICE AMONG SOLDIERS IN THE U.S. ARMY

Jing Wang*¹, James Naifeh¹, Holly Mash¹, Jeffrey Thomas¹, Joseph Hooke¹, Joshua Morganstein¹

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Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: Suicide is a significant concern among U.S. Army soldiers, whose unique stressors and interpersonal dynamics may contribute to suicidal ideation (SI). This study examines how interpersonal factors influence SI risk before and after soldiers enter service.

Methods: Using data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS), we analyzed a representative survey of 6,491 enlisted male soldiers from three Brigade Combat Teams prior to deployment to Afghanistan in 2012. Multinomial logistic regression was used to examine associations of interpersonal factors (attachment style and social network size) with SI reported before vs. after entering Army service.

Results: Of the 713 soldiers (11.1%) reporting lifetime SI, 365 (51.2%) experienced their most recent SI before Army entry, and 348 (48.8%) after Army entry. Compared to soldiers with no SI, both fearful attachment and a smaller social network were associated with a higher risk of SI regardless of timing. Additionally, preoccupied attachment was specifically associated with an increased risk of SI after Army entry. Among the subset of soldiers with SI, a smaller social network, but not attachment style, differentiated those whose most recent SI occurred during (vs. before) Army service.

Conclusion: This study underscores the importance of interpersonal factors—particularly preoccupied attachment, fearful attachment, and social network size—in shaping suicide risk

among soldiers during service. A crucial next step is to examine these relationships prospectively to inform the development of targeted interventions.

TA71. TRACKING SOCIAL DRIVERS OF HEALTH (SDOH) NEEDS POST WILDFIRE IN A COMMUNITY-BASED SAMPLE IN LOS ANGELES

Gricelda Espinoza¹, Jennifer Kuetzing¹, Kristopher Stevens¹, Patricia Advincula¹, Daniel Lakin¹, **Dan Lakin***¹

¹*Pacific Clinics*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Natural or manmade disasters, such as fires, can negatively impact and change the level of Social Drivers of Health (SDOH) in communities with vulnerable populations, specifically in populations with a history of trauma. This investigation aims to track and analyze shifting needs among clients with past experiences of trauma in a large behavioral health organization impacted by the January 2025 fires in Los Angeles County, including the Eaton, Sunset, and Palisades fires. Data on social drivers of health are collected through a validated SDOH screener, the Needs Evaluation Tool required by Los Angeles County Department of Health. Weekly SDOH data on this population are being assessed over consecutive months to identify immediate collective needs and to examine emerging patterns within the fire-affected areas. Long-term community impacts related to changes in social needs will be analyzed using data visualization and compared to pre-fire findings using logistic regression methods. History of trauma as a potential covariate of changing SDOH needs will be also explored. Ongoing needs will be described as we are able to incorporate accumulated data into our extant model. Our goal is to understand, through public health surveillance, the evolving community needs post natural disaster in both the immediate and long-term and to help better prepare the response to these changing needs.

TA72. IDENTIFYING CORRELATES OF INTIMATE PARTNER VIOLENCE AMONG BLACK, INDIGENOUS, AND OTHER VETERANS OF COLOR

Candice Presseau¹, Lauren DeMoss¹, Diondra Parkes¹, Eric Derycke², **Galina Portnoy***²

¹*VA Connecticut Healthcare System*, ²*Yale School of Medicine/VA Connecticut Healthcare System*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body U.S. Veterans experience potentially traumatic events (PTEs) at higher rates than civilians. Although some evidence suggests that Black, Indigenous, and Other Persons of Color (BIPOC) experience greater overall trauma burden and are disproportionately impacted by intimate partner violence (IPV), research on IPV in this subpopulation of

Veterans remains limited. The current study utilized an anonymous online-administered survey to examine rates of past-year IPV experiences (i.e., victimization) and use (i.e., perpetration) and to identify the role of sociodemographic (e.g., age, geographic region) and mental health (e.g., posttraumatic stress symptoms) characteristics and various PTE exposures (e.g., combat, sexual violence) in increasing likelihood of endorsing IPV for a sample of 139 men (54.8%) and women (40.3%) veterans who are BIPOC. Preliminary results show high rates of IPV (i.e., 49.9% experience; 48.9% use) and PTE exposure(s) (e.g., sexual assault, 35.2%; natural disaster, 64.1%) in the sample. During this presentation, we will present data describing rates across subgroups (e.g., men/women) and utilize logistic regression to examine correlates of: IPV experience, IPV use, and IPV subtypes (psychological, physical, and sexual). Implications for healthcare response within and outside VHA will be highlighted.

TA73. CROSS-SECTIONAL AND PROSPECTIVE ASSOCIATIONS BETWEEN USE OF TRAUMA-RELATED COPING STRATEGIES AND EATING DISORDER SYMPTOMS AMONG YOUNG WOMEN REPORTING RECENT SEXUAL VIOLENCE

Jordyn Tipword*¹, Christal Badour²

¹*Medical University of South Carolina*, ²*University of Kentucky*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: Prior research suggests that coping efforts may influence eating disorder symptoms after sexual violence (SV). However, little work has explored links between the use of specific coping strategies and eating disorder symptoms, and the majority of this work has focused on more distal (e.g., childhood) SV. Method: This study explored cross-sectional and prospective relations between use of nine coping strategies and eating disorder symptoms among women college students reporting past-year SV (N = 83; MAge = 19.45, 81.9% White). Women completed a survey on lifetime and past-year SV, PTSD symptoms, use of coping strategies, and eating disorder symptoms and a follow-up survey one month later. Results: Analyses tested two sets of linear regression models. Age and PTSD symptoms were included as covariates and eating disorder symptoms at the first survey were covaried for in prospective models. Higher substance use and use of disengagement coping, humor, and self-blame were associated with more severe concurrent eating disorder symptoms (all Bs = 0.39-0.69, ps < .03). Higher use of planning (B = -0.38, SE = 0.18, p = .04) and religious coping (B = -0.30, SE = 0.15, p = .05) were associated with less severe concurrent eating disorder symptoms. None of the strategies prospectively predicted eating disorder symptoms. Conclusions: The current findings shed light on the role of specific coping strategies in understanding eating disorder symptoms in the early stages of recovery post-SV. Future work should more directly explore the time course on which coping strategies are associated with eating disorder symptoms post-SV.

TA74. MONITORING PSYCHOLOGICAL AND BEHAVIORAL FACTORS ASSOCIATED WITH POST-INJURY PAIN AMONG EMERGENCY DEPARTMENT PATIENTS

Maria Pacella-LaBarbara*¹, Ekaterina Kalinina¹, Natalee Gallo¹, Keshav Reddy¹, Brian Suffoletto²

¹*University of Pittsburgh*, ²*Stanford University*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Dynamic psychological processes, namely posttraumatic stress symptoms (PTSS) and pain catastrophizing (PC), shape the development of post-injury pain; yet little is known about how these factors change over time following mild injury. To examine patterns of recovery and non-recovery, we recruited 191 emergency department (ED) patients within 24-hours of experiencing a motor-vehicle crash (MVC)-related injury. Eligible patients endorsed at least moderate pain (≥ 4) and serious injury and/or life threat from the index injury. Participants (M age = 36; 56% female; 51% White; 41% Black) completed baseline surveys in the ED, and follow-up surveys at 2-weeks (n = 172), 6-weeks (n = 161) and 12-weeks post-injury (n = 149; 78% retention); 24% and 19% screened positive for PTSS at baseline and 12-weeks, respectively. From baseline to 12-weeks post-injury, pain score decreased from a mean of 6.54 (SD = 2.11) to 2.53 (SD = 2.72) out of 10. Repeated measures ANOVAs support that pain, PTSS and PC significantly decreased over time (p 's < 0.001); yet 30% and 12% of participants still endorsed moderate (≥ 4) and high levels of injury-related pain (≥ 7) at 12-weeks. At baseline, PC was significantly associated with both PTSS ($r = 0.32$) and pain ($r = 0.15$); at 12-weeks, robust patterns emerged between pain intensity, PTSS and PC (r 's > 0.57; p 's < 0.001). A significant number of mildly injured ED patients report persistent post-injury pain, even after mild injury; monitoring psychological factors in the acute recovery window may aid in identifying patterns of non-recovery and modifiable intervention targets.

TA75. EXPLORING PROLONGED GRIEF AND POSTTRAUMATIC GROWTH IN COVID-19 BEREAVED ADULTS IN BRAZIL: A NETWORK ANALYSIS APPROACH

Christian Kristensen*¹, Laura Bolaséll¹, Alice Brunnet²

¹*Pontifical Catholic University of Rio Grande do Sul*, ²*Université Paris Nanterre*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Latin America and the Caribbean

Abstract Body This study explores the relationship between prolonged grief disorder (PGD) symptoms and posttraumatic growth (PTG) in individuals bereaved by COVID-19 using a network analysis approach. Data were collected through an online survey on grief during the pandemic in Brazil, with a convenience sample of 319 participants, predominantly women (89%), with a mean age of 38.95 years (SD=11.21), and mean time since the death of their loved = 15.70 months (SD=4.12). Separate networks for PGD symptoms and PTG, as well as a combined network, were analyzed using the EBICglasso estimator, which models symptom

interactions while controlling for spurious connections. "Shock" was identified as the most influential symptom within the PGD network, while the feeling of "being able to do better things with life" was most influential within the PTG network. In the combined network, "difficulty in finding meaning in life without the deceased" negatively correlated with PTG elements. These findings suggest that interventions targeting meaning-making, such as narrative therapy or guided reflection exercises, could be particularly effective in fostering PTG and mitigating PGD symptoms in individuals bereaved by COVID-19. This study is among the first to apply network analysis to understand the interplay between PGD and PTG in the context of COVID-19 bereavement in Brazil, offering a novel perspective on their dynamic relationships and informing therapeutic approaches.

TA76. ASSOCIATIONS BETWEEN POSTTRAUMATIC STRESS DISORDER AND CANCER PREVALENCE IN VIETNAM-ERA WOMEN VETERANS

Hannah M. Burns¹, **Kelsey Serier***², Kathryn M. Magruder³, Avron Spiro⁴, Brian N. Smith⁵

¹*National Center for PTSD Women's Health Sciences Division, VA Boston Healthcare System,* ²*Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System,* ³ *University of South Carolina,* ⁴*Boston University Chobanian and Avedisian School of Medicine, Boston CSP Coordinating Center, VA Boston Healthcare System, Boston University School of Public Health,* ⁵*National Center for PTSD Women's Health Sciences Division, VA Boston Healthcare System and Boston University Chobanian and Avedisian School of Medicine*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Older People/Aging

Region Industrialized Countries

Abstract Body The link between PTSD and cancer risk is unclear with mixed findings across limited studies. Few studies have included women Veterans, who may have a higher risk of both PTSD and cancer, in part due to their military service. Utilizing data from a cohort of Vietnam-era women Veterans (N=4219, Mage=67), weighted logistic regression analyses were used to examine the association between lifetime PTSD and likelihood of reproductive (cervical, uterine, ovarian), breast, lung, and colon cancers. PTSD was assessed using the Composite International Diagnostic Interview (CIDI 3.0). Cancer diagnoses and covariates, including toxic exposure during military service, were gathered via self-report. PTSD was not associated with increased odds of reproductive (OR= 1.28 [95% CI 0.85; 1.94]), breast (OR= 0.77 [95% CI 0.55; 1.08]), lung (OR= 0.53 [95% CI 0.11; 2.46]), or colon (OR= 0.61 [95% CI 0.24; 1.56]) cancer when adjusting for demographics, military service characteristics, and health behaviors. Unadjusted models also yielded nonsignificant results. Although PTSD was less relevant for cancer risk, aspects of military service, namely Agent Orange exposure, were associated with reproductive (OR= 1.72 [95% CI 1.24; 2.38]) and lung (OR= 3.60 [95% CI 1.56; 8.35]) cancer in this cohort. Prospective research is needed to identify military and post-military factors that are most important for understanding cancer risk in women Veterans.

TA77. EXAMINING RELATIONSHIPS BETWEEN CHANGES IN SOCIAL SUPPORT AND DEPRESSION BY SEXUAL ASSAULT STATUS AMONG WOMEN COLLEGE STUDENTS

Jenna Bagley*¹, Cailan Splaine¹, Elsa Mattson¹, Norah C. Feeny¹

¹*Case Western Reserve University*

Track Public Health

Primary Program Type Social Issues - Public Policy

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Social support (SS) is a well-supported protective/risk factor for posttraumatic sequelae following sexual assault (SA). Longitudinal research examining these relationships, particularly within the first year following a SA, is needed to better inform intervention efforts. In the present study, multiple linear regressions examined relationships between perceived SS (Multidimensional Scale of Perceived Social Support) and depression symptom severity (QIDS-SR) in college women (N = 120) over the course of 1 year (baseline and follow-ups at 1, 3, 6, and 12 months: T1-5) and whether these patterns differed based on SA status (past year SA vs. lifetime SA occurring > 1 year ago vs. no SA history). Lower SS predicted higher depression severity from T1 to T2 ($\beta = -.320$, $p = .012$), T2 to T3 ($\beta = -.380$, $p = .004$), and T3 to T4 ($\beta = -.313$, $p = .011$), and vice versa ($\beta = -.326$, $p = .005$; $\beta = -.277$, $p = .009$; and $\beta = -.335$, $p = .004$, respectively). At T1, past-year SA status predicted higher T2 depression ($\beta = -.305$, $p = .043$) and at T2 and T3, past-year SA status predicted lower next-timepoint SS ($\beta = .273$, $p = .027$; and $\beta = .297$, $p = .028$, respectively). Past year SA may predict increased risk for depression and low SS in the subsequent 1-3 months. In line with existing research, depression and SS exhibited a reciprocal, negative relationship over time, highlighting the importance of early intervention to prevent or treat depression and promote SS in college women who experience SA.

TA78. PERCEPTIONS OF SAFETY OF FAMILIES USING A CHILD VISITATION CENTER FOLLOWING DOMESTIC VIOLENCE

Klaudia Malik*¹, Meg Denny², Julie Olomi²

¹*University of Montana*

Track Public Health

Primary Program Type Social Issues - Public Policy

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Child visitation centers aim to provide a safe, neutral space for exchanges and supervised visitation following domestic violence. These centers play a key role in helping families navigate the complex dynamics of separation and reunification after experiencing violence at home. However, without appropriate and trauma-informed policies, abusers may exploit supervised visitation to continue emotional abuse, manipulate the non-abusive partner, and use children as leverage. Research in this area is limited, highlighting the need to further explore custodial caregivers' experiences with supervised visitation centers. This study examines the experiences of custodial caregivers utilizing a supervised visitation center in a rural state. Data collection is ongoing and is expected to conclude in spring 2025. Our survey explores caregivers' perceptions of the center's strengths and limitations, barriers

to access, safety concerns, and visitation-related stressors. Preliminary themes suggest that caregivers' perceptions of whether their needs are prioritized, compared to the non-custodial parent's, as well as the staff's flexibility and cultural responsiveness, are all important factors contributing to perceptions of safety. This study has important implications for improving custodial caregivers' experiences and informing child visitation center practices.

TA79. LEADERSHIP IN MORAL AWARENESS (LIMA): TRAINING FOR U.S. ARMY LEADERS

Shelby Anderson*¹, Richard Gonzales², Elizabeth Alders², Ian Gutierrez³

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Track Public Health

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Moral injury refers to the psychological distress associated with the observation of, or participation in, acts or behaviors that runs counter to deeply held moral beliefs (Litz et al., 2009; Nash and Litz, 2013). Research suggests that leadership can mitigate moral injury in military settings (Phelps et al., 2022; Zust and Krauss, 2019). Specifically, Soldiers whose leaders engaged in moral awareness leadership behaviors have reported fewer mental health symptoms than those whose leaders did engage in these behaviors (Gutierrez et al., 2023). Building on these findings, the Walter Reed Army Institute of Research developed a new training curriculum for U.S. Army leaders, "Leadership in Moral Awareness" (LIMA). U.S. Army leaders who receive the 2-hr LIMA curriculum learn how moral injury impairs Soldier wellbeing and readiness, and are instructed on actions they can take to raise moral awareness in units. LIMA was designed to be delivered by Army chaplains, who are tasked with training and advising moral awareness leadership for Army leaders (DA PAM 165-19). Pilot trainings conducted with Army leaders (n = 26) found that the leaders perceived the practices for fostering moral awareness to be useful ($\geq 88\%$) and viewed LIMA as important (100%) and beneficial (96%). Implications for future development and evaluation of the LIMA curriculum will be discussed.

5:45 p.m. - 7:00 p.m.

Poster Session 2 Presentations

TB1. NEUROLINGUISTIC APPROACH TO PTSD ASSESSMENT: INTEGRATING NLP AND AI-BASED DIAGNOSIS WITH BRAIN REGION ACTIVATION ANALYSIS

Mathieu Guidere¹, **Louis Jehel***¹, Chirine Chamsine²

¹*Amiens University Hospital Center*, ²*University of Quebec*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Global

Abstract Body This study aimed to develop an innovative system for the assessment of Post-Traumatic Stress Disorder (PTSD) by integrating Natural Language Processing (NLP), Artificial Intelligence (AI)-based diagnosis, and neuroimaging techniques. The objective was to enhance diagnostic accuracy, uncover the neurological underpinnings of trauma responses, and inform targeted treatment strategies. Methods involved analyzing patients' trauma narratives using NLP algorithms to extract linguistic markers of PTSD, correlating these markers with patterns of brain region activation obtained through functional neuroimaging, and employing AI models to synthesize diagnostic outcomes. Results demonstrated significant correlations between specific linguistic features—such as heightened use of emotional and temporal language—and hyperactivation in the amygdala, hippocampus, and prefrontal cortex. The AI diagnostic model exhibited a sensitivity of 92% and specificity of 89% when validated against clinical assessments. In conclusion, this neurolinguistic approach offers a promising pathway for enhancing PTSD diagnosis and understanding its neurobiological mechanisms, paving the way for precision-guided therapeutic interventions.

TB2. THE INFLUENCE OF PROLONGED GRIEF DISORDER AND POSTTRAUMATIC STRESS DISORDER ON QUALITY OF LIFE DOMAINS IN BEREAVED SURVIVORS OF THE 9/11 TERRORIST ATTACKS

Joscelyn Fisher*¹, Hanna Nettles¹, Sierra Martin¹, Alexander Rice¹, Jing Zhou¹, Stephen Cozza²

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²*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The impact of distinct associations of Prolonged Grief Disorder (PGD), Post-traumatic Stress Disorder (PTSD), and their comorbidity with quality of life among adult 9/11 survivors were examined. Participants (n = 1033, 51% female) lived or worked near the World Trade Center on 9/11 and were bereaved on or after 9/11. QOL domains (physical, psychological, social relations, environment) were assessed using the WHOQOL-BREF-100. PGD was indexed by PG13R > 30 and Work and Social Adjustment Scale > 10. PTSD was indexed by PCL5 > 31. Participants were categorized into 4 groups: PGD only (1.7%); PTSD only (17.6%); comorbid PGD and PTSD (6.4%); and neither PGD or PTSD (74.3%). The associations between group membership and QOL domains were examined using linear regression, controlling for age, sex, and time since loss. Compared to participants in neither PGD or PTSD, those in PTSD only reported significantly lower scores (i.e., by 0.75-1.04 SD) on all domains, and those in PGD only reported lower scores (by 0.69-0.91 SD) across all domains, except social relations. Lower scores in the comorbid PGD and PTSD were almost

double in magnitude (by 1.17-1.52 SD) across all QoL domains. Results illustrate that PGD and PTSD are each negatively associated with several QoL domains, and the combined effect of both PGD and PTSD reduces QoL more than either condition alone.

TB3. PROFILES OF COPING STRATEGIES FOLLOWING BEREAVEMENT

Joscelyn Fisher*¹, Alexander Rice¹, Jing Zhou¹, Alexandra Blumhorst¹, Christin Ogle¹, Stephen Cozza²

¹*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.,*

²*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Most coping research has studied coping strategies separately, without considering their combined effects. This study identified groups of bereaved military family members (n = 2374) according to patterns of coping strategies, and then examined each group's association with grief, depression, and posttraumatic growth (PTG). Latent profile analysis identified Profile 1: high religion and acceptance/low humor, behavioral disengagement (BD), and substance use (31% of sample), Profile 2: high self-blame, self-distraction, and denial/low humor (18%), Profile 3: high active coping, acceptance, emotional support/low substance use, BD and humor (43%), and Profile 4: high acceptance, humor, self-distraction, positive reframing (7.6%). Profile 4 also included higher self-blame and substance use than Profiles 1 and 3. Depression, grief, and PTG scores differed between all profile groups. Mean depression and grief scores for Profile 2 were highest (clinical range), whereas Profile 1 had the lowest. Profile 3 had the highest PTG scores. Consistent with the presence of both healthy (e.g., acceptance) and unhealthy (e.g., self-blame, substance use) coping in Profile 4, both positive and negative outcomes were high (grief and depression approached clinical range, and high PTG scores). Future analyses will examine how profiles differ according to time since the loss and the cause of death.

TB4. RELIABILITY, VALIDITY, AND FACTOR STRUCTURE OF THE DISTRESS TOLERANCE SCALE SHORT FORM (DTS-SF)

Brianna Byllesby*¹, Ruby Charak², Ines Cano González², Nicole Christ³

¹*University of South Dakota,* ²*University of Texas Rio Grande Valley* ⁴*Minneapolis VA Health Care System*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Distress tolerance, or the perceived ability to tolerate negative emotional states, is an important transdiagnostic development and maintenance factor of psychopathology, including posttraumatic stress disorder (PTSD). The present study examined the psychometric properties of the newly developed Distress Tolerance Scale Short Form (DTS-SF; Garner et al., 2018) in a large (N = 1099) sample of emerging adults. Participants (age M = 20.00 years, SD = 3.40; 64.8% female; 50% Hispanic) completed the DTS-SF and measures of psychopathology (PCL-5, PHQ-9). The DTS-SF was negatively associated with PTSD symptom severity ($r = -.409$) and depression symptom severity ($r = -.384$), and the DTS-SF had good internal reliability ($\alpha = .83$) and was highly correlated with the full DTS ($r = .954$). Using confirmatory factor analysis, the DTS-SF had good model fit, chi-square = 50.56, $p < .001$, CFI = .991, TLI = .973. Measurement invariance for gender found configural and metric invariance for the DTS-SF but not scalar invariance, indicating men ($n = 371$) and women ($n = 712$) had different item intercepts or item interpretations, with men reporting higher overall levels of distress tolerance. Further group measurement invariance found configural and metric invariance by trauma-exposure, but not scalar invariance, such that individuals with trauma exposure ($n = 542$) had higher item intercepts than participants without a history of Criterion A trauma. Results suggest the DTS-SF is likely a reliable and valid measure for distress tolerance in trauma-exposed samples, though further research is needed.

TB5. PERPETRATOR INDUCED DISTRESS: PREVALENCE, EVENT CHARACTERISTICS AND OUTCOMES IN CIVILIAN SAMPLES

Chris Dums*¹, Olathe Bigknife Antonio¹, Rachel Williamson¹

¹*University of Montana*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Limited research exists on the prevalence, characteristics, and outcomes of perpetration induced potentially traumatic events (PTEs) in the general population. In the present study, participants from two samples (N=735) described a distressing event that was caused by their own actions, and completed outcomes measuring perpetration induced distress (PID), anxiety, depression, existential concerns, and symptoms of PTSD and complex PTSD. 56.6% of participants identified a distressing event that they perceived to be caused by their own actions. Deductive coding categorized responses by 4 previously identified themes: physical harm (25.2%), interpersonal conflict/betrayal (52.4%), violation of internal standards (20.0%), and violation of external standards (17.8%). Additionally, the events were coded for involving acts of commission (80.5%) vs omission and for being intentional (69.5%) vs accidental. Results of t-tests suggest that those who experienced events that involved causing physical harm report higher scores across all outcome measures. Those with PTEs involving violation of external standards also reported higher PID and PTSD scores. No effects were found for other PTE characteristics. These findings support the relevance of PID in civilian populations and suggests that PTEs involving causing physical harm is an important predictor of distress across a variety of domains.

TB6. EXAMINING THE RELEVANCE OF COMBAT TRAUMA AND SOCIAL AND OCCUPATIONAL FUNCTIONING ON PTSD SEVERITY

Sydney Lempert*¹, Rahan Siddiqi², Madhavi Tamarapalli³, Nadia Delacruz⁴, Deborah Dye⁵, Alex Lin⁶

¹*University of Pennsylvania*, ²*Coatesville VA Medical Center*, ³*Birmingham VA Medical Center*, ⁴*Dallas VA Medical Center*, ⁵*Clement J. Zablocki VA Medical Center*, ⁶*San Diego VA Medical Center*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Veterans exposed to combat trauma are at greater risk for developing Posttraumatic Stress Disorder (PTSD) than the general public, potentially related to their experiences of moral injury (Litz et al., 2009; Xue et al., 2015). Heightened moral injury may lead veterans to negatively reevaluate their perceptions of themselves and others, impeding their reintegration into society (Boscarino et al., 2022). In turn, social and occupational functioning may play a role in PTSD severity following the experience of a traumatic event. However, it is unclear if the link between functioning and PTSD severity varies based on type of trauma experienced (combat or non-combat). In this study, 238 veterans were rated on their index trauma, PTSD symptoms using the Clinician-Administer PTSD Scale, and social and occupational functioning using the Social and Occupational Functioning Assessment Scale (Bredemeier et al., 2022). Regression analyses tested relations between functioning, trauma type, and the interaction of functioning and trauma type with PTSD severity. Results showed a significant negative association for PTSD severity with social and occupational functioning ($\beta > -0.26$, $p < 0.001$), but not trauma type or the interaction between functioning and trauma type ($\beta < 0.15$, not significant). This suggests that PTSD severity is linked with social and occupational functioning, but combat trauma is not linked with PTSD severity, nor does it moderate the relation between functioning and symptoms. These results may help guide clinicians to focus on relevant elements of a PTSD patient profile.

TB7. VETERANS' PERCEPTIONS OF MEASUREMENT BASED CARE DURING MASSED AND WEEKLY EVIDENCE-BASED PTSD TREATMENTS

Stephanie Wells*¹, Ryan Murray¹, Abigail Shapiro¹, Caroline Callaway¹, Rachel Ruffin¹, Shannon Kehle-Forbes²

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Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Measurement-based care (MBC), uses patient-reported outcome measures (PROMs) to monitor patients' progress and inform treatment, and is associated with better

clinical outcomes. MBC is routinely used in the Veterans Healthcare Administration (VA). Little research has examined Veterans' perceptions of MBC. The present study aims to 1) understand Veterans' perceptions of and experiences with MBC during PTSD evidence-based psychotherapies (EBPs); 2) compare perceptions of MBC between massed versus weekly PTSD EBPs. This study is conducting semi-structured qualitative interviews with up to 30 Veterans with PTSD following treatment in a pilot randomized controlled trial comparing massed PTSD EBPs (i.e., sessions at least three times a week) to standard delivery (i.e., weekly) in a VA PTSD Outpatient Clinic. Rapid qualitative analysis from 17 interviews conducted to date found Veterans viewed completing PROMs as repetitive and acceptability of repetition varied; Veterans in the massed treatment group shared stronger negative reactions. Some Veterans shared that the purpose of completing PROMs was unclear. Veterans' perceptions of their symptom change did not always align with PROMs scores. Veterans in the massed treatment group felt that using PROMs with shorter time periods between assessments may not accurately represent their symptoms. Findings suggest that MBC may not perform equally or be as informative in massed treatment as it is in weekly due to the shorter time period assessed. Providers may increase utility of MBC with Veterans by reviewing the rationale of MBC. Results will be updated with the final sample.

TB8. EXPLORING THE PATHWAYS BETWEEN SLEEP DISTURBANCES AND PTSD SYMPTOM CLUSTERS

Quinn Biggs*¹, Jing Wang¹, Rohul Amin¹, Carol Fullerton¹, Robert Ursano¹

¹*Center for the Study of Traumatic Stress*

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Mental Health Professionals **Region** Industrialized Countries

Abstract Body Background: Sleep disturbances are common in individuals with posttraumatic stress disorder (PTSD), yet little is known about the neurobiological pathways involved. This study examined relationships between distressing dreams, nighttime awakenings, and PTSD symptom clusters among trauma-exposed service members (SMs) with and without PTSD.

Methods: US military SMs (N = 151; 78 with PTSD) completed ecological momentary assessments daily for 15 days (n = 1,879). Probable PTSD and daily PTSD symptoms were assessed with the PCL-5. Dreams were assessed with three items and awakenings were assessed with two items. For each person, a 15-day mean score was created for each PTSD symptom cluster. For dreams and awakenings, a frequency score and severity score were created. Descriptive statistics and correlation analyses were conducted.

Results: SMs with PTSD reported a higher frequency of dreams (50% vs. 30%) and awakenings (74% vs. 50%) than those without PTSD, and similar results were reported for the severity (number) of dream and awakening items. The frequency of dreams and awakenings were associated for SMs with and without PTSD, but severity of dreams and awakenings were associated only for SMs without PTSD. Associations between dream and awakening items and PTSD symptom clusters differed in frequency and severity as well as by PTSD group.

Conclusions: Individuals with and without PTSD differ on frequency and severity of sleep disturbances and how they influence PTSD symptoms. Different types of sleep disturbances may have different neurobiological pathways to impact PTSD symptom clusters. Additional studies are needed.

TB9. ENHANCING PTSD CARE IN LOW-RESOURCE SETTINGS: FEASIBILITY OF PSYCHOPHYSIOLOGICAL TECHNOLOGIES

Vuyokazi Ntlantsana*¹, Andrew Tomita², Saeeda Paruk¹, Bonginkosi Chiliza¹, Lauren C. Ng³

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Track Assessment and Diagnosis

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Mental Health Professionals

Region Eastern and Southern Africa

Abstract Body In low-resource settings, research on effective interventions for PTSD is limited and evaluating efficacy and selecting patients appropriate for treatment presents additional challenges. This single-case experimental design pilot study assessed the preliminary efficacy of a culturally adapted brief intervention for PTSD in serious mental illness, suitable for delivery by non-specialized care providers in KwaZulu Natal (South Africa). Participants were included if they met full or subthreshold criteria for PTSD based on the Structured Clinical Interview for DSM-5. Weekly assessments, including the PTSD Checklist (PCL) and skin conductance, a non-invasive physiological measure of autonomic nervous system activation linked to PTSD symptoms, were conducted weekly throughout the pre-intervention phase, the intervention period, and during follow-up one- and three-months follow-ups. At baseline two participants had moderate/high clinical PCL scores (54 and 62), while two had mild/subthreshold PCL scores (32 and 28). The two participants with the highest baseline PCL scores showed improvement at the one-month post intervention period and this improvement was supported by reductions in skin conductance measures. Findings indicate that the intervention may be more effective for individuals with higher symptom severity, highlighting an important consideration in low-resource settings where specialized care limited. The study demonstrates the feasibility of using psychophysiological technologies for research in such settings. High-powered studies are needed to further evaluate intervention efficacy.

TB10. ANTIPSYCHOTIC AND MOOD STABILIZER RECEIPT FOR VETERANS AFFAIRS PATIENTS WITH PTSD: A NATIONAL INVESTIGATION

Peter Grau*¹, Paul Pfeiffer², Karen Austin³, Kevin Saulnier⁴, Nicholas Bowersox³

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Treatment Resource and Evaluation Center, ⁴Ann Arbor Center for Clinical Management Research

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: Treatment guidelines recommend only a few medications for the treatment of posttraumatic stress disorder (PTSD). There is substantial guideline non-concordant treatment for individuals with PTSD, including antipsychotics and mood stabilizers, which have potentially serious adverse side effects. We examined patient and clinical factors that may be associated with prescribing these medications among Veterans Health Administration (VHA) patients diagnosed with PTSD and without diagnosed comorbid bipolar or psychotic disorders.

Methods: The study cohort included all VHA patients with PTSD diagnoses in fiscal year 2019 (FY2019) who did not have comorbid diagnoses of schizophrenia, psychotic spectrum disorders, or bipolar disorder in FY2019 or the prior two fiscal years (N = 122,292). Logistic regressions assessed demographic and clinical factors associated with antipsychotic and mood stabilizer prescription receipt.

Results: 11.9% of the cohort received an antipsychotic, the strongest predictors of which were the presence of a suicide risk flag (aOR: 1.57) and benzodiazepine prescription (aOR: 1.79). 12.4% of the cohort received a mood stabilizer, the strongest predictors of which were a service-connected disability above 70% (aOR: 1.56) and personality disorder diagnosis (aOR: 1.76).

Conclusions: VHA patients with PTSD who have psychiatric comorbidity and receive multiple psychiatric medications were more likely to receive guideline non-concordant mood stabilizers and antipsychotics. More work is needed to help providers balance the risks and benefits of these medication combinations.

TB11. EXAMINING ASSOCIATIONS BETWEEN DISTRESS TOLERANCE AND ANXIETY SENSITIVITY AND COMORBID POSTTRAUMATIC STRESS DISORDER (PTSD) - ALCOHOL USE DISORDER (AUD) USING MULTIMODAL ASSESSMENTS

Kaitlin Bountress*¹, Kristen Bermingham¹, Christopher Latourrette², Roxann Roberson-Nay³, Spit for Science Working Group¹, Ananda Amstadter¹

¹Virginia Commonwealth University, ²Old Dominion University, ³University of Virginia

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma is common, and associated with alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD), which co-occur. One explanation for this co-occurrence

is that shared risk factors, such as anxiety sensitivity (AS), the cognitive appraisal of anxiety symptoms as harmful, may drive both. The goal of this study was to test whether a multimodal measure of AS (i.e., CO2 breathing task), is associated with group membership: AUD-PTSD, AUD, PTSD, or trauma-exposed controls. Participants were recruited from a longitudinal study of college students and were eligible if they reported lifetime trauma and alcohol use, and if they lived in proximity of lab. After completing an initial survey, participants who met criteria for one of the four groups included in the lab study (n=90), involving collection of subjective (e.g., self-report of psychophysiological symptoms) and physiological (i.e., heart rate, skin conductance) measures during the breathing task. Individuals with AUD-PTSD reported higher self-report ratings of psychophysiological symptoms during the recovery phase, compared to PTSD (β : -.261, $p < .05$), AUD (β : -.338, $p < .01$), and control groups (β : -.314, $p < .05$). There were no differences between groups on any of the physiological measures. It may be that individuals with comorbid AUD-PTSD perceive that they have difficulty physiologically recovering from a stressor.

TB12. THE IMPACT OF MENOPAUSAL SYMPTOM SEVERITY AND PSYCHOPHYSIOLOGICAL HYPERAROUSAL ON PTSD SYMPTOMATOLOGY DURING THE MENOPAUSE TRANSITION IN TRAUMA-EXPOSED BLACK WOMEN

Trinidi Prochaska*¹, Amanda R. Arnold¹, Abigail Powers¹, Jennifer S. Stevens¹, Vasiliki Michopoulos¹

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Track Biology and Medical

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Older People/Aging

Region Industrialized Countries

Abstract Body The menopause transition is associated with greater Posttraumatic Stress Disorder (PTSD) symptoms. However, the mechanisms by which the menopause transition impacts PTSD symptoms are unclear. We aimed to evaluate the impact of changes in menopausal symptoms over perimenopause and psychophysiological hyperarousal on PTSD symptoms in trauma-exposed Black women.

Menopausal status of 58 trauma-exposed Black women aged 40-55 was assessed using STRAW+10 criteria. The Menopause Rating Scale (MRS) and PTSD Checklist for DSM-5 were used to assess menopause and PTSD symptoms, respectively, at two clinical visits separated by a 6-month period. Psychophysiological hyperarousal was measured using eSense skin conductance responses (SCR) during trauma recall. Linear mixed models examined effects of MRS, SCR, and time (initial vs 6-month visit) on PTSD symptoms. Post-hoc simple slopes analyses examined associations at the mean and $\pm 1SD$.

Greater MRS ($p < .001$) and SCR ($p=.003$) were associated with greater PTSD symptoms. There was a significant three-way interaction between MRS, SCR, and time ($p=.013$). Post-hoc analyses showed that in women with greater SCR, MRS were associated with PTSD symptoms as they progressed through perimenopause ($p=.013$).

Greater MRS and SCR in trauma-exposed Black women are linked to heightened PTSD symptoms during perimenopause. Women with greater SCR to trauma recall may be more

vulnerable to menopause effects on PTSD symptoms, implicating dysregulation of the sympathetic nervous system. These findings underscore the need to develop novel interventions to treat perimenopausal mood alterations.

TB13. DIFFERENTIAL EFFECTS OF CHILDHOOD TRAUMA AND HIV ON ESTRADIOL-INDUCED GENE EXPRESSION IN IMMUNE CELLS

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Estradiol (E2) modulates immune function, while HIV infection and childhood trauma are associated with immune dysregulation. Given that 30% of women living with HIV report childhood trauma (5x higher than women without HIV), we examined how these factors and their interaction affect E2 signaling in immune cells.

Methods: PBMCs were isolated from women (N=108; HIV+ n=76, HIV- n=32) with known childhood trauma history. Gene expression in untreated and E2-treated PBMCs was analyzed using Nanostring technology. Differential expression analysis was performed, with significance set at $p < 0.05$. Regression analyses assessed interactions between HIV status and childhood trauma.

Results: HIV+ PBMCs showed more differentially expressed genes (DEGs) in response to E2 than HIV- (16 vs 4 DEGs). High and low childhood trauma each showed 6 DEGs, with distinct profiles. One gene differentially impacted by E2 treatment was PELP1, a key coactivator of estrogen receptor signaling and known proto-oncogene. Regression analysis revealed a significant interaction between HIV status and childhood trauma on E2-induced PELP1 expression ($p=0.01$). In women without HIV, greater CTQ was associated with greater E2 induction of PELP1 ($R^2 = .224$), whereas this relationship was not present in women with HIV ($R^2 = .01$).

Conclusions: Childhood trauma and HIV status interact to influence how immune cells respond to E2, affecting key inflammatory and hormone signaling pathways. Their interaction on E2-responsive genes suggests mechanisms by which these factors may contribute to health disparities in women with HIV and trauma histories.

TB14. POSITIVE PARENTING AS A MODERATOR OF THE ASSOCIATION BETWEEN COMMUNITY VIOLENCE EXPOSURE AND DEPRESSIVE SYMPTOMS AMONG BLACK ADOLESCENT GIRLS: CAREGIVER AND CHILD PERCEPTIONS

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Violence exposure, such as witnessing a crime, is a form of traumatic stress that can result in adverse mental health outcomes like depression for youth (Wang et al., 2025). Black girls are disproportionately exposed to violence due to economic stressors, gendered racism, and neighborhood poverty (Brown and Gourdine, 2001), increasing risks for depression. While positive parenting may mitigate the risk of depression among Black youth (Boyd and Waanders, 2012), its effects on Black girls in the aftermath of violence exposure remain unclear. This study examined how youth and caregiver perceptions of positive parenting moderate the relations between witnessing violence and depressive symptoms among Black girls. This study used data from 1,148 Black girls and their caregivers who participated in the Pittsburg Girls study (Keenan et al., 2010). Caregiver and youth completed the Adolescent Symptom Inventory-4 (Gadow and Sprafkin, 1998) and the 10-item Positive Parenting Scale (Loeber et al., 2008). Caregivers were also asked if their child witnessed a crime in the past year. Regression analyses found that witnessing violence was associated with increased depressive symptoms when reported by Black girls ($p = .039$), but not when reported by caregivers ($p = .315$). Positive parenting was linked to lower depressive symptoms ($p = .005$), but only when reported by caregivers. While findings may reflect a shared method variance, differing results may also reflect differences in how Black girls and their caregivers perceive positive parenting after violence exposure.

TB15. DOES RESILIENCE MODERATE THE RELATION BETWEEN MENTAL HEALTH SERVICES AND POST TRAUMATIC STRESS SYMPTOMS?

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Exposure to potentially traumatic events (PTE) is common and can increase the risk of maladjustment and posttraumatic stress symptoms (PTSS) (Overstreet et al., 2017). Despite the prevalence of PTEs, resilience may be the modal post-PTE trajectory (Galatzer-Levy et al., 2018). Resilience aids in coping with stress and has been linked to reduced PTSS, better treatment outcomes, and improved mental health (McGuire et al., 2018).

Given resilience's potential as a protective factor against PTSS (Burton et al., 2015), preliminary work proposes extant interventions may benefit from supplementing symptom reduction strategies with increased attention to bolstering resilience (Bartholomew et al., 2022; Joyce et al., 2018; Pinto et al., 2024). However, little is known about relations amongst resilience, mental health, and services (MHS) adjustment outcomes in young adults.

This study aims to explore if resilience moderates the effect of MHS on PTSS. We hypothesize that MH services will more strongly reduce PTSS in participants with higher

resilience. Data from 427 emerging adults (18-25 y/o; 88% women) were collected via Qualtrics surveys. Measures included resilience (CD-RISC), PTE exposure (LEC-5), PTSS (PCL-5), and MHS history. Using SPSS and Hayes PROCESS Macro, multiple regression and moderation analyses explored MHS history's impact on PTSS, with resilience as a moderator; relevant factors (e.g., treatment type, social support) will be considered as potential covariates. Results will be discussed in context of prevention and intervention efforts for trauma-focused prevention and intervention efforts.

TB16. MALTREATMENT EXPERIENCES OF RACIAL-ETHNIC MINORITY FOSTER YOUTH: CONTEXTUALIZING ACCESS TO MENTAL HEALTH SERVICES

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¹*UCLA*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Structural policies limit access to critical services for foster youth (Font et al., 2012) who experience higher rates of adverse childhood experiences (ACEs) and poorer mental health outcomes (Leslie et. al, 2005). Racial-ethnic minority youth face higher rates of trauma exposure, structural racism, and mental health concerns compared to non-minority youth (Luken et al., 2021). This study investigates referral pathways of foster-involved youth (N = 3,659,821) within Child Protective Services (CPS) for racial-ethnic minority (Black, 23.2%; Latine, 20.9%) and non-minority (White, 58.7%) youth using the 2021 National Child Abuse and Neglect Data System (NCANDS). The three most commonly reported maltreatment types were neglect (70.3%), sexual abuse (9.2%), and physical abuse (9.0%) with only 4.5% of youth referred to mental health services. Chi-Square analyses indicate race based differences in referral pathways ($p < .001$) across youth who have experienced neglect, sexual abuse, or physical abuse. Identified disparities in mental health referrals for foster youth among the most commonly reported forms of maltreatment may contribute to disproportionate mental health outcomes between racial groups and further limit access to treatment.

TB17. MARGINALIZED YOUTH WITH CHRONIC ILLNESS: THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON BEHAVIORAL AND EMOTIONAL OUTCOMES

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Ethnically and socioeconomically diverse and marginalized youth face greater exposure to adverse childhood experiences (ACEs), increasing their risk of behavioral problems. ACEs produce an increased risk for toxic stress and comorbid mental health conditions, but limited research investigates ACEs impact on the mental health of marginalized chronically ill youth. The current study (N=76; ages 9-19) examined ACEs across ethnicities (38% Latino/Hispanic; 29% Caucasian; 33% Other) and socioeconomic status (68% Medi-Cal; 32% PPO/HMO) in hospitalized chronically ill youth. Caregivers of patients referred from pain, palliative, and rehabilitation medicine completed the Pediatric ACEs Related Life Events Screener (PEARLS) and Behavior Assessment System for Children 3rd Edition (BASC-3). Responses were grouped into "high risk" (≥ 1 ACEs; n=54) and "low risk" (0 ACEs; n= 22) ACEs and "sub-threshold clinical symptoms" (T-Score 60-69) and "clinical threshold symptoms" (T-Score ≥ 70). Independent sample t-tests compared BASC profiles between low and high-risk ACEs groups and revealed significant differences in externalizing and internalizing concerns ($p < .05$), hyperactivity ($p < .05$), and aggression ($p < .01$). These findings highlight the critical need for an interdisciplinary model of care to address the unique challenges faced by diverse and underserved hospitalized chronically ill youth. The results offer valuable insights for clinicians to screen, identify, and employ trauma-informed interventions to reduce ACEs' negative effects on vulnerable youth's health and mental health.

TB18. EXAMINING WHETHER TYPE OF PERPETRATOR OF CHILDHOOD INTERPERSONAL TRAUMA IS ASSOCIATED WITH PERCEIVED SOCIAL SUPPORT IN ADULTHOOD

Layla Asgarian Nahavandi*¹, Margaret Canady², Alyson Zalta²

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Childhood abuse and neglect has been shown to predict lower levels of social support in adulthood. Betrayal trauma theory would suggest that individuals with familial perpetrators of childhood trauma would be more affected. However, little is known as to whether the type of relationship with the perpetrators of childhood trauma affects perceived social support in adulthood. We analyzed baseline data from a randomized controlled trial of a modularized cognitive-behavioral resilience training intervention for adults with childhood interpersonal trauma (n = 58). Perpetrator type was categorized into: immediate family, extended family, acquaintances, and strangers. The Multidimensional Scale of Perceived Social Support Scale was used to assess current social support. Results indicated no significant differences in social support between individuals with immediate family perpetrators (n = 11) compared to those without (n = 47, $d = -.16$, $p = .65$). Similarly, no significant difference was found between individuals with any family perpetrator (n = 20) compared to those with no family perpetrator (n = 38, $d = -.18$, $p = .52$). Our findings suggest no significant relationships between family perpetration of childhood trauma and perceived

social support in adulthood. However, further research is needed with a larger sample and exploring different aspects of social functioning.

TB19. HEALING THE ROOTS: EXPLORING CHILDHOOD TRAUMA'S ROLE IN TRICHOTILLOMANIA

Kayla Link*¹, Patricia Blanco¹

¹*Nova Southeastern University*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Trichotillomania (TTM) is a complex mental health disorder that places individuals at risk for physical symptoms, such as skin damage and infection, as well as psychological symptoms, including low self-esteem, social withdrawal, and other mental health issues. TTM is denoted by recurrent hair-pulling leading to hair loss with repeated attempts to terminate this compulsion. TTM has been found to arise from various etiologies. This review aims to examine the existing literature on the relationship between childhood trauma and the development of TTM, with a focus on the psychological and behavioral mechanisms of this association and is inclusive of treatment considerations and recommendations. Key studies were selected through an extensive review of current literature on childhood trauma reactions, TTM, and trauma-focused treatment of compulsive behaviors. There is strong evidence to suggest childhood trauma and the presence of post-traumatic stress symptoms precipitate maladaptive coping strategies, including hair-pulling. This review also highlights the importance of a childhood trauma-informed approach in both assessment and treatment of TTM. Specifically, trauma-informed cognitive behavioral therapy with exposure and response prevention and habit reversal training. Future research is needed to further explore this association with stratification for types of childhood trauma (e.g. physical abuse, sexual abuse, neglect, parental separation, or disasters).

TB20. ASSOCIATIONS BETWEEN PTSD SYMPTOMS AND HEART RATE VARIABILITY IN TRAUMA-EXPOSED INDIVIDUALS

Lydia Steinhoff*¹, Sarah Stevens¹, Alyson Zalta¹

¹*University of California, Irvine*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Individuals with post-traumatic stress disorder (PTSD) are observed to have lower heart rate variability (HRV) compared to healthy controls, but the relationship between PTSD symptoms and HRV remains poorly understood in highly vulnerable but non-clinical populations. This study aimed to explore this relationship in individuals born female (N = 46) who had been exposed to childhood abuse. A secondary data analysis was conducted to

examine correlations between PTSD symptoms (measured by the PCL-5) and HRV (measured through root mean square of successive differences) both at rest and during the acquisition stage of a fear conditioning task. No significant correlations were found between the PCL-5 and HRV at rest ($r = -.19$, $p = .21$) or during conditioning ($r = -.17$, $p = .27$). Results from ANCOVA analyses used to examine differences in HRV in individuals above and below a probable PTSD cutoff (PCL score of 32) after adjusting for age showed no significant differences in resting HRV by PTSD group ($F = 2.58$, $p = .12$). However, during fear conditioning, individuals below the PTSD cutoff ($EMM = 3.93$) had significantly higher HRV than individuals above the PTSD cutoff ($EMM = 3.57$), $F = 4.67$, $p = .04$. These results highlight the complexity of HRV in trauma-exposed individuals and suggest further research is needed to explore HRV dysregulation in PTSD.

TB21. THE IMPACT OF SIBLING SEXUAL ABUSE ON INTRAFAMILIAL RELATIONSHIPS: 'IT'S LIKE WALKING ON EGGHELLS'

Tova Lewin*¹, Anat Talmon¹, Brandy Black², Maria Socolof²

¹*The Hebrew University Of Jerusalem*, ²*5WAVES, Inc.*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Global

Abstract Body Sibling sexual abuse (SSA), believed to be the most common type of sexual abuse, is a marginalized area of study with limited literature largely focused on retrospective reports of survivors. More recently, emerging literature has acknowledged the familial impact of SSA and urges to support all family members; parents who essentially carry the weight of supporting the children who were harmed, the children who caused the harm as well as uninvolved siblings. However, very few studies presently exist that precisely capture the traumatic experiences endured by all family members when SSA occurs and on the state of the family following the abuse. Thus, Hebrew University of Jerusalem has partnered with 5WAVES, Inc., a grassroots charity dedicated to supporting families and individuals who have experienced SSA, to design a research study solely focused on parental experiences and family relationship outcomes of SSA. The aim of this study is to begin to fill in these crucial gaps in the literature on SSA and identify priorities for further research on prevention and intervention.

The current qualitative study is a portion of a larger mixed-methods study and includes a sample of 75 participants who identify as a parent of a child who was sexually abused by a sibling, a child who sexually harmed a sibling, or both and was recruited by 5WAVES. Participants completed a voluntary and anonymous online questionnaire which inquired on the relationship between the children before and after the disclosure of abuse, the relationship between the parents of the children following the abuse and the relationship of the parent to the children currently as compared to before the abuse.

The results identify a breakdown in the majority of all family relationships; from a spectrum of good and loving to a current reality of strained or no contact. This includes not only the children directly involved in SSA but also the parents and uninvolved siblings. Thus, the results recognize the unique trauma experienced by all immediate family members when it

becomes known that SSA has occurred and acknowledges the crucial need for clinicians, professionals, family and friends to support families involved in SSA as they process and attempt to move forward.

TB22. FAMILY DYSFUNCTION, PEER SUPPORT, AND ADOLESCENT LONELINESS POST-TRAUMA

Sophie Edelman*¹, Aleksandr T. Karnick¹, Katherine M. Ingram¹, Sabrina J. Cassarino¹, Nicole R. Nugent¹

¹*Brown University*

Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Perceived social support and experienced loneliness are key indicators for future psychopathology for adolescents, especially those in a post-trauma adjustment period. Adolescence is a time that places increased importance on peer relationships, which may shape the impact of family dysfunction on adolescent loneliness. In a sample of trauma-exposed adolescents (N = 111, mean age = 15.7) followed prospectively over 6 weeks, we examined our hypothesis that adolescents' perceptions of family environment and peer support measured at two weeks would predict feelings of loneliness at six weeks post-trauma, with the impact of family functioning expected to operate in part through peer support. Findings supported higher levels of family dysfunction and lower levels of peer support at two weeks predicting higher loneliness scores at six weeks ($ps < 0.01$). The indirect effect of a higher level of peer support was statistically significant on adolescent loneliness. Consistent with literature, both family environment and peer support are important to adolescents' post-trauma feelings of loneliness. Importantly, the impact of family environment may function through peer support, pointing to the importance of integrating peers into intervention efforts across settings (e.g., home, school, clinic).

TB23. CLIMATE CHANGE, INTERGENERATIONAL CONNECTION AND TRAUMATIC STRESS AMONG BLACK ANGLOPHONE MONTRÉALERS

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Track Child and Adolescent Trauma

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Background: Climate change (CC) is associated with psychological impacts including traumatic stress responses.[1,2] Positive social connections have been examined as

a potential protective factor.[3] In this qualitative study, we examined CC, mental health (MH), and intergenerational connections among Black Anglophones in Montréal, Canada. **Methods:** Aim one of “EnGen: Enabling InterGenerational connections to promote MH and well-being, and co-develop climate change solutions” has been co-designed between researchers at McGill University and the Black Community Resource Centre. In-depth interviews and focus group discussions were conducted with youth (16-24), adults (25-54), and seniors (55+). Verbatim transcripts were analyzed in NVivo using open, focused, and axial coding.

Results: From 31 interviews analyzed to date, we identified a spectrum of CC impacts on MH including feelings (sadness and anger), symptoms (stress and anxiety), and MH conditions (post-traumatic stress disorder). CC was found to disrupt familial and social connections. Intergenerational relationships protected against MH impacts of climate change, contributing to a sense of hope.

Conclusion: The preliminary results of the EnGen study suggest that CC is associated with traumatic stress and other MH impacts and can negatively impact intergenerational connections. Intergenerational ties may be protective of MH.

TB24. LATENT CLASS ANALYSIS OF MEN’S IPV VICTIMIZATION PROFILES: IDENTIFYING PATTERNS FOR PREVENTION AND INTERVENTION

Lyric Russo*¹, Chiara Sabina²

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Track Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body While research on men’s experiences of intimate partner violence (IPV) victimization has grown, few studies have examined distinct victimization profiles and their associations with childhood adversity. This study used latent class analysis (LCA) to identify IPV victimization patterns among racially diverse men (N = 1,194), recruited from an online panel, and explore implications for prevention and intervention. A five-class model emerged: (1) Moderate IPV and Coercion, Low Childhood Adversity, characterized by moderate physical and sexual IPV and high coercive control, but minimal childhood adversity; (2) High IPV, Coercion, and Childhood Adversity, marked by high physical IPV, coercive control, and substantial childhood verbal and physical abuse; (3) High IPV and Coercion, Low Childhood Adversity, featuring high rates of physical and sexual IPV and coercion, but minimal childhood adversity; (4) Severe IPV and High Childhood adversity, distinguished by physical and sexual abuse, legal abuse, and extensive childhood adversity; and (5) High IPV and Coercion, Moderate Childhood Adversity, marked by high levels of physical and sexual abuse, coercion, and moderate childhood verbal abuse and emotional neglect. Findings reveal distinct IPV victimization patterns, with some classes showing strong links between childhood adversity and current IPV experiences, while others experience severe abuse despite minimal childhood trauma. These insights highlight the need for tailored intervention strategies that address both past trauma and current relationship dynamics.

TB25. AN EXAMINATION OF DIMENSIONS OF EARLY LIFE ADVERSITY AND FEAR-RELATED MECHANISMS ACROSS MULTIPLE LEVELS OF ANALYSIS IN ADOLESCENTS

Leah Cha*¹, Shiloh Cleveland¹, Craig Enders¹, Katie McLaughlin², Jennifer Sumner¹

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Track Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Early life adversity (ELA) is linked to disrupted fear responses; yet, considering dimensions of threat- and deprivation-related early experience remain understudied in this context. We tested associations of threat- and deprivation-related ELA with psychophysiological and self-report responses during a fear conditioning and extinction task in a community-based sample of youth (n=146). Youth and caregivers reported youths' lifetime ELA experiences to compute threat and deprivation composites. Youth completed a fear conditioning and extinction task with skin conductance response (SCR) and self-reported fear collected. Youth were aged 12.6 years on average; 51% were male. Using Bayesian multilevel modeling, we found that adjusting for co-occurring threat, greater deprivation was linked to better danger-safety discrimination based on SCR during late conditioning (Median=0.03, p=.009) and late extinction (Median=0.03, p=.011). Threat-related ELA was inversely associated with cue discrimination during conditioning based on self-reported fear (Median=-0.60, p=.001) and to blunted SCR to danger and safety cues during early conditioning (Median=-0.01, p=.014). Results indicate that deprivation-related ELA may enhance capabilities to differentiate between danger-safety cues, while threat-related ELA is related to blunted responses and reduced cue discrimination.

TB26. INTERGENERATIONAL TRAUMA AND RESILIENCE: PARENTING STRATEGIES AMONG WAR-AFFECTED FATHERS IN SIERRA LEONE

Abdulai Bah*¹, Kashiya Nwanguma¹, Candace Black¹, Theresa Betancourt²

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Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Child/Adolescent

Region West and Central Africa

Abstract Body This study, grounded in the Conservation of Resources (COR) Theory, examines the intergenerational impact of war on parenting behaviors among fathers who were former child soldiers in Sierra Leone. The COR Theory posits that individuals aim to acquire, retain, and protect essential resources, including emotional, financial, and social, vital for effective parenting. Utilizing a mixed-methods approach in a 22-year longitudinal study, we conducted 30 key informant interviews with 13 fathers and facilitated 15 focus group

discussions with 125 community members (57 fathers and 68 mothers). Data were collected during the fifth wave of the intergenerational study of war-affected youth (ISWAY) to investigate how historical trauma and socio-economic challenges influence parenting practices. Interviews were conducted in Krio, recorded, transcribed, and translated into English for analysis. Findings reveal that fathers prioritize equitable treatment among biological and non-biological children, reflecting their desire to maintain family cohesion and emotional resources. Despite significant challenges, such as unemployment and health issues, fathers demonstrated a strong commitment to their children's educational success, often expressing a willingness to sacrifice personal resources for this goal. The extended family emerged as a critical resource, providing emotional support that mitigates stressors. These insights will inform culturally sensitive family-based interventions addressing the interplay of historical context, family dynamics, and resource management in post-war Sierra Leone.

TB27. INTEGRATING RESOURCE LOSS THEORY AND TRANSDIAGNOSTIC MODELS TO ELUCIDATE CHILDHOOD TRAUMA-RELATED SUICIDALITY AMONG SINGAPOREAN YOUTH: A COMBINED VARIABLE-CENTERED AND PERSON-CENTERED APPROACH

Liu Jianlin*¹, Anitha Jeyagurunathan¹, Shazana Shahwan¹, Edimansyah Abdin¹, Mythily Subramaniam¹

¹*Institute of Mental Health*

Track Child and Adolescent Trauma

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent **Region** East Asia and the Pacific

Abstract Body Objectives: Resource Loss theory (intra- and interpersonal resources) and transdiagnostic models (risk and protective factors) may integrate to explain childhood trauma-related suicidality. The present study employed variable-centered (structural equation modelling; SEM) and person-centered (latent profile analysis; LPA) approaches to determine the risk/protective pathways and profiles associated with childhood trauma-related suicidality among Singaporean youth.

Methods: In a large sample of youths seeking outpatient treatment for depression and anxiety disorders in Singapore (N = 378; Mage = 24.60), we first used SEM to examine associations among risk factors (childhood trauma, emotion dysregulation, depression), protective factors (social support and psychological resilience), and suicidality. We next used LPA to identify risk and protective profiles of childhood trauma-related suicidality.

Results: The structural equation model demonstrated acceptable fit (CFI = 0.91, RMSEA = 0.06). The total indirect effect of childhood trauma on suicidality was significant ($\beta = 0.27$, 95% CI 0.20 to 0.34; R² = 40%), while adjusting for sex and ethnicity. LPA identified two distinct profiles; High Risk and Low Resilience (54.8%) and Low Risk and High Resilience (45.2%).

Conclusions: Findings from both SEM and LPA converge to highlight multiple pathways from childhood trauma to suicidality and nuanced risk and protective profiles of childhood trauma-related suicidality. Early interventions that target both intra- and interpersonal risk and protective factors are essential to support youth mental health.

TB28. JOHNS HOPKINS' INCIPIENT PROGRAM FOR THE STUDY OF PSYCHEDELIC THERAPIES IN PTSD AND PRELIMINARY RESULTS

Brandon Weiss*¹

¹*Johns Hopkins School of Medicine*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Global

Abstract Body One of the objectives of this presentation will be to share an overview of current and future studies within our incipient research program at Johns Hopkins, including (1) an investigation of how useful trauma-focused psychotherapy is as an adjunct to Psilocybin Therapy, (2) an investigation of the effectiveness of ibogaine and 5-MeO-DMT in the treatment of PTSD and Traumatic Brain Injury among Special Operations Forces Veterans, and (3) an investigation of the safety and efficacy of concurrently administered Psilocybin and MDMA in the treatment of PTSD among military Veterans.

Another objective will be to share preliminary findings regarding PTSD treatment response in relation to Psilocybin Therapy, based on results from an ongoing pilot study we are currently administering at our center involving the application of Psilocybin Therapy in the treatment of PTSD, while manipulating the psychosocial intervention, which is either set to 'Standard Psychological Support' or 'Trauma-focused Therapy' (including elements of Cognitive Processing Therapy and in vivo exposure). I will share preliminary evidence of maladaptive trauma-related beliefs and avoidance substantially decreasing following a single psilocybin session, and observations about the utility of trauma-focused psychotherapy following psilocybin administration (versus more minimal psychological support). We have learned that in most cases the supplementary application of trauma-focused psychotherapy following psilocybin administration is not regarded by participants or therapists to be useful due to substantive symptom relief, strongly restructured Stuck Point beliefs, problems with practice assignment completion, and concerns about trauma-focused psychotherapy disturbing a new reduced symptom state. However, in a smaller number of cases, trauma-focused psychotherapy is regarded to be well indicated and useful by therapists. This pattern of results so far points to utility of trauma-focused psychotherapy in individual cases, as well as the presence of significant symptom response following Psilocybin Therapy alone.

As a note, although this presentation does not fit perfectly into the Paper Presentation format, I wonder if such a presentation would be considered in view of not knowing where else it would naturally belong. Thank you for your understanding.

TB29. EXPLORING THE RELATIONSHIP BETWEEN POSTTRAUMATIC STRESS, COPING SELF-EFFICACY, LONELINESS, AND ALCOHOL USE IN TRAUMA SURVIVORS

Christopher Griffith¹, **Brigitta Beck***¹, Zara Kenigsberg¹, Lydia Grenko¹, Elizabeth Anquillare¹, Colin Mahoney¹

¹*University of Colorado at Colorado Springs*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic stress symptoms (PTSS) and alcohol use often co-occur possibly due to disrupted psychosocial resources that support healthy adaptation following trauma exposure. Trauma survivors with limited social support (i.e., loneliness) and low perceptions of their ability to cope with stressors (i.e., trauma coping self-efficacy; T-CSE) may be more likely to engage in alcohol use to cope with distress. To test hypothesized indirect effects of PTSS on alcohol use via loneliness and T-CSE, 183 participants were recruited from a community mental health clinic and completed various measures of these constructs prior to beginning treatment. Participants were 56% men and 74% White, with 15 years of education (SD = 2.21). Over 66% reported current or past military service. Results showed greater PTSS significantly predicted lower T-CSE, ($b = -.45, p < .001$), and greater loneliness, ($b = .06, p < .001$). However, neither T-CSE, ($b = .03, ns$), nor loneliness, ($b = -.08, ns$), predicted alcohol use, and the direct path from PTSS to alcohol use was nonsignificant, ($b = .01, ns$). These null results are unexpected given existing literature; however, may reflect the study's smaller clinical sample of treatment-seeking adults, including many veterans, compared to the traditional undergraduate samples seen in larger research institutions. Given the importance of generalizability for clinical application to a broader population, additional research is needed with a larger, more diverse clinical sample to understand the discrepancies in the anticipated path from PTSS to alcohol use via T-CSE and loneliness uncovered by this study.

TB30. SEQUENTIAL TREATMENT OF BORDERLINE PERSONALITY DISORDER AND PTSD UTILIZING DIALECTICAL BEHAVIOR THERAPY AND COGNITIVE PROCESSING THERAPY

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Advanced

Population Type Adult

Region Industrialized Countries

Abstract Body Borderline personality disorder (BPD) often co-occurs with posttraumatic stress disorder (PTSD); rates of PTSD are high in BPD samples (Shah and Zanarini, 2018). Positive outcomes following Dialectical Behavior Therapy (DBT) are less robust in individuals with PTSD (Barnicot and Priebe, 2013) and PTSD contributes significantly to risk for future suicide attempts in patients with BPD (Wedig et al., 2012). In contrast to provider concerns that engaging in PTSD treatment will exacerbate symptoms in this population, studies examining a combined approach to treatment of BPD and PTSD have shown promise. Harned and colleagues (2012, 2014, and 2018) found that individuals with co-occurring PTSD/BPD who received DBT in combination with prolonged exposure therapy

(PE) showed better outcomes than those receiving DBT alone. Since an individual's treatment choice is potentially an important factor in treatment retention, alternative options to PE for treating PTSD are desired. Cognitive processing therapy (CPT), another highly effective PTSD treatment, has rarely been studied as a treatment for PTSD in this population. The current study retrospectively examined nonrandomized clinic data from a sample of 21 Veterans with BPD and PTSD who completed CPT following DBT in a Veteran's Affairs (VA) outpatient clinic. Changes in PTSD symptoms, depressive symptoms, suicidal behavior, and number of psychiatric hospitalizations were examined pre- to post-treatment. Findings indicate CPT following DBT may improve PTSD and depressive symptoms and reduce frequency of suicidal behavior in a sample of Veterans with PTSD and BPD.

TB31. LONG-TERM OUTCOMES OF PTSD RESIDENTIAL TREATMENT IN ACTIVE DUTY SERVICE MEMBERS: PREDICTORS OF MILITARY SEPARATION

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic stress disorder (PTSD) significantly impacts active duty service members. Although research has explored short-term treatment outcomes, long-term effects remain under-researched. This study examined the long-term outcomes of a residential PTSD treatment program for service members, focusing on the relationship between PTSD symptom change and military separation.

Participants were 282 service members with PTSD admitted to a residential program. PTSD symptom severity was assessed weekly with the PTSD Checklist (PCL). Military separation data were collected from the Military Health System Data Repository and Defense Enrollment Eligibility Reporting System. A multivariate joint model was used to analyze the relationship between PTSD symptoms and time to separation, while a Cox regression analysis explored treatment response subgroups.

On average, participants reported a 0.83-point decrease in PTSD symptom severity each week. The linear slope of PCL scores significantly predicted separation, with a weekly decrease of 2 points associated with a 2.4% lower risk of separation. Service members classified as improved demonstrated a significantly lower risk of separation compared with those in the indeterminate and worsened groups. Findings highlight the importance of PTSD symptom improvement during residential treatment in reducing the risk of military separation.

TB32. ROLE OF RACIAL MICROAGGRESSIONS ON ALCOHOL USE AMONG WOMEN OF COLOR EXPERIENCING INTIMATE PARTNER VIOLENCE

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Intimate partner violence (IPV) is robustly associated with increased odds of alcohol use and related harms. These relations are more pronounced amongst women of color (WoC) who experience disproportionate rates of IPV, and alcohol related harms compared to white women. For WoC, racial discrimination has been positively associated with IPV. Greater alcohol use has been linked to racial microaggressions. Less is known about the role of racial microaggressions on alcohol use amongst WoC experiencing IPV. The current study seeks to address this crucial gap. Participants were a community sample of WoC (N=89; Mage=41.16, SD=12.29) experiencing IPV and using substances who completed daily surveys in a 30-day period and reported on racial microaggressions. Alcohol use was measured by number of binge days, total number of drinks and average drinks on a given day during the 30-day period. A series of stepwise regressions revealed that Assumptions of Criminality and Microinvalidations were significantly positively associated with alcohol use outcomes while Assumptions of Inferiority was significantly negatively related. Environmental Microaggressions was significantly positively associated with total number of binge days and drinks. Exoticization was significantly negatively related to total number of drinks. Results indicate that distinct types of racial microaggressions differentially impact alcohol use among WoC experiencing IPV. Future investigations are warranted to clarify temporal relations between racial microaggressions and alcohol use as well as explore how these may differ across racial groups.

TB33. THE ROLE OF UNWANTED SEXUAL ENCOUNTERS IN POST-TRAUMATIC STRESS DISORDER AND POST-TRAUMATIC GROWTH

Laura Torio*¹, Elizabeth Goncy¹

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Posttraumatic growth (PTG) refers to positive changes after challenging circumstances (Tedeschi and Calhoun, 2004), often following symptoms of Post-Traumatic Stress Disorder (PTSD) (Schubert et al., 2016). Compared to other trauma, sexual violence has unique negative effects (e.g., shame, embarrassment), especially among women (Jónsdóttir et al., 2023). This study aims to understand whether unwanted sexual encounters moderates between PTSD and PTG, and comparing white and non-white young adults. Young adults (N=186, 67% female, 62% white) completed measures of PTSD, unwanted sexual experiences, and PTG.

Compared to men, women experienced higher PTSD symptoms ($r=.27$, $p < .001$). PTSD symptoms directly associated with PTG ($\beta=.16$, $p=.03$). PTSD and unwanted sexual abuse experiences interacted to predict PTG ($\beta=.22$, $p=.02$). Low PTG occurred among individuals with low PTSD, regardless of unwanted sexual experiences. However, the effect was not present for nonwhite individuals.

Individuals who have experienced sexual violence may experience more pronounced growth following trauma, fostering personal development. This does not align with previous research. Avoidance of trauma can prevent healing and PTG, explaining why those with low PTSD and high trauma may show lower PTG. However, there is limited research on PTG following sexual trauma, highlighting the need for further investigation.

TB34. SOCIOPOLITICAL CONCERNS AND POSTTRAUMATIC STRESS IN SEXUAL AND GENDER MINORITY COUPLES EXPOSED TO TRAUMA: EXAMINING ACTOR AND PARTNER EFFECTS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Sexual and gender minority (SGM) individuals experience higher rates of trauma compared with cisgender heterosexual populations (Berke et al., 2023). Minority Stress Theory suggests that distal stressors stemming from societal systems and institutions may partly contribute to this increased risk (Meyer, 2003). Indeed, sociopolitical concerns, especially those concerning LGBTQ+ rights, protections, and safety, may be particularly relevant to understanding negative reactions to trauma, such as posttraumatic stress disorder (PTSD) symptoms, from an individual and interpersonal perspective. This study examined the relation between sociopolitical concerns and PTSD symptomology among 51 SGM couples, whereby both partners reported exposure to a Criterion A event. Actor-partner interdependence modeling was used. The results revealed that individuals with higher sociopolitical concerns also reported greater PTSD symptoms ($B_{actor} = 0.279$, $p < .05$). However, the partner effect was nonsignificant ($B_{partner} = 0.082$, $p = .45$), indicating that one's sociopolitical concerns did not relate to their partner's PTSD symptoms. These findings suggest that sociopolitical concerns are associated with greater PTSD symptoms at the intra-individual level, though dyadic experiences of sociopolitical concerns did not necessarily amplify this effect. The results highlight the relevance of assessing and potentially mitigating sociopolitical stressors within trauma-exposed marginalized communities.

TB35. TRANSCUTANEOUS AURICULAR VAGUS NERVE STIMULATION TO REDUCE POSTTRAUMATIC STRESS DISORDER SYMPTOMS IN WORLD TRADE CENTER RESPONDERS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body This investigation evaluates the efficacy of transcutaneous auricular vagus nerve stimulation (taVNS) in attenuating posttraumatic stress disorder (PTSD) symptoms among World Trade Center (WTC) responders. Using a randomized, double-blind, placebo-controlled design, 32 WTC responders with PTSD (mean age = 60.35 years; 81% male) were assigned to taVNS or sham control groups. Participants underwent daily 15-minute stimulation sessions for 8 weeks. Validated psychometric assessments for PTSD, anxiety, and depression were conducted at baseline and post-intervention. Data analysis employed mixed-effects models to assess longitudinal changes. The taVNS group showed a mean reduction of 5.95 points in PTSD symptom scores ($p = 0.0608$) compared to a 4-point decrease ($p = 0.3083$) in the control group. 40% of taVNS participants experienced a clinically significant reduction on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5; ≥ 10 points), compared to 28.5% control. Subscale analysis revealed a significant decrease in the Cognition/Mood symptom cluster within the taVNS group ($p = 0.0362$), while other subscales exhibited non-significant changes. Secondary measures for anxiety and depression showed no significant between-group differences. TaVNS shows promise in selectively reducing PTSD symptoms related to cognition and mood among WTC responders. Clinically meaningful improvements in a subset of participants indicate taVNS may be a viable adjunctive to PTSD treatment. Preliminary findings support the need for larger studies to validate efficacy and optimize stimulation protocols.

TB36. TRANSFORMATIVE HEALING: AN OPEN-LABEL PILOT TRIAL OF MDMA-GROUP THERAPY FOR A COHORT OF TRANSGENDER AND GENDER-DIVERSE VETERANS DURING THE 2024 UNITED STATES ELECTION AND ADMINISTRATION CHANGE

Stephanie Rodriguez*¹, Marca Cassity², Kevin Rothstein-Kightly², Maya Seale², Christopher Stauffer³

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Transgender and gender diverse (TGD) Veterans are approximately twice as likely to have served in the U.S. military compared to the general population, yet continue to experience marginalization and exclusion. There is evidence to support the use of MDMA-Assisted Therapy for treating PTSD, but a gap in understanding the use of this modality with TGD Veterans. This presentation describes results from a pilot cohort of MDMA-Group Therapy (MDMA-GT) at the Social Neuroscience and Psychotherapy (SNaP) Lab. This was a Phase 2, single-arm, open-label clinical trial. The protocol was developed by modifying A

Manual for MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder to a group therapy format. The protocol included preparation sessions, 3 MDMA dosing sessions (1 individual and 2 group), and integration sessions. The primary outcome measure was the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), administered at baseline and one month after each group MDMA treatment cycle. Secondary outcomes included the Genderqueer Identity Scale, Body Uneasiness Test*^A, and Gender Minority Stress and Resilience Scale. This was a cohort of TGD Veterans (n=5) who were white (100%) and an average age of 45.6 years (SD = 7.2). CAPS-5 scores and secondary outcome measures will be reported. A detailed account of the recruitment and treatment progression will be informed by the outcome data and integrated with historical information to convey the distinct experience of this group. This presentation underscores the urgency of including diverse groups of people in research and an example of how that was achieved.

TB37. POSTTRAUMATIC STRESS AND SUICIDAL INTENT IN HIGH-RISK TRAUMATIZED SEXUAL AND GENDER MINORITY ADULTS: SERIAL LINKS OF MINORITY STRESSORS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Sexual and gender diverse (SGD) individuals are at high risk for experiencing posttraumatic stress symptoms (PTSS) and subsequent suicidal thoughts and behaviors (STB). Additionally, suicidal intent increases risk of mortality. Moreover, distal (e.g., daily heterosexist experiences [e.g., structural stigma]) and proximal (e.g., internalized heterosexism) minority stressors are associated with PTSS and STB, however, less is clear of their relation to suicidal intent. The current study aims to examine the serial indirect effects of minority stressors on PTSS and current suicidal intent among SGD adults. Participants (n= 162; Mage = 32.77; 26.5% non-White; 22.8% genderqueer; 51.9% bisexual) at higher risk for suicide completed a survey assessing demographics, PTSS, current suicidal intent and minority stress. Full model analyses indicated that 11% of the relationship between PTSS and suicidal intent was explained by SGD-specific minority stressors ($R^2 = .11$, $F(4, 156) = 4.97$, $p < .001$). Distal stressors partially mediated the association between PTSS and current suicidal intent ($b = 0.10$, $SE = 0.05$, 95% CI [0.01, 0.19]), while proximal stressors had a negative, but non-significant effect ($b = 0.02$, $SE = 0.01$, 95% CI [-0.01, 0.05]). These findings suggest that although proximal stress may influence suicidal intent, distal stress may play a significant role among SGD individuals reporting PTSS. Interventions targeting structural factors (e.g., anti-SGD policies), and interventions processing invalidation on an individual and societal level may play an important role in suicide prevention and trauma-informed care.

TB38. EXAMINING PREDICTORS OF ATTENDANCE IN THE PREGNANT MOMS' EMPOWERMENT PROGRAM (PMEP)

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Intimate partner violence (IPV) impacts millions of women each year, and risk of victimization is particularly high during the perinatal period. The Pregnant Moms' Empowerment Program, a brief group therapy for IPV-exposed pregnant women, has shown promising effects, such as reducing IPV revictimization and improving parenting practices. As with any intervention, women may not attend all program sessions. Examining correlates of attendance may offer important information for future implementation. The current study (N=82) examined the associations between baseline IPV exposure, mental health, self-efficacy, and social support variables with session attendance both across sessions (i.e., total attended, ever attended) and by session (i.e., y/n attend). Binary logistic regressions were used to examine dichotomous session attendance outcomes and multiple linear regression was used to examine associations with total attendance. Results indicated that higher IPV exposure ($\beta = -.01$, $p = .02$) and lower family social support ($\beta = .16$, $p = .04$) predicted attending zero sessions [$X^2(7) = 17.28$, $p = .02$], and that more adverse childhood experiences ($\beta = .59$, $p = .003$) predicted attendance of session three [$X^2(7) = 15.17$, $p = .03$], which focused on cognitive and behavioral strategies. These findings suggest that higher IPV exposure and lower social support may serve as a barrier to engaging in treatment.

TB39. MEDIATION OF SELF-COMPASSION ON TRAUMA TYPE AND SHAME PREDICTS POSTTRAUMATIC PSYCHOPATHOLOGY IN CROSS-SECTIONAL SAMPLE

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¹ *Northern Illinois University*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent **Region** Industrialized Countries

Abstract Body Existing research supports that trauma type, shame, and self-compassion have important implications in the development of psychopathology following trauma exposure. However, the interplay between these factors is not well understood. The current study investigated whether the relationship of trauma type to shame is accounted for by self-compassion and if shame is associated with broader internalizing symptoms in addition to PTSD. Using cross-sectional data from 200 undergraduates with reported trauma exposure, the current study investigated associations between trauma type (LEC-5, classified into interpersonal (1) vs. noninterpersonal (0) trauma), shame (ESS), and self-compassion (SCS-SF) on a latent psychopathology factor, modeled as PTSD (PCL-5), depression, and anxiety (DASS-21). A structural equation model with 5,000 bootstrapped iterations (CFI = .997, RMSEA = .035, SRMR = .016) revealed that self-compassion mediated the relationship between trauma type and shame ($\beta = .12$, $p = .007$), which had a stronger relationship with psychopathology ($\beta = .56$, $p < .001$) than did trauma type ($\beta = .11$, $p = .03$) or self-

compassion ($\beta = -.23, p = .003$) alone. Results establish precedent for intervention research to investigate if low self-compassion creates vulnerability to psychopathology following interpersonal trauma exposure via elevated shame—a mechanism that could inform clinical practice.

TB40. READINESS FOR IMPLEMENTING TRAUMA PROCESSING THERAPY IN A COMMUNITY SUBSTANCE USE TREATMENT PROGRAM: A QUALITATIVE STUDY

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Background: Up to 42% of individuals with SUD meet PTSD criteria. PE is a gold-standard treatment for PTSD. In PTSD+SUD populations, PTSD symptom reduction is linked to decreased substance use.^{3,4,11,9,10,12} Yet, treatment programs rarely offer PE, possibly due to clinician beliefs that patients in intensive SUD care are too fragile to handle exposure therapy and more likely to relapse.^{1,15}

Methods: To examine the feasibility and implementation of Massed-PE (M-PE) therapy in SUD treatment settings, 15 providers from a community-based addiction treatment center in Florida participated in semi-structured interviews.

Results: Three themes emerged from preliminary analysis: (1) perceived benefits of M-PE, (2) barriers to implementation, and (3) readiness for trauma processing. Representative quotes include:

“My hopes are for them to understand that it's a process...the triggers won't be as intense or as frequent. [I hope] that they realize they're not going to be running from this forever.”

"[Clients] will be overwhelmed...to commit to four times a week, when life is still life and they have other commitments for treatment."

Conclusion: Initial findings suggest M-PE is promising for PTSD in SUD settings but faces barriers. Providers cited concerns about client readiness, emotional intensity, and logistics. Further qualitative analyses will be conducted using NVivo to systematically code and identify thematic patterns across interviews.

TB41. HOW ALEXITHYMIA IMPACTS THE ASSOCIATION BETWEEN INTERPERSONAL TRAUMA AND SOMATIZATION

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¹*Northern Illinois University*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Somatization is the manifestation of psychological or emotional distress in bodily symptoms that may lead to seeking out medical help (Grover and Naskar, 2024). Although physical symptoms remain unexplained, research supports that PTSD significantly increases the risk of somatization (Andreski, Chilcoat, and Breslau, 1998). Another potential risk factor for somatization is alexithymia, defined as having difficulty in identifying feelings and describing feelings to others (Bagby and Taylor, 1997). It is one of the four main models used to describe how people develop somatic symptoms, such that individuals with alexithymia struggle to understand their emotional distress and thus confuse it with bodily distress (Grover and Naskar, 2024). In the current study, it was hypothesized that higher ratings of interpersonal trauma would predict higher levels of somatization, and that this relationship would be moderated by levels of alexithymia. In a large cross-sectional study of 536 undergraduates, the relationship between interpersonal trauma and somatization was moderated by alexithymia, $\beta = .001$, $p = .021$. The effect of interpersonal trauma on somatization was smaller when alexithymia was low (effect = .017) than the effect when alexithymia was high (effect = .042). Implications for understanding and identifying somatization in traumatized samples are discussed.

TB42. “RHYTHMS OF RESILIENCE”: A FEASIBILITY AND PILOT STUDY OF A NEUROPSYCHOLOGICALLY INFORMED DANCE/MOVEMENT AND EXPRESSIVE ARTS INTERVENTION FOR COMPLEX TRAUMA SURVIVORS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Complex PTSD (C-PTSD) is a significant public health issue. Treatment guidelines for PTSD have been criticized as insufficient for the treatment of C-PTSD, due to a lack of attention to the body and relational aspects of therapy. The ISTSS and others propose a phased model to C-PTSD treatment, with a focus on cultivating safety, stabilization, and self-regulation in phase 1. The objective of the current study was to assess the feasibility of a novel online intervention for phase 1, “Rhythms of Resilience” (RoR; Smart, 2024), using dance/movement and expressive arts. Nine participants participated in fall 2024. Given the novelty and online format, inclusion/exclusion criteria prioritized safety, including requiring access to a regular therapist and excluding high-risk individuals. Participants attended six, 2.5-hour sessions online and our patient-partner with lived experience provided real-time feedback on each intervention session. Self-report measures were given immediately pre/post intervention. Pre/post analyses indicated statistical improvements in social engagement, compassion, and empathic fantasy, but a decrease in perspective-taking. Qualitative responses indicated that the salient features of the treatment

were the cultivation of safety and connection, the focus on embodiment, and access to positive emotions such as joy. Results indicate that RoR is a feasible, acceptable, and relatively cost-effective intervention for phase 1 of C-PTSD recovery. Additional research is needed on efficacy/effectiveness, maintenance of positive effects, and mechanisms of action.

TB43. IS IT REALLY THE SERVICE DOG? THE IMPACT OF STRUCTURED DOG TRAINING ON POSTTRAUMATIC STRESS SYMPTOMS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Post-Traumatic Stress Disorder (PTSD) affects approximately 13 million Americans, with veterans being a particularly vulnerable group due to the nature of their service. Traditional treatments like Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR) have shown efficacy, yet barriers such as stigma and accessibility hinder many veterans from seeking help. Recently, a number of non-therapeutic complimentary alternative interventions have arisen, including the use of a service dog with military veterans. This study explores the impact of a dog training program on PTSD symptom severity among veterans. Participants (N=34) were taught to train their own psychiatric service dogs through a structured program involving weekly sessions and homework assignments. Results indicated that symptom reduction had little to do with the presence of a canine companion. Veterans who completed at least 80% of their homework showed a substantial and significant improvement in PTSD symptoms, regardless of whether they received a dog as part of the program or were using a previously acquired pet. These findings suggest that structured activities and increased physical and social engagement play a crucial role in alleviating PTSD symptoms. This study highlights the potential of alternative therapeutic modalities that incorporate active participation and structured tasks, offering a promising avenue for veterans resistant to traditional treatments. Future research should focus on mechanisms of symptom relief for potential non-therapeutic interventions.

TB44. FAMILY FUNCTIONING, BELONGINGNESS, AND SUICIDAL IDEATION IN MARGINALIZED ADOLESCENTS

Allegra Anderson¹, Katherine Ingram¹, Leslie Brick¹, Anastacia Kudinova¹, Michael Armey¹, **Nicole Nugent***²

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Adolescents with marginalized identities are at a greater risk for suicidal ideation following psychiatric hospitalization. Further, marginalized adolescents often face a myriad of social stressors that may tax their sense of belonging and family relationships, both of which are important factors in recovery following psychiatric hospitalization. Accordingly, the present study examined the associations among marginalized adolescents' perceived belongingness and family dysfunction with their suicidal ideation six months following discharge from psychiatric hospitalization. The sample ($n = 106$, 74.53% assigned female at birth) included adolescents with at least one marginalized identity, including self-identified gender (17%), sexual (74%), racial (40%), and ethnic minorities (18%). Results demonstrated that family functioning at baseline moderated the association between thwarted belongingness and suicidal ideation severity at follow-up ($B = .25$, $p = .01$). Specifically, when marginalized adolescents felt they didn't belong, family dysfunction exacerbated their suicidal ideation over time. Of note, thwarted belongingness and family functioning did not independently predict marginalized adolescents' suicidal ideation. Taken together, findings emphasize the salient role that the family context may play for adolescents facing systemic and/or interpersonal marginalization.

TB45. GLASSBLOWING: AN INTERVENTION FOR VETERAN AFFECT AND SOCIAL CONNECTION

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Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Returning service members and veterans face a sense of loneliness, elevated negative affect, and diminished psychological resources. Artistic programs may be a successful intervention for struggling returning veterans. Tulsa Glassblowing School offers a free glassblowing program for current and former military personnel in their VETri program, a 10-week instructional course, independent of any other treatment engagement. Pre- and post-intervention analyses were conducted among 57 participants to examine non-pathological program outcomes, including psychological resources, affect balance (i.e., the extent to which positive emotions outweigh negative emotions), hope, and contentment with friendships.

Results from paired sampled t-tests indicated that, following the program, participants reported significantly increased positive affect balance ($M = 10.00$, $SD = 8.56$), compared to pre-intervention ($M = 6.22$, $SD = 8.89$), $t(50) = -3.73$, $p < .001$, $d = -0.52$. Additionally, participants reported a small, statistically significant increase in contentment with friendship following the program ($M = 25.11$, $SD = 6.82$) compared to before the program ($M = 22.09$, $SD = 6.50$), $t(56) = -4.20$, $p < .001$, $d = -.27$. No statistically significant differences were found in psychological resources or hope. Results highlight the positive impact of the program on positive affect balance and social connectedness, both of which relate to a higher quality of life. The impact of the VETri program shows the potential for creative programs to foster psychological and social wellbeing for returning service members and veterans.

TB46. SECONDARY BENEFITS OF TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY WITHIN A SHELTER SETTING: IMPACT ON CHILDREN'S BEHAVIORS AND PARENTING STRESS

Leanett Reinoso*¹, Madeline M. Curzon¹, Sundari Foundation², Emily Arcia³, Shana K. Cox², Paulo A. Graziano¹

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Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Background: Families experiencing homelessness endure disproportionately high rates of trauma (Keeshin and Campbell, 2011). Family systems theory suggests that a child's trauma symptoms can impact the well-being of other family members, including their stress responses (Bernardon and Pernice-Duca, 2010; Menand and Cox, 2022; Salloum et al., 2015). However, less is known about whether targeting trauma symptoms can indirectly mitigate disruptive behaviors and parental stress among a sheltered population.

Methods: Participants include 429 sheltered mother-child dyads (Child Mage=10.46, 54.1% female, 30.3% Hispanic/Latinx, 72.5% Black) who were assigned to time-limited Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Parents-reported Child and Adolescent Trauma Screen (CATS), Parenting Stress Index (PSI), and Eyberg Child Behavior Inventory (ECBI) pre- and post-intervention and parental victimization history was collected.

Results: Linear regression analyses indicated that changes in CATS were associated with changes in ECBI and PSI ($\beta = .38, p < .001$; $\beta = .31, p < .001$). Ad hoc analyses indicated that those mothers who endorsed experiencing psychological or emotional abuse as children demonstrated greater reductions in the PSI ($\beta = -.48, p = .024$).

Conclusions: Among sheltered women and children who participated in TF-CBT, children's decreases in trauma symptoms were associated with decreases in parenting stress and children's externalizing behavior. Targeting trauma-related concerns among a high-risk population can facilitate the entire family's wellbeing.

TB47. RELIGIOUS/SPIRITUAL TRAUMA (GET REFUSAL) AND MORAL INJURY IN A NONCLINICAL SAMPLE OF JEWISH WOMEN: A QUANTITATIVE ANALYSIS

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Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: There is a paucity of research investigating the relationship between religious/spiritual trauma and moral injury, though some qualitative findings support such a relationship (Jones et al., 2022). This study explores if there is a link between the religious/spiritual trauma of get refusal and moral injury in Jewish women. In cases of get refusal, a Jewish man refuses to grant his wife a religious bill of divorce (a get) following marital separation, thus precluding her from remarrying or bearing children with a future partner. Our study tested the hypothesis that agunot (women who experienced get refusal) would present with higher levels of moral injury than separated/divorced Jewish women who did not experience get refusal (non-agunot).

Methods: A sample of 81 Jewish women (33 agunot and 48 non-agunot) with a mean age of 45.32 (SD=11.69) years old volunteered to complete the Moral Injury Events Scale-Civilian (MIES-C) online.

Results: Two-tailed independent t-tests showed that agunot scored significantly higher than non-agunot on the MIES-C Transgressions – Other ($p=.015$, Cohen's $d=.53$) and Betrayal ($p=.016$, Cohen's $d=.56$) subscales. There were no other significant differences between groups.

Conclusions: Our findings demonstrate that experiencing the religious/spiritual trauma of get refusal relates to two forms of moral injury: transgressions by others and betrayal. To our knowledge, this is the first quantitative study showing such a relationship between any form of religious/spiritual trauma and moral injury. In addition, this study adds a novel population, agunot, to the moral injury literature.

TB48. SOCIAL DETERMINANTS ASSOCIATED WITH MENTAL HEALTH CARE SEEKING AND ENGAGEMENT IN THE CONTEXT OF WAR AND ADVERSITY IN LEBANON

Tania Bosqui*¹, Fatima Khachfe¹, Jennifer Majer², Jihane Bou Sleiman², Fadi Daccache²

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Track Clinical Interventions

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Middle East and North Africa

Abstract Body Mental health and psychosocial support has a growing evidence base for effectiveness in humanitarian settings, however there is a major theory practice gap in terms of how to increase the accessibility and reach of such interventions and services. This study aims to identify social inequities in care seeking and treatment engagement, to inform efforts to address this gap. We used secondary analysis of mental health case management data from the International Medical Corps (IMC) covering 2018-2024 across 11 IMC-supported facilities across seven governorates in Lebanon, a country affected by war, displacement and economic collapse. Using a cross-sectional design and multilevel modelling, this study included over 7,000 child (0-18) and adult (18+) beneficiaries of IMC accessing case management, psychotherapy and/or psychiatric services. Stratified by child or adult groups, models included social determinants (age, gender, marital status, nationality, disability) as

predictor variables with care seeking (attendance) and engagement (duration and dropout) as dependent variables, controlling for confounding variables like online or in-person modalities, diagnosis and location. Preliminary findings will be presented, with significant implications for our understanding of care seeking and engagement in mental health services that can inform systems and policy decision-making in the aftermath of the most recent war, and in other similar humanitarian settings.

TB49. WHO IS REFERRED TO TRAUMA PSYCHOLOGY? SEX AND ASSAULTIVE TRAUMA TYPE AMONG PATIENTS AT A LEVEL 1 TRAUMA CENTER

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Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background and Objective: Traumatic injury is associated with significant mental health sequelae, and risk is increased when certain characteristics are present (e.g., patient identifying as female, assaultive traumatic injuries).

Methods: The present study used chart review to examine which patients were referred by medical providers to an embedded trauma psychology service at a level one trauma center over the course of one year. Specifically, it was hypothesized that patients whose injuries were assaultive in nature and patients who identified as female would be more likely to be referred to trauma psychology.

Results: Among all patients admitted to the trauma service (N = 3,551), 8.8% were referred to trauma psychology. There was not a significant relationship between sex and referral status, though the majority of traumatically injured patients were male (63.4%). Assaultive trauma type was significantly associated with referral to trauma psychology ($X^2(1, N = 3551) = 58.79, p < .001, \phi = .129$), such that patients injured traumatically were more likely to be referred.

Conclusions: The significant relationship between assaultive trauma type and referral status suggests that certain patient-specific variables likely influence the medical teams' decision to refer patients to trauma psychology, though the lack of relationship with sex may suggest a gap in risk factor awareness. Future research may clarify whether other injury characteristics (e.g., intentionality of injury, relationship to perpetrator) better explain the connection between traumatic injury type and referral to trauma psychology.

TB50. FAMILY FUNCTIONING IS ASSOCIATED WITH SEEKING PROFESSIONAL HELP IN WOMEN WITH SEXUAL ASSAULT HISTORIES

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Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma exposure and related distress are associated with family/relationship stress. Mental healthcare can mitigate trauma-related distress, but it is unclear whether family/relationship functioning impact treatment seeking. This is particularly relevant to explore in women veterans with sexual assault histories, who may be more likely to experience family/relationship stress and distrust mental health professionals. To assess gaps in trauma-informed systems of care, we investigated if family and intimate relationship functioning are associated with participation in and attitudes towards mental healthcare. Participants (N=153) were assessed at baseline, 2- and 4-months and were comprised of women veterans with sexual assault histories enrolled in a randomized clinical trial testing a digital intervention to address barriers to identifying and treating trauma. Self-reported treatment utilization and attitudes towards seeking professional help were outcomes. Four two-level mixed models examined within-person and between-person effects of romantic relationship (n = 95) and family functioning (n = 153) relating to concurrent outcomes. Lower between-person family functioning related to more positive attitudes towards seeking professional help (SE = -0.221, SD = 0.072, 95% CI: -0.355, -0.074, p = .002). Higher between-person family functioning related to higher treatment attendance (SE = 0.191, SD = 0.076, 95% CI: 0.035, 0.332, p = .013). Family dysfunction may motivate openness towards mental healthcare and greater family functioning may be associated with more mental healthcare involvement.

TB51. THE EFFECT OF PRE-MIGRATION, MIGRATION, AND POST-MIGRATION TRAUMA ON ERITREAN REFUGEES MENTAL HEALTH OUTCOMES: PTSD, SOMATIC SYMPTOMS, AND QUALITY OF LIFE

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Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Eastern and Southern Africa

Abstract Body

Eritrea has one of the largest numbers of refugees, yet little is known about the traumatic migration of Eritreans in diaspora. This study aimed to investigate the impact of pre-migration, migration, and post-migration trauma on the mental health and quality of life of Eritrean refugees living in the Bay Area, California. Translated measures consisted of the Harvard Trauma Questionnaire, Post-Migration Living Difficulties Checklist, PTSD Checklist, Somatic Symptom Scale-8, Quality of Life Scale, and Brief Religious Coping

Scale. Findings from (n=77) partially confirmed the hypotheses that trauma exposure (pre-migration and in-transit) and post-migration stressors predicted PTSD symptoms ($F(2,74) = 38.310, p < .001, R^2 = .509$); however post-migration stressors were the sole predictor of somatic symptoms ($F(2,74) = 29.545, p < .001, R^2 = .444$) and quality of life ($F(2,74) = 14.776, p < .001, R^2 = .285$). Further, the hypothesis that positive religious coping would moderate the relationship between trauma exposure and mental health outcomes was not supported. While PTSD symptoms are attributed to all migration stages, somatic symptoms and quality of life were only predicted by post-migration stressors. Survival needs such as food, shelter, and safety may temporarily suppress somatic symptoms during the pre-migration and transit phases.

Keywords: Pre-migration, migration, post-migration, refugees, trauma

TB52. INTERSECTIONAL INSIGHTS INTO REFUGEE MENTAL HEALTH: EXPLORING THE IMPACT OF IDENTITY AND SYSTEMIC BARRIERS

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Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Refugees and asylum seekers experience complex trauma shaped by pre-migration persecution and post-migration stressors. Identifying risk profiles is essential to understanding how intersecting identities and systemic barriers contribute to PTSD vulnerability. Grounded in Intersectionality (Crenshaw, 1991) and Ecological Systems Theory (Bronfenbrenner, 1979), this study used Classification and Regression Tree (CART) analysis to examine predictors of PTSD risk among 610 forcibly displaced individuals from the Boston Center for Refugee Health and Human Rights. PTSD symptoms were assessed using the Harvard Trauma Questionnaire (HTQ), with demographics, persecution history, and post-migration stressors as predictors. Findings revealed distinct PTSD risk profiles. Refugees with no formal education had the highest PTSD symptoms, emphasizing education as a resilience factor. Among those with basic or higher education, PTSD symptoms varied by continent of origin and English fluency. Refugees from Africa (excluding Uganda, 50% of the sample), Asia, and the Middle East with high English fluency exhibited significantly higher PTSD symptoms than those from Uganda, Europe, or the Americas, while low-fluency refugees from these regions had lower PTSD symptoms. One interpretation is that fluent speakers face greater distress due to unmet expectations about integration and employment. These findings highlight the nonlinear nature of PTSD risk, suggesting that intersectional factors help identify who is most at risk and emphasizing the need for policies addressing education disparities and language barriers.

TB53. MENTAL HEALTH STATUS AND CORRELATES AMONG UKRAINIANS IN THE UNITED STATES DISPLACED DUE TO FULL-SCALE RUSSIAN INVASION INITIATED IN 2022

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Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Fleeing one's homeland and seeking refuge in a foreign country due to war is associated with decreased mental health. An international research team conducted the present study to contribute to the emerging data about recently displaced Ukrainians who evacuated to the United States (U.S.) following the 2022 Russian invasion to inform sociopsychological interventions and advocacy for this population. As hypothesized, in our sample of 175 Ukrainians (73.1% female), with a mean age of 36.22 years (SD = 10.25) total number of different types of potentially traumatic experiences (PTE), computed by summing the number of events directly experienced on the Life Events Checklist for DSM-5 (LEC-5) and war-displacement-related PTE on the Communal Traumatic Events Inventory (CTEI) was positively related to scores on the PTSD Checklist for DSM-5 (PCL-5), Generalized Anxiety Disorder-7 (GAD-7), and Patient Health Questionnaire-9 (PHQ-9), and negatively to the Positive Mental Health and BBC Wellbeing Scales. Results also revealed that the relationships with mental health outcomes were stronger for the CTEI than for the LEC-5, suggesting a more context-specific assessment of PTE may be warranted than what is typical. These findings highlight the significant mental health burden faced by displaced Ukrainians and emphasize the need for culturally informed interventions and resources. This study contributes to a broader understanding of war-related trauma and its psychological impact on refugee populations, offering insights for mental health professionals advocating for targeted support strategies in the U.S. and globally.

TB54. IDENTIFYING PATTERNS OF RISK FOR STRANGULATION IN IPV USING THE LETHALITY SCREEN AND POLICE RECORDS

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Track Mode, Methods and Ethics

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Strangulation is a profoundly damaging form of intimate partner violence (IPV) that poses a pervasive threat to survivors, and often considered as the “last warning shot” for intimate partner homicide (IPH). Because strangulation often leaves no external markings, it is notoriously difficult to identify, but can have severe short- and long-term negative health outcomes. Strangulation is often a repeated occurrence in abusive relationships, which suggests there may be opportunities to intervene before a potential IPH by identifying specific risk factors related to strangulation. In partnership with a local police department (PD), the proposed project identifies proximal patterns of risk for strangulation victimization reported to law enforcement using the following PD secondary data: Lethality

Screen (LS), Missoula Countywide Domestic Violence Supplemental Form, Missoula Countywide Strangulation Supplemental Form, and case reports (n = 500). Utilizing a cross sectional design, this community informed project aims to answer the following research question: What distinct risk factor profiles are associated with strangulation among survivors of IPV, and how can these profiles inform law enforcement strategies to better understand survivor needs and prevent lethal outcomes? Using latent class analysis (LCA), preliminary findings suggest that distinct risk factor profiles may be associated with strangulation in IPV cases, highlighting the need for service providers to refine prevention strategies, improve lethality assessments, and enhance survivor-centered responses.

TB55. HOW TYPES OF TRAUMA AND RECALLED EMOTION SOCIALIZATION COLLIDE: A LATENT PROFILE ANALYSIS INVESTIGATING EMERGING ADULT PSYCHOPATHOLOGY

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Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Emerging adults (EAs) report high rates of PTSD and depression, which may be influenced by emotion socialization as a child. Emotion socialization (ES; i.e., learning how to express emotions based on interactions with caregivers) influences the development of emotion regulation skills, which may link ES to adult psychopathology. Trauma often disrupts emotion processes and increases risk of mental health problems. The current study used latent profile analysis to identify hidden groups of EA students based on their exposure to different forms of trauma (National Stressful Events Web Survey, Kilpatrick et al., 2011) and recalled ES behaviors towards anger and sadness (Emotions as a Child Scale; O’Neal and Magai, 2005). Emergent profiles were compared on PCL-5 and PROMIS Depression Short Form scores. The sample is composed of 906 trauma-exposed, EA college students recruited from two universities in the Midwest and mid-Atlantic region pre-COVID. Results suggest the ideal model is class-invariant unrestricted with three profiles: (1) low trauma exposure, with parents who modeled and coached anger/sadness (LTS; n=644.80); (2) mixed trauma exposures, with parents who modeled and coached anger/sadness (MTS; n=198.14); and (3) high interpersonal violence exposure, with parents who used a mix of modeling, coaching, and inhibition (HIM; n=63.06). All three profiles differed significantly in terms of PTSD symptoms, with the HIM group endorsing the most severe symptoms. The LTS group had significantly fewer depressive symptoms than the MTS and HIM groups. Limitations and clinical implications will be discussed.

TB56. THE ASSOCIATION BETWEEN PTSS, PERITRAUMATIC DISSOCIATION, AND SOMATIZATION IN FIRST RESPONDERS

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Track Professionals

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Other Professionals

Region Industrialized Countries

Abstract Body Objective: There is a dearth of longitudinal research examining the role of posttraumatic stress symptoms (PTSS) in the relationship between peritraumatic dissociation experiences (PDE) and somatic symptoms.

Method: A sample of 212 911 telecommunicators across the United States completed the Posttraumatic Diagnostic Scale (PDS; Foa et al., 2013) and Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar et al., 1997) in response to their perceived worst duty-related call, as well as the Brief Symptom Inventory (BSI; Derogatis, 1982). Measures were completed three times at six-month intervals over a one-year period via anonymous online surveys. Most of the sample identified as White (n = 194; 91.5%) and the majority was female (n = 153, 72.2%).

Results: A bootstrapped analysis (5,000 iterations) using PROCESS MACRO revealed a significant indirect effect of baseline PDE on somatic symptoms at one-year post-baseline through PTSS at six months, $ab = .02$, $SE = .004$ [95% CI: .01, .03].

Discussion: Higher PDE at baseline predicted higher PTSS at six months, and higher PTSS predicted more severe somatization at one year. While peritraumatic dissociation may initially serve as an adaptive response that allows 911 telecommunicators to effectively respond in moments of heightened pressure, it may contribute to greater PTSS severity. Future research should explore unique factors (e.g., occupational support) that may contribute to the impact of PTSS on later somatic symptoms.

TB57. USE OF A CHECKLIST TO IMPROVE COMPETENCY-BASED SUPERVISION PRACTICES IN RURAL PSYCHOLOGY TRAINING PROGRAMS: MORE THAN A MEETING AND A CO-SIGNATURE

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Track Professionals

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Despite clinical supervision serving as a primary influence on future psychologists' clinical practice, training and guidelines related to the practice of supervision vary widely across training programs. The competency-based supervision framework (Falender and Shafranske, 2021) provides guidance on essential elements of supervision. To ensure the elements are attended to during each session and to create discussion points for

trainees and supervisors, a brief 5-item Supervision Checklist (SVC) was adapted from Falender and Shafranske (2017). Twelve (11 rural) VA psychology training programs were enrolled in the project from 2021-2024. Monthly questionnaires assessed the quality and safety of supervision and the occurrence of competency-based practices as listed on the SVC. Across trainees and supervisors, 3196 questionnaires were completed and analyzed using a multi-group, multilevel model. Questions focused on 1) uptake of the SVC, 2) impact on how frequently essential elements were discussed and impacts on supervisory working relationships, and 3) whether the use and impacts of the SVC differed between trainees and supervisors. Despite their reported discussion in most sessions, we found that across respondents, SVC use predicted greater discussion of SVC elements ($d = 0.17 - 0.40$, $ps < .001$). Including specific topics (e.g., learning goals and addressing reactivity and relationships) improved working alliance at the end of rotation. Broadly, the SVC functioned similarly across groups. The SVC provided structure, enabling discussion of core topics during supervision to improve trainee development.

TB58. UNDERSERVED NEEDS IN APPALACHIAN WEST VIRGINIA: PROVIDERS' BELIEFS ABOUT TRAUMA-INFORMED CARE, BURNOUT, AND CALLOUSNESS

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Track Professionals

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Implementation of trauma-informed care (TIC) is rare across child-serving systems (Bargeman et al., 2021). This is particularly concerning in Appalachia, where youth are disproportionately at-risk for trauma exposure (USDHHS, 2025). Multidisciplinary youth providers in West Virginia were surveyed anonymously regarding burnout and TIC, using the Attitudes Related to Trauma-Informed Care (ARTIC) scale (Baker et al., 2016). Providers identified largely as White (84%), female (69.1%), and working in a hospital system (88.9%), with 58% working within Behavioral Medicine. Favorable TIC attitudes were related significantly ($p < .001$) to providers endorsing: behavior being malleable ($r = .85$); flexibility, safety, and relationships as agents of behavior change ($r = .84$); empathy-focused behavior ($r = .86$); ability to meet patients' demands ($r = .77$); appreciation of vicarious traumatization ($r = .86$); personal support for TIC ($r = .90$); and perceived system TIC support ($r = .76$). Greater burnout levels were inversely related to favorable TIC attitudes ($r = -.33$, $p < .01$), personal TIC support ($r = -.34$, $p < .01$), and perceived system TIC support ($r = -.41$, $p < .001$). Linear regressions found favorable TIC attitudes predicted significantly lower levels of burnout, $F(1, 79) = 9.75$, $\beta = -.33$, $p < .01$, and lower callousness toward others, $F(1, 79) = 16.71$, $\beta = -.42$, $p < .001$, explaining 11% and 18% of the variance, respectively. No group differences were found. As TIC may prevent burnout (Sheppard et al., 2022), our findings highlighted the considerable need for TIC implementation to promote best practice across providers in Appalachia.

TB59. LINGUISTIC FEATURES OF AMBULANCE SERVICE PROVIDERS EXPERIENCING MENTAL HEALTH SYMPTOM REDUCTIONS IN RESPONSE

TO SELF-REFLECTIVE RESILIENCE-RECOVERY ACTIVITY PROMOTION TRAINING

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Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Other Professionals

Region Industrialized Countries

Abstract Body Despite the mental health risk experienced by ambulance service providers worldwide, there remains a critical need for resiliency interventions for this population. Self-Reflective Resilience-Recovery Activity Promotion Training cultivates resilience by prompting written responses to questions encouraging coping strategy awareness; response evaluation/adaptation; and recovery activity practices that downregulate stress (e.g., exercising or socializing). We recruited 37 ambulance service providers (95% White, 54% male) who completed the intervention for 8 days. We performed a market basket analysis (a technique that identifies word association rules) to identify linguistic features differentiating providers experiencing PTSD, depression, and anxiety symptom reductions (treatment-responders) vs. providers not experiencing reductions (treatment non-responders). We selected the top 10 rules in each group based upon lift, support, and confidence metrics. Treatment responders described a diverse set of coping strategies (e.g., “breaths-deep”, “management-anger”). Non-responders described a narrower set of strategies focused on self-restriction (e.g., “discipline-control”, “discipline-self”). Findings suggest that modifying the intervention to encourage adoption of a broader array of coping responses might improve its efficacy.

TB60. DIFFERENCES IN INDIVIDUAL AND ORGANIZATIONAL FACTORS ASSOCIATED WITH SECONDARY TRAUMATIC STRESS AMONG BEHAVIORAL HEALTH PROFESSIONALS AND PARAPROFESSIONALS

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Track Professionals

Primary Program Type Vicarious Traumatization and Therapist Self-Care

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Secondary traumatic stress (STS) is an occupational hazard for behavioral health providers (BHP) that is associated with adverse outcomes for providers, such as functional impairment and poorer health (Armes et al., 2020), as well as associated with reduced quality and effectiveness of client services (Sprang et al., 2021). This study aimed to examine individual and organizational-level factors associated with STS severity and explore how role (professional or paraprofessional) impacts these relationships. A non-probability sample of BHPs (N=634) in the U.S. completed an online electronic survey. The Secondary Traumatic Stress Scale (Bride et al., 2017) was used to measure STS, and hierarchical linear multiple regression examined the unique contribution of individual (i.e., experience, self-

care, self-compassion, etc.) and organizational (culture, leadership, etc.) factors to STS severity and whether role moderates these relationships. Nearly 40% of the geographically diverse U.S. sample (N=634) identified as Black, and nearly 60% reported elevated STS, with higher rates reported among Black and transgender BHPs and paraprofessionals. Linear regression revealed several individual (experience, self-care, self-compassion) and organizational (workload, training, supervision, culture, indirect exposure) factors significantly contributed to STS severity [$F(9, 599)=89.91, p < .001$], and accounted for nearly 50% of variance in STS scores. Findings emphasize the need for a multi-pronged approach that addresses STS at the individual and organizational levels.

TB61. BEYOND THE BUMP: UNRAVELING THE MENTAL HEALTH IMPACT OF MILD TRAUMATIC BRAIN INJURY

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Global

Abstract Body Mild traumatic brain injury (mTBI) is often considered minor and self-resolving, with little risk of long-term effects. However, emerging research suggests mTBI can lead to persistent mental health challenges, including PTSD, depression, and anxiety. This study examined the relationship between mTBI history and mental health outcomes (PTSD via PCL-5, anxiety via GAD-7, and depression via BDI-II), while controlling for relevant covariates (i.e., gender and sexual orientation; race was not associated with outcomes and therefore not included). Participants (n=120, M_{age}=29.83, SD=11.37) were recruited from a diverse (61.3% White), urban college campus. Lifetime mTBI was assessed using the OSU-TBI questionnaire. Linear regression analyses indicated mTBI was significantly associated with symptoms of PTSD ($\beta=0.28, p=.002$) and depression ($\beta=0.27, p=.006$), but not anxiety ($\beta=0.11, p=.238$). Gender moderated the association between mTBI and depression ($\beta=12.80, p=.003$) and anxiety ($\beta=5.15, p=.017$), such that associations were stronger for women compared to men. Despite significant direct effects, sexual minority status did not moderate mTBI effects on any of the outcomes ($ps > .05$). Findings underscore the interplay between mTBI, sex, and mental health risk.

TB62. OPEN BOARD

TB63. LOW NEUROTICISM AS AN INDICATOR OF RESILIENCE: A LONGITUDINAL STUDY OF DANISH SOLDIERS BEFORE, DURING AND AFTER DEPLOYMENT

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body PTSD is a serious and debilitating condition among military veterans. Exposure to potentially traumatic events (PTEs) may lead to PTSD, and PTE sensitivity may be influenced by neuroticism, a personality trait. This study examined whether PTE exposure during deployment is associated with changes in PTSD symptoms, and whether neuroticism levels relate to resilience or sensitivity of such exposure.

Sample totaled 701 Danish soldiers deployed to Afghanistan in 2009. PTSD symptoms were measured pre-, peri-, and post-deployment (T1-T3) with the PTSD Checklist-Civilian Version. PTSD symptom load was modeled by a mixed linear model with covariates. Interactions between time, exposure, and neuroticism were tested to assess if neuroticism moderated PTE effects on PTSD symptoms.

On average, PTSD symptoms decreased from T1 through T3. Factors linked to higher PTSD levels included prior trauma, neuroticism, and low deployment age. Interaction analyses showed individuals with low/medium neuroticism had no PTSD change, while those with high neuroticism showed a significant decrease. These changes were consistent across perceived danger, combat exposure, and witnessing war's consequences.

Results indicate low neuroticism is associated with resilience. Individuals with high neuroticism had elevated PTSD symptoms across all time points, but, unexpectedly, these decreased from pre- to post-deployment.

TB64. DOES NUMBER OF DISTINCT POTENTIALLY TRAUMATIC EVENTS EXPERIENCED INFLUENCE HELP-SEEKING INTENTIONS FOR POSTTRAUMATIC STRESS SYMPTOMS?

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Exposure to potentially traumatic events (PTEs) heightens the risk for posttraumatic stress symptoms (PTSS) and other negative outcomes (Roberts et al., 2019; Watson, 2019). While some argue that experiencing a greater number of distinct PTEs increases distress (Turner and Lloyd, 1995), others suggest it may create conditions that foster resilience (Meichenbaum, 2007). Despite benefits of evidence-based treatments, trauma-exposed individuals often do not seek help (Nobles et al., 2017). Help-seeking requires recognizing the need and intention to seek help (Rickwood et al., 2005), yet little is known about help-seeking intentions (HSI) for PTSS or how PTE quantity influences HSI. This study explored the relation between the number of distinct PTE exposures and HSI in 333 trauma-exposed adults (18-61 y/o; 73.9% women; 62% White, 14% Black, 11% Hispanic/Latinx, 13% other). Participants were asked to read a novel vignette depicting a character ("Nina") endorsing PTSS and rate their HSI if they had Nina's symptoms.

Additional measures included demographics and PTE history (LEC-5). Preliminary correlations (Spearman's rank) found no significant relation between PTE quantity and HSI. Further analyses will explore HSI for specific PTSS clusters and potentially relevant factors (e.g., race, PTE type).

This study expands literature examining approaches of assessing HSI and trauma history on HSI, suggesting factors beyond PTE quantity likely play a larger role in help-seeking. More research is needed to identify predictors of help-seeking in trauma-exposed populations. Conclusions and limitations will be discussed.

TB65. BETWEEN CRISIS AND COMPLACENCY: HOW BELIEF SYSTEMS SHAPE RESPONSES TO INDIRECT CLIMATE CHANGE EXPOSURE

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Climate change represents a unique type of trauma due to ongoing and diverse forms of exposure. Often, people are exposed to climate change indirectly through media coverage and political discourse. Exposure to climate change reminders in the media has been associated with increased stress responses, even among those without direct disaster exposure. Few studies have examined how belief systems influence psychological responses to climate change reminders. This study explored college students' exposure and response to climate change reminders (N = 273). Participants described their responses to climate change reminders and how their beliefs shape these responses. Content analysis revealed reactions such as increased motivation to engage in climate action (27%), anxiety (12%), fear (9%), sadness (9%), helplessness (8%), and anger (6%). Four primary belief orientations toward climate change emerged: resilience, defeat, apathy, and denial. One-way ANOVAs showed that frequency of exposure to climate change reminders significantly predicted belief orientation (F = 5.804, p < .001). Specifically, apathy was associated with significantly less exposure compared to resilience and defeat. Further, participants framed their beliefs through interconnected themes, including political and economic structures, religious and spiritual perspectives, emotional reactions, and varying views on human responsibility. These findings suggest that belief orientation shapes responses to climate change, with patterns that may have relevance to trauma-related processes.

TB66. IMPLEMENTING SCREENING OF TRAUMATIC STRESS AMONG SEXUAL ASSAULT SURVIVORS IN SINGAPORE: IS SCREENING ENOUGH?

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Track Public Health

Primary Program Type Clinical Practice

Presentation Level Intermediate

Population Type Adult

Region South Asia

Abstract Body Despite the risk of developing posttraumatic stress (PTS) symptoms after sexual assault (SA; Dworkin et al., 2023), and early detection being related with better outcomes (Jaramillo, et al., 2019), screening for PTS is not part of standard care provided to SA survivors in Singapore. We implemented screening of PTS symptoms among female adult SA survivors in the emergency department (ED) of KK Women's and Children's hospital. In a pilot run (Phase 1) with 95 women, 51.6% (n=49) had a positive screen on the Trauma Screening Questionnaire in the ED (T1) and were given a follow up 4 weeks later (T2). 49.0% (n=24) defaulted T2. 68.0% (n=17) had a positive screen on the Posttraumatic Stress Checklist DSM-5 at T2. Consistent with literature, SA survivors reported high levels of PTS symptoms initially and 4 weeks post, with high dropout rates (Najavitz, 2015). Possible reasons for this included: logistical challenges e.g multiple appointments and locations, stigma, and patients prioritising informal support. To reduce dropout, in Phase 2, through Plan-Do-Study-Act Cycles (Taylor, et al., 2014), engagement strategies were employed. This included: consolidating appointments, offering telehealth, use of messaging platforms for screening and psychoeducation, and providing a call 12 months later to women who defaulted T2. This study aims to see if engagement strategies will help to reduce dropout rate. 60 women were enrolled into Phase 2. Preliminary data is trending towards improvement—post-engagement default was 43.3% (n=26). Results have implications for enhancing service delivery and provision of care to SA survivors.

TB67. THEMATIC INSIGHTS INTO A COMMUNITY-BASED RESILIENCE TRAINING: SUCCESSES AND CHALLENGES OF THE GREATER RESILIENCE INFORMATION TOOLKIT

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Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region Global

Abstract Body The global impact of pandemics, war, and violence on communities cannot be overstated. Community-based resilience building programs are an under-studied option to promote community mental health. This study evaluated the evidence-informed Greater Information Resilience Toolkit (GRIT)—a 5-hour free training designed to empower trainees to support their peers coping self-efficacy and promote social support. Our sample consisted of GRIT Coaches (N = 223; anonymous) who completed weekly surveys regarding their GRIT successes and concerns. Responses were analyzed using inductive thematic analysis. Analyses revealed several successes: facilitating contacts' personal growth (36%), connecting with those needing mental health support (29%), providing a supporting presence (21%), offering mental health resources (15%), enhancing mental health literacy (12%), progressing through training (6%), and distributing training information (5%). Endorsed GRIT concerns included: peers' mental health (24%), distressing environmental events (17%), stagnated

training progress (17%), adequately applying GRIT conversation skills (16%), personal mental health challenges (14%), negative reactions from contacts (9%), and training limitations (8%). These findings offer insight into key aspects—personal, environmental, and training-related factors—that enhance or thwart GRIT training implementation.

TB68. FROM DISASTER EXPOSURE TO POST-TRAUMATIC GROWTH 20 YEARS AFTER THE EARTHQUAKE IN TAIWAN: A SERIAL MEDIATION VIA DISASTER DISCLOSURE AND SOCIAL ACKNOWLEDGMENT

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Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body This study was conducted 20 years after the Chi-Chi Earthquake, which struck Taiwan on September 21, 1999, causing a high death toll and tremendous damage. This study examined whether disaster disclosure and social acknowledgment could mediate or moderate the path from earthquake exposure to posttraumatic growth (PTG). **Methods:** Participants were 420 residents from earthquake-epicenter, with a mean age of 55.17 years (SD = 11.73). The Earthquake Exposure Index, Disaster Experience Disclosure Scale, Social Acknowledgment Questionnaire, and Posttraumatic Growth Inventory-X were administered at a face-to-face and individual base. **Results:** (1) Disclosure and positive social acknowledgment were positively related to PTG, whereas insignificant association was noted between negative social acknowledgment and PTG. (2) Positive social acknowledgment and disclosure together exhibited a serial mediation effect on the link from trauma exposure to PTG. (3) Negative social acknowledgment has a moderated effect on both the prediction of exposure and disclosure to PTG. In high disapproval circumstances, the direct effect (exposure toward PTG) and indirect effect (disclosure as a mediator) no longer existed. **Conclusions:** These findings suggest that both positive and negative social acknowledgment play a crucial role in the process of posttraumatic growth (PTG). While positive social acknowledgment mediates the relationship between trauma exposure and PTG, high levels of negative social acknowledgment may moderate this process by weakening the effects of trauma exposure and disclosure on PTG.

TB69. PANDEMIC STRESSORS' IMPACT ON PARENTS' SYMPTOMS OF POSTTRAUMATIC STRESS AND DEPRESSION

Amanda Jensen*¹, Annette La Greca¹

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Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The current project aimed to understand how pandemic-related stresses may have differentially affected parents compared with other adults. Using a COVID-19 pandemic stressors questionnaire, associations between pandemic stress and psychological distress were examined for parents and non-parent adults. Participants (N=235, Mage= 40 yrs, 89.4% Female, 88.5% White, 20% Hispanic, 66.4% parents) were recruited online in the fall of 2020 and completed questionnaires assessing pandemic stressors and psychological distress (PHQ-9, PCL-5). Factor analysis showed latent factors underlying the pandemic-stress questionnaire. Scree plots and parallel analyses suggested a four-factor solution. Factors included: Financial Stress (e.g., losing a job); Childcare (e.g., school closures); Limited access to Necessities (e.g., access to food); and Transportation (e.g., access to transport). Next, associations between pandemic-stress and psychological distress were examined. Parents reported more pandemic-related stressors overall and more childcare stressors than non-parents. Regression models revealed that greater overall pandemic stress predicted greater symptoms of posttraumatic stress and depression. Regardless of parental status, greater financial stress and limited access to necessities, predicted greater symptoms of PTSD and depression, respectively. The strong associations between these stressors and heightened symptoms of PTSD and depression suggest the importance of promoting preventative evidence-based stress-management strategies.

TB70. CUMULATIVE STRESS AND CARDIOVASCULAR HEALTH OUTCOMES AMONG CONTEMPORARY U.S. SERVICE MEMBERS

Daniel López-Cevallos^{*1}, Claire A. Kolaja², Neika Sharifian², Felicia R. Carey², Sheila Castañeda²

¹*University of Massachusetts*, ²*Naval Health Research Center; Leidos, Inc.*,

Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Service members face unique stressors during military service (e.g., combat deployment) that are compounded by additional life stressors such as adverse childhood experiences (ACEs), divorce, and financial problems. As stress has been shown to increase cardiovascular disease risk in civilian populations, the present study examined the role of cumulative stress exposure on cardiovascular health (CVH) among a contemporary military population. Cross-sectional data from 40,525 service members (71% men, 58% non-Hispanic White, 94% under the age of 36) enrolled into the Millennium Cohort Study in 2020-2021 were analyzed to estimate associations between cumulative stress and CVH. Self-reported combat severity, bullying, hazing, discrimination, sexual harassment, ACEs, and stressful life events (e.g., divorce, financial problems) were combined to form a cumulative stress measure. An index CVH score was adapted from the American Heart Association's Life's Essential 8 measure (i.e., self-reported sedentary time < 8 hours/day, sleeping 7-9 hours/day, no daily fast-food intake, not currently smoking, body mass index < 30kg/m², no diabetes, no high cholesterol, and no hypertension), with higher scores representing better CVH. Linear regression models were stratified by sex and adjusted for military, behavioral, and sociodemographic factors. Among both men and women, lower cumulative stress scores were associated with higher CVH scores. For men, when examining individual stress exposures, life stressors had the greatest magnitude of association with ideal CVH, followed by ACEs,

bullying, and discrimination, while life stressors and ACEs had the greatest magnitude of association with ideal CVH for women. Cumulative stress may have a significant impact on the CVH of service members. Screening for multiple stressors during routine health care visits can provide an opportunity for early cardiovascular disease prevention in military populations.

TB71. INDIVIDUALS WHO EXPERIENCE SUICIDAL IDEATION FOLLOWING OPIOID USE EXHIBIT GREATER POSTTRAUMATIC STRESS SYMPTOMS AND EMOTION DYSREGULATION

Alexa Raudales*¹, Heather Schatten², Leslie Brick¹, Nicole Weiss³

¹*Alpert Medical School, Brown University*, ²*Butler Hospital*, ³*University of Rhode Island*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Suicidal ideation (SI) frequently occurs after opioid use. Trauma-related outcomes such as posttraumatic stress symptoms (PTSS) and emotion dysregulation may increase SI risk following opioid use through difficulties coping with distress. This study is the first to examine whether individuals who experience SI following opioid use endorse elevated PTSS severity and emotion dysregulation.

Methods: Community-based participatory research methods were applied. Participants were 52 trauma-exposed community members (Mage = 45.2 years; 81% white; 72% disabled; 57% men) using opioids and experiencing SI. Participants completed clinical interviews on past-month PTSS severity and SI after using opioids, and self-reported on emotion dysregulation. Independent samples t-tests were conducted using SPSS.

Results: Nearly half (45%) of the sample reported SI following opioid use. Individuals who reported SI following opioid use had significantly higher PTSS severity (M=41.79, SD=8.48) compared to those who did not report SI (M=34.52, SD=9.70); $t(51)=2.88$, $p=.003$, Cohen's $d=0.79$. Individuals who reported SI following opioid use had significantly higher emotion dysregulation (M=53.50, SD=13.03) compared to those who did not report SI (M=45.21, SD=10.10); $t(51)=2.61$, $p=.01$, Cohen's $d=0.72$.

Conclusion: Findings highlight the role of PTSS severity and emotion dysregulation in SI following opioid use. Further research is needed to clarify the temporal effects among PTSS, emotion dysregulation, SI, and opioid use following trauma.

TB72. PTSD IN THE GENERAL CANADIAN POPULATION: AN EXAMINATION OF PREVALENCE AND HEALTHCARE UTILIZATION

Megan Crooks*¹, Natalie Mota¹, Jitender Sareen¹, Renée El-Gabalawy¹

¹*University of Manitoba*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Introduction: Compared to US-based investigations, there is limited data on post-traumatic stress disorder (PTSD) rates and associated healthcare utilization in the general Canadian population. Such estimates are crucial to inform policies addressing PTSD treatment needs and gaps.

Objective: This epidemiological study aimed to assess trauma exposure, PTSD prevalence, and help-seeking trends in Canada.

Methods: Data were extracted from the 2021 Survey on Mental Health and Stressful Events (SMHSE), which included Canadians aged 18 years or older across the ten provinces (N = 15,575). Past-month PTSD was assessed using the PTSD Checklist 5 (PCL-5). Cross-tabulations were restricted to complete cases and weighted to reflect the Canadian population via census data.

Results: Among Canadians who experienced at least one traumatic event, 12.8% scored above the clinical cut-off on the PCL-5 for probable PTSD in the past month, with transportation accidents being the most prevalent trauma (17.9%). Demographic trends mirrored prior studies, with higher probable PTSD rates among younger individuals, as well as those who were single, female, or of lower income. Of those with probable PTSD, only 52.2% sought treatment in the past year, primarily from counselors.

Conclusions: These findings suggest a higher PTSD prevalence than previously reported, likely elevated by the COVID-19 pandemic. Despite these elevated prevalence rates, nearly half of Canadians with probable PTSD did not seek professional mental health support. This highlights the need for policies that improve PTSD assessment and intervention accessibility.

TB73. MATERNAL EXPOSURE TO CHILDHOOD NEGLECT AND ABUSE IS ASSOCIATED WITH INCREASED RISK FOR ALLERGIES IN OFFSPRING

Elizabeth Matei*¹, Hope Hendry¹, Jennifer Warmingham¹, Jill Owen¹, Paul Curtin¹, Dani Dumitriu¹

¹*Columbia University Irving Medical Center*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent **Region** Industrialized Countries

Abstract Body Maternal trauma exposure negatively impacts offspring physical health. However, much of the literature on maternal history of trauma and next-generation physical health has focused on famine exposure, with less work focused on the intergenerational health impacts of maternal exposure to adverse childhood experiences. Here, we explored the connection between a combination of maternal childhood maltreatment (CM) exposures and diagnosis for asthma, respiration issues, digestion issues, allergies, and chronic pain in offspring at age 3. The sample consisted of 229 mother-child dyads enrolled in the COVID-19 Mother Baby Outcomes (COMBO) Initiative. Mothers reported CM via the Childhood Trauma Questionnaire and child outcomes on the National Survey of Children's Health.

Using a Weighted Quantile Sum (WQS) regression, we found that the combined effect of CM exposure subtypes (sexual abuse, physical abuse, emotional abuse, and physical and emotional neglect) increases the risk of child allergies by 266.2% ($p=0.023$). This effect was primarily driven by maternal exposure to physical neglect (59.1%) and physical abuse (35.3%). The findings demonstrate that the negative effects of maternal CM exposure extend to next-generation child physical health; further, our application of a mixtures-based analytical strategy emphasizes that the effects of childhood trauma are both additive and domain-specific. Future studies are needed to explore the biological and psychosocial mechanisms underlying this effect to guide trauma-informed prevention efforts to promote health for both mothers and children.

TB74. THE ASSOCIATION OF PARENTAL RELATEDNESS AND EMOTIONAL CLOSENESS WITH SEVERITY OF GRIEF IN PARENTS BEREAVED OF SONS BY SUDDEN AND VIOLENT DEATH

Barrett Bradham*¹, Joscelyn Fisher², Christin Ogle², Jing Zhou², Alexander Rice², Stephen Cozza³

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Objectives: This examines the association of Affective Responsiveness, Affective Involvement, and Family Roles as assessed by the McMaster Family Assessment Device (FAD) with grief severity in parents bereaved of sons by sudden and violent death.

Methods: We examined correlations between the following predictor and outcome variables. Predictor variables include: McMaster Family Assessment Device subscales of affective involvement, affective responsiveness, and family roles for fathers and mothers. Our outcome variable is the Inventory of Complicated Grief (ICG) score. Multivariable linear regression was used to evaluate the relationship between each FAD subscale and grief severity of mother or father, adjusting for time since and cause of death. Our models also examined the correlation of mothers' and fathers' grief severity.

Results: ICG scores were higher in mothers than in fathers (paired t-test p -value=0.03). Father's ICG scores predict mother's ICG scores and vice versa (correlation coefficient: 0.3, p -value < 0.05). Higher mother-rated family affective responsiveness, affective involvement, and role functioning were significantly associated with less severe maternal grief (p -values ranging from 0.02 to < 0.01). A trend of higher family role functioning being associated with less severe paternal grief was observed, but not significant (p -value 0.06).

Conclusions: This study highlights how the metrics of family affective responsiveness, affective involvement, and defined family roles are all associated with maternal grief severity, and these are domains which can be targeted by treatment.

TB75. OPEN BOARD

TB76. A NATIONAL STUDY OF WHETHER INTIMATE PARTNER VIOLENCE MODERATES ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES WITH MENTAL HEALTH PROBLEMS

Courtenay Cavanaugh*¹, Skylar Rucci¹

¹*Rutgers University-Camden*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: This national study examined whether intimate partner violence (IPV) moderated the associations between ten widely studied adverse childhood experiences (ACEs) with seven lifetime mental health problems [i.e., mood disorder, anxiety disorder, posttraumatic stress disorder (PTSD), alcohol use disorder, drug use disorder, nicotine dependence, and attempted suicide]. Methods: Data were used from participants in a national study (n=33,501; 19,368 females). Gender-stratified logistic regressions tested the main effects of each ACE individually and IPV as well as the ACE-IPV interaction on mental health problems while controlling for covariates. Results: IPV moderated 39% of all associations tested. For all but one of the moderated associations, ACEs were associated with greater odds of mental health problems for adults who had not experienced IPV compared those who had. Child sexual abuse was associated with twice greater odds of PTSD among men who had not experienced IPV [Adjusted odds ratio (AOR)=3.10] than men who had experienced IPV (AOR=1.35). Witnessing maternal IPV was associated with twice greater odds of attempted suicide among men who had not experienced IPV (AOR=3.60) compared to men who had experienced IPV (AOR=1.54). Child physical neglect was associated with twice greater odds of attempted suicide among women who had not experienced IPV (AOR=4.38) compared to those who had (AOR=2.05). Conclusion: Findings suggest the impact of ACEs on mental health problems including PTSD may be overestimated for adults who experience IPV. More studies are needed to replicate and extend these findings.

TB77. DISCRIMINATION IN HEALTHCARE SETTINGS AND PTSD SYMPTOMS: A LARGE COHORT STUDY AMONG EMERGENCY DEPARTMENT PATIENTS WITH PAIN

Maria Pacella-LaBarbara*¹, Victor Wu¹, Chunyan Wang¹, Anthony Fabio¹, Hausmann Leslie¹

¹*University of Pittsburgh*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Although discrimination is associated with posttraumatic stress disorder (PTSD) symptoms, few studies have focused on discrimination encountered in healthcare settings. We examined the prevalence of such discrimination and its association with PTSD symptoms in patients seeking treatment from 11 emergency departments (ED) in Pennsylvania. ED patients with a pain score of at least 4/10 were eligible and invited to complete an online survey in the ED or within 48 hours later (enrollment is ongoing). To date, 631 patients have been enrolled (mean age = 36), of whom 71% are female; 66% are White, 22% are Black, and 33% report income below the 2024 federal poverty line. Reasons for seeking ED treatment included ongoing (41%) and new health problems (35%) or acute accident or injury (24%). Average pain score was 7.17 (SD = 1.81), 24% screened positive for PTSD, and participants reported experiencing an average of 3 of 7 types of discrimination when getting healthcare (e.g., treated with less courtesy or respect than others), primarily due to age, race, and sex. In multivariable analyses controlling for demographics and pain severity, discrimination was a unique predictor of PTSD symptoms ($b = 0.50$; $p < 0.01$; 95% CI: 0.37; 0.63). These results suggest that it is critical for discriminatory experiences to be considered when examining mental health outcomes, and to reduce such experiences in healthcare settings.

TB78. THE PERSISTENCE OF MENTAL HEALTH AND SUBSTANCE USE CHALLENGES AMONG CONGOLESE REFUGEES IN ZAMBIA: EXAMINING THE ROLE OF TIME SINCE DISPLACEMENT

Lina Demis*¹, Claire Greene², Muzi Kamanga³, Henry Loongo⁴, Jeremy Kane¹

¹*Columbia University, Mailman School of Public Health*, ²*Columbia University, Mailman School of Public Health, Program on Forced Migration and Health*, ³*Women in Law and Development in Africa*, ⁴*CARE Zambia*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region West and Central Africa

Abstract Body Objective: This study explores the association between time since displacement and anxiety, depression, post-traumatic stress disorder (PTSD), alcohol and other substance use among Congolese refugees in Zambia.

Methods: We used baseline data from a RCT of a screening, brief intervention, and referral to treatment alcohol and substance use intervention in a refugee settlement in Zambia.

Anxiety was measured using the Generalized Anxiety Disorder-7 (GAD-7) questionnaire, depression was measured with the Center for Epidemiologic Studies Depression Scale (CES-D), PTSD was measured using the Harvard Trauma Questionnaire (HTQ), alcohol use was measured with the Alcohol Use Disorders Identification Test (AUDIT), and other substance use with the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). We

used multivariable linear and logistic regression to assess the relationship between time since displacement and outcomes of interest.

Results: Among N=232 refugees, N=170 (73.3%) were displaced for more than two years, the mean GAD-7 score was 9.1, CES-D score was 26.5, HTQ score was 1.4, AUDIT score was 21.5 (SD=7.9), and N=47 (20.3 %) reported recent other substance use. We observed no significant associations between time since displacement and alcohol use, substance use, anxiety, depression, and PTSD.

Conclusions: Results suggest that anxiety, depression, PTSD, and unhealthy alcohol use and other substance use persisted for years following displacement. Findings emphasize the need for culturally informed, evidence-based interventions, especially amid rising global displacement.

TB79. AUTHENTICITY UNDER CONSTRAINT: AUTHENTIC ONLINE SELF-DISCLOSURE AMONG LGB IRANIANS

Zahra Abtahi*¹, Zarin Eizadyar², Shanna Burke¹, Sofia Fernandez¹, Nicole Fava¹

¹Florida International University, ²Carleton University

Track Public Health

Primary Program Type Technology

Presentation Level Intermediate

Population Type Adult

Region Middle East and North Africa

Abstract Body Residents of Iran are not afforded the same human rights as those in other countries, and human rights violations impact many groups, including those who identify as lesbian, gay, and bisexual (LGB). As a result, access to formal, public spaces where they may present an authentic self (i.e., being true to one's identity, personality, values, and spirit) is limited. These limitations can stifle healthy identity development and negatively impact mental health and well-being. Thus, LGB Iranians may use other spaces, such as online platforms (e.g., X) to express themselves authentically.

100 Iranian adults completed a mixed-methods online study about online self-disclosure, mental health, and well-being. The current study utilizes data from a subsample of 27 LGB Iranians who received additional open-ended questions related to their experience disclosing their sexual identity online.

Using thematic analysis, we identified four main themes, (i.e., the first time when participants realized they were different, 31.8%), external perceptions (i.e., the act of coming out, 14.3%), consequences of expressing an authentic self (i.e., positive, neutral, and negative, 47.4%), and social support (6.3%). Findings highlight how LGB Iranians may use social media to navigate sexual and gender identity disclosure. Digital spaces may facilitate authentic self-disclosure by connecting to specific support groups and communities where they cannot be found offline. Researchers and practitioners can gain insights into online self-disclosure and sexual identity expression in authoritarian contexts from the current findings.

Friday, September 19, 2025

1:30 p.m. - 2:45 p.m.

Poster Session 3 Presentations

F1. COMPARING THE RELATIONSHIP BETWEEN TRAUMA-SPECIFIC COPING MOTIVES FOR ALCOHOL AND CANNABIS ON SUBSTANCE USE PROBLEMS AND PTSD SYMPTOMS IN A COLLEGE SAMPLE

Christina Sheerin*¹, Spit for Science Working Group¹, Ananda Amstadter¹

¹*Virginia Commonwealth University*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body PTSD is highly comorbid with substance use outcomes, making trauma-related substance use coping an important area of study. We aimed to investigate the prevalence of trauma-related alcohol and cannabis coping motives and their substance and mental health correlates in an ongoing, longitudinal survey of college students. Self-report items, completed during the fall of freshman year (2024), assessed trauma-specific coping motives, alcohol and cannabis frequency and problems, and PTSD symptoms. The present sample (N=843; 72% female, 37% white) included individuals who endorsed prior trauma history and use of alcohol (68%) or cannabis (67%). Analyses demonstrated a moderate correlation between alcohol and cannabis trauma-related coping motives ($r=.49$). Participants endorsed higher rates of trauma-related coping for cannabis than alcohol ($t(842)=2.98$, $p < .001$) and both motives were correlated with cannabis and alcohol problems ($r=.75$, $r=.42$, respectively) and PTSD symptoms ($r=.19$, alcohol motives; $r=.20$, cannabis motives). Multivariate regression models demonstrated that trauma-related motives and frequency of use, but not PTSD symptoms, were associated with greater alcohol and cannabis problems. Findings suggest greater endorsement of trauma-specific coping motives for cannabis compared to alcohol in this trauma-exposed sample, highlighting potential differences in perceptions of use. The association of motives, but not PTSD symptoms, with problematic outcomes suggests other factors may be at play in increased risk. When follow-up data becomes available longitudinal associations will be examined

F2. A SYSTEMATIC REVIEW AND META-ANALYSIS OF MORAL INJURY OUTCOME MEASURES

Brandon Griffin*¹, Larry Price², Shira Maguen³, Sonya Norman⁴, Dawne Vogt⁴

¹*Central Arkansas Veterans Healthcare System*, ²*Texas State University*, ³*San Francisco VA Healthcare System*, ⁴*National Center for PTSD*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body As evidence accumulates for the pernicious effects of exposure to potentially morally injurious events (PMIEs) on mental health, the need for improved measurement of moral injury has grown. This article summarizes the psychometric properties of scales that assess cognitive, emotional, social, and spiritual concerns linked to PMIE exposure and uses meta-analysis to describe associations between these scales and measures of posttraumatic stress and depression. We reviewed 104 articles reporting results from 110 samples, in which 13 different scales were administered to assess the impacts of PMIE exposure (i.e., moral injury). Overall, the scales exhibited good to excellent internal consistency and moderate to large bivariate associations with posttraumatic stress ($r = .63$, 95% Confidence Interval [CI] [.55, .71]) and depression ($r = .59$, 95% CI [.51, .66]). Measures varied as to whether they indexed problems to a specific event, had a unidimensional or multidimensional factor structure, used a unipolar or bipolar response format to record item responses, used a cut score to distinguish moral injury from normative distress, were assessed for sensitivity to change over time, and were validated for use with multiple at-risk populations. Assessment of moral injury has progressed tremendously. Recent scales extend prior work that focused on whether respondents endorsed PMIE exposure by measuring the potential impacts of an exposure. Mental health clinicians and researchers can use this presentation to choose a scale that best fits their moral injury measurement needs.

F3. FACTORIAL STRUCTURE ANALYSIS OF THE CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5 (CAPS-5) SPANISH VERSION IN A SAMPLE OF YOUNG ADULTS IN CHILE

Jessica Arriagada¹, Patricia Bravo¹, Nadia Ramos¹, Rosario Spencer¹, **Andres Fresno***¹

¹*Universidad de Talca*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Latin America and the Caribbean

Abstract Body The CAPS-5 interview is the gold standard instrument for assessing PTSD according to the DSM-5. Regarding the analysis of the factor structure, several factor models have been reported with good fit indices in different samples, including the DSM-5 4-factor model, the 6-factor “anhedonia” model, and the 7-factor “hybrid” model, among others. Regarding the Spanish version of the CAPS-5, there is still no study that explores the different factor models commonly addressed in the literature on PTSD. Therefore, the objective of this work was to analyze the fit of six factor models using the Spanish version of the CAPS-5 in a sample of young adults in Chile. In a sample of 164 undergraduate students, we tested six different models using CFA analysis. The results show that all models obtained adequate fit indices ($CFI > .90$, $TLI > .90$, $RMSEA < .08$), however, the seven-factor hybrid model was the one that presented the best level of fit. These results indicate that this version of the CAPS-5 adequately assesses PTSD in accordance with what is reported in the literature and in the DSM-5.

F4. EXAMINING RELATIONSHIP FUNCTIONING WITH THE BRIEF INVENTORY OF PSYCHOSOCIAL FUNCTIONING: A LATENT VARIABLE MODELING APPROACH

Allison Metts*¹, Marcus G. Wild¹, John David Coppin¹, Corina Mendoza¹, Michelle Bovin², Suzannah K. Creech¹

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Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The Brief Inventory of Psychosocial Functioning (B-IPF) is a validated measure of psychosocial functioning developed for people with post-traumatic stress disorder. Separating effects of interpersonal functioning from overall functional impairment is an important service need. This study examined the validity of the interpersonal items of the B-IPF as a subscale assessing interpersonal functioning deficits by examining associations of those items with two validated measures of functional disability and life satisfaction. U.S. post-9/11 veterans (N = 351) completed the B-IPF, Quality-of-Life Scale (QOLS), and WHO Disability Assessment Schedule 2.0 (WHODAS-II). A Bayesian latent variable approach assessed relations among four B-IPF items (‘trouble with relationships’) and WHODAS-II (‘trouble getting along with people’) and QOLS (‘satisfaction with relationships’) interpersonal items. A one standard deviation increase in latent ‘trouble with relationships’ was associated with a 0.82 (0.76, 0.88) standard deviation increase in ‘trouble getting along with people’ and a 0.76 (0.69, 0.82) standard deviation decrease in ‘satisfaction with relationships.’ Results also indicated shifts in distributions at the item level. This study’s effects were in expected directions and large in magnitude, indicating that the B-IPF items were strongly representing constructs related to functional impairment and quality of life in relationships. As such, utilizing B-IPF interpersonal items may fill a service gap by helping providers to properly capture interpersonal dysfunction in trauma-exposed populations.

F5. FACTOR STRUCTURE AND PREDICTIVE VALIDITY OF A TWO-FACTOR MODEL OF PTSD SYMPTOMS

Brianna Byllesby*¹, Patrick Palmieri²

¹*University of South Dakota*, ²*Summa Health Traumatic Stress Center*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic stress disorder (PTSD) is multidimensional, but research conflicts on the number and quality of underlying factors. Hunt et al. (2018), using traumatic injury survivors and CAPS-5 data, proposed a two-factor model, with a PTSD-specific factor (primarily intrusions, avoidance, and hyperarousal) and a dysphoric non-specific factor (primarily negative alterations in cognition and mood symptoms) to describe PTSD. The

present study attempted to replicate this model using PCL-5 data in a trauma-exposed treatment-seeking sample. Participants were 357 outpatients at a traumatic stress specialty clinic (age $M = 41.1$ years, 65.2% female, 84.8% White, 14.5% Black) who completed the PCL-5, BDI, and PTCI-9 at intake (T1), 6 weeks (T2), and 12 weeks (T3). All analyses were conducted in MPlus. The two-factor (PTSD-specific and dysphoria) structure had adequate model fit at all time points. PTSD and dysphoria factors were highly correlated at each time point ($r = .808-.847$), suggesting the two-factor model replicated well in the treatment-seeking sample. Structural regression found the T1 dysphoria factor predicted T2 BDI ($\beta = .67, p < .01$) and T2 PTCI-9 scores ($\beta = .75, p < .01$), but the PTSD-specific factor did not. T1 dysphoria factor predicted T3 BDI ($\beta = .74, p < .01$) and PTCI-9 scores ($\beta = .65, p < .01$), and T1 PTSD-specific factor negatively predicted T3 BDI ($\beta = -.26, p = .03$) and PTCI-9 scores ($\beta = -.26, p = .04$). Results suggest dysphoria had stronger relationships with depression and trauma-related cognitions over time.

F6. PTSD SYMPTOM CLUSTERS DIFFERENTIALLY PREDICT PSYCHOSOCIAL FUNCTIONING IN VETERANS: RESULTS FROM A PROSPECTIVE LONGITUDINAL STUDY

Rahel Pearson*¹, Allison Metts¹, Marcus G. Wild¹, Emma Harris¹, Suzannah Creech²

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Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: The extent to which PTSD symptom clusters are associated with specific domains of disability remains understudied. This study examines the association between PTSD symptom clusters and World Health Organization Disability Assessment Schedule (WHODAS) domains in an sample of post- 9/11 Veterans.

Methods: Participants were Veterans ($N=302$) who reported significant ($M(SD)=27.5(20.8)$), but mostly subthreshold ($PCL > 32, 58.2\%$), trauma symptoms. Multiple linear regressions were used to model the effects of PTSD symptom clusters on the WHODAS domains cross-sectionally and longitudinally at 8 month follow-up. The choice of best model was determined by the Akaike information criterion.

Results: Disability across domains, cross-sectionally and longitudinally, was consistently predicted by increased symptomatology in the mood/numbing and arousal clusters of PTSD, and to a lesser extent by increased symptomatology in the re-experiencing and avoidance cluster.

Conclusion: Mood/numbing symptoms and increased arousal seen within PTSD may have disproportional influence on concurrent and long-term psychosocial functioning. If psychosocial deficits are a treatment target, intervention and assessment efforts may prioritize these symptom clusters.

F7. PUTTING PTSD SCREENING TO THE TEST: VALIDATING THE PRIMARY CARE PTSD SCREEN FOR REPEATED ASSESSMENT IN A COMMUNITY SAMPLE

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Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The PTSD Checklist for DSM-5 (PCL-5) is the predominant tool for estimating PTSD symptom severity in clinical and research settings. A more concise alternative, the 5-item Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), has demonstrated strong psychometric properties, but only in primary care settings with veterans (e.g., Bovin et al., 2021). Sample characteristics and comorbidities may interfere with the measure's accuracy (Tiet and Tiet, 2024).

We administered both PTSD measures at baseline and one-year later to 384 at-risk caregivers (53% female) of young children from rural and urban communities. Among trauma exposed participants (n = 358), we observed strong concurrent validity between the PC-PTSD-5 and PCL-5 at baseline (r = 0.89) and follow-up (r = 0.86). Score changes over the year were highly correlated overall (r = 0.78) and separately among women (r = 0.79) and men (r = 0.76). PCL-5 subscales and corresponding PC-PTSD-5 items also consistently demonstrated strong associations (p < .001) in the overall and gender-stratified samples. Finally, supporting the PC-PTSD-5's construct validity, both measures were similarly correlated with the Center for Epidemiologic Studies Depression Scale (Radloff, 1977) at baseline (PCL-5: r = 0.53, PC-PTSD-5: r = 0.44) and follow-up (PCL-5: r = 0.69, PC-PTSD-5: r = 0.66).

This study uniquely supports the use of the PC-PTSD-5 within a community-based research setting. Given growing needs for efficient PTSD symptom tracking (e.g., in therapy and EMA studies), our findings provide support for the PC-PTSD-5 as a practical and valid measure for repeated assessment over time.

F8. THE RELATIONSHIP BETWEEN LIFETIME TRAUMA EXPOSURE AND PSYCHOSIS IN A MULTI-COUNTRY CASE-CONTROL STUDY IN AFRICA

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Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Eastern and Southern Africa

Abstract Body Background: There are little data on the relationship between traumatic events and psychosis in sub-Saharan Africa, particularly in large, cross-country samples using the same instrument.

Methods: In a case-control study, 42,935 adults were recruited with psychosis (cases) and without (controls) in Ethiopia, Kenya, South Africa, and Uganda from 2018-2023. Trauma exposure was assessed using the Life Events Checklist-5. Regression models included the: i) prevalence of any trauma exposure; ii) cumulative burden of trauma exposure; and iii) the odds of exposure to specific trauma types. Analyses were run by case-control status for the full sample and within each country; trauma types endorsed by cases and controls were further stratified by sex.

Results: Compared to controls, cases had higher odds of reporting exposure to ≥ 1 trauma and > 3 trauma types (Adjusted Odds Ratio (AOR)=1.23, 95% CI: 1.18-1.28 and AOR=1.19, 95% CI: 1.15-1.23, respectively). The trauma types with the highest odds were sexual violence (AOR=1.99, 95% CI: 1.86-2.14), physical violence (AOR=1.69, 95% CI: 1.62-1.76), and network trauma (AOR=1.52, 95% CI: 1.38-1.67). Similar trends were seen within each country. Sexual violence and physical violence were largely driven by the high endorsement by female cases and male cases, respectively. Network trauma was driven primarily by male cases from South Africa.

Conclusion: People with psychosis in eastern and southern Africa report significant exposure to trauma. Special attention should be paid to potential trauma exposure including interpersonal violence when providing treatment for this population.

F9. TRANSDIAGNOSTIC PSYCHOPATHOLOGY FOLLOWING TRAUMA EXPOSURE: LATENT PROFILE ANALYSIS AND NETWORK ANALYSIS OF POST-TRAUMATIC STRESS DISORDER, PSYCHOSIS, DEPRESSION, TRAUMA-RELATED DISSOCIATION, AND EMOTION DYSREGULATION

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Track Assessment and Diagnosis

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Adult

Region East Asia and the Pacific

Abstract Body Objectives: Trauma exposure and emotion dysregulation are transdiagnostic risk factors for post-traumatic stress disorder (PTSD) and trauma-related psychopathology. However, no study has yet examined the latent profiles and co-occurring relationships between emotion dysregulation and PTSD, trauma-related dissociation, psychosis, and depression in clinical populations.

Methods: In a local sample of trauma-exposed patients diagnosed with severe mental disorders (N = 461; Mage = 35.47), latent profile analysis (LPA) identified profiles of emotion dysregulation and psychopathology (PTSD, trauma-related dissociation, psychosis,

and depressive symptoms), while network analysis investigated their co-occurring relationships.

Results: LPA identified three profiles; high emotion dysregulation, negative mood and affectivity (n = 88; 19.1%), moderate emotion dysregulation and moderate psychopathology (n = 173; 37.5%), and low emotion dysregulation and low psychopathology (n = 200; 43.4%). Network analysis revealed that PTSD symptoms hung together with trauma-related dissociation and overlapped with depressive symptoms. Habitual worry, limited access to effective emotion regulation strategies, and PTSD symptoms of negative mood were key nodes connecting PTSD and emotion dysregulation. Networks did not differ between Criterion A traumas and non-Criterion A events.

Conclusions: Latent profile and network analyses converge to emphasize the transdiagnostic associations between emotion dysregulation and trauma-related psychopathology to inform trauma assessment and early intervention.

F10. DISRUPTED REM SLEEP AND ITS IMPACT ON SLOW WAVE SLEEP CYCLES IN PTSD PATIENTS

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Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body Over 90% of PTSD patients report sleep maintenance difficulties [1], yet measures like total sleep time often miss these issues [2,3]. This may stem from recording setups that alter natural sleep. To overcome this, we performed multi-night in-home recordings with a portable PSG (InSomnograf) [4]. Findings show that although PTSD patients have total sleep times similar to healthy controls, their sleep efficiency is lower due to longer sleep latency, suggesting that their issues concern quality more than quantity. Moreover, REM sleep in PTSD exhibits marked abnormalities—shorter duration, delayed onset, and increased fragmentation. Analysis revealed that the PTSD group lacked the initial REM probability peak and had a weakened REM cycle, while slow wave sleep (SWS) kept its first peak but lost the second, disrupting its rhythm. Prior research linking REM episodes to subsequent non-REM features [5,6] suggests that irregular REM sleep may disturb non-REM rhythmicity, especially SWS. Given REM's key role in fear memory extinction [7,8], these disruptions offer insights for both symptomatic treatment and core PTSD therapies.

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F11. DNA METHYLATION IN THE DOUBLE BURDEN OF HIV AND CHILDHOOD TRAUMA

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Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region Eastern and Southern Africa

Abstract Body People with HIV face unique neuropsychiatric challenges, with the relative risk of developing harmful outcomes heightened by environmental adversity. Studies have shown that the dual burden of HIV and childhood trauma (CT) is associated with worse cognitive performance and more severe depressive symptoms in a cohort of South African women. Epigenetic mechanisms i.e., environmentally-sensitive changes to DNA structure that can influence gene expression, may underlie these effects. The objective of this study is to identify DNA methylation profiles associated with HIV status, childhood trauma and their interaction. This study used data and biospecimens collected for an ongoing investigation of biological endophenotypes of HIV in South African women. Among other measures, participants completed the Childhood Trauma Questionnaire to provide a measure of CT exposure prior to 18 years of age. DNA obtained from blood samples underwent genome-wide methylation analyses using the EPICV2 array. Following bioinformatic quality control, data were used in an epigenome wide association study. Preliminary analyses including 203 participants (105 with HIV) did not identify any associations between CpG site methylation and CT scores. However, HIV status was associated with lower methylation at a site associated with the PLPP1 gene ($p = 0.023$), which is involved in inflammatory responses. As we have recently received more data, analyses presented at ISTSS will be based on 236 participants and will include more advanced methylation based inference of regulatory activity and weighted gene co-expression network analyses.

F12. CORTISOL REACTIVITY AND ASSOCIATIONS WITH PSYCHOLOGICAL OUTCOMES IN A SAMPLE OF TRAUMA-EXPOSED, UNHOUSED WOMEN

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Track Biology and Medical

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult **Region** Industrialized Countries

Abstract Body Individuals with PTSD symptoms often exhibit dysregulated stress responses. We evaluated relationships between cortisol reactivity and symptoms of PTSD, depression, and anxiety in 156 unhoused, trauma-exposed women receiving substance use treatment at a state-funded residential program. Women were enrolled in an open-label, cluster-based, randomized clinical trial and assigned to an 8-week, 9 session Mindfulness-based Stress Reduction or Health Promotion attention control intervention. Participants were evaluated at baseline, immediately post-intervention, and 6-months post-baseline. At each assessment, women participated in a stress task (Script Driven Imagery); cortisol samples were collected via passive drool pre- and post-task. For analyses, we divided participants into two groups based on baseline stress reactivity: those whose cortisol increased from pre to post-task and those whose cortisol decreased. Mixed-effects models examined change over time. Participants were diverse; racial/ethnic identification was 20% White person, 20% Black person, 43% Hispanic person, and 17% other. Of participants, at baseline, 67.13% decreased and 32.87% increased in cortisol from pre to post-task. For those whose cortisol increased, change in cortisol negatively correlated with anxiety ($b=-.05$ $p=.022$) and, at trend level, with depression ($b=-.04$, $p=.083$) over time. Cortisol responses did not correlate with intervention group assignment. Cortisol responses may be a marker of resilience and recovery in trauma-exposed individuals, with reactivity to stress indicating more adaptive responses over time.

F13. EXAMINING EMOTION REGULATION AS A MEDIATOR BETWEEN DAILY STRESS AND DEPRESSION IN ADULTS WITH CHILDHOOD TRAUMA

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Track Child and Adolescent Trauma

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Daily hassles, or common everyday stressors, contribute to depressive symptoms. Research shows that emotion regulation may mediate the impact of daily stress on depression, and childhood trauma may alter emotion regulation in individuals. However, the influence of childhood trauma on the association between daily hassles and emotion regulation, and its subsequent impact on depressive symptoms, is understudied. This study examined the mediation of emotion regulation (DERS) on the relationship between daily hassles (ICSRLE) and depressive symptoms (PHQ-9), and whether childhood trauma (CTQ) moderated the pathway between ICSRLE and DERS.

Using an undergraduate sample ($N=120$) with varying levels of childhood trauma severity, a mediation analysis showed a significant indirect effect of daily hassles on depression via emotion regulation (Effect= 0.062, 95% CI [0.04, 0.093], $p < .001$). However, the moderation analysis revealed a non-significant moderation of CTQ between ICSRLE and

DERS ($B= 0.004$, $SE= 0.006$, $p= 0.536$), suggesting that childhood trauma may not significantly influence or alter the relationship between daily hassles and emotion regulation in this sample.

Our findings highlight the key role of emotion regulation in the stress-depression pathway and emphasize the need for further research on how childhood trauma influences emotional responses to daily stressors.

F14. THE ROLE OF ATTACHMENT STYLES IN PREDICTING INTIMATE PARTNER VIOLENCE ACROSS CONFLICT TACTICS

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Insecure attachment styles are associated with intimate partner violence (IPV), which can manifest as emotional, psychological, physical, or sexual abuse. No research to date has explored how insecure attachment styles (anxious and avoidant) influence the different experiences of IPV. This study examines how anxious and avoidant attachment styles predict IPV experiences among 268 adults (ages 30 – 85) with a history of IPV, particularly in relation to conflict tactics. We examined how anxious and avoidant attachment styles predict IPV experiences of psychological abuse, physical violence, sexual coercion, and injury. Regression analyses were used to assess the predictive role of attachment styles in various forms of IPV. Avoidant attachment was positively correlated with psychological abuse ($r = .174$, $p = .006$), physical violence ($r = .142$, $p = .027$), sexual coercion ($r = .174$, $p = .007$), and injury ($r = .143$, $p = .026$). Anxious attachment was positively correlated with psychological abuse ($r = .237$, $p = .001$), physical violence ($r = .246$, $p = .001$), and injury ($r = .258$, $p = .001$). These findings highlight the differential impact of insecure attachment styles on IPV experiences, with both avoidant and anxious attachment styles emerging as strong predictors of multiple forms of IPV. These results suggest the importance of addressing attachment-related vulnerabilities in IPV intervention strategies.

F15. A LATENT PROFILE ANALYSIS OF HIGH-RISK CHILDREN'S PROBLEMATIC SEXUAL BEHAVIOR

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body As research and intervention regarding children's problematic sexual behavior (PSB) have broadly defined PSB, including all forms of developmentally atypical sexual behavior and all potential etiological factors, limited work to date has identified subtypes or unique patterns of PSB. The aim of the current study was to examine the presence of unique patterns of PSB and etiological factors among high-risk children utilizing latent profile analysis (LPA) based on children's self-focused PSB, interpersonal PSB (IPSB), maltreatment factors, co-occurring symptoms, adaptive functioning, and family functioning. The present study included 689 8-year-old children (50.1% male, 50.2% Black) with potential PSB and their caregivers from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) study. Six profiles were identified: Developmentally typical (48.5%), Non-trauma-related developmental difficulties and PSB (22.2%), Family dysfunction and PSB (9.6%), Non-child sexual abuse (CSA) polyvictimization and IPSB (8.27%), PSB/IPSB and co-occurring symptoms (7.6%), and CSA polyvictimization and PSB (3.9%). Profile membership was associated with all included indicators, including children's exposure to maltreatment, type and level of symptoms, developmental delays, family functioning, as well as form and degree of PSB. The findings highlight the heterogeneity of children with PSB and may further contribute to identification of children with varying presentations of PSB and informed treatment selection.

F16. CHILDHOOD EMOTIONAL ABUSE AND LATER PHYSICAL AGGRESSION: ROLE OF DIMENSIONS OF IMPULSIVITY IN COMMUNITY WOMEN EXPERIENCING IPV

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Childhood emotional abuse (CEA) is a highly prevalent form of abuse (Kumari, 2020) that has been shown to be robustly associated with later aggressive behaviors (Norman et al., 2012). However, a dearth of research has examined these relations among women or identified factors that may increase risk for physical aggression following CEA (Fitton et al., 2020). To advance research in this area, the objective of this study was to examine whether impulsivity dimensions (i.e., negative urgency, positive urgency, lack of premeditation, lack of perseverance, and sensation seeking) may buffer the relation between CEA and later physical aggression among women experiencing intimate partner violence. 171 women (M age = 40.33, 58.3% Women of Color) were recruited from the community and completed empirically-validated assessments of CEA, impulsivity, and physical aggression. Lack of premeditation ($b = .084$, $p = 0.024$, 95% CI [.011, .156]) and lack of perseverance ($b = .097$, $p = 0.023$, 95% CI [.013, .180]) were found to moderate the association between CEA and physical aggression. Analysis of simple slopes revealed that CEA was significantly associated with physical aggression for women with higher ($b = .716$, $p = 0.011$, 95% CI [.165, 1.267]), but not lower ($b = .297$, $p = 0.154$, 95% CI [-.112, .705]), lack of premeditation, and for women with higher ($b = .867$, $p = 0.003$, 95% CI [.306, 1.425]), but not lower ($b = .384$, $p = 0.073$, 95% CI [-.037, .804]), lack of perseverance. Our findings suggest that lack of premeditation and perseverance may be important contributors

to the development and maintenance of physical aggression for women who experienced CEA.

F17. THE MODERATING ROLE OF SUPERSTORM SANDY ON THE LONGITUDINAL ASSOCIATION BETWEEN PRENATAL PTSD SYMPTOMS AND CHILD NEGATIVE AFFECTIVITY: A MULTILEVEL GROWTH CURVE APPROACH

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Prenatal stress exposure to traumatic events, including natural disasters, may adversely impact child temperament, particularly negative affectivity. Less is known, however, about the trajectory of these associations across child development. The study explored how prenatal exposure to Superstorm Sandy (SS) moderated the longitudinal association between prenatal PTSD symptoms and child negative affectivity. 276 pregnant individuals (20.3% SS-exposed) reported their PTSD symptoms via the PTSD Checklist-Civilian Version (PCL-C; $M=23.56$, $SD=12.28$). Child negative affectivity was measured by the Early Childhood/Childhood Behavioral Questionnaires (ECBQ/CBQ) from ages 18M (baseline) to 72M. Multilevel growth curve modeling revealed that among children prenatally exposed to SS, PTSD symptoms of the birthing parents were marginally associated with higher negative affectivity at age 18M ($p=.084$), followed by a significant negative linear slope ($p=.036$) and a positive quadratic effect ($p=.025$), indicating an initial decline followed by an upward trajectory of negative affectivity in exposed children. Of note, no significant patterns were found among prenatally unexposed children. These findings suggest that natural disaster exposure critically modifies the developmental trajectory of temperament among children prenatally exposed to PTSD symptoms. Given the increasing frequency and intensity of climate-related disasters, understanding their impact on child development becomes increasingly vital.

F18. MORAL INJURY IN CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE: EXAMINING BETRAYAL, GUILT, AND TRAUMA

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Significant research has examined the negative sequelae associated with Childhood Exposure to Domestic Violence (CEDV), including post-traumatic stress disorder

(PTSD), emotional dysregulation, and long-term psychosocial harm. However, the underlying the moral and ethical dimensions of these experiences remain underexplored. Moral injury (MI), a framework originally applied to military and healthcare populations, has yet to be applied to this population and has the potential to explain the deep-seated guilt, betrayal, and moral dissonance experienced by CEDV survivors. This study investigates whether MI is a relevant construct in this population, examining its prevalence and relationship to betrayal trauma and trauma-related guilt.

Eighty adults with histories of CEDV will complete validated measures of MI (Moral Injury Assessment for Survivors of Abuse; MIA-SoA), betrayal trauma (Brief Betrayal Trauma Survey; BBTS-14), and trauma-related guilt (Trauma-Related Guilt Inventory; TRGI).

Correlation and regression analyses will explore the associations between MI symptoms, betrayal trauma, and guilt. Findings will provide insight into whether CEDV functions as a Potentially Morally Injurious Event (PMIE).

By introducing MI theory to CEDV, this research applies a novel trauma framework that aims to capture the moral and ethical conflicts inherent in domestic violence exposure. Findings have implications for trauma-informed interventions that addresses potential moral dissonance in addition to PTSD symptoms.

F19. EXPLORING THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON LONELINESS: THE MODERATING ROLE OF BULLYING TYPE

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Adverse childhood experiences (ACEs) include abuse, neglect, and household dysfunction before age 18 and, along with bullying, are linked with depression, anxiety, and substance abuse (Dube et al., 2003; Fountain and Beckstein, 2024). This study examines the relationship between ACEs and loneliness in adulthood, focusing on the moderating role of bullying types (physical, verbal, social/relational, and cyberbullying). Using a sample of 367 young adults (56% women, $M(SD)_{Age} = 25.09 (3.591)$ years), we conducted moderation analyses to determine if specific bullying types influence the ACEs-loneliness association. Results show verbal bullying significantly moderates this relationship between ACEs and loneliness ($\beta = -.117, p = .049$). Physical ($\beta = -.105, p = .109$), social/relational ($\beta = -.072, p = .234$), and cyberbullying ($\beta = -.105, p = .093$) did not show significant moderation effects. Results indicate that high verbal bullying, regardless of ACEs, related to highest loneliness, whereas low ACEs and low verbal bullying were most protective for loneliness. These results highlight the unique impact of verbal bullying on loneliness and emphasize the need for targeted interventions for individuals with histories of ACEs and verbal bullying.

F20. FACETS OF EMOTION DYSREGULATION CAPACITIES AMONG WOMEN CHILDHOOD SEXUAL ABUSE SURVIVORS WITH HISTORIES OF SELF HARM AND SUBSTANCE MISUSE

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Childhood sexual abuse (CSA) and its sequelae put survivors at increased risk of developing self-harm (e.g., cutting, burning oneself; Serafini et al., 2017) and substance misuse (Fletcher, 2021). One risk factor that may be relevant is emotion dysregulation, which has been implicated in the development and maintenance of self-harm and substance use among CSA survivors (Bresin and Mekawi, 2022). While both behaviors are susceptible to negative reinforcement, one argument is that self-harm desires arise in reaction to negative emotions whereas substance use cravings are a biopsychosocial process (Victor et al., 2012). The current study explored differences in the presentation of various facets of emotion dysregulation across 136 women CSA survivors who have engaged solely in substance use or both substance use and self-harm behaviors. A MANOVA revealed that CSA survivors who engaged in substance use and self-harm behaviors endorsed significantly higher emotion dysregulation than those who engaged in substance use alone $F(6, 129) = 2.87, p = .012$. Particularly, they exhibited higher nonacceptance, impulse control difficulties, and limited access to emotion regulation strategies. Findings will be discussed, including clinical implications for assessing and targeting emotion dysregulation within trauma-focused treatment for CSA survivors who engage in self-harm and substance misuse.

F21. THE EFFECTS OF SEXUAL ABUSE ON SELF-ESTEEM OF ADOLESCENT FEMALES IN LAGOS

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region West and Central Africa

Abstract Body Background: Sexual abuse among children and adolescents is a global menace that confronts all races, tribes, and genders. The exposure to sexual abuse could negatively impact on the adolescent's self-esteem.

Objectives: This study aims to determine the effect of sexual abuse on the self-esteem of female adolescents in Lagos.

Methods: This was a cross-sectional study conducted in two secondary schools in Lagos. A total of 304 participants were recruited for the study. Two hundred and ninety of them met the inclusion criteria. The mean age of the participants was 16.84 (± 0.949). The Child Sexual

Abuse Questionnaire (CSAQ), Rosenberg Self-esteem Scale (RSES), and sociodemographic questionnaire were used to assess the participants. The collected data were analyzed using descriptive statistics and chi-square.

Results: The study revealed that the prevalence of sexual abuse among the participants was 27.6%. Over three-quarters (78.8%) of the participants who were exposed to sexual abuse reported low self-esteem. The study established that sexual abuse negatively influenced the self-esteem of adolescents.

Conclusion: Sexual abuse is prevalent among female adolescents, and it is associated with low self-esteem.

There is a need to treat it as an urgent public health concern considering the implications of low self-esteem for young individuals and their future.

F22. A NARRATIVE EXAMPLE OF TRAUMA CENTER TRAUMA SENSITIVE YOGA (TCTSY) AS AN INTERVENTION FOR BEHAVIORAL HEALTH OUTCOMES IN CHILDREN AND ADOLESCENTS

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Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body For the past two years, we have conducted a study on the impact of Trauma Center Trauma Sensitive Yoga (TCTSY) on children aged 6-13 in Salisbury, Maryland. The main objective of this study is to determine if TCTSY has an impact on the behavioral health outcomes of children and adolescents who have experienced trauma. Secondly, if there are behavior changes after this intervention, were those changes a result of increasing interoceptive awareness in study participants? The study results will be used in peer-reviewed publications and follow-up studies by other researchers.

This paper outlines our process and procedure and some basic adaptations that we used to make TCTSY accessible to children.

Project Overview: The intervention proposed in this study is three-fold: participation in six TCTSY sessions, participant interviews after six weeks of TCTSY, and scoring on the adapted multidimensional interoceptive awareness scale which occurred after six weeks of TCTSY, from January 2022 to March 2022. In group one, 16 children and adolescents were engaged in the study. A second group was approved for study and data was collected from March 2023-June 2023 and included another 16 children and adolescents from ages 5-8 and 9-13 for a total of 32 participants.

To begin, it is first imperative to define key terms associated with the study, beginning with complex traumatic stress (sometimes referred to as complex trauma).

According to Ford and Courtois (2009)

Complex psychological trauma [results] from exposure to severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim's life, such as early childhood or adolescence. Complex posttraumatic sequelae are the changes in mind, emotions, body, and relationships experienced following complex psychological trauma, including severe problems with dissociation, emotion dysregulation, somatic distress, or relational or spiritual alienation, hereafter referred to as complex traumatic stress. (p. 13)

There is a growing body of research on the positive mental and physical health benefits of a consistent yoga practice (Rhodes, 2015). What is limited in this research, however, is how these practices, when incorporated into the lives of children who have survived trauma, impact their healing. Of specific importance is understanding the role of interoceptive awareness, the ability to perceive internal bodily sensations, which is proposed to be a crucial factor behind yoga, yet research investigating interoceptive awareness gained from a yoga practice in Post-Traumatic Stress Disorder (PTSD) treatment is still limited.

Interoception refers to the process by which the nervous system senses, interprets, and integrates signals originating from within the body, providing a moment-by-moment mapping of the body's internal landscape across conscious and unconscious levels. Interoceptive signaling has been considered a component process of reflexes, urges, feelings, drives, adaptive responses, and cognitive and emotional experiences, highlighting its contributions to the maintenance of homeostatic functioning, body regulation, and survival. (Khalsa, et al., 2018).

Of significant importance is to examine to what role if any interoceptive awareness plays in helping children begin to regulate internal physical sensations and how it can be used as both a coping skill and a reset tool when hyper-sensation occurs (e.g., when triggered by something reminding the child of the trauma). An important question to also consider is whether interoceptive awareness increases resilience.

Background of TCTSY: Initial data on TCTSY was collected at the Trauma Center at the Justice Resource Institute in Massachusetts, where the model was created. The initial research was funded by the NIH to determine the effects of TCTSY on female-identifying participants aged 18-59 with treatment-resistance complex PTSD who experienced sexual trauma during childhood. The TCTSY model has been validated several times since 2009 (Emerson et al., (2009); Emerson, 2011; Emerson, 2014; van Der Kolk et al., 2014; Price et al., 2017; West et al., (2017); Spinazzola et al., 2011; Kelly et al., 2021; Zaccari et al., 2023)

The TCTSY methodology is based on central components of the hatha style of yoga, where participants engage in a series of physical forms and movements. Elements of standard hatha yoga are modified to maximize experiences of empowerment and to cultivate a more positive relationship to one's body. Unlike many public yoga classes, TCTSY does not use physical hands-on adjustments to influence a participant's physical form. Rather, TCTSY presents opportunities for participants to listen to and make choices for themselves based on felt sensations in their own bodies.

Unlike traditional forms of centuries-old yoga practices, TCTSY is ultimately more of an adjunctive therapy for complex trauma that is based on and rooted in yoga and trauma theory.

One area where TCTSY differs most significantly from traditional yoga is in the emphasis on emphasizing relational safety for participants by sharing power through the use of invitational language as opposed to directional or command-oriented language (e.g. With TCTSY it would be, “if you like, you can raise one arm” whereas, with many other forms of yoga it could be, “raise one arm.”).

There is a formalized structure to a TCTSY session which is built around this pattern: beginning: get into a movement or form as efficiently as possible, middle: within the form or movement, the facilitator offers opportunities for accessible choice-making and interoceptive experiences, and ending: clearly conclude the form or movement and either proceed to a new one or end the session. Language use is a key component of this style and will follow the protocol for invitational and choice-based language thereby creating opportunities for students to experience embodiment in a safe way. There is no physical contact between teacher and student, as there may be in other yogic practices, to protect the student from potentially being triggered or feeling coerced. Sessions tend to follow the same format each week to provide consistency and predictability for participants to provide safety and security in participation.

Participants were divided into groups of eight according to age, 6-8 and 9-13, and were of mixed gender. Inclusion criteria included active participation in therapy for trauma-related treatment, having a diagnosis of PTSD, having an Adverse Childhood Experience (ACEs) (Felitti et al., 1998) score of 4 or greater, and speaking English as the primary language. Study inclusion criteria also included active engagement in weekly therapy. The review of ACEs data was for recruitment purposes only. No other client information was reviewed or collected.

Adaptions for Children: Some important adaptations to this format were made because of the age of the youth engaged in the study. The use of “play” in terms of creating space for “silly expressions” of yoga forms, teach-backs (where the youth teach the form to peers and facilitator) were used with the youth whereas those elements are not part of the original TCTSY methodology. Additionally, as with TCTSY in general, sharing power with youth was an imperative aspect of this study.

Many children have difficulty understanding where their physical and emotional boundaries are with themselves and others. One way this concept was explored was in helping them “find their own body” by exploring the boundaries of their physical self with those of others, as well as inviting an exploration of their inner self which is a contained space. Youth were invited to notice they (a) have a body and, (b) find boundaries within and outside their body. Once children were able to notice and locate their own bodies, an open and ongoing conversation with the children was able to occur and was a very effective way of offering TCTSY. For example, children often used the Trauma Sensitive Yoga Deck (Voris et al., 2019) for children and explored the shapes they wanted to use. They would “vote” on which and in what order the shapes would be shared. In this way, children were able to anticipate the course of events. It also allowed space for creativity because while it was important for them to know what was coming, a lack of creativity in exploration becomes extremely boring

for children. We found that rhythm, predictability, and constancy (not much down-time within and between forms) also helped contribute to healing environment for youth. Additional adaptations to the TCTSY format were made to create accessibility for children. The language was more simplistic and the invitation to participate took on a feeling of being “silly” to engage the younger participants.

F23. ADVERSE CHILDHOOD EXPERIENCES AND ACCULTURATIVE STRESS AMONG INTERNATIONAL STUDENTS IN THE U.S.A: THE ROLES OF ATTACHMENT AND PSYCHOLOGICAL FLEXIBILITY

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Track Child and Adolescent Trauma

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Global

Abstract Body International Students (ISs) make up 5% of the college student body in the U.S. and could experience substantial stress when adjusting to the U.S. cultural contexts (Xiong et al., 2022). However, there is a lack of understanding of how pre-migration trauma, such as Adverse Childhood Experiences (ACEs), might be associated with ISs' post-migration outcomes, such as Acculturative Stress (AS) (Mesidor and Sly, 2015; Solberg and Peters, 2020). Addressing such a research gap may help clinicians provide tailored support for ISs who have experienced trauma before their study-abroad journey. Further, recent evidence revealed a positive relationship between ACEs and AS among first-generation Hispanic youth immigrants (e.g., Bravo et al., 2022). This study aimed to extend such findings to IS populations and explore potential mediators and moderators in the relationship, such as attachment and Psychological Flexibility (PF). In this cross-sectional study, 154 ISs in the U.S. filled out a Qualtrics survey measuring their ACEs, AS, attachment, and PF. Correlation, mediation, and moderation analysis were conducted via SPSS and the PROCESS macro. The data analysis revealed a positive association between cumulative ACEs and AS. Further, attachment insecurity partially mediated the association between ACEs and AS, while PF moderated the association. The findings indicated that ISs with higher ACE exposure may experience more intensive AS. Attachment and PF could act as mechanisms of change for ISs with ACE history. Therefore, it is crucial for mental health clinicians to screen ACEs and provide trauma-informed care for IS clients.

F24. EXPLORING THE DIFFERENTIAL IMPACT OF DISCRIMINATION AND TRAUMA ON EXECUTIVE FUNCTIONING AND ACADEMIC OUTCOMES ACROSS RACIAL AND ETHNIC GROUPS

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Track Child and Adolescent Trauma

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Child/Adolescent **Region** Industrialized Countries

Abstract Body This study examines the impacts of discrimination and trauma on executive functioning (EF) in youth and how these experiences longitudinally predict cognitive development and academic outcomes. While both types of adversities can disrupt executive functions, the mechanisms through which they affect cognitive abilities may differ across racial and ethnic (r/e) groups, and understanding these distinctions is crucial for tailoring interventions to support at-risk youth. Using data from the Adolescent Brain Cognitive Development (ABCD) study (N=6,486 youth), we tested how trauma exposure (i.e., discrimination and negative life events) at the 1 year follow-up predicts EF measured through neurocognitive tasks and parent-reported assessments at the 2 year follow-up, and whether EF mediates the relationship between trauma exposure and grades at the 3 year follow-up. Controlling for parental education, income, psychopathology, age, sex, immigration status, and ABCD site, preliminary findings suggest that negative life events predict worse executive functioning and subsequent grades across racial groups. However, discrimination is only associated with poor executive functioning in r/e minority youth. Differences in the salience of these effects across racial groups suggest that trauma may interact with broader socio-economic and cultural factors, influencing how executive functions are impacted. This study highlights the need to consider both the type of trauma and the r/e context when evaluating its impact on executive functioning and developing tailored interventions.

F25. UNDERSTANDING THE RELATION BETWEEN CHILDHOOD SEXUAL ABUSE AND RISKY SEXUAL BEHAVIORS: AN INTERSECTIONAL APPROACH

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Track Child and Adolescent Trauma

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Research on the relation between childhood sexual abuse (CSA) and greater risky sexual behaviors (RSBs) has focused on heterosexual samples, with few studies examining other sexual or gender identities. To address this gap, data from 12,738 college students was grouped by sexual and gender identity into seven intersectional groups (e.g., straight women, gay men). Then, two 2-way ANCOVAs were conducted to examine the relation between CSA and sexual-gender identity and their interaction on two RSBs (number of partners and use of protection) controlling for childhood physical and emotional abuse. For number of partners, the main effects of CSA and sexual-gender identity and their interaction all were significant. CSA was more strongly related to having more sexual partners for gay men than for other identity groups. For use of protection, only the main effect of identity was significant, with lesbian women using protection less often than other groups. These findings can be used to inform prevention strategies for high-risk groups.

F26. TRAUMA EXPOSURE AND CATASTROPHIZING AMONG LATINE YOUTH: THE MODERATING ROLE OF PARENTAL EMOTION SOCIALIZATION

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Track Child and Adolescent Trauma

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Introduction: Latine (vs. non-Latine white) youth are at a greater risk of trauma exposure (Galvan and La Barrie, 2024) and, as a result, may be more susceptible to cognitive biases (Whiteman et al., 2019). Additionally, although parents play a key role in children's cognitive-affective development, the extent to which parental emotion socialization strategies influence trauma-exposed children's cognitive biases remain unknown. This study examined parental emotion socialization as a moderator of trauma symptom severity—catastrophizing associations in a sample of trauma-exposed Latine youth. It was hypothesized that youth with more severe trauma symptoms would engage in greater catastrophizing, especially when their parents frequently minimize their expressions of negative emotions. Method: Latine parents (N = 61, M age = 41.39, SD = 6.38) and their children (M = 12.85, SD = 2.93) completed measures of trauma severity (CATS –Youth Report), catastrophizing (CNCEQ-R), and parent emotion socialization strategies (CCNES). Results: Parental minimization significantly moderated the association between trauma symptom severity and catastrophizing ($F = 15.88, p < 0.01$). Greater trauma symptoms were associated with more catastrophic thinking among Latine youth whose parents minimize their expressions of negative emotions ($b = 0.06, SE = 0.03, [0.66, 0.12], p < 0.05$). Conclusion: Parental minimizing of children's displays of negative emotions may exacerbate catastrophic thinking among trauma-exposed Latine youth. Future studies should explore the mechanisms underlying this relationship.

F27. “IS THIS SUPPOSED TO BE HELPING?” EXAMINING POTENTIAL PTSD TREATMENT EFFECTS OF THE CAPS-5 AMONG CONTROL CONDITION PARTICIPANTS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body The Clinician Administered PTSD Scale for DSM-5 (CAPS-5) is considered the gold standard for assessing PTSD. In a larger clinical trial for Veterans diagnosed with PTSD and Substance Use Disorders in a residential Substance Use Disorder (DOM SUD) program, study participants were asked to provide study feedback in a focus group. Surprisingly, half of the participants who attended the Treatment as Usual (TAU) focus group reported unprompted that repeated trauma-focused interviews were particularly helpful. These qualitative data led to this investigation of whether repeated CAPS-5 administrations

had unexpected treatment effects. Participants were evaluated using the CAPS-5 at pre-treatment, post-treatment, 1 month, and 3 month follow-up, but due to significant drop out, quantitative analysis could only be completed for the first two datapoints. Those assigned to the TAU condition (N = 18; 94.4% Male; 61.1% White; M CAPS-5 score = 36.3, [SD = 4.3]) completed the CAPS-5 twice. A repeated-measures ANOVA showed CAPS-5 scores significantly differed between pre and post treatment ($F(1, 17) = 19.84, p < .001, \eta^2 = .54$). It is plausible these effects were due to DOM SUD treatment. However, this treatment was not trauma-focused and the CAPS interviews were specifically mentioned as helpful by focus group participants. Despite the limitations of this study, our findings suggest the merit of further examination into the potential therapeutic effects of repeated CAPS administration using a larger sample of control condition participants and including 1 and 3 month follow-up time points.

F28. EMOTION REGULATION IN THE LINK BETWEEN INTRUSIVE AND DELIBERATE EVENT-RELATED RUMINATION

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic growth (PTG) represents positive psychological change after a trauma. Several cognitive processes are associated with PTG, including deliberate event-related rumination, thought to facilitate meaning-making. Intrusive event-related rumination has been negatively linked to PTG. However, recent work has identified a potential path from intrusive to deliberate, which may in turn facilitate PTG. Few studies have examined what may foster the intrusive - deliberate link, such as emotion regulation (ER) capacity. The present study tested ER as moderator of the indirect path from intrusive rumination to PTG through deliberate rumination, using self-report data from young adults with varied trauma histories. In this sample, more intrusive and more deliberate event-related rumination each were directly linked to higher PTG. As predicted, more intrusive rumination was associated with more deliberate rumination, and deliberate was found to mediate the path from intrusive to PTG. While ER did not moderate the indirect path, it did moderate the direct path from intrusive to deliberate; intrusive led to deliberate rumination only under higher ER. Two ER domains did moderate the indirect path: low emotional clarity and difficulty with goal-directed behavior. Implications for future research to illuminate the nature of the intrusive - deliberate relationship will be discussed.

F29. TRAUMA EXPOSURE AND POSTPARTUM DEPRESSION: THE MODERATING ROLE OF SLEEP ACROSS THE PERINATAL PERIOD

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Insomnia is well-recognized as a risk factor influencing trauma-related distress and as a symptom of PTSD (Talbot et al., 2014). Additionally, trauma exposure and insomnia have been individually linked to an increased risk of postpartum depression (PPD; Grekin et al., 2021 Okun, 2016; O'Hara, 2009). Given these associations, the current study examined the impact of insomnia on trauma-exposed perinatal women with and without self-reported PTSD, hypothesizing that higher levels of insomnia in women with PTSD would be associated with greater PPD. A diverse sample of 91 trauma-exposed pregnant women completed assessments during pregnancy and postpartum, including the PTSD Checklist for DSM-5 (PCL-5), the Insomnia Severity Index (ISI), and the Edinburgh Postnatal Depression Scale (EPDS). Moderation analyses were run to examine the interaction between self-reported PTSD and insomnia on later PPD symptoms. Contrary to hypotheses, insomnia during pregnancy was related to higher PPD symptoms for participants without self-identified PTSD ($\beta = -.822$, $SE = .209$, $p = .002$). Insomnia levels for participants with PTSD were consistent across participants with and without PPD. These findings highlight the critical role of sleep disturbances in trauma-exposed populations and emphasize the need for targeted interventions addressing insomnia to improve mental health outcomes in affected women.

F30. OUTDOOR TIME BUFFERS THE ADVERSE MENTAL HEALTH EFFECTS OF ASSAULTIVE TRAUMA AMONG LGBTQ+ COLLEGE STUDENTS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body LGBTQ+ individuals face an elevated risk for assaultive trauma and internalizing psychopathology. This study examined how coping strategies influenced anxiety and depressive symptoms in a predominantly white sample of LGBTQ+ college students with ($n = 56$) and without ($n = 152$) prior assaultive trauma. Perceived social support (Multidimensional Organizational Social Support Scale) and brooding rumination (Ruminative Response Scale) were assessed at weeks 1, 7, and 14 and averaged across the semester. Time spent outside and anxiety and depressive symptoms (DASS-21) were measured weekly for 15 weeks, while assaultive trauma (LEC-5), online coping (Online Coping Scale), and gender congruence (Transgender Congruence Scale) were assessed at baseline. Two LME models tested whether time outside moderated associations between assaultive trauma and anxiety and depressive symptoms, controlling for perceived social support, brooding rumination, online coping, and gender congruence. Assaultive trauma, brooding rumination, and online coping predicted worse symptoms, while greater social support mitigated depression. Time outside significantly buffered the adverse impact of assaultive trauma on internalizing symptoms. Overall, modifying brooding cognitions,

fostering supportive environments, and limiting online coping represent potential treatment avenues for LGBTQ+ individuals. Outdoor behavioral activation may be particularly beneficial for trauma-exposed LGBTQ+ individuals, though further research is needed to examine its impact among racially diverse samples.

F31. FEAR OF SLEEP PROSPECTIVELY PREDICTS NIGHTMARE SEVERITY IN ACUTE TRAUMA PATIENTS EXPOSED TO COMMUNITY VIOLENCE: PRELIMINARY EVIDENCE OF SYMPATHETIC AROUSAL AS A PSYCHOPHYSIOLOGICAL CORRELATE

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Fear of sleep (FoS) engenders arousal at bedtime that can promote nightmares. Living in neighborhoods with high rates of community violence (CV) may exacerbate FoS and in turn increase nightmare risk. We tested FoS among acute trauma patients as a prospective predictor of nightmares, and whether CV exposure moderated this relationship.

Patients recruited from the ICU within a week of trauma (N = 88; Mage = 39 y, 67% Black, 47% income ≤ \$20,000) completed the Fear of Sleep Inventory (FoSI) and a CV questionnaire during hospitalization (T1) and the Nightmare Disorder Index two months post-trauma (T2) to indicate nightmare frequency, awakenings, distress, and impairment. Skin conductance response (SCR) was collected from a subsample (n = 7) during the FoSI to explore this scale's psychophysiological correlates.

Exposure to CV exacerbated the prospective effect of FoS on nightmare severity ($\beta = 0.51, p = .039$), such that the relationship between FoS at T1 and nightmares at T2 was strongest for patients with greater exposure to CV in the 90 days prior to hospitalization. SCR to the FoSI correlated with more CV exposure ($r = 0.76, p = .048$) and the following fear-of-sleep-related safety behaviors: "I stayed up late to avoid sleeping" ($r = 0.87, p = .012$) and "I tried to stay as alert as I could while lying in bed" ($r = 0.74, p = .060$).

Acute trauma patients presenting with a FoS may be at increased risk for posttraumatic nightmares, especially those living within neighborhoods marked by CV. Preliminary results suggest FoS and CV exposure may share an association with sympathetic activation which, when elevated at bedtime, may worsen nightmares.

F32. THE EFFECT OF PROLONGED EXPOSURE THERAPY ON DELAY DISCOUNTING IN INDIVIDUALS WITH POSTTRAUMATIC STRESS DISORDER WHO WERE RECEIVING MEDICATIONS FOR OPIOID USE DISORDER

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Delay discounting (DD) is a behavioral economic index of preference for smaller immediate over larger delayed rewards that may underlie both posttraumatic stress disorder (PTSD) and opioid use disorder (OUD). This study evaluated the effect of prolonged exposure therapy (PE) for reducing DD levels in individuals with PTSD who were receiving medications for OUD (MOUD). We utilized data from two 12-week trials, wherein buprenorphine- or methadone-maintained adults with PTSD were randomized to receive: continued MOUD treatment as usual (TAU; n=23), Prolonged Exposure therapy (PE; n=24), or PE plus incentives contingent upon PE session attendance (PE+; n=25). Temporal changes and differences between conditions in DD were evaluated using mixed model repeated measures analysis. No significant changes in DD were observed between intake and week 12 for TAU or PE participants. However, DD scores significantly increased for PE+ participants (p=.03). These results challenge the conceptualization of PTSD-related avoidance as a form of reinforcer pathology and suggest that patients who receive financial incentives contingent upon therapy session attendance may develop increased sensitivity to reinforcement timing. Future studies should evaluate behavioral economic constructs other than DD and whether interventions targeting substance use are efficacious for reducing DD in this population.

F33. SUBJECTIVE COGNITIVE FUNCTION IN THOSE WITH CPTSD: A QUALITATIVE APPROACH

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Complex post-traumatic stress disorder (CPTSD) has been increasingly recognized as a distinct disorder resulting from prolonged, relational trauma (e.g., childhood abuse, intimate partner violence). However, research on its impact on cognitive functioning remains limited. Most studies have focused on PTSD following single-incident trauma, while fewer have examined how complex trauma uniquely affects cognition. Individuals with CPTSD report cognitive impairments, including difficulties with memory, attention, and decision-making, which influence daily functioning and therapy engagement. These impairments appear situationally—fluctuating with symptom severity—and at a trait level, reflecting enduring cognitive challenges. This study investigated the cognitive experiences of individuals with CPTSD using semi-structured interviews. Participants aged 19–65 self-reported complex trauma exposure or met ICD-11 criteria for CPTSD. Thematic analysis using NVivo software identified patterns in subjective cognitive function. Results indicated

distinct cognitive difficulties, including episodic memory lapses, attentional disruptions, and executive functioning deficits. Participants reported impairments during distress, but some described persistent challenges. These findings highlight the interplay between state-dependent fluctuations and stable, trait cognitive difficulties in CPTSD. Understanding these impacts is crucial for informing treatment. Findings suggest a need for targeted cognitive support in CPTSD interventions to improve functional outcomes and therapy efficacy.

F34. PATIENT EXPERIENCE OF INVESTIGATIONAL PSILOCYBIN TREATMENT IN PTSD: A QUALITATIVE ANALYSIS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Objective: This study investigated the therapeutic effects of investigational psilocybin treatment in patients with adult-onset PTSD, providing insights into potential psychological mechanisms of change.

Methods: This qualitative sub-study was nested within a phase 2 open-label trial assessing the safety and tolerability of COMP360 investigational psilocybin treatment in adults with PTSD. Of 22 participants enrolled in the trial, 21 consented to participate in the sub-study. Semi-structured interviews were conducted at baseline, one day post-treatment, and 12 weeks post-treatment. Thematic analysis was employed to identify and analyze patterns in the data through coding and theme identification.

Results: Analysis revealed two core themes: (1) Reparative Self-Experience, encompassing shifts in trauma identity, biopsychological relief, and discovery of positive internal resources; and (2) Potential Psychological Mechanisms of Change, including expanded self-perception, enhanced affective range and regulation, non-dual awareness and ego dissolution, increased behavioral engagement, and hyperassociative symbolic thinking.

Conclusions: Investigational psilocybin treatment appears to induce a range of short- and long-term therapeutic effects in individuals with PTSD, fostering beneficial experiences that promote psychosocial changes. These findings suggest that investigational psilocybin treatment could be a promising intervention for PTSD. Further research is necessary to establish safety and efficacy, validate these results and elucidate the underlying psychological mechanisms.

F35. THE IMPACT OF DELIVERY MODE ON ACUTE TRAUMATIC STRESS RESPONSE DURING CHILDBIRTH

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Cesarean delivery is one of the most frequently performed surgical procedures in the United States, with a significant portion occurring unscheduled during labor due to maternal or fetal complications. However, the psychological effects of undergoing an unplanned cesarean remain understudied.

Objective: To evaluate the relationship between unscheduled cesarean deliveries and peritraumatic stress by comparing stress responses across different delivery modes.

Study Design: This prospective longitudinal study included 1,146 patients receiving perinatal care at Massachusetts General Hospital. Participants completed the Peritraumatic Distress Inventory (PDI) during their delivery hospitalization (mean = 31 hours postpartum), and a subset (n = 795) repeated the assessment approximately 1.9 months later. Data on delivery type, psychiatric history, and obstetric complications were collected through medical records and questionnaires. Analyses included chi-square tests, relative risk estimates, and mixed-effects models.

Results: Clinically significant acute stress responses (PDI ≥ 15) were reported by 10.4% of participants, with the highest prevalence among those undergoing unscheduled cesareans (26.6%). Rates were especially elevated during intrapartum cesareans (29.3%) and among patients with more severe obstetric conditions. Common distress symptoms included physiological arousal (65%), feelings of helplessness (37%), and near-fainting (37%).

Compared to spontaneous vaginal delivery, unscheduled cesareans were linked to a markedly increased risk of acute stress (26.6% vs. 6.3%; adjusted relative risk [aRR] = 3.12; 95% CI: 1.99–4.89). Risk was also higher than for scheduled cesareans (5.4%; aRR = 3.63) but not significantly different from assisted vaginal deliveries (22.6%; aRR = 1.17). Among those with unscheduled cesareans, distress levels remained elevated over time (p = 0.44), while those who delivered vaginally experienced a significant reduction in symptoms (p = 0.03).

Conclusions: Unscheduled cesarean births are strongly associated with acute psychological stress, likely driven by the emergency context and underlying medical indications. These findings highlight the need for trauma-informed obstetric care to mitigate psychological harm and enhance postpartum recovery.

F36. TEMPORAL RELATIONSHIPS BETWEEN PRACTICE ASSIGNMENTS AND SYMPTOM CHANGE DURING TREATMENT FOR COMORBID PTSD AND MDD

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Practice assignments (i.e., homework) are a key component of evidence-based therapies for posttraumatic stress disorder (PTSD), including cognitive processing therapy (CPT). Practice assignments putatively promote symptom change, but it is also possible that symptom improvement promotes engagement in assignments (i.e., adherence) and more positive attributions of them (i.e., helpfulness). This study used repeated measures cross-lagged models to examine the temporal relationships between practice assignments (adherence; perceived helpfulness) and PTSD and depression symptom changes. Participants were 81 service members with comorbid PTSD and major depressive disorder (MDD) who received CPT or behavioral activation-enhanced CPT (BA+CPT) in a randomized clinical trial. Practice assignment data and self-reported symptoms were measured at each session. Symptom reductions during therapy predicted subsequent improvements in perceived helpfulness at the next session in both PTSD ($p = .022$) and depression ($p = .016$) models; the reciprocal relationships were not significant. Adherence and symptom change were not significantly related in either direction in PTSD or depression models. Analyses exploring treatment condition as a moderator were nonsignificant. Findings suggest it may be beneficial for clinicians to leverage therapy gains to enhance patient buy-in for practice assignments.

F37. ACCOUNTING FOR TREATMENT OUTCOMES IN PTSD: PREDICTORS OF TREATMENT RESPONSE IN WRITTEN EXPOSURE THERAPY AND COGNITIVE PROCESSING THERAPY

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Written Exposure Therapy (WET) and Cognitive Processing Therapy (CPT) are evidence-based treatments for PTSD. However, comorbid conditions may influence treatment outcomes. This study examines whether comorbid conditions moderate PTSD symptom severity outcome in WET and CPT among U.S. military servicemembers. Participants from the primary study were diagnosed with PTSD and were randomized to either CPT or WET. The two arms were non-inferior in terms of PTSD symptom outcome; thus, treatment groups were collapsed for analyses. Participants completed measures of alcohol use (Alcohol Use Disorder Identification Test), insomnia (Insomnia Severity Index), and history of head injury. Analyses were intent to treat for all participants ($N = 170$). Mixed-effects regression analysis with effects of visit, the respective comorbidity, and the respective two-way interaction were used to address study aims.

At baseline, 75.9% of participants had clinically significant sleep problems (ISI total score ≥ 15), 71.2% reported a history of head injury, and 26.5% endorsed hazardous drinking (AUDIT total score ≥ 8). Results from the three linear mixed effects regression models revealed there were no significant differences in PTSD symptom reductions following treatment based on baseline insomnia ($F=1.42$, $p=.188$), baseline hazardous drinking ($F=0.46$, $p=.886$), or head injury history ($F=0.51$, $p=.847$). There were, however, significant main effect of visit across outcomes (all p 's $< .001$), suggesting that participants had significant PTSD symptom improvements regardless of the presence of baseline comorbidity.

F38. TREATMENT OF PTSD AND COMORBID MORAL INJURY WITH AUGMENTED REALITY 3MDR THERAPY: A CASE STUDY ABSTRACT

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Rates of post-traumatic stress (PTSD), and moral injury (MI) are alarmingly high for veterans, and their comorbidity is strongly linked to increased symptom severity and suicidal ideation. This abstract covers the use of Motion-Assisted, Multi-Modal Memory Desensitization and Reconsolidation (3MDR) therapy with augmented reality (AR) for treatment of combat-related PTSD and MI.

Methods: 3MDR uses AR, physical activity, therapist dialogue, and lateral eye movement. The participant wears an AR headset and walks on a treadmill in 10 90-minute sessions divided into 3 stages: in Warm-Up and Cool-Down, participants listen to a piece of music that evokes their trauma, and another that evokes their present-day self. In Intervention, patients address trauma images and rate them on a Subjective Units of Distress Scale (SUDS). Key phrases are displayed on the image and read aloud before they fade. A dual task follows involving reading numbers on a red ball moving across the screen.

Results: George, a 39-year-old veteran, developed PTSD and MI after deploying to Iraq in 2004. After treatment, his PTSD symptoms dropped from 60 on the PTSD Checklist for DSM-5 (PCL-5) to 14, below the criteria for PTSD. His Moral Injury Symptom Scale – Military Short Form (MISS-M-SF) score dropped from 75 to 36. Improvements in insomnia,

depression, neurobehavioral symptoms, self-awareness, and sense of empowerment were also noted.

Conclusion: 3MDR via AR is a promising therapy for combat-related PTSD and MI. This case study highlights its potential to reduce barriers to care and improve outcomes for veterans though further research is needed.

F39. INVESTIGATING SHAME AS A MEDIATOR BETWEEN PTSD SEVERITY AND SUICIDAL COGNITIONS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The veteran population is known for having a high likelihood of developing PTSD (Wisco et. al, 2014), and PTSD severity has been linked to increased suicidal cognitions (Krysinska and Lester, 2010). However, mediating factors between PTSD and suicidality have not been fully identified, making their investigation vitally important. The purpose of this study was to determine whether shame was a mediator between PTSD severity and suicidal cognitions in veterans. For this study, 55 veterans residing within a northeastern VA facility, all with probable PTSD, completed a battery of self-report questionnaires. These included the PTSD Checklist-5 (PCL-5) as a measure of PTSD severity, the EGSS which includes a shame subscale, and the Suicide Cognitions Scale Revised (SCS-R) as a measure of suicidal cognition. Linear regressions found that only shame, over embarrassment and guilt, uniquely predicted to PTSD symptom severity and SCS scores, and mediated the relationship between PCL and SCS scores ($p < .05$). Thus, shame may partially explain the relationship between PTSD symptoms and prodromal suicide cognitions. This discovery has powerful clinical implications, as it indicates a need to focus on the deep-seated negative emotions experienced by veterans due to their trauma, to ensure a reduction in their suicide risk; however, future research is needed to confirm shame as a mediator.

F40. EXPLORING THE INFLUENCE OF SPIRITUALITY ON MORAL INJURY AMONG MILITARY-CONNECTED SURVIVORS OF SEXUAL TRAUMA

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult**Region** Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Nearly 7% of women and more than 1% of men report unwanted sexual contact in the military context. Experiencing a sexual assault can cause guilt, shame, and anger, with the latter being a predictor of PTSD severity. Studies associate anger, guilt, and shame with moral injury, which occurs when an individual believes they participated in, watched, or failed to stop an activity that violated their values or morals. Research suggests sexual trauma can be morally injurious, possibly due to perceived betrayal or how it is processed. Additionally, data show that spirituality can be both a protective and a risk factor for psychopathology after a sexual trauma, raising questions about its role in psychological distress after a sexual trauma. To understand the role of spirituality on symptoms of moral injury, we conducted a secondary examination of previously collected data assessing moral injury in military-connected individuals. Of 50 participants reporting experiencing sexual trauma, 31 with complete data were included in the present analyses. Results showed spirituality was negatively associated with moral injury symptoms generally ($p=.003$) and shame specifically ($p=.015$) but not guilt or aggression. If supported prospectively, findings suggest spirituality may protect some, but not all, against some of the deleterious effects of sexual traumas in military-connected individuals.

F41. BEYOND PTSD TREATMENT: ADDRESSING PERSISTENT NIGHTMARES IN MILITARY AND FIRST RESPONDERS**Emma Vester**^{*1}, Krystle Martin², Shawn Carter¹¹*Edgewood Health Network*, ²*Ontario Tech University***Track** Clinical Interventions**Primary Program Type** Clinical Intervention/Research**Presentation Level** Introductory**Population Type** Adult**Region** Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Nightmares are a prominent symptom of post-traumatic stress disorder (PTSD) that can disrupt sleep, a critical factor for health and recovery. Despite their association with PTSD, nightmares may persist even when other symptoms improve. Sleep is vital for health, but nightmares can disrupt restorative rest, even during comprehensive PTSD treatment. We explored the prevalence, severity, and persistence of nightmares among public safety personnel (PSP; e.g., police, paramedics, firefighters, correctional officers) and active/retired Canadian Armed Forces (CAF) members seeking inpatient PTSD care, including those with co-occurring substance use disorders (SUDs). The sample included 248 individuals receiving inpatient mental health treatment at a private facility in Ontario. We assessed nightmare severity and sleep quality at admission and discharge (7-9 weeks later) using the PTSD Checklist for DSM-5 (PCL-5), items #2 (nightmares) and #20 (sleep). Results showed active/retired military members had more severe nightmares than PSP. At admission, 18% of CAF and 11.8% of PSP reported extreme distress from nightmares, persisting at discharge (17% vs. 12.1%). Sleep difficulties were similar at admission (CAF: 46.9%, PSP: 48.7%), but PSP showed more improvement, with 21.3% still extremely affected at discharge vs. 28.2% of CAF. Notably, extreme nightmare distress remained unchanged despite significant improvements in other sleep issues and trauma symptoms. General sleep issues may improve with PTSD treatment, but nightmares remain persistent and treatment-resistant for many PSP and military members.

F42. FREQUENCY OF INTERVENTION UTILIZATION AND CO-UTILIZATION IN MILITARY SERVICE MEMBERS IN PTSD SPECIALTY CARE

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The Departments of Defense (DoD) and Veterans Affairs (VA) best practice guidelines recommend trauma-focused treatments (TFTs) to treat posttraumatic stress disorder (PTSD). In practice, TFTs are used in a minority of cases in VA specialty care; their frequency in DoD's behavioral health system is unknown. In this cross-sectional analysis of observational data warehoused by the Defense Health Agency, we explored the frequency and predictors of treatment use and assessed use in conjunction with other interventions for 4,637 U.S. service members receiving PTSD specialty care in the DoD Military Health System (2017–2019). TFTs were used with 10.5% of cases; chi-square tests suggested they were used significantly more often ($p < .001$) than all treatment types other than non-trauma-focused cognitive-behavioral therapy (NTF-CBT), 33.8%, $\chi^2(1) = 729.86$, $p < .001$; functioning-focused therapies, 15.8%, $\chi^2(1) = 57.02$, $p < .001$; and medication, 18.9%, $\chi^2(1) = 130.45$, $p < .001$. Multivariate regression models were significant for predicting 11 of 16 treatment types, $F(29,2893) = 1.50-4.43$, $ps \leq .001-.042$), but the predictors accounted for negligible variance ($R^2 = .01-.04$). Results indicated 21.1% of patients received treatment plans combining elements from multiple approaches. Given that service members with PTSD benefit less from psychotherapy than civilians regardless of treatment type, findings suggest a need to formalize NTF-CBT and generate observational evidence about effectiveness.

F43. TRAUMA-INFORMED LEADERSHIP (TIL) TRAINING EFFECTIVENESS IN POLICING

Jana Raver*¹, Yasemin Pacaci¹, Megan McElheran²

¹*Queen's University*, ²*Wayfound Mental Health Group*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Police are exposed to potentially psychologically traumatic events as part of their jobs, and also face unsupportive and adverse organizational cultures. To improve employee well-being and organizational culture, we developed and implemented a training intervention to improve trauma-informed leadership (TIL). We will describe TIL program development and a training evaluation study in a municipal police organization in Canada. The TIL program development was informed by clinical expertise and needs assessment interviews with 25 police leaders. Preliminary evidence of clinical effectiveness was established through a waitlist control study that surveyed two cohorts of leaders who underwent TIL training, and their followers who reported on their well-being and leader effectiveness. Results showed that leaders (n = 15) in cohort 1 demonstrated significant TIL skill improvement six weeks after training (Cohen's $d = 0.94$, $p < 0.01$). Their immediate followers (n = 20) reported a significant enhancement in their leaders' caring leadership (Cohen's $d = 0.52$, $p < 0.05$) and experiences of sanctuary trauma (Cohen's $d = 0.51$, $p < 0.05$). At 12 weeks after training, results comparing the two cohorts showed that the improvements in TIL skills (Cohen's $d = 1.15$, $p < 0.001$) and person-centered leadership (Cohen's $d = .88$, $p < .01$) persisted for cohort 1, whereas cohort 2 showed no significant changes from baseline as expected, they had not yet received the TIL training. These results support the clinical benefits of TIL training for improving employees' perceptions of being supported and cared for, and reducing sanctuary trauma

F44. THE COMPLEXITY OF INTEROCEPTIVE AWARENESS IN PTSD: IMPLICATIONS FOR INNOVATIVE INTERVENTIONS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Interoceptive awareness – multidimensional perception of bodily sensations –, crucial for emotional regulation, pain management, and anxiety control, may be both adaptive and maladaptive. Adaptive awareness enhances health, while maladaptive awareness may exacerbate distress. For instance, individuals who overly focus on bodily sensations might misinterpret these sensations as serious health issues which, combined with a lack of skills for physical self-regulation, results in health anxiety and somatization. Previous research yielded inconsistent findings, highlighting a need for further study.

Our ongoing systematic review and meta-analysis aim to clarify which aspects of interoceptive awareness are relevant for PTSD and how they can be addressed in interventions. We propose that developing adaptive interoceptive awareness is essential for PTSD patients in increasing mental health. Our interdisciplinary approach involves informing therapists, sport coaches, and other professionals about enhancing interoceptive awareness to improve mental health and prevent PTSD onset, symptoms, and relapse. Improved awareness empowers individuals, enhancing self-care and long-term outcomes.

This study underscores the potential of innovative, interdisciplinary methods to enhance PTSD treatment and prevention.

F45. DO POSITIVE MEMORY CHARACTERISTICS INFLUENCE ASSOCIATIONS BETWEEN PTSD SYMPTOMS AND RECKLESS/SELF-DESTRUCTIVE BEHAVIORS? A PILOT STUDY AMONG MILITARY VETERAN STUDENTS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Limited research indicates that posttraumatic stress disorder (PTSD) symptoms relate to reckless and self-destructive behaviors (RSDBs) in different communities. This study examined if features of positive autobiographical memories (AMs) moderate the relationship between PTSD symptom severity and RSDB engagement among student military veterans. The sample consisted of 100 trauma-exposed student veterans (Mage=38.93; 94.6% male) who completed self-report measures assessing PTSD symptoms, positive AM characteristics, and the extent of RSDB engagement. Regression analyses revealed that PTSD symptom severity was positively associated with RSDB engagement ($p < .01$). Moderation analyses revealed that the positive association between PTSD symptom severity and RSDBs was stronger at lower levels of positive AM accessibility ($b=0.21$, $p < .01$) than at higher levels of positive AM accessibility ($b=0.09$, $p < .01$). Similar trends emerged for positive AM sensory details; the association between PTSD symptom severity and RSDB engagement was stronger at lower levels of positive AM sensory details ($b=0.21$, $p < .01$) compared to higher levels of positive AM sensory details ($b=0.10$, $p < .01$). Other positive AM characteristics—emotional intensity, vividness, and distancing—did not significantly moderate the relationship. Enhanced positive memory accessibility and more sensory details recalled may protect against engagement in RSDBs among student veterans experiencing PTSD symptoms, underscoring the potential for positive memory-based interventions in clinical work.

F46. YOUR WOUND BECOMES A GIFT: EVALUATING PILOT DATA OF ACCEPTANCE AND COMMITMENT THERAPY FOR MORAL INJURY GROUP

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body This presentation describes preliminary outcomes of an interdisciplinary Acceptance and Commitment Therapy for Moral Injury (ACT-MI) group therapy that

integrates mental health and spiritual care. Over 200 Veterans participated in ACT-MI groups (N = 22) between February 2016 and September 2023. Clinical outcome measures were administered pre/post-group as part of routine care. Groups were offered virtually and in-person at three facilities within the Portland VA Health Care System. Measures included the Posttraumatic Stress Disorder Checklist-5 (PCL-5), Patient Health Questionnaire-9 (PHQ-9), Acceptance and Action Questionnaire-II (AAQ-II), and the Moral Injury Outcome Scale (MIOS). Paired samples t-tests were used to evaluate pre/post change for participants who completed measures at both time points (N = 102). Mediation analyses were completed with outcome measures that had a significant pre/post improvement. Results showed statistically and clinically significant changes in outcome measures (MIOS, PCL-5, and PHQ-9), with changes in psychological flexibility (AAQ-II) mediating change for PTSD and depression scores. The successful implementation of ACT-MI 22 times during a 7-year period, including during the COVID-19 pandemic and in both in-person and virtual formats, suggests that it has the potential to produce desirable outcomes to help Veterans with moral injury under real world conditions. This study is the first to our knowledge to report outcomes using one of the recently developed, robust moral injury measures (MIOS), making this a particularly novel contribution to the literature.

F47. ANALYZING CHANGES IN POSTTRAUMATIC GROWTH THROUGH TREATMENT

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma-related guilt is frequently conceptualized as a barrier to posttraumatic recovery. However, acknowledging and processing it can facilitate positive psychological change. Posttraumatic growth (PTG) refers to the emergence of enhanced personal strength, deeper interpersonal connections, and clarified values following traumatic experiences. This study evaluated whether Trauma Informed Guilt Reduction (TrIGR) therapy, a transdiagnostic treatment emphasizing guilt processing and aligning with values, would foster greater posttraumatic growth than Supportive Care Therapy (SCT) for 145 post-9/11 U.S. veterans seeking treatment for trauma-related guilt. Results of linear mixed modeling indicated that posttraumatic growth increased over time in both therapies, but there was no effect of treatment. While TrIGR has elements aligned with PTG, a generally supportive therapy was comparably effective in fostering these thoughts and feelings. These findings suggest that there may be multiple pathways to PTG. These may include engaging in therapy, but also may incorporate factors outside of therapy. More research is needed to understand the specific mechanisms underlying change in PTG through treatment, but engaging in therapy—regardless of its trauma-focus—may be a critical step toward promoting PTG and cultivating values-based resilience in veterans grappling with guilt.

F48. TYPE AND TIMING OF TRAUMATIC EXPERIENCES: INFLUENCES ON DISTRESS TOLERANCE

Lucas Marinack¹, **Lucy Allbaugh***², Cady Ujvari³, Avery Lytle⁴

¹*University of Wyoming*, ²*University of Dayton*, ³*University of Mississippi*, ⁴*Boston College*

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Distress tolerance (DT) capacity is strongly associated with myriad trauma-related outcomes (Berenz et al., 2017). Specific aspects of traumatic experiences, such as the type of traumatic exposure (Berenz et al., 2017) or age at the time of the event (Dunn et al., 2018), may be related to later DT, but these factors have not been systematically studied across a range of traumatic event types. The present study, with a community sample of adults, examined relations between event category (e.g., interpersonal violence, accident/injury), age at event, and perpetrator type (when applicable) on subjective DT using ANCOVA. The interaction between category and age on DT was also examined. Category of trauma was significantly related to differences in DT. Counter to expectations, interpersonal traumas were associated with higher reported DT. More cumulative trauma significantly contributed to lower DT. Neither age at first event or relationship to perpetrator(s) were significantly related to differences in DT, nor did an interaction emerge between category and timing. Findings add to understanding of how trauma may impact DT challenges, and to how this impact might vary by trauma type, which could be targeted in clinical interventions. Future directions for further investigation of the relationship between peri-traumatic factors and DT are also identified and discussed.

F49. CULTURALLY RESPONSIVE MORAL INJURY CARE: FIVE PERSPECTIVES AND LESSONS

Kent Hinkson*¹, Jeffrey Pyne², Joseph Currier³, Marcela Weber², Brandon Griffin²

¹*SC MIRECC*, ²*Central Arkansas Veterans Healthcare System*, ³*University of South Alabama*

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Moral injury can profoundly impact individuals across diverse cultural and spiritual traditions, leading to distress, identity crises, and disruptions in social and religious communities. While spiritually oriented interventions are emerging, research on moral injury care across religious and spiritual (r/s) populations remains limited. This presentation highlights case studies from five distinct traditions—Agnosticism, Islam, The Church of Jesus Christ of Latter-Day Saints (LDS), Native American spiritual ways, and Roman Catholicism—to explore moral injury symptoms, culturally congruent interpretations of suffering, and tailored intervention strategies.

By examining the intersections of mental health and spirituality, we discuss the critical role of global and interdisciplinary collaboration in preventing and treating moral injury. We

emphasize the need for trauma-informed systems that incorporate r/s competency, offering practical recommendations for integrating community-based spiritual resources with evidence-based psychotherapies. Finally, we explore innovative approaches to care that bridge gaps in trauma services, ensuring accessibility and inclusivity for diverse populations.

F50. BETWEEN TRAUMA AND CARE: UNDERSTANDING THE IMPACT OF IMMIGRATION TRAUMA AND DEPORTATION FEAR ON HEALTHCARE UTILIZATION AND PTSD SYMPTOMS

Vanessa Dominguez*¹, Jacey Anderberg¹, Carolina Garcia¹, Arthur R. Andrews¹

¹*University of Nebraska-Lincoln*

Track Mass Violence and Migration

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Examining how immigration-related trauma, deportation fear, and discrimination experiences impact healthcare utilization is critical in addressing the deep-rooted barriers preventing vulnerable populations from seeking essential care. In the Latine immigrant community higher exposure to these stressors may contribute to overall vulnerability and health care disparities. The current study examined the extent to which immigration trauma, discrimination, deportation fear, and PTSD symptoms predicted recent primary care use. Among participants (N= 202), 21.3% reported immigration trauma, and 55% indicated fear of deportation. Structural equation modeling indicated deportation fear mediated the relationship between immigration trauma and PTSD symptoms. Immigration trauma predicted deportation fear (B = 0.215, p < .05), which in turn predicted higher PTSD symptoms (B = 3.392, p < .05). However, immigration trauma did not directly predict PTSD symptoms (p-values > .05). Contrary to hypotheses, primary care use did not significantly predict fear of deportation, PTSD symptoms, or discrimination symptoms (p-values > .05). Future analyses will examine how deportation fear influences alternative healthcare-seeking behaviors (e.g. using mobile health applications). By centering trauma-related experiences, this study underscores the distinct impact of immigration-related trauma and deportation fears on Latine immigrants. Findings highlight the ongoing need for robust support systems and culturally responsive trauma-informed care.

F51. PSYCHOLOGICAL PROXIMITY TO TRAUMA AND HISTORICAL LOSS THINKING IN JEWISH AMERICAN COLLEGE STUDENTS

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Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Historical trauma can profoundly shape how individuals perceive and process contemporary events. Historical loss thinking, the frequency of reflecting on ancestral losses tied to shared identity, may be activated by reminders of historical trauma. For Jewish people, centuries of persecution, including pogroms, forced expulsions, and the Shoah, may contribute to the lens through which Jews experience contemporary loss and conflict. The October 7, 2023, Hamas attack on Israel may have activated historical loss thinking due to the scale of systematic violence against Jewish civilians and its resonance with past persecution. Research has shown that greater psychological proximity to trauma exacerbates its impact. This study examines whether relational proximity to Jews in Israel immediately following the Hamas attack is associated with more rumination about Jewish historical trauma within a diaspora sample. We hypothesize that more psychological proximity, defined as having friends or family directly impacted by the attacks, would relate to more rumination about historical losses, as indexed by the Jewish Historical Loss Scale. We analyze data from 171 Jewish American college students surveyed between November 2023 and April 2024. A Mann-Whitney U Test will examine the difference in frequency of historical loss thinking between two groups coded as proximal ($n = 129$) and distal ($n = 42$). Overall, this research explores the utility of a historical trauma lens to understand the broader psychological impacts of ongoing stressors.

F52. OVERCOMING THE LEGACY OF WAR: FACTORS THAT PROMOTE POSITIVE PARENTING AND CHILD DEVELOPMENT IN FORMER WAR-AFFECTED YOUTH IN SIERRA LEONE

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¹*Boston College*

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region West and Central Africa

Abstract Body Objective: The 11-year civil war in Sierra Leone was remarkable for its brutality, including the forced conscription of children into armed forces. The Intergenerational Study of War-Affected Youth (ISWAY), initiated at the war's end in 2002, has followed a cohort of $N=529$ former child soldiers and other war-affected youth who are now raising children. We investigated factors that promoted more positive outcomes for these caregivers and their children.

Method: We used the residuals approach (Marquez et al., 2023) to estimate a metric of resilience. This metric identifies individuals who are doing better or worse than expected, given their level of exposure to adversity. We then examined whether protective factors promote resilience, and whether caregiver resilience is associated with parenting practices and child development.

Results: Of five protective factors (social support, family acceptance, community acceptance, coping skills, and forgiveness), only forgiveness promoted mental health resilience in former-war affected youth. Eight years later, more forgiving caregivers used less violent discipline with their children while more resilient caregivers used more warm

parenting practices. Caregiver resilience was associated with better fine motor development and problem-solving skills in their children under age five.

Conclusions: Forgiveness was an important predictor of resilience in a cohort of former child soldiers and other war-affected youth. Both forgiveness and resilience were associated with healthier parenting practices and better development in their young children.

F53. FEASIBILITY OF IMPLEMENTING AND COLLECTING DATA ON SOMATIC METHODS DURING WARTIME DONBAS, UKRAINE

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Track Mode, Methods and Ethics

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body This study explored the feasibility of implementing an evaluating a mental and psychosocial health intervention based in somatic methods in the real-life context of the Russo-Ukraine war. In the context of war where lines of contact and safety travel conditions are constantly shifting, consistency in treatment is an unrealistic expectation [Jong 2014]. Research in these contexts is nevertheless valuable [Shusterman 2019]. The study described here was a rare implementation of a somatic methods intervention conducted in the most challenging of real-world circumstances on the frontlines of the Russo-Ukraine war. Project leaders taught an 8-day program in somatic methods to local mental health care providers in Ukraine's Donbas region. Twenty mental health care providers applied the somatic methods in their work with clients. The progress of clients participating in the study was tracked utilizing a software application designed for the project. Longitudinal data were collected from 460 clients between December 2020 and May 2021 and were analyzed using mixed linear models to estimate changes in client depression, PTSD, functionality, and anxiety scores, controlling for number of therapy sessions. Results indicated a significant decrease in depression, PTSD and anxiety scores and a statistically significant increase in functionality scores. The implementation of the program, data collection and evaluation were found to be feasible even under conditions of war, offering a scalable and adaptable approach to mental health care and research in conflict zones.

F54. MISTAKING CAUSE FOR EFFECT: A SCOPING REVIEW OF LATENT VARIABLE MEASUREMENT MODELS OF TRAUMA EXPOSURE

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Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Population Type Other Professionals

Region Global

Abstract Body Latent variable measurement models (LVMs), when correctly specified, reduce measurement error and improve statistical power. LVMs can be specified such that indicators are either the effects or the causes of the latent. Most psychological LVMs use effect indicators, but these may not apply to trauma exposure, given that latent trauma does not cause traumatizing experiences to occur. We conducted a scoping review of articles with LVMs of trauma exposure and examined whether these models met assumptions of causality. We followed PRISMA-ScR guidelines. We searched on PubMed and PsycINFO. Search terms included trauma exposure, traumatic events, structural equation, and measurement model. Articles were screened for inclusion of a trauma exposure LVM. Included articles were double-coded for (1) type of latent variable indicators (effect or causal), and (2) discussion of justification for type of indicators used.

A total of 86 articles, published in 50 different journals between 2005-2024, met inclusion criteria. Models included latent variables of cumulative trauma burden, childhood abuse, and discrimination, among other traumas. The vast majority of models (98.8%, $N = 85$) used effect indicators, with causal indicators representing a minority (1.2%, $N = 1$). Justification for indicator type was only present in 31.4% ($N = 27$) of articles.

Our review identified that LVMs of trauma exposure were commonly used, yet commonly misspecified with effect indicators. Misspecified models lead to harmful conceptual implications about trauma exposure and undermine statistical power, impeding efforts to map the effects of trauma.

F55. EMOTION REGULATION AND ANGER EXPRESSION IN FIRST RESPONDERS EXPOSED TO TRAUMATIC EVENTS

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¹*Northern Illinois University*

Track Professionals

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: The objective of this study was to examine how emotion dysregulation predicted longitudinal change in anger expression in a sample of first responders, and whether this longitudinal change predicted somatic symptoms.

Method: We used ($n = 246$) the Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer, 2004), State Trait Anger Expression Inventory – 2 (STAXI-2; Spielberger, 1999), and Brief Symptom Inventory (BSI; Derogatis, 1992). Surveys were administered at baseline, 6 months, and 12 months.

Results: To test our first hypothesis, we used a univariate latent growth model (LGM). The conditional unconstrained model had acceptable fit ($\chi^2(1) = 3.823$, $p = .148$; CFI = 0.992; TLI = 0.977; RMSEA = 0.066; SRMR = 0.028). The DERS- strategy subscale significantly predicted the latent intercept factor and the latent slope factor of anger expression ($\beta = 3.841$, $Z = 11.571$, $p < .001$; $\beta = -0.653$, $Z = -3.492$, $p < .001$, respectively). We then regressed 12-

month somatic symptoms onto the random effects estimates for the intercept and slope and found both to be significant predictors ($\beta_{\text{intercept}} = 0.042$, $t = 5.307$, $p < .001$; $\beta_{\text{slope}} = 0.140$, $t = 5.01$, $p < .001$, respectively).

Conclusions: The study implicates the role that dispositional emotion dysregulation has in various maintenance factors of PTSD symptoms such as anger expression, and how anger expression may influence somatic symptom presentation. Future research should investigate how longitudinal changes in anger expression predict longitudinal changes in somatic symptoms.

F56. THE ROLES OF HOPE IN COMPASSION FATIGUE AND COMPASSION SATISFACTION AMONG NURSES

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Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Other Professionals

Region Industrialized Countries

Abstract Body High workload, low staffing, and other adverse job characteristics were associated with higher rates of burnout which are then predictive of lower job satisfaction, more mistakes, and poorer mental health in nurses (Dall’Ora et al., 2020). This study examined hope, compassion fatigue, and compassion satisfaction among nurses ($n = 140$) in an online survey that included measures of hope, work-related trauma, burnout, and compassion satisfaction. A moderated mediation model was run which proposes that burnout mediates the relationship between work-related trauma and compassion satisfaction, and that hope moderates the negative effects of work-related trauma on burnout and compassion satisfaction through burnout. The effect of hope on burnout ($\beta = -1.033$, $p < .01$) was moderated by work-related trauma ($\beta = 0.173$, $p = 0.024$) such that the apparent beneficial effect of hope on burnout was largest at low levels of work-related trauma. When controlling for these two effects, the relationship between work-related trauma and burnout was not significant. Both work-related trauma ($\beta = 0.212$, 95% CI[0.060, 0.363]) and burnout ($\beta = -1.020$ [-1.179, -0.861]) contributed to compassion satisfaction. The test of moderated mediation was significant ($\beta = -0.175$ [-0.316, -0.032]). The overall effect of work-related stress on compassion satisfaction was smaller at lower levels of hope (-1SD $\beta = -0.385$ [-0.509, -0.277]) and larger at higher levels (+1SD $\beta = -0.576$ [-0.730, -0.431]). These results suggest that hope reduces burnout and increases compassion satisfaction, but these benefits diminish as exposure to work-related trauma increases.

F57. POSTVENTION STRATEGIES FOR MENTAL HEALTH CLINICIANS

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Track Professionals

Primary Program Type Vicarious Traumatization and Therapist Self-Care

Presentation Level Introductory

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Previous research indicates that 25% of outpatient mental health clinicians in the U.S. have experienced the loss of a patient to suicide. Most patients who die by suicide scheduled outpatient specialty visits 30-60 days preceding their death. Suicide greatly impacts those within the social support system of the deceased, including mental health professionals. Most data from postvention studies are collected from psychiatrists, physicians, and psychologists despite social workers and counselors representing almost 70% of the U.S. mental health workforce. This study focused on the prevalence of personal and professional suicide loss among mental health clinicians and the loss management strategies utilized. Of the N=349 participants surveyed, over half of the sample (57.84%; n=202) reported experiencing a suicide loss, 36.39% (n=127) reported experiencing a professional loss, 34.09% (n=119) reported experiencing a personal loss and 24.36% (n=90) reported supporting a colleague in their loss. Chi-square analyses demonstrated consulting with colleagues (n=63) and obtaining social support from their friends and family (n=57) were more frequently rated as “Extremely Helpful” or “Helpful” than other types of support. Results suggest that mental health clinicians need social support as an effective postvention strategy. Postvention toolkits, tailored to the unique needs of clinicians, can be formalized by mental health agencies and practices using this research data and additional research results. If implemented appropriately, clinicians, the patients they serve, and the community stand to benefit.

F58. MIXED METHODS EXAMINATION OF SECONDARY TRAUMA AMONG CLINICIANS: WHAT HELPS AND WHAT HARMS?

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Track Professionals

Primary Program Type Vicarious Traumatization and Therapist Self-Care

Presentation Level Intermediate

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body This explanatory sequential mixed methods study examined relationships between secondary traumatic stress (STS) and individual and organizational factors and explored clinicians' experiences related to STS. Clinicians (N=879) completed a cross-sectional online survey querying them about STS, individual factors (coping, life events, self-compassion, self-care, etc.), and organizational factors (workload, indirect trauma exposure, leadership, safety, workplace discrimination, culture, etc.). Binary logistic regression helped determine factors that best predict STS status, while focus groups (N=39) delved deeper into quantitative findings. Quantitative results indicated a model with five predictors was most statistically reliable in distinguishing clinically elevated STS [-2 LL=220.72, $\chi^2(5)=778.43$, $p < .001$, Nagelkerke $R^2=.791$]. The model correctly classified 90.5% of cases, and culture, safety, experiences of workplace discrimination, and leadership emerged as critical organizational factors. The qualitative analysis yielded five themes: realities of the

profession, incongruence between values and work expectations/requirements, cumulative stress, navigating occupational stressors, and organizations as facilitators or barriers to well-being. Findings suggest efforts to improve organizational safety, equity, and transparency may be particularly helpful in addressing this occupational hazard and may help differentiate those with and without clinically elevated STS. We offer strategies and considerations for providers, supervisors, and agency leaders.

F59. FACTORS ASSOCIATED WITH UNWANTED SEXUAL EXPERIENCE REPORTING BEHAVIORS AND POST-EVENT SYMPTOMOLOGY

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Track Public Health

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Unwanted sexual experiences (USEs) are prevalent among women college students and are associated with PTSD and depression, but most go unreported. It is unclear whether the methods of assault (e.g., verbal coercion vs. intoxication vs. physical force) impact reporting behaviors or psychological outcomes. Understanding these relationships may inform opportunities to facilitate formal USE reporting.

In a sample of college women, (N = 123; 68% with USE history), three multiple regressions examined relationships between USE methods and (1) reporting behaviors, (2) PTSD symptoms, and (3) depressive symptoms. USE methods did not predict PTSD symptoms ($F(4, 70) = 1.25, p = .30, R^2 = .07$), but did predict depressive symptoms ($F(3, 120) = 2.64, p = .039, R^2 = .07$) and reporting behavior ($F(3, 120) = 8.94, p < .001, R^2 = .43$). Use of verbal coercion significantly predicted more severe depressive symptoms ($p = 0.005, t = 2.885, \beta = .3$) and reduced likelihood of reporting ($p = .033, t = -2.16, \beta = -.21$).

Frequency of USE by verbal coercion, intoxication, or physical force predicted more severe depression but not PTSD. However, this accounted for only a small amount of variance and other predictors (e.g., post-USE social support) may be stronger. USEs involving verbal coercion were less likely to be reported but were associated with more severe depression, possibly due to perceiving these experiences as less “legitimate” and thereby less reportable. This warrants additional investigation, and campus resources and interventions should address misconceptions about the ‘legitimacy’ of different USEs to encourage reporting and dispel myths.

F60. EXPLORING TRAUMA-RELATED COPING: CHARACTERIZING LATENT PROFILES OF PTSD SELF-MEDICATION

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma-related drinking, cannabis use, and eating to cope with PTSD symptoms may represent distinct self-medication strategies with important clinical implications. Research on the overlap between different self-medication behaviors is limited. Examining patterns of concurrent self-medication behaviors may enhance our understanding of trauma-related polysubstance use and coping heterogeneity. This study used latent profile analysis (LPA) to identify subgroups based on three recently validated measures of PTSD-specific self-medication assessing alcohol, cannabis, and eating to cope with PTSD symptoms. Data were derived from a diverse sample of 726 trauma-exposed undergraduates (47.6% white, 38.8% black; 77.2% women). A four-class solution best fit the data. Findings suggest no distinct trauma-related drinking (TRD) class; rather, individuals engaging in TRD tended to use multiple coping means. In contrast, distinct profiles emerged for trauma-related cannabis (8.5%) and eating (11.4%). One class exhibited consistently high coping across all indicators (8.1%), while another exhibited low endorsement of all coping behaviors (72.0%). Associations between profile membership and participant characteristics (e.g., race, sex, trauma history) and clinical correlates will be discussed and comparisons to profiles of general (non-PTSD specific) coping motives will be presented. Identifying distinct profiles of PTSD-related coping behaviors may inform tailored interventions addressing risk for polysubstance use and trauma-related psychiatric and medical comorbidities.

F61. TRAUMA SYMPTOMS OF DISCRIMINATION AND ALCOHOL CRAVING AMONG BLACK ADULTS IN THE COMMUNITY

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¹*University of Pittsburgh*, ²*University of Rhode Island*

Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Introduction: Prior research has shown that Black adults experience disproportionate alcohol related harm despite lower rates of alcohol use disorder. There is evidence to suggest that race-related stress is associated with increased alcohol cravings in Black adults. However, there is a dearth of knowledge on the impact of racial trauma on alcohol cravings in this population. The purpose of the current study was to examine the momentary associations between trauma symptoms of discrimination (TSD) and alcohol craving.

Method: The sample comprised 40 Black adults recruited from the community (Mage = 41.18; 51.4% women; 14.3% Latino/a) who drank weekly and had a least one binge drinking episode in the past 30 days. Participants were asked to report on severity of TSD and intensity of alcohol cravings three times per day over the course of a 14-day ecological momentary assessment period.

Results: Dynamic structural equation modeling results indicated significant within-person cross-lagged effects of prior-interval TSD on next-interval alcohol craving ($\beta = .179$, 95% CI [.069, .284]). A significant between-person effect of TSD and alcohol craving was also found ($B = .533$, 95% CI [.078, .823]).

Discussion: Study findings indicate that greater TSD predicted more intense alcohol craving at the within-person level and greater TSD were associated with greater alcohol craving on average between individuals. Given that Black adults are at heightened risk for alcohol related harm, it is imperative for future studies to explore relevant risk factors that may mitigate this association.

F62. THE PROTECTIVE ROLE OF MINDFULNESS: NONJUDGING BUFFERS THE IMPACT OF POSTTRAUMATIC COGNITIONS ON PTSD SYMPTOMS

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Research supports the association between negative cognitions following a traumatic event and symptoms of posttraumatic stress disorder (PTSD). Identifying variables that can moderate this association may help inform strategies for buffering the impact of negative cognitions on PTSD symptoms. We conducted a cross-sectional study that evaluated facets of mindfulness and dimensions of emotional dysregulation as potential moderators of the relation between posttraumatic cognitions and PTSD symptoms. A sample of 274 undergraduate students with probable PTSD participated in an online study and completed the PTSD Checklist for DSM-5, Posttraumatic Cognitions Inventory, Five Facet Mindfulness Questionnaire, and Difficulties in Emotion Regulation Scale. Multiple regression analyses utilizing a model-building approach revealed that the mindfulness facet of nonjudging moderated the relation between posttraumatic cognitions and PTSD symptoms. Specifically, nonjudging moderated the association of PTSD symptoms with negative cognitions about the world. In both cases, greater nonjudging weakened the relation between negative cognition and PTSD symptoms. A sensitivity analysis adjusting for sex indicated that greater nonjudging buffered the association between posttraumatic cognitions and PTSD symptoms in females but not males. Findings imply that future research should leverage nonjudging as a strategy for mitigating the impact of negative cognitions on PTSD symptoms, especially among females.

F63. IMPACT OF EMOTION DYSREGULATION ON MENTAL HEALTH AND SUBSTANCE USE OUTCOMES ACROSS COLLEGE AND COMMUNITY WOMEN WITH A HISTORY OF CHILDHOOD ABUSE

Reina Kiefer*¹, Alyssa Avila¹, Jewelia Ferguson¹, Diana Ho¹, Nicole Weiss¹

¹*University of Rhode Island*

Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Emotion dysregulation is theoretically linked to experiences of childhood trauma and considered a transdiagnostic risk factor for a wide range of mental and behavioral health outcomes. However, less is known about whether the influence of emotion dysregulation on mental and behavioral health outcomes varies across different populations. Identifying such differences is critical for informing targeted interventions. The present study examined whether the associations between emotion dysregulation and mental health and substance use varied by sample type. College (N = 294) and community (N = 324) women aged 18-25 with a history of childhood abuse completed online measures assessing emotion dysregulation, mental health (i.e., depression and posttraumatic stress disorder [PTSD]), and substance use (i.e., alcohol use and related harm and drug use related harm) outcomes. Results demonstrated that greater emotion dysregulation was significantly associated with increased PTSD severity and increased drug use related harm for both the college and community samples, with stronger associations observed among community women. Emotion dysregulation was also linked to alcohol use and related harm, but only for community women. Findings suggest that, among women with a history of childhood trauma, emotion dysregulation plays a critical role in mental health and substance use outcomes, with varying impact across different populations. Targeted interventions addressing emotion dysregulation may be especially beneficial for community women, who appear more vulnerable to its negative effects.

F64. FROM SHORT-TERM PTSD TRAJECTORIES TO LONG-TERM PSYCHOSOCIAL STATE: A 20-YEAR FOLLOW-UP STUDY OF THE 921 CHI-CHI EARTHQUAKE

Jung Huang*¹, Sue-Huei Chen¹

¹*National Taiwan University*

Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body This 4-wave, 20-year longitudinal study aimed to investigate whether the trajectories of posttraumatic stress symptoms (PTSS) in the first 5 years after the Chi-Chi Earthquake, one of Taiwan's most severe earthquake on 1999, predict psychosocial health 20 years later. Methods: Residents who participated in follow-up assessments at 2, 3, and 5 years post-earthquake (n = 377, mean age = 41.82 ± 9.66 at first assessment) were included in Latent Class Mixed Model analysis to identify possible PTSS trajectory subgroups. The 4th-wave follow-up was conducted 20 years post-earthquake (n = 101, mean age = 60.42±7.96). Intergroup comparisons of psychosocial health at the 20-year follow-up were examined using the Kruskal-Wallis Test based on earlier PTSS trajectories. Results: PTSS within first five

years were categorized into three trajectories, i.e., chronic, recovered, and resilient. The 3 subgroups differed significantly in PTSS, core assumptions, negative social acknowledgment, and rumination at 20th year post earthquake, but not in social support, positive social acknowledgment, disclosure, or posttraumatic growth. Conclusions: This finding suggests that individuals following different early post-trauma trajectories exhibit distinct psychosocial outcomes about two decades later. This highlights the lasting impact of early posttraumatology on long-term psychosocial well-being.

F65. THE MODERATING EFFECT OF PSYCHOSOCIAL CHARACTERISTICS AND MENTAL HEALTH SYMPTOMS ON THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND RESILIENCE

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Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Research has consistently shown social support predicts resilience and mental health outcomes among veterans. There is also evidence that a variety of psychosocial factors differentially affect the ways in which social support is expressed or received, but the extent to which such factors influence the effect of social support on resilience is not well understood. We examined whether social support predicts resilience in a national sample of U.S. veterans, as well as whether that relationship is moderated by psychosocial characteristics (racial and ethnic identity, sex, income, perceived neighborhood disorder) and mental health characteristics (PTSD and depression symptoms). Participants were 3,060 veterans oversampled from high crime communities who completed self-report measures. We found a positive correlation between social support and resilience. Race and depression moderated this relationship, such that it was weaker for those with a minoritized racial or ethnic identity and those with higher levels of depression. Sex, income, perceived neighborhood disorder, and PTSD symptoms did not moderate this relationship. Findings suggest that social support may not be as protective when it comes to resilience for veterans with minoritized racial/ethnic identities and higher depressive symptoms, potentially due to other adverse experiences contributing to lower resilience among these groups.

F66. PERCEPTIONS OF COPING AND SERVICES AFTER SEXUAL VIOLENCE AMONG SEXUAL MINORITY WOMEN AND GENDER DIVERSE SURVIVORS

Selime Salim*¹, Alexandra Brockdorf², Ashlyn Kievit², Emily Tilstra-Ferrell², Christine Hahn²

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

Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult**Region** Industrialized Countries

Abstract Body Sexual minority women (SMW) and transgender and gender diverse (TGD) people experience higher rates of sexual violence (SV) compared to heterosexual, cisgender people. National estimates indicate 46.3% of lesbian women, 68.8% of bisexual women, and 47% of TGD people experience lifetime SV. Experiences of SV and identity-based minority stressors (e.g., discrimination, stigma) contribute to mental health and alcohol use disparities among SMW and TGD people compared to heterosexual, cisgender people. The current study aimed to evaluate SMW and TGD survivors' perceptions of coping resources, service barriers, and alcohol use after SV. Participants (n=16 SMW, n=10 TGD; Mage=28.9 [SD=8.7]; 50% racial and/or ethnic minority; all reported adult SV) completed individual interviews as part of a larger study gathering feedback on a web-based screening and brief intervention tool for alcohol use after SV tailored for LGBTQ+ people. Qualitative interview data is being analyzed via thematic analysis. The initial round of coding identified three overarching themes that will be described: 1) affirmative and tailored services for LGBTQ+ survivors (e.g., representation of diverse SV experiences), 2) barriers to treatment after SV (e.g., LGBTQ+ discrimination and bias), 3) reasons for drinking after SV (e.g., lack of support systems that can be protective for LGBTQ+ people). Results provide insights into SMW and TGD survivors' perceptions of coping, affirmative services, and service barriers after SV. Findings identify areas for future intervention development and tailoring for this underserved population of survivors.

F67. DISCRIMINATION AND POSTTRAUMATIC STRESS DISORDER AMONG ADULTS NATIONALLY IN THE UNITED STATES: THE MODIFYING EFFECTS OF GENDER AND RACE/ETHNICITY**Jeniska Rivera-Galarza***¹, Sara Kelley¹, Courtenay Cavanaugh¹¹*Rutgers University***Track** Public Health**Primary Program Type** Culture/Diversity**Presentation Level** Introductory**Population Type** Adult**Region** Industrialized Countries

Abstract Body Little is known about whether the associations between gender discrimination-PTSD or racial discrimination-PTSD vary by gender and race/ethnicity. This study examined whether the associations between past-year gender or racial/ethnic discrimination and PTSD varied by gender and race/ethnicity. Methods: Data was used from participants in a national survey who identified as White, Black, or Hispanic (n=32,901). Logistic regression tested effects between gender discrimination, racial/ethnic discrimination, gender, and race/ethnicity with PTSD, and three-way interactions (i.e., gender discrimination-gender-race/ethnicity and racial/ethnic discrimination-gender-race/ethnicity) while controlling for covariates. Results: Three-way associations between both gender discrimination, gender and race/ethnicity and racial/ethnic discrimination, gender, and race/ethnicity with PTSD were significant ($p < .001$). Gender and racial-ethnic stratified analyses revealed gender moderated the following associations: a) gender discrimination and PTSD among Hispanics and b) racial discrimination and PTSD among Black adults. Specifically, gender discrimination was associated with significantly greater odds of PTSD

for Hispanic females than males (AOR=2.08 for Hispanic females versus AOR=1.04 for Hispanic males). Racial/ethnic discrimination was associated with significantly greater odds of PTSD for Black females than males (AOR=2.28 for Black females versus AOR 1.99 for Black males). Conclusions: Findings suggest the need for more research to understand the epidemiology of discrimination and PTSD.

F68. INTIMATE PARTNER VIOLENCE MODERATES THE ASSOCIATIONS BETWEEN CHILD NEGLECT AND POSTTRAUMATIC STRESS DISORDER, BUT NOT CHILD ABUSE AND POSTTRAUMATIC STRESS DISORDER, AMONG SEXUAL MINORITY WOMEN

Reese Mabolis*¹, Molly Skelly¹, Courtenay Cavanaugh¹

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Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Sexual minority women are disproportionately affected by posttraumatic stress disorder (PTSD) and risk factors for PTSD including child abuse, child neglect, and intimate partner violence (IPV). However, little is known about whether the associations between child abuse or child neglect and PTSD vary among sexual minority women who have also experienced IPV. This study examined whether IPV moderated the impact of child abuse or child neglect on PTSD among sexual minority women. Data was used from the National Epidemiologic Survey on Alcohol and Related Conditions who identified as female and either gay/lesbian, bisexual or unsure (n=402). Logistic regression tested associations between child abuse, child neglect, and IPV with PTSD as well as the child abuse-IPV and child neglect-IPV interactions. IPV moderated the associations between child neglect and PTSD, but not child abuse and PTSD. Child neglect was associated with significantly lower odds of PTSD (AOR=0.31, $p < .05$; 95% CI=.14, .68) among sexual minority women with a history of IPV compared to sexual minority women without a history of IPV. For sexual minority women without a history of IPV, child neglect was associated with greater odds of PTSD (AOR=1.98, $p < .05$, 95% CI=1.28, 3.06). For sexual minority women with a history of IPV, child neglect was associated with lower odds of PTSD, but the finding did not reach statistical significance (AOR=0.62, $p=ns$). Findings suggest that the association between child neglect and PTSD is stronger among sexual minority women who have not experienced IPV. Additional studies are needed to replicate and extend these findings.

F69. PERCEIVED JUSTIFICATIONS FOR SEXUAL COERCION TOWARDS A HETEROSEXUAL OR BISEXUAL COLLEGE WOMAN: INTERACTION EFFECTS OF TRAITS ASSOCIATED WITH SEXUAL AGGRESSION BY CONDITION

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Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Bisexual women are at high risk for sexual assault (SA) (Ford and Soto-Marquez, 2016). One possible explanation for their increased risk is that sexually aggressive men perceive bisexual women as more sexually available, thereby perceiving sexual coercion as justifiable. This study examined whether scoring high on traits associated with sexual aggression (Malamuth et al., 1995) were associated with perceptions of the woman as more sexually available and greater justifications of sexual coercion when she was described as bisexual relative to heterosexual. Participants were heterosexual undergraduate men (N = 117, M age = 19.53) who read a hypothetical vignette, rated items assessing justification for sexual coercion and perceptions of the woman's sexual availability, and completed measures that evaluated impersonal sex, violence attitudes, and hostile masculinity. Binary logistic regressions were used to analyze the data. For every unit increase on the SD summary score, participants were 24.6% more likely to strongly disagree with trying again to take off the woman's shirt if the woman was described as bisexual. Additionally, for every unit increase on the AIV item's Likert scale, participants were 241.2% more likely to strongly disagree with trying again to take off the woman's shirt if the woman was described as bisexual. Men high in SD may be less sexually motivated to pursue bisexual women given they judged bisexual women as more promiscuous relative to heterosexual women (as assessed by the BIAS-f; Friedman et al., 2014). Future research is needed to elucidate mechanisms that increase bisexual women's risk for SA.

F70. SUPPORTING PERINATAL WELLBEING IN THE MIDST OF DISASTER: LESSONS LEARNED FROM RIO GRANDE DO SUL, BRAZIL

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Track Public Health

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent **Region** Latin America and the Caribbean

Abstract Body The objective of this presentation is to examine the disproportionate impact of extreme weather events on maternal and child health during the perinatal period, with a focus on the May 2024 floods in Rio Grande do Sul, Brazil. Torrential flooding affected 90.9% of the state's municipalities, disrupting 452 regions and exacerbating existing socioeconomic inequalities. The abrupt destruction of homes, personal belongings, and access to essential resources placed an immense burden on women, who were forced to navigate the complexities of maintaining family stability amid an environmental crisis. We will present qualitative data from the "Change to Grow" project, which focuses on the psychosocial experiences of young mothers and their children in southern Brazil during this period. The data highlights the significant emotional distress caused by the disaster. One woman described, "I cried a lot from anxiety. My husband told me, 'Pack [my baby's] things because we're going to have to leave.' How am I going to raise my daughter like this? Her things will all be ruined. I've been having so many anxiety attacks." We emphasize the

urgent need for gender-responsive disaster preparedness and recovery policies, which ensure equitable support for women and children in disaster-affected areas. Such policies should address both immediate relief needs and long-term mental health outcomes for vulnerable populations. Furthermore, we will explore opportunities and systemic challenges within the Brazilian healthcare system that could be leveraged to provide more effective support to mother-child dyads surrounding disaster events.

F71. CONTACT SEXUAL VIOLENCE AND PSYCHOLOGICAL DISTRESS ACROSS 42 COUNTRIES: AN EXAMINATION OF COUNTRY-LEVEL INCOME AND OTHER POTENTIAL MODERATING FACTORS

Arielle Scoglio*¹, Beáta Bóthe², Ariel Kim³, ISS Author Consortium⁴, Shane Kraus⁵

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Track Public Health

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Adult

Region Global

Abstract Body Despite the prevalence of sexual violence globally, there are significant gaps to estimates of sexual violence prevalence particularly in low- and middle-income countries. Sexual violence has been linked to significant psychological distress. This study examined how symptoms of psychological distress differed based on contact sexual violence exposure across 42 countries included in the International Sex Survey. Sexual violence rates were high across all measured countries, but higher in the middle-income countries compared to high-income. Middle-income countries also had higher average psychological distress. Exposure to sexual violence in childhood ($b = 2.29, p < 0.001$), adolescence or adulthood ($b = 2.61, p < 0.001$), and both ($b = 3.34, p < 0.001$) were significantly and positively associated with psychological distress, adjusting for sociodemographic factors and country-level income. Sexual and gender minority participants were at increased risk of psychological distress following sexual violence exposure. Factors at the individual and country level are implicated in risk of psychological distress and should be examined further in research and warrant attention in mental health practice. Solutions which scale mental healthcare in low-resourced areas and policies which destigmatize sexual violence disclosure and prioritize accountability for sexual violence crimes are needed.

F72. GRATITUDE AS A CONCURRENT AND PROSPECTIVE MEDIATOR FROM POSTTRAUMATOLOGY TO POSTTRAUMATIC GROWTH: A STUDY OF THE 921 CHI-CHI EARTHQUAKE IN TAIWAN

Yi-Ling Lai*¹, Sue-Huei Chen¹

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult**Region** East Asia and the Pacific

Abstract Body Natural disasters have a profound impact on survivors, leading to the development of posttraumatic stress symptoms (PTSS) in substantial portion of survivors. Gratitude has been documented as a protective factor against PTSS. It is speculated whether gratitude could bring up long-term post-traumatic growth (PTG). This longitudinal study aimed to explore whether gratitude may play a concurrent and prospective mediating role between PTSS and PTG. Participants who were 104 survivors residing in the epicenter of the 921 Chi-Chi Earthquake that was the most deadly disaster in Taiwan, with 71.4% female and a mean age of 36.53 years ($SD = 9.72$) completed the Posttraumatic Stress Response Inventory (PTSRI) two years after the earthquake (T1). They were followed up at the 20th year of the earthquake (T2), with the PTSRI, Gratitude Questionnaire, and Posttraumatic Growth Inventory-X. All data were collected at a face-to-face and individual base. Using process model, first, a concurrent mediation model at T2 was resulted with PTSS, mediated by gratitude, predicted PTG. Concerning long-term prediction, PTSS at T1 yielded no direct effect on PTG at T2. Instead, PTSS at T1 negatively predicted PTG at T2 via a serial mediation path from PTSS at T2 then gratitude at T2. The findings highlight the importance of gratitude for positive posttraumatic transformation. Thus, implanting gratitude program may be an effective intervention not only for concurrent but also for a very long-term facilitation of PTG. Future research on psychological mechanisms of gratitude in PTG is suggested, especially under a collective context of natural disaster.

F73. INVESTIGATING THE ROLE OF TRAUMA-RELATED MENTAL CONTAMINATION AND RECENT SEXUAL VIOLENCE IN UNDERSTANDING SYMPTOMS OF ANXIETY AND DEPRESSION AMONG YOUNG ADULT WOMEN**Jordyn Tipword***¹, Christal Badour²¹*Medical University of South Carolina*, ²*University of Kentucky***Track** Public Health**Primary Program Type** Public Health**Presentation Level** Introductory**Population Type** Adult**Region** Industrialized Countries

Abstract Body Objective: Mental contamination (MC; a sense of dirtiness that occurs without contaminant contact) is common after sexual violence (SV) and may be especially relevant to mental health concerns during early recovery after SV. However, work testing relations among MC, anxiety, and depression is limited and has been largely cross-sectional. Method: This study tested cross-sectional and prospective relations among trauma-related MC, recent (past-year) SV, and symptoms of anxiety and depression among a sample of young women ($N = 140$; $MAge = 19.77$, 84.3% White). Women completed a baseline survey that assessed SV prior to the past year, recent SV, trauma-related MC, and symptoms of anxiety and depression, as well as a second survey one month later. Results: Separate multiple linear regression models tested main and interactive effects of MC and recent SV (Yes/No) as correlates of depression and anxiety and predictors of subsequent depression and anxiety. Covariates included age and SV prior to the past year. Baseline scores for the outcome of interest were covaried for in prospective models. Trauma-related MC was associated with more severe concurrent and subsequent depressive symptoms ($Bs = 0.13-$

0.17, $p = .01$). Recent SV was associated with less severe concurrent ($B = -3.18$, $SE = 1.22$, $p = .01$) – but not subsequent ($B = 0.64$, $SE = 1.03$, $p = .53$) – anxiety. Other main and interactive effects of interest were nonsignificant. Conclusions: Trauma-related MC may be more relevant to symptoms of depression than anxiety post-SV. Future work should assess MC and depressive symptoms in daily life to explore dynamic relations among them post-SV.

F74. TRAUMA AND POST-TRAUMATIC OUTCOMES: HIGHLIGHTING THE ROLE PLAYED BY EXPOSURE AND CONNECTEDNESS TO NATURE

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Traumatization has been shown to have long-term detrimental effects on an individual's well-being. Although available treatment modalities have been well-established among clinically diagnosed samples, there is limited representation of trauma experiences within the general population. Further, current interventions remain inaccessible for individuals who lack adequate resources. This study explores whether nature could be a public health resource for non-clinical samples who may have experienced Potentially Traumatic Events (PTEs). Specifically, this quantitative and cross-sectional research investigates how exposure to and connectedness with nature may play a moderating role in the relationship between exposure to PTEs and C-PTSD symptoms. Based on G*Power calculations, we recruited $N = 70$ participants. Participants filled out an online survey comprising the Life Events Checklist, Complex Trauma Inventory, and Connectedness to Nature Scale. The participants' exposure to greenspace was calculated using satellite imagery of reported zip codes (Normalized Difference Vegetation Index). The results indicate that while exposure to PTEs was a significant predictor of C-PTSD symptoms, this association is not moderated by Connectedness to Nature or Green Space Exposure. Although previous literature has linked nature exposure to positive mental health outcomes, especially in the case of stress recovery, our study finds that this association does not replicate in the case of adverse post-traumatic outcomes, wherein nature-related variables do not play a role in predicting or moderating C-PTSD symptoms.

F75. TWO FACES OF TRAUMA: RESILIENCE AND VULNERABILITY IN ISRAELI CIVILIANS AFTER A YEAR OF CONFLICT

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Middle East and North Africa

Abstract Body Background: The mental health impact of war on Israeli civilians has been well-documented, with studies showing that mental health symptoms spike during security escalations. Research suggests that resilience moderates the severity of mental health symptoms, while prior trauma exposure increases vulnerability to anxiety and depression. Since October 7, 2023, Israel has been experiencing a prolonged conflict involving frequent attacks, widespread military enlistment, and hostage situations, creating sustained trauma and stress for citizens.

Objective: To assess trauma exposure, mental health, and resilience at individual, community, and national levels among Israelis after a year of ongoing war.

Method: In August 2024, an survey was disseminated to the Israeli population.

Results: Of 1,928 respondents (mean age 51, 79% female), a third reported past war or terror-related trauma exposure. Recent trauma exposures included rocket fire threats (60%), a family member in the military (40%), exposure to distressing images (35%), and knowing someone deceased/ missing/ in captivity (25%). Participants expressed high levels of perceived danger and mental health symptoms. While personal and community resilience were moderate to high, national resilience was lower. Mental health symptoms negatively correlated with age and national resilience, with higher prevalence of symptoms among women and previously trauma-exposed individuals. Clustering analysis yielded two distinct groups; 'Susceptible' and 'Resilient', which differ in trauma exposure.

Conclusions: Ongoing trauma in Israel is associated with mental health challenges and underscores the importance of understanding resilience across different levels and examining their interrelationships. Our results raise new insights on trauma exposure and its influence on resilience in Israel.

F76. MENTAL HEALTH CARE FOR FIRE-AFFECTED COMMUNITIES IN LOS ANGELES: BUILDING A MORE ROBUST MONITORING PLATFORM IN A COMMUNITY-BASED ORGANIZATION

Dan Lakin*¹, Kristopher Stevens¹

¹*Pacific Clinics*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Climate change has led to increased incidence of natural disasters, which in turn exacerbates the burden of psychological distress and trauma in the affected population. Recent fires in Los Angeles County have brought this issue to national attention in the US. Community-based mental health organizations in the area are well-positioned to monitor changes in clinical features, treatment access, and trauma-related psychological sequelae within such contexts, but are often under-resourced. This paper examines the effect of proximity to the fire on mental health symptoms, service utilization, and crisis events among clients who lived within three miles of the fire. It also examines demographic, clinical, and

social factors that might predict increased behavioral health risks and service needs, and implements machine learning models efficacy in identifying at-risk clients based on clinical and geospatial data. Analyses are based on data from 419 clients within three miles of the fire, including 34 within the fire perimeter. These clients will be monitored over time to assess the impact of the fire on their well-being. Findings from this study will inform disaster response strategies and guide targeted interventions within our agency and beyond to support at-risk clients more efficiently, effectively, and equitably. How these data have been used to change treatment planning and agency policy will be discussed, along with challenges and limitations of surveillance in these settings.

F77. GUN ATTITUDES AMONG TRAUMA-EXPOSED INDIVIDUALS: DO TRAUMA TYPE OR SYMPTOMS MATTER?

Rachel Wamser¹, Jessilyn Froelich¹, **Julia Richardson***¹

¹*University of Missouri - St. Louis*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Gun violence is a pressing public health crisis, yet little research examines how trauma exposure and posttraumatic stress disorder (PTSD) symptoms shape gun attitudes. An initial study reported that cumulative trauma, but not PTSD symptoms, was related to specific gun beliefs, (Wamser-Nanney et al., 2021). No studies have examined how both specific trauma types and related PTSD symptom clusters are associated with gun perceptions. The present study investigated: 1) how non-interpersonal and interpersonal trauma exposure were related to three types of gun beliefs (i.e., rights, offering protection, deterring crime), and 2) the links between the PTSD symptom clusters and gun attitudes among 478 students (Mage = 23.82, 79.2% women, 57.4% white). Results differed by type of gun beliefs. Males endorsed more pro-gun rights beliefs and the perception that guns deter crime. Non-interpersonal and interpersonal trauma exposure were unrelated to gun beliefs. Higher levels of PTSS were tied to the perception that guns offer protection, but not gun rights and crime beliefs. Intrusion symptoms corresponded with believing that guns deter crime, whereas the other clusters were unrelated. Thus, specific PTSD symptom clusters, rather than trauma exposure, may shape perceptions of gun utility. Addressing these attitudes in clinical and policy contexts may offer avenues to reducing gun violence.

F78. THE EFFECT OF POSTTRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY ON HEALTH RISK-TAKING BEHAVIORS AND FUNCTIONAL IMPAIRMENT IN WOMEN WITH A HISTORY OF INTIMATE PARTNER VIOLENCE

Brigitta Beck*¹, Kyle Hatcher¹, Shantel Horne¹, Elisabeth McLane¹, Reagan Fitzke¹, Colin Mahoney¹

¹*University of Colorado at Colorado Springs*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body In the United States, 40% of women experience lifetime intimate partner violence (IPV), defined here as physical and/or sexual violence from an intimate partner (Smith et al., 2017). IPV increases the risk of traumatic brain injury (TBI), with IPV-related TBI affecting 33% to 75% of women IPV survivors (Fortier et al., 2022; Valera and Kucyi, 2017). Additionally, 51% to 80% of these survivors are diagnosed with posttraumatic stress disorder (PTSD) (Woods et al., 2000). Among military populations, combined TBI and PTSD lead to higher disability rates and increased health risk-taking behaviors (e.g., substance misuse,) leading to further functional impairment (James et al., 2014; Lippa et al., 2015; Tariq and Gupta, 2023). There is a gap in research on how these conditions interact in women IPV survivors. The present study explores if the combination of TBI and PTSD results in more engagement in health risk-taking behaviors and more functional impairment in comparison to either condition alone or the control group (i.e., no PTSD/no TBI). A series of Analysis of Covariance (ANCOVA) models will be conducted to determine if there are significant differences across four health risk-taking behaviors and functional impairment across groups while controlling for childhood trauma. Data collection was recently completed, and we anticipate the results will likely inform existing etiological theories and promote the development of innovative and personalized interventions for women survivors of IPV. This presentation will discuss the study's methodology, primary results, and clinical implications.

F79. THE EFFECT OF EMPATHY, SELF-CONSTRUAL, AND COPING SKILLS ON MEDICAL AND PHYSICIAN ASSISTANT STUDENTS' EXPERIENCE OF COMPASSION FATIGUE

Katelyn Guecco¹, **Clare Henn-Haase***¹

¹*CSPP Alliant International University*

Track Public Health

Primary Program Type Vicarious Traumatization and Therapist Self-Care

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Compassion fatigue or secondary traumatic stress (STS) in the medical field gained increasing attention since the COVID-19 pandemic, resulting in burnout and emotional exhaustion for medical professionals. This study aimed to explore the effects of cognitive and affective empathy, self-construal, and coping styles on medical and physician assistant students' STS. Participants (N=61) were assessed using the Interpersonal Reactivity Index, Brief Cope, Secondary Traumatic Stress, and Self-Construal Scales. Findings indicated interdependence predicted cognitive empathy [$F(1, 49) = 4.481, p < 0.05$]. Results supported the hypothesis for cognitive empathy as a predictor of overall compassion fatigue [$F(1, 60) = 4.630, p < 0.05$]. The moderating effect of interdependence on the relationship between cognitive empathy and STS was supported; interdependent self-construal type increased the vulnerability to developing compassion fatigue [$F(2, 48) = 4.009, p < 0.05$]. Problem-focused coping was not a protective factor for STS. Results indicate that engaging in cognitive empathy alone is a risk factor for developing STS symptoms, and an interdependent

relational type increases the risk. This information highlights the need for further assessment and psychoeducation training for healthcare students to include self-construal and cognitive empathy as risk factors of STS.

Saturday, September 20, 2025

10:45 a.m. - 12:00 p.m.

Poster Session 4 Presentations

S1. LONGING AND LOSS: THE ROLE OF YEARNING IN THE RELATIONSHIP BETWEEN DEATH IMAGERY AND PROLONGED GRIEF

Isabelle Watters*¹, Emily Velandia¹, Aglaia Margaris¹, Joah Williams¹

¹*The University of Memphis,*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Death imagery refers to intrusive thoughts related to details of a loved one's sudden passing. In previous research, death imagery has been associated with more complicated reactions to grief, such as prolonged grief. Prolonged grief involves yearning (or intense longing) for a deceased loved one, emotional distress, and functional impairment, lasting at least 12 months after experiencing loss. The role of yearning as a potential mediator between death imagery and prolonged grief has yet to be fully examined. To examine the relationship between death imagery (Dying Imagery Scale-Revised scores), yearning (Yearning in Situations of Loss Scale scores), and prolonged grief (Prolonged Grief Disorder-13 Scale scores), a mediation analysis was conducted, using the PROCESS macro, Model 4. The sample was composed of individuals who endorsed a history of sudden loss (N = 254; Mage = 34.10 years, SD = 10.53; 57.2% male, 74.4% White), who were recruited from Amazon Mechanical Turk System. The analysis revealed that yearning significantly mediated the relationship between death imagery and prolonged grief (b = .22, SE = .04, 95% CI [.15, .31]). The direct effect was also significant (b = .48, SE = .04, p = .000), which suggests partial mediation. These findings indicate that death imagery influences the experience of prolonged grief both directly and indirectly through its effect on yearning. Considering this, grief treatments may benefit from addressing both yearning and death imagery. Additional implications and future directions will be discussed.

S2. RELATIONSHIP BETWEEN ALCOHOL USE, PTSD SEVERITY, AND TRANSDIAGNOSTIC FACTORS IN A TRAUMA EXPOSED SAMPLE

Benjamin Helms*¹, Ruby Charak², Brianna Byllesby³

¹*Kaleidoscope Youth Center*, ²*University of Texas Rio Grande Valley*, ³*University of South Dakota*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The relationship between alcohol use, posttraumatic stress disorder (PTSD), and anxiety is well-established (Hawn et al., 2020); however, identifying potential moderators may provide greater nuance to understanding symptom maintenance. Negative urgency (NU) and emotion regulation (ER) have been linked as moderators for PTSD and alcohol use (Weiss et al., 2015; McGuire et al., 2021). As recommended by McGuire et al. (2021), this study explored the connections between alcohol and PTSD while additionally considering NU and ER as moderators. Participants of this study were 206 trauma-exposed undergraduate students (age $M=19.34$; 72% female, 5% gender diverse; 72% White). We examined NU (UPPS) and ER (DERS-SF) as moderators in the relationship of alcohol use (AUDIT; predictor) and the outcomes of PTSD (PCL-5) and anxiety (HADS) using the Hayes PROCESS Macro. We found NU, but not ER, moderated the relationship between alcohol use and PTSD $F(3, 199) = 13.18, R^2 = .166, p < .001, R^2\Delta = .021$. Simple slopes analysis found the strongest relationship at high NU. There was no significant interaction predicting anxiety symptoms, despite strong bivariate relationships. Results suggest a distinct, unique interaction for NU/impulsivity that may sustain alcohol use and PTSD symptoms, and it is more specific than the broader construct of ER.

S3. PREVALENCE OF STRESSFUL LIFE EVENTS AND THEIR ASSOCIATION WITH MENTAL HEALTH OUTCOMES IN INDIVIDUALS WITH DOWN SYNDROME

Ruth Brown¹, Elizabeth Liffley*²

¹*Virginia Commonwealth University*, ²*Michigan State University*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult **Region** Industrialized Countries

Abstract Body People with intellectual and developmental disabilities are exposed to higher rates of trauma and stressful experiences but are often excluded from research. This study explores the prevalence, types, and impact of traumatic and stressful life events (SLEs) among people with Down syndrome, the most common genetic cause of intellectual disability. A cross-sectional study of 109 participants assessed 21 SLEs over two years using the Psychiatric Assessment Schedule for Adults with Developmental Disability (PAS-ADD) SLE checklist (Moss et al., 1998), as well as 82 life events over 1 year using the Life Events Questionnaire (LEQ; Norbeck, 1984).

Mental health outcomes were measured via the PAS-ADD, NIH Toolbox Emotion Battery (Salsman et al., 2013) and the Glasgow Depression (Cuthill et al., 2003) and Anxiety Scales (Mindham and Espie, 2003). Higher PAS-ADD SLE scores were significantly correlated with increased perceived stress ($p = 0.029$) and depressive and anxiety symptoms ($p < 0.05$).

Those with depression had significantly higher SLE scores ($p = 0.036$). The Mann-Whitney

U tests revealed that those with a depression diagnosis reported significantly more SLEs on the LEQ than those without a depression diagnosis ($p = .020$), and similarly, those with an anxiety diagnosis reported significantly more events than those without ($p = .010$). Additional analyses exploring the impact of event type (e.g., potentially traumatic event versus SLE) will be presented in the final presentation.

These findings emphasize the need for routine screening and targeted mental health interventions for people with Down syndrome.

S4. DEVELOPMENT AND VALIDATION OF A SCALE TO ASSESS TRAUMA-SPECIFIC SUBSTANCE USE COPING MOTIVES

Kelly Dixon*¹, Andrew Lac¹

¹*University of Colorado at Colorado Springs*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The self-medication hypothesis is a theoretical framework that could be applied to explain the comorbidity between posttraumatic stress disorder (PTSD) and problematic substance use. The present study sought to develop and validate a novel multidimensional scale for the assessment of substance use coping motives related to trauma. In Study 1 ($N = 326$), an initial set of Likert-type questionnaire items representing an array of trauma-related substance use motives was created and administered, and exploratory factor analysis (EFA) using oblique rotation was performed. A correlated four-factor structure consisting of cognitive-affective motives, physiological motives, sleep motives, and social motives was exhibited. In Study 2 ($N = 261$), confirmatory factor analysis (CFA) cross-validated both a correlated four-factor structure ($CFI = .99$, $TLI = .99$, $RMSEA = .05$) and a five-factor higher-order structure comprising of four subordinate factors and one superordinate factor ($CFI = .99$, $TLI = .98$, $RMSEA = .05$). In tests of convergent and discriminant validities, the four coping motive subscales evidenced differential correlations with subscales of alcohol and drug use motives and correlated with higher PTSD symptom severity, PTSD-related functional impairment, alcohol use severity, and drug use severity. The final 31-item Motives for Using Substances for Trauma Coping (MUST-Cope) advances empirical support for the self-medication hypothesis as an instrument to aid clinicians and researchers in identifying specific functional motives for substance use that can be targeted in psychosocial treatments.

S5. A CONFIRMATORY FACTOR ANALYSIS OF THE POSTTRAUMATIC AVOIDANCE BEHAVIOUR QUESTIONNAIRE IN A CROWDSOURCED SAMPLE OF U.S. VETERANS

Aglaia Margaris*¹, Meghan McDevitt-Murphy¹, Spencer Layton¹, Brooke Buckley¹, Emily Velandia¹

¹*University of Memphis*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Avoidance is a key feature of PTSD that likely serves to maintain the syndrome via negative reinforcement. The Posttraumatic Avoidance Behaviour Questionnaire (PABQ) was developed to address limitations pertaining to the measurement of PTSD-related avoidance. To date, the factor structure of the PABQ has not been validated in a sample of veterans. We utilized confirmatory factor analysis to examine the seven-factor structure of the PABQ (Visual Reminders, Trauma-Related Thoughts, Agoraphobia, Feeling Unsafe at Home, Sleep, Social Interaction, Sensory Reminders) compared to a unidimensional model of avoidance. Participants were U.S. veterans (N = 302; Mage = 46.06 years, SD = 12.46; 69.5% male; 74.5% White) who were recruited from Prolific, a crowdsourcing platform. The global fit criteria suggested a better model fit for the seven-factor model compared to the one-factor model. Local fit indicators corroborated the global findings as the one-factor model only had two indicators that contributed meaningfully to the factor. In contrast, all indicators loaded strongly onto their respective subscales on the seven-factor model (standardized estimates ranged from 0.79 ($p < .001$) to 0.97 ($p < .001$)), apart from one item. The results suggest that the seven-factor model provides a significantly better fit to the data, which is notable as PTSD-related avoidance has been broadly conceptualized as unidimensional. Associations between PTSD symptom clusters and PTSD-related avoidance will also be reported. Implications of assessing domain-specific avoidance and potential applications of the PABQ will be discussed.

S6. ACCURATE DETECTION OF COMPLEX PTSD: SENSITIVITY AND SPECIFICITY IN TRAUMA ASSESSMENT METHODS

Colette Smart¹, Nazanin Babaei¹, **Mitchell Gaudry***¹

¹*University of Victoria*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Complex PTSD (C-PTSD) tends to be more chronic and debilitating compared to classical PTSD. Inaccurate diagnosis can delay appropriate treatment, further prolonging functional impairment. This is further compounded by the fact that only the ICD-11 recognizes C-PTSD, but not the DSM-5.

In the current study, N = 112 participants were recruited online and completed a battery of self-report measures including the Posttraumatic Checklist for DSM-5 (PCL-5), as well as the International Trauma Questionnaire (ITQ) for ICD-11 and the WHO-Adverse Childhood Experiences Scale (ACEs).

The relative frequencies of individuals' diagnoses on both measures differed significantly from what was expected (Pearson $\chi^2 = 25.5$, $p < 0.001$). Of the 51 people with PTSD on the

DSM-5, ITQ scores indicated that 18 were better classified as C-PTSD and 28 had no diagnosis. A 35% misdiagnosis rate of C-PTSD suggests suboptimal sensitivity of the PCL-5. By contrast, of the 61 people with no PTSD on the PCL-5, only 3 individuals met criteria for C-PTSD, indicating much better specificity. In examining whether the same or different index trauma was reported between measures, only 70% reported the same event. People with complex trauma as the index trauma had significantly higher ACE burden (mean 7.6) than those who reported single incident trauma (mean 5.6).

A significant misdiagnosis rate of C-PTSD is possible when relying solely on the PCL-5, or when the index trauma is elicited in different ways. Future efforts are needed to better harmonize diagnostic criteria and measures to improve surveillance and treatment efforts for C-PTSD.

S7. A LATENT PROFILE ANALYSIS OF TRAUMA PSYCHOPATHOLOGY: DIFFERENTIAL IMPACT OF ANGER AND EMOTION REGULATION

Shukirti Khadka*¹, Ruby Charak², Brianna Byllesby¹

¹*University of South Dakota*, ²*University of Texas Rio Grande Valley*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Complex PTSD (CPTSD) comprising posttraumatic stress disorder (PTSD) and difficulties in self-organization (DSO), has been associated with impairments in emotion regulation (ER) above and beyond affective symptoms (McLean and Foa, 2017). The present study aimed to examine CPTSD symptoms clusters of PTSD and DSO in relation to ER and problematic anger in a sample of 204 trauma-exposed undergraduates (age $M = 19.34$, $SD = 1.76$, 72% female, 72% White, 17% sexual minority). A latent profile analysis (LPA) was used to identify patterns of responding on the International Trauma Questionnaire (ITQ; Cloitre et al., 2018) using its six subscales, namely, intrusions, avoidance, hyperarousal, affect regulation, self-concept, and relationship functioning. Multiple profile solutions were considered, and the best fitting model was the two profile solution, $BIC = 5294.34$, entropy = .892, $LMR-LRT = 408.15$, $p < .001$. The two profiles were low severity (69.6%) and high severity (30.4%), which was higher on PTSD indicators but particularly on the DSO indicators. Group comparisons found more anger (using the DAR-5), $t(201) = 5.66$, $p < .001$, Cohen's $d = .87$ and more ER deficits (using the DERS-SF) in the high CPTSD group, $t(201) = 7.58$, $p < .001$, Cohen's $d = 1.16$. Results indicated a CPTSD profile was present in the young adult sample, and CPTSD symptoms were associated with multiple measures of emotional dysfunction.

S8. EVALUATING THE DIFFERENTIAL IMPACT OF GUILT AND SHAME ON MORAL INJURY BY MORALLY INJURIOUS EVENT TYPE

Megan Conchar*¹, Alexandra Klein², Brittany Davis¹, Brandon Griffin³, Shira Maguen⁴, Sonya Norman⁵

¹James A. Haley Veterans Hospital, ²VA San Diego Healthcare System; UCSD, ³Central Arkansas Veterans Healthcare System, ⁴San Francisco Veterans Affairs Health Care System; University of California San Francisco, ⁵National Center for PTSD and University of California San Diego

Track Assessment and Diagnosis

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Potentially morally injurious events (PMIEs) include acts of commission, omission, and witnessing acts that go against morals and values. Guilt and shame are hallmark symptoms of moral-injury (MI), but the extent to which they explain the relationship between PMIE exposure and MI is not well understood. In a cross-sectional sample of military veterans, healthcare workers, and first responders who endorsed at least one PMIE (N = 645), we examined the extent to which guilt (TRGI) and shame (TRSI) mediate the relationship between PMIE type and MI (MIDS). Guilt fully mediated the relationship between commission-related PMIEs and MIDS score (ACME = 5.40, $p < .001$, prop. mediated = 92.8%), partially mediated the relationship between omission-related PMIEs and MIDS score (ACME = 4.61, $p < .001$, prop. mediated = 78.2%) and did not mediate the relationship between witnessing PMIEs and MIDS score (ACME = 1.22, $p = .17$, prop. mediated = 21.8%). Shame partially mediated the relationship between all types of PMIEs and MIDS score (ACMEs = 2.71-3.60; $ps < .001$; prop. mediated = 48.4-62.5%). Guilt may be a prominent feature of MI for those endorsing commission-related PMIEs, while shame may be central to MI for those who witnessed a PMIE. Better understanding individual differences in components of MI could assist with the identification of intervention targets for individuals with MI.

S9. WHEN TRAUMA CHALLENGES MORALITY: UNDERSTANDING GROWTH THROUGH THE LENS OF MORAL INJURY

Yifat Reuveni*¹, David Piterman¹

¹*NATAL- Israel Trauma and Resiliency Center*

Track Assessment and Diagnosis

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Middle East and North Africa

Abstract Body Background: The interplay between moral injury and post-traumatic growth (PTG) offers a compelling transformation landscape. Moral injury, a profound psychological trauma involving transgressions by oneself, others, or experiences of betrayal, is often perceived as a barrier to healing. However, this study delves into the less-explored realm where moral injury catalyzes PTG—emphasizing how individuals harness deeply challenging experiences to foster resilience and profound personal development.

Objective: This study examines the facets of PTG in connection with moral injury resulting from war-related trauma

Methods: 1,181 individuals including 57.5% active military personnel, participated at the initiation of therapy following exposure to the October 7, 2023, attacks on Israel and subsequent war. Standardized measures assessed Moral injury and PTG.

Results: Participants who experienced fewer transgressions by others reported greater post-traumatic growth (PTG) in personal strength, while those who experienced more transgressions by others exhibited higher levels of spiritual growth. Additionally, individuals who reported greater moral injury due to betrayal showed increased PTG in recognizing new possibilities and appreciating life compared to those with lower levels of betrayal.

Conclusion: Findings underscore distinct PTG patterns across moral injury transgressions. While growth expressions, such as personal strength, may suggest resilience, Moral Injury of Betrayal correlated with increased PTG in new possibilities and appreciation for life might also reflect heightened distrust or self-focus. These nuanced outcomes highlight the complexity of moral injury recovery and warrant further research to inform tailored therapeutic approaches

S10. AN EXPLORATION OF THE PSYCHOPHYSIOLOGY OF NEGATIVE EMOTION DIFFERENTIATION IN TRAUMA-EXPOSED INDIVIDUALS: A MULTIMETHOD LABORATORY AND DAILY LIFE EXAMINATION

Cameron Pugach^{*1}, Lauren Bylsma², Paul Silvia³, Blair Wisco³

¹National Center for PTSD, VA Boston Healthcare System, ²University of Pittsburgh, ³University of North Carolina at Greensboro

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Introduction: Negative emotion differentiation (NED) reflects how well individuals make fine-grained distinctions between their negative emotions. Lower NED is associated with many psychiatric disorders, including PTSD. However, the physiological correlates of NED are underexplored. Here, we examined links between NED and autonomic nervous system (ANS) functioning at rest in a lab setting and across three days of ambulatory assessment.

Methods: Participants were 80 trauma-exposed adults (39 with PTSD). Measures of parasympathetic (respiratory sinus arrhythmia; RSA) and sympathetic activity (pre-ejection period (PEP) and electrodermal activity (EDA) were collected. Composite measures of ANS functioning reflecting the relative influences of sympathetic and parasympathetic branches were computed. NED was derived from ICCs of ambulatory assessment of ten negative emotions.

Results: Simple and multilevel linear regressions showed that lower NED was associated with lower RSA and PEP, reflecting decreased parasympathetic and sympathetic activity, respectively. However, associations between PEP and NED were only found in the lab whereas those between RSA and NED were only found in ambulatory assessment. By

contrast, associations between NED and composite measures of ANS functioning emerged across settings.

Discussion: Although lab and ambulatory assessments provided distinct information about the psychophysiology of NED, composite measures of ANS functioning were consistently linked to NED across settings. Findings clarify the psychophysiological correlates of NED in trauma-exposed adults.

S11. BRAIN MECHANISMS UNDERLYING AUTOBIOGRAPHICAL MEMORY RECALL IN PTSD

Or Duek*¹, Charles Gordon², Ilan Harpaz-Rotem²

¹*Ben Gurion University of the Negev*, ²*Yale University School of Medicine*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body This study aimed to elucidate the neural mechanisms involved in the recall of traumatic versus mundane memories, particularly within the context of Post-Traumatic Stress Disorder (PTSD). Utilizing a voxelwise modeling approach integrated with word2vec embeddings, we analyzed functional MRI data from 16 participants—eight diagnosed with PTSD and eight healthy controls. By employing word embeddings as features in a machine learning model, we quantified the contributions of various brain regions to the prediction of neural activation time-series. Our analysis revealed that participants with PTSD exhibited significantly reduced activity in the prefrontal cortex during the recall of traumatic memories compared to mundane ones, suggesting impaired regulatory mechanisms during trauma recall. This diminished prefrontal engagement highlights a potential neural correlate of the difficulties experienced by PTSD patients in managing trauma-related thoughts and memories. The findings contribute to our understanding of the specific brain functions altered by PTSD during memory recall, and may inform targeted therapeutic strategies to enhance cognitive control over traumatic memories in affected individuals.

S12. DIFFERENCES IN HYPERVIGILANCE AND ATTENTIONAL PROCESSES FOLLOWING TRAUMATIC EVENTS: AN EYE TRACKING STUDY

Madison Thomasson*¹, Stefani Heredia¹, Nikka Gallegos¹, Lorraine Benuto¹

¹*University of Nevada, Reno*

Track Biology and Medical

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Several factors come into play when an individual perceives their environment—mood, biological factors, cognitive load, and personal history. Past experiences, such as trauma, influence the way an individual attends to future environments and processes

information. We are interested in the resulting differences in attention between interpersonal trauma (IPT), when an individual is targeted by another, noninterpersonal trauma (NPT), when an individual is not targeted, and racial trauma (RT), when an individual experiences discrimination. This study focuses on the assumption that past intervention research overlooked the social aspect between IPT/RT and NPT, which treats the impact of each trauma identically and may result in non-optimal development of trauma-specific interventions. This study will analyze how the social nature of IPT and RT encounters impact one's ability to attend to their immediate environment and how they remember past environments' information via eye tracking and a behavioral task. The main goals is to 1) examine visual scanning differences between groups via duration and frequency of fixations and examination duration, and 2) examine relationships between self-identified trauma-related fears by each group. This will grant the guidelines for the development and polishing of trauma interventions by addressing altered biases in attentional processes.

S13. EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES ON FINANCIAL DECISION MAKING

Kristof Schwartz¹, Tibor Pal Szemere¹, **Monika Marosi***¹

¹*Széchenyi István University*

Track Child and Adolescent Trauma

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Background: Traumatic experiences from wars and natural disasters are increasingly common, yet their effects on financial decision-making remain underexplored. This study examines the relationship between childhood trauma and financial choices in a controlled setting.

Method: Using a mixed-methods psychophysiological framework, we integrated quantitative and qualitative analyses. Participants completed psychometric assessments (ADQ, ITQ, DMQ, PRQ, DES-II) and engaged in a Trust Game while physiological responses (electrodermal activity, heart rate) were recorded. Data were analyzed statistically and qualitatively using Atlas.ti.

Results: Trauma-exposed individuals showed significantly elevated heart rates during financial decisions, took longer to decide, and reported higher stress. Qualitative findings revealed distrust and insecurity in financial risk-taking.

Conclusion: Childhood trauma shapes financial behavior, promoting caution as a potential risk-reduction strategy. These findings raise concerns about future generations exposed to conflict, such as in Israel or Ukraine. Longitudinal research is needed to explore trauma's long-term economic impact.

S14. DIMENSIONS OF CHILD MALTREATMENT: ASSOCIATIONS WITH AUTONOMIC SYMPTOMS AND PTSD IN ADULTHOOD

Jacek Kolacz*¹, Menaz Bettes², Jeffrey Tabares², Camie Tomlinson³, Craig Bryan²

¹The Ohio State University Wexner Medical Center, ²The Ohio State University, ³School of Social Work and Family Science, University of Louisville

Track Child and Adolescent Trauma

Primary Program Type Biological/Medical

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Trauma is associated with somatic symptoms, which may be partly due to developmental effects on the autonomic nervous system (ANS), a brain-body network sensitive to caregiving experiences that is involved in emotional arousal, interoception, and regulating organ activity. Our objective was to examine the dynamics of autonomic and PTSD symptoms and associations with specific dimensions of maltreatment using data from a) a 6-month, 4-wave nationally representative longitudinal study of 475 adult US residents exposed to a potentially traumatic stressor (Age M = 48;63% female) and b) 123 adults in trauma treatment (Age M = 37;79% female). We used validated self-reported measures of maltreatment (CTQ), PTSD symptoms (PCL-5) and ANS symptoms (BPQ). In the general population sample, maltreatment history was positively associated with both ANS and PTSD symptoms (β :.31;.34, $p < .01$). ANS and PTSD symptom fluctuations were positively associated over time (β : .22-.32, $p < .05$) and PTSD symptoms predicted future elevations in ANS symptoms (β :.22,.30, $p < .05$), supporting trauma treatment as an intervention target of interest for reducing somatic symptoms. In the clinical sample, child maltreatment was strongly associated with autonomic symptoms ($d=.50$), with unique contributions of sexual and physical abuse history ($\beta=.61$; $\beta=.76$; both $p < .01$). Emotional abuse, emotional neglect, and physical neglect were not significant contributors (all $p > .70$). Findings support child maltreatment as a risk factor for psychological and body-based symptoms in adults, and sexual and physical abuse history posing unique independent risk.

S15. THE ROLE OF INTERGENERATIONAL MALTREATMENT ON ADOLESCENT SERVICE USE

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Childhood maltreatment engenders an array of negative mental health outcomes that necessitate treatment. Yet, maltreated youth often do not receive treatment and dropout rates are high. Emerging research suggests intergenerational maltreatment may play a role in youth service engagement; however, the direction of this association remains unclear. Further, patterns of service use (initial and over time) have not been explored in this context. The current study examined the role of maternal childhood maltreatment exposure on service use among maltreated youth in addition to adolescent posttraumatic stress (PTSS), mental health symptoms, and caregiver depression at initial service use (age 16) and repeat service use (age 18). Data from 339 caregiver-child dyads from the Longitudinal Studies of Child Abuse and Neglect was used to investigate these aims and data was analyzed through two

sets of logistic regressions. Findings suggest that adolescent mental health (Wald $\chi^2(1) = 22.25, p < .001$) and PTSS (Wald $\chi^2(1) = 18.83, p = .006$) were related to service use at age 16. No individual predictors were associated with repeat service use at age 18. Maternal maltreatment and depression were not related to service use. Future research should examine the role of caregiver victimization history on youth service use via caregiver PTSS, treatment history and perceptions of service use.

S16. TRAUMA APPRAISAL AS A MEDIATOR IN THE RELATION BETWEEN PAST-YEAR MALTREATMENT AND INTERPERSONAL COMPETENCE AMONG COLLEGE EMERGING ADULTS: THE MODERATED EFFECT OF FAMILY FUNCTIONING AND SEX

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Childhood maltreatment has been documented to impair interpersonal competency, but the effects of past-year psychological maltreatment by parents on emerging adults are less understood. The current study examined a moderated mediation model to test the moderating effect of family functioning on the indirect effect of past-year maltreatment on interpersonal competence via negative trauma appraisal in college emerging adults (N = 736) across parent-child dyads. Participants completed the following measures in order: Parent-Child Conflict Tactics Scales, Trauma Appraisal Questionnaire, Family Functioning Device, and Interpersonal Competency Questionnaire. Past-year psychological maltreatment by mothers on interpersonal competence was fully mediated by trauma appraisal, and this effect was moderated by family functioning and sex. When family functioning was higher, the negative impact of maternal psychological maltreatment on interpersonal competence through trauma appraisal was stronger, particularly in women. Conversely, paternal psychological maltreatment did not significantly predict trauma appraisal or interpersonal competence, neither directly nor through interaction effects with family functioning or sex. The findings highlight the crucial role of family functioning in understanding the impact of past-year maltreatment by parents on interpersonal skills. Effective intervention strategies should consider enhancing family functioning as a critical component in therapeutic programs or providing people with necessary skills to navigate unsupportive family environments.

S17. LONELINESS AS A MODERATOR IN THE LINK BETWEEN BULLYING TYPE AND SOCIAL ANXIETY

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Loneliness is a subjective experience of social isolation, often described as the gap between desired and perceived social connections (Heinrich and Gullone, 2006). Past research links bullying exposure to negative psychological outcomes, including poor life satisfaction and mental health issues (Arnarsson et al., 2020; as cited in Madsen et al., 2024). This study investigates loneliness as a moderator in the relationship between various types of bullying (physical, verbal, social/relational, and cyberbullying) and social anxiety in young adults. The sample consisted of 367 young adults (56% women, $M(SD)_{Age} = 25.09 (3.59)$ years). Results showed that loneliness significantly moderated the relationship between verbal bullying and social anxiety ($\beta = -.132, p = .007$). In contrast, loneliness did not significantly moderate the effects of physical bullying ($\beta = -.017, p = .730$), social/relational bullying ($\beta = -.070, p = .17$), or cyberbullying ($\beta = -.003, p = .995$) on social anxiety. Results indicate that high loneliness, regardless of verbal bullying, related to highest social anxiety, whereas low bullying and low loneliness were most protective for social anxiety. These findings highlight the unique role of verbal bullying in increasing social anxiety and emphasize the importance of addressing loneliness in interventions targeting verbal bullying.

S18. WHEN TRAUMA ECHOES: THE ROLE OF PRIOR ASSAULT IN PTSD AND GROWTH OVER TIME AFTER A NEW TRAUMATIC EVENT

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Middle East and North Africa

Abstract Body Objective: Post-traumatic growth (PTG) and post-traumatic stress disorder (PTSD) represent psychological responses following trauma. While time is assumed to facilitate recovery, evidence suggests that PTSD symptoms may persist in some survivors, whereas others experience growth. Conservation of Resources theory links recovery with greater psychological resources, while stress sensitization theory suggests that prior trauma increases vulnerability. However, the mechanisms underlying these divergent outcomes remain unclear.

This study examines whether prior sexual trauma, including childhood sexual assault (CSA), moderates the relationship between time elapsed since a new assault and PTG/PTSD trajectories.

Methods: Eighty-one women treated at a Sexual Assault Referral Center (SARC) in northern Israel participated. 54.3% had experienced prior sexual assault, and 45% of those had a history of CSA. Each participant completed a single assessment of PTSD and PTG at varying time intervals post-assault. Moderation analyses tested how prior trauma influenced psychological adaptation.

Results: Women without prior sexual trauma exhibited a significant increase in PTG over time ($p = 0.0007$). PTSD symptoms tended to increase over time for women with CSA ($p = 0.0875$), especially avoidance symptoms ($p = 0.0513$). For women without CSA, intrusive symptoms were significantly decreased over time ($p = 0.0434$).

Conclusions: This study explains variations in post-traumatic adaptation, demonstrating that prior sexual trauma influences psychological outcomes over time. Beyond identifying trauma history as a moderating factor, the findings map distinct PTSD symptom trajectories, emphasizing who recovers, who remains vulnerable, and why—insights essential for advancing interventions that foster resilience and well-being

S19. EVIDENCE-BASED APPROACHES TO TRAUMA-INFORMED CAREGIVING: A SCOPING REVIEW

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Evidence-based mental health interventions for children generally include the involvement of caregivers as an important component of the treatment model. In some child trauma interventions, the caregiving components are not explicitly detailed or developed. Child trauma symptoms are often externalizing in nature and evidence-based behavior management interventions can address some of these challenges but they rarely center on traumatic stress. A scoping review of the literature was conducted using PRIMSA guidelines to systematically examine the overlapping constructs of childhood trauma and behavior management to inform best practices for caregivers of children who have experienced trauma. Applying eligibility criteria, a systematic search was conducted in PubMed, PsycInfo, Embase and CINHALL from 2010 to 2023. Of the 4813 studies initially imported for screening, 4330 underwent abstract screening after removal of duplicates, and 179 full-text studies were assessed for eligibility. Following data extraction of approximately 120 studies, qualitative analysis is currently underway to identify the overlapping constructs across the literature as it relates to trauma-informed caregiving strategies and best practice. We will identify gaps in the literature, recommendations for systematic review of the specific strategies, as well as clinical implications.

S20. THE IMPACT OF SEXUAL ABUSE IN INFANCY ON DEVELOPMENT INTO ADOLESCENCE: A LONGITUDINAL MIXED METHODS STUDY

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Background: The Amsterdam Sexual Abuse Case (ASAC), revealed in 2010, involved the sexual abuse of infants and toddlers by a daycare worker. Due to the victims' young age and lack of autobiographical memory, concerns emerged regarding the long-term impact, therefore the ASAC longitudinal research project was set-up.

Objective: To investigate the impact of CSA in very early childhood on child development and parent-child interactions over a period of 10 years.

Methods: Using a mixed-method design, we analyzed qualitative (interviews, observations) and quantitative (questionnaires) data collected yearly between 2013 and 2024 for 11 children and their parents. We compared participants to both clinical and non-clinical populations.

Results: At group level, children are generally comparable to the average population and often report fewer symptoms than a clinical population. Parent-child relationship difficulties mostly directly followed initial disclosure, with some children exhibiting PTSD symptoms. Most participants received therapy, after which parent-child interaction improved. At the individual level, developmental trajectories vary. Three children experienced recurring symptoms, including PTSD, anxiety, OCD, behavioral problems and somatic complaints. Seven children show temporary symptom flare-ups, and some report minimal complaints.

Conclusion: While some children show disrupted developmental trajectories after experiencing CSA in infancy, most, with adequate support and therapy, report minimal long-term issues.

S21. THE IMPACT OF CHILD SEXUAL ABUSE HISTORY ON TREATMENT OUTCOMES FOR MEN AND WOMEN RECEIVING COGNITIVE PROCESSING THERAPY FOR POSTTRAUMATIC STRESS DISORDER

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Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic stress disorder (PTSD) is highly prevalent in the United States (US), affecting roughly 8% of the population. Many individuals who develop PTSD in adulthood also report experiencing abuse in childhood, with approximately one-fifth to one-half of treatment-seeking adults with PTSD reporting a history of childhood abuse.

Childhood sexual abuse (CSA) has been identified as potentially the most likely form of

abuse to increase the risk of later PTSD. There is a paucity of research on the impact of CSA on PTSD treatment outcomes. In this secondary analysis of a sample of adults receiving cognitive processing therapy (CPT) for PTSD ($n = 63$) collected as part of a randomized controlled noninferiority trial of written exposure therapy (Sloan and Marx, 2019), we examined whether a history of CSA impacted PTSD outcomes and whether gender moderated this effect. We found that there was a significant interaction between gender and CSA ($F(1, 45) = 6.71, p < 0.05$) on posttreatment PTSD symptoms, such that women who endorsed CSA had more symptoms than women who did not endorse CSA (M difference = 19.26, $p < .01$). Further, an intent-to-treat linear mixed effects model revealed a significant interaction between gender, CSA history, and time on the trajectory of PTSD symptoms from baseline to posttreatment ($B = 0.08, t(75.35) = 2.67, p < .01$). Finally, women with CSA were significantly more likely to receive a PTSD diagnosis at posttreatment than women without CSA, $\chi^2(1, n = 24) = 4.9, p < .05$, Cramer's $V = .45$. These findings suggest that CSA may moderate the efficacy of CPT for women but not for men.

S22. TRAUMA-RELATED CONCERNS OF FOSTER PARENTS: FINDINGS FROM A QUALITATIVE INTERVIEW

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Track Child and Adolescent Trauma

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Youth in foster care have higher rates of PTSD compared to the general population (14-30% vs 7%). Foster parent trainings focus heavily on trauma-informed parenting, particularly regarding behavior management, yet studies show that parents still feel ill-prepared to meet the needs of youth in their care. This qualitative study explored the trauma-related concerns foster parents raise when sharing their experiences fostering. Participants were 36 foster parents recruited through licensed placing agencies and the community. Interviews were conducted with a semi-structured guide focused on parents' experience with foster care, parenting practices, relationship with the foster child, and trainings available. Transcripts were analyzed using an iterative, team-based, phenomenological approach. To enhance rigor, we engaged in independent coding, peer debriefing, theme review by external content experts, and documentation of all decision making. Themes included: a high perceived level of trauma in youth; recognition of the need for flexible parenting due to trauma; belief that other individuals in the system need to be more trauma-informed; feeling there is little to no education on the trauma youth may experience while in care and the stress relating to a child leaving a foster family. It was noted that there was frequent colloquial use of the term trauma (i.e., not always related to a criterion A trauma). The training foster parents currently receive provides an important foundation for trauma-informed parenting. However, significant limitations still exist. Implications for policy and practice are discussed.

S23. SUPPORTING CAREGIVERS TO IMPROVE RESILIENCE OF CHILDREN IN FOSTER CARE

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Track Child and Adolescent Trauma

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Child/Adolescent

Region Industrialized Countries

Abstract Body Children who have experienced maltreatment at the hands of a caregiver often have multiple, complex needs that manifest in difficulties with emotional and behavioral regulation. Caregivers, including foster parents, relative caregivers, or adoptive parents, may misinterpret dysregulation as attention-seeking, manipulative, or as severe pathology in the absence of a trauma-informed perspective, which can lead to feelings of inadequacy or helplessness when typical parenting strategies are less effective. Other consequences for the child may include over-prescription of psychotropic medication and increased placement in residential or psychiatric treatment facilities. Teaching foster parents about the impact of trauma, along with practical strategies for how to interact with children, can improve parenting satisfaction and mitigate the need for more extreme treatments. The Resource Parent Curriculum (RPC) + Child Adult Relationship Enhancement (RPC+CARE) was developed by members of the National Child Traumatic Stress Network to provide psychoeducation about trauma and its impact on development, implications for parenting, and skills for successful interactions with children. The RPC+CARE model has shown efficacy in a previous pilot of in-person sessions (Strolin-Goltzman et al., 2018), but we have implemented the combination model virtually with caregivers in our region. This presentation will describe implementation efforts of the virtual program in partnership with local community health agencies. We will review data obtained regarding parental knowledge and satisfaction, and briefly discuss strategies for sustainability.

S24. CHILDHOOD TRAUMA OVER THE LIFESPAN AMONG ADOPTED ADULTS IN THE U.S.: AN UNDERSERVED POPULATION

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Track Child and Adolescent Trauma

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Background: A substantial body of research has focused on adverse childhood experiences (ACEs) on adult physical health; however, little research has quantified this relationship among people who experienced adoption. This study sought to understand the extent of ACEs among adopted adults in the US, and the relationship between ACEs and adult physical and mental health.

Methods: Data from a national cross-sectional online survey of adopted adults in the US were analyzed (N=464). Analysis included descriptive, bivariate, and stepwise multivariate linear regression using IBM SPSS 29.

Results: The mean ACEs score was 3.92 (SD = 2.71) with 55% reporting being “treated or judged unfairly” because of their racial/ethnic group, 51% lived with someone who was depressed, mentally ill, or suicidal. Stepwise linear regression models found higher rates of ACEs were significantly associated with greater chronic illnesses ($b=0.27$, $p < .001$), greater anxiety and depression ($b=.34$, $p < .001$), and greater complex PTSD ($b=.32$, $p < .001$).

Conclusion: Adults with a history of adoption may be exposed to higher rates of ACEs as children, increasing their risks for greater physical and mental health problems in adulthood. Adoption status should be included by trauma professionals to meet the needs of this underserved traumatized population.

S25. BUILDING THE CAPACITY OF THE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT WORKFORCE IN HUMANITARIAN SETTINGS IN THE MIDDLE EAST AND NORTH AFRICA: A PROCESS EVALUATION

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Track Child and Adolescent Trauma

Primary Program Type Global Issues

Presentation Level Intermediate

Population Type Child/Adolescent

Region Middle East and North Africa

Abstract Body The Middle East and North Africa faces significant challenges in addressing the multifaceted mental health needs of children. To address this gap, we launched an ambitious initiative to develop and implement a Diploma in Child and Adolescent Mental Health (Dip CAMH) for mid-senior level professionals from the care sector (education, health and social services). The Dip CAMH aims to provide contextually and culturally relevant evidence-informed training and supervision, in Arabic and online to maximize accessibility and reach. The pilot year of the Dip CAMH implementation was evaluated using a mixed method study design, aiming to evaluate its quality, acceptability, feasibility, and impact. A quasi-experimental pre-post design was used to monitor changes in competency, qualitative interviews with instructors, students, supervisors, and employers to capture the feasibility, acceptability and impact, and implementation science methods to record feasibility outcomes and key lessons learned. Out of over 500 applications, 24 students were enrolled in the Dip CAMH, and 16 participated in the evaluation. Preliminary results show a high level of interest in the training, core gaps for family-based competencies at baseline, and feasibility challenges for students managing a high workload and technological or connectivity problems. Recommendations to improve the content and structure of the Dip CAMH will be made, as well as exploration of the potential for the scale-up of the initiative, to carve out a comprehensive role tailored to the unique needs of children in the region.

S26. SEX DIFFERENCES IN THE IMPACT OF CHILDHOOD MALTREATMENT ON ADULT ROMANTIC RELATIONSHIP FUNCTIONING: A SYSTEMATIC REVIEW

Jessica Hill*¹

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Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body There is evidence of sex differences in the associations between childhood maltreatment (CM) and adult psychopathology (Prachason et al., 2024), but little is known about sex differences in the impact of CM on later adult romantic relationship functioning. The current review sought to summarize the literature on the relation between CM and later adult romantic relationship functioning by sex and varying patterns by type and features (e.g., relation of the perpetrator, chronicity) of CM on these relations. It also examined how CM was defined and measured in this literature. Four electronic databases were utilized to identify papers. Seventeen articles met inclusion criteria. The current review found consistent evidence that CM negatively impacted romantic relationship functioning in adulthood for both sexes, and higher frequency of CM was related to poorer relationship functioning. Results also demonstrate a potentially different influence of CM on relationships by sex, whereby males experience more externalizing relationship behavior (e.g., aggression, hostile emotions) and females experience more internalizing relationship behavior (e.g., attachment avoidance). However, results between studies and by type of CM varied greatly, which may be due to the heterogeneity of CM measurement and study design. Clinical implications and future directions will be discussed.

S27. THE APPLICATION OF POLYVICTIMIZATION FRAMEWORK IN UNDERSTANDING CHILD SEXUAL ABUSE: A SCOPING REVIEW

Kewen Wang*¹, Clifton Emery¹

¹*The University of Hong Kong*

Track Child and Adolescent Trauma

Primary Program Type Research Methodology

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent

Region Global

Abstract Body Over the past two decades, research on polyvictimization has expanded since its introduction by Finkelhor (2007), which generally supports a dose-response relationship between multiple forms of victimization and adverse outcomes. However, findings are mixed when examining child sexual abuse (CSA) in particular alongside other types of abuse. This scoping review examines how CSA fits within the polyvictimization framework, aiming to (1) identify operationalizations and conceptual boundaries of polyvictimization, (2) map evidence on organizing CSA into this framework, and (3) highlight research gaps. A systematic search across six databases identified 36 eligible articles out of 114 initially retrieved. Results reveal four approaches to mapping CSA onto the polyvictimization framework: (a) interconnections with other victimization types, (b) cumulative effects of multiple victimization, (c) configurations of co-occurring victimization, and (d) comparisons between CSA and other victimization types. The distinct contribution of CSA to post-trauma outcomes remains unclear due to inconsistencies in measurement and analysis. The review concludes that a comprehensive polyvictimization framework should move beyond additive models to explore the complex interplay of interconnected, interacting, and heterogeneous

victimization experiences, and elucidate differential pathways underlying such variability to developmental psychopathology.

S28. REJECTION SENSITIVITY AS A MODERATOR BETWEEN PTSD SYMPTOMS AND THWARTED INTERPERSONAL NEEDS AMONG COLLEGE STUDENTS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body The interpersonal theory of suicide (IPTS; Joiner, 2005; Van Orden et al., 2010) posits that perceived burdensomeness and thwarted belongingness are key factors in the generation of suicidality. Rejection sensitivity involves perceiving and responding to rejection in interpersonal relationships (Downey and Feldman, 1996). The current study examined rejection sensitivity as a moderator of the associations that PTSD symptoms have with perceived burdensomeness and thwarted belongingness among college students. An online questionnaire was administered to a sample of N=607 undergraduate students (MAge=19.0 years; 61.6% women; 80.1% White). We tested the associations that PTSD symptoms have with perceived burdensomeness and thwarted belongingness at low (-1 SD), medium (mean), and high (+1 SD) levels of rejection sensitivity. PTSD symptoms were significantly associated with perceived burdensomeness at medium ($\beta=0.14$, $p < .001$) and high ($\beta=0.39$, $p < .001$) but not at low ($\beta=-0.10$, $p=.19$) levels of rejection sensitivity. Both rejection sensitivity ($\beta=0.26$, $p < .001$) and PTSD symptoms ($\beta=0.24$, $p < .001$) had significant and positive main effects on thwarted belongingness. Study findings highlight the importance of targeting rejection sensitivity and PTSD symptoms in the prevention and intervention of risk factors for suicidality among college students.

S29. WHAT'S IN A WRITTEN EXPOSURE THERAPY NARRATIVE? RESULTS FROM A QUANTITATIVE TOPIC ANALYSIS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Written Exposure Therapy (WET) is used to treat individuals with PTSD. The content of patients' writings may hold insight for how written exposure improves PTSD symptoms. This study used a topic modeling approach to quantitatively examine the literary

content of WET narratives and their development across five sessions of treatment. This study recruited veterans dually diagnosed with PTSD and substance use disorders to complete an accelerated course of WET in a domiciliary residential substance use treatment program. Veteran exposure narratives were transcribed and analyzed via a Latent Dirichlet Allocation (LDA) modeling approach, which identifies topics and their distribution across writings. Nineteen veterans (90% male, 63% White, M CAPS-5 score = 39.9, SD = 10.9) completed written exposure narratives, the majority of which were related to combat trauma (47%). Four topics were extracted: (1) Emotional Impacts (32%); (2) Recall of Traumatic Memory (26%); (3) Military Content (21%); and (4) Relational Associations (21%). The average proportion of topic content per session shifted over treatment, with increasing description of the Emotional Impact of the event as treatment progressed. Quantitative exploration of exposure narratives using machine learning can reveal themes underlying the processing of traumatic experiences. This approach may be useful in determining whether there are in- and between-session predictors of treatment benefit in WET. Future investigations can use this approach to determine the written aspects of WET that are most predictive of treatment benefit and guide therapist intervention.

S30. COUPLES' CONFLICT AMONG PTSD TREATMENT SEEKING VETERANS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Couples who have a partner with PTSD often report greater conflict (Caska et al., 2014) and dysfunctional communication (Fredman et al., 2017) compared to couples without PTSD. Notably, veterans have higher rates of lifetime PTSD (Wisco et al., 2014) such that they may be at higher risk for relationship discord. However, areas of conflict are understudied within this population. This study examined conflict topics identified by veterans who were seeking individual trauma-focused treatment and their romantic partners. Participants (N = 135 individuals) answered an open-ended question listing the top three things that they argue about with their partner. Bottom-up qualitative analysis procedures were conducted to identify conflict themes. A total of 24 themes emerged from 352 responses. The most frequent conflict areas were finances (11.9%, n = 42), communication/understanding (11.1%, n = 39), parenting/family (10.2%, n = 36), emotion regulation/expression (8.5%, n = 30), and anger/irritability (8.0%, n = 28). Follow up analyses were also conducted with dyad pairs (N = 53 couples) for concordance of conflict topics. Findings indicate that along with common areas of conflict (e.g., finances, household), veterans and their partners also experience unique conflict areas influenced by veterans'

PTSD symptoms (e.g., anger, hypervigilance) providing potential treatment targets for trauma-focused and couple's interventions.

S31. BASELINE FACTORS ASSOCIATED WITH PREDICTED OUTCOME FOR MILITARY SEXUAL TRAUMA-RELATED PTSD TREATMENT: AGE, PTSD SYMPTOM SEVERITY, AND PRIOR ENGAGEMENT IN PTSD TREATMENT

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body A recent review reveals patients' early perception of treatment (Tx) credibility—how logical and believable a Tx is—may predict therapeutic outcomes. Literature is mixed regarding whether age and prior psychotherapy experience influence perceived Tx credibility across various disorders. Research looking at how these predictors manifest in those with PTSD is scant, though one study found prior fruitful Tx experiences predicted more optimistic expectations for subsequent therapy, enhancing PTSD Tx outcomes. Further, while a survey conducted in 2019-2020 found 61.8% of female and 44.8% of male veterans with military sexual trauma (MST) have previously received mental health Tx, it's unclear if age and PTSD Tx history and symptom severity impact early perception of PTSD Tx credibility. This exploratory study using baseline data investigates if age, PTSD symptom severity (PCL-5) and prior PTSD Tx impact responses to the question, "How successful do you think this treatment will be in reducing your symptoms?" (Expectancy of the Therapeutic Outcome). Participants (n=37; 65% Female; Ages=21-76) were military personnel/veterans seeking MST-related PTSD Tx. We used linear regression to examine (1) the full sample, (2) males and females separately. None of the three predictors were statistically significant in the model, except PTSD symptoms significantly predicted responses in males ($\beta = 0.66$, $p=0.032$) but not females ($\beta = 0.07$, $p=0.761$). Results may elucidate whether sex impacts expectations for Tx success. Future research could look at tailoring pre-Tx interventions to improve optimistic Tx expectations for each sex.

S32. DEPLOYED AS A COMBAT MEDIC: THE IMPACT OF COMBAT EXPOSURE AND POST-BATTLE EXPERIENCES ON VETERANS' ANGER, PTSD SYMPTOMS, AND ALCOHOL USE

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Combat medics (CM) face the unique challenge of providing healthcare to injured peers while adhering to the overall mission. This difficult duality may lead to greater trauma exposure and more severe psychopathology compared to other combat-exposed service members. However, extant research is mixed, potentially because it has focused on CM reports during active-duty or shortly post-deployment. In this study, we examined a split sample of 194 OEF/OIF combat veterans approximately 5-6 years post-deployment: half with at least one CM deployment and half non-CM veterans matched by age, gender, and PTSD diagnostic status. We explored if warzone experiences (Time 1 [T1] DRRI-2 combat exposure and post-battle experiences) were differentially associated with psychopathology (Time 2 [T2] PCL-5 and AUDIT scores) for CMs versus non-CMs, and whether anger (T1 DAR-5) mediated these relationships. As expected, CMs reported higher rates of warzone experiences than non-CMs. However, there were no significant differences in alcohol use or PTSD symptom severity across groups. For both groups, anger partially mediated the association between warzone experiences and both alcohol and PTSD symptom severity. Discussion will focus on understanding risk and resilience factors that may underlie differences in mental health outcomes for CM and non-CM veterans.

S33. LONGITUDINAL TRAJECTORIES AND ASSOCIATIONS BETWEEN POSTTRAUMATIC STRESS AND ALCOHOL USE: A PARALLEL PROCESS LATENT GROWTH CURVE MODEL OF THE IMPACT OF SEXUAL ASSAULT ON INTERVENTION OUTCOMES

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Posttraumatic stress and alcohol use frequently co-occur and contribute to significant adverse health outcomes and present unique challenges for treatment. A key factor that may influence the co-occurrence and severity of posttraumatic stress and alcohol use is exposure to sexual assault (SA), as SA is linked to higher symptom severity across disorders. The objective of this study was to test the longitudinal trajectories and associations between posttraumatic stress severity (PTSS) and alcohol use and examine the impact of SA exposure on these outcomes, utilizing data from a brief text-message-based intervention among community adults (N = 108; 71.3% female; Mean age = 32.5). A parallel process latent growth curve model was used to estimate individual growth trajectories and assess whether changes in PTSS predicted changes in alcohol use and test the effect of SA exposure on these trajectories. Model fit was acceptable across fit indices and results indicated that PTSS (slope; $b = -13.34$) and alcohol use (slope; $b = -5.45$) declined over time. Higher baseline alcohol use predicted slower PTSS reduction ($b = 0.22$), but the inverse was not supported. SA exposure was not significantly associated with baseline PTSS or alcohol use severity but showed a trend towards slower PTSS reduction ($b = 2.67$). These findings suggest that both PTSS and alcohol use declined following a brief text-message-based intervention. However, higher baseline alcohol use and exposure to SA may mitigate PTSS improvement over time,

underscoring the need for future research to explore the differential impact of trauma types on brief intervention outcomes.

S34. SUBSTANCE USE PROBLEMS AND TRAUMA-RELATED NIGHTMARES

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Objectives: Previous research has established a link between trauma-related symptoms, sleep, and substance use disorders. Understanding these relationships is crucial, as it highlights the need for targeted interventions that address trauma symptoms, sleep, and substance use problems, potentially improving treatment outcomes for individuals with comorbidities.

Methods: Participants (N = 207) completed an online survey that included measures of trauma-related nightmares and the severity of dependence (which included a total score, as well as scores specific to alcohol and cannabis dependence). Mean comparison analyses were used to compare dependence scores between individuals with and without trauma-related nightmares.

Results: Relative to those who do not experience trauma-related nightmares, individuals who experience trauma-related nightmares experienced significantly higher rates of overall severity of dependence scores ($t = -32.74, p < 0.01$), severity of dependence related to alcohol usage ($t = -17.18, p < 0.01$), and severity of dependence related to cannabis usage ($t = -14.41, p < 0.01$).

Conclusion: Results indicate that individuals who experience trauma-related nightmares demonstrate higher rates of substance dependence than individuals without. These findings highlight the importance of integrating trauma-informed care into substance use and sleep focused interventions.

S35. IMPROVING MIND and BODY FOR RESIDENTIAL VETERANS WITH PTSD: PRELIMINARY EFFECTS OF INTEGRATING HEART RATE VARIABILITY BIOFEEDBACK

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Posttraumatic Stress Disorder (PTSD) is one of the most prevalent psychiatric disorders among veterans (Wisco et al., 2022), with their corresponding PTSD symptoms being linked to autonomic dysfunction, resulting in significantly lower heart rate variability (HRV; Tan et al., 2010). A small pilot study by Schuman et al. (2023), found that heart rate variability biofeedback (HRVB) is effective in reducing PTSD symptoms and potentially restoring cardiac autonomic functioning. The current study aims to extend these findings to a residential treatment population. For this study, 6 veterans receiving PTSD treatment, all with a PTSD diagnosis, completed between 4 to 6 HRVB sessions. They also completed the PTSD Checklist-5 (PCL-5), Multidimensional Assessment for Interoceptive Awareness (MAIA), and the Embarrassment, Guilt, and Shame Scale (EGSS) at their first and last sessions. Paired-samples t tests comparing their psychological and physiological profiles from the first and last sessions found that veterans had significant decreases in PTSD symptoms ($p=.006$), increases in their ability to listen ($p=.015$) and trust ($p=.021$) their body, and increases in a HRV measure of autonomic health ($p=.012$). When comparing their first HRVB session to their last, there was a significant increase in a HRV measure of autonomic balance ($p=.019$) These preliminary findings indicate that HRVB is beneficial in decreasing veterans psychological and physiological PTSD symptoms by effectively increasing their HRV and mind-body relationship. Additional analyses with greater power are warranted to verify these findings.

S36. THE EFFECTS OF GENDER ON RESPONSE TO PROLONGED EXPOSURE THERAPY FOR POSTTRAUMATIC STRESS DISORDER AMONG ADULTS RECEIVING MEDICATIONS FOR OPIOID USE DISORDER

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Although more men experience traumatic events, more women meet criteria for posttraumatic stress disorder (PTSD). Meta-analyses on the effect of gender on exposure therapy outcomes have demonstrated equivalent or larger effects for women compared to men with PTSD. However, it is unclear whether these findings extend to individuals with co-occurring opioid use disorder (OUD). This study examined the baseline characteristics and treatment response of 81 adults with PTSD who were receiving medications for OUD (MOUD; 68% women) who enrolled in two small randomized clinical trials wherein participants were assigned to receive: (a) continued MOUD treatment as usual ($n=27$), (b) Prolonged Exposure Therapy (PE; $n=27$), or (c) PE with financial incentives delivered contingent upon PE session attendance (PE+; $n=27$). Demographic and other baseline characteristics were compared between women and men, and gender was tested as a moderator of experimental condition differences for both session attendance and changes in PTSD symptoms. Women were significantly more likely to report lifetime sexual assault as their index trauma while men were significantly more likely to report witnessing the serious injury or death of someone else. PE+ participants attended a significantly higher number of therapy sessions and were more likely to complete treatment compared to PE participants,

regardless of gender. Moreover, men and women in each experimental condition demonstrated similar improvements in PTSD symptomatology. These results suggest that PE is similarly efficacious for women and men with PTSD who are receiving MOUD treatment.

S37. HEALTHCARE PROVIDER-LED REPAIR FOLLOWING INSTITUTIONAL BETRAYAL: SAFETY AND FUTURE ENGAGEMENT DIFFER BY POSTTRAUMATIC STRESS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Institutional betrayal (IB), a type of betrayal trauma that occurs when a trusted and/or depended on institution perpetrates harm, has been linked to poor health outcomes and healthcare avoidance. IB disrupts patient trust and healthcare engagement, especially for those with trauma histories. Research has not yet explored the extent to which and how healthcare providers (HCPs) can repair IB and whether repair strategies differ by probable posttraumatic stress disorder (PTSD) status. Thus, we explored this question among women (N = 309; 67.6% White; Mage=39.7, SD=12.4) recruited from a crowdsourcing platform to participate in an experimental study consisting of two vignettes: the first representing an IB, and the second depicting one of three HCP-led repair strategies (trauma-informed [TI], TI+brief apology, TI+specific apology). Two univariate general linear models were conducted to examine the main and interactive effects of probable PTSD status and repair strategy on feelings of safety and intended healthcare engagement from IB to repair. There was a main effect of probable PTSD status on feelings of safety (positive, M=9.01, SD=6.11; negative, M=10.97, SD=5.10; p=.025), and repair strategy was trending, p=.066. Probable PTSD status and repair strategy interacted to predict willingness to return to the HCP after repair, F(2,290)=3.58, p=.029; women with PTSD were most willing to seek future care from the betraying HCP if they issued a brief, trauma-informed apology. Tailoring institutional repair based on probable PTSD status may help enhance feelings of safety and healthcare engagement among women patients.

S38. RESILIENCE AGAINST PTSD SYMPTOMS AS AN INDICATOR OF NEED AND TREATMENT ENGAGEMENT IN WOMEN VETERANS WITH SEXUAL ASSAULT HISTORIES AND PSYCHOSOCIAL HEALTH RISKS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Services and resources available for Veterans affected by trauma- and stressor-related distress are scarce. Given this, it is imperative to ensure that Veterans who are of highest need and are more likely to engage with treatment are getting access to care. This study examined whether Veterans who are more reactive (i.e., higher need) versus resilient (i.e., lower need) to stressors related to treatment engagement. Women Veterans (N = 149) enrolled in a randomized clinical trial in primary care testing a digital intervention (Safe and Healthy Experiences) aimed at reducing health risks were assessed three times over 4 months. Stressor reactivity (SR) operationalized resilience, calculated by extracting residuals from regressing PTSD onto stressor exposure. Lower SR represented resilience. Analyses examined between-person SR effects relating to treatment utilization, adjusting for condition, time, and the condition by time interaction. SR was positively related to self-reported and chart-reviewed treatment attendance and more resource areas (e.g., housing, employment) that Veterans reported working on and needing to work on ($ps < .001$). Results from analyses in a high stress subsample ($n = 98$) were consistent regarding direction, but the effect of resource areas Veterans reported working on was non-significant. Results indicating that Veterans with more need are engaging with treatment and aware of necessary resources are promising. Identifying Veterans early based on resilience levels by monitoring stressors and symptoms may enhance care connection and prevent entrenched stress-related psychopathology.

S39. VETERANS' PERCEPTIONS OF GROUP THERAPY FOR MORAL INJURY

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body User-centered design principles recommend engaging potential “intervention users” in each stage of treatment development to enhance usability, feasibility, and user satisfaction. The current project draws on user-centered design to pilot a novel group psychotherapy for moral injury; in the first stage of treatment development, we interviewed ‘morally injured’ veterans about their needs, preferences, and experiences in moral-injury-focused group therapy ($n = 17$) (Evans et al., 2023). Using rapid qualitative analysis (Kowalski et al., 2024), we identified six major themes in Veterans’ perceptions of moral-injury-focused group psychotherapy, which they viewed as: incompatible with military culture; improving self-control; fostering emotional closure; facilitating social connection; promoting disclosure of painful memories; and contraindicated due to risk of social posturing. Most broadly, Veterans perceived group therapy as a positive arena to connect with others, discuss distressing military experiences, and gain peer acknowledgment and support, yet have concerns about competitiveness and being diminished by other veteran patients. Findings have informed development of a novel manualized group therapy, currently in pilot testing, and can support providers and treatment developers working with moral injury to tailor existing treatments to patient preferences (Frankfurt, 2023).

S40. 3MDR THERAPY FOR THE TREATMENT OF SEXUAL-RELATED TRAUMA IN WOMEN SERVICE MEMBERS WITH PTSD

Paula Bellini*¹, Annabel Lee Raboy¹, Thaddeus Haight², Eric Vermetten³, Michael Roy⁴

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Advanced

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Sexual trauma resulting in post-traumatic stress disorder (PTSD) is significantly more prevalent among women in the military than their male counterparts. More research on innovative psychotherapies specifically beneficial for women with a sexually-related traumas is needed. This pilot study demonstrates how Motion-Assisted, Multi-Modal Memory Desensitization and Reconsolidation (3MDR) therapy presents as a viable option.

Methods: 20 total participants, 10 of which were female, enrolled in this pilot study. Participants were active-duty service members or veterans with a Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) score of at least 34. All females reported a history of sexual trauma; no males did, but 90% of women completed the intervention vs. only 70% of men. The intervention featured walking while talking about self-selected trauma-related images in a virtual environment.

Results: PCL-5 scores statistically and clinically decreased a mean of 20 points post-intervention, greater in women than men. Qualitative data will be presented, which provides powerful insights regarding amelioration of sexually-related traumas and self-image.

Conclusion: 3MDR is a compelling approach to target sexually related traumas in women service members and veterans. Greater sample sizes are needed expand findings.

S41. ADAPTIVE COPING AFTER TRAUMA: THE ROLE OF EMOTIONAL SELF-EFFICACY

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region West and Central Africa

Abstract Body Prior research suggests emotional processes can drive adaptive health behaviors. It is unclear what role emotional self-efficacy (ESE)- one's perceived ability to manage emotions- may have. We aimed to investigate associations between momentary ESE and adaptive coping behaviors in adults with injuries following PTSD-qualifying events. Participants were recruited in hospitals within 1 month of injury (N=232; Mage=48.75,

SD=15.42), mostly White (81%) males (53%). They completed experience sampling, 5 times a day for 14 days. At each signal, they reported emotional experiences, ESE, and engagement in adaptive coping behaviors (e.g., exercise, seeking support, relaxation, etc.). Person- and mean-centered ESE were the primary level 1 and level 2 predictors modelled in relation to next signal behavior. Results indicated person-mean ESE was a significant predictor of adaptive coping ($B=.15, p=.009$). These results remained significant even when considering daily fluctuations in positive ($B=.01, p < .0001$) and negative ($B=-.07, p=.091$) emotional experiences. In sum, individuals who had higher general ESE had higher engagement in adaptive coping behaviors even when considering variability in emotional experiences. Results indicate a potential novel target (i.e., ESE) for psychological intervention to increase adaptive coping after trauma.

S42. A MIXED-METHODS COMPONENT ANALYSIS OF INPATIENT TRAUMA TREATMENT FOR PUBLIC SAFETY PERSONNEL, MILITARY MEMBERS, AND VETERANS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Working in public safety organizations or in the military poses higher risk of experiencing an occupational stress injury. There are evidence-based interventions that support the treatment and management of these occupational stress injuries; however, less is known about the unique contributions of the specific components of these interventions – the mechanisms of change – when provided within an inpatient setting, particularly for occupation-specific populations. Mechanisms of change studies have been primarily conducted in outpatient settings with a focus on symptom reduction excluding subjective factors like quality of life. However, inpatient care offers the opportunity for individuals to focus on recovery in a controlled environment that often provides more holistic care beyond psychiatric symptom reductions. Therefore, a gap in the literature is determining what portion of the change observed in the service users can be attributed to the therapy itself versus optional elements of the treatment program and other variables.

In this mixed-methods study, we used a modified component analysis methodology to examine the clinical outcomes of 345 service users at an inpatient mental health facility treating post-traumatic stress disorder (and substance use disorders if present) in public safety personnel, including active/retired military members, police officers, paramedics, firefighters, communicators, correctional officers, and emergency medical staff. Then, we conducted interviews with 30 service users during the final weeks of the program to explore their perspectives on what components of inpatient treatment helped their mental health and why. We applied qualitative content analysis to interpret participants' responses through coding and identifying themes or patterns.

Overall, we found that service users demonstrated statistically and clinically meaningful improvements in their symptoms as measured by specific clinical questionnaires. Despite

this, we did not see different quantitative results between service users who differentially participated in optional programming that included adjunct psychotherapy, exposure work, and holistic groups, with the exception of participation in a specific holistic practice called integrative restoration. The qualitative results, however, highlight the specific components within each treatment intervention offered. The service users described the components as, (1) education where they learned about themselves, their mental illness, and new skills (e.g., how to challenge unhelpful thoughts, mindfulness), as well as (2) experiencing an emotional release, (3) re-discovering joy, and (4) renewed their confidence.

This presentation will shed light on the multifaceted mechanisms of change that underpin successful inpatient treatment for PSP beyond symptom reduction from quantitative and qualitative perspectives. By elucidating how structured therapies, holistic programming, and recreational activities collectively contribute to recovery from a qualitative perspective, these findings offer a broader framework for enhancing inpatient care and addressing the unique needs of these occupational groups beyond what could be elucidated from the quantitative analysis. This study also provides evidence that treatment providers should consider integrating more subjective measures of recovery and self-reported well-being alongside clinical scales. Additionally, fostering an environment that supports holistic, individualized healing—including approaches that facilitate personal meaning-making and self-defined recovery—may be key to maximizing the benefits of inpatient mental health care.

S43. COGNITIVE REHABILITATION FOR VETERANS WITH PTSD AND COGNITIVE DYSFUNCTION IS ACCEPTABLE AND FEASIBLE

Maya O'Neil*¹, Emily Sano¹, Kate Clauss¹

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Most Veterans seeking treatment for PTSD endorse cognitive dysfunction, which is not directly targeted by frontline PTSD treatments. Our team piloted a cognitive rehabilitation group therapy program, Compensatory Cognitive Training (CCT), in Veterans with PTSD to determine whether it is acceptable and feasible. We recruited 21 veterans in 6 months, before the study was prematurely shut down due to the COVID-19 pandemic. Participants were primarily White (81.0%), with fairly even numbers of men (52.4%) and women (47.6%), and an average age of 45.3 years (SD = 13.1). Participants were randomized at a 2:1 rate to CCT (61.9%) or treatment as usual (TAU; 38.1%). The majority of participants randomized to CCT attended four or more sessions (90.4%, M = 5.00, SD = 1.92); however, 4 participants dropped out. Despite this, assessment retention was reasonable with 76.19% of the sample completing the post-treatment assessment and 62.5% of those who completed post-test being retained for follow-up. Of those who did not complete follow-up testing, 4 were due to COVID-19. As a measure of acceptability, CCT participants rated the usefulness of 20 compensatory skills, the majority of which (80%) received exclusively “Somewhat Useful” or “Very Useful” ratings. These data support the feasibility of

implementing CCT among Veterans with PTSD, suggest that participants find the skills beneficial, and support the implementation of a larger efficacy trial to determine whether CCT can improve symptoms, cognition, and functioning. In future research, it will be important to examine generalizability beyond this largely Male Veteran sample.

S44. A COMPARISON OF COGNITIVE AND EXPOSURE ORIENTED TRAUMA THERAPIES IN IMPROVING QUALITY OF LIFE: A META-ANALYSIS

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Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Global

Abstract Body To date, several meta-analyses have sought to assess the impact of posttraumatic stress disorder (PTSD) therapies on quality of life (QOL). Generally, these studies have demonstrated that trauma therapies help improve QOL, but not to the same extent with which they impact symptom reduction (Bonfils et al., 2022; Kaur et al., 2023; Fortin et al., 2021). While these findings provide an initial indication that improvements to current therapies may be needed to enact greater improvements in QOL, the meta-analyses to date have not included sufficient studies to compare whether certain types of trauma therapy are more promising in terms of improving QOL. As such, we conducted a meta-analysis of randomized controlled trials (RCTs) of individual PTSD therapies focused on comparing the effectiveness of cognitive versus exposure-oriented therapies in improving QOL. After searching the PTSD Repository and cross-referencing with studies identified in previous similar meta-analyses, 28 records were identified. Consistent with prior research, results indicated a significant medium combined effect size among all studies ($g = .45$; CI: .23 - .66). In comparing cognitive and exposure therapies, exposure therapies demonstrated a larger effect size ($g = .66$; CI: .4 - .92) than cognitive therapies ($g = .34$; .07 - .61), but this difference was not significant ($p = .08$). Our findings indicate that one type of PTSD treatment does not necessarily perform better than the other. As such, new adaptations, or new interventions altogether, may be needed to facilitate greater QOL improvements.

S45. EXPLORING THE ROLE OF CRITICAL CONSCIOUSNESS ON COMPLEX PTSD SYMPTOMS AMONG ADOPTED ADULTS

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Adoption involves the trauma of separation from birth caregivers, placing adopted adults at risk for developing complex posttraumatic stress

disorder (PTSD). Critical consciousness (CC) or an ability to recognize injustice, has been found to be a protective factor for other groups with PTSD, but not among adopted adults. This study explored the relationship of complex PTSD symptoms with three components of CC: reflection, motivation, and action.

Methods: Data from a cross-sectional online survey of 467 adopted adults in the U.S. were utilized. Descriptives and hierarchical regression were conducted to understand the association between CC and complex PTSD.

Results: Foster care adoptees had the highest complex PTSD symptoms compared to international and US private adoptees. Higher complex PTSD scores were associated with more stressful life events and older age at adoption. Critical motivation was the only variable associated with lower complex PTSD. Critical action and reflection were associated with higher PTSD, controlling all other variables.

Conclusions: Findings suggest critical motivation (i.e. desire to personally contribute to social change) could be a novel protective factor for adopted adults. Critical action and reflection were associated with higher complex PTSD, suggesting a complex relationship between CC and PTSD.

S46. ASSESSING AND ADDRESSING THE GAP BETWEEN MENTAL HEALTH NEEDS AND MENTAL HEALTH SERVICES FOR SURVIVORS OF TRAUMATIC INJURIES AT A LEVEL 1 TRAUMA CENTER

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Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body The world-renowned R Adams Cowley Shock Trauma Center (STC) treats more than 6,000 trauma survivors each year. Over 95% survive their physical injuries from motor vehicle crashes, gunshot wounds, physical assault, and falls. However, countless individuals leave STC with psychological scars that are overlooked and untreated.

Mental health needs, knowledge about psychological sequelae following a traumatic injury, and access to mental healthcare are currently unknown for STC patients.

Seventy-one patients receiving care at the Shock Trauma Outpatient Pavilion (STOP) were provided psychoeducation about psychological sequelae to traumatic injury and interviewed about their knowledge, needs, access to mental healthcare, and attitudes toward receiving mental health services within STOP. Patients were screened for PTSD via the PC-PTSD-5.

Following the interview, 72% reported interest in having mental health appointment on the same day as other outpatient services, which they said would ease concerns related to transportation, the most common barrier to accessing mental healthcare. Eleven percent of

patients screened positive for PTSD. Qualitatively, patients said they preferred mental healthcare at STOP because of their trust in the STC staff.

In response to the demand and need for mental health services, a co-located mental health clinic with wraparound services (e.g., medical care, legal services) is scheduled to open Spring 2025. Clinicians will provide written exposure therapy and other evidence-based treatments to patients. By the time of ISTSS, preliminary intervention results will be presented.

S47. LEFT WRITE HOOK: A SURVIVOR-DESIGNED, AND PEER-LED PROGRAM INCORPORATING EXPRESSIVE WRITING AND BOXING TO SUPPORT MENTAL HEALTH IN SURVIVORS OF CHILD SEXUAL ABUSE

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Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body Existing approaches to supporting victim-survivors of Child sexual abuse (CSA) are resource-intensive and traditionally led by mental health professionals. Left Write Hook (LWH) is a novel survivor-designed, peer-led program for survivors of CSA. By combining expressive writing and trauma-informed boxing, the program promotes self-empowerment and supports survivors to reclaim their bodies and rewrite their stories. This uncontrolled study evaluated the effectiveness of LWH in enhancing survivors' mental health. 30 female-identifying and gender diverse survivors completed an 8-week program of weekly 2-hour sessions. From pre- to post-intervention, we observed a significant decrease in self-report symptoms of depression, anxiety and stress, post-traumatic stress disorder and complex post-traumatic stress disorder. We also observed a decrease in maladaptive post-traumatic cognitions and fragmentation of trauma memories, along with a significant increase in emotional wellbeing from pre- to post-intervention. Findings provide initial support for LWH as a peer-led mental health intervention. LWH is a low-cost intervention that offers a multifaceted, empowering, and survivor-centred approach. A randomised controlled trial evaluating the program is ongoing, however, these initial findings illustrate the promise of LWH to support victim-survivors.

S48. UNDERSTANDING TRAUMA AND TREATMENT EXPERIENCES OF QUEER WOMEN AND TRANSGENDER/NON-BINARY PEOPLE ASSIGNED FEMALE AT BIRTH: A QUALITATIVE INTERVIEW STUDY

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Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Background: LGBTQ+ people experience violence at a significantly higher rate than cisgender heterosexual people, particularly queer women and transgender people assigned female at birth. Despite an increased risk of developing post-traumatic stress disorder (PTSD) in these communities, LGBTQ+ people frequently have poor experiences with mental health therapy, ranging from unhelpful to actively harmful.

Objectives: To utilize lived experience knowledge to improve our understanding of the intersections between traumatic stress and minority stress in LGBTQ+ people. To identify specific and actionable information about queer and trans people's perspectives on PTSD treatment.

Methods: Semi-structured interviews with 15 queer women and transgender/non-binary people assigned female at birth with a provisional PTSD diagnosis. Our analysis utilized reflexive thematic analysis informed by minority stress theory and feminist theory.

Results: Analyses explored the impact of oppression and discrimination on feelings of safety before and after traumatic experiences, as well as help-seeking and treatment experiences. Perspectives on treatment highlighted the importance of addressing social and political factors in therapy.

Conclusions: These results provide survivor-led information about important clinical targets and cultural competence practices for PTSD treatment with queer women and trans people assigned female at birth.

S49. INCREASING ACCESS TO CARE: EXPLORING PTSD TREATMENT MODALITY PREFERENCES AND EXPERIENCES IN OLDER ADULT VETERANS AND RURAL VETERANS

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Track Clinical Interventions

Primary Program Type Technology

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Both older adult (OA) and rural Veterans with PTSD experience unique barriers to accessing in-person PTSD treatment, making digital treatments (telehealth, computer-based, app-based) potentially viable alternatives. However, little is known regarding interest in these modalities. OA Veterans may be less likely to use digital interventions due to discomfort with technology, whereas rural Veterans may be more likely to access digital interventions due to travel-related barriers. However, no prior studies have examined OA and rural Veterans' interest in various PTSD care modalities. Veterans with PTSD (N=594; M age=48.18±13.44) self-reported their interest in, use of, and benefit from PTSD treatments in: (1) in-person, (2) telehealth, (3) computer-based, and (4) app-based. Rurality, measured via RUCA Codes, was dichotomized as urban vs rural and age was dichotomized as younger adult < 64 vs OA ≥65. Pearson chi-square analyses showed that OAs were less likely to be interested in telehealth, computer-based, and app-based modalities

than younger adults ($p \leq .038$). Yet, there were no differences in treatment modality interest between rural and urban Veterans. In-person PTSD care was most often ranked first (OA: 64.7%; Rural: 59.2%), followed by telehealth (OA: 61.2%; Rural: 51.5%), computer-based (OA: 65.9%; Rural: 53.4%), and app-based (OA: 65.9%; Rural: 58.3%). Results on use of and benefit from digital treatments will be presented. Highlighting underserved Veterans' preferences for and experiences with various PTSD care modalities can help address barriers surrounding treatment access and utilization.

S50. PRELIMINARY FEASIBILITY OF A PERSONALIZED VIRTUAL REALITY AND MUSIC INTERVENTION FOR SLEEP QUALITY IN TRAUMA-EXPOSED HEALTHCARE WORKERS

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Track Clinical Interventions

Primary Program Type Technology

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Sleep disturbances, including insomnia and trauma-related nightmares, are common in individuals with post-traumatic stress disorder (PTSD), particularly healthcare workers (HCWs) exposed to occupational trauma. Conventional treatments often fail to fully address sleep difficulties. Virtual reality (VR) and music have been shown to reduce physiological arousal and promote relaxation, suggesting their potential as adjunctive therapies for sleep improvement. Objective: To evaluate the feasibility and acceptability of a personalized VR and music intervention for improving sleep in trauma-exposed HCWs. Methods: We are recruiting 20 HCWs with sleep disturbances (CAPS-5 item E6 score ≥ 2) from an ongoing VR-based PTSD trial. Participants complete a 20-minute VR intervention before bedtime, three times per week for five weeks, selecting from four VR environments and eight music genres. Sleep is assessed via the Insomnia Severity Index (ISI), Consensus Sleep Diary (CSD), PCL-5, and CAPS-5. Results: Enrollment began in February 2025, and we anticipate having nearly complete feasibility data to present at the conference. Primary outcomes include feasibility (recruitment, retention, adherence), acceptability (willingness to continue or recommend the intervention), and tolerability (adverse effects). Secondary outcomes include changes in sleep measures (ISI, CSD, PCL-5, CAPS-5). Additionally, participants provide feedback on their experience. Conclusions: A personalized VR and music intervention is expected to be feasible and acceptable for improving sleep in trauma-exposed HCWs.

S51. EXPLORING THE TRAUMATIC IMPACT OF FAMILY SEPARATION: A QUALITATIVE STUDY ON NEEDS, BARRIERS, AND LIVED EXPERIENCES OF ASYLUM-SEEKING PARENTS IN THE U.S.

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Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Global

Abstract Body Methods: This study recruited 21 Black asylum-seeking parents who spoke Haitian Creole (n = 10) or English (n = 11). Participants completed individual semi-structured interviews focused on their experiences with family separation. A codebook was iteratively developed using rapid identification of themes. Results: Analysis of coded semi-structured interviews yielded the following themes: 1) Feelings of hopelessness, helplessness, and difficulty caring for family while in the U.S., 2) Changes in parents' social and caregiving roles to their children outside the U.S., 3) Negative impact of family separation on daily living, including distressing thoughts and impaired sleep, and 4) Concern for children and family safety outside of the U.S. The majority of participants endorsed a trauma history, including experiences of torture, prior to coming to the U.S. Conclusion: These narratives provide a unique lens through which to understand the experiences of parents trying to build a new life in the U.S. without their children. Findings from the current study will inform co-design of a trauma-informed mental health intervention for parents experiencing transnational family separation and will address gaps in trauma-informed systems of care for migrants more broadly.

S52. PREMIGRATION TRAUMA, POSTMIGRATION TRAUMA, AND PSYCHOLOGICAL DISTRESS AMONG SOMALI YOUNG ADULTS IN NORTH AMERICA: A MODERATION ANALYSIS

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Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Adult

Region Global

Abstract Body The present study tested whether postmigration trauma moderates the relationship between premigration trauma and psychological distress among Somali young adults (n=317) in North America who participated in the Somali Youth Longitudinal Study, a community-based research collaboration between Boston Children's Hospital and Somali community leaders. Trauma was measured with the War Trauma Screening Scale, and psychological distress with the Hopkins Symptom Checklist and Harvard Trauma Questionnaire. Binary logistic and linear regressions were conducted for each psychological distress outcome (depression, anxiety, and posttraumatic stress), controlling for gender, location, and years in North America. Postmigration trauma moderated the relationship between premigration trauma (any/none) and the presence of posttraumatic stress symptoms. Pairwise comparisons indicated that individuals reporting no trauma were significantly less likely to report symptoms than those with any premigration and/or postmigration trauma, regardless of trauma timing, p 's < .0001. Postmigration trauma did not moderate premigration trauma's relationship with depression or anxiety. Main effects of pre- and postmigration trauma were significant across most models. Results suggest pre- and

postmigration trauma independently relate to depression and anxiety among Somali young adults in North America rather than interacting, while the relationship between trauma and posttraumatic stress symptoms may be more complex.

S53. INTERGENERATIONAL TRANSMISSION OF GENOCIDE AGAINST TUTSI IN RWANDA

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Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation Level Advanced

Population Type Mental Health Professionals

Region West and Central Africa

Abstract Body Intergenerational transmission of genocide against Tutsi in Rwanda

Exposure to political violence often has long-term negative consequences on both mental health; Mutuyimana and al., 2019; Pfeiffer and Elbert, 2011) and social cohesion within impacted societies (Mukashema and Mullet, 2013; Ng, López, Pritchard, and Deng, 2017; Staub, 2014). An increasing number of studies have recently focused on the long-term effects of political violence that can carry through to the generations born after the end of the violence (Burchert, Stammel, and Knaevelsrud, 2017).

In this context, the potential intergenerational transmission of negative legacies of the 1994 genocide against Tutsi and its aftermath raises deep concern. It is a concern that those who have experienced the genocide will pass some of its emotional effects to those who did not directly experience it, including children who had not been born in 1994 (Perroud, and Rutembesa (2014).

In post genocide Rwanda, there are direct and indirect pathways of the intergenerational transmission of the legacies of the genocide within families. The direct pathways concern the ways in which parents' experiences with the genocide (i.e. the acts of violence) and its aftermath are reflected upon, reconstructed and explicitly communicated, or not, to the second generation.

Throughout the Multi-Family Healing Spaces, it is expected that family members will be changed and transformed through the following underlying mechanisms, in terms of narratives, emotions, and behaviors to develop resilience at the individual, family, and community level.

S54. PERCEPTIONS AND ATTITUDES ON USING NON-INVASIVE NEUROTECHNOLOGIES IN NEUROSCIENCE RESEARCH ON POST-TRAUMATIC STRESS DISORDER IN AFRICA

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Track Mode, Methods and Ethics

Primary Program Type Ethics

Presentation Level Introductory

Population Type Adult

Region Eastern and Southern Africa

Abstract Body Post-traumatic stress disorder (PTSD) is a debilitating condition with a high unmet need on the African continent. With a prevailing prevalence estimated to be between 3.9% and 5.6%. To address the gaps in treatment, non-invasive neurotechnological interventions, such as Transcranial Magnetic Stimulation and Virtual Reality Exposure Therapy, have emerged as potentially effective neurotechnologies to inform treatment of PTSD in Africa. However, a gap remains between neuroscientific advancements in PTSD treatment and the need to tailor these interventions to the priorities of individuals across Africa's diverse multicultural contexts. It is thus crucial to investigate contextually and culturally relevant priorities and needs of individuals with PTSD in Africa. The proposed presentation aims to present the perceptions and attitudes on using different non-invasive neurotechnologies in neuroscience research on PTSD in Africa and how cultural factors inform ethical priorities and needs. To obtain perspectives of people with lived experience of PTSD we use; in-depth interviews, the Life Events Checklist for DSM-5, Cultural Humility Scale, focus group discussions and priority setting survey. This presentation will thus present findings on perspectives, attitudes and cultural beliefs surrounding neurotechnology treatments for PTSD in Africa. We anticipate insights that could inform practice and future Africa-specific policy guidelines. It is important to develop contextually relevant and culturally sensitive ethical guidelines that will support the recovery of all people and communities affected by PTSD.

S55. EMOTION REGULATION STRATEGIES INTERACT TO EXPLAIN THE ASSOCIATION BETWEEN TRAUMA DISCLOSURE AVOIDANCE AND PTSD SYMPTOMS

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Track Professionals

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Sexual and gender minorities (SGM) have increased susceptibility to adverse events but may employ coping strategies to mitigate consequences. Trauma disclosure (Stein et al., 2017) and emotion regulation strategies (Ramos et al., 2022) are critical factors influencing trauma sequelae, including PTSD. This study examined the role of emotion regulation strategies (approaching, distraction, social support, withdrawal) in the context of trauma disclosure avoidance and PTSD symptoms among 80 SGM couples (N=160 individuals). Actor-partner interdependence modeling with moderation was used to examine actor and partner effects. Four separate models distinguished by emotion regulation strategies

were conducted. Main actor and partner effects were observed for the association between trauma disclosure avoidance and PTSD symptoms across models. Significant interaction effects emerged within models, including social support (interactionactor-partner=-0.37, $p < .001$; interactionpartner-actor=0.24, $p=.03$), withdrawal (interactionpartner-partner =-0.22, $p=.04$), and distraction (interactionactor-actor=0.30, $p=.02$). Findings indicate that types of emotion regulation strategies interact with trauma disclosure avoidance to uniquely associate with one's own and one's partner's PTSD symptoms. This highlights modifiable intervention targets, such as reducing trauma disclosure avoidance and fostering interpersonal emotion regulation strategies, which may potentially strengthen or weaken PTSD symptoms. Findings underscore assessing these constructs at the systems level, particularly accounting for one's partner.

S56. OCCUPATIONAL MORAL INJURY IN HEALTHCARE: A CONCEPT ANALYSIS

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Track Professionals

Primary Program Type Global Issues

Presentation Level Introductory

Population Type Other Professionals

Region Global

Abstract Body Though recognized as a phenomenon of occupational distress among healthcare professionals even prior to the COVID-19 pandemic, moral injury has gained precipitous attention in recent years. Pandemic-era challenges that persist even in the aftermath of COVID-19 emergency declarations continue to expose long extant experiences of moral injury among healthcare clinicians.

Globally, nurses comprise the largest segment of the world's healthcare workforce. Better understanding how nurses experience and are affected by moral injury is a pressing need for the improvement of trauma-informed healthcare systems that depend on nursing care.

This project involves a concept analysis of occupational moral injury. Based on a brief review of literature on moral injury as a phenomenon experienced within the context of healthcare work settings, this project seeks to better understand the concept of moral injury in healthcare as it relates to moral distress and to the oft associated phenomenon of burnout. By clarifying the uses and antecedents, effects and consequences, and most distinctive attributes of moral injury as experienced in healthcare work settings, this project thus aims to contribute toward trauma-informed healthcare systems that are better able to assess and address the nursing profession's needs in the prevention or mitigation of occupational moral injury.

S57. HOPE FOR CHANGE: GROWTH MINDSET FOR WELLBEING AS A PROTECTIVE FACTOR FOR NURSES FOLLOWING EXPOSURES TO POTENTIALLY MORALLY INJURIOUS EVENTS

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¹*Northern Illinois University*

Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Population Type Other Professionals

Region Industrialized Countries

Abstract Body Nurses are exposed to high rates of potentially morally injurious events (pMIEs) through their work. This exposure has been found to result in higher rates of moral injury, depression, anxiety, anger, self-harm, and quitting (Stovall et al., 2020). Researchers have found that theories of wellbeing (TOWB), believing a person's wellbeing is fixed versus something that can change over time is associated with relationship quality, reports of wellbeing, and adaptiveness of goal setting and goal striving (Howell, 2016). Furthermore, priming a growth mindset for wellbeing improves attitudes toward therapeutic lifestyle changes (Howell et al., 2016). This study examined if a growth mindset for wellbeing functions a protective factor against some of the negative outcomes associated with exposure to pMIEs for nurses. A survey completed by 140 nurses (89% female) found that TOWB significantly moderated the relationships of exposure to pMIEs with symptoms of posttraumatic stress disorder ($\beta = 0.21$, 95% CI[0.072, 0.354], $p = .003$), depression ($\beta = 0.19$, 95% CI[0.054, 0.324], $p = .006$), hope ($\beta = -0.134$, 95% CI[-0.245, -0.024], $p = .017$), and wellbeing ($\beta = -0.319$, 95% CI[-0.583, -0.055], $p = .018$); negative outcomes were strongly associated with pMIEs for those with a fixed mindset but not for those with a growth mindset. These findings suggest that a growth mindset for wellbeing is a promising target for intervention to protect nurses from experiencing a variety of negative effects following exposure to pMIEs in healthcare settings.

S58. PREVALENCE OF CONTACT AND NON-CONTACT SEXUAL AND INTIMATE PARTNER VIOLENCE AMONG OLDER ADULT WOMEN: THE STUDY OF WOMEN'S HEALTH ACROSS THE NATION (SWAN)

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Population Type Older People/Aging

Region Industrialized Countries

Abstract Body Limited data exists on the prevalence of sexual violence (SV) and intimate partner violence (IPV) among older adult women. We conducted a cross-sectional descriptive analysis of SV and IPV among 520 women aged 66-79 years from the Pittsburgh and Michigan SWAN sites. Women reported past-year and lifetime IPV (physical, sexual, psychological); lifetime contact SV, including unwanted sexual contact (e.g., kissed, fondled, groped, grabbed, or touched) and sexual coercion (e.g., sex due to non-physical pressure); and lifetime non-contact SV (e.g., verbal harassment in a public place that felt unsafe) and sexual/gender harassment from partners or non-partners. Women were on average 71.2 years old (SD=2.8); 43.1% Black, 56.9% White, and 48.3% currently married/partnered. Lifetime IPV was reported by 42.7% of women (physical: 25.4%, psychological 25.4%, sexual:

15.0%). Prevalence of IPV was higher in Black vs. White women for any IPV (50.0% vs. 37.2%; $p=.003$), physical IPV (32.6% vs. 19.9%; $p=.001$), and psychological IPV (30.4% vs. 21.6%; $p=.023$), respectively. Moreover, 9.2% of women reported IPV in the past year (physical: 0.8%, psychological: 3.7%, sexual 1.9%). Over one-third of women (34.2%) reported unwanted sexual contact in their lifetime (Black: 28.1%, White: 38.9%; $p=.011$) while 13.5% of women reported sexual coercion. For non-contact SV, nearly half of the sample endorsed sexual/gender harassment (47.5%), followed by non-contact verbal harassment (11.7%). Findings highlight the need for clinicians to recognize the high and continuing burden of SV and IPV for older adult women and to offer resources to all patients.

S59. INSOMNIA SYMPTOMS DURING THE HEIGHT OF A PUBLIC HEALTH CRISIS IN U.S. MILITARY VETERANS: THE ROLE OF PRE-EXISTING PTSD SYMPTOMS

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¹*VA Connecticut Health Care System*, ²*National Center for PTSD*

Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Individuals exposed to public health crises such as the COVID-19 may have pre-existing vulnerabilities and experience stressors that may negatively affect sleep. Using data from a nationally representative sample of 3,078 U.S. veterans, this cross-sectional study examined key pre- and peri-pandemic factors associated with insomnia symptoms during the height of the COVID-19 pandemic in the U.S. (Nov 2020 when the pandemic was at its peak and before widespread availability of COVID-19 vaccines). A relative importance analysis revealed that pre-pandemic PTSD symptoms (57.4% relative variance explained [RVE]), COVID-related social and financial stressors (13.4% and 13.2% RVE, respectively), and younger age (12.6% RVE) were most strongly associated with insomnia severity. These results suggest that U.S. veterans with increased pre-pandemic PTSD symptoms and social and financial stressors may be at particularly increased risk of insomnia symptoms during a public health crisis. They further underscore the importance of front-line behavioral insomnia treatments in this population.

S60. SELF-IMPOSED PURITY BELIEFS: EFFECTS ON SEXUAL AVOIDANCE FOLLOWING SEXUAL TRAUMA

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Track Public Health

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Objectives: Our study examined how purity culture-related beliefs, which emphasize abstinence, traditional gender roles, and sex as shameful, impacts the relationship between sexual trauma and avoidance of sexual experiences, with hopes of providing clinically relevant insights.

Methods: Undergraduate (N=347) participants who endorsed experiencing a sexual trauma completed a survey of sexual assault severity, sexual experience avoidance, and purity-culture beliefs. Moderation analyses were used to examine how purity-culture beliefs and beliefs that sex is shameful moderated the relationship between sexual assault severity and sexual avoidance.

Results: There were no significant interactions ($p > 0.05$). However, purity-culture beliefs directly predicted sexual avoidance beyond sexual assault severity ($b = 0.44$, $p < 0.01$), and beliefs that sex is shameful directly predicted sexual avoidance, beyond sexual assault severity ($b = 0.31$, $p < 0.05$).

Conclusion: Results revealed that overall purity-culture beliefs and specific beliefs that sex is shameful were significantly associated with sexual avoidance beyond sexual assault severity, highlighting that negative beliefs related to sex may play a crucial role in sexual experiences among survivors of sexual trauma.

S61. TRAUMA AND HEALING: THE ROLE OF SOCIAL REACTIONS IN SHAPING MENTAL HEALTH FOR SEXUAL ASSAULT SURVIVORS

Malisa Brooks*¹, Ayleen Lara¹, Morgan Aamodt¹, Gerolyn Ryan¹, Kent Hinkson²

¹Utah Valley University, ²SC MIRECC

Track Public Health

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Our study examines the relationship between social reactions to sexual assault (SA) disclosures and mental health outcomes in college students, with a focus on PTSD, anxiety, depression, and suicidal ideation. The objective was to understand how different social reactions, including negative and positive responses from friends and family, affect survivors' mental health. Methods included a nationwide survey of 319 individuals who had disclosed their SA experiences. Social reactions were categorized into three types: "Turning Against," "Unsupported Acknowledgement," and "Positive Support." Mental health outcomes were measured using standardized tools for PTSD, depression, anxiety, and suicidal ideation. Results showed that "Turning Against" and "Unsupported Acknowledgement" were linked to higher scores in PTSD, depression, and anxiety. "Positive Support" had a weaker but negative correlation with these outcomes. Additionally, certain suicidal ideation items were associated with negative social reactions. The study concludes that negative social reactions exacerbate mental health issues following SA, while positive support does not fully counteract these effects. These findings emphasize the need for supportive social environments for survivors to mitigate secondary victimization and promote healing.

S62. DO TOPIRAMATE'S COGNITIVE SIDE EFFECTS IMPACT PROLONGED EXPOSURE OUTCOMES IN VETERANS WITH COMORBID PTSD AND ALCOHOL USE DISORDER?

Terrell Hicks*¹, Kristine Dell¹, Alexandra Klein¹, Zerla Oca², Matthew McCue³, Sonya Norman⁴

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Track Public Health

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Veterans with comorbid posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) often experience severe symptoms and functional impairment, leading to challenges in treatment engagement and outcomes. Although topiramate is an effective pharmacotherapy for AUD and has shown promise in PTSD treatment, concerns about its cognitive side effects may deter prescribing providers and contribute to patient hesitancy. This study aimed to determine whether topiramate leads to clinically meaningful cognitive side effects that could impact its suitability to prescribe in tandem with Prolonged Exposure (PE) therapy. This study utilized data from a double-blind, placebo-controlled trial in which 100 veterans with PTSD and AUD were randomized to receive PE therapy with either topiramate or placebo. Cognitive functioning was assessed at baseline and mid-treatment, and PTSD symptoms were assessed at baseline and post-treatment. Results indicated that while topiramate was associated with mild declines in verbal learning and memory, scores remained within normal ranges. Specifically, mean HVLT-R subscale scores ranged from 41.62 to 47.87 (SD = 7.33-15.25), and mean WAIS-IV Coding subtest scores ranged from 9.05 to 10.91 (SD = 2.08-7.75) across time points. These findings suggest that topiramate's cognitive side effects were not clinically meaningful and should not serve as a barrier to prescribing topiramate for those in PE. Future research should examine the long-term cognitive and therapeutic effects of topiramate to guide shared decision-making and optimize integrated treatment for veterans with PTSD and AUD.

S63. THE RELATIONSHIP BETWEEN GENDER, STRESSFUL LIFE EVENTS, COPING, AND MENTAL HEALTH OUTCOMES AMONG ARAB AMERICAN EMERGING ADULTS

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Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Middle East and North Africa

Abstract Body This study aimed to identify if there are (1) gender differences in stressful life events experienced and coping responses and (2) their association with mental health outcomes among Arab American college students (N = 131). Linear regressions indicated that gender did not predict coping mechanisms, we found it did positively predict somatic symptoms ($\beta = 0.28$; $p = 0.03$). Furthermore, avoidance coping positively predicted depression ($\beta = 0.04$; $p < .001$), anxiety ($\beta = 0.04$; $p = 0.002$) and somatic symptoms ($\beta = 0.04$; $p < .001$). Stressful life events, such as individuals reporting their “mental health got worse” ($\beta = 1.31$; $p = .002$) and that they got “kicked out of a shelter” ($\beta = 0.59$; $p = 0.02$) also positively predicted depression, while having “been physically assaulted” ($\beta = 0.72$; $p = 0.02$) positively predicted somatic symptoms. Our findings highlight the types of stressors and symptoms afflicting Arab American young adults, as well as the importance of further research examining what may be contributing to the high levels of somatic symptoms among Arab American young adult women.

S64. EXPLORING HELP SEEKING PREFERENCES AMONG MIDWESTERN LATINE COMMUNITIES

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Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Latine populations access mental health services about 40% < non-Latine Whites (SAMHSA, 2024). Discrimination may pose as a barrier to care (Dang et al., 2012; Ortega et al., 2007) and may operate similarly to other traumatic events (Williams et al., 2018), causing avoidance of situations with potential discrimination, including formal systems of care. Instead, informal support may be preferred. However, prior analyses suggest preferences may shift for those experiencing mental health difficulties with PTSD symptoms specifically predicting uptake of care (Andrews et al., 2024). The current study examined help seeking preferences in a sample of 202 Latine residents of the midwest. Friends and family were most preferred for support (n=84, 41.6%), followed by primary care doctors (n=42, 20.8%). Therapists/counselors were also preferred by a substantial minority of participants (n=33, 16.3%). In binary logistic regressions of help seeking preferences, age was the only significant predictor of preference for formal help, with older participants preferring formal help more than younger participants (aOR = 1.01, b = .042, SE = .021, p = .048). No other predictor was significant, including discrimination and PTSD symptoms (p-values > .05). Results suggest friends and family, primary care doctors, and therapists/counselors are most preferred for seeking care. Experiences of discrimination and PTSD symptoms were unrelated to help seeking preferences, including avoidance of formal support. Findings highlight the need to increase formal service availability and improve sources of support for Latine populations.

S65. EVALUATION OF A SCHOOL-BASED CHILD SEXUAL ABUSE PREVENTION PROGRAM: RESULTS AND IMPLEMENTATION LESSONS FROM A STEPPED WEDGE TRIAL OF THE HEALTHY RELATIONSHIPS PROJECT IN WASHINGTON, DC, USA

Beth Molnar*¹, Chloe Bennett¹, Bianca Ejiofoh², Sheryldine Samuel², Daphney Mirand¹

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Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Population Type Both Adult and Child/Adolescent

Region Industrialized Countries

Abstract Body Background: The Healthy Relationships Project (HRP) is a child sexual abuse (CSA) primary prevention curriculum implemented in 29 states and the District of Columbia (DC). Grounded in the Social Ecological Model (Bronfenbrenner 1979), the HRP works at multiple ecological levels, including school staff training, developmentally appropriate classroom lessons, and caregiver workshops. The objective of this study is a rigorous evaluation of the HRP, including lessons about implementation guided by Diffusion of Innovation Theory (Rogers 2003).

Methods: Partnering with Safe Shores, the Child Advocacy Center for Washington DC, this research team is rigorously evaluating the HRP in 15 under-resourced DC public/public charter schools of Pre-K-5th-Graders, utilizing a mixed-methods stepped wedge randomized trial design (Hemming et al., 2015). The trial utilizes primary data on CSA cases at the school level via reports to Safe Shores; secondary outcomes collected from staff, faculty, and caregivers; and key stakeholder interviews to inform implementation at participating schools.

Results: Key insights from implementation data include identification of multifaceted approaches needed for successful implementation and sustainability in complex schools. Results and insights from the evaluation trial ending June 2025 will be presented.

Conclusions: Results from quantitative data will show whether there has been movement at a school level in CSA reports or in staff/faculty/caregiver knowledge, attitudes, and self-efficacy for prevention of CSA. Implementation lessons will be useful for school-based prevention efforts widely.

S66. DRINKING PATTERNS AND PTSD SYMPTOMATOLOGY: THE INFLUENCE OF SELF-BLAME ON PSYCHOLOGICAL DISTRESS IN COLLEGE STUDENTS WITH A SEXUAL ASSAULT HISTORY

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Self-blame following sexual assault is associated with both the initial onset and the maintenance of sexual assault-related PTSD over time (Kline et al., 2021; Resick and Schnicke, 1992). Alcohol is a common maladaptive coping mechanism among sexual assault survivors and is related to both self-blame (Boyras and Waits, 2018) and PTSD severity

(Ullman et al., 2013). It could be that alcohol and self-blame interact, potentially exacerbating each other's influence on PTSD severity. This project examined quantity of alcoholic drinks consumed per week, frequency of heavy episodic drinking in the past month, and coping drinking motives as potential moderators of self-blame on PTSD severity via negative binomial regressions with 121 college women. The sample was predominantly Black or African American ($n = 51, 42.1\%$) with an average age of 20.18 ($SD = 4.36$). The main effects of self-blame in all three models ($ps < .02$) and coping drinking motives in its respective model ($b = .37, p = .009$) were significant. There were no significant moderations or additional significant main effects. Given the absence of moderation and the recent decline in reported alcohol use among college students, future research should explore other maladaptive coping behaviors with self-blame and PTSD severity.

S67. POSTTRAUMATIC SELF-COGNITIONS AND TIME ATTITUDES INFLUENCE DAILY MIND-WANDERING AMONG INTERPERSONAL TRAUMA SURVIVORS: AN EXPERIENCE SAMPLING STUDY

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region East Asia and the Pacific

Abstract Body Interpersonal trauma often negatively impacts self-cognitions and one's attitudes toward the present and future, which are known to influence psychological adaptation. However, their role in everyday mind-wandering remains unexplored. This study aimed to investigate how these factors shape the occurrence and content of daily mind-wandering. A total of 130 adult survivors of interpersonal trauma were assessed on posttraumatic self-cognitions and time attitudes at baseline, followed by a week-long experience sampling of mind-wandering via mobile devices, eight times per day. Each mind-wandering episode was rated for time orientation and emotional valence. Multilevel models showed that individuals with more negative posttraumatic self-cognitions were more likely to mind-wander about the past, with more negative content. The present-positive attitude predicted less mind-wandering and more positive content, particularly when thinking about the present and future. In contrast, the present-negative attitude predicted more mind-wandering and negative content. The future-positive attitude did not affect mind-wandering probability but predicted more positive content, especially when thinking about the future. These findings suggest that negative self-cognitions and present attitudes may exacerbate negative mind-wandering, while positive present and future attitudes may enhance present focus and foster positive mind-wandering. Interventions targeting self-cognitions and time attitudes may improve mental well-being in survivors of interpersonal trauma.

S68. SEXUAL ASSAULT AMONG U.S. MILITARY SPOUSES: FINDINGS FROM THE MILLENNIUM COHORT FAMILY STUDY

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Despite the prevalence of sexual assault in military contexts, little research has examined such experiences among military family members. This study explored the prevalence, characteristics, and demographic risk factors of sexual assault among spouses of US service members. Military spouses enrolled in the Millennium Cohort Family Study (N = 19,500) reported experiences of sexual assault since entering the military community, including offender and assault characteristics. Descriptive statistics weighted to the population were used to explore prevalence and characteristics of sexual assault experiences, while a hierarchical logistic regression model was used to examine demographic risk factors. Approximately 7.6% of military spouses experienced sexual assault (female: 8.2%, male: 4.1%). Spouses who were veterans had the highest prevalence (18.9%), followed by spouses who were currently serving (8.9%) or had never served (6.9%). Among those who experienced sexual assault, a wide range of offender and assault characteristics were reported, including assault from a friend, relative, or acquaintance (43.2%) and spouse or significant other (27.5%). Main effects from logistic regression modeling indicated that sex, current or former military service, separated or divorced marital status, and Navy branch were risk factors. However, an interaction indicated that current military service was only a risk factor among female spouses. These results provide novel insight into the sexual assault experiences of military spouses and could thus inform sexual violence prevention within the Department of Defense.

S69. DEVELOPMENT OF TRAUMA-INFORMED GUIDELINES FOR INTERPERSONAL VIOLENCE SURVIVORS IN COMBAT SPORTS: A DELPHI STUDY

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Experiencing interpersonal violence (IPV), including sexual assault and domestic violence, can lead to a host of severe and persistent mental health consequences. For IPV survivors, participating in combat sports may facilitate recovery via multiple pathways including increasing social support and community, providing corrective experience with trauma cues, increasing self-efficacy to resist future violence, and promoting empowerment and self-worth. However, combat sport gyms are often hypermasculine environments with significant triggering potential and are often not designed to acknowledge the presence of, or support the recovery of, IPV survivors. Thus, IPV survivors who choose to engage in combat sports may experience both help and harm. The current study therefore used a Delphi methodology with 26 combat sport IPV survivor stakeholders to construct trauma-informed guidelines for combat sport gyms to make these spaces safer, more

accessible, and more beneficial for IPV survivors. The final 16 guidelines were then reviewed and refined by a panel of physical activity and trauma researchers. The final guideline list includes directives relating to gym policies, mental health literacy, combat sport safety, and overarching gym culture. Implementation of these guidelines in combat sports settings will promote survivor participation, safety, and benefits of practice while limiting the potential for harm within recreational spaces.

S70. MORAL INJURY AND RELIGIOUS AND SPIRITUAL STRUGGLES: PATHWAYS TO PSYCHOLOGICAL DISTRESS AMONG SURVIVORS OF INTIMATE PARTNER SEXUAL VIOLENCE

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Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Intimate partner sexual violence (IPSV) and moral injury—a distinct form of distress that can occur following potentially morally injurious events—are both consistently associated with adverse mental health outcomes. Experiences of sexual violence are also associated with decreased religiosity, suggesting that religious and spiritual struggles (R/SS) may contribute to IPSV survivors' distress. This study explored the relationships among IPSV, moral injury, R/SS, and psychological distress in a convenience sample of U.S. Christian women (N = 210). Participants completed measures of IPSV, moral injury, R/SS, and psychological distress. Results revealed significant positive associations among IPSV, self- and other-directed moral injury, R/SS, and psychological distress. Importantly, results of mediation analyses revealed indirect effects of (a) R/SS, (b) self-directed moral injury, and (c) other-directed moral injury in the relationship between IPSV and psychological distress. These findings highlight moral injury and R/SS as pathways linking IPSV to adverse psychological outcomes and underscore the need to conceptualize IPSV as a potentially morally injurious event. Further, by acknowledging the potential moral and spiritual dimensions of IPSV, clinicians can develop targeted interventions, and religious leaders can create supportive environments to address survivors' spiritual struggles.

S71. SERVICE NEEDS OF APPALACHIAN MOTHERS WITH CHILDHOOD TRAUMA RECEIVING SUBSTANCE USE TREATMENT

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Appalachian regions in the United States have been disproportionately affected by the substance use disorder (SUD) crisis, with individuals aged 25-54 experiencing an overdose mortality rate 72% higher than their non-Appalachian counterparts. Additionally, persons with SUD experience heightened levels of childhood trauma which negatively impacts them and their families. Such impact may lead to a need for services that are not standard care practices. An understanding of the trauma-informed service needs of mothers seeking SUD treatment is critical for addressing these issues. Therefore, the purpose of this study is to examine services that are suggested by Appalachian mothers with extensive trauma histories and SUD. Thirty-five mothers receiving substance use treatment in West Virginia participated in semi-structured interviews. Data were analyzed using conventional content analysis. Most participants (96%) identified as White, 66% had more than a high school education, and the mean ACE score was 5.4, reflecting heightened childhood trauma exposure. Mothers reported the need for financial support, counseling, and child-inclusive programs—services rarely integrated into SUD treatment. However, they may benefit this population as they often experience coexisting challenges outside of SUD. The existing trauma history can also impact each of the domains in which mothers reported needing additional support. Therefore, it is necessary for such services to not only be trauma-informed but address the impact trauma can have on other facets of their lives such as financial stability, mental health, and parenting.

S72. SEX/GENDER DIFFERENCES IN THE ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND INTIMATE PARTNER VIOLENCE WITH MENTAL HEALTH DISORDERS AND ATTEMPTED SUICIDE AMONG ADULTS WHO HAVE EXPERIENCED HOMELESSNESS

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Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Population Type Adult

Region Industrialized Countries

Abstract Body Background: Adults experiencing homelessness are disproportionately affected by mental health problems, adverse childhood experiences (ACEs), and intimate partner violence (IPV). Little is known about whether there are sex/gender differences in the associations between ACEs or IPV with mental health problems in this population. This study examined whether sex/gender moderated the associations between ten widely studied ACEs or IPV with mental health problems among adults who had experienced homelessness. Methods: Data were used from participants in wave II of the NESARC who identified as experiencing homelessness (n=1,026). Logistic regression models assessed the main effects of ten ACEs individually or IPV on lifetime mental health problems (i.e., mood disorder, anxiety disorder, posttraumatic stress disorder, alcohol use disorder [AUD], drug use disorder [DUD], and nicotine dependence) and attempted suicide as well as each ACE-sex/gender or IPV-sex/gender interaction while controlling for age and education. Results: Sex/gender moderated 13 of 77 (17%) associations among adults experiencing homelessness. For most (i.e., 9) of the associations that were moderated by sex/gender, ACEs were associated with greater odds of mental health problems among men. For example, witnessing maternal IPV

was associated with at least twice greater odds of alcohol use disorder, drug use disorder, and attempted suicide among men. Sex/gender did not moderate any associations between ACEs or IPV with posttraumatic stress disorder or anxiety disorder. Conclusions: Findings document sex/gender differences among adults experiencing homelessness that need to be further investigated.

S73. THE IMPORTANCE OF PERITRAUMATIC CONTEXT OF INJURY IN THE LONG-TERM CONSEQUENCES OF TRAUMATIC BRAIN INJURY IN WOMEN

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Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body Women disproportionately experience traumatic brain injury (TBI), but little is known about factors that impact TBI-related outcomes. This study examined how injury context may impact post-traumatic stress disorder (PTSD), postconcussive symptoms, and disability among women. Analyses leveraged data from 106 women (n=88 Veterans; n=18 community women who self-reported intimate partner violence[IPV]-related TBI) enrolled in longitudinal cohort studies. All women were assessed for PTSD, postconcussive symptoms, and disability. Impacts of TBI context (peritraumatic TBI, non-peritraumatic TBI, and no TBI) on these outcomes were explored. Secondary analyses subdivided peritraumatic TBI into IPV and non-IPV groups to explore IPV-related outcomes. Significant differences were found between TBI groups when controlling for age. Specifically, women with peritraumatic TBI had worse PTSD ($p=0.02$), postconcussive symptoms ($p=0.001$), and disability ($p < 0.001$) than those with no TBI. They also had worse PTSD symptoms ($p=0.04$) and disability ($p=0.01$) compared to women with non-peritraumatic TBI. After subdividing peritraumatic TBI into IPV and non-IPV, similar patterns were observed among the IPV-related TBI group, though statistical significance was limited. This underscores the importance of early detection and treatment of peritraumatic TBIs to identify women at risk for poor outcomes.

S74. POSTTRAUMATIC STRESS SYMPTOMS AND POSTTRAUMATIC COGNITIONS IN THE WAKE OF THE DEATH OF MICHAEL BROWN

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Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Population Type Adult

Region Industrialized Countries

Abstract Body On August 9, 2014, Michael Brown was killed by police officer Darren Wilson in Ferguson, Missouri, sparking protests and civil unrest. Research on the psychological impact of these events has yielded inconsistent findings, particularly regarding posttraumatic stress symptoms (PTSS). This study examined how exposure to Ferguson events, knowledge of the events, and Black Lives Matter (BLM) membership relate to PTSS and posttraumatic cognitions. Among 514 undergraduate students from a university near Ferguson (Mage = 23.89, SD = 6.94; 79.2% female; 57.4% White, 29.4% Black), women, those with greater trauma histories, and those with more knowledge of Ferguson events reported higher PTSS. Trauma history and Ferguson knowledge were tied to intrusion and avoidance symptoms, but direct exposure and BLM membership were unrelated to PTSS. Neither direct exposure nor knowledge of Ferguson events was linked to negative posttraumatic cognitions. Findings suggest prior trauma history is central to understanding responses to collective trauma, while knowledge of events plays a smaller role. Clinicians should consider the impact of collective racial trauma even among those not directly exposed, and innovative treatment approaches may be warranted.

S75. THE ASSOCIATION OF FAMILY COMPOSITION WITH PROLONGED GRIEF, DEPRESSION, AND THOUGHTS OF DEATH IN BEREAVED MILITARY SPOUSES

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Track Public Health

Primary Program Type Social Issues - Public Policy

Presentation Level Introductory

Population Type Both Adult and Child/Adolescent **Region** Industrialized Countries

Abstract Body Objectives: 1) Examine the association between relationship status of widows (married/re-partnered vs. single) and clinically-relevant bereavement outcomes: prolonged grief disorder (PGD), major depressive disorder (MDD), and thoughts of death. 2) Examine the association between the number of children in the home with clinically-relevant bereavement outcomes.

Methods: Data were obtained from a cross-sectional survey of 454 female spouses of U.S. active-duty military service members who died between September 11, 2001 and September 11, 2011. Relationship status and number of children were examined as predictors of item 9 of the Patient Health Questionnaire 9 (PHQ9), threshold depression (PHQ8 \geq 10), and threshold PGD (Inventory of Complicated Grief [ICG] \geq 30) using multivariate regressions.

Results: Having no children was associated with increased odds of thoughts of death (0 vs 1 Child: OR=2.43 [95%CI:1.11, 5.28] ($p < 0.03$); 0 vs 2+ children OR=2.85 [95% CI: 1.45, 5.61] ($p < 0.01$)). 37 percent of spouses met the threshold for MDD. Single widows had increased odds of meeting thresholds for MDD versus those who were remarried or re-partnered (OR = 2.038 [95% CI: 1.126, 3.687] $p < 0.02$). 40 percent of participants met the

threshold for PGD. Having no children was associated with increased odds of PGD (0 vs 2+ children: OR=1.77 [95% CI: 1.08, 2.90] ($p < 0.03$)).

Conclusions: Presence of family members is protective for military widows, with the presence of children and partners having differing effects on thoughts of death, MDD, and PGD.

S76. THE IMPACT OF TYPES AND EXPERIENCE OF DISASTER ON PTSD, DEPRESSION AND SUICIDAL IDEATION IN SOUTH KOREA

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Track Public Health

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Population Type Adult

Region East Asia and the Pacific

Abstract Body The ongoing high suicide rate and frequent disaster events in South Korea have significantly increased interest in the effects of disasters in mental health.

This study aimed to determine the effects of types and Experience of Disaster on PTSD, depression, and suicidal ideation among Koreans. Nationwide data collected by National Institute of Disaster Safety and Research was used. 1677 respondents aged 20-69 from the 2019 survey were analyzed.

The types of disasters experienced were typhoons 26.8%, heavy rains 28.1%, fires 15.8%, and earthquakes 29.3%. In terms of mental health, PTSD was reported by 25.3%, depression by 8.1%, and suicidal ideation by 10.6%.

For the PTSD, typhoon(Exp(B)=.491, $p=000$), fire(Exp(B)=1.666, $p=.033$), injury/illness(Exp(B)=2.390, $p=.000$), house damage(Exp(B)=1.892, $p=000$), and property damage(Exp(B)=1.908, $p=000$) had significant effects. For the depression, heavy rain(Exp(B)=3.470, $p=000$), fire(Exp(B)=7.899, $p=000$), and death of acquaintances(Exp(B)=3.941, $p=.005$) were found to have a significant effect. For the suicidal ideation, fire(Exp(B)=6.256, $p=000$), injury/illness(Exp(B)=2.011, $p=.045$), and house damage(Exp(B)=1.973, $p=.013$) had significant effect.

We found that among the disaster types, fire had most effect on PTSD, depression, and suicidal ideation, and among the experience characteristics, injury/illness had the greatest effect on PTSD and suicidal thoughts, and death of acquaintances had the greatest effect on depression.

This study can be used as a basis for screening and intervening with those at risk for mental health and suicide during disasters.

S77. THEMATIC ANALYSIS OF FACTORS INFLUENCING SEXUAL ASSAULT SURVIVORS' CHOICE OF DISCLOSURE RECIPIENT

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Track Public Health

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Population Type Adult

Region Central and Eastern Europe and the Commonwealth of Independent States

Abstract Body Sexual assault (SA) disproportionately affects young adults and is linked to severe mental health issues, like PTSD (Dworkin et al., 2020; Mumford et al., 2020). Most survivors tell no one (Fisher et al., 2000). Those who do, disclose to informal (e.g., friends) rather formal (e.g., police) recipients. With informal recipients, 25–75% face negative reactions, exacerbating PTSD symptoms (Ahrens, 2006; Ullman and Peter-Hagene, 2014). Little is known about why survivors choose specific recipients. Research emphasizes relationship expectations, emotional support, and trust, as key factors (Ullman, 2010). However, survivors' needs in these encounters remain understudied, especially in marginalized groups. This study extends Ullman's work by identifying specific reasons for survivors' recipient selection in a diverse sample.

Data were drawn from a study on SA in college students (N = 120; ages 18-24, Mage = 19.4; 83% Female, 52% White, 25% Latinx, 22% Black). SA survivors completed the Sexual Experiences Survey (SES; Koss and Oros, 1982), and Social Reactions Questionnaire (SRQ; Ullman, 2000). "Think of your most positive/negative disclosure, why did you choose this person?" assessed recipient qualities. Thematic analysis was conducted on written responses (Braun and Clarke, 2006).

As expected, 74% of survivors disclosed to informal recipients only. Reasons included "I felt safe with them" (emotional safety), "I tell them everything" (openness), and "they are males and may understand why a male would perform an act" (seeking advice). The proposed poster will explore themes across racial/ethnic groups and SES severity.

S78. EXPLORING PROVIDERS' PERSPECTIVES ON TRAINING FOR WORKING WITH CLIENTS WITH PREVIOUSLY INACCESSIBLE TRAUMATIC MEMORIES

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Track Professionals

Primary Program Type Clinical Practice

Presentation Level Introductory

Population Type Mental Health Professionals

Region Industrialized Countries

Abstract Body Experiencing trauma is unfortunately common, with the WHO World Mental Health Survey reporting that 70.4% of individuals experience trauma in their lifetime. While many recall their traumatic experiences continuously, others report experiencing recollections of previously inaccessible traumatic (PIT) memories after the initial event. The validity and prevalence of PIT memories remains a subject of debate, contributing to inconsistent views on how to conceptualize and treat individuals reporting such memories. This study aimed to explore mental health providers' perspectives on the quality of training they received to work with clients reporting PIT memories. Providers in this study (n = 35) were licensed to provide mental health services, with 75.5% holding doctoral-level degrees. Thematic analysis revealed that while providers recognize the importance of quality training for working with

clients experiencing recollections of PIT memories, many indicated having received inadequate or no training. Chi-square analyses showed that those who perceived their training as inadequate were significantly more likely to avoid working with clients reporting recollections of PIT memories. These findings suggest a clear need for graduate and continuing education training to better prepare mental health providers to care for clients with recollections of PIT memories.