ISTSS

42nd Annual Meeting

International Society for Traumatic Stress Studies

SESSION ABSTRACTS

Traumatic Stress in a Troubled World:
Collaboration on Evidence and Action

September 23-26, 2026

SAN ANTONIO MARRIOTT RIVERCENTER
SAN ANTONIO, TEXAS, USA

Wednesday, September 23, 2026

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

8:30 a.m. - 12:00 p.m.
USING MULTIDIMENSIONAL GRIEF THERAPY TO SUPPORT TRAUMATICALLY BEREAVED YOUTH: CULTURAL ADAPTATIONS IN THE U.S. AND BEYOND
Pre-Meeting Institute
Chair: **Julie Kaplow**, PhD*, Trauma and Grief Center, Meadows Mental Health Policy Institute, United States*
Presenter: **Priscilla Mendez**, PsyD*, Meadows Mental Health Policy Institute, United States*
Presenter: **Tamar Silberg**, PhD*, Bar-Ilan University, Israel, Israel*
Presenter: **Marisa Nowitz**, MSW*, Meadows Mental Health Policy Institute, United States*
Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Multidimensional Grief Therapy (MGT) (Kaplow et al., 2023), is a theoretically derived, assessment-driven intervention designed to reduce maladaptive grieving (grief that keeps kids "stuck"), promote adaptive grieving (grief that helps kids to cope better after a death), and help bereaved children and adolescents (aged 7 to 18) lead healthy, happy, productive lives. This intervention is based on the notion that youth grieve in different ways and that "one-size-fits-all" grief treatments lack effectiveness. MGT is the first evidence-based intervention developed specifically for bereaved youth that directly addresses all three dimensions of grief as described by multidimensional grief theory (Layne et al., 2012; Kaplow et al., 2013; Layne et al., 2017). Research shows that MGT significantly reduces maladaptive grief reactions, depression, and posttraumatic stress (Hill et al., 2019) among diverse populations of youth.
The primary objective of this PMI is to review core practice elements of MGT and describe the ways in which the intervention has been adapted for different cultures and settings, including Spanish-speaking, Israeli, and Arab youth. Participants will learn to distinguish between separation distress, existential/identity distress, and circumstance-related distress and utilize culturally responsive practice elements tailored to each dimension.

8:30 a.m. - 12:00 p.m.
SPOTLIGHT ON ETHICS: EMERGING TOPICS IN THE FIELD OF TRAUMATIC STRESS
Pre-Meeting Institute
Chair: **Kelsey Serier**, PhD*, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Lisa-Ann Cuccurullo**, PsyD*, National Center for PTSD, United States*
Presenter: **Philip Held**, PhD*, Rush University Medical Center, United States*
Presenter: **Jeffrey DeMarco**, PhD*, Middlesex University, United Kingdom*
Track: Mode, Research Methods and Ethics
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent

Abstract: The field of traumatic stress has seen advancements in recent years in areas such as understanding and treating the impacts of trauma. At the same time, world events and newly available technologies such as artificial intelligence (AI) have brought the topic of traumatic stress into new arenas of research, practice, and policy. These advances have brought with them new ethical considerations for clinicians and other professionals focused on traumatic stress. This pre-meeting institute (PMI) will do a deep dive into the ethical considerations of three issues, specifically shared decision making in PTSD treatment, use of AI, and protections from harmful online content. The PMI will include presentations from three experts on these topics and a panel discussion about these and other ethical dilemmas that the field of traumatic stress is urgently facing. Dr. Lisa Cuccurullo will present on ethical considerations and common ethical pitfalls in shared decision-making for treatments for PTSD. The benefits of shared decision-making for key stakeholders and the provision of evidence-based PTSD treatment will be discussed. Attendees will leave with tools that support the use of shared decision-making in their own work. Dr. Phillip Held will present on the most pressing ethical considerations that clinicians face as AI begins to touch every stage of PTSD care. This presentation will discuss ethical considerations of AI in mental health treatment broadly, including considerations for meaningful informed consent when AI is used to process therapy information, protecting the privacy of therapy content (i.e., trauma narratives), and the potential threat of algorithmic bias against groups underrepresented in AI training data to further inequities and harm. In addition, this presentation will consider AI ethical considerations specific to trauma work. Exposure-based treatments for PTSD depend on teasing apart therapeutic distress from genuine crisis, which is a distinction that current AI tools are not equipped to make. As a result, use of AI tools in risk detection will be given particular attention in this presentation. Finally, the presentation will conclude with considerations for responsible deployment demands of AI tools, including human oversight, codesign, and crisis-escalation protocols specific to trauma-exposed populations. Attendees will leave with a practical lens for weighing the tradeoffs of using AI tools in their own clinical and research settings. Dr. Jeffrey Demarco will discuss important ethical issues when interfacing with online spaces, especially for online content moderators as well as children interacting with online content. This presentation will consider whether organizations are doing enough to prevent foreseeable psychological harm (not just respond to it afterwards) in workers exposed to harmful digital content. In addition, this presentation will cover ethical consideration for children, specifically considerations for preventing children from exploitation, manipulation, and harmful design of online content while still respecting their rights to online participation, privacy, development, and access.

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

8:30 a.m. - 5:00 p.m.
COGNITIVE BEHAVIORAL THERAPY FOR NIGHTMARES
Pre-Meeting Institute
Chair: **Kristi Pruiksma**, PhD*, University of Texas at San Antonio, United States*
Presenter: **Kristi Pruiksma**, PhD*, University of Texas at San Antonio, United States*
Presenter: **Hannah Tyler**, BA, MA, MS, PhD*, University of Texas Health at San Antonio, United States*
Presenter: **Kelsi Gerwell**, PhD*, University of Texas Health at San Antonio, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Introductory

Region: Global
Population Type: Adult
Abstract: Nightmares are reported by approximately 30% of psychiatric populations and 65% of those with posttraumatic stress disorder. The American Academy of Sleep Medicine position paper for the treatment of nightmare disorder in adults recommends cognitive behavioral therapy for nightmares (CBT-N), yet there is a critical shortage of trained providers and relatively low provider awareness of the efficacy behavioral medicine interventions. Furthermore, there are several treatment manuals available with unclear overlap and discrepancies and no consensus approach for treating nightmares. Recently, nightmares experts convened to develop a consensus approach. The goal of this workshop is to train providers in CBT-N in the context of trauma-related nightmares and nightmares that present with other psychological health conditions. CBT-N involves strategies to address insomnia, relaxation training, identifying and writing a target nightmare, writing a different storyline for the nightmare, and repeatedly imagining the new dream before sleep. This workshop will provide foundational understanding of normal sleep, assessment of sleep disorders, and facilitate step-by-step guidance on how to implement CBT-N in clinical practice. Teaching methods will include an in-depth CBT-N manual presentation, case examples, video demonstrations, and audience exercises.

1:30 p.m. - 5:00 p.m.
Pre-Meeting Institute Afternoon Half-Day Sessions

1:30 p.m. - 5:00 p.m.
GRIEF APPROACH: A COMPREHENSIVE TREATMENT MODEL FOR TRAUMATIC LOSS
Pre-Meeting Institute
Chair: **Alyssa Rheingold**, PhD*, MUSC-NCVC, United States*
Presenter: **Megan Wallace**, MSW*, National Crime Victims Research and Treatment Center, United States*
Track: Clinical Interventions
Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: She was no longer wresting with the grief, but could sit down with it as a lasting companion and make it a sharer in her thoughts. - George Eliot
Designed for adult individuals, Grief Recovery with Individualized Evidence-Based Formulation Approach (GRIEF Approach) leans on existing evidence-based strategies through a module-based approach that addresses heterogeneous mental health correlates of violent (homicide, suicide, traffic crash) and/or sudden loss (e.g., opioid, perinatal, fatal heart attack) in one streamlined and comprehensive approach informed by both trauma and grief fields. GRIEF Approach targets symptoms underlying three main mental health difficulties commonly associated with traumatic loss: post-traumatic stress symptoms, depression, and prolonged grief as well as tailoring the modules for applicability to violent loss based upon grief and violent loss literature. A thorough assessment of symptoms is warranted to guide modules of intervention. This workshop focuses on the intervention objectives and practice elements contained within each module. This training provides an understanding of the varied responses to traumatic loss, reviews of the latest research on recovery trajectories, and highlights risk factors to recovery. Assessment driven conceptualization to guide intervention

strategies is discussed. Participants learn empirically supported therapeutic techniques in working with long-term recovery and treatment of prolonged grief responses.

1:30 p.m. - 5:00 p.m.
DATA-POOLING IN TRAUMA RESEARCH WITH CHILDREN AND ADOLESCENTS: HOW TO BRING DATA TOGETHER FOR GREATER IMPACT
Pre-Meeting Institute
Chair: **Anke de Haan**, PhD*, Ruhr University Bochum, Mental Health Research and Treatment Center, Germany*
Presenter: **Nancy Kassam-Adams**, PhD*, Children's Hospital of Philadelphia, United States*
Presenter: **Yaara Sadeh**, PhD*, Haifa University, Israel*
Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Population Type: Child/Adolescent
Abstract: Over the last several decades, our field has amassed considerable knowledge on trauma in children and adolescents, regarding the epidemiology of trauma exposure and associated mental health problems, risks for developing and maintaining posttraumatic stress disorder (PTSD), and effective treatments for PTSD. But the specific demands of child trauma research mean that it often lags behind studies of adults – with fewer studies and smaller sample sizes. The need to take developmental differences into account leads to great heterogeneity in measures and treatment approaches. Moving the field forward requires teamwork. This includes multicentre studies but also pooling datasets across the globe. Data pooling allows us to answer research questions that could not be tackled with single studies and helps develop standards for reporting and conducting future studies. In this PMI, we present methods, results, and lessons learned from several large data pooling projects in child trauma: two international collaborative child trauma projects on dysfunctional posttraumatic cognitions and trauma-focused cognitive behavioural therapies (de Haan), and the seminal work of the Child Trauma Data Archives[www.childtraumadata.org] (Kassam-Adams, Sadeh). We highlight actionable lessons from these projects that can guide improved research and practice in child trauma and discuss opportunities to expand one's global reach by establishing archives/ international collaborations or taking part in existing data pooling projects.

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

6:00 p.m. – 7:30 p.m.
COLLABORATION IN ACTION: TRAUMA INFORMED PRACTICE ACROSS SAN ANTONIO
Keynote
Chair: **Andrea Phelps**, PhD*, Phoenix Australia, Australia*
Presenter: **Ben Keizer**, PhD, ABPP, *Center for the Intrepid, United States*
Presenter: **Robert Alvarado**, PhD*, United States Air Force, United States*
Presenter: **Margaret Constantine**, MA*, Center for Refugee Services, United States*
Presenter: **Tiffany Wang**, MD*, UT Medical School, United States*
Presenter: **Jill Nakrani,** *Pride Center, United States*
Presenter: **Amy Stone**, PhD*, Trinity University, United States*

Abstract: San Antonio is home to diverse communities affected by trauma, as well as innovative organizations working to address their unique needs. This panel will highlight three San Antonio-area organizations serving distinct populations whose work and collaboration with research and clinical partners showcases our conference theme of collaboration on evidence and action.
Representatives from the Pride Center San Antonio, the Center for the Intrepid, and the Center for Refugee Services will share perspectives on their work with LGBTQ+ communities, service members and veterans recovering from wounds of war, and refugees navigating resettlement and recovery respectively. Panelists will discuss the distinct challenges facing the populations they serve, the role of research and trauma-informed approaches in their programs and services, and lessons learned from working within the San Antonio community.
Together, these perspectives will illustrate both the diversity of trauma experiences and the shared principles that can strengthen responses across populations and settings. The conversation will also explore opportunities for collaboration among researchers, clinicians, community organizations, and other partners to better support trauma-affected individuals and communities.
By bringing local voices into the ISTSS Annual Meeting, this panel offers attendees an opportunity to learn from the host community, consider how evidence-informed practices are adapted to meet different needs, and reflect on how community-based initiatives can inform broader efforts to advance trauma recovery and resilience.

Thursday, September 24, 2026

8:00 a.m. - 9:15 a.m.
Concurrent 1

8:00 a.m. - 9:15 a.m.
TECHNOLOGY-SUPPORTED APPROACHES TO IMPROVING IDENTIFICATION AND ACCESS TO TRAUMA-FOCUSED CARE
Symposium
Chair: **Leslie Taylor**, PhD*, UTHealth's McGovern Medical School, United States*
Presenter: **Kimberly Gushanas**, PhD*, University of Texas Medical Branch, United States*
Presenter: **Cody Dodd**, PhD*, University of Texas Medical Branch, United States*
Presenter: **Claire Kirk**, PhD*, University of Texas Medical Branch, United States*
Discussant: **Leslie Taylor**, PhD*, UTHealth's McGovern Medical School, United States*
Track: Child and Adolescent Trauma
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: This symposium will include three empirical presentations examining technology-supported approaches to the identification, early intervention, and treatment of posttraumatic stress reactions among youth and families, with attention to improving access across the trauma-focused care continuum. The first presentation will demonstrate a framework for applying geospatial and registry-based analytic methods to characterize patterns of trauma exposure and posttraumatic stress disorder (PTSD) symptom severity using data from the Texas Childhood Trauma Research Network (TX-CTRN). The second presentation describes a service and research framework for delivering Trauma-Focused Cognitive Behavioral Therapy via telehealth within a statewide clinical network embedded in TX-CTRN, reporting

on early clinical outcomes. The third presentation will describe the development and pilot evaluation of a brief, web-based educational program for caregivers of trauma-exposed children, reporting on feasibility, engagement, and preliminary outcomes from a project conducted outside of TX-CTRN. The symposium chair will also serve as discussant, integrating findings across presentations and considering implications for the use of technology and scalable methods in trauma-informed assessment, intervention delivery, and early support, as well as limitations and directions for future research.

8:00 a.m. - 9:15 a.m.
MAKING DATA REUSABLE FOR REAL: APPLICATIONS IN DATA SCIENCE TO PROMOTE FAIR, AND FACT PRACTICES IN TRAUMA RESEARCH
Panel
Denise Hien*, Antonio Morgan-Lopez, Jessica Hamblen
Chair: **Denise Hien**, PhD*, Rutgers University, United States*
Presenter: **Anke de Haan**, PhD*, Ruhr University Bochum, Mental Health Research and Treatment Center, Germany*
Presenter: **Justina Pociūnaitė-Ott**, PhD*, Lithuanian University of Health Sciences, Lithuania*
Presenter: **Santiago Papini**, PhD*, University of Hawai'i at Mānoa, United States*
Presenter: **Maya O'Neil**, PhD*, OHSU/VA Portland Healthcare System, United States*
Presenter: **Yaara Sadeh**, PhD*, Haifa University, Israel*
Track: Mode, Research Methods and Ethics
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: Making research data more FAIR (Findable, Accessible, Interoperable, Re-usable) and FACT (Fairness, Accuracy, Confidentiality, and Transparency) broadens the impact of our work, enabling us to answer new research questions. Data sharing and harmonization allow for innovative analyses across individual participant data from various studies, avoiding duplication, reducing participant burden, and revealing findings for underrepresented groups. Implementing FAIR and FACT practices can advance translational science and precision medicine initiatives, helping to determine "what works best for whom" and address the needs of vulnerable populations. This panel, presented by members from the Global Collaboration on Traumatic Stress (GCTS) FAIR Data Workgroup, aims to demystify FAIR/FACT data practices and their integration into everyday research activities. Panelists will emphasize lessons learned from a range of traumatic stress projects integrating individual participant data from studies of child trauma (de Haan, Sadeh, Kassam-Adams), grief (Pociunaite-Ott), or substance use comorbidity (Papini), as well as the PTSD Repository (O'Neil). Participants will be exposed to practical tools and strategies for implementing FAIR, FACT data practices in their own projects including data management strategies, grant support tools, and dissemination resources.

8:00 a.m. - 9:15 a.m.
WHO IS A GOOD FIT FOR PSYCHEDELIC TREATMENTS? ELIGIBILITY, ENROLLMENT, OUTCOMES, AND IMPLICATIONS FOR IMPLEMENTATION
Symposium
Chair: **Lauren Sippel**, PhD*, Geisel School of Medicine at Dartmouth, United States*
Presenter: **Eric Vermetten**, Prof Dr*, Leiden University Medical Center, Netherlands*
Presenter: **Bette Chargin**, BS*, Veterans Affairs San Diego Healthcare System, United States*

Presenter: **Leslie Morland**, PsyD*, National Center for PTSD Women's Health Science Division, Boston VA, United States*
Presenter: **Brandon Weiss**, PhD*, Johns Hopkins Medicine, United States*
Discussant: **Chris Stauffer**, MD*, Veterans Affairs, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: There is considerable enthusiasm for psychedelics as interventions for a range of mental health disorders, including PTSD. MDMA and psilocybin are the closest to clinical implementation given completed Phase 2 and 3 studies among samples with PTSD and depression. However, these compounds are classified as Schedule I drugs in the United States (U.S) due to having high potential for abuse and lack of accepted medical use and safety. Several questions about the generalizability of findings and feasibility of implementation if and when they are approved by the U.S Food and Drug Administration for use in clinical care remain. In the international landscape in which translation of research to clinical practice using psychedelics is underway, there are also concerns about the stringency of medical exclusion criteria that may limit access to care. The field currently lacks a cohesive understanding of which patients are appropriate for, and most likely to benefit from, these interventions. The four presentations in this symposium examine eligibility criteria, enrollment figures, clinical outcomes, and therapist perspectives about patient fit among ongoing and completed studies of MDMA and psilocybin for treating PTSD and other mental health conditions in the US and abroad in a range of settings (nine sites in total) and using several methodologies (systematic review, open-label clinical trials, and qualitative interviews). This symposium will inform generalizability of extant findings to the overall population of individuals seeking treatment for psychiatric disorders and potential barriers to implementation.

8:00 a.m. - 9:15 a.m.
INCREASING CLINICAL PRECISION THROUGH PTSD PHENOTYPING: TRANSDIAGNOSTIC, MULTIMODAL, AND PERSON-CENTERED APPLICATIONS TO THE STUDY OF TRAUMATIC STRESS REACTIONS
Panel
Shane Adams*, Cameron Pugach, Ilan Harpaz-Rotem
Chair: **Shane Adams**, MA, PhD*, VA Palo Alto Health Care System, United States*
Presenter: **Shane Adams**, MA, PhD*, VA Palo Alto Health Care System, United States*
Presenter: **Cameron Pugach**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Ilan Harpaz-Rotem**, PhD*, Yale University and NC-PTSD, United States*
Presenter: **Ziv Ben-Zion**, PhD*, University of Haifa, Israel*
Track: Mode, Research Methods and Ethics
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract:
Objective: Issues of heterogeneity, comorbidity, clinical utility, and equitable representation perennially invite criticisms of existing diagnostic classifications of traumatic stress reactions as well as the tools and methods used to identify them. This panel will discuss the utility and

applications of phenotyping approaches to address current methodological issues in the study and treatment of traumatic stress reactions and to identify increasingly precise reactions to help address those issues.
Methods: Methods and results from three studies will be discussed to illustrate the potential benefits of phenotyping. Methods across these three studies will vary in terms of samples, data indicators (e.g., self-reports, brain imaging, biomarkers, physiological markers), and analytical practices.
Results: Predominant evidence-based phenotypes will be discussed including dysphoric arousal, threat arousal, and their connection with fear- and emotional pain-based symptoms of posttraumatic stress. Future directions and translations to clinical practice will be discussed.
Conclusions: Results highlight the importance of transdiagnostic, integrative, and precision-based approaches to clinical practice.

8:00 a.m. - 9:15 a.m.
NEW FRONTIERS IN PEER SUPPORT FOR TRAUMA-EXPOSED POPULATIONS
Symposium
Chair: **Victoria Torres**, PhD*, Warriors Research Institute, United States*
Presenter: **Suzy Gulliver**, PhD*, Warriors Research Institute, S and W Healthcare, United States*
Presenter: **Victoria Torres**, PhD*, Warriors Research Institute, United States*
Presenter: **Bailee Schuhmann**, PhD*, The University of Texas Health Science Center at San Antonio, United States*
Presenter: **Casey Straud**, PsyD, *The University of Texas at San Antonio, United States*
Discussant: **Sandra Morissette**, PhD*, The University of Texas at San Antonio, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult
Abstract: Individuals in high-risk occupations routinely experience potentially traumatic stressors putting them at heightened risk for elevated symptoms. Barriers, such as stigma and lack of awareness of early signs of distress, prevent workers in high-risk occupations from experiencing optimal informal and professional care benefits. While previous studies have shown that individuals with shared experiences, namely peer support specialists, can assist in overcoming barriers, crucial gaps in empirical peer support literature remain. Few standardized protocols have been developed and evaluated across distinct populations, including hardly reached groups, and existing evaluation efforts have lacked rigorous inquiry. Accordingly, the purpose of this symposium is to share outcomes from peer support program evaluation across four unique trauma-exposed groups. First, Dr. Gulliver will describe results of a survey assessing the largest standardized training deployed with high fidelity to date, with over 12,000 professional firefighters completing peer support training. Second, Dr. Torres will present outcomes of an adapted Peer Support Training and monthly supervision protocol for NPS employees and first responders living in a frontier and remote community. Third, Dr. Schuhmann will outline her work evaluating peer support efficacy for law enforcement officers. Fourth, Dr. Straud will present findings from a pilot randomized controlled trial of online written exposure therapy delivered by peer coaches to veterans with posttraumatic stress disorder. The symposium will conclude with a moderated discussion.

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

TRAUMA NARRATION IN EVIDENCE-BASED TREATMENTS: FORMS AND FUNCTIONS ACROSS THE LIFESPAN
Panel
Stefanie LoSavio*
Chair: **Stefanie LoSavio**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Presenter: **Stefanie LoSavio**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Presenter: **Donna Potter**, MSW*, Center for Child and Family Health, United States*
Presenter: **Sheila Rauch**, PhD*, Emory University, Atlanta VAHCS, United States*
Track: Clinical Interventions
Program Category: Intergenerational Trauma
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: For trauma-related disorders like posttraumatic stress disorder, there are multiple evidence-based treatments available. This panel will discuss trauma narration—recounting the story of the trauma—as it occurs in different treatment models across the lifespan. Panelists include experts in five different evidence-based trauma treatments for children, adolescents, and adults, including Child Parent Psychotherapy (CPP), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Written Exposure Therapy (WET), Cognitive Processing Therapy (CPT), and Prolonged Exposure (or Processing Emotions; PE). The panelists will discuss similarities and differences between protocols with regard to the specific purposes and methods used to facilitate trauma processing. For each evidence-based treatment model, panelists will address the underlying theory and mechanisms of trauma narration in the therapy, the dose and format of trauma narration, to what degree the trauma narration includes other members of the individual's system, clinical outcomes emphasized, as well as challenges to intervention delivery. The panel will include moderated question and answer and interactive clinical vignettes demonstrating implementation of trauma narration across a person's lifespan and when addressing intergenerational patterns of trauma and posttraumatic stress within families. This panel is consistent with the conference theme of "Collaboration on Evidence and Action" and addresses priority topics of on "interventions for continuous traumatic stress" and "trauma across the lifespan."

8:00 a.m. - 9:15 a.m.
DESIGNING, LEADING AND EVALUATING TOGETHER: CO-PRODUCED RESEARCH OF THREE PEER-LED OR SELF-GUIDED PSYCHOSOCIAL INTERVENTIONS FOR VICTIM-SURVIVORS OF TRAUMA
Symposium
Chair: **Emma Veltman**, BA, PhD*, University of Melbourne, Australia*
Presenter: **Emma Veltman**, BA, PhD*, University of Melbourne, Australia*
Presenter: **Caitlin Hitchcock**, PhD*, University of Melbourne, Australia*
Presenter: **Tami Sullivan**, PhD*, Yale University, United States*
Presenter: **Tara Galovski**, PhD*, National Center for PTSD, United States*
Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: True co-production places victim-survivors at the centre of research and practice, such that lived/living experience voices shape design, implementation and evaluation. We describe three distinct psychosocial interventions for victim-survivors that have meaningfully collaborated with people with lived or living experience at each stage of development. All programs were co-designed by survivors for survivors, are peer-led or self-guided, and were evaluated using co-produced, mixed-methods research. A unifying feature of these interventions is a strengths-focused approach, emphasising hope, social connection and positive self-identity as central mechanisms for improving survivor well-being. We present mixed methods findings from all stages of intervention development and evaluation across Australia and the United States. We also provide practical recommendations for researchers, clinicians and service providers seeking to implement genuine co-production with victim-survivors.

8:00 a.m. - 9:15 a.m.
WHEN TRAUMA MEETS THE PILLOW: SLEEP AND PATHWAYS TO PTSD, AFFECTIVE REACTIVITY, AND CANNABIS USE
Symposium
Chair: **Grace Seymour**, BS*, University of Kentucky, United States*
Presenter: **Grace Seymour**, BS*, University of Kentucky, United States*
Presenter: **Lauren Reyes**, BS*, University of Nevada, United States*
Presenter: **Jordan Davis**, PhD*, RAND Corporation, United States*
Presenter: **Lucia Fetkenhour**, BA*, University of Nebraska-Lincoln, United States*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Sleep disruptions are among the most common and impairing sequelae of trauma exposure. Further, sleep represents an important transdiagnostic process that has implications for a range of recovery trajectories by influencing affect reactivity, stress, and substance use behaviors. This symposium aims to examine several mechanisms through which sleep may operate to impact posttraumatic recovery among survivors of various trauma types. First, Grace Seymour will present cross-sectional data that examines differences in the relation between sleep reactivity and cannabis use as a sleep aid among college student survivors of different trauma types. Next, Lauren Reyes will present data assessing associations between sleep and next-day affect among women presenting to the emergency department after sexual assault. Next, Jordan Davis will present findings that examine the daily associations among cannabis use, PTSD symptoms, perceived stress, and sleep quality among veterans with elevated PTSD symptoms. Finally, Lucia Fetkenhour will present data examining whether trauma-related thoughts prior to sleep mediate the relation between PTSD symptom severity and cannabis use among survivors of sexual assault. Taken together, this symposium will highlight sleep as a promising intervention target with the potential to improve diverse posttraumatic recovery trajectories.

8:00 a.m. - 9:15 a.m.
MOLECULAR BIOMARKERS OF PTSD: PREDICTING RISK, COURSE, AND RECOVERY
Symposium
Chair: **Charles Marmar**, MD*, NYU Langone School of Medicine, United States*
Presenter: **Aarti Gautam**, PhD*, Walter Reed Army Institute of Research, United States*

Presenter: **Christopher Lausted**, MS*, Institute For Systems Biology, United States*
Presenter: **Seid Muhie**, PhD*, Geneva USA, United States*
Track: Biology and Medical
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: PTSD exhibits heterogeneous onset, trajectories, and outcomes, underscoring the need for molecular biomarkers that improve early risk detection and prognostic precision. This symposium integrates longitudinal epigenetic analysis, molecular subtyping, and multi-omics biomarker discovery to identify biological signatures associated with PTSD development and clinical heterogeneity. Objectives are to identify early predictors of PTSD course, characterize subtype-specific molecular pathways, and validate reproducible biomarker panels for risk stratification.
In the AURORA longitudinal trauma cohort, DNA methylation measured in the emergency department, two weeks, and six months post-trauma differentiated individuals who recovered from those who developed chronic PTSD, with predictive divergence evident by two weeks. In military samples, integrated profiling of circulating microRNAs and plasma proteins revealed subtype-specific molecular patterns defined by symptom severity, depression, and cognitive impairment, with cholecystokinin receptor signaling emerging as a shared pathway. Multi-cohort machine-learning analyses of proteomic, metabolomic, and epigenomic data identified validated biomarker panels demonstrating strong discrimination and implicating immune, neuroinflammatory, neuroplasticity, and stress-regulatory processes.
Collectively, these findings demonstrate that convergent multi-omics biomarkers can refine PTSD risk prediction, elucidate biological mechanisms of disease course, and inform earlier, targeted intervention strategies.

8:00 a.m. - 9:15 a.m.
FEATURED SESSION: COLLABORATING ON EVIDENCE AND ACTION: STEPPED-CARE INTERVENTIONS FOR TRAUMA-AFFECTED PROFESSIONALS UNDER ONGOING MASS VIOLENCE
Workshop
Chair: **Jana Javakhishvili**, Prof, PhD*, Ilia State University, Georgia*
Presenter: **Jana Javakhishvili**, Prof, PhD*, Ilia State University, Georgia*
Presenter: **Elana Newman**, PhD*, University of Tulsa, United States*
Presenter: **Gavin Rees**, MA*, Global Center for Journalism and Trauma, Germany*
Discussant: **Bruce Shapiro***, Global Center for Journalism and Trauma, United States*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Other Professionals
Abstract: While trauma interventions are well established in post-disaster settings, far less guidance exists for supporting professionals working under ongoing mass violence. Journalists and other civil actors (human rights defenders, civil activists, and first responders) face chronic threat exposure, moral stressors, and continuous traumatic stress (CTS). Evidence-informed, scalable, context-sensitive care models are urgently needed.
This workshop shares lessons learned from developing and evaluating stepped-care, transdiagnostic mental health services (face-to-face and digital) for journalists and other civil actors in countries affected by war and political violence.

We present empirical findings from mixed-method studies defining intervention needs under chronic threat among Georgian civil activists (n=15 qualitative; n=100 quantitative); Georgian journalists covering protests (n=15; n=100); and Ukrainian journalists covering war (n=15; n=100). Quantitative measurement tools include: CTSR, MIOS, MBI, GAD-7, PHQ-9, and PCL-5.
Presenters describe the development of support services, including cross-national digital delivery, with effectiveness data (GAD-7, PHQ-9, WHO-5, EQ-5D-5L VAS pre-, post-, and 3-month follow-up), implementation barriers, staff training, and scalability.
The workshop is interactive and practice-oriented, using case discussion and small-group adaptation exercises.
Participants will be able to distinguish continuous traumatic stress-related mental health needs from post-event responses, apply stepped-care strategies, and evaluate implementation.

9:30 a.m. - 10:50 a.m.
Awards and Keynote: Mary-Frances O'Connor

9:30 a.m. - 10:50 a.m.
THE NEUROSCIENCE OF GRIEF: HOW WE LEARN FROM LOVE AND LOSS
Keynote
Chair: **Mary-Frances O'Connor**, PhD, University of Arizona*, United States*
Abstract: Using an integrative view of clinical psychology and cognitive neuroscience, Dr. O'Connor explores grieving as a learning process, describing how the brain is critical in understanding that a loved one has died, updating one's view of the world while carrying the absence of this person. Cognitive neuroscience can help clarify the "why" of grief—why it takes so long, and is so painful. Dr. O'Connor explains that older stage models of grief are no longer used and offers a new paradigm for understanding love, loss, and learning. In addition, she recounts how empirical research has helped to define prolonged grief disorder (previously called complicated grief) and how targeted psychotherapy is an effective treatment for this disabling condition.

11:00 a.m. - 12:15 p.m.
Concurrent 2

11:00 a.m. - 12:15 p.m.
DEVELOPMENT AND EVALUATION OF TRAUMA-INFORMED INTERVENTIONS IN MINORITIZED POPULATIONS
Symposium
Chair: **Dawn Johnson**, PhD*, University of Akron, United States*
Presenter: **Samantha Holmes**, PhD*, College of Staten Island, City University of New York, United States*
Presenter: **Nuha Alshabani**, PhD*, Boston University, United States*
Presenter: **Dawn Johnson**, PhD*, University of Akron, United States*
Presenter: **Alana Egan**, MA*, University of Rhode Island, United States*
Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: While exposure to trauma is disproportionately experienced by minoritized populations, most trauma-informed interventions have been developed and evaluated in predominantly non-minoritized samples. This symposium brings together four studies that

advance the development, cultural adaptation, and evaluation of trauma-informed interventions. Collectively, the studies span multiple settings and methodologies, including community-based program development, pilot feasibility testing, and hybrid effectiveness designs. The first study describes early-stage community-based participatory research (CBPR) with Pacific Islanders, designed to inform a historical trauma intervention for this under-researched population. The second study describes a community-partnered project designed to develop and evaluate the impact of a culturally informed yoga program for Black and Brown women who have experienced intimate partner violence. The third study describes a mixed-methods study that leverages CBPR methods to evaluate a group-based psychoeducation and coping skills intervention tailored to the needs of Latine, Black migrants, and sexual and gender diverse adults. Our final study describes a hybrid-effectiveness implementation RCT comparing asynchronous, messaging-based cognitive processing therapy to traditional synchronous culturally informed trauma-informed therapy on oppression-based traumatic stress. Together these studies highlight the importance of culturally grounded frameworks and community partnerships when researching trauma-informed interventions.

11:00 a.m. - 12:15 p.m.
SCALING PSYCHOLOGICAL INTERVENTIONS FOR FORCIBLY DISPLACED POPULATIONS: EVIDENCE, IMPLEMENTATION, AND FUTURE DIRECTIONS
Invited Session
Chair: **Marit Sijbrandij**, PhD*, Vrije Universiteit Amsterdam, Netherlands*
Presenter: **Naser Morina**, PhD*, University Hospital Zurich, Switzerland*
Presenter: **Iryna Frankova**, PhD*, Bogomolets National Medical University, Ukraine*
Presenter: **Angela Nickerson**, PhD*, UNSW School of Psychology, Australia*
Presenter: **Peter Ventevogel**, MD, PhD*, UNHCR, Switzerland*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: The global displacement crisis has created an urgent need for scalable, evidence-based mental health and psychosocial support (MHPSS) interventions that can be delivered effectively in humanitarian settings. Over the past decade, the World Health Organization (WHO) has developed a suite of interventions that have demonstrated promise across diverse refugee populations. However, translating these interventions from research into sustainable routine practice remains a major challenge, particularly in the context of growing humanitarian need and declining international funding. This panel brings together leaders in global mental health to examine the evidence, implementation, and future of scalable MHPSS for forcibly displaced populations. Angela Nickerson will present findings from a randomized controlled trial of the Doing What Matters in Times of Stress intervention among 303 Afghan refugees living in protracted displacement in Indonesia, examining intervention effectiveness, mechanisms of change, and characteristics associated with treatment response. Iryna Frankova will present outcomes from the U-RISE project, highlighting the implementation of peer-delivered PM+, SH+ and DWM for Ukrainian refugees across Europe and the adaptation of PM+ for refugee youth in the Netherlands. Naser Morina will discuss lessons from implementing PM+ and EASE at scale, focusing on training and supervision systems, quality assurance, stepped-care integration, partnerships, and long-term sustainability. Pieter Ventevogel will conclude by reflecting on the evolution of MHPSS in humanitarian settings over the past 15 years, the challenges posed by the current funding landscape, and

opportunities to sustain and expand evidence-based care. Together, the panel will discuss how evidence-based psychological interventions can be effectively scaled and sustained to meet the growing mental health needs of forcibly displaced populations worldwide.

11:00 a.m. - 12:15 p.m.
INNOVATIONS IN TREATING TRAUMA-RELATED NIGHTMARES: FROM MECHANISMS TO GLOBAL SOLUTIONS
Symposium
Chair: **Katherine Miller**, PhD*, Minneapolis VA Health Care System, United States*
Presenter: **Westley Youngren**, PhD*, University of Missouri, United States*
Presenter: **Anthony Reffi**, PhD*, Henry Ford Health System, United States*
Presenter: **Kristi Pruiksma**, PhD*, University of Texas at San Antonio, United States*
Presenter: **Gerlinde Harb**, PhD*, UiT, The Arctic University of Norway, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: Trauma-related sleep disturbances, particularly nightmares, are a debilitating consequence of traumatic experiences, impairing emotional well-being, social functioning, and recovery. Effective treatments exist, but personalizing interventions based on underlying mechanisms and ensuring equitable access across varied populations and care contexts remain essential. This symposium brings together scholars at different career stages to share innovative research and clinical applications aimed at reducing nightmares and improving sleep for individuals affected by trauma worldwide. Presentations will include: (1) exploration of dream self-efficacy as a potential treatment mechanism; (2) feasibility and initial outcomes of delivering sleep and nightmare-focused interventions to recent trauma survivors in emergency care; (3) a pilot study combining insomnia and nightmare treatment with written exposure therapy for PTSD in fire service members; and (4) large-scale implementation of the Better Learning Program-3, nightmare-focused intervention for refugee youth, in Gaza, Lebanon, and Jordan. Collectively, these studies highlight advances in mechanism-driven interventions, early post-trauma care, dissemination strategies, and global implementation to improve sleep and reduce trauma-related distress.

11:00 a.m. - 12:15 p.m.
REDEFINING WHAT IT MEANS TO BE WELL FOLLOWING PTSD TREATMENT: IMPACT OF PTSD TREATMENT ON FUNCTIONING OUTCOMES
Panel
Dawne Vogt*
Chair: **Dawne Vogt**, PhD*, VA Boston Health Care System, United States*
Presenter: **Paula Schnurr**, PhD*, National Center for PTSD, United States*
Presenter: **Ateka Contractor**, PhD*, University of North Texas, United States*
Presenter: **Stephanie Wells**, PhD*, Durham VA, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: A key question raised by audience members of ISTSS's 2025 featured panel on approaches to improve PTSD treatment (PT) effectiveness was how effective PT is in not

only reducing symptoms but also enhancing patients' ability to function well in everyday life. This question is critical, as despite the field's primary focus on symptom reduction recent research indicates that not only are functional challenges often what drive patients to seek treatment, but improved functioning is a primary treatment goal for many patients. The current panel brings together leaders of three generations of research on this topic to discuss emerging research, as well as innovative methodologies for evaluating functional outcomes. This includes a first generation of research focused on whether PT can move patients along the negative end of the functional continuum, thereby reducing their levels of functional impairment. It also includes more recent research on whether PT can move patients along the positive end of the functional continuum by increasing their emotional and psychosocial well-being, as well as novel evaluations of whether PT can improve functioning in areas of greatest priority to patients (functional goal attainment). Panelists will overview new findings, discuss measurement strategies, and describe implications for clinical care and research.

11:00 a.m. - 12:15 p.m.
EMERGING EVIDENCE BASE IN TRAUMA-AFFECTED YOUTH IN UKRAINE
Symposium
Chair: **Vitaliy Voytenko**, PhD*, Western Michigan University Homer Stryker M.D. School of Medicine, United States*
Presenter: **Richard Bryant**, PhD*, University of New South Wales, Australia*
Presenter: **Larysa Zasiekina**, PhD*, Lesya Ukrainka Volyn National University, Ukraine*
Presenter: **Ann Skinner**, PhD*, Duke University, United States*
Presenter: **Naser Morina**, PhD*, University Hospital Zurich, Switzerland*
Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Child/Adolescent
Abstract: Russia's full-scale invasion of Ukraine, now entering its fifth year, has profoundly disrupted the developmental trajectories of millions of Ukrainian youth. Repeated air-raid alarms, bombardments, displacement, family separation, bereavement, and prolonged uncertainty have created a context of chronic and cumulative trauma exposure during sensitive developmental periods. At the same time, the war has severely constrained national research infrastructure and efforts. Although the international research community has mobilized rapidly, much early work centered on adult and refugee populations, leaving critical gaps in our understanding of the psychological impact of the war, trauma processes, resilience, and treatment response among children and adolescents located within the war-torn country. Moreover, most evidence-based interventions for posttraumatic stress piloted with the affected populations were developed in post-conflict or single-incident trauma settings, raising fundamental questions about their applicability in a context defined by prolonged and repeated exposure. This symposium brings together four leading researchers to highlight emerging evidence focused specifically on trauma-exposed children and adolescents living in Ukraine and to critically examine what is now known—and what remains unknown—about supporting recovery in conditions of chronic traumatogenic exposure. Emphasis is placed on urgently needed data to ensure that trauma-related efforts for children and adolescents are developmentally informed, contextually grounded, and maximally effective.

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

MINORITY STRESS AND TRAUMA EXPOSURE AMONG LGBTQ+ COMMUNITIES: RISK FOR TRAUMA EXPOSURE AND ASSOCIATIONS WITH MENTAL HEALTH OUTCOMES AMONG TRAUMA-EXPOSED SEXUAL AND GENDER DIVERSE GROUPS
Symposium
Chair: **Alexis Sheffield**, MS*, The University of New Mexico, United States*
Presenter: **Alexis Sheffield**, MS*, The University of New Mexico, United States*
Presenter: **Nori Mohamed**, BS, MS*, Student, University of Colorado, Colorado Springs, United States*
Presenter: **Jillian Scheer**, PhD*, University of Rhode Island, United States*
Presenter: **Crystal Hernandez**, BS*, University of California, San Diego, United States*
Discussant: **Mark Hatzenbuehler**, PhD*, Harvard United States*
Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Sexual and gender diverse groups (e.g., LGBTQ+) are at increased risk for trauma exposure (e.g., Chen et al., 2020). However, gaps remain in our understanding of how minority stressors affect risk for violence exposure and moderate mental health outcomes following trauma exposure for these groups. The projects in this symposium showcase a variety of methods, including systematic review, cross-sectional analyses, thematic analysis, and preliminary data from a pilot RCT intervention for teen dating violence (TDV) and alcohol use. Together, these projects examine the role of minority stressors in the context of trauma exposure within LGBTQ+ populations, including associations of stressors such as binegativity and parental microaggressions with interpersonal violence victimization and perpetration (Presentations 1 and 2), the interactions of sexual identity acceptance concerns and masculine gender expression with sexism exposure and their associations with pelvic pain (Presentation 3), and institutional policies experienced as distinct forms of trauma (e.g., Don't Ask, Don't Tell) among LGBTQ+ Veterans that influence suicidal thoughts and behaviors (Presentation 4). These findings emphasize the importance of adopting a minority stress framework in future research on interventions tailored to LGBTQ+ populations and in providing trauma-informed, LGBTQ+ affirmative care.

11:00 a.m. - 12:15 p.m.
STRENGTHENING POSITIVE MEMORY PROCESSES IN PTSD TREATMENT: CLINICAL OUTCOMES AND DAILY MECHANISMS
Symposium
Chair: **Justina Pociūnaitė-Ott**, PhD*, Lithuanian University of Health Sciences, Lithuania*
Presenter: **Siyuan Wang**, MS*, University of North Texas, United States*
Presenter: **Madeline Rodenbaugh**, BS, MS*, University of North Texas, United States*
Presenter: **Justina Pociūnaitė-Ott**, PhD*, Lithuanian University of Health Sciences, Lithuania*
Discussant: **Ulrich Schnyder**, MD*, University of Zurich, Switzerland*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: Trauma-focused treatments have largely prioritized reducing distress associated with trauma memories, leaving the therapeutic potential of positive memory processes comparatively underdeveloped. This symposium highlights daily, in-the-moment processes through which positive autobiographical memory (AM) work may influence PTSD symptoms and emotional functioning.
The first presentation evaluates the therapeutic effects of the Processing of Positive Memory Technique (PPMT) compared to supportive counseling on PTSD symptom clusters using a RCT framework. PPMT is a novel intervention for PTSD that centers on the systematic use of positive AMs. The second presentation examines changes in affective and cognitive processes following PPMT, showing that treatment weakens the daily association between negative affect and PTSD symptoms and reduces the carryover effects of posttrauma cognitions on next-day symptoms. The third presentation, as a daily diary study, investigates the experiential qualities of positive AMs, identifying modifiable features associated with their emotional impact and accessibility.
Together, these studies position positive AM processes as a complementary therapeutic pathway in trauma recovery. An expert in PTSD treatment research, Dr. Ulrich Schnyder, will reflect on how these findings fit within the broader evolution of trauma therapy and discuss their implications for integrating positive AM processes into trauma treatment.

11:00 a.m. - 12:15 p.m.
LEVERAGING VA MILLION VETERAN PROGRAM DATA FOR THE STUDY OF PTSD, HEALTH, AND AGING
Symposium
Chair: **Erika Wolf**, PhD*, VA National Center for PTSD and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Mark Logue**, PhD*, VA Bosten Healthcare System, United States*
Presenter: **Mark Miller**, PhD*, VA National Center for PTSD and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Erika Wolf**, PhD*, VA National Center for PTSD and Boston University Chobanian and Avedisian School of Medicine, United States*
Discussant: **Soraya Seedat**, MD, PhD*, University of Stellenbosch, South Africa*
Track: Biology and Medical
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: The Million Veteran Program (MVP) is a US Department of Veterans Affairs research program focused on genetic and environmental influences on health and wellness. MVP has enrolled over one million Veterans who provided blood samples for DNA and other biomarker analyses, provided consent to VA electronic medical record access, and completed self-report surveys on a wide range of exposures, traits, and symptoms. This symposium will present recent studies that leveraged MVP retrospective cohort data to examine temporal relationships between PTSD and other psychiatric conditions with age-related phenotypes. The papers focus on: (1) examination of temporal associations between PTSD, other psychiatric disorders, and Alzheimer's disease and related dementias (ADRD; Dr. Mark Logue); (2) understanding the role of DNA methylation in the link between PTSD and increased risk for late-onset ADRD (Dr. Mark Miller); and (3) evaluation of PTSD-related accelerated epigenetic aging (Dr. Erika Wolf). Dr. Soraya Seedat will serve as a discussant to integrate these results and discuss how large-scale investigations that combine electronic

health records with epi/genetic data can advance understanding of the influence of PTSD on age-related diseases.

11:00 a.m. - 12:15 p.m.
Flash Talk Session 1: Trauma and the Next Generation: The Impact of Trauma on Parenting and Children

DEPRESSION AND REFLECTIVE FUNCTIONING DURING PREGNANCY LINK MATERNAL EXPERIENCES OF CHILDHOOD MALTREATMENT TO CAREGIVING BEHAVIOR
Flash Talk Presentation
Matthew Marvin*[1], G. Anne Bogat[1], Amy Nuttall[1], Joseph Lonstein[1], Cecilia Martinez-Torteya[2], Maria Muzik[3], Alytia Levendosky[1]
[1]*Michigan State University,* [2]*University of Michigan Medical School,* [3]*University of Michigan*
Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Maternal childhood maltreatment (CM) confers risk for less sensitive parenting, however, mechanisms underlying this association warrant further attention. Two potential mechanisms are maternal mental health and reflective functioning (RF). Maternal RF captures the mother's ability to understand her child's behavior in terms of underlying mental states and is associated with caregiving. Psychopathology, such as depression, can result from CM and affect RF. However, the association between maternal CM and RF is inconsistent. Although the mother begins to organize her relationship with her baby during pregnancy, research on maternal depression and RF focuses on the postpartum period. In this study (N = 446), early pregnancy depression (self-report) and late pregnancy RF (coded from narrative) are proposed as sequential mediators in the association between CM and observed parenting. CM predicted higher depression (b = .30, $p < .001$) which was in turn associated with lower maternal RF (b = -.14, p = .03). Although CM was not associated with RF, the indirect effect of CM on RF was significant [95% CI: -.093, -.005]. Additionally, RF predicted higher positive parenting (b = .24, p = .002) and lower detachment (b = -.17, p = .011). There were significant indirect effects of CM on positive parenting via depression and RF [95% CI: -.027, -.001] and of depression on intrusiveness via RF [95% CI: .001, .065]. Results suggest that (1) it is not CM per se, but its effect on mental health, that can compromise RF and (2) maternal depression and RF during pregnancy are important factors that help to explain the effect of CM on later caregiving.

PARENTING APPRAISALS, TRAUMA HISTORY, AND REGULATION CAPACITIES IN MOTHERS WITH HIGH-RISK HISTORIES OF PHYSICAL ABUSE
Flash Talk Presentation
Adrienne Whitt*[1], Ginny Sprang[1], Stephanie Gusler[1]
[1]*University of Kentucky Center on Trauma and Children*
Track: Clinical Interventions
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent

Abstract: Identification of the mechanisms of action that produce physically abusive behavior is a precision-focused approach that can be used to guide intervention development and delivery. Currently, there is limited research on maternal-initiated physical abuse that employs this perspective and specifically examines how caregiver trauma impacts caregiving. This study includes secondary analysis of data from a university-based clinic (N=470) that provides comprehensive risk assessments of families with high-risk findings of abuse and neglect. Bivariate and hierarchical logistic regression analyses were conducted regarding maternal risk factors potentially associated with physical child abuse. Angry affect in maternal appraisals of their child, mothers' trauma histories, and indicators of emotional/behavioral regulation capacities significantly predicted physically abusive behavior. Mothers with angry affect in their appraisals of their child were 67% more likely to have a finding of physical abuse, and those who reported experiences of rape as an adult were over 10 times more likely to have engaged in physically abusive behavior toward their children. Understanding the role of these factors in mothers at risk for physically abusive behaviors can help identify targets for risk reduction or prevention, as well as future research.

PARENTAL CHRONIC STRESS AND YOUTH PROBLEM BEHAVIORS: INDIRECT EFFECTS THROUGH ADAPTIVE AND MALTREATMENT-RELATED PARENTING

Flash Talk Presentation

Diamonde McCollum*[1], Lauren Butler[1], Kalyn Prothro[1], Nada Goodrum[1]
[1]*University of South Carolina*

Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent

Abstract: Child maltreatment is a major public health concern, with 1 in 7 U.S. youth experiencing abuse or neglect annually. Consistent with the Family Stress Model, economic hardship increases youth risk for problem behavior. Though non-violent parenting is generally protective, little research has examined parental chronic stress and maltreatment-related parenting behaviors, such as psychological aggression and harsh physical discipline. This study examined indirect effects between parental chronic stress and youth problem behavior via adaptive and maladaptive parenting behaviors.

We used secondary data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), with n=871 youth at age 16 (51.5% female, 68.6% Black American, 38.5% White, 16.6% Latin/x, 12% Native American, 4% Asian, 1.4% Pacific Islander, .9% Hawaiian, .4% Inuit/Eskimo, 3.8% other). Caregivers reported on chronic stress (problems with housing, employment), parenting, and youth problem behavior.

A confirmatory factor analysis supported a unidimensional factor of chronic stress (CFI = .99; TLI= .99; RMSEA = .07). Nonviolent parenting ($b = 1.14$, $SE = .162$, $p < .001$) and psychological aggression ($b = .866$, $SE = .135$, $p < .001$), but not harsh discipline, showed significant indirect effects linking parental chronic stress to youth problem behavior.

Chronic stress may undermine parents' engagement in adaptive parenting, heightening risk for psychologically aggressive or emotionally abusive parenting behaviors. Addressing parental chronic stress is critical for preventing youths' exposure to maltreatment and subsequent behavior problems.

DIFFERENT TYPES OF INTIMATE PARTNER VIOLENCE HOLD DIFFERENT IMPLICATIONS FOR THE WELLBEING OF MOTHERS IN RECOVERY FROM OPIOID USE DISORDER

Flash Talk Presentation

Katherine Guyon-Harris*[1], Marisleysis Gonzalez[1], Caroline Karnosh[1], Anna Vogel[1], Janhavi Kulkarni[1]
[1]*University of Pittsburgh*

Track: Clinical Interventions
Program Category: Intergenerational Trauma
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult

Abstract: Perinatal people in recovery from opioid use disorder (OUD) experience high rates of intimate partner violence (IPV) and concomitant negative impacts on their own and their child's wellbeing. Negative impacts from physical, sexual, and emotional types of IPV are well known with less attention paid to other types, including economic IPV (E-IPV), IPV involving the parenting role (IPV-Parenting), and substance use coercion (SUC). We examined whether different types of IPV have different implications for mothers in recovery from OUD. Forty mothers in recovery completed surveys 12-months postpartum on IPV, parenting stress and confidence, symptoms of anxiety and depression, and past year illicit substance use. Only IPV-Parenting was associated with parenting and mental health outcomes. Regression analyses confirmed the predictive power of IPV-Parenting on parenting confidence ($b=-0.21$, $se=.07$, $p < .01$), depression symptoms ($b=0.87$, $se=.26$, $p < .01$), and anxiety symptoms ($b=0.37$, $se=.16$, $p < .05$) while controlling for all other types of IPV. All IPV types except IPV-Parenting were associated with past year illicit substance use, though shared variance prohibited regression testing. IPV targeted towards the parenting role may have uniquely powerful impacts on parenting and mental health while other types of IPV may have a greater impact on return to use. Interventions for perinatal people in recovery should assess all types of IPV. Our presentation will detail the different types of IPV and the implications of the findings for interventions that support perinatal people in recovery and their children.

MATERNAL CHILDHOOD SEXUAL ABUSE AND NEGLECT PERPETRATION: THE ROLES OF TRAUMA SYMPTOMS AND SUBSTANCE USE

Flash Talk Presentation

Stephanie Gusler*[1]
[1]*University of Kentucky Center on Trauma and Children*

Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent

Abstract: Neglect is the most common form of maltreatment, making up 74% of child protective service (CPS) reports. Risk factors for neglect are most frequently at the parent-level, such as parents' trauma history. Childhood sexual abuse (CSA) has emerged as a unique risk factor for intergenerational cycles of maltreatment and is more commonly reported by mothers than fathers. Prior research has found up to 57% of children whose mothers have CSA histories experience at least one form of maltreatment. The present study examined maternal trauma symptoms as a mediator for the association between maternal CSA and perpetration of neglect, with maternal substance use as a moderator. Secondary data

from a clinic that conducts evaluations of families involved in CPS was used for analyses. The sample consisted of 410 mother-child dyads. Within the sample, 62% of mothers had CSA histories, and 89% of mothers had been charged by CPS with perpetration of neglect. Results showed that maternal CSA was significantly associated with perpetration of neglect, but this relation was not mediated by maternal trauma symptoms. Instead, maternal trauma symptoms had a direct effect on perpetration of neglect. Further, substance use did moderate the association between maternal trauma symptoms and perpetration of neglect. Specifically, when mothers' trauma symptoms were more severe, their substance use had a weaker association with perpetration of neglect, and substance use was a stronger predictor of neglect perpetration when maternal trauma symptoms were less severe. Implications for practice and future research will be highlighted.

EXAMINING TRAUMA, PTSD, OTHER MENTAL DISORDERS AND HEALTHCARE PATTERNS DURING EARLY PARENTHOOD: THE ROLE OF IMMIGRANT STATUS, IDENTITY, AND SOCIAL SUPPORT

Flash Talk Presentation

Nisali Muthumuni*[1], Natalie Mota[1]
[1]*University of Manitoba*

Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult

Abstract: Early parenthood is a period of heightened psychological risk, yet immigrant experiences remain understudied. Using the National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III), we analyzed new parents with a child < 5 years (n= 4,129) to test associations between immigrant generational status (IGS; first-, second-, third+/U.S.-born) with (a) trauma exposure, (b) PTSD and any other lifetime mental/substance use disorder (MD/SUD), and (c) mental healthcare utilization among those with a lifetime MD/SUD. Survey-weighted logistic regressions adjusted for sociodemographic correlates. Interactions with racial discrimination, ethnic identity, social support, and sex were probed. First-generation parents had lower odds than third+ of trauma (AOR= 0.50, p < .001), PTSD (AOR= 0.35, p < .001), and any MD/SUD (AOR= 0.29, p < .001); second-generation estimates were generally comparable to third+ except for sexual assaults. Racial discrimination was positively associated with PTSD in all IGS groups (AOR range 2.10-4.94; all p's < .001). Social support was protective for any trauma and any MD/SUD among third+ only; ethnic identity did not significantly moderate trauma or any MD/SUD by IGS. Across service types, first-generation parents showed lower utilization than third+ (AOR range 0.21-0.34, all p's < .001). Findings support a "healthy immigrant" pattern for MD/SUDs, but reveal under-utilization of mental healthcare services among first-generation parents. Results highlight the need to address access barriers and improve engagement with mental-health services during early parenthood.

REAL-TIME PARENTING IN INTIMATE PARTNER VIOLENCE-EXPOSED FAMILIES: AN EXAMINATION OF FLUCTUATIONS IN PARENT-CHILD BEHAVIOR ACROSS PLAY TASKS

Flash Talk Presentation

Madeline Smethurst*[1], Laura Miller-Graff[1]
[1]*University of Notre Dame*

Track: Prevention and Early Intervention

Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Coercive and hostile parenting has been identified as one mechanism linking maternal intimate partner violence (IPV) exposure to child adjustment problems, yet parenting is a heterogeneous and dynamic process. Research suggests that child behavior problems may trigger, and maternal PTSD may increase risk for, hostile parenting. As such, there is likely a negatively reinforcing cycle between coercive parenting and child behavior in families exposed to IPV. Little research, however, has examined this question using intensive longitudinal techniques, leaving us with limited understanding of moment-to-moment variation in this aspect of the dyadic process. The current study (N = 101 dyads) examines fluctuations in coercive parenting and child defiant behavior, and their covariation, across two parent-child play contexts (child-led, parent-led) and evaluates the influence of maternal IPV exposure and PTSS. Parenting and child behavior were coded across five-minutes of each play context and frequency counts were tallied within 1-minute epochs to use in parallel piecewise latent growth modeling. Macro-level results indicated child defiant behavior was correlated across contexts ($r = .26$, $p = .01$), but coercive parenting was not. Coercive parenting was higher in parent-led play ($t(100) = -5.14$, $p < .001$). Coercive parenting and child defiant behavior were associated in both contexts ($r = .80$, $p < .001$; $r = .80$, $p < .001$). Findings suggest parenting may be more context-dependent than child behavior, and highlight the value of modeling parenting as a dynamic, dyadic process in order to enhance preventative intervention.

EXAMINING MATERNAL RISK AND PROTECTIVE FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE AND THEIR EFFECTS ON THREE-MONTH-OLD INFANTS' DEVELOPMENT

Flash Talk Presentation
Abigail Arntz*[1], Kathryn Howell[2], Laura Miller-Graff[1]
[1]*University of Notre Dame,* [2]*University of Wisconsin-Madison*
Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Maternal exposure to intimate partner violence (IPV) during the prenatal period is harmful for mother and infant functioning; however, most research focuses on cross-sectional effects of IPV on older children. The present study addressed this gap by examining the influence of maternal prenatal IPV exposure, depression, parenting confidence, and resilience on infant developmental outcomes at age 3 months via a longitudinal design. It was hypothesized that prenatal risk factors (IPV, maternal depression) would predict poorer infant developmental outcomes, while prenatal protective factors (parenting confidence, resilience) would contribute to better infant outcomes. Data were drawn from prenatal baseline (T1) and 3-month postpartum (T3) assessments of N=137 infants and their mothers exposed to IPV. On average, mothers were 27.3 years old at T1 (SD=6.0) and infants were 17.1 weeks old at T3 (SD=10.7). Multivariate regression analyses indicated that infant cognitive ($R^2=0.096$, $p=0.026$) and language ($R^2=0.105$, $p=0.001$) functioning were better explained by the model than infant motor ($R^2=0.096$, $p=0.065$), social-emotional ($R^2=0.214$, $p=0.618$), and adaptive behavior ($R^2=0.206$, $p=0.078$) functioning. Maternal resilience was significantly related to infant social-emotional functioning ($\beta=0.102$, $p < 0.001$) and adaptive behavior

(β=0.263, p=0 .008), while parenting confidence was significantly related to infant adaptive behavior (β=0.784, p=0.027). Findings suggest that prenatal maternal protective factors are stronger predictors of 3-month-old infants' functioning than prenatal risk factors.

MATERNAL INTIMATE PARTNER VIOLENCE AND PSYCHOLOGICAL AND PHYSICAL PARENT-CHILD AGGRESSION: CROSS-LAGGED ANALYSIS COMPARING SONS AND DAUGHTERS
Flash Talk Presentation
Jewelian Fairchild*[1], Christina Rodriguez[1], Edoardo Modanesi[1]
[1]*Old Dominion University*
Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Both Adult and Child/Adolescent
Abstract: Intimate partner violence (IPV) represents a traumatic stressor that can increase a parent's use of parent-child aggression (PCA)—an adverse childhood experience. PCA may also contribute to family stress and relational conflict, with possible mutual influences between IPV and PCA. This bidirectionality is rarely examined and child gender differences are underexplored. This study tested links between maternal IPV perpetration and victimization and psychological and physical PCA. Mothers (N = 192) reported on their experiences of IPV and PCA at 6 months, 18 months, and 4 years postpartum. Two multi-group cross-lagged panel models were estimated, testing differences between sons and daughters. PCA did not predict later IPV. IPV perpetration at 6 months predicted psychological and physical PCA at 18 months for daughters but only psychological PCA for sons; however, these paths were not statistically different. IPV perpetration at 18 months did not predict PCA at 4 years for sons or daughters. IPV victimization at 6 months predicted later physical PCA for daughters only. Significant child gender differences emerged with IPV victimization at 18 months predicting increases in both psychological and physical PCA at age 4 for sons but not daughters. Gender-specific associations may reflect that victimization by a male partner alters mothers' PCA use toward preschool aged sons, potentially via misattribution of partner-related distress in mother-son interactions. These findings highlight the need for trauma-informed interventions addressing IPV-related distress to reduce spillover into parent-child interactions.

11:00 a.m. - 12:15 p.m.
Paper Session 1: Prevention and Early Intervention

WHAT THE INTOLERABLE FUNCTIONING MODEL DOES TO PSYCHOLOGICAL SUFFERING
Paper Presentation
Léa Ruelle*[1]
[1]*EVS-CTT lab, Lyon University*
Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: This presentation introduces an original socio-cultural model of trauma grounded in the dynamic circulation between illness, sickness, and disease (Kleinman, 1988), rather than in an event-based definition of traumatic exposure. Based on long-term immersive

ethnographic research conducted within French military institutions, it examines how suffering is ordinarily interpreted and managed across subjective, collective, and institutional levels, as long as group-specific norms of tolerability remain intact.
The study relies on a multi-sited qualitative ethnography combining immersion in combat units and military healthcare settings. Fieldwork involved participant observation and repeated interviews with soldiers and healthcare professionals, for a total of approximately 30 months of immersive participant observation, enabling longitudinal follow-up across operational and clinical trajectories.
Findings show that trauma does not arise solely from exposure to extreme events (Young, 1995), but from culturally produced "intolerables" (Fassin, 2009, 2012) shaped by military collectives and operational environments. These intolerables function as triggers by blocking the circulation between illness, sickness, and disease, leading to the crystallization of suffering.
In conclusion, this presentation discusses an original, unpublished model describing how military personnel ordinarily cope with potential traumatic stressors, how this mechanism breaks down, and how healthcare professionals can act on underlying mechanisms rather than symptoms in contexts of continuous stress.

TRAUMA-RELATED RISK FACTORS FOR PERSISTENT INSOMNIA IN U.S. MILITARY VETERANS: A THREE-YEAR, NATIONALLY REPRESENTATIVE STUDY

Paper Presentation

Jason DeViva*[1], Elissa McCarthy[2], Ian Fischer[3], Peter Na[4], Robert Pietrzak[5]
[1]*VA Connecticut Health Care System,* [2]*National Center for PTSD,* [3]*West Haven VA/National Center for PTSD,* [4]*West Haven VA/Yale School of Medicine,* [5]*National Center for PTSD/Yale School of Medicine*

Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families

Abstract: Insomnia is prevalent among U.S. veterans and linked to functional impairment, yet its longer-term course remains poorly understood. To address this gap, we analyzed data from the National Health and Resilience in Veterans Study, which followed a nationally representative sample of veterans over three years. Veterans were recruited from KnowledgePanel, a probability-based online survey panel. Among 2,441 veterans, 208 (weighted 9.6%) screened positive for clinical insomnia at baseline. At three-year follow-up, 122 (weighted 59.2%) of these veterans continued to screen positive for clinical insomnia, 75 (weighted 34.6%) had subthreshold insomnia, and 11 (weighted 6.2%) no longer endorsed insomnia symptoms. In a multivariable logistic regression model, baseline factors associated with persistent clinical insomnia included greater PTSD symptom severity, more severe alcohol use problems, higher levels of adverse childhood experiences and witnessed trauma exposure, and lower dispositional optimism. These findings suggest that clinical insomnia in veterans is often chronic and closely intertwined with trauma-related and behavioral health vulnerabilities. Results highlight the importance of routine screening, longitudinal monitoring, and integration of trauma-related and substance use-focused interventions to reduce long-term psychiatric and functional burden in this population.

THE IMPACT OF MILITARY SEXUAL TRAUMA ON TIME TO COLORECTAL CANCER SCREENING IN VETERANS

Paper Presentation
Erin Hoffman*[1], Andrew Loza[1], Mark Relyea[1], Cynthia Brandt[1]
[1]*Yale School of Medicine/VA Connecticut Healthcare System*
Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Cancer is a leading cause of mortality among U.S. Veterans, and colorectal cancer accounts for about 9% of diagnoses in the U.S. Department of Veteran Affairs (VA) healthcare system (Howard et al., 2022; Zullig et al., 2017). Prior research suggests military sexual trauma (MST; sexual assault or harassment during active duty) may impede invasive cancer screening (Danan et al., 2022), but findings are inconsistent and often rely on cross-sectional or self-report data. This study examined whether MST predicted time to first colorectal cancer screening. Veterans who were newly eligible for screening on or after January 1, 2023 were identified through the VA Corporate Data Warehouse (N = 283,758). Cox proportional hazards models tested associations between MST and screening timing, adjusting for sex, race, region, rurality, comorbidity burden, and care utilization. MST was associated with a lower screening completion rate over time (HR = 0.93, 95% CI = 0.90–0.96). Findings support trauma-informed outreach and clinical practices to reduce screening delays among Veterans with MST.

THE RELATIVE RISK OF COMORBID PTSD AND MDD ON FUTURE SUICIDAL BEHAVIOR IN SERVICE MEMBERS AND VETERANS: RESULTS FROM THE LONGITUDINAL PRISM STUDY

Paper Presentation
Kristen Walter*[1], Laura Crocker[1], Alexander Kline[1], Craig Bryan[2]
[1]*Naval Health Research Center,* [2]*University of Vermont Larner College of Medicine*
Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Traumatic stress in a troubled world can result in posttraumatic stress disorder (PTSD) that co-occurs with major depressive disorder (MDD), and this comorbidity is associated with greater suicide risk primarily in cross-sectional studies. Less is known about the compounded risk of this comorbidity for suicidality over time. This study compared suicidal thoughts and behaviors at baseline and longitudinally among four groups of patients: no probable PTSD or MDD; probable PTSD only; probable MDD only; probable comorbid PTSD and MDD. Participants were 2,031 U.S. active duty service members and veterans recruited from six military primary care clinics. Logistic regressions and ANCOVAs were used to examine group differences on suicide variables, adjusting for prespecified covariates. At baseline, the comorbid group reported more severe suicide-related cognitions and was significantly more likely to endorse current suicidal ideation, prior suicide plan, and prior suicide attempt compared with the other three groups (ps < .004). In the year following baseline assessment, the comorbid group showed a significantly higher risk of suicidal behavior compared to those without PTSD or MDD and with probable PTSD only (ps < .023). Results extend prior research by showing that comorbid PTSD and MDD may further heighten suicidality risk over time among service members and veterans.

REDUCING TRAUMATIC STRESS AND BUILDING GLOBAL RESILIENCE ACROSS THREE CONTINENTS: THE BENEFITS OF A NON-PSYCHIATRIC APPROACH THROUGH THE COMMUNITY RESILIENCY MODEL
Paper Presentation
Samuel Habimana*[1], Sophia Truongo[1], Cintia Alfonso Fior[1], Emmanuel Biracyaza[2], Zephon Lister[1], Kimbery Freeman[1], Micheal Sapp[3], Susanne Montgomery[1]
[1]*Loma Linda University/School of Behavior Health,* [2]*Montreal University/School of Rehabilitation Science,* [3]*Trauma Resource Institute*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Advanced
Region: Eastern and Southern Africa
Population Type: Both Adult and Child/Adolescent
Abstract: This study evaluates the implementation and impact of the Community Resiliency Model (CRM) across Africa, the United States, and Europe, highlighting its role in cultivating resilience, reducing traumatic stress, and informing scalable, community-based responses. Methods: We used a multi-site mixed methods design to evaluate CRM trainings among diverse populations in California, Rwanda, Angola, Sierra Leone, and Ukraine who participated between 2020 and 2025. Standardized self-report measures of traumatic stress and resilience were collected at baseline, immediately post-training, and at 3- and 6 month follow-up, and repeated-measures ANOVA examined changes over time; qualitative data from key informant interviews explored acceptability and implementation. Results: Data from approximately 400 participants showed elevated traumatic stress, depressive and anxiety symptoms, and emotional dysregulation at baseline, followed by significant reductions in trauma-related, depressive, and anxiety symptoms and improvements in resilience and emotion regulation that were maintained at follow-up after intervention; qualitative findings indicated high acceptability, perceived usefulness in reducing war-related traumatic stress, and feasibility in community settings, while also noting resource limitations as barriers. Conclusion: CRM appears to be a promising, scalable, community-level intervention for promoting global resilience and reducing trauma-related symptoms across cultures, calls the need for multinational investment to support long-term resilience.

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

1:45 p.m. - 3:00 p.m.
PATHS TO RECOVERY: MECHANISMS, PROCESSES, AND HETEROGENEITY IN PTSD TREATMENT
Symposium
Chair: **Antoine Lebeaut**, PhD*, University of Washington School of Medicine, United States*
Presenter: **Antoine Lebeaut**, PhD*, University of Washington School of Medicine, United States*
Presenter: **Michele Bedard-Gilligan**, PhD*, University of Washington, United States*
Presenter: **Shannon Kehle-Forbes**, PhD*, National Department of Veterans Affairs, United States*
Presenter: **Meaghan O'Donnell**, PhD*, Phoenix Australia, University of Melbourne, Australia*
Discussant: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Track: Clinical Interventions
Program Category: Clinical Practice

Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Evidence-based treatments for PTSD demonstrate strong efficacy; however, substantial variability remains in how individuals respond to treatment. Moving beyond mean symptom reductions by examining differential treatment responses and patterns of recovery across diverse patient populations can advance more personalized care. The goal of this symposium is to bring together complementary investigations examining processes, mechanisms, and heterogeneity in outcomes, and address how change unfolds and which factors drive and shape recovery. First, Dr. Lebeaut will present findings from two randomized controlled trials (RCTs) modeling trajectories of PTSD symptom change during prolonged exposure (PE) with and without sertraline. Second, Dr. Bedard-Gilligan will examine how trauma and drinking cognitions influence changes in PTSD and alcohol use during brief early treatments for PTSD and alcohol misuse (imaginal exposure, alcohol skills, and support). Third, Dr. Kehle-Forbes will present results from an RCT evaluating variations in response to trauma-focused therapy versus Present Centered Therapy. Fourth, Dr. O'Donnell will present a non-inferiority trial comparing PE and the Unified Protocol, examining comparative benefit from trauma-focused versus emotion-regulation approaches. Finally, Dr. Norman will serve as discussant to highlight shared findings, clinical implications, and future directions. Together, these presentations aim to advance a process-oriented understanding of treatment response and recovery across varied evidence-based interventions for trauma-related conditions.

1:45 p.m. - 3:00 p.m.
RISK, PROTECTIVE FACTORS, AND INNOVATIVE DETECTION OF PTSD IN 911 EMERGENCY CALL-TAKERS AND DISPATCHERS
Symposium
Chair: **Liliane D. Efinger**, PhD*, The University of Texas at San Antonio, United States*
Presenter: **Liliane D. Efinger**, PhD*, The University of Texas at San Antonio, United States*
Presenter: **Vivian Ta-Johnson**, PhD*, The University of Texas at San Antonio, United States*
Presenter: **Alan Meca**, PhD*, The University of Texas at San Antonio, United States*
Presenter: **Breanna Wuckovich**, BSN*, University of Houston, Clear Lake, United States*
Discussant: **Casey Straud**, (blank)*, The University of Texas at San Antonio, United States*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Emergency Call Takers and Dispatchers (ECDs) are continuously exposed to potentially traumatic stress through high-intensity, fast-paced work, often witnessing human suffering while balancing organizational demands and precision response. These unique occupational stressors place ECDs at elevated risk for PTSD, yet they remain vastly understudied compared to other first responders. Understanding factors influencing vulnerability and resilience requires research that applies innovative methodologies and translates evidence into practical, scalable interventions.
This symposium brings together research presentations examining factors related to PTSD and innovative methods. Presentations include (1) identification of key psychological, occupational, behavioral, and health-related factors linked to PTSD using predictive modeling regression; (2) analysis of health-related and work-context factors, including perceived health, pain, and activity limitations, to understand associations with PTSD

symptoms; (3) an investigation employing natural language processing to detect trauma-related patterns in ECD narratives; and (4) research on how professional identity shapes PTSD risk, highlighting pathways by which identity may function as resilience or vulnerability.
Collectively, this symposium integrates empirical, computational, and contextual approaches, offering actionable insights for assessment, prevention, and resilience-building of PTSD in ECDs, and equipping attendees with knowledge of factors influencing risk and resilience to support this essential workforce.

1:45 p.m. - 3:00 p.m.
PRECISION IN TRAUMA CARE: SCALING PERSONALIZED APPROACHES BY DEFINING 'WHAT WORKS FOR WHOM'
Symposium
Chair: **Madeleine Goodkind**, ABPP, PhD*, New Mexico VAMC, United States*
Presenter: **Peter Grau**, PhD*, Ann Arbor Center for Clinical Management Research/University of Michigan, United States*
Presenter: **Erika Roberge**, PhD*, Salt Lake City VA Medical Center, United States*
Presenter: **Jonathan Murphy**, PhD*, Rush University Medical Center, United States*
Presenter: **Kathleen Chard**, PhD*, Cincinnati VAMC, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Personalized medicine transforms psychological intervention research by moving beyond one-size-fits-all approaches toward treatments tailored to individuals' needs and to treatment settings. Effectively scaling our interventions comes from better understanding the factors that facilitate or interfere with treatment response. The symposium talks here explore innovative approaches to the question, "For whom and in what situations do we use which treatments?", helping us deliver effective treatments to a broader patient population. First, Dr. Roberge discusses modifiable clinical characteristics related to emotion regulation and avoidance, and their impact on PTSD outcomes in veterans seeking PTSD psychotherapy. Second, Dr. Grau discusses the impact of digital interventions on PTSD symptoms, showing that greater and earlier engagement with digital mental health apps was linked to lower PCL5 scores. He describes key demographic disparities, underscoring groups who experienced persistently higher symptom burden and less improvement. Next, Dr. Murphy discusses outcomes from a clinical initiative expanding access to massed PTSD treatments through interjurisdictional telehealth compacts. These two talks demonstrate that increasing treatment accessibility personalizes care. Finally, Dr. Chard discusses the rollouts of CPT and WET in Azerbaijan, including the initiation and scaling of treatments in diverse settings, predictors of treatment response, and broader implications of the findings. Together, the talks highlight that tailoring treatments is our best strategy for scaling treatment reach.

1:45 p.m. - 3:00 p.m.
ADVANCING TRAUMA RECOVERY: CENTERING LIVED EXPERIENCE AND MULTIDISCIPLINARY COLLABORATION FOR VULNERABLE POPULATIONS
Panel
Nida Corry*, Claire Hoffmire, Bradley Stolbach, Amelita Woodruff, Nouf Bazaz, Lindsey Monteith
Chair: **Nida Corry**, PhD*, NORC at the University of Chicago, United States*

Presenter: **Bradley Stolbach**, PhD*, University of Chicago, United States*
Presenter: **Amelita Woodruff**, MD*, John Hopkins, United States*
Presenter: **Nouf Bazaz**, PhD*, John Hopkins, United States*
Presenter: **Claire Hoffmire**, PhD*, Rocky Mountain Regional VA Medical Center, United States*
Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Community violence and adversity are critical drivers of trauma and well-being among vulnerable populations globally. This panel applies socio-ecological frameworks to examine how community, institutional, and systemic factors shape outcomes in veterans, asylum seekers, and urban youth. We highlight interdisciplinary, trauma-informed, culturally responsive programs addressing these connections.
The University of Chicago Medicine REACT Program serves children and families affected by community violence through specialized mental health care and culturally grounded initiatives, including Project FIRE, which promotes recovery for youth injured by gun violence using glassblowing, mentoring, psychoeducation, and employment.
The Johns Hopkins' HEAL Refugee Health and Asylum Collaborative partners with Asylee Women Enterprise to provide free, culturally tailored primary and mental health care to survivors of torture, trauma, and trafficking seeking humanitarian protection, while also training professionals in immigrant health and trauma-informed care.
The Assessing Social and Community Environments with National Data (ASCEND) project uses a rigorous approach to elucidate socio-ecological risk factors for suicide among U.S. Veterans, encompassing a national survey, oversampling understudied subgroups, and partnering with a Veteran Engagement Board, to inform tailored prevention strategies.
Collectively, these initiatives demonstrate the power of interdisciplinary, community-rooted collaborations to develop scalable, culturally attuned solutions that advance trauma recovery.

1:45 p.m. - 3:00 p.m.
WHEN THE TRAUMA DOESN'T END: TRAINING AND DISSEMINATING EVIDENCE-BASED TREATMENTS IN ONGOING GLOBAL CRISES
Symposium
Chair: **David Rozek**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Presenter: **Phyupannu Khin**, PhD*, Massachusetts General Hospital and Harvard Medical School, United States*
Presenter: **Tetiana Nickelsen**, PhD*, Texas A&M University, United States*
Presenter: **John Moring**, PhD*, The University of Texas Health Science Center at San Antonio, United States*
Presenter: **David Rozek**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: Armed conflict, political violence, displacement, and disaster have created populations living under chronic traumatic stress. From Myanmar after the 2021 military

coup to Ukraine amid ongoing war, to Syria following prolonged civil conflict and communities in Jerusalem and Gaza facing persistent instability, cumulative trauma exposure is associated with elevated rates of depression, PTSD, and suicide risk (Charlson et al., 2019; WHO, 2022). Yet specialty mental health infrastructure remains limited in many of these settings.

This symposium examines how evidence-based psychological interventions can be translated, adapted, and implemented for chronically stressed and underserved populations across diverse crisis contexts. Presenters will share emerging implementation data on trauma-focused cognitive behavioral therapies, Psychological First Aid, task-shared models, and suicide prevention programming delivered in resource-constrained environments.

Across four international case studies—Myanmar, Ukraine, Jerusalem/Gaza, and Syria—speakers will examine shared implementation challenges, including workforce shortages, safety constraints, stigma, and ethical complexities in ongoing conflict. Presenters will highlight culturally responsive adaptations that preserve core treatment mechanisms while enhancing feasibility and local relevance. The symposium will synthesize cross-regional lessons learned amid instability and advance understanding of how evidence-based interventions can be responsibly delivered in settings marked by chronic instability and structural inequity.

1:45 p.m. - 3:00 p.m.
FAMILIES FACING TRAUMA: RISKS, REPAIR, AND RESILIENCE
Symposium
Chair: **Abigail Gewirtz**, PhD*, Arizona State University, United States*
Presenter: **Osnat Zamir**, PhD*, Hebrew University, Israel*
Presenter: **Frances Li**, MA,MEd*, University of California, Irvine, United States*
Presenter: **Stephen Cozza**, MD*, Uniformed Services University, United States*
Presenter: **Abigail Gewirtz**, PhD*, Arizona State University, United States*
Track: Prevention and Early Intervention
Program Category: Global Issues
Presentation Level: Advanced
Region: Global
Population Type: Adult
Abstract: This symposium brings together four studies examining families coping with trauma across diverse contexts, including childhood trauma, military communities, and forcibly displaced refugee families resettled in the United States. Together, the studies highlight how trauma shapes family relationships and identify protective processes that foster resilience.

Study 1 examines Israeli married couples and shows that childhood maltreatment is linked to lower perceived and observed partner support. Self-compassion emerges as a protective factor for women, buffering trauma-related relational difficulties. Study 2 explores intergenerational processes, demonstrating that mothers with childhood sexual abuse histories report elevated worry about their children's risk exposure beyond other traumas, suggesting a pathway of trauma transmission.

Study 3 presents preliminary findings from an evidence-based parenting prevention system implemented with U.S. National Guard families, highlighting reach, engagement, and implications for family well-being. Study 4 evaluates a multilingual online parenting intervention for forcibly displaced families, showing feasibility and promising early trends in parenting and child adjustment.

Across contexts, this symposium underscores families as central arenas in which trauma is experienced, transmitted, and transformed, highlighting pathways to resilience.

1:45 p.m. - 3:00 p.m.
ADVOCACY AS TRAUMA PREVENTION: A SOCIOECOLOGICAL AND PUBLIC HEALTH FRAMEWORK FOR LGBTQ+ CARE
Panel
Solaris Rivera-Jinez*
Chair: **Solaris Rivera-Jinez**, BA, MS*, Nova Southeastern University, United States*
Presenter: **Frances Morales**, PhD*, The University of Texas Rio Grande Valley, United States*
Presenter: **Abbey Brunault**, MSc*, King's College London, United Kingdom*
Presenter: **Kim Nguyen-Finn**, PhD*, University of Texas Rio Grande Valley, United States*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Activism is a crucial discipline that psychologists have long engaged in, advocating for policies, public discourse, and standards of care for marginalized communities. Ethical frameworks emphasize that psychologists hold responsibilities not only to individual clients but also to systems that confer risk or protection, especially when structural stigma increases identity-based traumatic stress (American Psychological Association, 2017; Chen and Gorski, 2015; Nadal, 2017; Carré, 2016). This symposium presents a socioecological framework for clinician advocacy that clarifies micro- and macro-level actions and the role of advocacy in trauma-focused harm reduction for LGBTQ+ clients and communities. Panelists will integrate Bronfenbrenner's socioecological model with a public health prevention framework (primary, secondary, tertiary) to map advocacy targets across individual, relational, organizational, community, and policy levels (Bronfenbrenner, 1979; Ishizumi et al., 2024). The panel also addresses sustainability: how chronic sociopolitical threat, institutional betrayal, and moral distress can contribute to secondary traumatic stress and burnout, and how clinicians can remain effective through role clarity, boundary setting, collective care, and supervision structures that support sustained engagement without overextension by presenting applied examples of a community-based intervention for LGBTQ+ women and gender diverse trauma survivors (Wise et al., 2012).

1:45 p.m. - 3:00 p.m.
MEASURING AND UNDERSTANDING MENTAL HEALTH IN THE CONTEXT OF MASS TRAUMA AND VIOLENCE IN NIGERIA: FROM INSTRUMENT VALIDATION TO POLICY ACTION
Symposium
Chair: **Jaimie Gradus**, DSc*, Boston University, United States*
Presenter: **Jaimie Gradus**, DSc*, Boston University, United States*
Presenter: **Salma Abdalla**, DrPH, MD*, Washington University in St. Louis, United States*
Presenter: **Mohammed Abba-Aji**, MD, DrPH, MPH*, Washington University in St. Louis, United States*
Presenter: **Tunde MasseyFerguson Ojo**, MD, MSc*, Federal Ministry of Health and Social Welfare, Nigeria*
Discussant: **Sandro Galea**, DrPH,MD*, Washington University in St. Louis, United States*
Track: Public Health
Program Category: Global Issues
Presentation Level: Intermediate
Region: West and Central Africa

Population Type: Adult
Abstract: Mental health research among violence-exposed populations in sub-Saharan Africa is constrained by the absence of validated assessment tools, population-representative epidemiological data, and evidence-based policy frameworks. This symposium presents integrated findings from the Mental Health and Resilience Following Violent Incidents in Nigeria (MaRVIN) study, conducted across six Nigerian states — Benue, Borno, Enugu, Ogun, Rivers, and Sokoto — each representing a distinct geopolitical zone and form of armed violence, in collaboration with the African Field Epidemiology Network (AFENET). Four sequential presentations are included. The Chair opens with contextual framing and the first-ever validation of PCL-5, PHQ-9, and GAD-7 in any Nigerian population (N=205), with SCID-5 as gold standard, identifying a population-specific PCL-5 cut-point of 38 versus the international standard of 33. The second presents survey-weighted prevalence estimates of PTSD (20.8%), depression (23.2%), and anxiety (24.3%) and their predictors across six states (N=1,764). The third presents evidence that daily stressors lose predictive power among persons with five or more traumatic events — the trauma saturation effect — with implications for stress theory and intervention design. The fourth translates these findings into policy recommendations for implementing Nigeria's 2023 Mental Health Act. Together these studies represent the first cross-zonal mental health data from Nigerian communities experiencing mass trauma and violence.

1:45 p.m. - 3:00 p.m.
SPOTLIGHT ON RESEARCH FROM PAST PUTNAM RESEARCH SCHOLARS AND BELA AND CHAIM DANIELI EARLY CAREER PROFESSIONAL AWARD WINNERS
Invited Session
Chair: **Kelsey Serier**, PhD*, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Ateka Contractor**, PhD*, University of North Texas, United States*
Presenter: **Cameron Pugach**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Mariel Emrich**, MS*, University of Connecticut United States*
Presenter: **Gabrielle Gauthier**, MS*, University of Washington, United States*
Abstract: This invited session will feature past recipients of the International Society for Traumatic Stress Studies (ISTSS) Bela and Chaim Danieli Early Career Professional Award and the Frank W. Putnam Trauma Research Scholars Program. The Bela and Chaim Danieli Early Career Professional Award recognizes excellence in the traumatic stress field by an individual who is within eight years of their terminal degree. The Frank W. Putnam Trauma Research Scholars Program supports the research of ISTSS student members. This invited session will feature four past award winners. Dr Ateka Contractor (past Danieli winner) will present on a novel PTSD intervention that targets positive memory processes. Dr. Cameron Pugach (past Putnam winner) will present findings from two studies focused on negative emotion differentiation (NED) as an important factor in the maintenance of PTSD. Mariel Emrich (past Putnam winner) will share findings from an ongoing single-arm pilot study assessing the feasibility and acceptability of an integrated treatment for adults with PTSD and chronic pain. Finally, Dr. Gabrielle Gauthier (past Putnam winner) will examine the impact of contextual and semantic processing in the aftermath of extreme weather trauma exposure on mental health outcomes.

1:45 p.m. - 3:00 p.m.
Paper Session 2: Assessment and Diagnosis

THE STRUCTURE OF POSTTRAUMATIC RESPONSES IN PATIENTS AFTER EMERGENCY MEDICAL CARE

Paper Presentation

Kathryn Macia*[1], Brianna Byllesby[2], Patrick Palmieri[3], Robert Pietrzak[4], Eve Carlson[5]
[1]*VA Palo Alto Health Care System,* [2]*University of South Dakota,* [3]*Univerisity Hospitals Cleveland Medical Center,* [4]*National Center for PTSD/Yale School of Medicine,* [5]*National Center for PTSD/Stanford University School of Medicine*

Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: The 20 DSM-5 PTSD symptoms may not capture the full range of responses to traumatic stress, and high rates of posttraumatic (PT) diagnostic comorbidity raise questions about the distinctiveness of diagnostic boundaries. In 1,254 adults (46% Male; 48% White; Age M=50 [SD=17]) from three U.S. cities assessed two months after emergency care and hospitalization, we examined the structure of a broad range of PT responses and evaluated the incremental utility of measure-specific symptom domains using structural regression models. Bifactor, correlated factor, and unidimensional models were applied to 20 PTSD, 9 dissociation, 8 depression, 7 anxiety, and 7 negative thinking items. Bifactor and correlated factor models showed acceptable fit ($\chi 2$ ps $<$ .001, RMSEA = .06, CFI = .94-.95, SRMR = .05-.06). In the bifactor model, items loaded strongly on the general factor (.54-.87), with general factor loadings exceeding specific factor loadings for all items. The general factor accounted for most of the reliable variance (ωH = .96), whereas specific factors contributed minimal unique reliable variance (ωHS = .01-.20). The general factor predicted 6-month overall and measure-specific symptom scores beyond the specific factors (general factor β's = .51-.66; same-measure factor β's = .04-.31). Overall, these findings support the unidimensional structure of items assessing broad PT symptoms, provide preliminary evidence for the predictive validity of this overarching construct, and do not support the measure-specific symptom domains as unique constructs.

FACIAL EXPRESSIVE FLEXIBILITY AS AN OBJECTIVE MARKER OF RESILIENCE IN EMERGENCY DEPARTMENT HEALTHCARE PROVIDERS USING A COMPUTATIONAL APPROACH

Paper Presentation

Charlotte Hilberdink*[1], Yiwen Zhao[1], Scott McKernan[2], Sapir Gershov[1], Victoria Mueller[1], Stephen Wall[1], Katharina Schultebraucks[1]
[1]*NYU Grossman School of Medicine,* [2]*The New School*

Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Other Professionals

Abstract: Emergency Department (ED) healthcare providers are repeatedly exposed to occupational stressors and potentially traumatic events, placing them at risk for posttraumatic stress disorder (PTSD), burnout, and affective disorders. Early identification of individuals at-risk remains challenging due to symptom underreporting and self-report bias in this high-functioning population. Expressive flexibility (i.e., the capacity to modulate emotional expression in response to situational demands) has been linked to adaptive emotion regulation

and resilience. We examined whether temporal dynamics of facial expressivity from video-data can serve as objective proxies of expressive flexibility in individuals at risk.
In an ongoing NIH-funded cohort study (R01HL156134), N=240 healthcare providers (278 assessments) completed validated measures of PTSD (PCL-5), depression (PHQ-8), anxiety (GAD-7), burnout (MBI-9), and resilience (BRCS). Digital phenotyping and computer vision methods quantified temporal facial expression during video- recorded interviews about work-related stressful experiences.
Latent profile analysis identified two clinical phenotypes characterized by differential symptom burden: At-Risk (57.6%) and Resilient/Adaptive (42.4%). Supervised machine learning models using temporal facial expression features demonstrated strong classification performance (accuracy=0.83±0.06; F1=0.87±0.05).
Dynamic facial expressivity may serve as objective proxy of expressive flexibility and resilience, offering a scalable, non-invasive approach to identify healthcare providers at risk.

DETECTION OF MICRO-BEHAVIOR INTERVALS: A CLINICALLY RELEVANT AND ADVANCED MULTIMODAL TEMPORAL APPROACH FOR PREDICTING MENTAL HEALTH

Paper Presentation

Sapir Gershov*[1], Charlotte Hilberdink[1], Yiwen Zhao[1], Sarah Birnbaum[1], Victoria Mueller[2], Stephen Wall[1], Katharina Schultebraucks[1]
[1]*NYU Grossman School of Medicine,* [2]*NYU Grossman School of Medicine, NYU Tandon School of Engineering*

Track: Assessment and Diagnosis
Program Category: Technology
Presentation Level: Intermediate
Region: Global
Population Type: Other Professionals

Abstract: Frontline professionals, such as healthcare workers (HCWs), face sustained psychological demands that place them at elevated risk for burnout and posttraumatic stress disorder (PTSD), yet assessment is constrained by stigma, underreporting, and the limitations of self-report tools.
In this study, we evaluated whether focusing on micro-behavior intervals—brief, involuntary multimodal fluctuations during emotion-eliciting interviews—improves discrimination of psychological distress profiles.
HCWs participated in a semi-structured interview and completed questionnaires for burnout and PTSD. Using computer vision models, we generated time series of facial expressions, head movement, gaze, body posture, and hand gestures. An unsupervised anomaly detection model identified micro-behavior intervals without manual labels. Using interval-derived features, we trained a deep learning classifier to predict four symptom classes: Moderate-Severe Burnout, Subthreshold-Provisional PTSD, Burnout and PTSD, and Resilience.
Across 258 interviews from 151 HCWs, 19.65±6.01 intervals per interview were detected, each lasting 1.31±1.10s. On held-out data, the classifier achieved macro F1=0.75 and macro AUROC=0.80. Excluding gaze or arousal–valence signals produced the largest performance declines, and explainability highlighted profile-specific temporal irregularity and variability as key predictors.
This multimodal approach enables objective, robust, and explainable assessment of psychological distress, offering a promising complement to conventional psychometric assessments.

PHYSICIAN SEXUAL MISCONDUCT: MEASUREMENT, PREVALENCE, AND REPORTING EXPERIENCE

Paper Presentation

Madeline Bruce*[1]

[1]*Webster University*

Track: Mode, Research Methods and Ethics

Program Category: Social Issues - Public Policy

Presentation Level: Introductory

Region: Industrialized Countries

Population Type: Adult

Abstract: Physician sexual misconduct (PSM) erodes public trust in medicine and can be psychologically traumatic for affected patients. Yet, specific definitions of PSM are debated, current prevalence in the United States is unknown, and previous reports of PSM are obscured by institutional betrayal. Thus, the current study aims to 1) define PSM by specific physician behaviors, 2) estimate prevalence of PSM in the United States, and 3) characterize institutionally betraying and courageous actions that affect patients reporting PSM to authorities. A full N = 762 participants were recruited from Prolific Academic. Stratified recruitment ensured a nationally representative sample based on age, gender, race, and location in the United States. All participants answered 44-items that presented possible PSM-related behavior and were asked 1) if the behavior is appropriate and 2) if they have experienced the behavior. PSM was calculated as a participant endorsing they both experienced a behavior and understood it as inappropriate. Participants who formally reported PSM to authorities answered the Institutional Betrayal and Support Questionnaire. Across all 44 items, n = 304 (39.8%) participants reported possible PSM. When removing unclear and debated items, this calculation resulted in n = 167 (21.9%). Only n = 14 participants formally complained about PSM and described a mix of institutionally betraying and courageous experiences. This study provides a functional measure of PSM and documents a prevalence of possible PSM imploring more attention to the issue. Barriers to reporting PSM are also discussed.

TESTING THE MULTIDIMENSIONAL STRUCTURE OF GRIEF IN TRAUMATICALLY BEREAVED CHILDREN AND ADOLESCENTS

Paper Presentation

Benjamin Oosterhoff*[1], Lauren Alvis[1], Oscar Widales-Benitez[1], Julie Kaplow[1]

[1]*The Trauma and Grief Center, Meadows Mental Health Policy Institute*

Track: Assessment and Diagnosis

Program Category: Traumatic Loss and Grief

Presentation Level: Intermediate

Region: Industrialized Countries

Population Type: Child/Adolescent

Abstract: Objective: Grief and trauma frequently co-occur in bereaved youth, yet the dimensional structure linking grief to trauma-related outcomes is poorly understood. This study compared competing factor structures of grief and evaluated associations between grief dimensions and trauma outcomes. Methods: Participants were 1,073 bereaved youth (ages 8-18; 45% Black, 25% Hispanic/Latinx) from community-based programs serving bereaved youth. Confirmatory factor analyses compared unidimensional, DSM-5-TR bifactor, and Multidimensional Grief Theory (MGT) bifactor models. Measurement invariance was tested across gender, age, race/ethnicity, cause of death, and relationship to deceased. Results: The MGT bifactor model (Separation, Circumstance-Related, and Existential/Identity Distress) demonstrated superior fit and scalar invariance across all subgroups. Circumstance-Related

Distress—intrusive cognitions about the death—was uniquely associated with PTSD (r=.14) and avoidance (r=.11), identifying a trauma-specific grief pathway. Youth bereaved by violent death showed the highest Circumstance-Related Distress. Conclusions: Grief in bereaved youth is multidimensional, with circumstance-related reactions representing a key interface between grief and traumatic stress. Dimensional assessment can identify at-risk traumatically bereaved youth and guide integrated grief and trauma intervention.

BELIEF AND EMOTION PATHWAYS CONNECTING PTSD SYMPTOMS AND SUICIDALITY IN UK ARMED FORCES VETERANS IN NORTHERN IRELAND
Paper Presentation
Cherie Armour*[1], Karen Wetherall[2], Emma Walker[1], Emanuele Fino[1], Emily McGlinchey[3]
[1]*Queens University Belfast,* [2]*University of Glasgow,* [3]*Ulster University*
Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Advanced
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Background: Suicidality and posttraumatic stress disorder (PTSD) are global concerns, which are pertinent for military veterans. Research has demonstrated that PTSD and Suicidality are related, with some suggesting certain clusters of PTSD symptoms may drive comorbidity. What remains less clear, is the interrelations of individual PTSD symptoms with suicidality indicators.
Objective: This study aimed to employ network analysis to examine the individual-level associations between PTSD and suicidality, and explore which symptoms may play a bridging role and thus act as possible drivers of comorbidity.
Method: 648 trauma exposed veterans completed the PTSD Checklist (PCL-5) and three questions relating to suicidal ideation, planning, and attempts. Network estimation was conducted using graphical lasso regularization methods, specifically extended Bayesian information criterion (EBIC). To examine the associations between the PTSD and suicidality items, bridge expected influence centrality was used.
Results: The strongest associations occurred within (rather than across) suicidality and PTSD symptoms, with particularly strong links between Ideation and Plans and several PTSD symptom pairs (e.g., Avoidance, Hypervigilance and Startle, Detachment and Low Positive Emotions). Suicidal Ideation emerged as the most central symptom, followed by attempts, with Negative Beliefs and Negative Emotional State as the most central PTSD symptoms.
Conclusions: Targeting negative beliefs and emotional states in veterans with exposure to trauma may be particularly pertinent in reducing suicide risk.

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

3:15 p.m. - 4:30 p.m.
DELIVERING BRIEF INTERVENTIONS AND OVERCOMING HELP SEEKING BARRIERS FOR INTERPERSONAL VIOLENCE SURVIVORS
Symposium
Chair: **Heather Littleton**, PhD*, University of Colorado, Colorado Springs, United States*
Presenter: **Jillian Scheer**, PhD*, University of Rhode Island, United States*
Presenter: **Christine Hahn**, PhD*, Medical University of South Carolina, United States*
Presenter: **Heidi Zinzow**, PhD*, Clemson University, United States*
Discussant: **Heather Littleton**, PhD*, University of Colorado, Colorado Springs, United States*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Survivors of interpersonal violence (IPV), including sexual assault and intimate partner violence, face elevated risk for a host of deleterious outcomes including the development of posttraumatic stress disorder as well as substance misuse and substance use disorders. Notably, IPV survivors frequently experience multiple significant barriers to receiving formal help, including stigma concerns, access barriers, and a lack of availability of appropriate and culturally responsive services. The three presentations in this symposium present several novel and understudied strategies to address help seeking barriers among populations of IPV survivors which have been the most underserved, including individuals living in low resource communities, LGBTQ+ individuals, and individuals with substance use disorders/substance misuse. Strategies to address help seeking barriers explored include training clinicians in providing LGBTQ+ affirming and culturally responsive care, training lay providers to deliver evidence-based interventions, embedding trauma-focused services into substance use service settings, delivering care via telehealth, and delivering interventions in the early post-trauma recovery period. The symposium discussant, Dr. Heather Littleton, will discuss the implications of these findings for increasing access to evidence-based interventions for IPV survivors.

3:15 p.m. - 4:30 p.m.
ADVANCES IN FIRST RESPONDER MENTAL HEALTH
Symposium
Chair: **Richard Bryant**, PhD*, University of New South Wales, Australia*
Presenter: **Tomas Meaney**, PhD, MSc, BA*, University of New South Wales, Australia*
Presenter: **Samuel Harvey**, BS, FRCPsych, MB, PhD*, Black Dog Institute, Australia*
Presenter: **Aimee Gayed**, PhD*, University of New South Wales, Black Dog Institute, Australia*
Presenter: **Suzanna Azevedo**, BA, MA*, University of New South Wales , Australia*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: East Asia and the Pacific
Population Type: Adult
Abstract: This symposium presents studies that investigate recent developments in first responder mental health. First responders are consistently under threat from trauma and stress, and this leads to markedly higher rates of PTSD, anxiety, and depression in first responders. In this symposium four empirical studies report on a range of studies that encompass assessment, treatment, and organizational domains. These studies use a range of paradigms, including artificial intelligence modalities, randomized controlled trials, and organizational interventions. These studies are novel because they bring new paradigms to address outstanding questions pertinent to how we identify posttraumatic stress and reduce the mental health problems in these personnel. The findings of these studies will be discussed in terms of how first responder mental health can be improved in the context of new advances in research designs.

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

FEATURED SESSION: MORAL INJURY IN A TROUBLED WORLD: RESEARCH AND OBSERVATIONS ACROSS DIVERSE COUNTRIES AND CULTURES
Panel
Sonya Norman*, Brandon Griffin, Heeguk Kim
Chair: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Presenter: **Jinhee Hyun**, Prof*, Daegu University, South Korea*
Presenter: **Angela Nickerson**, PhD*, University of New South Wales School of Psychology, Australia*
Presenter: **Adrián Arévalo**, MD*, University of Piura, Peru*
Track: Public Health
Program Category: Global Issues
Presentation Level: Introductory
Region: East Asia and the Pacific
Population Type: Adult
Abstract: Moral injury refers to cognitive, behavioral, social, moral, and spiritual disruption that can result from experiences where one acts, fails to act, or witnesses events that go against deeply held values and can impair functioning in daily life. Early moral injury research focused primarily on military and veteran populations in North America and Europe. The concept has resonated with clinicians and investigators working with high-risk populations in other parts of the world, as evidenced by the many studies that are underway. These studies are positioned to greatly inform our understanding of the variability in the unique ways moral injury may be experienced across different countries and cultures. This panel will include clinicians and investigators researching moral injury in Peru, South Korea, and with refugees from the Middle East and Africa living in Indonesia. Panelists will share what drew their attention to moral injury in the populations they are studying and share observations about culturally specific facets of moral injury; specifically, lessons learned from studying moral injury globally. Panelists will speak to the types of morally injurious experiences they see, prominent symptom presentations, and measurement and disclosure issues. Implications for operationalizing moral injury in a global context and an agenda for future research will be discussed.

3:15 p.m. - 4:30 p.m.
TRAUMA AND IMMIGRATION COURT: FINDINGS FROM A MIXED METHODS STUDY OF FORENSIC ASSESSMENT IN IMMIGRATION PROCEEDINGS
Symposium
Chair: **Andrew Rasmussen**, PhD*, Fordham University, United States*
Presenter: **Javiera Rojas Nuñez**, BS*, Manzanita Immigrant Legal Aid, United States*
Presenter: **Andrew Rasmussen**, PhD*, Fordham University, United States*
Presenter: **Natalia Vallejo Ulloa**, MS*, Fordham University, United States*
Track: Assessment and Diagnosis
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: This symposium presents the findings from the Fordham-University-based research project Psychological Evaluations in Immigration Proceedings, a mixed methods study examining immigration attorneys' strategies for using forensic mental health assessments (FMHA) in Immigration Court. Mental health professionals, particularly those with experience in trauma psychology, are often called upon to conduct FMHA and testify as expert witnesses in these proceedings. We present findings from three analyses from our

project related to trauma: (1) a qualitative analysis of preliminary interviews with 20 immigration advocates, focusing on how attorneys use trauma and trauma-related diagnoses in FHMA; (2) survey findings (N=164) concerning attorneys' opinions related to the centrality of trauma and PTSD to their legal strategies; and (3) survey findings (N=164) concerning the impact of immigration advocacy on attorneys' levels of burnout and secondary traumatic stress. Discussion will center on how mental health professionals maintain the ethics of assessment and their roles as experts in light of these findings and in the midst of the aggressive immigration enforcement environment of our professional lifetimes.

3:15 p.m. - 4:30 p.m.
STRESS FIRST AID SELF-CARE AND COWORKER SUPPORT
Workshop
Chair: **Patricia Watson**, PhD*, National Center for PTSD, United States*
Track: Prevention and Early Intervention
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Other Professionals
Abstract: This workshop introduces Stress First Aid (SFA), an evidence-based peer support and self-care framework designed to help workers in high-stress occupations manage ongoing and cumulative stress while supporting one another. SFA has been evaluated in multiple studies, involving over 3,000 participants (primarily healthcare workers and firefighters) during and after the COVID-19 pandemic (Meredith et al., 2024; Bellehsen et al., 2024; Jahnke et al., 2023; Huilgol et al., 2024), which demonstrated moderate but meaningful reductions in burnout, psychological distress, anxiety, and PTSD symptoms, along with improved team cohesion, coping self-efficacy, and perceived organizational support. Grounded in five essential elements shown to promote recovery from adversity (safety, calming, connectedness, self- and collective efficacy, and hope; Hobfoll et al., 2007), SFA employs seven flexible, peer-delivered core actions (Check, Coordinate, Cover, Calm, Connect, Competence, Confidence) that can be tailored to specific workplace cultures and stressors. Its longitudinal, practical design allows ongoing application rather than one-time crisis response. Participants will gain an understanding of the SFA model, learn to apply its core actions for self-care and colleague support, and explore strategies for integrating SFA into daily workflows. The workshop emphasizes SFA's adaptability, feasibility, and evidence-supported benefits in fostering resilience and reducing stigma around stress in demanding work environments.

3:15 p.m. - 4:30 p.m.
ADDRESSING THE ECHOES OF INEQUITY: INNOVATIVE APPROACHES TO MEASURING AND HEALING RACIAL AND HISTORICAL TRAUMA ACROSS DIVERSE YOUTH POPULATIONS
Symposium
Chair: **Sonya Dinizulu**, PhD*, University of Chicago, United States*
Presenter: **Keaton Somerville**, PhD*, Johns Hopkins School of Medicine, Kennedy Krieger Institute, Center for Child and Family Traumatic Stress, United States*
Presenter: **Sonya Dinizulu**, PhD*, University of Chicago, United States*
Presenter: **Rocio Chang**, Other*, University of Connecticut Health Center, United States*
Presenter: **Roberto Lopez-Tamayo**, PhD*, University of Illinois at Chicago, United States*

Discussant: **Ernestine Briggs-King**, PhD*, Johns Hopkins School of Medicine, Kennedy Krieger Institute, United States*
Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: This symposium presents a multi-methodological exploration of racial and historical trauma among youth and young adults of color, moving from the conceptualization of systemic harm to the development of culturally resonant interventions. Despite the pervasive nature of race-based trauma, clinical and social service systems often lack the validated tools and frameworks necessary to provide truly trauma-informed care.
The first half of the session focuses on measurement and conceptualization. We present the development of an identity-based trauma measure and a community-informed historical trauma assessment for African American adolescents. These tools bridge a critical gap by capturing the "echoes" of collective and intergenerational trauma often missed by standard clinical screens.
The second half shifts toward intervention and systemic change. We highlight TUVIDA, a culturally tailored prevention program for Latinx youth navigating structural racism, and share qualitative findings from a photovoice project where young adults articulate a vision for systems where they can "feel safe and feel free." Together, these four papers offer a roadmap for researchers and practitioners to dismantle structural inequities by centering the lived experiences of marginalized youth in both assessment and healing practices.
The discussant will synthesize the symposium's findings by bridging the gap between new trauma measurement tools and culturally resonant interventions for youth of color. This discussion will translate into a strategic roadmap for researchers and clinicians to dismantle structural inequities.

3:15 p.m. - 4:30 p.m.
CONDUCTING TRAUMA-FOCUSED PSYCHOTHERAPIES WITH PATIENTS AT ELEVATED RISK FOR SELF-DIRECTED VIOLENCE
Panel
Kirsten Dillon*, Stephanie Wells, Luke Nguyen, Ryan Murray, Joseph Boffa, Tapan Patel, Nathan Kimbrel, Tate Halverson
Chair: **Kirsten Dillon**, PhD*, Durham VA Health Care System, United States*
Presenter: **Tate Halverson**, PhD*, Durham VA MIRECC, United States*
Presenter: **Jaclyn Kearns**, PhD*, National Center for PTSD, VA Boston Healthcare System; Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **David Rozek**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Trauma-focused therapies (TFTs) are front-line treatments for PTSD, yet many clinicians remain hesitant to deliver them to patients at elevated risk for suicide due to concerns about risk exacerbation and liability. This panel of experts in TFTs and suicide prevention discusses a critical clinical decision: When and how can TFTs be delivered safely and effectively to patients at elevated risk for self-directed violence?

Using findings from a new Prospero-registered meta-analysis (CRD420251080338) as the organizing framework, we examine the effects of TFTs on self-directed violence among adults with PTSD. The meta-analysis included 34 studies contributing to 36 effect sizes (total N = 161,756) and evaluated outcomes within TFTs compared to non-TFT treatments. We discuss implications for population (e.g., trauma type, sex) and treatment characteristics (e.g., modality including telehealth and massed formats), as well as strengths, limitations, and future directions for research and practice.
Panelists will discuss best practices for conducting TFTs with patients at elevated risk for self-directed violence, using clinical examples to illustrate how findings translate into intervention. Ethical and safety considerations and practical strategies for risk assessment and management across settings will be addressed. Discussion of specific TFTs will include Cognitive Processing Therapy, Prolonged Exposure, and Written Exposure Therapy. Attendees will leave with data-informed guidance to confidently and ethically deliver TFTs to high-risk patients and an understanding of key gaps to guide future research.

3:15 p.m. - 4:30 p.m.
CO-DESIGNING TRAUMA-RESPONSIVE SYSTEMS: MULTIGENERATIONAL AND PUBLIC HEALTH PERSPECTIVES ON EVIDENCE, ETHICS, AND IMPLEMENTATION
Panel
April Joy Damian*
Chair: **April Joy Damian**, BA, MSc, PhD*, Moses/Weitzman Health System, United States*
Presenter: **Yael Danieli**, PhD*, International Center for MultiGenerational Legacies of Trauma, United States*
Presenter: **Joyce Javier**, MD*, Kaiser Permanente Bernard J. Tyson School of Medicine, United States*
Presenter: **Raquel Schlosser**
Presenter: **Daniel Bryant**, BA, MEd*, Community Health Center Inc., Weitzman Institute, United States*
Track: Public Health
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: While trauma science has generated substantial evidence on individual treatment, significant gaps remain in translating this knowledge into ethically grounded, scalable systems of care. This research panel integrates validated multigenerational trauma theory, community-engaged research methodologies, and implementation science to examine how collaborative approaches can advance trauma-responsive systems across clinical, community, and public health settings.
Panelists will present complementary perspectives regarding emerging evidence on multigenerational and continuous traumatic stress, including biopsychosocial pathways of transmission, and explore implications for prevention, intervention design, and population health equity.
Drawing on practice-based research from local community health centers and global trauma-affected populations, panelists will highlight innovative methodological approaches for co-designing trauma-responsive interventions with communities and survivors. Particular attention will be given to ethical challenges, power-sharing, cultural responsiveness, and strategies to prevent re-traumatization within research and implementation contexts. The panel will conclude with a synthesis of cross-sector lessons and a forward-looking research

agenda focused on scaling trauma-responsive systems, strengthening dissemination pathways, and building local and global capacity.

3:15 p.m. - 4:30 p.m.
Flash Talk Session 2: Strategies for Improving and Optimizing Assessment and Clinical Interventions for Trauma-Exposed Populations

KNOWING WHEN TO STOP: CREATING DATA DRIVEN GUIDELINES FOR PTSD TREATMENT CESSATION
Flash Talk Presentation
Hope O'Brien*[1]**,** Meaghan O'Donnell[1]
[1]*Phoenix Australia, University of Melbourne*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Advanced
Region: Global
Population Type: Adult
Abstract: Posttraumatic stress disorder (PTSD) is a chronic, debilitating condition which can arise following a traumatic event. It is one of the most common mental health conditions and responsible for one of the highest economic burdens due to loss of potential earnings. Although numerous evidence-based treatments exist, some studies suggest that nearly 50% of patients retain their diagnosis after treatment. Symptom exacerbation during therapy is common, and it is difficult to distinguish normal increases as a result of treatment engagement from persistent symptoms that indicate inappropriate treatment selection. Clinicians currently lack reliable, data-driven guidance to differentiate these trajectories; prevailing advice to “trust the process” can prolong exposure to ineffective care and result in inefficient allocation of clinical resources. We used secondary data from the IMPACT randomised controlled trial (n = 126) where participants with PTSD completed the PCL-5 prior to every treatment session. We used growth mixture modelling and time-to-event analyses to (1) characterise longitudinal treatment-response trajectories and (2) identify early markers of sustained nonresponse. By enabling timely, personalised decisions about treatment cessation, this work aims to reduce unnecessary treatment exposure, improve patient and client decision making and optimise resource allocation.

“HE DIDN’T DO ANYTHING WRONG”: THEMATIC ANALYSIS OF BLAME AND AGENCY IN TRAUMA NARRATIVES
Flash Talk Presentation
Hannah Warlick*[1]**,** E. Bannon Jones[2], Maya Zegel[2], Veronica McIntyre[2], René Lento[2], Denise Studley[2], Kaloyan Tanev[2]
[1]*Massachusetts General Hospital,* [2]*Harvard Medical School/Massachusetts General Hospital*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult
Abstract: Thematic analysis of trauma narratives can provide unique insight into current PTSD symptomatology. The present study explored the frequency of agency/nonagency and self/other blame themes across participants’ (N = 44; M[age] = 39.6) trauma narratives collected as part of an ongoing R21 trial. Analyses revealed a significant relationship between agency themes and the life stage during which trauma occurred ($X2 = 12.29$, $df = 1$, $p = < 0.001$), such that individuals who experienced trauma as children expressed greater

nonagency while those who experienced trauma as adults expressed greater agency. Prevalence of agency was significantly related to type of trauma experience ($X2 = 15.89$, $df = 3$, $p = 0.001$), such that individuals whose narratives involved sexual trauma reported less agency than those whose narratives involved death or violence-related trauma. Greater expressions of agency were significantly associated with lower avoidance symptoms of PTSD ($b = -2.26$, $SE = 0.79$, $t(42) = -2.86$, $p = 0.0067$). The proportion of other-blame themes differed significantly across trauma type ($X2 = 14.33$, $df = 3$, $p = 0.001$), as individuals whose narratives involved death-related trauma expressed more other-blame than those whose narratives involved accidents/disasters and < those whose narratives involved sexual and violence-related trauma. Results support extant findings regarding how trauma type and individual's age at time of trauma impacts how they conceptualize their experience. Exploration into cluster-level symptom profiles has the potential to inform more individualized trauma treatment.

ACCEPTABILITY, FEASIBILITY, AND INITIAL EFFICACY OF A SAFETY AID REDUCTION TREATMENT FOR VETERANS WITH PTSD

Flash Talk Presentation

Amanda Raines*[1], Mara Ferrie[1], Paige Morris[1], Laurel Franklin[1], Joseph Constans[1], Jennifer Vasterling[2], Norman B. Schmidt[3]

[1]*Southeast Louisiana Veterans Health Care System,* [2]*VA Boston Healthcare System,* [3]*Florida State University*

Track: Clinical Interventions

Program Category: Military and Veterans

Presentation Level: Intermediate

Region: Industrialized Countries

Population Type: Military Servicemembers, Veterans, and their Families

Abstract: Despite the well-documented effectiveness of trauma-focused treatments (TFTs), only a minority of veterans with Posttraumatic Stress Disorder (PTSD) initiate and/or complete a successful treatment trial. One approach to addressing PTSD in a non-trauma focused fashion is to utilize empirically supported treatments focused on safety aid (SA) reduction. SAs were initially introduced to explain how pathological anxiety can persist despite repeated exposure to feared stimuli. More recently, SAs have been found to play a critical role in the etiology and maintenance of anxiety and related conditions including PTSD. Importantly, a separate line of research suggests that SAs are amenable to change; however, these trials did not include patients with PTSD. In this context, the purpose of this pilot study was to test the acceptability, feasibility, and initial efficacy of a SA reduction treatment among veterans with PTSD who declined or dropped out of TFT. Veterans ($n = 29$, $Mage = 48.55$, $SD = 12.44$, 66% Male, 52% Black) were assessed before, immediately after, and one-month following completion of a 10-session group-based SA treatment. Mean satisfaction ratings suggest that the treatment was acceptable. Recruitment and retention rates suggest that the treatment was feasible. Further, results revealed statistically significant reductions in SA usage ($p = .008$) and PTSD symptom severity when assessed via self-report (PCL-5) and clinician-administered measures (CAPS-5; all p's $< .001$). Findings add to a growing body of literature highlighting the utility of safety aid reduction treatments.

STATE OF THE EVIDENCE ON TREATMENTS TARGETING MORAL INJURY IN MILITARY AND VETERAN SAMPLES: A SYSTEMATIC SCOPING REVIEW

Flash Talk Presentation

Emma Harris*[1], Regan Sweeney[2], Joe Stanek[2], Terra Osterberg[2], Jasmine Paul[1], Sheila Frankfurt O'Brien[1]

[1]*VISN 17 Center of Excellence for Research on Returning War Veterans,* [2]*VISN 2 Mental Illness Research, Education, and Clinical Center at the James J. Peters Veterans Affairs Medical Center*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Global
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Objective. Moral injury (MI) is associated with significant psychosocial distress and functional impairment in military populations and is a major treatment concern. We conducted a systematic scoping review of empirical research on MI treatments in veteran and military populations. We aimed to explicate emerging treatment targets, describe treatment outcome trends, and critically appraise study design and data quality. Method. Records were systematically reviewed according to PRISMA and Joanna Briggs Institute (JBI) guidelines. Included studies were empirical psychosocial treatments targeting MI in a veteran or military sample. Twelve databases were searched, as of 6/3/25. Data on study design and treatment outcomes were extracted from eligible studies and data quality was appraised with JBI Risk of Bias Checklists. Results. We identified 43 eligible studies (30 unique treatments, n = 1893 participants). Treatments were categorized by orientation: spiritual (28%), third-wave behavioral (17%), post-traumatic stress disorder-focused (12%), multi-modal (16%), cognitive behavioral (7%), or other (19%). Regarding study design, 12% were randomized controlled trials, one of which included MI as a primary endpoint. No clinical trials demonstrated sustained MI symptom improvement. Approximately 56% of studies had "acceptable" data quality. Conclusion. Many promising treatments were identified, yet little is known about their efficacy. The field would benefit from clinical trials targeting MI, and associated functional impairment, as the primary outcome to ameliorate best practices in MI intervention.

MULTISITE IMPLEMENTATION OF MASSED WRITTEN EXPOSURE THERAPY FOR HOSPITALIZED VETERANS

Flash Talk Presentation
Chelsea Ennis*[1], Amanda Raines[1], Todd Drake[2], Robert Richey[2], Jordan Snow[3], Alison Vargas[4]
[1]*Southeast Louisiana Veterans Health Care System,* [2]*Cincinnati VA Medical Center,* [3]*South Texas Veterans Health Care System,* [4]*Loma Linda VA Medical Center*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Despite the number of PTSD treatments available in outpatient and residential settings, it can be challenging to provide such services in acute care settings due to the time intensive nature of PTSD treatments and brief duration of stay. This is particularly problematic given that the transition from inpatient to outpatient is a high-risk time, with many Veterans being lost to follow-up. To this end, the current study examined the effectiveness of massed (i.e., daily sessions over the course of 5 days) Written Exposure Therapy (WET) delivered to Veterans with PTSD on an acute inpatient mental health units across three different VA medical centers. Seventy-three veterans (Mage = 47.29) were assessed pre- and post-treatment. Regarding acceptability, mean ratings suggested that the majority of veterans found WET useful and acceptable (CSQ = 29.20). Results revealed a

statistically significant decrease in PCL-5 scores from pre- (M = 55.57, SD = 15.10) to post-treatment, (M = 35.19, SD = 18.52), t (58) = 8.37, p < .001 (two-tailed). Results also revealed a statistically significant decrease in PHQ-9 scores from pre- (M = 20.39, SD = 18.72) to post-treatment, (M = 8.03, SD = 6.53), t (60) = 9.61, p < .001 (two-tailed). Study findings are consistent with the broader literature suggesting WET is an effective intervention for the treatment of PTSD. These findings are promising given that WET is much briefer, and likely more tolerable, than other PTSD treatments.

APPREHENSIVE TO ASSURED: BARRIERS TO ENGAGEMENT FOR PROLONGED EXPOSURE AND THE PE COACH APP

Flash Talk Presentation

Melissa Gasser*[1], Jason Owen[2]
[1]*Stanford University/VA Palo Alto Health Care System,* [2]*Department of Veterans Affairs*

Track: Clinical Interventions
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families

Abstract: Prolonged Exposure (PE) is an effective first-line PTSD treatment examined in more than 40 RCTs (McLean and Foa, 2024). PTSD, and specifically PE, treatment dropout rates however remain a significant factor, ranging from 1:6 to 1:2 clients (Lewis, Roberts, Gibson, and Bisson, 2020, Schnurr et al., 2022). The PE Coach app is intended to support dissemination of PE through treatment-aligned functions like session and homework recording as well as psychoeducation and symptom tracking (Reger et al., 2013). This quality improvement survey aims to identify PE-related difficult treatment elements, post-treatment hopes, and client-generated ideas for encouraging statements to inform subsequent PE Coach app development. 27 Veterans who were or had previously engaged in PE treatment completed a brief online questionnaire. Common themes identified include specific symptoms Veterans most wanted to reduce with treatment (e.g., sleep disturbance and avoiding going out in public), worries at each stage of treatment (e.g., fear of symptom exacerbation and discussing the trauma), and feeling unclear about aspects of the treatment rationale. Veterans also shared ideas about statements that would have been encouraging to receive at each stage of treatment (e.g., giving themselves this chance to live through the nightmares). Findings will be discussed as an example of integrating user feedback into ongoing digital mental health app development. Within PE Coach, this information will inform areas where additional psychoeducation and encouraging content from previous users could pre-emptively address common user challenges.

A SYSTEMATIC REVIEW OF TRAUMA DISCLOSURE BEHAVIORS TO INFORMAL SUPPORT SOURCES

Flash Talk Presentation

Johanna Thompson-Hollands*[1], Eileen Barden[2], Michelle Fernando[3], Steffany Fredman[4]
[1]*National Center for PTSD, VA Boston Healthcare System,* [2]*VA Boston Healthcare System and Boston University,* [3]*VA Boston Healthcare System,* [4]*The Pennsylvania State University*

Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult

Abstract: Trauma disclosure, particularly to informal sources (e.g., family, friends), has the potential to positively impact recovery trajectories and prevent or reduce posttraumatic stress disorder (PTSD) symptoms. However, little is known about the behavioral aspects of informal disclosure including to whom survivors choose to disclose their experiences, the timing and frequency of disclosures, and the level of detail that is shared. This review addresses this gap by synthesizing the extant literature of trauma disclosure behaviors to informal sources. A systematic review was conducted following PRISMA guidelines, resulting in the inclusion of 113 articles that encompassed both qualitative and quantitative methodologies. Rates of disclosure ranged from 25% to 97.6%. The time to first disclosure ranged widely, as did the level of detail shared by survivors. We note several limitations of the existing literature, particularly as the majority of studies utilized study-specific, non-validated questions for assessing disclosure. Additional research and measure development is needed to understand the nuanced aspects of trauma disclosure behaviors and their implications for treatment outcomes and cultivation of social support for survivors.

EVALUATION AND VALIDATION OF THREE ABBREVIATED POSTTRAUMATIC STRESS DISORDER CHECKLIST MEASURES IN THE MILLENNIUM COHORT PROGRAM

Flash Talk Presentation

Cynthia LeardMann*[1], Javier Villalobos[1], Neika Sharifian[2], Kelly Woodall[1], Sheila F. Castañeda[3], Rudolph P. Rull[1]

[1]*Naval Health Research Center,* [2]*Naval Health Research Center; Leidos, Inc,*

Track: Assessment and Diagnosis

Program Category: Military and Veterans

Presentation Level: Introductory

Region: Industrialized Countries

Population Type: Military Servicemembers, Veterans, and their Families

Abstract: The posttraumatic stress disorder (PTSD) Checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PCL-5) is a 20-item validated screening PTSD tool, but its use in longitudinal studies may increase survey burden and non-response. This study evaluated the psychometrics of three abbreviated PCL-5 scales compared with the full measure using survey data collected from the Millennium Cohort Study (n=130,273). Analyses included a comparison of agreement of the PCL-5 with three abbreviated scales (a 4-item version proposed by Zuromski et al., 2019, and 4- and 8-item versions proposed by Price et al., 2016). Cohen's kappa, sensitivity, specificity, positive predictive value (PPV), and negative predictive value were calculated. To assess predictive validity, we compared the magnitude of the associations generated by each abbreviated PTSD measure with known correlates with the full-length PCL-5. The Price scales showed the highest sensitivity (.98-.99), whereas the Zuromski scale had the highest specificity (.98), PPV (.90), and Cohen's kappa (.84). Associations with depression and insomnia were comparable across full and abbreviated measures. All abbreviated PCL measures of interest appeared to have moderate to substantial agreement with the full measure. The Zuromski and Price 8-item measures had the highest specificity Cohen's kappa values, suggesting they had the least information loss among abbreviated measures. Replacing the full PCL-5 measure with the Zuromski measure may reduce survey burden, given the fivefold reduction in items, while maintaining optimal psychometrics.

CLOSING THE USABILITY GAP: HOW CLINICIAN CO-DESIGN SHAPED A SCALABLE AI TRAINING TOOL FOR WRITTEN EXPOSURE THERAPY

Flash Talk Presentation

Shreya Singhvi*[1], Cody Boland[2], Samuel Campione[1], Tony Bui[3], William Xuan[1], Elizabeth Stade[1], Johannes Eichstaedt[1], Shannon Wiltsey-Stirman[4], Stefanie LoSavio[5], Debra Kaysen[4]
[1]*Stanford University,* [2]*National Center for PTSD, U.S. Department of Veterans Affairs,* [3]*Vanderbilt University,* [4]*Stanford University School of Medicine,* [5]*University of Texas at San Antonio*
Track: Clinical Interventions
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract:
Objective: Evidence-based PTSD treatments like Written Exposure Therapy (WET) remain underutilized due to limited clinician training access. While AI tools offer scalable training solutions, poor usability from inadequate end-user involvement often limits adoption of digital tools. Grounded in human-centered design, this study describes the co-design process for TherapyTrainer, an AI-based clinician training platform for WET.
Methods: We established a WET expert advisory panel to guide development and held two rounds of prototype testing and semi-structured interviews with clinician end-users (N=11) to evaluate product usability and inform design iterations. Interview data were analyzed via thematic content analysis.
Results: In Round 1, clinician end-users identified three usability challenges: information overload from the interface, preference for more realistic session simulation (e.g., speaking rather than typing), and insufficient onboarding. Following design revisions, Round 2 revealed that some challenges were resolved while new ones emerged: clinicians felt artificial time pressures to respond to the "patient" in the simulation, experienced technical issues with a newly added voice mode, and continued to need clearer onboarding despite revisions.
Conclusions: Co-designing a WET training tool with clinicians revealed key opportunities to enhance the tool's usability and effectiveness. Our model, integrating expert advisory input and continuous end-user testing, offers a roadmap for enhancing the usability and acceptability of tools for real-world clinical settings.

DECISION PATHWAYS AND PERCEIVED NEED IN THE ACQUISITION OF PSYCHIATRIC SERVICE DOGS AND EMOTIONAL SUPPORT ANIMALS

Flash Talk Presentation
Kent Hinkson*[1], Malisa Brooks[1], Gerolyn Ryan[1], Noah Boudreau[1], Daphne Jensen[1], Bailee Wiggins[1], Emily Covarrubias[2], Tasha Seppie[2], Bailey Baird[2], Morgan Aamodt[1]
[1]*Utah Valley University,* [2]*Suicide and Trauma Research Collaborative*
Track: Mode, Research Methods and Ethics
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Psychiatric service dogs (PSDs) and emotional support animals (ESAs) have become increasingly visible within trauma-affected populations, yet limited empirical work has examined how people decide to pursue these supports. Existing literature emphasizes clinical outcomes while largely overlooking motivational pathways and perceived need formation, along with interpretive frameworks individuals use when conventional care is experienced as insufficient or difficult to sustain. This gap is especially relevant given persistent stigma and contested terminology, along with policy inconsistencies surrounding ESAs.

This qualitative study investigated motivations for obtaining PSDs and ESAs using semi-structured interviews with handlers recruited through university and community networks. Thematic analysis indicated that participants most often sought animal-based support during periods of pronounced psychological distress, frequently describing prior treatment efforts as dissatisfying or of limited benefit. Animals were described as serving regulatory, stabilizing, and functionally supportive roles viewed as uniquely responsive to daily challenges. Participants also reported recurring social stressors, including public scrutiny and stigma, along with uncertainty regarding legitimacy across contexts. Many emphasized that their needs were treated as more credible when articulated using medicalized or task-oriented language. These findings highlight assistance animals as a patient-driven adaptation embedded within broader dynamics of traumatic stress, identity, and barriers to care.

IMPACT OF OFFSHORE IMMIGRATION DETENTION ON CHILD PSYCHOSOCIAL OUTCOMES: MIXED-EFFECTS FINDINGS FROM THE REASSURE CAP COHORT

Paper Presentation

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

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

Track: Child and Adolescent Trauma

Program Category: Culture and Diversity

Presentation Level: Advanced

Region: East Asia and the Pacific

Population Type: Both Adult and Child/Adolescent

Abstract:

Objective: To examine the psychological impact of offshore immigration detention and visa insecurity on asylum-seeking children resettled in Australia. This study extends findings from the Reassure CAP cohort by specifically investigating whether prior detention on Nauru and ongoing visa insecurity are associated with elevated psychosocial difficulties after release.

Method: Data were drawn from the Reassure CAP national cohort N = 198 families. Children's psychosocial functioning was assessed using the SDQ. Predictors included visa (secure vs insecure), Nauru detention exposure (yes/no), trauma count, child age. Mixed-effects linear models using restricted maximum likelihood REML estimation were conducted, incorporating random intercepts for family clustering and Satterthwaite degrees of freedom.

Primary Findings: Children previously detained on Nauru demonstrated the highest psychosocial difficulties adjusted SDQ Total (M = 25.49) followed by asylum seekers without Nauru exposure (M = 20.18), compared to TPV/SHEV holders(M = 14.27). Visa insecurity significantly predicted total difficulties ($F(1,131)=45.37$, $p < .001$). Nauru exposure independently predicted higher emotional, hyperactivity, and conduct problems ($p \leq .019$). Trauma exposure was not significant once visa and detention variables were controlled.

Conclusions: Findings demonstrate a clear of harm associated with offshore detention and visa insecurity. The psychological effects of detention persist beyond confinement, highlighting the need for trauma-informed, rights-based immigration policies to safeguard child mental health.

VARIATION ACROSS 22 COUNTRIES IN PSYCHOLOGICAL WELL-BEING AMONG ADULTS WHO EXPERIENCED PARENTAL DEATH BEFORE THE AGE OF 12: RESULTS FROM THE GLOBAL FLOURISHING STUDY

Paper Presentation

Christy Denckla*[1], Richard Cowden[2], Noah Padgett[2], Renee Wilkinson[2], Tyler VanderWeele[2]
[1]*Harvard T.H. Chan School of Public Health,* [2]*Human Flourishing Program, Institute for Quantitative Social Science, Harvard University*

Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent

Abstract: While robust evidence suggests that experiencing the death of a parent in childhood is associated with elevated risk for adverse health outcomes, less work has investigated its effects on psychological well-being, and almost no work has compared these outcomes across countries. Methods: We report findings from the Global Flourishing Study, a five-wave, preregistered study among 202,898 participants from 22 countries. First, we conducted country-specific multivariable regressions to estimate associations between parental death and each adult outcome (happiness, life satisfaction, life evaluation today, future life evaluation [five years from now], optimism, freedom, peace, balance, mastery, meaning, purpose, and self-rated mental health). Then, random effects meta-analyses estimated the average association and its heterogeneity across 22 countries. Results: Parentally bereaved adults, on average across all 22 countries, reported lower present and future life evaluation (B=-0.05, 95% CI[-0.08, -0.02]), (B=-0.05, 95% CI[-0.09, -0.01]), respectively, peace (RR=0.96, 95% CI [0.92,0.99]), balance in life (RR=0.96, 95% CI [0.92,0.99]), and meaning (B=-0.05, 95% CI [-0.08,-0.01]) relative to non-bereaved adults. Pooled p-values demonstrated that the observed reduction in optimism, freedom, and peace also varied significantly by at least one country. Conclusions: Findings identify reduced well-being among bereaved adults across all 22 countries relative to non-bereaved adults. Observed effects also showed interesting variation in at least one county across measures in optimism, freedom, and peace.

RESILIENCE AND POSTTRAUMATIC GROWTH IN YOUNG ADULTS EXPOSED TO ONGOING VIOLENT BORDER ATTACKS

Paper Presentation

Stav Ziv*[1], Michal Al-yagon[1]
[1]*Tel Aviv University*

Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Introductory
Region: Middle East and North Africa
Population Type: Adult

Abstract: Following the October 7, 2023 terror attacks in southern Israel, the Israeli society experienced ongoing collective trauma. However, for youth who grew up in Gaza boarder communities, continuous traumatic stress has been a lifelong reality (Pat-Horenczyk and Schiff, 2019) with negative consequences such as anxiety, depression and somatic problems (Henrich and Shahar, 2008), alongside evidence of post-traumatic growth (Tedeschi et al., 2018). This study focused on a positive perspective, examining protective factors contributing to PTG (Masten, 2021) among young adults at three ecological levels: individual (sense of meaning, coherence, hedonia, eudaimonia), family (parental sense of coherence), and community (cohesion).

The study comprised 128 young adults living in Gaza border communities and 126 living in central Israel aged 18-35 (M = 26.69, SD = 3.42). Self-report measures assessed protective factors at individual, family and community levels. Data analysis included multivariate analyses and structural equation modeling (SEM).
Young adult living near Gaza border reported significantly higher trauma exposure and stronger family and community protective factors. The model revealed unique contributions of sense of meaning, coherence, and community cohesion to PTG. Sense of meaning mediated the relationship between PTSD and PTG.
These findings expand theoretical knowledge regarding adaptation of young adults growing up under continuous traumatic stress. They provide insights for developing meaning-focused interventions and community cohesion initiatives, particularly following October 7th.

CAUSAL DATA SCIENCE TO DETERMINE INTERVENTION TARGETS TO PREVENT CHILD NEGLECT

Paper Presentation

Glenn Saxe*[1], Sisi Ma[2], Linmin Wang[2], Nianzu Ma[2], Michelle Papp[1], Constantin Aliferis[2]
[1]*NYU School of Medicine,* [2]*University of Minnesota*

Track: Mode, Research Methods and Ethics
Program Category: Technology
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Global

Abstract: Objectives: Child neglect is a considerable risk factor for mental health and dysfunctional outcomes. Accordingly, it is imperative to develop effective interventions to prevent neglect, and such interventions must target its causes. We apply specialized Causal Data Science (CDS) methods to a large, existing observational data set to identify promising intervention targets for child neglect. Methods: The Future of Families and Child Wellbeing (Fragile Families) data set was used for analysis. Data from 3,336 children were collected at birth and at ages 1, 3, 5, 7, and 9 years, on a wide range of risk variables. The target variable, child neglect, from the 9-year-old data collection wave, was defined as neglect reported through the Conflict Tactics Scale and supplemented by information on child protection investigations. Local-to-global causal methods were used to determine a structural causal model. Target Information Equivalence (TIE) methods were used to determine all causal models consistent with the data. Do Calculus methods were used to estimate the effect of causes on child neglect. Results: 9.6% of subjects met the criterion for child neglect. Thirty-one causal models were found to be equally consistent with the data and 23 variables were present in all of them highlighting their importance. Variables with large effect on neglect with potential intervention implications included parental substance abuse, maternal depression, maternal negative attributions about the child, and family violence. Conclusions: Findings revealed several promising intervention targets to prevent child neglect.

DISPLACEMENT TRAUMA PROFILES AND THEIR RELATIONSHIP TO POST-MIGRATION STRESSORS AND COMMON MENTAL DISORDERS AMONG YOUNG ADULTS INTERNALLY DISPLACED IN NORTHERN MOZAMBIQUE

Paper Presentation

Catherine Chantre*[1], Jennifer Mootz[2], Antonio Suleman[3], Katia dos Santos[3], Marcelo Xaria[3], Anjurda Belo Luis[3], J. Lucian (Luke) Davis[1], Trace Kershaw[1], Sarah Lowe[1]
[1]*Yale School of Public Health,* [2]*University of Texas-Austin,* [3]*Mozambique Ministry of Health-Nampula*

Track: Mass Violence and Migration

Program Category: Global Issues
Presentation Level: Intermediate
Region: Eastern and Southern Africa
Population Type: Both Adult and Child/Adolescent
Abstract: In northern Mozambique a protracted conflict beginning in 2017 has displaced over a million people from Cabo Delgado province. We developed trauma type indicators related to pre- and peri-migration and conducted a latent class analysis on data from a population-based survey conducted among young adult internally displaced persons (ages 18-24) in Nampula province. We ran multinomial logistic regressions to determine the relationship between demographic covariates and most likely class membership and multivariate linear regressions of class probabilities to predict: 1) post-migration stressors, 2) anxiety, 3) depression, and 4) PTSD symptoms. The sample on average was 20.2 years (SD =2.6) old and experienced their worst PTE, 3.7 years before the time of data collection (2020). We detected 5 latent classes: 1) High-Pre/Peri 2) High-Peri 3) High-Pre Violence 4) War-Pre and 5) Low-Pre/Peri. Being male, based in the camp setting, and without family showed greater odds of membership in the High-Peri class. The High-Pre Violence and High-Peri profiles reported the highest exposure to assaultive trauma in the pre and peri-migration phases, respectively and their membership was associated with higher PTSD and depressive symptoms. The High-Peri profile also associated with greater post-migration stressors, and High Pre-Violence with higher anxiety symptoms. Organizations delivering mental health services to forcibly displaced persons should prioritize those who report assaultive trauma during conflict and their forced migration journey and individuals based in camps or without family in the post-migration context.

4:45 p.m. - 6:00 p.m.
Concurrent 5

4:45 p.m. - 6:00 p.m.
RAISE YOUR VOICE: QUALITATIVE AND QUANTITATIVE ANALYSES OF LGBTQ+ TRAUMA CARE BEYOND SYMPTOM REDUCTION
Symposium
Chair: **Katerine Rashkovsky**, BS*, University of Rhode Island, United States*
Presenter: **Katerine Rashkovsky**, BS*, University of Rhode Island, United States*
Presenter: **Eve Rosenfeld**, PhD*, National Center for PTSD, Dissemination and Training Division, Veterans Affairs Palo Alto Health Care Systems, United States*
Presenter: **Amy B Hoang**, BA*, Department of Veterans Affairs, United States*
Presenter: **Donovan Edward**, PsyD*, Georgia Southern University, United States*
Discussant: **Brandon Weiss**, PhD*, NYU Grossman School of Medicine, United States*
Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: LGBTQ+ people are at elevated risk for posttraumatic stress disorder (PTSD), suicide, and other negative mental health outcomes. Despite advancements in mental health interventions for LGBTQ+ adults, limited research has highlighted LGBTQ+ community members' perspectives.
This symposium synthesizes quantitative and qualitative analyses of LGBTQ+ adults' viewpoints on mental health treatment. Presenter One will discuss LGBTQ+ veterans' treatment format preferences for engaging in a suicide intervention. Presenter Two detail

findings of a latent class analysis of LGBTQ+ adults' preferred PTSD treatment goals. Presenter Three will highlight meaningful therapy outcomes identified by LGBTQ+ people with at least subthreshold PTSD. Presenter Four will describe the development and validation of a novel strengths-focused pride scale for monitoring treatment progress. Finally, the discussant, an expert in improving mental health services for underserved populations, will contextualize these presentations, highlighting the voices of trauma-identified LGBTQ+ people.
The presentations in this symposium uplift the voices of LGBTQ+ adults by centering their perspectives to inform mental health interventions tailored to their wants and needs. This symposium will facilitate the enhancement of mental health interventions that are value-focused, meaningful, and culturally relevant to LGBTQ+ adults.

4:45 p.m. - 6:00 p.m.
LEVERAGING INTENSIVE LONGITUDINAL DATA TO ADVANCE UNDERSTANDING AND TREATMENT OF POSTTRAUMATIC STRESS DISORDER AND RELATED PROBLEMS
Symposium
Chair: **Cameron Pugach**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Cameron Pugach**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Alexa Raudales**, PhD*, Brown University, United States*
Presenter: **Hope O'Brien**, MPH, MSW, PhD*, Phoenix Australia, University of Melbourne, Australia*
Presenter: **Tate Halverson**, PhD*, Durham VA MIRECC, United States*
Track: Mode, Research Methods and Ethics
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Intensive longitudinal data (ILD) involves collecting many frequent, dense observations within individuals over days to weeks. Unlike traditional panel data that captures fewer observations over longer intervals, methods like ecological momentary assessment enable collection of ILD to study moment-to-moment shifts in dynamic psychological states within people, and how those dynamics differ between people. Thus, ILD can generate insights into "fast-moving" psychological processes (e.g., affective states and behaviors) and how these processes crystallize into enduring patterns that create, maintain, and ultimately remit with the treatment of posttraumatic psychopathology. Unfortunately, the application of ILD remains underrepresented in traumatic stress research. This symposium will showcase how ILD and advanced quantitative methods can be applied to improve understanding and treatment of PTSD and comorbid problems. First, Cameron Pugach will examine dynamic reciprocal associations between trauma-focused rumination and emotional clarity in the daily lives of trauma exposed adults, and their links with PTSD. Second, Alexa Raudales will look at how specific facets of affective impulsivity impact dynamic associations between PTSD symptoms and opioid cravings. Third, Hope O'Brien will examine momentary links between emotion regulation strategy use and perceived emotion regulation success in trauma exposed adults. Finally, Tate Halverson will use ILD to track changes in affective states and non-suicidal self-injury behaviors across a novel behavioral-focused treatment for Veterans with PTSD.

4:45 p.m. - 6:00 p.m.
EFFECTIVENESS AND IMPLEMENTATION OF EMERGING EVIDENCE-BASED MORAL INJURY THERAPIES
Symposium
Chair: **Brandon Griffin**, PhD*, Central Arkansas Veterans Healthcare System, United States*
Presenter: **Shira Maguen**, PhD*, San Francisco VA Health Care System, United States*
Presenter: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Presenter: **Lauren Borges**, PhD*, Rocky Mountain MIRECC, United States*
Presenter: **Timothy Usset**, MA, MPH, PhD, M.Div.*, Central Arkansas VA Healthcare System, University of Minnesota, United States*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Moral injury describes the profound psychological, emotional, social, and spiritual distress that may result from exposure to events that violate one's moral beliefs. This symposium will spotlight four innovative, manualized treatments addressing moral injury in military service members and veterans. Presenters will provide an overview of their models and findings on acceptability, feasibility, implementation and early evidence of effectiveness from recent and ongoing randomized clinical trials. The interventions to be discussed include Impact of Killing (IOK), Trauma-Informed Guilt Reduction Therapy (TrIGR), Building Spiritual Strength (BSS), and Acceptance and Commitment Therapy for Moral Injury (ACT-MI). These approaches represent diverse cognitive-behavioral, spiritually-integrated, and acceptance-based frameworks, suitable for both group and individual settings and facilitated by mental health professionals or chaplains depending on the approach. This symposium will appeal to those seeking manualized, evidence-based treatments for moral injury and insights into the next phase of intervention development and dissemination.

4:45 p.m. - 6:00 p.m.
EXAMINING AND ADDRESSING THE IMPLICATIONS OF TRAUMA AND PTSD FOR PHYSICAL AND COGNITIVE HEALTH OUTCOMES AND TREATMENT PREFERENCES FROM A LIFESPAN PERSPECTIVE
Symposium
Chair: **Anica Pless Kaiser**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Frank Mann**, PhD*, Stony Brook University, United States*
Presenter: **Yuxiao Song**, MS*, Stony Brook University, United States*
Presenter: **Brian Smith**, PhD*, National Center for PTSD Women's Health Sciences Division and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Sheila Thompson**, MS*, Palo Alto University, United States*
Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Trauma exposure and PTSD are linked with negative health outcomes such as decline in cognitive and physical function. These relationships and underlying mechanisms are not well understood in middle-aged and older adults. This symposium investigates relationships among PTSD, cognitive decline, physical function, and comorbid conditions,

along with treatment preferences among trauma survivors; studies utilize neuroimaging findings, survey and interview methods, and performance-based assessments. This symposium brings together unique samples of trauma survivors: World Trade Center (WTC) responders to the September 11th, 2001 terrorist attacks in New York, female and male Vietnam-era Veterans, and VA-enrolled Veterans. The first presentation demonstrates links between PTSD polygenic risk scores, longitudinal PTSD symptom trajectories, and cognitive decline among WTC responders. The second presentation examines associations between structural neuroimaging findings and decline in physical function in the WTC sample, indicating links among responders with PTSD. The third presentation examines mediating roles of PTSD and depression on the impact of Vietnam-era wartime service on cardiovascular disease among male and female Veterans. The fourth presentation describes a survey of VA-enrolled Veterans with PTSD examining interest in in-person, telehealth, and technology-based PTSD treatment modalities. Finally, the symposium chair will synthesize findings and discuss clinical implications for providing care for middle-aged and older trauma survivors across the lifespan.

4:45 p.m. - 6:00 p.m.
INTERPERSONAL VIOLENCE PREVENTION AND EARLY INTERVENTION STRATEGIES IN HIGH-RISK POPULATIONS
Symposium
Chair: **Heidi Zinzow**, PhD*, Clemson University, United States*
Presenter: **Aeriell Armas**, PhD*, Medical University of South Carolina, United States*
Presenter: **Prachi Bhuptani**, PhD*, Rhode Island Hospital, United States*
Presenter: **Heather Littleton**, PhD*, University of Colorado, Colorado Springs, United States*
Presenter: **Kate Walsh**, PhD*, University of Wisconsin-Madison, United States*
Track: Prevention and Early Intervention
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Interpersonal violence prevention and early intervention programs for trauma-related mental health outcomes have been broadly researched. Important next steps include tailoring and evaluating these strategies for high-risk populations, thereby maximizing public health impact and reducing health disparities. Sexual or intimate partner violence (SV/IPV) survivors who are at high risk for revictimization and problematic health outcomes include minoritized groups and individuals with substance use disorders. Four symposium presentations will examine strategies for Latina women, heavy drinking college women, LGBTQ+ teens, and recent survivors with substance misuse. Strategies include: 1) a web-based mental health tool for IPV survivors, 2) an integrated SV and alcohol use prevention program for SV survivors, 3) an online family IPV and alcohol use prevention program, and 4) a video and text message early intervention for PTSD, substance misuse, and pain. Presenters discuss engagement of stakeholders to tailor and co-design interventions, adapt interventions to target diverse risk and protective factors, and assess feasibility and acceptability. The symposium will also present rigorous efficacy testing methods for programs that address complex intersecting problems, and will discuss optimizing intervention scalability and sustainability while meeting the needs of high-risk populations.

4:45 p.m. - 6:00 p.m.
HOW TO GET PUBLISHED IN THE JOURNAL OF TRAUMATIC STRESS
Panel

Denise Sloan*
Chair: **Denise Sloan**, PhD*, National Center for PTSD, VA Boston Healthcare System and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Ginny Sprang**, PhD*, Univ of Kentucky, United States*
Presenter: **Nathan Kimbrel**, PhD*, Duke University School of Medicine and Durham VA Health Care System, United States*
Presenter: **Matthew Yalch**, PhD*, Palo Alto University, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Region: Global
Population Type: Mental Health Professionals
Abstract: The Editor and Associate Editors of the Journal of Traumatic Stress will participate in this panel to share insights about the journal. They will provide an overview of the types of manuscripts the journal publishes and offer guidance on how to increase the likelihood of acceptance. Following the overview, there will be a question-and-answer session where attendees can engage directly with the panelists. This session is designed to allow participants to discuss specific manuscript ideas and receive advice on strategies for successful publication.

4:45 p.m. - 6:00 p.m.
BEARING LIFE UNDER FIRE: TRAUMA AND MATERNAL MENTAL HEALTH DURING WAR
Symposium
Chair: **Sharon Dekel**, PhD*, Harvard Medical School /Massachusetts General Hospital, United States*
Presenter: **Tal Elhasid Felsenstein**, MD*, Harvard, United States*
Presenter: **Sharon Dekel**, PhD*, Harvard Medical School/Massachusetts General Hospital, United States*
Presenter: **Maor Kalfon-Hakmigari**, PhD*, Israel*
Presenter: **Inbal Reuveni**, MD*, Tel Aviv Sourasky Medical Center, Israel*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Region: Middle East and North Africa
Population Type: Adult
Abstract: Collective trauma, including war and terrorism, disrupts the lives of millions worldwide. Pregnant and postpartum individuals represent a uniquely vulnerable population, as the perinatal period is associated with heightened risk for psychiatric morbidity even in the absence of trauma exposure. Despite approximately 140 million births annually worldwide, the impact of armed conflict on maternal mental health, specifically trauma-related disorders in the perinatal period, has not been systematically examined. This symposium presents prospective, large-scale repeated maternal assessments performed during the Israel–Hamas war, integrating quantitative data of patient lived experiences. Dr. Elhasid will examine maternal PTSD and depression, focusing on comorbidity, trajectories, and risk and protective factors. Dr. Dekel will explore longitudinally the intersection of war trauma and childbirth-related trauma and their bi-directional effects. Dr. Kalfon-Hakmigari will present data on amplified trauma related psychopathology during war times and impairment in maternal-to-infant bonding; and Dr. Reuveni will discuss the adversity of maternal trauma response as it relates to behavioral problems in the war exposed child. Integrating perspectives from

psychiatry, obstetrics, psychology, and public health, this interdisciplinary symposium advances understanding of perinatal mental health in conflict settings and highlights clinical implications for trauma-informed perinatal care, emergency preparedness, and global research collaboration in times of war.

4:45 p.m. - 6:00 p.m.
ADVANCEMENTS IN THE TREATMENT OF PTSD BY THE STRONG STAR CONSORTIUM: TWO DECADES OF PROGRESS
Invited Session
Chair: **Alan Peterson**, PhD*, University of Texas Health Science Center, United States*
Presenter: **Steffany Fredman**, PhD*, Pennsylvania State University, United States*
Presenter: **Brian Marx**, PhD*, National Center for PTSD, United States*
Presenter: **Patricia Resick**, PhD*, Duke Health, United States*
Presenter: **Alan Peterson**, PhD*, University of Texas Health Science Center, United States*
Discussant: **Terence Keane**, PhD*, VA Boston Healthcare System, United States*
Abstract: Over the past 2 decades the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR Consortium) has supported over 30 clinical trials to develop and evaluate the efficacy of trauma-focused cognitive behavioral therapies for combat-related PTSD in military personnel. These clinical trials have evaluated Cognitive Behavioral Conjoint Therapy, Written Exposure Therapy, Cognitive Processing Therapy, and Prolonged Exposure Therapy. The results of the initial clinical trials demonstrated these treatments were efficacious for the treatment of combat-related PTSD, but the outcomes were not as good as previous studies with civilians. Subsequent clinical trials evaluated ways to modify the standard treatment protocols to enhance outcomes. One example is the use of compressed or massed treatment protocols where treatment sessions are completed on a daily basis. The results of these studies found even greater reductions in PTSD symptoms. Ongoing clinical trials are evaluating how these treatments can be further improved by combining them with medications or medical devices. This symposium will review the results of clinical trials for combat-related PTSD supported by the STRONG STAR Consortium over the past 2 decades and provide an update on ongoing clinical trials.

4:45 p.m. - 6:00 p.m.
Flash Talk Session 3: Uplifting Diverse Perspectives on Traumatic Stress Around the Globe

PATTERNS OF DAILY DISCRIMINATION AND DEMOGRAPHIC PREDICTORS: RESULTS FROM A LATENT PROFILE ANALYSIS
Flash Talk Presentation
Jailyn Wilson*[1], Michelle Roley-Roberts[1]
[1]*West Virginia University*
Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult **Abstract:** Chronic discrimination is a well-known predictor of adverse mental health outcomes (Garnett et al., 2013). Depending on the severity and nature of the discrimination, it may also be considered a traumatic stressor (Carter, 2007). Although person-centered approaches have found distinct patterns of everyday discrimination among racially minoritized individuals (Clark et al., 2015), less is known about latent profiles of discrimination in the general population and what social identity factors predict membership. The present study used a latent profile analysis to identify distinct patterns of discrimination

with a focus on identifying sociodemographic factors that predict membership. Participants (N = 3, 978, 44.7% male) aged 30-84 (M = 56.09, SD = 12.33) were included from a national study. A four-profile solution was supported including a low, an overt moderate (i.e., explicit acts of discrimination), a covert moderate (i.e., ambiguous acts of discrimination), and a high "chronic" discriminatory profile. Females had a 1.52 times higher odds of being in the covert moderate profile compared to males. Additionally, individuals were more likely to belong to the low versus chronic profile if they identified as white and likelihood increased for each year in age. These findings demonstrate that the form of discrimination is important in understanding impacts on individuals with differing social identities. Identifying individuals with higher odds of belonging to a high risk discrimination profile may inform intervention efforts aimed at reducing the burden of everyday discrimination exposure.

"IT JUST COMPLETELY BREAKS YOU DOWN": INVESTIGATING LIVED EXPERIENCES OF POSTTRAUMATIC SHAME AMONG WOMEN EXPOSED TO INTERPERSONAL TRAUMA

Flash Talk Presentation

Jordyn Tipsword*[1], Abigayle Feather[2], Grace Seymour[2], Madison Isaacs[2], Jessica Burris[2], Christal Badour[2]

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

Track: Public Health

Program Category: Clinical Practice

Presentation Level: Introductory

Region: Industrialized Countries

Population Type: Adult

Abstract: Objective: Posttraumatic shame—an emotion tied to negative beliefs about oneself after trauma—is linked to higher PTSD symptoms among women exposed to interpersonal trauma (IPT; i.e., physical or sexual trauma). However, a nuanced understanding of women's experiences of shame (e.g., key triggers, thoughts) and responses to shame (e.g., methods of managing shame) post-IPT is lacking. Method: This qualitative study explored lived experiences of shame among 27 women post-IPT (MAge = 37.04, 77.8% White) via interviews examining dynamics of shame, triggers, consequences of shame, links among shame and PTSD symptoms, and responses to shame. Analyses involved a multi-stage deductive and inductive coding process. Final codes were determined via consensus coding and results were translated into themes. Results: The frequency and intensity of shame declined over time for many. Thoughts about inadequacy or self-blame were often tied to shame, as were other emotions (e.g., guilt, anxiety) and physical sensations like fatigue or nausea. Triggers were largely IPT-related (e.g., trauma reminders, stigma) and many viewed shame and PTSD symptoms as shaping one another. Shame was nearly universally described as negatively impacting recovery. Responses to shame included avoidance (e.g., distraction) and approach strategies (e.g., emotional expression); however, the effectiveness and adaptiveness of these responses varied. Conclusions: Results suggest that experiences of and responses to shame are heterogeneous and may differ across contexts. Further work is needed to explore experiences of shame during early recovery.

TRAUMA AND TRANSCULTURAL HEALING: INTEGRATING THE TREE OF LIFE AND RWANDAN ORAL TRADITIONS IN POST-GENOCIDE RWANDA

Flash Talk Presentation

Eugene Rutembesa*[1]

[1]*National University of Rwanda*

Track: Trauma-Exposed Professionals and Therapist Self-Care

Program Category: Community-Based Programs
Presentation Level: Advanced
Region: Eastern and Southern Africa
Population Type: Adult
Abstract:
Background: Following the 1994 genocide against the Tutsi, Rwandans have faced enduring psychosocial consequences. Resilience, deeply embedded in local culture exemplified by the proverb “Intore ntiganya yishakira ibisubizo” “Seek solutions, do not lament your fate” emphasizes agency and community-based healing.
Objective: This paper examines the integration of the Tree of Life narrative therapy with Rwandan oral traditions as a culturally grounded approach to trauma recovery.
Methods: Drawing on ethnopsychiatric practice, a group therapy framework was developed combining narrative therapy with Rwandan proverbs, myths, and folktales. The Tree of Life method facilitated symbolic reconstruction of identity and trauma processing within a culturally meaningful context.
Results: The approach enhanced engagement, emotional expression, and continuity between past and present. Cultural narratives supported meaning-making, resilience, and reconnection with collective identity, fostering self-esteem, acceptance of loss, and self-reflection.
Conclusions: Integrating the Tree of Life with Rwandan oral traditions offers a promising transcultural model for trauma healing. Culturally anchored interventions that align with local epistemologies and collective memory can strengthen resilience and support sustainable recovery in communities affected by mass violence.

THE COMPASSION PARADOX: THE COSTLY NATURE OF PROSOCIAL ORIENTATION IN THE FACE OF COLLECTIVE TRAUMA

Flash Talk Presentation
Daniel Lim*[1], Kayley Estes[1], Dana Rose Garfin[2], Roxane Cohen Silver[1], E. Alison Holman[1]
[1]*University of California, Irvine,* [2]*University of California, Los Angeles*
Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Prosociality is vital to survival, especially in response to collective traumas affecting large segments of the U.S. population; however, motivators of prosociality (e.g., compassion) may be psychologically taxing. As a result, we would expect compassionate individuals to be more prosocial when facing collective trauma, albeit at a greater psychological cost. We test this hypothesis with adults from a probability-based, nationally representative U.S. panel (N=4859) who completed 3 surveys between May 2022 and November 2024 that contained measures of dispositional compassion, collective trauma exposure, global distress, and charitable giving. K-means clustering identified 4 distinct profiles with high/low levels of compassion and trauma exposure. Multilevel modeling was used to examine trajectories of distress and charitable giving over time for these profiles. The high-compassion/high-trauma profile reported the highest level of charitable giving (OR=2.89, $p < .001$) and the most distress ($\beta=.57$, $p < .001$) compared to the low-compassion/high-trauma profile and both low-trauma profiles. Results suggest that those who are most compassionate are also the most vulnerable, which supports the notion of a “compassion paradox”. To address this, policymakers, NGOs, and grassroots movements should promote sustainable altruism to ensure continued engagement in prosocial behaviors.

FROM HOLDING SPACE TO EMPOWERMENT: WHAT IN ACUTE CARE PREDICTS PTSD AFTER SEXUAL ASSAULT?

Flash Talk Presentation

Shani Yaakobi-Zelnik*[1], Miriam Schiff[2]

[1]*Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem,* [2]*Hebrew University of Jerusalem*

Track: Prevention and Early Intervention

Program Category: Clinical Practice

Presentation Level: Introductory

Region: Middle East and North Africa

Population Type: Both Adult and Child/Adolescent

Abstract: What happens in the first hours of care after sexual assault may shape long-term psychological trajectories. Sexual Assault Referral Centers (SARCs) provide immediate multidisciplinary intervention, constituting a rare and time-sensitive opportunity to influence posttraumatic outcomes. Grounded in the Conservation of Resources theory, this multi-site study examined whether perceived resource loss and gain during acute SARC care were associated with PTSD symptom severity. Participants were 117 women treated across four hospital-based SARCs in Israel—the first national multi-center study in this context. PTSD symptoms (PCL-5) were assessed through structured interviews, and care-related resource processes were measured using a newly developed instrument informed by prior qualitative research.

Greater perceived resource loss during care was associated with higher PTSD severity, whereas greater resource gain was associated with lower severity. Critically, loss of sense of control emerged as the most robust loss-related predictor of symptoms, while empowerment-related gains were consistently linked to lower PTSD across clusters.

These findings identify acute post-assault care as a modifiable system-level leverage point and position control and empowerment as central therapeutic mechanisms in early trauma response.

PERCEIVED IMPACTS OUTWEIGH OBJECTIVE EXPOSURE IN POST-DISASTER MENTAL HEALTH

Flash Talk Presentation

Kyeongwon Kim*[1], Soheil Shapouri[1], Kayley Estes[2], E. Alison Holman[2], Roxane Cohen Silver[2], Dana Rose Garfin[1]

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

Track: Public Health

Program Category: Social Issues - Public Policy

Presentation Level: Intermediate

Region: Industrialized Countries

Population Type: Adult

Abstract: We examined associations between disaster exposure and mental health outcomes in individuals repeatedly exposed to catastrophic hurricanes. Data were drawn from a probability-based, demographically representative U.S. Gulf Coast sample, surveyed 4/30-5/19/2025 (N=2,135; response rate≈78%). Survey-weighted linear regression models tested main effects of self-report disaster exposure and objective FEMA-risk indices, adjusting for demographics. Social support was tested as a moderator. Greater disaster-related psychological and financial strain positively correlated with global distress ($\beta=0.32$, $p < .001$; $\beta=0.12$, $p=.047$) and disaster-related worry/fear about self and community ($\beta=0.73$, $p < .001$; $\beta=0.28$, $p < .001$). As measured by FEMA risk indices, prior disaster exposure frequency was not independently associated with outcomes. However, it was moderated by social support

(β_interaction=−0.48, p=.040), such that greater exposure was associated with higher distress primarily in individuals with lower social support. Results indicated that perceived disaster impacts were a stronger predictor of post-disaster mental health than an objective exposure indicator. Public health strategies should integrate objective, self-report, and perceived indicators in risk assessments and continue to work on strengthening social support, particularly in populations experiencing repeated disasters.

THE NEED TO KNOW: INTOLERANCE OF UNCERTAINTY PREDICTS WAR MEDIA EXPOSURE ACROSS TWO INTERNATIONAL WARS

Flash Talk Presentation

Claire Hotchkin*[1], Kayley Estes[1], E. Alison Holman[1], Roxane Silver[1]
[1]*UC Irvine*

Track: Mass Violence and Migration
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: News and images of war are disseminated at unprecedented scale, and robust evidence links exposure to adverse mental health outcomes that can compound over time. Yet who consistently engages with war media across conflicts, and why they do so, remains unknown. Drawing on threat sensitivity frameworks, we examined whether intolerance of uncertainty (IU), neuroticism, violence exposure, and lifetime anxiety diagnosis predicted media exposure across the Russian invasion of Ukraine and Israel-Hamas war. Using a nationally representative sample of U.S. residents (N=3,717), we assessed mean daily hours of war media consumption and frequency of graphic image exposure via surveys at two waves: May-June 2022, Dec 2023. Weighted regressions tested associations, controlling for demographics. War media exposure was moderately correlated across wars (r=.46 for hours, r=.49 for graphic images), with ~73% reporting exposure to both wars. Unlike neuroticism, violence exposure, and anxiety diagnosis, IU was the only predictor consistently associated with joint exposure, with a larger effect size for graphic images (beta=.147, $p < .001$) than hours (beta=.083, p=.002). The same individuals tend to engage with war media across conflicts, and IU is the strongest predictor of who does so. The larger effect for graphic content suggests that IU-related media consumption may reflect threat monitoring rather than general news habits. Findings highlight IU as a target for psychoeducation efforts and can inform platform policies around graphic war content.

ICD-11 ESTIMATES OF PTSD AND COMPLEX PTSD IN GEORGIA: FINDINGS FROM A NATIONWIDE SURVEY USING A NEW WHO STRUCTURED DIAGNOSTIC INTERVIEW

Flash Talk Presentation

Tekla Latibashvili*[1], Nino Makhashvili[1], Geofree Reed[2], Jana Javakhishvili[1], Ana Janikashvili[1], Rusudan Badriashvili[1]
[1]*ILia State University,* [2]*Columbia University*

Track: Public Health
Program Category: Global Issues
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult

Abstract: Mental disorders are the leading cause of disability worldwide, and trauma-related disorders contribute substantially to morbidity, especially in conflict-affected settings (Patel,

2007; WHO, 2024; Amsalem et al., 2025). Yet nationally representative ICD-11-based data remain scarce in low- and middle-income countries. This study presents the first population-based implementation of the WHO ICD-11 Flexible Interview (FLII-11) in Georgia to estimate the prevalence of post-traumatic stress disorder (PTSD) and complex PTSD (CPTSD) and to examine comorbidity patterns.
A nationwide cross-sectional household survey of Georgian adults was conducted using multistage probability sampling with probability proportional to size and the Kish methodology. Two populations were included: the general population (n=2,200) and war-affected internally displaced persons (n=900). The culturally adapted FLII-11 assessed ICD-11 mental disorders, with an emphasis on PTSD/CPTSD prevalence and comorbidity with mood, anxiety, psychotic, and substance use disorders across both the general and war-affected internally displaced populations.
Prevalence estimates and comparative findings between the general and war-affected populations will be presented.
This study will provide the first ICD-11-based national estimates of trauma-related conditions, such as PTSD and CPTSD, in Georgia and generate comparative epidemiological evidence on the trauma burden in the country.

PERPETRATION-BASED MORAL INJURY: ASSOCIATIONS WITH KEY TRAUMA-RELATED CONSTRUCTS AMONG CIVILIANS

Flash Talk Presentation

Julia Richardson*[1], Rachel Wamser[1]
[1]*University of Missouri - St. Louis*

Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: Moral injury is a psychological, spiritual, and behavioral response to events that violate deeply held moral beliefs and values. Although moral injury research has largely focused on military populations, far less is known about moral injury in civilians. Existing civilian research has primarily examined victimization- or witnessing-based potentially morally injurious events (PMIEs), with limited attention to perpetration-based experiences. Moreover, few studies have examined associations between perpetration-based PMIEs and key trauma-related outcomes while accounting for cumulative trauma exposure. The present study examined associations between perpetration-based PMIEs and posttraumatic stress symptoms (PTSS), moral injury outcomes, and posttraumatic shame and guilt in a mixed community and university sample (N = 757). Structural equation modeling indicated that perpetration-based PMIEs were positively associated with PTSS, moral injury outcomes, posttraumatic shame, and posttraumatic guilt, above and beyond cumulative trauma exposure (ps $<$ .05). Findings highlight the unique psychological burden associated with perpetration-based moral injury among civilians and underscore the importance of distinguishing perpetration-based PMIEs from general trauma exposure. These results have important implications for conceptualizing moral injury in civilian populations and for developing targeted interventions addressing perpetration-related distress.

LATENT PROFILES OF PTSD SYMPTOMATOLOGY FOLLOWING THE OCTOBER 7TH ATTACKS

Flash Talk Presentation

Adar Paz*[1], Nir Shtrasberg[1], Hadar Bloom[1], Eran Bar-Kalifa[2]

[1]*Geha Mental Health Center,* [2]*Ben Gurion University of the Negev*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Middle East and North Africa
Population Type: Adult
Abstract:
Background: Posttraumatic stress disorder (PTSD) is a debilitating, multifaceted condition characterized by profound suffering and substantial symptomatic heterogeneity. This research identified latent profiles of PTSD symptomatology in Israel following the October 7, 2023 attacks to better understand the phenotypic expression of mass trauma.
Methods: Parallel latent class analyses (LCA) were conducted in a treatment-seeking clinical sample (N = 207), using PTSD symptoms assessed at clinic intake, and a representative community sample (N = 1,013).
Results: Findings across both samples consistently supported a severity-based model rather than the distinct phenotypic subtypes frequently identified in chronic trauma literature. Three-class (clinical) and four-class (community) solutions followed a severity gradient from resilience to severe distress. Post-hoc Principal Component Analysis confirmed a dominant general severity factor, explaining 71.6% of variance in the clinical sample and 84.3% in the community sample.
Conclusions: These results suggest that under active existential threat, PTSD phenomenology coalesces into a uniform syndrome, masking phenotypic variations typical of chronic adaptations. We propose a two-dimensional clinical strategy: general severity determines intervention intensity via stepped-care models, while treatment content is tailored to specific phenotypic patterns.

4:45 p.m. - 6:00 p.m.
Paper Session 4: War, Terror Attacks, Ongoing Conflict and Trauma

CULTURAL IDENTITY CONFLICT AND DISCRIMINATION AS PREDICTORS OF PSYCHOLOGICAL DISTRESS AMONG MENA AMERICANS

Paper Presentation
Danielle Dgheim*[1], Anthony Papa[1]
[1]*University of Hawai'i at Mānoa*
Track: Mass Violence and Migration
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Global
Population Type: Adult
Abstract: This study examined how cultural identity processes and discrimination relate to psychological distress among Arab, Middle Eastern, and North African (MENA) Americans, a population exposed to ongoing sociopolitical stress and underrepresented in trauma research. We tested whether cultural identity conflict, discrimination experiences, and group identification predicted distress.
A web-based survey was completed by 202 U.S. adults identifying as MENA (M age = 36.6, SD = 11.1). Measures assessed cultural identity conflict, discrimination, MENA identity, cultural practices, and psychological distress (standardized composite of somatic symptoms, mentally unhealthy days, PTSD and anxiety/depression screeners). Linear regression models examined independent and moderating associations.

Greater cultural identity conflict was significantly associated with higher psychological distress, including after adjusting for age and gender ($p < .001$). Discrimination was also independently associated with greater distress ($ps \leq .03$), across both recent discriminatory events and chronic everyday discrimination. Variables reflecting strength of MENA-related identity were not significant predictors, and identity variables did not moderate discrimination effects.
Findings suggest that cultural identity conflict and discriminatory stress represent distinct pathways to distress among MENA Americans. Addressing identity coherence and coping with chronic discrimination may improve trauma-informed interventions and mental health outcomes in communities experiencing continuous sociocultural stress.

LONGITUDINAL PTSD TRAJECTORIES BEFORE AND AFTER THE OCTOBER 7, 2023, TERROR ATTACKS: A NATIONWIDE STUDY OF ISRAELI ADULTS

Paper Presentation

Yafit Levin*[1], Mario Mikulincer[2], Dvora Shmulewitz[2], Ariel Kor[2], Shaul Lev-Ran[2]
[1]*Ariel University,* [2]*The Hebrew University of Jerusalem*

Track: Public Health
Program Category: Complex Trauma
Presentation Level: Introductory
Region: Middle East and North Africa
Population Type: Adult

Abstract: Existing research on Post-Traumatic Stress Disorder development over time covers brief periods predominantly among military personnel, rather than civilians, and baseline measurements from before traumatic experiences are rarely available. This longitudinal study examined PTSD trajectories among Israeli civilians before and after the October 7, 2023 terror attack.
Data included 1,231 Israeli adults from a representative sample surveyed at four times: January 2018, April 2022, December 2023, and March 2024. Participants completed self-report measures, including the PTSD Checklist for DSM-5 (PCL-5), exposure to the October 7 attack and subsequent war, and trauma in childhood and adulthood. Latent growth mixture modeling identified trajectories.
Four trajectories were identified: resilience (70.4%), trauma recovery (9.4%), trauma vulnerability (16.8%), and chronic PTSD (3.5%). The chronic PTSD group exhibited persistently high symptoms, associated with greater childhood trauma and war exposure. The trauma vulnerability group showed low-medium pre-attack PTSD levels that escalated post-attack, associated with higher war-related stressors. This study, the first to examine PTSD trajectories in civilians after large-scale trauma. Most participants demonstrated resilience, while some exhibited chronic symptoms. Two trajectories—trauma vulnerability and recovery—were event-responsive, suggesting that collective trauma can both exacerbate and alleviate symptoms. Findings emphasize the need for targeted interventions and suggest future research using machine learning to refine prediction.

WEATHERING THE STORM TOGETHER: THERAPISTS' EXPERIENCES TREATING WAR TRAUMA SURVIVORS WHILE MANAGING THEIR OWN CONCURRENT TRAUMA

Paper Presentation

Carol Tosone[1], **Liat Shklarski***[2], Yael Latzer[3], Zohar Spivak-Lavi[4]
[1]*New York University,* [2]*The Silberman School of Social work,* [3]*Haifa University,* [4]*The Max Stern Yezreel Valley College*

Track: Trauma-Exposed Professionals and Therapist Self-Care

Program Category: Intergenerational Trauma
Presentation Level: Advanced
Region: Middle East and North Africa
Population Type: Mental Health Professionals
Abstract: Mental health professionals working in conflict zones face a unique form of traumatic exposure in which personal and professional realities converge. This study examines the lived experiences of psychotherapists providing trauma treatment while simultaneously coping with the same collective crisis as their clients, conceptualized as shared traumatic reality. Semi-structured qualitative interviews were conducted with 20 mental health therapists practicing in Israel following the October 7th attacks and during the ongoing war, and analyzed using reflexive thematic analysis.
Three interrelated themes emerged: (1) boundary dissolution, as traditional therapeutic frames eroded under shared exposure to threat; (2) collapse of everyday concerns, with non-trauma-related clinical issues losing salience amid collective catastrophe; and (3) therapy as shared emotional support, marked by a shift from structured interventions toward mutual presence and validation. Participants described heightened emotional distress, fatigue, and ethical strain, alongside emergent forms of shared resilience, professional meaning, and relational depth.
These findings complicate dominant models of compassion fatigue by showing that boundary erosion can function as both a risk factor and a relational resource. The study highlights the need for flexible boundary frameworks, trauma-informed supervision, and organizational supports to sustain clinicians working under prolonged collective trauma, with relevance for war zones, humanitarian crises, and other mass-trauma contexts.

PSYCHOTHERAPY UNDER SHARED TRAUMA: VOICES FROM THE UKRAINE AND ISRAEL

Paper Presentation
Becky Leshem*[1], Ruth Pat Horenczyk[2]
[1]*Achva Academic College,* [2]*Hebrew University of Jerusalem*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Mental Health Professionals
Abstract: Psychotherapists in war zones share the same ongoing traumatic reality as their patients, blurring professional boundaries and heightening personal vulnerability. This qualitative study examined experiences of shared trauma among 40 psychotherapists (psychologists, psychiatrists, and social workers) in Ukraine and Israel. Using in-depth interviews and focus groups analyzed via Grounded Theory, the study identified core emotional, relational, and cultural processes. Therapists in both countries reported shock, loss of control, heavy emotional burden, and compassion fatigue, alongside a strong sense of collegial “brotherhood” and group cohesion that fostered resilience. Cultural differences were linked to historical narratives: Israeli therapists often drew on intergenerational transfer of Holocaust-related legacies that shaped identity and therapeutic ethics, whereas Ukrainian therapists related to intergenerational transfer of Holodomor traumas and narratives, emphasizing functional survival, social suspicion, and intergenerational warnings about vigilance. Across both contexts, post-traumatic growth emerged as a central process through which shared exposure was transformed into personal and professional mission. The findings underscore the need for culturally-responsive, multi-tiered training and support that integrate

personal, group, and community-cultural dimensions within the dynamic model of shared trauma.

PREVALENCE OF EXPOSURE TO LIFETIME AND WAR RELATED TRAUMAS, PTSD AND COMPLEX PTSD IN A SAMPLE FROM THE UKRAINIAN GENERAL POPULATION

Paper Presentation

Emma Facer-Irwin*[1], Roxanna Short[1], Dominic Murphy[2], Olga Onuch[3], Henry Hale[4], Volodymyr Kulyk[5], Natasha Biscoe[6], Gwendoline Sasse[7], Deirdre Macmanus[1]
[1]*King's College London,* [2]*King's Centre for Military Research, Kings College London,* [3]*University of Manchester,* [4]*George Washington University,* [5]*Kyiv School of Economics,* [6]*Combat Stress,* [7]*Centre for East European and International Studies*

Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult

Abstract: Background: The full-scale Russian invasion of Ukraine has had a significant psychological impact on civilians, but few previous studies have established rates of trauma exposure, PTSD and CPTSD in representative samples of the Ukrainian population.
Objectives: To estimate the prevalence of lifetime and war-related trauma experiences, and ICD-11 PTSD and CPTSD in a representative general adult sample of Ukraine civilians, and to examine associations of PTSD/CPTSD with sociodemographic and trauma characteristics.
Method: A large telephone survey of a randomized sample of adult residents in Ukraine (N=2504) was conducted using validated questionnaires (e.g. ITQ, LEC-5). Associations between key variables were examined using a series of binary logistic regression models, adjusted for age and gender.
Results: High levels of lifetime and war-related traumas were reported. Total combined national prevalence of PTSD/CPTSD was 31.2% (PTSD: 25.2%; CPTSD: 6%).
Female gender (aOR = 1.85 CI 1.23-2.86) and military service (aOR=1.79 CI 1.32-2.43) were associated with combined PTSD/CPTSD status. Greater exposure to cumulative lifetime traumatic events (aOR= 1.16 CI 1.11-1.21) and war stressors (aOR=1.21, CI 1.18-1.25) were risk factors for PTSD/CPTSD. Unmarried relationship status increased odds of CPTSD, compared to PTSD.
Conclusions: PTSD is a common difficulty amongst Ukrainian civilians exposed to an active war. Lower rates of CPTSD found in our investigation compared to other population estimates may be reflective of the differing ways traumatic stress manifests in the context of continuous trauma in warzones.

PERITRAUMATIC EXPOSURE AND HATE AS SEPARATE DRIVERS OF TRANSDIAGNOSTIC POSTTRAUMATIC STRESS SYMPTOMATOLOGY AMONG SURVIVORS OF MASS VIOLENCE: THE OSLO PRIDE TERROR STUDY

Paper Presentation

Synne Stensland*[1], Molly Carlyle[1], Tore Wentzel-Larsen[1], Kristin Glad[1]
[1]*NKVTS*

Track: Mass Violence and Migration
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult

Abstract:
Objectives: To examine how peritraumatic exposure and exposure to hate relate to posttraumatic stress and related transdiagnostic symptomatology among survivors of an anti-LGBTQ+ terror attack.
Methods: In a cross-sectional study ~3 years after the June 25, 2022 Oslo Pride terrorist attack, 229 of 588 (40%) survivors completed a structured interview or questionnaire. PTSD and disturbance of self-organization (DSO) were assessed with the International Trauma Questionnaire. Linear regressions estimated associations between peritraumatic factors, hate exposure, and PTSD and DSO, adjusting for age, sex, and education, and associations of PTSD and DSO with transdiagnostic symptomatology.
Results: Preliminary findings indicated that higher peritraumatic exposure was associated with PTSD symptoms (0.70 and 1.11, both $p < .001$), but not with DSO. In contrast, cumulative hate exposure showed a significant association with DSO (0.51, 95% CI 0.16–0.86, $p = .005$), but not PTSD. Both PTSD and DSO were associated with more anxiety/depression, insomnia, pain, and headache. Higher social support was consistently associated with lower PTSD and DSO.
Conclusions: Findings support a social-psychotraumatological perspective, in which exposure to hate shape experience of self and relationships, highlighting social responses as clinically and politically relevant targets for prevention and intervention.

Friday, September 25, 2026

8:00 a.m. - 9:15 a.m.
Concurrent 6

8:00 a.m. - 9:15 a.m.
INTERGENERATIONAL PATTERNS OF RISK AND RESILIENCE: EARLY CHILD DEVELOPMENT AND PARENTING IN THE CONTEXT OF VIOLENCE EXPOSURE
Symposium
Chair: **Laura Miller-Graff**, PhD*, University of Notre Dame, United States*
Presenter: **Kathryn Howell**, PhD*, University of Wisconsin-Madison, United States*
Presenter: **Katherine Guyon-Harris**, PhD*, University of Pittsburgh, United States*
Presenter: **Laura Miller-Graff**, PhD*, University of Notre Dame, United States*
Presenter: **Joohee Lee**, MA*, Michigan State University, United States*
Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: This symposium examines how trauma exposure shapes parenting processes in the perinatal period and impacts early childhood development. Using longitudinal, observational, and intergenerational designs, these studies move beyond static risk models to identify dynamic pathways of vulnerability and well-being. Dr. Howell's presentation examining trajectories of maternal sensitivity in mothers exposed to intimate partner violence (IPV; N=77) highlights the importance of both interindividual and intraindividual variability, with four distinct trajectories of sensitive parenting observed over the course of a brief mother-infant interaction. Ms. Lee's presentation further advances the conversation on the development of parenting behaviors for trauma exposed mothers (N=206), illustrating the importance of prenatal representations on consequent parenting and downstream child adjustment outcomes. Dr. Guyon-Harris' presentation considers the impact of prenatal PTSD

(N=120) on parenting and subsequent developmental outcomes in toddlerhood. Finally, Dr. Miller-Graff's presentation complements these basic research studies by evaluating the ways in which an intervention for pregnant, IPV-exposed women (N=137) benefits infants, including through impacts on both maternal-reported and observed affect regulation. Together, these studies underscore the intergenerational impact of trauma and demonstrate that trauma-informed, developmentally-timed treatment during pregnancy and early childhood may disrupt cycles of risk and promote adaptive functioning for both mothers and their young children.

8:00 a.m. - 9:15 a.m.
MORAL ENGINE MODEL: A PARADIGM FOR UNDERSTANDING, TREATING, AND PREVENTING MORAL INJURIES ACROSS THE LIFESPAN CONCEPTUALIZED AS RUPTURES OF DEFINING AND SUSTAINING EMOTIONAL ATTACHMENTS
Workshop
Chair: **William Nash**, MD*, United States*
Discussant: **William Nash**, MD*, United States*
Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Introductory
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: As moral injury has emerged as a prevalent mechanism of emotional harm across the lifespan, potentially leading to serious and lasting forms of post-traumatic stress, the urgency has grown to develop a comprehensive and actionable understanding of the nature of moral injuries. What is a moral injury? Is it a literal injury? If so, of what part of a person? For that matter, what are the parts of a person that could even be harmed by a life experience? And how do the harms of moral injury lead to the sometimes devastating impairments of health and functioning characteristic of complex trauma? In this workshop, after reviewing existing theories about trauma as a wound to a person's core self or social identity, and the evidence that emotional attachments are central to the structure and healthy functioning of the self and social identities throughout life, a theory of personhood will be presented that is based on evolutionary biology and psychoanalytic self psychology that explains how a betrayal of an important moral trust, by oneself or someone else, can result in lasting harm and impairment in all spheres of functioning, and increase risk for both physical and mental illness. A method will be described for visualizing changes in a person's universe of emotional attachments as a direct result of a moral injury, as an aid for assessment and psychoeducation, and participants will have the opportunity to apply this method in a group exercise utilizing two clinical moral injury scenarios. Finally, implications of the model for moral injury prevention, treatment, and research in individuals, families, and communities will be discussed.

8:00 a.m. - 9:15 a.m.
SHIELD UKRAINE – SCREENING TO STEPPED CARE: SCALABLE TRAUMA FOCUSED RESPONSES FOR CHILDREN AND FAMILIES IN WAR
Symposium
Chair: **Synne Stensland**, MD*, NKVTS, Norway*
Presenter: **Zlatina Kostova**, PhD*, UMass, United States*
Presenter: **Alison Salloum**, MSW*, University of South Florida, United States*

Presenter: **Synne Stensland**, MD*, NKVTS, Norway*
Presenter: **Larysa Zasiekina**, PhD*, Lesya Ukrainka Volyn National University, Ukraine*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Child/Adolescent
Abstract: Children, adolescents and families in Ukraine are exposed to continuous traumatic stress due to war, displacement and insecurity. Community health workers (HCWs) face high caseloads, personal risk and limited specialist support. There is an urgent need for scalable stepped care models that link early screening and case management to low-threshold, trauma-focused interventions and, for non-responders, to more intensive treatments such as TF CBT. This symposium presents collaborative work on adapting stepped care interventions for children and families living under continuous war-related stress, co-developed by Ukrainian and international partners. It aligns with the ISTSS 2026 theme, Traumatic Stress in a Troubled World – Collaboration on Evidence and Action, by showcasing co-designed, implementation-focused approaches in an active war setting. The first presentation describes barriers, facilitators and key adaptations in delivering TF CBT for children in war-affected Ukrainian communities, drawing on the TF CBT Ukraine project. The second focuses on a parent-led, therapist-assisted first-line intervention ("Stepping Together"), examining required modifications and conditions for feasibility and acceptability when delivered by community-based personnel. The third introduces SHIELD, an integrated screening and case management tool, detailing its translation and cultural adaptation. The fourth presents mixed-methods findings on transdiagnostic symptom networks in adolescent–parent dyads and explores the clinical potential and acceptability of SHIELD among Ukrainian HCWs and adolescents.

8:00 a.m. - 9:15 a.m.
MAKING ROOM AT THE TABLE: A CASE FOR GREATER INCLUSION OF COUPLE/FAMILY-BASED CONCEPTUALIZATIONS AND TREATMENT OF PTSD IN ADULTS
Panel
Chair: **Steffany Fredman**, PhD*, Pennsylvania State University, United States*
Presenter: **Candice Monson**, PhD*, Toronto Metropolitan University, Canada*
Presenter: **Leslie Morland**, Other*, National Center for PTSD Womens' Health Science Division, Boston VA, United States*
Presenter: **Lauren Sippel**, PhD*, Geisel School of Medicine at Dartmouth, United States*
Presenter: **Shirley Glynn**, PhD*, Semel Institute - UCLA, United States*
Presenter: **Theresa Schmitz**, PhD*, Department of Veterans Affairs, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Intimate relationships are a critical -- yet underrecognized and underutilized -- contributor to recovery from posttraumatic stress disorder (PTSD). This underrecognition and underutilization persists despite well-established data and patient preferences. Specifically, (1) PTSD and intimate relationship functioning are bidirectionally linked, (2) intimate relationships predict psychotherapy outcomes for PTSD, and (3) the majority of patients and family members express interest in family-inclusive PTSD treatment. Growing evidence

supports the use of family-inclusive interventions to enhance treatment engagement and facilitate recovery from PTSD. However, research into family-inclusive psychotherapies for PTSD has lagged far behind that for individual psychotherapies, representing a missed opportunity to enhance outcomes for both trauma survivors and close others impacted by the disorder.
This panel includes experts on the development, dissemination, and implementation of family-inclusive psychotherapies for PTSD working across a range of settings. Panelists Drs. Steffany Fredman, Candice Monson, Leslie Morland, Lauren Sippel, Shirley Glynn, and Theresa Schmitz will discuss (a) the rationale for including loved ones in treatment for PTSD to potentiate recovery and optimize broader functional outcomes, (b) past and current efforts to disseminate conjoint approaches to the treatment of PTSD, (c) future research needed to expand the evidence base for family-inclusive PTSD treatments, and (d) training and policy investments needed to promote greater adoption and reach of such treatments.

8:00 a.m. - 9:15 a.m.
HOW TO MAKE DATA SHARING ETHICAL AND RESPONSIBLE: WHAT TO DO BEFORE, DURING, AND AFTER DATA COLLECTION
Workshop
Chair: **Nancy Kassam-Adams**, PhD*, Children's Hospital of Philadelphia, United States*
Presenter: **Anke de Haan**, PhD*, Ruhr University Bochum, Mental Health Research and Treatment Center, Germany*
Track: Mode, Research Methods and Ethics
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Abstract: Data sharing plays a key role in advancing science, accelerating both our understanding of trauma's impact on individuals and communities and the development of effective interventions. Making data FAIR (findable, accessible, interoperable, and re-usable) is a key part of ethical research practice. Sharing and re-use of data respects the time and effort of research participants by ensuring the greatest impact of their contributions. Ethical data sharing in the traumatic stress field requires careful attention to participant consent and to protecting data privacy. Yet many researchers have not received training in specific processes – applicable at each stage of the research lifecycle – that can facilitate responsible data sharing. The focus of this workshop is on practical guidance for sharing data responsibly, with broad applicability across varying national and regional regulations. Via presentations and handouts, participants will learn about (a) key elements of the informed consent process - with specific examples; (b) choices during and after data collection that facilitate de-identification / anonymization of datasets, and (c) a systematic approach to assessing and reducing privacy risks in data sharing. This workshop is designed to be interactive -- participants are invited to bring their own examples of issues in responsible data sharing, for consultation and discussion. The workshop is led by members of the Global Collaboration on Traumatic Stress FAIR Data workgroup.
Population Type: Both Adult and Child/Adolescent
8:00 a.m. - 9:15 a.m.
FEATURED SESSION: BRIDGING THE GAP: EVIDENCE-BASED BRIEF INTERVENTIONS FOR TRAUMA SURVIVORS IN RESOURCE-LIMITED ENVIRONMENTS
Workshop
Chair: **Waganesh Zeleke**, PhD*, VCU, United States*
Presenter: **Waganesh Zeleke**, PhD*, VCU, United States*

Discussant: **Courtney Holmes**, PhD*, VCU, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract:
Objectives: This workshop addresses the treatment gap for underserved populations by presenting evidence-based brief interventions tailored for resource-limited settings. Focusing on work in Ethiopia and the USA, we aim to provide participants with scalable clinical strategies to address high trauma burdens in settings with limited infrastructure and significant socioeconomic barriers.
Methods: The session presents findings from clinical projects in Ethiopia and underserved urban/rural communities in the USA. We examine the application of brief, empirically supported protocols—specifically Narrative Exposure Therapy (NET) and modular CBT—designed for rapid deployment. The methodology emphasizes "task-sharing" models and the integration of trauma care into primary health and community settings to reach populations traditionally excluded from specialized services.
Primary Findings: Data indicate that brief interventions significantly reduce PTSD symptoms when adapted for local cultural contexts and resource constraints. In both Ethiopia and the USA, success relied on reducing clinical complexity and utilizing community-based delivery. Findings suggest these approaches are feasible and often preferred by populations facing systemic barriers to long-term care.
Conclusions: Scaling trauma care requires brief, evidence-based models. Synthesizing lessons from Ethiopia and the USA, this workshop demonstrates that such models are essential for achieving health equity and sustainable recovery for underserved survivors.

8:00 a.m. - 9:15 a.m.
BEYOND THE TRAUMA SCRIPT: TRANSFORMING TRAUMATIC MEMORY IN CLIMATE DISASTERS, CARDIAC SURGERY, AND THROUGH EMBODIED DIALOGUE WITH THE YOUNGER SELF
Symposium
Chair: **Birgit Kleim**, PhD*, University of Zurich, Switzerland*
Presenter: **Gabrielle Gauthier**, MS*, University of Washington, United States*
Presenter: **Jennifer Sumner**, PhD*, University of California, Los Angeles, United States*
Presenter: **Dominique Recher**, PhD*, University of Zurich, Switzerland*
Discussant: **Lori Zoellner**, PhD*, University of Washington, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult
Abstract: Trauma memory is central to PTSD and this symposium examines traumatic memory as a dynamic, context-sensitive process across climate-related disaster, medical trauma, and embodied therapeutic innovation. Birgit Kleim will open with a brief conceptual overview, situating traumatic memory within contemporary cognitive and clinical models. Talk 1 (G. Gauthier) presents longitudinal daily-diary data from extreme weather event survivors assessing trauma memory retrieval in the acute aftermath and identified distinct daily retrieval styles using multilevel latent profile analyses. Talk 2 (J. Sumner) reports on expressive writing following cardiac surgery, demonstrating how structured memory

processing can reduce distress and facilitate autobiographical integration in medical populations. Talk 3 (D. Recher) will introduce an embodied, perspective-shifting dialogue between current and younger selves embedded within traumatic memory work to transform the emotional and self-referential meaning of trauma memories and reduce shame and fragmentation.
Together, the talks show novel avenues for understanding and targeting traumatic memory across diverse trauma contexts. By examining emerging trauma exposures and innovative intervention strategies, the symposium broadens current models and highlights new directions for theory development, prevention, and mechanism-focused treatment. Lori Zoellner will serve as discussant, integrating the findings and outlining implications for future research and clinical innovation.

8:00 a.m. - 9:15 a.m.
UNDERSTANDING THE FIELD OF RACIAL TRAUMA IN CURRENT SOCIOPOLITICAL CONTEXTS: A REFLECTION ON PROGRESS AND BACKLASH
Symposium
Chair: **Sierra Carter**, PhD*, University of Georgia, United States*
Presenter: **Angel-Saphire Lindner**, BA*, University of Georgia, United States*
Presenter: **Emmanuel Thomas**, PhD*, Center of Alcohol and Substance Use Studies, Rutgers University, United States*
Presenter: **Delisa Brown**, PhD*, Medical University of South Carolina, United States*
Discussant: **Joyce Yang**, PhD*, University of San Francisco, United States*
Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: The field of racial trauma has steadily grown over time and research has consistently shown that racial trauma has a strong connection to posttraumatic stress symptoms, other experiences of traumatic stress, and the well-being and livelihood of disenfranchised groups. Yet, despite these findings, our recent sociopolitical climate has led to significant silencing and erasure of racial trauma-related research and clinical treatment practice. In this panel, sponsored by the Racial Trauma SIG and the ISTSS Diversity Committee, we will process how racial trauma investigators, clinicians, and community members are experiencing the current diversity climate. Flash talks will also be provided by early career scholars in the field of racial trauma that (1) examine whether racial traumas experienced among Black adult participants function similarly to Criterion A traumas in their association with PTSD symptoms; (2) utilize novel ecological momentary assessment techniques among Black adults examining the within- and between-person associations between racial stress (i.e., racial discriminatory events, trauma symptoms of discrimination) and alcohol use outcomes; (3) provide mixed-methods research results on the link between racial trauma, PTSD symptoms, and radical healing coping processes among Black pregnant women. Discussion will also include ways to sustain the field of racial trauma in research and clinical practice while recognizing current barriers.

8:00 a.m. - 9:15 a.m.
Flash Talk Session 4: The Far-Reaching Effects of Trauma: Depression, Suicide, Substance Use, and Physical Health

POSTTRAUMATIC STRESS DISORDER AND DEPRESSION TRENDS AMONG POST-9/11 VETERANS, 2001-2021: FINDINGS FROM THE U.S. MILLENNIUM COHORT STUDY

Flash Talk Presentation

Judith Harbertson*[1], Cynthia A. LeardMann[2], Toni Rose T. Geronimo-Hara[2], Isabel G. Jacobson[2], Felicia R. Carey[1], Neika Sharifian[2], Sheila F. Castañeda[1], Nicole Riedel[3], Edward J. Boyko[3], Rudolph P. Rull[1]

[1]*Naval Health Research Center,* [2]*Naval Health Research Center; Leidos, Inc.,*[3]*VA Puget Sound Health Care System*

Track: Public Health

Program Category: Military and Veterans

Presentation Level: Intermediate

Region: Industrialized Countries

Population Type: Military Servicemembers, Veterans, and their Families

Abstract: Mental health disorders comprised the largest proportion of inpatient utilization among service members, yet few studies examined longitudinal trends for posttraumatic stress disorder (PTSD) and depression among those who served after September 11, 2001. This study examined two decades of PTSD and depression data among Millennium Cohort Study participants who were actively serving at baseline and separated from military service before the 2019-2021 follow-up survey (n = 133,575). Probable PTSD (17-item PTSD Checklist) and depression (8-item Patient Health Questionnaire) were classified based on the DSM-IV criteria. Age- and sex-standardized prevalence estimates were calculated for six survey time points (2001, 2004, 2007, 2011, 2014, 2019) and reported for: (1) PTSD (with or without depression) and depression (with or without PTSD), and (2) mutually exclusive categories (neither PTSD nor depression, PTSD only, depression only, comorbid PTSD and depression). From 2001 to 2021, per 100 veterans, PTSD increased approximately five-fold (5.2 to 25.2 cases), and depression four-fold (3.6 to 15.5 cases). There was an approximate four-fold increase for PTSD only (3.1 to 12.4 cases), six-fold for comorbid PTSD and depression (2.0 to 12.7 cases), and two-fold for depression only (1.5 to 2.7 cases). The prevalence of depression and PTSD increased over time in a longitudinal cohort of post-9/11 veterans, with higher increases observed for PTSD and comorbid PTSD with depression. Findings warrant consideration for expansion of mental health screening and treatment services among post-9/11 veterans.

SEX DIFFERENCES IN ASSOCIATIONS BETWEEN POSTTRAUMATIC FEAR RESPONSES AND INFLAMMATION

Flash Talk Presentation

Shiloh Cleveland*[1], Leah Cha[1], Judith E. Carroll[1], Jennifer A. Sumner[1]

[1]*University of California, Los Angeles*

Track: Biology and Medical

Program Category: Complex Trauma

Presentation Level: Introductory

Region: Industrialized Countries

Population Type: Adult

Abstract: Posttraumatic stress disorder (PTSD) has consequences beyond mental health, including a heightened risk of cardiovascular disease. However, understanding of mechanisms by which PTSD confers physical health risk are less understood. One pathway by which PTSD may lead to adverse health outcomes is inflammation. Fear load has been proposed as an intermediate phenotype of PTSD, but the extent to which it is linked to physical health risk is understudied. We investigated whether fear load is associated with

inflammation in a community-based sample of trauma-exposed adults (n = 158) and whether sex moderates this relationship. Participants provided blood samples to assess inflammatory markers (CRP, IL-6, IL-8, IL-10, TNF-α, IFN-γ) which were used to create an inflammatory composite score. Fear load was measured as fear potentiated startle during early extinction as part of a fear conditioning task. Using linear regression analysis, fear load was positively associated with greater inflammation, adjusting for relevant covariates (p = .03). Moderation analyses revealed that fear load was positively associated with inflammation in women (p = .03), but negatively associated with inflammation in men (p = .05). This study sheds light on how fear processes after trauma may contribute to elevated inflammatory responses in women, which has important implications for health. Understanding aspects of PTSD symptom manifestations that may contribute to elevated inflammatory responses has the potential to inform screening efforts and guide targeted interventions to ameliorate both mental and physical health after trauma.

THE LINK BETWEEN PTSD AND CANNABIS PROBLEMS: TRAUMA-RELATED COPING MOTIVATIONS AS A COMPLETE MEDIATING PATHWAY

Flash Talk Presentation

Christopher Latourrette*[1], Sage Hawn[2]
[1]*Norfolk State University,* [2]*Old Dominion University*

Track: Public Health
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult

Abstract: Posttraumatic Stress Disorder (PTSD) and cannabis use frequently co-occur, yet prior work has predominantly treated PTSD as a unidimensional construct, obscuring distinct processes through which different symptom clusters potentially drive problematic consumption. The current study addressed this gap by investigating differential pathways through which symptoms specific to each DSM-5 PTSD cluster (intrusion, avoidance, negative alterations in cognition/mood, arousal) relate to cannabis use severity via trauma-related cannabis use to cope (TRCU) using a novel assessment instrument that measures cannabis use motivations specific to individual PTSD symptoms rather than general coping motives. Participants comprised 345 trauma-exposed undergraduate cannabis users (Mage = 22.19, SD = 6.45; 45.5% White; 82% woman identified). Path a and path b coefficients were uniformly significant across clusters (path a range: B = 0.417–0.552; path b range: B = 0.405–1.210; all ps $<$ .001). Indirect effects through TRCU emerged as significant (p $<$ .05) for all clusters: intrusion (B = 0.341) avoidance (B = 0.504) negative alterations (B = 0.209) and arousal (B = 0.294). Direct effects remained non-significant across all models (ps $>$ .05) indicating that PTSD symptom severity exerts its influence on problematic cannabis use entirely through trauma-specific coping motivations. These findings suggest that interventions explicitly targeting trauma-related coping motivations, rather than focusing solely on symptom reduction, may prove more efficacious in reducing cannabis-related harm among trauma-exposed populations.

BIOLOGICAL AGING MARKERS IN SOUTH AFRICAN WOMEN WITH HIV AND VARIABLE EXPOSURE TO CHILDHOOD TRAUMA

Flash Talk Presentation

Kabelo Maloka*[1], Sian Hemmings[1], Georgina Spies[2], Stefan Du Plessis[1], Soraya Seedat[1], Jacqueline Womersley[3]
[1]*Stellenbosch University,* [2]*University of Cape Town,* [3]*Stellenbosch University, University of Cape Town*

Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Eastern and Southern Africa
Population Type: Adult
Abstract:
Background: Biological aging measures are influenced by HIV and childhood trauma (CT). The extent to which these measures reflect shared or distinct processes, especially in individuals exposed to both HIV and CT, remains unclear. This study investigated intercorrelations among biological aging markers and the HIV/CT effects on these relationships.
Methods: We included 199 women with (n = 103) and without HIV (n = 96). The Childhood Trauma Questionnaire–Short Form was used to assess CT exposure. Partial correlations adjusted for age examined pairwise associations among epigenetic age acceleration measures (Horvath, Hannum, PhenoAge, and intrinsic and extrinsic epigenetic age acceleration) and residual brain-predicted age difference (BPAD). Linear regression models tested HIV/CT moderation effects, with false discovery rate (FDR) correction.
Results: Epigenetic age acceleration measures were strongly intercorrelated ($p < 0.001$) but were not correlated with residual BPAD. Higher CT scores were observed in women with HIV compared to controls. Nominal HIV-CT moderation effects did not survive FDR correction.
Conclusion: Epigenetic clocks showed substantial overlap, but residual BPAD appears independent. Although HIV and CT showed nominal moderation effects, these were not robust after correction. Findings suggest that different biological aging measures may capture different aspects of biological aging and highlight the importance of trauma-focused approaches in aging research among women with HIV.

SKIN CONDUCTANCE IN TRAUMA AND PTSD: A SYSTEMATIC REVIEW OF CLINICAL OUTCOMES AND EXPERIMENTAL PARADIGMS

Flash Talk Presentation
Tanya Garg*[1], Benjamin Suarez-Jimenez[1]
[1]*University of Rochester*
Track: Biology and Medical
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Individuals with trauma exposure and post-traumatic stress disorder (PTSD) exhibit altered arousal, prompting interest in skin conductance (SC) as a potential biomarker. Yet, a qualitative comparison of SC findings across PTSD, trauma-exposed controls (TEC), and trauma-naïve controls (TNC) remains limited, and experimental paradigms in this domain are not systematically characterized. We conducted a PRISMA-guided systematic review spanning three databases and gray literature, synthesizing SC outcomes from 41 studies (N = 2,910) to clarify the physiological profiles of PTSD, TEC, and TNC groups across various experimental paradigms using trauma-related stimuli. Consistently, both PTSD and TEC showed heightened SC reactivity to trauma-related, but not trauma-unrelated, stimuli. Evidence distinguishing PTSD from TEC on SC was mixed, with roughly half of the studies reporting significant group differences and half reporting null findings. In contrast, TNC consistently differed from PTSD, but showed inconsistent differences from TEC. Overall, SC outcomes failed to yield unique profiles; TEC frequently displayed physiological

overlaps with both disordered and non-exposed groups. Most studies used symptom evocation tasks, specifically script-driven imagery, to study SC outcomes, yet substantial heterogeneity in paradigms and analytic approaches limited cross-study comparability. To improve clinical utility, future research could adopt standardized signal processing guidelines, and investigate physiological profiles across specific symptom clusters rather than broad diagnostic categories.

EVIDENCE OF DIRECTIONAL CAUSALITY BETWEEN POSTTRAUMATIC STRESS DISORDER AND SUBSTANCE USE PHENOTYPES: A TWO SAMPLE MENDELIAN RANDOMIZATION STUDY

Flash Talk Presentation

James Hart*[1], Emily Notari[2], Kaitlin Bountress[2], Christina Sheerin[3], Christos Chatzinakos[4], Peter Barr[4], Zoe Neale[4], Stacey Saenz de Viteri[4], Ananda Amstadter*[2], Jacquelyn Meyers*[4]
[1]*Virginia Commonwealth University,* [2]*Virginia Commonwealth University, Virginia Institute for Psychiatric and Behavioral Genetics),* [3]*Virginia Institute for Psychiatric and Behavioral Genetics,* [4]*SUNY Downstate Health Sciences University*

Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: Nearly half of individuals with posttraumatic stress disorder (PTSD) also experience a substance use disorder (SUD). Prior Mendelian Randomization (MR) analyses, a genetics technique examining directional causality between conditions using genome-wide data, found PTSD was potentially causally related to alcohol use disorder (AUD), but not inversely, while normative drinking showed no bidirectional associations. The present study extends this work to other substance use outcomes.
Methods: We applied two-sample MR to PTSD and substance use/disorder phenotypes: cannabis initiation (CanInit), cannabis use disorder (CUD), problematic opioid use, opioid use disorder, nicotine dependence, smoking initiation, smoking cessation, smoking age at initiation, cigarettes per day, multivariate SUD, problematic alcohol use, AUDIT-P, and AUDIT-C. Sensitivity analyses measured instrument validity, directional pleiotropy, and heterogeneity.
Results: PTSD exerted significant potentially causal effects on multiple substance use/disordered use phenotypes. Effects on initiation/normative use phenotypes were typically smaller than their disordered use complement (ex. CanInit < CUD) or not significantly different. Inversely, some substance phenotypes showed significant effects on PTSD. However, these effects typically had smaller estimates than the PTSD-to-substance direction. Results viewable at https://jehart.shinyapps.io/ptsd-sud-mr/.
Conclusion: Our findings suggest non-mutually exclusive pathways of comorbidity, but overall provide the most support for the self-medication model (PTSD- > SUD).

SUICIDE LOSS AMONG VETERANS: PREVALENCE, LOSS CHARACTERISTICS AND MENTAL HEALTH IMPACT

Flash Talk Presentation

Alexandra Ballinger*[1], Julie Kittel-Moseley[2], Lindsey Monteith[3], Sean Barnes[4], Ryan Holliday[3], Claire Hoffmire[3]
[1]*Michigan State University,* [2]*Department of Veterans Affairs Rocky Mountain MIRECC for Suicide Prevention,* [3]*Department of Veterans Affairs, Rocky Mountain MIRECC; University of Colorado Anschutz Medical Campus,* [4]*Rocky Mountain MIRECC*

Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Losing someone to suicide is often traumatic and can lead to mental health symptoms and increased suicide risk in survivors. Veterans are at heightened risk for suicide loss. However, to our knowledge, extant research has not examined suicide loss characteristics nor its mental health impact in a nationally representative sample of veterans. National research is needed to inform policy and postvention practices specific to veterans. To address this gap, we analyzed data from ASCEND for Veteran Suicide Prevention (2022), a representative survey of the veteran population (N = 8,688), to examine the prevalence of suicide loss, loss characteristics (relationship type, closeness), and how these relate to the mental health impact of suicide loss (i.e., problematic drinking, depression, PTSD, suicidal ideation). Nearly three-fourths (72%) of veterans reported a suicide loss, with about one-quarter (24%) of loss survivors saying they were "somewhat close" to the decedent and 22% "very" or "extremely" close. The decedent was often a fellow service member or veteran (31%). 40% of respondents were exposed to a loss that had a small effect on their lives and 14% experienced a loss with a large impact. Analyses are underway to examine associations between suicide loss and mental health across demographic groups (e.g., gender). Preliminary findings suggest the majority of veterans know someone who has died by suicide. Thus, suicide loss is a common, potentially traumatic event among veterans. As such, postvention services to address suicide loss are an important component of veteran suicide prevention and mental health services.

POST-TRAUMATIC STRESS DISORDER AND PHYSICAL FUNCTION AMONG 9/11 WORLD TRADE CENTER RESPONDERS

Flash Talk Presentation
Laura Sampson*[1], Frank Mann[1], Roman Kotov[1], Stacey Scott[1], Howard Cabral[2], Sean Clouston[1], Benjamin Luft[1]
[1]*Stony Brook University,* [2]*Boston University School of Public Health*
Track: Public Health
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Beginning on September 11, 2001, first responders to the World Trade Center (WTC) attacks faced unique experiences, including psychiatric trauma and environmental exposures to neurotoxic particulate matter. Since 9/11, researchers have identified high levels of chronic PTSD and early-onset physical impairment among many responders. We used longitudinal data from 10,357 WTC responders to assess the relationship between PTSD and handgrip strength, a marker for aging and overall health. PTSD was measured with the DSM-IV PCL cut-off of 44, and maximum handgrip strength was measured with a dynamometer. We ran hierarchical linear models on repeated follow-up visits. At their baseline visit, 10.9% of responders met criteria for PTSD. Mean maximum handgrip strength across all visits was 61.4lb for men and 39.0lb for women (average age=55.6). Probable PTSD was associated with a 3.07lb weaker handgrip strength (95% CI: 2.18, 3.97), controlling for confounders. Endorsing the symptom of being bothered “moderately” or more by recurring nightmares—regardless of full PTSD diagnosis—was associated with a 2.55lb weaker hand grip strength (95% CI: 2.02, 3.07), suggesting that re-experiencing symptoms may drive much of the

relationship. To conclude, in this sample of WTC responders, PTSD was strongly associated with handgrip strength, which may indicate accelerated aging.

TRAUMA NO SE OLVIDA: THE PHYSICAL AND MENTAL HEALTH IMPACT OF GENERATIONAL STRUGGLES ON LATINAS

Flash Talk Presentation

Vanessa Visquerra*[1], Sharon Cohen[1], Nuwan Jayawickreme[1]
[1]*Touro University*

Track: Mass Violence and Migration
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Latin America and the Caribbean
Population Type: Adult

Abstract: Latinas experience significant mental and physical health disparities in the United States. This study examines intergenerational trauma (IT) impact on health among Mexican American and Puerto Rican women (n = 310). IT was measured using the Historical Intergenerational Trauma Transmission Questionnaire (HITTQ; Bekes and Starrs, 2024). Regression analyses examined whether three HITTQ composite subscales (Family Vulnerability, Offspring Vulnerability, Offspring Resilience) predicted physical health and emotional well-being, controlling for socioeconomic factors (social status, income, education) and experienced trauma. Results showed only offspring vulnerability significantly predicted poorer physical health ($\beta = -0.49$, $p < 0.001$) and emotional well-being ($\beta = -0.95$, $p < 0.001$), with stronger effects on mental health. Notably, socioeconomic factors (social status, income, education) and past trauma endorsement were not predictive of health outcomes. Findings highlight specific offspring-level trauma-related psychological processes transmitted through generations, suggesting that addressing offspring vulnerability—including trauma-related escape behaviors, excessive responsibility, and psychological distress—may be critical for interventions targeting Latina health disparities.

MORAL INJURY SYMPTOMS AND PHYSICAL HEALTH CONDITIONS IN U.S. COMBAT VETERANS

Flash Talk Presentation

Brandon Griffin*[1], Sonya B. Norman[2], Shira Maguen[3], Robert Pietrazak[4]
[1]*Central Arkansas Veterans Healthcare System,* [2]*VA San Diego Healthcare System; National Center for PTSD; University of California San Diego School of Medicine,* [3]*San Francisco VA Healthcare System; University of California San Francisco,* [4]*Yale School of Medicine; National Center for PTSD*

Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract: Veterans experience higher rates of cardiovascular disease, chronic pain, sleep disorders, traumatic brain injury, metabolic disorders, and cancer than non-veterans, conditions often linked to service-related exposures. Moral injury—the distress resulting from events that transgress deeply held moral beliefs—may also increase risk for adverse physical health, though no study has evaluated this possibility in combat veterans. Thus, we examined whether moral injury was associated with physical health outcomes among veterans. Data were drawn from a population-based cohort of US combat veterans recruited from KnowledgePanel, an online probability-based survey panel. Information on clinician-

diagnosed medical conditions was obtained from the 2019–2020 National Health and Resilience in Veterans Study and merged with data from a subsequent 2021 survey of the same cohort that used the Moral Injury and Distress Scale to assess potentially morally injurious exposures (PMIEs) and moral injury symptoms. Analyses were restricted to veterans who reported exposure to PMIEs (N = 222). Results revealed that each unit increase in severity of moral injury symptoms was associated with greater odds of chronic pain (OR, 1.06; 95% CI, 1.01–1.08), sleep disorders (OR, 1.05; 95% CI, 1.02–1.08), migraine (OR, 1.04; 95% CI, 1.01–1.08), and heart attack (odds ratio [OR], 1.04; 95% CI, 1.01–1.08), but not traumatic brain injury, cancer, or diabetes. These findings suggest moral injury may be linked to certain stress-related physical conditions among veterans and highlight the need to elucidate mechanisms and clinical implications.

8:00 a.m. - 9:15 a.m.
Paper Session 5: Trauma Across Contexts: Biological, Clinical, and Community Perspectives

USING COMMUNITY-PARTNERED AND TASK-SHIFTING APPROACHES TO IMPROVE ACCESS TO TRAUMA-RELATED MENTAL HEALTH TREATMENT IN THE CARIBBEAN: A MULTI-COHORT, MULTI-YEAR STUDY

Paper Presentation

Anu Asnaani*[1], Brooke Franklin[1], Manuel Gutierrez Chavez[1], Kiran Kaur[1], Su-Anne R. Charlery White[2]
[1]*University of Utah,* [2]*HERStoire Collective*

Track: Public Health
Program Category: Global Issues
Presentation Level: Intermediate
Region: Latin America and the Caribbean
Population Type: Mental Health Professionals

Abstract: Study objective: Despite high rates of reported trauma in the Caribbean, there is limited training infrastructure for trauma-related treatment services for providers in this region. This provider shortage for those trained to recognize and address trauma-related psychological sequelae has caused significant public health burden. We describe our community-engaged processes that have facilitated our efforts to increase service delivery capacity to address this disparity between high trauma exposure and sparse trauma-related resources in this global setting. Methods: We conducted brief (2-6 hour) trauma-focused trainings delivered by our team to five completed training cohorts (C1-C5) of front-line providers (e.g., advocates, school counselors, nurses) over the past six years in the region (2019-2025). Results: Pre-post analyses across cohorts (ns: C1 = 41; C2 = 46; C3 = 75; C4= 34; C5 = 77) have shown significant improvement in knowledge gained about trauma and its effective treatments (ps < 0.05-0.001), high perceived helpfulness of the trainings (C1-5: 81-90% of providers giving highest possible rating), and significant utilization of skills (C2-5: 80-97% reported at post-training that they planned to use the skills taught or actually used skills). Conclusions: We present a detailed account of implementation logistics, challenges faced, and benefits, including at the policy/legislative level. We highlight how such a partnership can be leveraged to increase access to effective treatments for trauma-related symptoms, and bridge significant gaps in mental health infrastructure in a global setting.

EXAMINING SYNERGISTIC AND ADDITIVE EFFECTS OF STRESSFUL AND TRAUMATIC EXPERIENCES ON COMMUNITY VIOLENCE AND SUICIDAL IDEATION AMONG U.S. VETERANS

Paper Presentation

Julie Kittel-Moseley*[1], Lindsey Monteith[2], Ryan Holliday[2], Nida Corry[3], Candice Presseau[4], Claire Hoffmire[1]
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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: U.S. veterans are at elevated risk for traumatic experiences and suicidal self-directed violence (SSDV). Though studies have established a link between violence and trauma and suicide risk, few studies have considered community violence, especially among veterans at elevated risk for suicide, or how community violence interacts with other types of stressful experiences. The present study examined the association between community violence and past-year SI among U.S. veterans, and if stressful or traumatic experiences (e.g., military sexual assault [MSA], and past-year intimate partner violence [IPV]) moderated this association. Analyses were gender stratified. Data were collected as part of the ASCEND for Veteran Suicide Prevention study (2022; n=17,396). Community violence was associated with higher prevalence of SI, overall and for both men and women. In adjusted analyses, high community violence was associated with a 43% increase in SI prevalence, compared to no community violence. There was a significant, synergistic interaction between both IPV and MSA and community violence among veterans overall: the combined effect of IPV or MSA and community violence on SI was > either effect alone. However, in gender-stratified analyses, the interaction between community violence and MSA was significant only among men, while the IPV interaction was significant only among women. These findings suggest a compounding effect of individual and community violence on SSDV risk among Veterans. Screening for and addressing SI in veterans with these experiences is essential.

PERSONALIZED NEUROIMAGING-GUIDED BRAIN STIMULATION FOR PTSD: A CLINICAL TRIAL

Paper Presentation
Sanne van Rooij*[1], Ryan Langhinrichsen-Rohling[1], Sean Minton[1], Cecilia Hinojosa[2], Patlapa Sompolpong[1], Paul Holtzheimer[3], Sheila Rauch[1], Kerry Ressler[4], Tanja Jovanovic[5], William McDonald[1]
[1]*Emory University,* [2]*University of New Mexico,* [3]*National Center for PTSD,* [4]*McLean Hospital,* [5]*Wayne State University*
Track: Biology and Medical
Program Category: Technology
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract:
Objective: Transcranial magnetic stimulation (TMS) has shown promise in reducing posttraumatic stress disorder (PTSD) symptoms, but clinical results are variable. An overactive amygdala is central to PTSD symptom maintenance and is therefore a key treatment target. This neuroscience-informed trial aimed to modulate the amygdala using functional (f)MRI-guided TMS to treat PTSD.
Methods: Fifty adults with PTSD symptoms were recruited for a 2-week TMS clinical trial (NCT04563078). Participants (83% female and 40% racial minority) were randomized to 10

twice-daily sessions of either 1Hz active TMS or sham. TMS was delivered to a personalized fMRI-guided target within the right dorsolateral prefrontal cortex with the strongest functional connection to the right amygdala. The effect of TMS versus sham was measured on right amygdala threat reactivity assessed with fMRI pre-and post-TMS, and PTSD symptoms measured with the PTSD Checklist for DSM-5 pre- and post-TMS and at long-term follow-up.
Results: Active TMS significantly reduced right amygdala threat reactivity compared to sham (group-by-time interaction, β=-0.09; 95%-CI=-0.18,-0.01; p=0.035). Active TMS significantly reduced total PTSD symptoms at long-term follow-up compared to sham (group-by-time interaction, β=−11.91; 95%-CI=-20.82,-3.01; p=0.010).
Conclusions: This is the first clinical trial to show that fMRI-guided TMS reduces right amygdala threat reactivity and improves PTSD symptoms long-term. These findings demonstrate that a brief, two-week personalized neurostimulation treatment has promising potential for improving PTSD symptoms

FRAMEWORK FOR PSYCHOLOGICAL AND GENERATIONAL TRAUMA IN DOMINICA

Paper Presentation
Ethel Edwards-Royer*[1], Leroy Morvan[2], Beeson Beeson[1]
[1]*Loma Linda University,* [2]*Dominica*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Complex Trauma
Presentation Level: Advanced
Region: Latin America and the Caribbean
Population Type: Both Adult and Child/Adolescent
Abstract: This dissertation examines the implementation of a resilient trauma-informed framework specifically designed for survivors of tropical cyclones in Dominica, focusing on strategies from the “Building A Better Trauma-Informed Dominica Initiative” manual. At the core of this research lies the Wholistic Ecosystemic Trauma (WET) framework, an innovative model that addresses both individual and community trauma, catering to immediate and long-term healing needs of cyclone survivors. The mixed-methods approach integrates quantitative analyses and qualitative narratives from survivors, underscoring the need for culturally relevant strategies that merge traditional Caribbean healing practices with evidence-based psychological methods. The initiative's manual serves as an essential resource for healthcare providers, educators, and community leaders, equipping them with vital tools for trauma-informed care. Key interventions include immersive community workshops and storytelling events that foster understanding of trauma and encourage active participation in healing processes. This dissertation stresses the urgent requirement for systemic policy reforms to enhance mental health services in Dominica, informed by insights from the manual. It presents a comprehensive trauma-informed framework that promotes psychological well-being and community cohesion, transforming cyclone survivors into active contributors within a resilient social fabric. Ultimately, this work provides insights for policymakers to implement trauma-informed interventions to improve Dominica's mental health.

ADVERSE AND POSITIVE CHILDHOOD EXPERIENCES AMONG YOUTH EXPERIENCING PARENT OR GUARDIAN DEATH

Paper Presentation
Krista Woodward*[1], Dylan Jackson[1], Christy Denckla[2], Julie Kaplow[3], Tamar Mendelson[1], Pamela Surkan[1], Terrinieka Powell[1]

[1]*Johns Hopkins University,* [2]*Harvard T.H. Chan School of Public Health,* [3]*Meadows Mental Health Policy Institute*
Track: Public Health
Program Category: Traumatic Loss and Grief
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Objectives: We examined the social demographic characteristics and adverse and positive childhood experiences (ACEs and PCEs) by exposure to parent or guardian death among a nationally representative sample of U.S. youth (6-17 years).
Methods: We pooled cross-sectional data from the 2022-2024 National Survey of Children's Health (NSCH) (N=101,617). We estimated stepwise Poisson and Negative Binomial regression models in both full analytic sample and racial-ethnic stratified subsamples, adjusting for social demographic characteristics.
Results: Findings indicate that 4.09% of 6- to 17-year-old children had experienced parent or guardian death. These children were more likely to be exposed to all ACEs and less likely to be exposed to most PCEs relative to other children in the sample. Still, in fully adjusted models, associations between parent or guardian death, ACEs, and PCEs varied, with children who had experienced parent or guardian death exhibiting significantly more ACEs (IRR = 1.49, SE = 0.03), yet a similar number of PCEs (IRR = 0.98, SE = 0.01). Finally, the association between parent or guardian death and ACEs was significantly attenuated among Non-Hispanic Black (IRR = 1.16, SE = 0.08) and Native American/Other Race (IRR = 1.39, SE = 0.10) children relative to other racial-ethnic groups.
Conclusions: These findings highlight the elevated and unequal exposure of co-occurring childhood adversity among children exposed to parent or guardian death. Recommendations for targeted pediatric supports that address structural and contextual contributors to parentally bereaved children's risk will be discussed.

A PRIMARY GAP IN CARE: TRAUMA EXPOSURE IN COMMUNITY- AND UNIVERSITY-BASED INTEGRATED BEHAVIORAL HEALTH CARE PATIENTS

Paper Presentation
Marley Fradley*[1], Ana Bridges[1]
[1]*University of Arkansas*
Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Background. Integrated behavioral health care (IBHC) is a scalable approach to identifying and addressing trauma in primary care; however, gaps remain in detection and treatment. This study examined patient characteristics, trauma and post traumatic stress disorder (PTSD) prevalence, internalizing symptoms, and treatment engagement and foci in IBHC patients from a university- and a community-based primary care health center.
Methods. Adult IBHC patients (N = 330) completed self-report measures following their initial visit. Diagnostic impressions and session attendance were gathered from provider notes. Descriptive, bivariate, and regression analyses were conducted to characterize the sample and compare groups.
Results. University patients were less likely to report trauma (43.1%; OR = 0.34, p <.001), even when controlling for age, compared to community patients (70.9%). About two thirds of trauma exposed patients (64.4% community; 60.2% university) had a positive PTSD screen.

Trauma-exposed patients were higher in internalizing symptoms, b = 0.48, SE = 0.09, t(228) = 5.23, p < .001, and trauma-exposed university patients had significantly more follow-up visits than non-exposed patients, t(109) = -2.04, p = .044.
Conclusions. Although psychiatric distress and probable PTSD were high among trauma-exposed patients, trauma was seldom included in diagnostic impressions suggesting these concerns are rarely addressed directly. Findings highlight a gap between patient need and clinical response and support the needs for improved trauma-informed assessment and intervention in IBHC.

9:30 a.m. - 10:50 a.m.
Awards and Keynote Panel: The Ethics of AI: Balancing Benefits and Harms

9:30 a.m. - 10:50 a.m.
THE ETHICS OF AI: BALANCING BENEFITS AND HARMS
Keynote
Chair: **Debra Kaysen**, PhD, *Stanford University, United States*
Speaker: **Jane Kim**, PhD*, Stanford University, United States*
Speaker: **Jeffrey DeMarco**, PhD*, Middlesex University, United Kingdom*
Speaker: **Birgit Kleim**, PhD*, University of Zurich, Switzerland*
Speaker: **Richard Bryant**, PhD*, University of New South Wales, Australia*
Abstract: The use of artificial intelligence (AI) across research, clinical practice and broader psychosocial support is advancing rapidly in the trauma field. AI holds real promise for reducing inequities in access to high-quality assessment and evidence-based treatments. At the same time, it carries risks: unintended harms when ethical issues are overlooked (for example, biased algorithms, problematic attachment to AI systems), and deliberate harms when AI is misused for malicious or unethical purposes. These risks can disproportionately affect children, young people and other vulnerable groups. As trauma professionals working in research, clinical practice or policy, we must stay current with the ethical issues arising from AI and understand how these considerations apply to our work. This invited panel brings together experts in the ethics of AI from theoretical, research and frontline perspectives. Panelists will introduce core ethical principles as they relate to AI in healthcare and research, illustrate key challenges with real-world examples, and offer practical guidance on navigating benefits and harms — including safeguards for vulnerable clients and strategies for risk mitigation.

11:00 a.m. - 12:15 p.m.
Concurrent 7

11:00 a.m. - 12:15 p.m.
PREVALENCE AND IMPACT OF MEDICATION USE IN ACTIVE DUTY MILITARY SERVICE MEMBERS AND VETERANS RECEIVING PSYCHOTHERAPY FOR PTSD
Symposium
Chair: **Casey Straud**, PsyD, *The University of Texas at San Antonio, United States*
Presenter: **Casey Straud**, PsyD, *The University of Texas at San Antonio, United States*
Presenter: **Craig Rosen**, PhD*, National Center for PTSD, United States*
Presenter: **John Roache**, PhD*, The University of Texas at San Antonio, United States*
Presenter: **Carmen Mclean**, PhD*, National Center for PTSD, United States*
Discussant: **Brian Shiner**, MD, MPH*, U.S. Department of Veterans Affairs, United States of Veterans Affairs, United States*
Track: Clinical Interventions

Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Posttraumatic Stress Disorder (PTSD) is the signature psychological injury of post-9/11 military operations and 14-30% of military personnel go on to develop PTSD. The impact of PTSD is substantial and coupled with deployment demands, can result in a litany of comorbidities and functional problems. Fortunately, PTSD treatments are well-established and trauma-focused psychotherapy has been consistently identified as a first-line treatment for PTSD. Nonetheless, many military personnel seeking trauma-focused psychotherapy are concurrently using prescribed medications. Despite widespread polymedication use, little is known about the prevalence and patterns of use and its impact on psychotherapy outcomes. This is especially notable for selective serotonin reuptake inhibitors (SSRI), the only FDA approved medications for PTSD, and benzodiazepines, commonly prescribed despite potential learning interferences. This symposium includes data from clinical and implementation trials of military personnel seeking psychotherapy for PTSD led by researchers at STRONG STAR and the National Center for PTSD. First, Dr. Straud evaluated the prevalence of, and factors associated with, psychotropic medication use. Next, Dr. Rosen examined medication combinations and correlative factors among service members entering psychotherapy. Third, Dr. Roache determined if SSRI use is related to differential PTSD outcomes. Finally, Dr. McLean evaluated benzodiazepine impact on PTSD outcomes. Collectively, this symposium advances our understanding of medication use in psychotherapies for PTSD in the military.

11:00 a.m. - 12:15 p.m.
TRAUMA-INFORMED HIV PREVENTION AND CARE: STRATEGIES TO ADDRESSING THE TRAUMA BURDEN AMONG THOSE AFFECTED AND LIVING WITH HIV
Symposium
Chair: **Catherine Chantre**, MSc*, Yale School of Public Health, United States*
Presenter: **Augustus (Gus) Klein**, MSW, PhD*, University at Albany, United States*
Presenter: **Oliver Bear Don't Walk**, PhD*, University of Washington, United States*
Presenter: **Catherine Chantre**, MSc*, Yale School of Public Health, United States*
Presenter: **Lladira Aguilar**, MSW*, University of Houston, United States*
Discussant: **Jessica Sales**, PhD*, Emory University, United States*
Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Exposure to traumatic events is associated with HIV risk (Brezing et al., 2015); people living with HIV (PLHIV) are more likely to have been exposed to lifetime trauma, with an estimate of 28% of the population exhibiting post-traumatic stress disorder (PTSD) (Tang et al., 2020). A trauma-informed approach to HIV prevention and care may be advantageous in mitigating the effect of trauma exposure on HIV risk or care outcomes (Sales et al., 2016) and this symposium will reflect on its diverse applications for populations at risk or living with HIV. Presentations will include: a) a pilot integrated trauma-focused adherence counseling intervention for PLHIV in South Carolina; b) a formative qualitative study to identify Indigenous social determinants of health for Indigenous Americans living with HIV; c) a series of HIV implementation science studies among youth experiencing homelessness in

Harris County, Texas; and d) a qualitative study to delineate an ethical trauma-informed HIV prevention approach for trans and non-binary populations at risk for HIV. This symposium includes early and mid-career investigators from public health/clinical psychology, social work, nursing, and biomedical informatics. Aligning with the conference theme, this symposium offers presentations that focus on the collaborative nature between those affected and living with HIV, researchers, organizations, and community members, to optimize the effectiveness of HIV prevention and treatment for populations in need.

11:00 a.m. - 12:15 p.m.
EXPANDING PTSD TREATMENT ACCESS IN THE COMMUNITY
Symposium
Chair: **Denise Sloan**, PhD*, National Center for PTSD, VA Boston Healthcare System and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Samuel McLean**, BS, MD, MPH*, UNC Chapel Hill, United States*
Presenter: **Denise Sloan**, PhD*, National Center for PTSD, VA Boston Healthcare System and Boston University Chobanian and Avedisian School of Medicine, United States*
Presenter: **Yael Nillni**, PhD*, National Center for PTSD, Women's Health Science Division, VA Boston Healthcare System, United States*
Presenter: **Stefanie LoSavio**, PhD*, University of Texas Health Science Center at San Antonio, United States*
Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult
Abstract: Although there are effective treatments for posttraumatic stress disorder (PTSD), access to these treatments has been an issue. Barriers to accessing treatment include PTSD treatments not being available in settings where those in need of PTSD treatment present, such as primary care and other medical settings, and too few therapists trained in evidence-based PTSD treatments.
Objective: Presentations in this symposium will describe studies aimed at increasing access to written exposure therapy (WET).
Methods: Dr. McLean will describe a study in which patients presenting to the emergency department at risk for developing PTSD are randomized to either WET or neutral writing. Dr. Sloan will present a randomized pragmatic trial in which patients with PTSD presenting to a community primary care practice are randomized to either WET plus collaborative care (CC) or CC only. Dr. Nillni will present a study in which WET is delivered by either mental health providers or community health workers to pregnant women with PTSD. Lastly, Dr. LoSavio will describe a study aimed at increasing access to WET by offering a more cost-effective therapist training model that incorporates AI.
Findings: Drs McLean and Sloan will describe outcome findings. Dr. Nillni will describe the differences in WET delivery between mental health providers and community health workers. Dr. LoSavio will describe the WET therapist training model that integrates AI.
Conclusions: The presentation will underscore how WET can be used in a variety of settings for both patients and providers to increase access to PTSD treatment.

11:00 a.m. - 12:15 p.m.
AFFECTIVE AND COGNITIVE MEANING MAKING AFTER TRAUMA: THE ROLE OF APPRAISALS ON SYMPTOM DEVELOPMENT AND TREATMENT RESPONSE

Symposium
Chair: **JoAnn Difede**, PhD*, Weill Cornell Medical College, United States*
Presenter: **Daniel Craft**, MPH*, New York State Psychiatric Institute, Fairleigh Dickinson University, United States*
Presenter: **Mariel Emrich**, MS*, University of Connecticut, United States*
Presenter: **Sarah Salcone**, PhD*, Weill Cornell Medical College/NewYork-Presbyterian Hospital, United States*
Discussant: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: The impact of appraisals on PTSD development, maintenance, and recovery is an ongoing debate. This symposium will illuminate the important relationship between trauma appraisals (e.g., guilt, shame, betrayal, and self-blame) and psychopathology through cognitive, affective, and treatment efficacy science. In the first study, implicit emotion associations were assessed among a mixed-trauma sample. Bayesian network analysis demonstrated that affective appraisals relate to heterogeneous symptom presentation following trauma exposure. The second study examined betrayal as a subjective appraisal rather than as a static characteristic of interpersonal trauma. In a sample of individuals assessed within two weeks of experiencing trauma with musculoskeletal injury, although interpersonal violence was associated with the highest levels of perceived betrayal, betrayal was present across all trauma types and predicted subsequent PTSD and depression. The third study demonstrated the impact of posttraumatic cognitions among survivors of military sexual trauma on treatment outcomes. Baseline negative posttraumatic self-cognitions were found to significantly predict higher levels of PTSD and depression following treatment. Overall, these studies demonstrate that affective and cognitive mechanisms related to attribution of fault are important predictors of the severity and type of psychopathology that develops immediately following trauma exposure and persists through treatment. The discussion will focus on how these findings can inform future research on pathology and therapeutic interventions.

11:00 a.m. - 12:15 p.m.
INTRODUCTION TO THE CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5-REVISED (CAPS-5-R)
Workshop
Chair: **Frank Weathers**, PhD*, National Center for PTSD, United States*
Presenter: **Michelle Bovin**, PhD*, National Center for PTSD, United States*
Presenter: **Frank Weathers**, PhD*, National Center for PTSD, United States*
Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: The Clinician-Administered PTSD Scale for DSM-5-Revised (CAPS-5-R) is the latest version of the CAPS, the gold-standard structured interview for PTSD. Consistent with prior versions, the CAPS-5-R provides full coverage of DSM-5 criteria, separately assesses symptom frequency and intensity, includes behaviorally anchored prompts and rating options, and evaluates trauma-relatedness of individual symptoms. The revised version features

simplified formatting, clearer prompts to enhance respondent comprehension, expanded rating options, and more explicit scoring guidelines designed to improve reliability and ease of training. This interactive workshop is intended for clinicians, researchers, and trainees who plan to use the CAPS-5-R in clinical or research settings. Participants will receive instruction in standardized administration and scoring procedures, along with guidance on conceptual challenges in assessing DSM-5 PTSD across diverse trauma populations. The session will include live role-play demonstrations and structured scoring exercises using sample cases. The workshop will also introduce the Index Event Form, a companion tool designed to assist interviewers in assessing Criterion A events and identifying the index trauma for symptom inquiry.
By the end of the session, participants will be prepared to administer and score the CAPS-5-R with confidence and consistency.

11:00 a.m. - 12:15 p.m.
HOW TRAUMA IS ENCODED IN LANGUAGE: LLM-BASED MARKERS OF BELIEF DISRUPTION, INTRUSIONS, AND RECOVERY
Symposium
Chair: **Birgit Kleim**, PhD*, University of Zurich, Switzerland*
Presenter: **Katharina Schultebraucks**, Prof Dr*, NYU Langone Health, United States*
Presenter: **Matteo Malgaroli**, PhD*, NYU School of Medicine, United States*
Presenter: **Valerie Hofmann**, MSc*, University of Zurich, Switzerland*
Presenter: **Weixi Wang**, BA*, The University of Texas at Dallas, United States*
Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Trauma alters fundamental beliefs about the world's safety, predictability, and benevolence, shapes the phenomenology of intrusive memories, and leaves measurable traces in the way individuals narrate their experiences. This symposium brings together advances in computational linguistics, clinical psychology, and translational trauma research to demonstrate how large language model (LLM)- based analyses can identify scalable linguistic biomarkers of trauma-related psychopathology and recovery.
Weixi Wang (Austin) presents evidence that disruptions in core worldview assumptions are systematically encoded in language patterns indexing threat, uncertainty, and diminished benevolence among trauma-exposed individuals. Valerie Hofmann (Zurich) introduces a novel multimodal framework combining text-based, vocal-acoustic, and LLM- derived markers to distinguish involuntary and voluntary autobiographical memory recall in both laboratory and real-life contexts. Katharina Schultebraucks (NYU) extends this work into acute care settings illustrating how narrative language and imagery markers collected shortly after trauma exposure can inform early PTSD risk stratification. Matteo Magliaroli (NYU) demonstrates how LLM-derived features predict treatment response in stress-related disorders, advancing precision mental health approaches.
Together, the symposium aligns with ISTSS 2026's emphasis on collaboration, evidence, and action by showing how decoding trauma-related language can bridge mechanistic insight and real-world clinical prediction in a troubled world.

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

POSTTRAUMATIC STRESS SYMPTOMS AMONG BLACK ADOLESCENT BOYS IN DISINVESTED URBAN CONTEXTS: UNDERSTANDING SYMPTOM PATTERNS AND CONTEXTUAL INFLUENCES
Symposium
Chair: **Noni Gaylord-Harden**, BS, MS, PhD*, Rice University, United States*
Presenter: **Jasmine Alli**, MS*, Texas A&M University, United States*
Presenter: **Elizabeth Otto**, BA*, Texas A&M University United States*
Presenter: **Dyamon Brown**, MA*, Texas A&M University, United States*
Presenter: **Naomi Whitaker**, MPH*, University of Maryland - College Park, United States*
Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Although Black adolescent boys in disinvested urban communities are systematically exposed to traumatic stressors (Henderson, 2017), research has scarcely examined posttraumatic stress symptoms (PTSS) in this population (Phan, 2020; Singletary, 2020). Using self-report survey data, these four studies advance the field by examining symptom patterns and contextual influences of PTSS among Black boys. Study 1 used latent profile analysis to identify distinct profiles of PTSS in Black adolescent boys and compared profiles on community violence exposure and loss of loved ones. Study 2 used network analysis to examine network structures of PTSS and identify which specific symptoms are most likely to disrupt future orientation in Black adolescent boys. Studies 3 and 4 examined the protective role of individual assets in the community violence exposure and PTSS relationship among Black adolescent boys. Specifically, Study 3 examined violence-specific coping strategies as a moderator of the association between violence exposure and PTSS. Study 4 examined whether athletic participation predicted reductions in PTSS and whether participation moderated associations between violence exposure and PTSS symptoms. Findings across the four studies counter assumptions of homogeneity that minimize the complexity of symptom expression among Black boys, identify the complex interactions between individual symptoms and contextual variables, and suggest that simple risk and protection models may be insufficient. Ways to use the findings to advance the treatment of trauma symptoms among Black adolescent boys will be discussed.

11:00 a.m. - 12:15 p.m.
TRAUMA LEADERSHIP ACROSS THE GLOBE: STRONGER TOGETHER IN TROUBLED TIMESINVITED SESSION
Chair: **Andrea Phelps**, PhD*, Phoenix Australia, Australia*
Presenter: **Max Loomes**, PhD*, University of New South Wales, Australia*
Presenter: **Michelle Lonergan**, PhD*, University of Ottawa, Canada*
Presenter: **Dominic Murphy**, MA, PhD, Prof*, Combat Stress, United Kingdom*
Presenter: **Sho Takahashi**, MD*, University of Tsukuba, Japan*
Presenter: **Kyonghwa Kang,** Prof, *Chungwoon University, South Korea*
Discussant: **Jun Shigemura**, MD, PhD, *Mejiro University, Japan*
Abstract: In a world shaped by ongoing violence and increasing natural and technological disasters, the need for traumatic stress leadership to help coordinate, evidence-informed responses continues to grow. For many decades, ISTSS has partnered with national and regional affiliate societies, serving as a hub for the global advancement and exchange of knowledge on traumatic stress. Affiliate societies play a critical role in research, clinical practice, policy, and education, as well as leading the response to local, national, and regional

challenges. This panel brings together representatives from ISTSS and affiliate societies from around the world to explore how traumatic stress leadership is cultivated across diverse global contexts and how we are stronger together. Panelists will share examples of recent and current research, policies, and initiatives of their professional societies aimed at addressing the needs of trauma affected populations in these challenging times. The discussion will emphasize interdisciplinary approaches, the impact of continuous and large-scale trauma, and strategies for building capacity within and across communities to strengthen national, regional, and global access and outcomes.

11:00 a.m. - 12:15 p.m.
Flash Talk Session 5: Trauma Exposure in Childhood and Adolescence: Understanding Long-term Impact and Designing Innovative Solutions

CLINICIANS' WEEKLY REPORTED FIDELITY IN DELIVERING TF-CBT: DESCRIPTIVES AND ASSOCIATIONS WITH YOUTH CLINICAL OUTCOMES
Flash Talk Presentation
Anneke Olson*[1], Averi Gaines[1], Carole Swiecicki[1], Kathy Quinones[2], Rochelle Hanson[3]
[1]*Medical University of South Carolina,* [2]*Dee Norton Child Advocacy Center,* [3]*NCVC - Medical University of South Carolina*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a 3-phase, 11-component-based treatment for addressing youth post-traumatic stress symptoms (PTSS). Little research has examined clinician fidelity (i.e. adherence and competence) delivering TF-CBT in a longitudinal, case-specific manner (Aim 1), nor the unique associations between these metrics and youth PTSS outcomes (Aim 2). Data were drawn from clinicians participating in Learning Collaboratives and the youth and caregivers receiving TF-CBT from a participating clinician. Clinicians reported weekly, per client, on which of the 11 TF-CBT components were a focus of treatment, their perceived competence delivering those components, and caregiver participation. Youth and caregivers reported on PTSS pre- and post-treatment. Aim 1 used descriptive statistics examining completion of all TF-CBT components, relative time spent in each TF-CBT phase, average perceived competence per phase, and the extent of caregiver participation. Aim 2 used multilevel modeling with clients nested within clinician. Most clinicians (~57%) reported completing all TF-CBT components at least once with "adequate" to "very good skill." On average, clinicians reported spending 53% of treatment in Phase 1, 26% in Phase 2, and 21% in Phase 3. Caregivers were involved in ~70% of sessions. After controlling for demographics and pre-treatment PTSS severity, neither clinician adherence nor perceived competence was associated with post-treatment PTSS. Future directions, including examining between therapist variability in these associations, will be discussed.

A MULTI-INFORMANT STUDY OF PARENTIFICATION AMONG CHILDREN IN OUT-OF-HOME CARE IN THE UNITED STATES
Flash Talk Presentation
Austin Blake*[1], Emily Weinberger[2], Heather Taussig[3]
[1]*University of Colorado Anschutz Medical Campus,* [2]*Kempe Center, University of Colorado School of Medicine,* [3]*University of Denver Graduate School of Social Work*

Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Children in out-of-home care (OOHC) frequently assume developmentally inappropriate caregiving responsibilities, yet little quantitative research has examined parentification in this population. Preadolescent children aged 9-11 (N = 317) recently placed in OOHC and their caregivers reported on pre-placement parentification, with parallel caregiver and youth measures; parentification was also coded from child welfare records. This study examined prevalence and correlates of parentification among youth in OOHC. Overall, 74% of caregivers, 44% of youth, and 9% of records endorsed parentification. Caregiver-reported parentification was more common among White children and those in kinship care, whereas older age was associated with youth-reported parentification. Youth with parentification documented in records were less likely to have been removed from single-parent families. Youth- and caregiver-reported parentification were positively associated with trauma symptoms after accounting for cumulative adversity. Across reporters, parentification was associated with lower attachment to biological parents, and youth-reported parentification was linked to lower positive peer affiliation.
Findings indicate that parentification is common among children in OOHC and may confer risk for trauma-related distress, attachment difficulties, and peer problems. Results underscore the value of multi-informant assessment and developmentally responsive, trauma-informed services that address age-inappropriate responsibilities and support healthy caregiver-child relationships.

LONG-TERM EFFECTS OF AN 8-WEEK MINDFULNESS-BASED INTERVENTION ON SELF-COMPASSION AND MENTAL HEALTH IN CHILDHOOD TRAUMA SURVIVORS

Flash Talk Presentation
Quentin Moliterno*[1], Julia Zalvino[2], Diane Joss[3]
[1]*Massachusetts General Hospital,* [2]*Brigham and Women's Hospital,* [3]*Cambridge Health Alliance*
Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract:
Objectives: Childhood trauma exerts lasting effects on adult mental health. Although mindfulness-based interventions (MBIs) show promise for trauma survivors, their long-term therapeutic mechanisms remain poorly understood. This study examined the longitudinal impact of an MBI on trauma, self-compassion, and psychological symptoms.
Methods: This Randomized Controlled Trial (RCT) investigated long-term effects of an 8-week MBI in young adult survivors of adverse childhood experiences (ACEs). Self-Compassion Scale (SCS) and Symptom Checklist–90 (SCL-90) were assessed at baseline, post-intervention, 6, 12, and 18 months in 21 MBI experimental group and 19 Stress Management Education (SME) active control completers, and analyzed with linear mixed effects models. Interventions were modeled on MBSR (MBI) or healthy living (SME)
Results: Both groups showed sustained 18-month improvements in SCS score self-compassion (β's $>$ .40, p's $<$ .01) and SCL-90 score symptoms (β's $<$ -28.2, p $<$ .001).

Group by time interactions indicated greater long-term SCL-90 improvements in SME at 12 months ($\beta = 25.3$, $p < .05$) and 18 months ($\beta = 28.1$, $p < .05$). SCS scores predicted SCL-90 symptoms only in the MBI group ($\beta = -23.96$, $p < .001$; SME: $p = .23$), and ΔSCS-ΔSCL-90 correlations were significant only within MBI ($r < -.62$, $p = .007$; SME: $p > .28$). **Conclusions:** Both groups showed sustained improvements in self-compassion and symptoms, though significant self-compassion-symptom associations were observed only in the MBI group at all timepoints. Self-compassion appears to substantiate long-term therapeutic effects of MBI for ACE survivors.

UNDERSTANDING THE NETWORK STRUCTURE OF PTSD, ANXIETY, AND DEPRESSION SYMPTOMS IN A SAMPLE OF TRAUMA-EXPOSED SALVADORAN YOUTHS

Flash Talk Presentation

Ines Cano-Gonzalez*[1], Cynthia M. Navarro Flores[2], Alejandro L. Vázquez[2], Rosaura Orengo-Aguayo[1], Regan Stewart[1]

[1]*Medical University of South Carolina,* [2]*The University of Tennessee*

Track: Child and Adolescent Trauma

Program Category: Global Issues

Presentation Level: Intermediate

Region: Latin America and the Caribbean

Population Type: Child/Adolescent

Abstract: Youth exposed to trauma are at increased risk for post-traumatic stress disorder (PTSD) as well as comorbid anxiety and depression. Traditional latent-variable models of psychopathology overlook interactions among symptoms. In contrast, network theory conceptualizes disorders as systems of interconnected symptoms, offering a useful framework for understanding comorbidity and symptom overlap across disorders. The present study aimed to apply network analysis to better understand comorbidity between disorders to identify key symptoms that may play a central role in maintaining psychological distress. A network analysis was conducted in R Studio with a sample of 1,191 Salvadoran youth, aged 8 to 18 years (M = 12.61, SD = 2.51, 54.5% female). Network analysis identified four communities based on PTSD, anxiety, and depression symptoms: (1) PTSD intrusion and avoidance, (2) PTSD negative cognitions/mood and arousal, (3) anxiety, and (4) depression. Items that showed greater centrality included negative affect, risky and destructive behavior, worry, sleep disturbances, and concentration problems. Results indicate that symptoms of PTSD, anxiety, and depression are closely interconnected and observed in the presence of groups with mixed symptoms, with specific symptoms emerging as central and influential within the network. These findings underscore the importance of transdiagnostic approaches for prevention and intervention, highlighting the need to target high centrality symptoms in order to disrupt symptom networks and improve mental health outcomes for trauma-exposed youth.

A NETWORK ANALYSIS OF PTSD AND DEVELOPMENTAL TRAUMA DISORDER SYMPTOMS IN TRAUMA-EXPOSED YOUNG ADULTS

Flash Talk Presentation

Ines Cano-Gonzalez*[1], Ruby Charak[2], Roman Ronzon-Tirado[3], Brianna Byllesby[4], Maricela Galdamez[5], Nayda Castillo[5]

[1]*Medical University of South Carolina,* [2]*University of Arkansas for Medical Sciences,* [3] *Autonomous University of Madrid,* [4]*University of South Dakota,* [5]*University of Texas Rio Grande Valley,*

Track: Child and Adolescent Trauma

Program Category: Complex Trauma

Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Developmental Trauma Disorder (DTD) is a proposed childhood diagnosis capturing the consequences of chronic interpersonal trauma and disrupted attachment relationships that extend beyond posttraumatic stress disorder (PTSD) symptoms. Empirical work supports the validity and clinical utility of DTD (Ford et al., 2013; DePierro et al., 2022). Prior studies have primarily relied on latent variable approaches, demonstrating that PTSD and DTD may occur both conjointly and independently (Ford et al., 2022). In contrast, the present study applied network analysis to a sample of trauma-exposed college students (n = 342; ages 18–28, M = 19.80, SD = 2.10; 57.1% cisgender women; 89.8% Hispanic). Community structure was examined using the WalkTrap algorithm in R Studio to identify symptom clusters corresponding to PTSD and DTD. Network analyses yielded two distinct yet interconnected symptom communities corresponding to PTSD and DTD. Centrality analyses indicated that PTSD negative alterations in cognitions/mood exhibited the highest strength (1.64) and expected influence (1.64) within the overall network. PTSD arousal and reactivity symptoms demonstrated the highest bridge expected influence (0.46) levels, followed by PTSD negative cognitions/mood (0.49). These findings provide novel symptom-level evidence supporting the distinction between PTSD and DTD while highlighting the central role of PTSD arousal and negative cognitions/mood. Interventions targeting arousal regulation and maladaptive cognitions may yield transdiagnostic benefits across PTSD and DTD symptom domains.

DISTINCT PATHWAYS OF NEIGHBORHOOD THREAT AND DEPRIVATION ON ADOLESCENT MENTAL HEALTH OUTCOMES

Flash Talk Presentation
Lauren Butler*[1], Safaraz Serang[1], Guillermo Wippold[1], Nada Goodrum[1]
[1]*University of South Carolina*
Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent
Abstract: Childhood exposure to threat and deprivation has differential effects on brain development and behavioral outcomes, yet most research has focused on adversity within the home, with less attention to neighborhood context. Given the enduring effects of structural racism and residential segregation, the present study examined neighborhood threat and deprivation among BIPOC youth. The sample included 2,675 participants (59.9% Black, 30.4% Hispanic, 6.5% Multiracial, 3.2% other non-White; 53.3% male) assessed at Year 9 (Mage = 8.47, SD = 2.94) and Year 15 (Mage = 15.49, SD = 1.85). Neighborhood threat was assessed by total county-level crime (property and violent). Neighborhood deprivation was modeled as a latent factor indicated by plumbing and phone access, unemployment, poverty, and public assistance; a confirmatory factor analysis demonstrated acceptable fit, $\chi^2(5, N = 2,639) = 47.18$, $p < .001$, RMSEA = .057, CFI = .987, TLI = .973. Controlling for internalizing and externalizing problems at age 9, both neighborhood threat ($\beta = .060$, $p = .005$) and deprivation ($\beta = .077$, $p = .001$) at age 9 were positively associated with externalizing problems at age 15 but not internalizing problems. Contrary to hypotheses, effortful control did not mediate the association between neighborhood deprivation and internalizing symptoms ($\beta = .00$, $p = .79$). Findings suggest that neighborhood threat and deprivation uniquely contribute to later externalizing behavior among BIPOC youth. Future

research should examine protective mechanisms that support resilience within marginalized communities to support intervention.

CO-CREATION OF A COLLABORATION MODEL TO BUILD A STEPPED CARE APPROACH ACROSS PRIMARY AND SECONDARY CARE LEVEL SERVICES FOR TRAUMA-EXPOSED CHILDREN: EXPERIENCES FROM THE NORSTEP COLLABORATE STUDY

Flash Talk Presentation

Silje Ormhaug*[1], Marie Lindebø Knutsen[1], Pernille Gurandsrud[1], Guro Haga[1], Kristin Haabrekke[1]

[1]*NKVTS*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent

Abstract: Objective: There is a gap between the need for help and access to services for trauma-exposed children. To adjust the level of care to the child's needs a stepped care approach is recommended. This approach requires coordinated services; however, inter-agency collaboration can be challenging. The aim of the NorStep Collaborate study is to develop and test a model for collaboration between the primary and secondary mental health care levels. Method: The study is part of an effectiveness study of the low-threshold parent-led trauma treatment Stepping Together for Children after Trauma (ST-CT) provided in the primary care level services. Children in need of more therapist-intensive treatment are stepped up to the secondary care level to receive trauma focused CBT (TF-CBT). The study uses principles of participatory action research where the models for collaboration were developed together with stakeholders from the primary and secondary level services. The co-creation process consisted of focus group interviews and full-day dialogue conferences, and a suggested model for collaboration was developed and refined through feedback loops. The model was finalized when participants from both service levels agreed on measures considered both feasible and effective. Next, the model will be implemented and tested for one year. Primary findings: Identified needs were increased mutual familiarity and professional collaboration and improved information exchange between the services. Conclusion: Involving stakeholders in developing a collaboration model is feasible and may help improve collaboration across service levels.

ASSOCIATION OF ADVERSE CHILDHOOD EXPERIENCES (ACES), PTSD/CPTSD AND OTHER COMMON MENTAL HEALTH DISORDERS IN THE REPUBLIC OF GEORGIA: FINDINGS FROM A NATIONWIDE SURVEY USING A NEW WHO STRUCTURED DIAGNOSTIC INTERVIEW

Flash Talk Presentation

Ana Janikashvili*[1], Tekla Latibashvili[1], Nino Makhashvili[1], Jana Javakhishvili[1], Geoffrey Reed[3]

[1]*Ilia State University,* [3]*Columbia University*

Track: Public Health
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult

Abstract: Adverse Childhood Experiences (ACEs) are well-established risk factors for a range of mental health disorders, including complex trauma manifestations in adulthood; however, no comprehensive population-based study has examined ACEs in the Republic of Georgia to date. To address this gap, a nationally representative household survey was conducted using the Flexible Diagnostic Interview for ICD-11 (FLII-11), a fully structured diagnostic interview developed by the World Health Organization, alongside the ACE International Questionnaire (WHO ACE-IQ).
Data were collected from 2,200 adults between June and November 2025 using multistage probability sampling with probability proportional to size. The culturally adapted FLII-11 assessed ICD-11 mental disorders, with particular emphasis on PTSD, complex PTSD (CPTSD), and comorbidity with mood, anxiety, psychotic, and substance use disorders. The present study examines associations between ACE exposure and PTSD/CPTSD, mood disorders, and anxiety disorders in the adult population of Georgia. Sociodemographic correlates are also explored.
Final results will be presented at the conference. Findings will provide the first nationally representative evidence on ACEs and mental health morbidity in Georgia and have important implications for trauma-informed public health and prevention strategies.

CAN ROMANTIC RELATIONSHIP SATISFACTION PROTECT AGAINST THE EFFECTS OF PARENTAL REJECTION? EVIDENCE FROM LATINE WOMEN IN SAME-GENDER RELATIONSHIPS

Flash Talk Presentation

Nayda Castillo*[1], Maricela Galdamez[1], Ines Cano-Gonzalez[2], Ruby Charak[3]
[1]*The University of Texas Rio Grande Valley,* [2]*Medical University of South Carolina,* [3]*University of Arkansas for Medical Sciences*

Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Both Adult and Child/Adolescent

Abstract: LGBTQ+ individuals frequently experience adverse childhood events (ACEs) related to their minority identities (LGBTQ+-ACEs), such as parental rejection (PR), which are associated with elevated depressive symptoms (DS) (Dorri et la., 2023; Gao et al., 2017; Schnarrs et al., 2022). Further, supportive adult relationships, i.e., romantic relationships, serve as protective factors (Al-Khouja et al., 2021). This study examined the moderating role of relationship satisfaction (RS) in the association between PR and DS in same-gender partnered women who experienced LGBTQ+-ACEs. Participants included 112 Latine women in same-gender relationships in south Texas (age M/SD = 24.13/6.9; 75 cisgender women, 14 non-binary, 7 genderqueer, 6 gender fluid, 6 transgender, 2 two-spirit; 57 lesbian, 48 bisexual, 5 queer, 2 asexual). All participants reported experiencing LGBTQ+-ACEs. Findings indicated that PR was positively associated with DS ($\beta = 1.46$, $p = .002$, 95% CI [0.55, 2.35]). The main effect of RS was not statistically significant ($\beta = -.14$, $p = .147$). However, the interaction between PR and RS was significant ($\beta = -1.27$, $p = .007$, 95% CI [−2.21, −0.41]), indicating that RS moderated the relationship between PR and DS. Specifically, the positive association between PR and DS was weaker at higher levels of RS, suggesting a buffering effect. The model explained 18.2% of the variance in DS ($R^2 = .18$, $p = .015$). These findings suggest that strengthening relationship quality and incorporating relational interventions may help mitigate the long-term mental health impact of early rejection among LGBTQ+ individuals.

PARENT DEATH AND ADULT DEPRESSIVE SYMPTOM TRAJECTORIES: THE ROLE OF CHILDHOOD CONTEXTUAL FACTORS
Flash Talk Presentation
Krista Woodward*[1], Rashelle Musci[1], Amie Bettencourt[2], Terrinieka Powell[1], Dylan Jackson[1]
[1]*Johns Hopkins University,* [2]*Johns Hopkins School of Medicine*
Track: Public Health
Program Category: Traumatic Loss and Grief
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract:
Objectives: We identified depressive symptom trajectories over 24 years after parent death in childhood and examined baseline predictors of trajectory membership.
Methods: Using growth-mixture modeling on a modified CES-D across four waves (2001–2025) of the National Adolescent to Adult Health Study (N=1,343) for youth who lost a parent before age 18, we characterized depressive symptom trajectories and tested youth-, family-, and community-level covariates as predictors of group membership.
Results: Three trajectories emerged: Low Stable Symptoms (consistently low symptoms; 84.1%), Decreasing Symptoms (high initial symptoms that declined to moderately low; 8.4%), and Increasing Symptoms (low early symptoms that rose sharply in young adulthood; 7.5%). Descriptive analyses indicate Trajectory 1 experienced relatively protective childhood environments; Trajectories 2 and 3 experienced similar cumulative adversity and structural disadvantage, but Trajectory 2 showed more positive childhood experiences than Trajectory 3. Biological sex, race/ethnicity, youth age, neighborhood factors, and childhood experiences significantly predicted trajectory membership.
Conclusions: Most bereaved individuals exhibit adaptive coping, but a vulnerable subset shows symptom escalation in young adulthood—especially NH Whites with higher ACEs and fewer PCEs—warranting targeted research and intervention.

11:00 a.m. - 12:15 p.m.
Paper Session 6: Clinical interventions

A SYSTEMATIC REVIEW OF SELF-BLAME FOLLOWING SEXUAL ASSAULT: PREDICTORS, OUTCOMES, AND MEDIATIONAL PROCESSES
Paper Presentation
Sharon Wang*[1], Ange Vittone[1], Jessica Blayney[1], William George[1]
[1]*University of Washington*
Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Both Adult and Child/Adolescent
Abstract: Sexual assault is a pervasive issue affecting millions of Americans. Self-blame is common following sexual assault; however, there are mixed findings as to the role of self-blame in the overall recovery process. We sought to systematically review the extant literature on predictors and outcomes associated with sexual assault-related self-blame. Following PRISMA guidelines, we screened 1,522 articles for title/abstract, 158 articles for full-text, and included 99 articles in the present review. Articles represented 80 unique samples of 20,882 participants and were primarily conducted in the United States with some

representation from Europe. Findings highlighted the relationship between self-blame and attitudinal, contextual, and psychosocial factors, including assault history, social reactions, and help-seeking. We also found consistent associations between self-blame and poorer mental health (e.g., depression, PTSD). We found mixed results regarding sexual assault characteristics (e.g., perpetrator relationship) and other post-assault outcomes (e.g., labeling, anxiety). Self-blame emerged as a consistent mediator between predictors (e.g., assault history, alcohol involvement, and social reactions) and mental health outcomes and revictimization. Measurement challenges arose from varied self-blame definitions. More robust research is also needed to understand self-blame over time and among diverse populations. Overall, findings suggest targeting self-blame in prevention and intervention efforts may be crucial for ameliorating negative outcomes following sexual assault.

ACCELERATING PTSD RECOVERY THROUGH A SCALABLE, COLLABORATIVE SPECIALTY CARE MODEL

Paper Presentation

Sara Khor[1], Hannah Klempner[1], **Andrew Schwehm*[1],** Emily Dworkin[1], Millard Brown[1], Adam Chekroud[1], Matthew Hawrilenko[1]
[1]*Spring Health*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult

Abstract:
Background: Rising trauma exposure and limited specialist access leave many individuals with PTSD in generalist outpatient care that may delay recovery, particularly in the presence of comorbidity. Scalable, collaborative care models are needed to translate evidence-based treatment into real-world impact.
Objective: To evaluate whether a structured Specialty Care (SC) model integrating condition-focused pathways, coordinated navigation, and flexible treatment intensity was associated with PTSD recovery compared with standard outpatient care, and to examine clinical and economic implications.
Methods: Retrospective matched cohort study (2023–2025) of adults with active PTSD (PCL-5≥31) receiving care through an employer-sponsored mental health program. Propensity score matching balanced characteristics between 356 SC and 9,409 standard outpatient participants. Symptom trajectories were analyzed using mixed-effects models, time to recovery using Cox models, and outcomes projected via a Markov model.
Results: SC was associated with higher treatment density, faster symptom improvement, and earlier recovery (HR=1.31; 95% CI, 1.10–1.57). Projections suggested accelerated recovery may reduce downstream burden.
Conclusions: A collaborative specialty care model that meets patients where they are — integrating condition-focused treatment, care navigation, and flexible intensity — was associated with faster PTSD recovery, demonstrating how coordinated systems can translate evidence into scalable action.

ACTIVATING THE TRAUMA MEMORY: HOW MUCH IMAGINAL EXPOSURE IS NEEDED?

Paper Presentation

Shivani Pandey*[1], Gabrielle Gauthier[1], Mu-Yin Chang[1], Norah C. Feeny[2], Lori A. Zoellner[1]
[1]*University of Washington,* [2]*Case Western Reserve University*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: PTSD is often conceptualized as a disorder of memory, characterized by intrusive and overgeneralized trauma memories. Prolonged exposure (PE) is an effective therapy, in which imaginal exposure (IE) to the trauma memory is a key component. Typically, 10 sessions, approximately 288 minutes, of IE are recommended. It is unclear what an "adequate dose" of IE is, with evidence that it may be less. We examined parameters around IE, including number of sessions, cumulative IE time, and speed of response using baseline PTSD, negative cognitions, and subjective units of distress (SUDs) across IE sessions. Kaplan-Meier survival analyses estimated the probability of achieving 50% reduction in PTSD severity in a pre-registered secondary analysis of two randomized controlled trials with PE (N = 164). Cox proportional hazards regressions examined predictors of response. Preliminary analyses reveal that by session 10, 71.3% of the sample achieved 50% or more reduction in PTSD symptoms, with a median of 7 sessions (5 IE) and 190 minutes. Baseline PTSD severity and negative cognitions were not predictive. Higher peak SUDs at first IE session predicted slower response (HR = 0.781; p = .02) and larger change in peak SUDs across sessions predicted faster response (HR = 1.680; p < .001). Clinical shifts in PTSD severity occur with fewer sessions and shorter duration of IE than commonly thought. Consistent with retrieval models of PTSD, distress reduction across sessions was a consistent indicator of early response, highlighting the importance of better understanding how to accelerate clinically meaningful shifts during trauma memory recall.

EFFECTIVENESS AND IMPLEMENTATION OF ISLAMIC TRAUMA HEALING IN SOMALILAND: ELRHA-FUNDED RANDOMIZED CONTROLLED TRIAL RESULTS

Paper Presentation

Lori Zoellner*[1], Mohammed Alsubiae[2], Dega Angula[3], Muumin Egeh[4], Ahmed Ismail[5], Mohamed Kunle[5], Jacob Bentley[1], Norah Feeny[6], Abdisalan Duale[4]
[1]*University of Washington,* [2]*King Saud University,* [3]*Center for Disease Control,* [4]*Somaliland Youth Development and Voluntary Agency,* [5]*University of Burao,* [6]*Case Western Reserve University*

Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Eastern and Southern Africa
Population Type: Adult
Abstract: Conventional psychotherapy is often poorly aligned with war-affected Muslim communities where trauma is widespread and care is constrained by scarcity of providers, weak infrastructure, stigma, and lack of potential alignment with one's faith. Islamic Trauma Healing (ITH) relocates trauma mental health care to the mosque, shifting leadership from specialists to trusted lay leaders and integrating evidence-based strategies with Islamic teachings and practices such as dua (e.g., turning to Allah about the trauma). ITH is a brief group intervention that reframes the impact of trauma within a religious worldview and promotes communal reconciliation. In a hybrid effectiveness–implementation randomized trial (NCT05890482), 238 trauma-exposed adults with PTSD symptoms across nine mosques in three cities in Somaliland were assigned to ITH or repeated-assessment waitlist. Compared to waitlist, ITH yielded clinically meaningful improvements in PTSD (d = −0.36), depression

(d = −0.30), somatic symptoms (d = −0.22), and well-being (d = 0.53), sustained at three months. Using a train-the-trainers model, clinicians provided two brief trainings with remote supervision to experienced lay leaders (n = 12), who then trained a second generation (n = 24). Implementation acceptability (M = 4.85/5), appropriateness (M = 4.76/5), and feasibility (M = 4.71/5) were high, fidelity exceeded 95%, and group process quality improved over time. ITH demonstrates a scalable, community-anchored model that reconceptualizes psychotherapy as a spiritually grounded public health practice for Muslim humanitarian settings.

SCALABLE INTERVENTIONS TO ADDRESS TRAUMATIC STRESS CONDITIONS IN TRAUMA-EXPOSED MOTHERS AND PROFESSIONALS

Paper Presentation

Ginny Sprang*[1], Stephanie Gusler[2]
[1]*University of Kentucky,* [2]*University of Kentucky Center on Trauma and Children*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult

Abstract:
Objective: Without proper treatment, traumatic stress can have devastating consequences for individuals, families, and professionals who serve them. Although early detection and intervention are recognized as key to effective treatment, many individuals suffering from trauma do not seek or remain in evidence-based interventions due to issues related to access, stigma, poor engagement, and hopelessness. Single-session growth mindset interventions (SS-GMIs) are an innovative and data-driven approach to addressing these concerns. Even so, their application to improving the use of trauma-focused services is limited.
Methods: Data from two pilot studies looking at the efficacy of SS-GMIs for trauma-exposed mothers (N= 175), and professionals with indirect exposure to trauma (N=160) are presented. Measures of problem-solving capacity, service engagement, hopefulness, and concerns about trauma symptoms were collected at three data points (baseline, post-intervention, and 90-day follow-up).
Results: General linear modeling reveals significant improvements over time in mothers' hopefulness, help-seeking intentions, and personal agency. Professionals completing a SS-GMI to prevent or reduce secondary traumatic stress (STS) reported pre to post-intervention improvements in growth-mindset characteristics, help-seeking intentions, perceived mastery of problems, and a decrease in hopelessness and constraints to problem-solving, and concerns about STS.
Conclusion: The effectiveness, utility, and scalability of SS-GMIs for trauma-informed service delivery will be discussed.

SOCIAL SUPPORT AFTER PREGNANCY RESULTING FROM SEXUAL VIOLENCE: QUALITATIVE INSIGHTS FOR CLINICAL PRACTICE

Paper Presentation

Elisa van Ee*[1], Dani de Beijer[1], Kleuskens Lia[1], Madelon Hendricx-Riem[2]
[1]*Reinier Van Arkel,* [2]*Radboud Universiteit*

Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States

Population Type: Adult
Abstract:
Background: Sexual violence related pregnancy (RSVP) is an extremely sensitive and underexplored topic, both in research and in clinical practice. The psychological and social impact of RSVP has scarcely been examined systematically. Although social support is known to be an important protective factor, it remains unclear to what extent women actually experience such support following PSV.
Aim: This study explores the experiences of 30 women who became pregnant as a result of sexual violence, with specific attention to the role of social support in their recovery process. Method: In this qualitative study, semi-structured interviews were conducted with women who became pregnant due to sexual violence. The data were analysed thematically following Braun and Clarke (2006).
Results: Initial analyses show that women perceive RSVP as the most intimate form of trauma within the broader spectrum of sexual violence. The taboo surrounding RSVP leads to feelings of loneliness, shame, and stigma. Both the women themselves and their social environment are often hesitant to share, ask about, or discuss their experiences, resulting in an absence of social support or support limited to a very small circle. In cases where openness and understanding are present, social support emerges as a powerful source of recovery.
Conclusion: The taboo surrounding RSVP forms a substantial barrier to receiving social support. Bringing this topic into open discussion is crucial to breaking social isolation and promoting recovery. These insights offer practical guidance for clinicians to address the topic more proactively.

1:45 p.m. - 3:00 p.m.
Concurrent 8

1:45 p.m. - 3:00 p.m.
ADDRESSING MEDICAL TRAUMA THROUGH INTERDISCIPLINARY TRAINING AND COLLABORATION
Panel
Sacha McBain*, Nic Schmoyer-Edmiston
Chair: **Sacha McBain**, PhD*, Rush University Medical Center, United States*
Presenter: **Michelle Flaum**, Prof Dr*, Xavier University, United States*
Presenter: **James Jackson**, Other*, Vanderbilt University Medical Center, United States*
Presenter: **Christen Mullane**, PhD*, Ginkgo Leaf Health Services, United States*
Presenter: **Oscar Bienvenu**, MD, PhD*, John Hopkins, United States*
Presenter: **Nicholas Schmoyer**, PhD*, Philadelphia College of Osteopathic Medicine, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Medical trauma remains underrecognized and inconsistently addressed across healthcare. Despite increasing evidence linking medical trauma to care avoidance, worsened health outcomes, and downstream impacts across domains of functioning, it is rarely integrated into standard medical or mental health training. This panel explores medical trauma as a clinically and systemically consequential form of traumatic stress shaped by institutional and structural features of healthcare education and delivery. Panelists

representing psychology, psychiatry, and licensed professional counseling will examine training as a scalable intervention for addressing medical trauma. Panelists will highlight: 1) the importance of integrating medical trauma education into interdisciplinary healthcare training to establish shared frameworks for recognizing medical trauma and its impact; 2) bedside teaching and consultation models that support team-based identification and response to medical trauma among health professionals; and 3) training initiatives for mental health professionals including curriculum development and clinical training to strengthen assessment and treatment of medical trauma. Panelists will provide case examples and discuss how coordinated training efforts can reduce iatrogenic trauma, promote recovery, and improve collaboration across disciplines. Emphasis will be placed on feasibility, implementation challenges, and implications for health equity and patient outcomes, positioning medical trauma training as a necessary component of trauma-informed healthcare systems.

1:45 p.m. - 3:00 p.m.
IMPROVING VETERANS' ENGAGEMENT IN EVIDENCE BASED PSYCHOTHERAPIES FOR PTSD
Symposium
Chair: **Marcela Weber**, BS, MA, PhD*, Central Arkansas Veterans Healthcare System, United States*
Presenter: **Brittany Hampton**, MA*, University of Mississippi, United States*
Presenter: **Rachel Ranney**, PhD*, San Francisco Veterans Affairs Medical Center, United States*
Presenter: **Sheila Rauch**, PhD*, Emory University/Atlanta VAHCS, United States*
Presenter: **Shannon Miles**, PhD*, James A. Haley Veterans' Hospital, United States*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: Several individual trauma-focused psychotherapies are efficacious for PTSD among military service members and veterans. Even so, veterans often decline, drop out of, or inadequately adhere to trauma-focused evidence based psychotherapy (TF-EBP). The purpose of this symposium is to report and give recommendations on interventions to improve Veteran engagement in TF-EBPs. The chair, Dr. Weber, will briefly explain the TF-EBP engagement problem. The first presenter, Ms. Hampton, will describe a scoping review on predictors of Veterans' engagement in and adherence to TF-EBPs. The review revealed promising avenues to improve engagement include (1) systemic changes to address social determinants of health, (2) modifications to TF-EBP delivery (e.g., telehealth), and (3) adjunctive interventions (e.g., pre-treatment groups). Presentations 2-4 will report original research on each of these three avenues. Dr. Ranney will report findings on social determinants of health, such as legal problems, for TF-EBP initiation among post-9/11 Veterans with PTSD. Dr. Rauch will present on Prolonged Exposure therapy (a TF-EBP) modified for delivery in primary care and via telehealth, which showed promise for TF-EBP completion and PTSD outcomes. Finally, Dr. Miles will report on a new aggression treatment (vs. present centered therapy), delivered before the TF-EBP, to improve TF-EBP initiation and clinical outcomes. Altogether, this symposium informs clinical implications and research directions for improving Veterans' TF-EBP engagement.

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

TRAUMA and ADDICTION: FINDINGS and INSIGHTS FROM COMMUNITY-ENGAGED RESEARCH
Symposium
Chair: **Colin Mahoney**, PhD*, University of New Mexico, United States*
Presenter: **Nicole Weiss**, PhD*, University of Rhode Island, United States*
Presenter: **Colin Mahoney**, PhD*, University of New Mexico, United States*
Presenter: **Kate Walsh**, PhD*, University of Wisconsin-Madison, United States*
Presenter: **Anka Vujanovic**, PhD*, Texas A&M University, United States*
Discussant: **Denise Hien**, PhD*, Rutgers University, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: The aim of community-based participatory research (CBPR) is to collaboratively generate pragmatic, impactful, and sustainable resources in partnership with marginalized communities to attenuate disparities in access and acceptability of evidence-based assessment tools and interventions. This framework is particularly important for research on co-occurring PTSD and substance use disorders (SUD), which is highly prevalent and associated with deleterious medical, psychosocial, and treatment outcomes. This symposium showcases compelling research on PTSD+SUD using a CBRP lens. First, Dr. Nicole Weiss will present on the development of an adaptive mobile app for adults with PTSD recently discharged from residential opioid use disorder treatment. Second, Dr. Colin Mahoney will share results from an EMA study examining proximal risk, maintenance, and protective factors for alcohol-related intimate partner violence victimization among community women. Third, Dr. Anka Vujanovic will present on an ongoing randomized clinical trial evaluating the efficacy of cognitive processing therapy (CPT) + relapse prevention (RP), compared to RP alone, with next steps for CBPR. Lastly, Dr. Kate Walsh will discuss the development of a video- and text-based intervention program to prevent PTSD symptoms and substance misuse among sexual assault survivors. As discussant, Dr. Denise Hien will discuss the importance of CBPR for helping individuals with co-occurring PTSD+SUD and potential innovative pathways for policy makers, community leaders, clinicians, and researchers to support their recovery.

1:45 p.m. - 3:00 p.m.
INNOVATIVE APPROACHES TO CO-DESIGN, DEVELOPMENT, AND IMPLEMENTATION OF SCALABLE INTERVENTIONS TO REACH MORE PEOPLE AFFECTED BY TRAUMA
Symposium
Chair: **Lisa Meredith**, PhD*, RAND Corporation, United States*
Presenter: **Lisa Meredith**, PhD*, RAND Corporation, United States*
Presenter: **Megan Crooks**, BSc*, University of Manitoba, Canada*
Presenter: **Sarah Valentine**, PhD*, Boston University School of Medicine, United States*
Discussant: **Sarah Valentine**, PhD*, Boston University School of Medicine, United States*
Track: Public Health
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Other Professionals
Abstract: Despite the evidence for successful treatments to address trauma and associated PTSD, evidence-based therapy reaches only a limited portion of the population. Innovative

strategies to scale interventions to reach more people affected by trauma are needed. Four clinician-scientists will present on studies related to implementation of trauma-focused interventions in medical settings conducted in diverse healthcare environments across the US, Canada, and South Africa. Dr. Meredith will describe the first phase of a study adapting Written Exposure Therapy for delivery by community health workers in underserved settings using a co-design approach. Ms. Crooks will present findings from four studies of an acute postoperative virtual-reality intervention for phantom limb pain following amputation highlighting the importance of trauma-informed development when implementing technology-based interventions in medical settings. Dr. Shabangu will explain the implementation and adaptation of a Community Health Worker-delivered intervention in South Africa and for a college setting to support student mental health. Dr. Valentine will present data on self-guided versus community health worker-supported digital mental health intervention for PTSD (webSTAIR) for safety net hospital patients on behavioral health waitlists. The presenters will discuss innovative strategies for leveraging medical settings to enhance access to trauma-focused mental health care. This symposium interventions that employ non-traditional health professionals and technology that have the potential for scalability across the globe.

1:45 p.m. – 3:00 p.m.
ISTSS PTSD TREATMENT GUIDELINES
Invited Session
Chair: **David Forbes**, PhD*, Phoenix Australia Centre for Posttraumatic Mental Health, Australia*
Presenter: **Andrea Phelps**, PhD*, Phoenix Australia, Australia*
Presenter: **Soraya Seedat**, MD, PhD*, University of Stellenbosch, South Africa*
Presenter: **Marit Sijbrandij**, PhD*, Vrije Universiteit Amsterdam, Netherlands*
Presenter: **Sandra Ferreira**, Hns*, aves Mental Health, South Africa*
Abstract: The current update of the ISTSS PTSD Treatment Guidelines heralds a bold new approach to guideline development, dissemination and implementation. Members of the Guideline Development Group will describe the features that make these guidelines distinctive: synthesising key datasets from existing PTSD guidelines across countries; applying advanced network-analysis methodologies; genuinely co-developing recommendations with people with lived experience; and prioritising global implementation relevance through a range of mechanisms including early engagement with ISTSS affiliate societies to ensure wide relevance, reach and practical applicability. The panel will outline the scope of the Guidelines, set out the key questions to be addressed and present preliminary data analyses. It will also highlight implementation challenges and invite attendees to share perspectives on global opportunities, barriers and enablers of implementation.

1:45 p.m. - 3:00 p.m.
STRENGTHENING RESILIENCE IN A TROUBLED WORLD: LESSONS FROM RESPONSES TO MASS VIOLENCE
Panel
Alyssa Rheingold*
Chair: **Alyssa Rheingold**, PhD*, MUSC-NCVC, United States*
Presenter: **Angela Moreland**, PhD*, Medical University of South Carolina, United States*
Presenter: **Melissa Brymer**, PhD, PsyD*, UCLA-Duke University National Center for Child Traumatic Stress, United States*
Presenter: **Nicole Nugent**, PhD*, Brown University, United States*
Presenter: **Monica Martinez**, DPhil*, University of Texas at Austin, United States*

Presenter: **Laura Charretier**, PhD*, Université de Caen Normandie, France*
Track: Mass Violence and Migration
Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Mass Violence Incidents (MVIs) often have long-term effects direct victims while generating wide-reaching ripple impacts across affected communities. Advancing the field requires collaboration across researchers, practitioners, and community partners, as well as the integration of lessons learned from communities that have navigated these crises. This panel will examine key considerations in community responses to MVIs, highlight contextual factors that shape recovery, and discuss scalable strategies to strengthen preparedness and support both survivors and the broader community. Panelists will address shared and unique features of MVIs, including needs of child versus adult populations and heightened vulnerabilities of marginalized populations. They will discuss incident characteristics influence on immediate response and long-term recovery. Lessons learned and programming developed related to MVI context will be shared. Panelists include Alyssa Rheingold from the National Mass Violence Center (NMVC), serving as moderator; Angela Moreland of the NMVC who will discuss research across six MVI-impacted communities; Melissa Brymer from the National Child Traumatic Stress Network and consultant to numerous MVI-impacted communities; Nicole Nugent, who supported Brown University following the 2025 campus shooting; historian Monica Martinez, whose community-engaged work centers on the 2022 Uvalde Robb Elementary shooting; and Laura Charretier whose research examines the 2015 Paris terrorist attack.

1:45 p.m. - 3:00 p.m.
ADVANCING PRECISION PSYCHIATRY IN PTSD: IDENTIFYING SUBTYPES VIA MOLECULAR AND NEURAL SIGNATURES
Symposium
Chair: **Charles Marmar**, MD*, NYU Langone School of Medicine, United States*
Presenter: **Yuna Kim**, PhD*, NYU Grossman School of Medicine, United States*
Presenter: **Ruoting Yang**, PhD*, Walter Reed Army Institute of Research, United States*
Presenter: **Maziar Ganji**, MSc*, The University of Memphis, United States*
Presenter: **Aarti Jajoo**, PhD*, McLean Hospital and Harvard Medical School, United States*
Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: PTSD is marked by profound clinical and biological heterogeneity that limits diagnostic precision, obscures mechanisms, and constrains effective intervention. Advancing precision psychiatry in traumatic stress research requires integrative approaches that define reproducible PTSD subtypes and map them onto measurable biological processes. This symposium presents convergent research integrating hypothesis-driven clinical taxonomy, data-driven clustering, epigenetic profiling, and multi-omics machine learning across military and civilian cohorts. Objectives are to establish generalizable PTSD subtype classifications, identify subtype-specific molecular signatures, and evaluate predictive biological models.

Across trauma-exposed samples, Random-Forest-based clustering identified reproducible data-driven subtypes aligning with theory-derived profiles defined by symptom severity, cognitive impairment, and depressive features. Epigenome-wide analyses revealed shared neuroendocrine-related genes and subtype-specific methylation patterns implicating synaptic, sleep, immune, metabolic, and cardiovascular pathways. Complementary machine-learning models using methylomic, metabolomic, and proteomic data demonstrated robust subtype discrimination (AUC ~0.70–0.80) and highlighted pathway-level processes linked to clinical presentation. Together, findings show convergence between clinical phenotypes and multi-system biology, supporting biologically informed PTSD subtyping and advancing precision diagnosis and targeted intervention.

1:45 p.m. - 3:00 p.m.
FROM LINEAR TO SPIRAL: ADAPTING PTSD INTERVENTIONS IN THE CONTEXT OF CONTINUOUS TRAUMATIC STRESS
Symposium
Chair: **Shai Shorer**, PhD, MSW, *Haifa University School of Social Work, Israel*
Presenter: **Leah Shelef**, PhD*, Sapir College, Israel*
Presenter: **Shai Shorer**, PhD, MSW*, Haifa University School of Social Work, Israel*
Presenter: **Yael Shoval-Zuckerman**, PhD*, Bar-Ilan University, Israel*
Presenter: **Irit Aloni**, MSW*, NATAL, Israel*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Middle East and North Africa
Population Type: Mental Health Professionals
Abstract: Addressing Continuous Traumatic Stress (CTS) challenges the adequacy of dominant PTSD frameworks, particularly for populations exposed to persistent threat embedded in everyday reality. Adaptation to such conditions requires diagnostic and intervention models that allow flexible boundaries between normative and pathological responses, adopt ecological and socio-politically informed perspectives, and integrate preventive, immediate, and long-term intervention phases. Our first presentation examines the effectiveness of early interventions for combat veterans, suggesting the superiority of Focused Trauma Treatment over brief interventions in modifying acute stress responses. The second presentation reports longitudinal outcomes of a nature-assisted group intervention designed to foster resilience among reserve soldiers living under continuous stress, highlighting the protective role of peer-group processes and natural resilience resources. The third presentation introduces a modular evidence-based intervention for treating acute stress reactions during ongoing conflict, demonstrating its feasibility, clinical utility, and scalability. The final presentation reviews a mixed-methods evaluation of a scalable, short-term integrative therapeutic model addressing psychological distress among patient experiencing CTS. Across studies, findings underscore the need for CTS interventions that incorporate flexible diagnostic boundaries, ecologically informed perspectives, and integrative frameworks spanning multiple temporal phases, alongside innovative clinical thinking.

1:45 p.m. - 3:00 p.m.
PSYCHOLOGICAL RESPONSES TO CLIMATE CHANGE-RELATED DISASTERS IN HIGH-RISK COMMUNITIES
Symposium
Chair: **Dana Rose Garfin**, PhD*, UCLA, United States*
Presenter: **Kayley Estes**, PhD*, University of California, Irvine, United States*
Presenter: **Dana Rose Garfin**, PhD*, UCLA, United States*

Presenter: **Soheil Shapouri**, PhD*, UCLA, United States*
Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Decades of research have established associations between catastrophic natural disasters and mental health. As climate change escalates, high risk communities are experiencing more severe, compounding effects, yet such effects remain under explored. Our symposium will explore the traumatic stress of climate change-related threats in high risk communities that have experienced recent, severe climate disasters. First, Estes et al. will present longitudinal data from a county-wide address-based sample of Lake County, CA residents who have been repeatedly exposed to catastrophic wildfires, finding that prior disaster exposure and anticipatory stress about future events predicted mental health burden. Garfin et al. will present results from a probability-based sample of U.S. Gulf Coast residents, finding that both prior hurricane exposure and exposure to extreme heat correlated with mental health and climate change anxiety. Shapouri et al. will present data from a sample of LA County residents exposed to the 2025 LA Fires, finding that attributing the fires to human versus natural causes was associated with higher post-traumatic stress symptoms and global distress. Our discussant, Dr. Betty Lai, will contextualize these projects within the broader field of traumatic stress and climate change research, focusing on implications for these findings in an increasingly troubled world.

1:45 p.m. - 3:00 p.m.
Paper Session 7: Intergenerational Trauma

FAMILY-MEDIATED PATHWAYS LINKING WAR TRAUMA TO CHILDREN'S COMMUNICATIVE DETERIORATION

Paper Presentation
Smadar Patael[1], **Tamar Silberg*[2],** Liam Gordon[1], Julia Vasilin[1], Osnat Segal[1]
[1]*Tel Aviv University,* [2]*Bar-Ilan University, Israel*
Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Middle East and North Africa
Population Type: Child/Adolescent
Abstract: War-related trauma affects children not only directly but through disruptions in the family system. Although research has documented emotional and behavioral outcomes, far fewer studies have examined trauma-related deterioration in children's communicative functioning, despite communication being a core developmental resource for social connection, learning, emotional regulation, and access to care.
This study tested family-mediated pathways linking war-related exposure to communicative deterioration among 169 caregivers of children aged 2–12 during the first year of the ongoing war in Israel (between 03/24-09/24). Caregivers reported cumulative exposure, parental and child post-traumatic stress symptoms (PTSS), and war-related communicative changes. Deterioration was defined as decline since war onset with below age-expected functioning. Over one fifth of children showed clinically meaningful deterioration. Path analysis supported a cascading family-mediated pathway: exposure predicted higher parental PTSS, which predicted higher child PTSS, which predicted communicative deterioration. A weaker direct parental pathway emerged, while a child-only mediation pathway was not significant.

Findings position communication as a trauma-sensitive developmental domain and underscore the need for family-centered, trauma-informed interventions recognizing communicative vulnerability in war-affected children.

INTERGENERATIONAL EFFECTS OF ARMED CONFLICT IN SIERRA LEONE: CHARACTERIZING PARASYMPATHETIC ACTIVITY DURING CAREGIVER-CHILD INTERACTION

Paper Presentation

Christopher Jones*[1], Maria Kinsey[2], Brooke Maglia Batista[2], Alie Tarawally[3], Dauda Sesay[3], John Schieffelin[2], Theresa Betancourt[4], Stacy Drury[5]
[1]*Childrens Hospital Boston,* [2]*Tulane University,* [3]*Caritas Sierra Leone,* [4]*Boston College School of Social Work,* [5]*Boston Children's Hospital*

Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Advanced
Region: West and Central Africa
Population Type: Both Adult and Child/Adolescent

Abstract: Background: Early war exposure has lasting impacts on life-course health trajectories that can be transmitted across generations. Autonomic nervous system functioning, particularly the parasympathetic branch, has been implicated as a biological pathway linking intergenerational trauma and mental illness.
Methods: N=165 caregiver-child dyads enrolled in the Intergenerational Study of War-Affected Youth (ISWAY) in Sierra Leone completed two interaction tasks: 1) affiliative discussion and 2) free play. ECG data were collected from caregivers and children synchronously; respiratory sinus arrhythmia (RSA), an index of parasympathetic activity, was estimated via spectral analysis in the high-frequency domain (0.15-0.4 Hz).
Results: Children (49.7% f) were 10.8±2.5 (STD) years of age and their caregivers (55.2% f) were 37.2±5.5 years old. RSA during the dyadic tasks was highly correlated ($r=0.89$; $P < 0.0001$). Sex and age were largely not related to RSA. Child and caregiver RSA were positively correlated in the discussion ($r=0.24$; $P=0.0023$) and free play ($r=0.18$; $P=0.026$) tasks. Children with male caregivers exhibited lower RSA during the discussion task relative to female caregivers ($t=2.01$; $P=0.046$).
Conclusion: In war-affected families, caregiver and child RSA was positively correlated. Positive coupling of RSA in dyads has been linked with better self-regulation and parenting. These findings contribute to our understanding of the intergenerational effects of trauma and biobehavioral regulation.

INNOVATIONS IN INTERGENERATIONAL TRAUMA RESEARCH: IMPLICATIONS FOR PUBLIC POLICY

Paper Presentation

Yo Jackson*[1]
[1]*Tulane University*

Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Child/Adolescent

Abstract: Intergenerational trauma is widely invoked to explain persistent disparities across families and communities, yet conceptual ambiguity and uneven evidence complicate translation into policy. This presentation will suggest that the field must shift from metaphor

to mechanism. Objectives are to (1) distinguish intergenerational transmission from transgenerational biological inheritance and structural continuity of adversity, (2) evaluate the strength of evidence across relational, structural, and biological pathways, and (3) identify policy implications grounded in developmental science. Drawing on interdisciplinary research, including multigenerational and quasi-experimental designs, findings indicate strongest support for relational and structural mechanisms, with biological embedding reflecting plastic calibration rather than fixed inheritance. Two policy implications follow: caregiver mental health treatment as prevention and structural investment as trauma intervention. Precision in mechanism is essential for scalable, collaborative action in a world marked by continuous stress.

POST-CONFLICT HARDSHIP AND INTERGENERATIONAL RISK IN WAR-AFFECTED FAMILIES IN SIERRA LEONE

Paper Presentation

Wijnand Van Den Boom*[1], Lauren Pisani[1], Leila Dal Santo[1], Kashiya Nwanguma[1], Theresa S. Betancourt[1]
[1]*Boston College*

Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Advanced
Region: West and Central Africa
Population Type: Both Adult and Child/Adolescent

Abstract:
Background: War-affected youth in Sierra Leone face ongoing adversity that may shape adult mental health, parenting, and child wellbeing across generations.
Methods: The 23-year Intergenerational Study of War-Affected Youth (ISWAY) examines long-term mental health and intergenerational processes. In 2025, biological children aged 0-7 years were enrolled, complementing older children in the cohort. A total of 177 caregivers (94 war-affected adults originally enrolled in childhood; 83 intimate partners) and 105 young children from 104 families participated in this cross-sectional assessment.
Results: Cumulative childhood war exposure was not associated with current anxiety, depression, PTSD, or functional impairment. Post-conflict daily hardships were significantly associated with anxiety/depression (r=.41) and PTSD (r=.17), and remained the strongest predictor of depressive symptoms in multivariable models. Emotion dysregulation was strongly associated with depression (r=.56), PTSD (r=.74), functional impairment (r=.38), and harsh parenting (r=.31). Positive parenting was unrelated to war exposure or hardship but was associated with social support (r=.46) and adaptive coping (r=.40). Caregiver daily hardship was associated with child sleep problems (r=.44).
Conclusions: Ongoing daily stressors were more strongly linked to caregiver distress than distal war trauma. Emotion dysregulation and social support emerged as key correlates of caregiver functioning, underscoring the importance of addressing current contextual stress in post-conflict families.

GRIEF IS A FAMILY AFFAIR: EXAMINING PARENT-CHILD TRANSMISSION OF GRIEF IN DAILY LIFE

Paper Presentation

Liia Kivela*[1], Anne Bülow[2], Peter ten Klooster[1], Jannis Kraiss[1], Lyanne Reitsma[3], Minita Franzen[2], Lonneke Lenferink[1]
[1]*University of Twente,* [2]*Erasmus University Rotterdam,* [3]*Utrecht University*

Track: Child and Adolescent Trauma

Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Child/Adolescent
Abstract:
Background: Grief following the death of a household member is experienced not only individually, but also within family systems. However, little is known about how parent and child grief may influence one another, or how these processes unfold in daily life.
Methods: We will present findings from 20 parent–child dyads (children aged 12 years or older) who had experienced the death of a household member at least six months earlier. Across 28 consecutive days, participants completed ecological momentary assessments (EMA) four times daily assessing prolonged grief intensity and hypothesized cognitive–affective mechanisms of grief transmission, including rumination, avoidance, and negative beliefs.
Results: At the group level, no direct within-family grief transmission was observed. However, dyad-specific models revealed substantial heterogeneity, with evidence of child-to-parent transmission in 20% of the families, and parent-to-child transmission in 15% of the families. In addition, an indirect pathway emerged in which elevations in child grief predicted subsequent increases in parental grief via heightened child rumination.
Conclusions: Grief transmission between parents and children appears highly family-specific. By capturing grief processes repeatedly in everyday life, this study underscores the importance of dyadic, family-specific approaches for understanding how grief may be shared, amplified, or contained over time. Recognizing and addressing these patterns may support families' adaptation to loss, highlighting that grief is as individual as it is relational.

3:15 p.m. - 4:30 p.m.
Concurrent 9

3:15 p.m. - 4:30 p.m.
VIRTUAL REALITY, REAL RECOVERY: 3MDR TREATMENT FOR PTSD IN THE CONTEXT OF MILITARY, OCCUPATIONAL, AND ONGOING WAR TRAUMA

Panel
Mirjam Nijdam*, Michael Roy, Marta Pyvovarenko, Eric Vermetten
Chair: **Mirjam Nijdam**, MSc, PhD*, ARQ National Psychotrauma Center, Netherlands*
Presenter: **Michael Roy**, MD, MPH*, Uniformed Services University of the Health Sciences, United States*
Presenter: **Mirjam Nijdam**, MSc, PhD*, ARQ National Psychotrauma Center, Netherlands*
Presenter: **Marta Pyvovarenko**, MSc*, War Psychology, Support and Rehabilitation Institute, Ukraine*
Track: Clinical Interventions
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: This panel focuses on multi-modal motion-assisted memory desensitization and reconsolidation therapy (3MDR). 3MDR combines virtual reality exposure, walking,

personalized pictures and music, and was originally developed for treatment-resistant posttraumatic stress disorder (PTSD). With four published randomized controlled trials demonstrating its effects, 3MDR is on its way to become an evidence-based intervention. Three presenters will discuss novel research or implementation findings from three different contexts. First, the question whether 3MDR can successfully be administered using compact, affordable setups and the question whether effects can be enhanced with art and music therapy will be answered based on randomized controlled trial findings in US military members with PTSD (Roy et al., in prep.). Second, findings from a non-inferiority randomized controlled trial comparing the effects of 3MDR and regular trauma-focused psychotherapy in Dutch veterans and first responders with PTSD will provide insight into its clinical and cost-effectiveness (Nijdam et al., 2025) and predictors of response (Nijdam et al., in prep.). Third, the application of 3MDR in Ukrainian soldiers with war-related PTSD will be discussed, and information will be provided on the appropriateness of intervention in the context of trench warfare and ongoing trauma (Deac et al., 2024; Frankova et al., 2025). A key characteristic of the panel will be an active dialogue between the panelists and the audience on benefits, limitations, and scalability of 3MDR, aimed at charting future directions for research and practice.

3:15 p.m. - 4:30 p.m.
UNDERSTANDING TRAUMA ADAPTATION THROUGH A NONLINEAR DYNAMIC LENS
Symposium
Chair: **Charles Benight**, PhD*, University of Colorado at Colorado Springs, United States*
Presenter: **Bernard Ricca**, PhD*, University of Colorado at Colorado Springs, United States*
Presenter: **Alexander Stover**, MA*, University of Colorado at Colorado Springs, United States Springs, United States*
Presenter: **Jeffrey Tabares**, PhD*, University of Vermont, United States*
Presenter: **Jenna Happe**, BS*, University of Colorado at Colorado Springs, United States*
Track: Mode, Research Methods and Ethics
Program Category: Global Issues
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: This symposium brings together a set of international scholars focused on understanding trauma through a nonlinear dynamic system lens. Presentations will focus on several of the global challenges including war, suicide, and the impact of traumatic injury. Each of these require extreme adaptation. Each presenter will discuss work utilizing different nonlinear dynamical systems approaches (conceptualizations, methods, analytics) to bring to light this adaptational process. Alexander Stover will present on identifying real time predictors of phase shifts in coping self-efficacy perceptions following traumatic injury. Bernard Ricca will discuss the co-evolution of PTSD and Coping Self-Efficacy in a Hurricane Survivor sample. Jeffrey Tabares will take a systems perspective to understanding the dynamics of PTSD and co-morbid symptoms as well as clinical assessment dynamics across time. Lastly, Jenna Happe will present the importance of autonomy and controlling self-talk gathered in daily audio clips in predicting phase shifts in coping self-efficacy following traumatic injury.

3:15 p.m. - 4:30 p.m.
BEYOND THE MONOLITH: EMIC-FOCUSED TRAUMA RESEARCH ACROSS DIVERSE ASIAN COMMUNITIES IN NORTH AMERICA

Symposium
Chair: **Krithika Prakash**, PhD*, University of Pittsburgh, United States*
Presenter: **Priya Johal**, BA*, University of North Texas, United States*
Presenter: **Ateka Contractor**, PhD*, University of North Texas, United States*
Presenter: **Ling Jin**, PhD*, University of Calgary, Canada*
Presenter: **Anu Asnaani**, PhD*, University of Utah, United States*
Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: The Asian diaspora is often treated as a monolith, a generalization that ignores the distinct socio-cultural and psychological realities of specific ethnic communities. This symposium highlights a range of research methods, including community-engaged intervention design, daily diary assessments, and person-centered, multi-level statistical modeling, to capture trauma-related processes within various Asian subgroups in North America. Dr. Ateka Contractor will begin by discussing the day-level interactions between PTSD symptoms, sleep, and family functioning among US-based Asian Indians who have experienced intimate partner violence. Ms. Priya Johal will present findings on the association between PTSD severity and hazardous alcohol use among South Asian Canadians across immigrant generations. Dr. Ling Jin will examine latent profiles of race-based traumatic stress symptoms and their associations with mental health symptoms and community resilience among Chinese Canadians. Finally, Dr. Anu Asnaani will detail the development of a culturally-adapted PTSD treatment protocol for South Asian Americans using community engaged principles. Dr. Krithika Prakash will serve as chair, providing an opening framework and final synthesis, and leading discussion to explore how these findings inform precise, culturally tailored research and clinical practice. Through this multi-method and emic-focused lens, we demonstrate that a one-size-fits-all model of trauma is insufficient, highlighting the necessity of assessment and interventions that are as varied and specific as the Asian communities themselves.

3:15 p.m. - 4:30 p.m.
BEYOND THE COMBAT ZONE: CONCEPTUALIZING COMPOUNDING TRAUMA EXPOSURE ACROSS THE LIFESPAN OF U.S. SERVICE MEMBERS AND VETERANS
Symposium
Chair: **Leah Danson**, PsyD*, VA Boston Healthcare System, United States*
Presenter: **Jennifer Fonda**, PhD*, VA Boston Healthcare System; Boston University; Harvard University, United States*
Presenter: **Lauren McClain**, MS*, Boston University, Harvard University, United States*
Presenter: **Leah Danson**, PsyD*, VA Boston Healthcare System, United States*
Presenter: **Anne N. Banducci**, PhD*, VA Boston Healthcare System, United States*
Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Beyond combat, U.S. veterans disproportionately experience high rates of trauma before, during, and after military service (Wisco et al., 2016), which contributes to compounding health disparities (Nichter et al., 2020). Non-combat trauma is both highly

prevalent and understudied among veterans. This symposium will present four talks examining the impact of non-combat traumatic stress during childhood, military service, post-discharge, and in the year prior to death, that together illustrate a lifespan perspective of trauma exposure among veterans. The first study examines the developmental timing of childhood trauma and its associations with psychiatric disorders in adulthood among post 9/11 veterans (n=877). The second study presents qualitative data from an expressive writing intervention trial focused on bias-based stressors throughout the service of LGBTQ+ veterans. The third study explores interpersonal violence screening and outcome patterns among 790,384 veterans with substance use disorder (SUD) to explore these compounding sources of traumatic post-discharge stressors. The fourth study examines the impact of military sexual trauma on healthcare receipt in the year prior to suicide death among 3,820 veterans with SUD. Together, this symposium will illustrate how exposure to different forms of trauma and stress over the course of a veterans' life exacerbates risks for compounding negative outcomes (Wisco et al, 2022), including death. Furthermore, this symposium will provide actionable implications for how systems can approach treatment to improve health and extend life among veterans.

3:15 p.m. - 4:30 p.m.
TRAUMA AND PTSD DURING THE PERINATAL PERIOD
Symposium
Chair: **Anna Barbano**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Anna Barbano**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Yael Nillni**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Jordan Thomas**, PhD*, University of Kansas, United States*
Presenter: **McKenzie Lockett**, PhD*, National Center for PTSD, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Pregnancy is a vulnerable time for those with trauma-related psychopathology, as this period can be associated with added stressors and instability. Further, posttraumatic stress disorder (PTSD) during pregnancy is associated with numerous deleterious perinatal health outcomes, including higher risk for adverse obstetric outcomes and worse postpartum mental health. However, vulnerability factors for these adverse perinatal outcomes among trauma-exposed pregnant people remain underexplored. Moreover, little research has examined the use of evidence-based therapies for posttraumatic psychopathology during the perinatal period. Research in these areas is needed to inform efforts to prevent negative health outcomes. To this end, this symposium will cover trauma and posttraumatic psychopathology, including PTSD, during the perinatal period. The first presentation will describe associations between childhood trauma exposure, obstetric conditions (gestational hypertension and diabetes), and postpartum mental health among veterans. The second presentation will describe links between pregnancy anxiety and perinatal outcomes (birth outcomes and experience, postpartum mental health) among trauma-exposed women. The third presentation will discuss findings from a survey of mental health provider attitudes toward delivering evidence-based PTSD treatments during pregnancy. The final presentation

will demonstrate the acceptability of a digital, coach-delivered intervention for reducing symptoms of PTSD following traumatic childbirth.

3:15 p.m. - 4:30 p.m.
PTSD CARE BEYOND THE INDIVIDUAL: SCALABLE FAMILY AND PARTNER INTERVENTIONS
Panel
Alexandra Macdonald*
Chair: **Alexandra Macdonald**, PhD*, The Citadel, Military College of South Carolina, United States*
Presenter: **Candice Monson**, PhD*, Toronto Metropolitan University, Canada*
Presenter: **Laura Meis**, PhD*, National Department of Veterans Affairs, United States*
Presenter: **Johanna Thompson-Hollands**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Suzannah Creech**, PhD*, The University of Texas at Austin/VA, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Adult
Abstract: Interpersonal processes play critical roles in PTSD onset, maintenance, and recovery, yet most interventions remain focused on individually delivered treatments. Relational contexts – family, friends, partners – are underutilized resources that can enhance treatment engagement, adherence, and outcomes and buffer against pressure from societal stressors. Scalable, evidence-based, family-inclusive models are needed that align with family needs and provider resources. This panel highlights four innovative, lower-burden approaches across the continuum of loved-one involvement. Candice Monson will describe Couple HOPES, an online, coach-supported adaptation of Cognitive Behavioral Conjoint Therapy for PTSD. Laura Meis will discuss Partner-Enhanced Prolonged Exposure (PE2), a brief intervention to increase adherence and retention. Johanna Thompson-Hollands will present Brief Family Intervention (BFI), a partner-only intervention offering psychoeducation, communication skills, and strategies to reduce symptom accommodation. Suzannah Creech will present Strength At Home-Parents, a trauma-informed parenting intervention. Dr. Alexandra Macdonald, an expert in PTSD and family functioning, will lead panelists in a discussion of similarities and differences across interventions' rationale, engagement strategies, and guidance for matching survivors and families to lower-intensity therapy formats, demonstrating scalable innovations to expand access and modernize PTSD care.

3:15 p.m. - 4:30 p.m.
PERSONALIZING PTSD TREATMENT: APPROACHES TO MODIFYING CPT
Symposium
Chair: **Nicole Christ**, PhD*, Minneapolis VA Health Care System, United States*
Presenter: **Rebecca Sripada**, PhD*, University of Michigan, United States*
Presenter: **Tara Galovski**, PhD*, National Center for PTSD, United States*
Presenter: **Shannon Kehle-Forbes**, PhD*, National Department of Veterans Affairs, United States*
Presenter: **Elizabeth (Liza) Alpert**, PhD*, National Center for PTSD, VA Boston Healthcare System; Boston University Chobanian and Avedisian School of Medicine, United States*
Track: Clinical Interventions

Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: The benefits of trauma-focused evidence-based psychotherapies (TF-EBP) for PTSD are well described. However, rates of nonresponse and noncompletion remain high. Both patients and clinicians have expressed concern regarding the seeming rigidity of manualized treatments such as TF-EBPs, and the flexibility of treatment delivery and responsiveness to patient needs has been found to differ among those who completed or discontinued treatment early. Although TF-EBPs encourage some flexibility to address client-specific concerns, systematic modifications to personalize these treatments and the benefits of doing so are less commonly studied. This symposium includes presentations from four clinician-researchers examining modifications to Cognitive Processing Therapy (CPT), one of the gold standard TF-EBPs. First, we will discuss an innovative approach using factorial optimization to assess individual components of CPT on PTSD symptoms. Next, we will present results from a clinical trial (n = 220) comparing a Personalized Approach to Therapy (PATh) model of CPT to traditional CPT. We will then present insights from clinicians in this trial, including analyses of semi-structured qualitative interviews with study therapists (n = 15). Finally, we will present results from a pilot study (n = 5) of an adjunctive treatment component developed to improve patient-provider communication in TF-EBPs. Together, this symposium will extend our understanding of evidence-based modifications to personalize TF-EBPs, particularly CPT, addressing common concerns and challenges with manualized treatments.

3:15 p.m. - 4:30 p.m.
FROM CHILDHOOD MALTREATMENT TO MIDLIFE OUTCOMES: PTSD, CPTSD, CONTEXTUAL FACTORS, AND BIOLOGICAL MECHANISMS OF RISK AND RESILIENCE
Symposium
Chair: **Cathy Widom**, PhD*, John Jay College, United States*
Presenter: **Janelle Robinson**, MA*, John Jay College, United States*
Presenter: **Catherine Harris**, MA*, City University of New York, United States*
Presenter: **Gilberto Torres**, BA*, John Jay College, United States*
Presenter: **Makena Tinney**, BA*, John Jay College of Criminal Justice, United States*
Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Childhood maltreatment has lasting effects across the lifespan, yet long-term trajectories of PTSD and related diagnostic distinctions remain underexplored. Leveraging a unique longitudinal dataset with documented cases of childhood maltreatment (physical and sexual abuse and neglect) and demographically matched controls now in their late 50s, this symposium examines changes in trauma-related symptomatology across adulthood. These presentations evaluate whether CPTSD better captures complex symptom presentations associated with chronic childhood adversity, investigate biological mechanisms potentially linking early adversity to midlife functioning, and examine whether neighborhood and social factors moderate the relationship between child maltreatment and PTSD. Presentations draw upon data from a prospective cohort design study initiated in 1986, where children ages 0-11 were followed up at multiple timepoints until late midlife. Analyses assess trauma symptoms

at two timepoints (young and middle adulthood) and examine biological, social, and neighborhood factors hypothesized to influence risk and resilience. Presentations will consider implications for assessment, intervention, and public health strategies. This work advances understanding of how early trauma shapes later life and has implications for prevention and mitigation strategies.

3:15 p.m. - 4:30 p.m.
FROM CAPTIVITY TO CARE: A TRAUMA-INFORMED CONTINUUM FOR RELEASED HOSTAGES AND THEIR TEAMS
Symposium
Chair: **Yaara Sadeh**, PhD*, Haifa University, Israel*
Presenter: **Tamar Silberg**, PhD*, Bar-Ilan University, Israel*
Presenter: **Yael Shoval-zuckerman**, PhD*, Bar-Ilan University, Israel*
Presenter: **Yaara Sadeh**, PhD*, Haifa University, Israel*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Other Professionals
Abstract: The return of civilians from prolonged captivity following the October 7th Hamas attacks required a seamless continuum of care — from initial military reception through acute hospital treatment — delivered by multidisciplinary teams operating within a shared traumatic reality. Chaired by Yaara Sadeh, this symposium is organized around a central premise drawn from SAMHSA's trauma-informed framework: in contexts of mass trauma, proactive organizational safety for providers is not secondary but prerequisite to effective care. Three sequential presentations trace this principle across the full arc of intervention. Yael Shoval-Zuckerman describes the IDF's initial reception protocol, detailing mirroring and trust-building techniques designed to instill safety and agency during the vulnerable interim period between captivity and hospital transfer. Tamar Silberg presents data on the ReSPOND protocol's "Optimal Safety" pillar, examining how privacy, calming, and self-efficacy interventions supported returnees in reclaiming identity and control while navigating competing therapeutic and security demands. Yaara Sadeh reports longitudinal findings from 88 staff members, including Ecological Momentary Assessment data showing 55% met the clinical threshold for secondary traumatization, and evaluates Daily Processing Groups as a structured organizational safeguard. Together, these presentations offer a scalable, evidence-based framework for organizations responding to hostage situations, terrorist attacks, and other large-scale humanitarian crises.

3:15 p.m. - 4:30 p.m.
FEATURED SESSION: ADDRESSING TRAUMATIC EXPOSURE AND REACTIONS AMONG CONTENT MODERATORS: RECOMMENDATIONS FOR POLICY MAKERS, WORKPLACES, MENTAL HEALTH CLINICIANS, AND THE GENERAL PUBLIC
Panel
Rachel Hiller, Jeffrey DeMarco, Patricia Watson, Sonya Norman, Lori Zoellner*
Chair: **Lori Zoellner**, PhD*, University of Washington, United States*
Presenter: **Jeffrey DeMarco**, PhD*, Middlesex University, United Kingdom*
Presenter: **Patricia Watson**, PhD*, National Center for PTSD, United States*
Presenter: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Track: Trauma-Exposed Professionals and Therapist Self-Care

Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: Billions of photos and videos are uploaded to social media and streaming sites each year, with some material depicting murders, suicides, physical and sexual violence, child sexual abuse, animal cruelty and other forms of serious harm. This has created the need for a global workforce of content moderators whose jobs may involve repetitive, frequent exposure to this potentially traumatic digital content. The risks and potential consequences of such exposure require a broad public health response that recognizes the responsibilities of platforms, employers, policymakers, clinicians and wider society. The ISTSS Public Health and Policy Committee is publishing four briefs relevant to addressing traumatic exposure and reactions among content moderators. Together, these briefs take an eco-systemic approach to equip key stakeholders (policy makers, workplaces, mental health professionals, and the general public) to contribute in a meaningful way to improve outcomes for content moderators. The briefs were developed by Jeffrey DeMarco, Patricia Watson, and Sonya Norman with input from content moderators. The panel will give an overview and discuss needs, challenges, opportunities, and next steps. Rachel Hiller, Chair of the ISTSS Public Health and Policy Committee, will introduce the panel, and Lori Zoellner will serve as moderator and discussant.

Saturday, September 26, 2026

8:00 a.m. - 9:15 a.m.
Concurrent 10

8:00 a.m. - 9:15 a.m.
RISK FACTORS AND CO-OCCURRING DISORDERS IN TRAUMA-EXPOSED YOUTH: KEY FINDINGS FROM THE CHILDHOOD TRAUMA RESEARCH NETWORK
Symposium
Chair: **A Garrett**, PhD*, United States*
Presenter: **Jeffrey Shahidullah**, PhD*, The University of Texas at Austin, United States Austin, United States*
Presenter: **Jessica Sandoval**, MD*, The University of Texas Health Science Center at San Antonio, United States San Antonio, United States*
Presenter: **John Leri**, PhD*, Dell Medical School | University of Texas at Austin, United States*
Presenter: **Ashley Eng**, PhD*, University of Texas Medical Branch, United States*
Track: Child and Adolescent Trauma
Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Global
Population Type: Child/Adolescent
Abstract: The development of personalized treatment approaches for youth with trauma-related disorders requires that clinicians understand the ways in which risk factors and co-occurring disorders influence the highly variable clinical presentation of PTSD. In this symposium, we present recent findings on the impacts of common factors that influence outcomes for trauma-exposed youth. First, we describe the overarching context for these presentations: the ongoing multi-site Childhood Trauma Research Network (CTRN). The CTRN is collecting longitudinal data from a diverse sample of trauma-exposed youth across

Texas. Second, we describe an investigation of the impacts of a comorbid ADHD diagnosis on PTSD outcomes, highlighting the risks of this prevalent combination of disorders, with potential implications for treatment. Third, we present work that aims to better understand the widespread problem of co-occurring substance use disorders in trauma-exposed youth, implicating mechanisms of repeated victimization and associations with sustained substance use. Finally, we describe investigations focused on predicting externalizing disorders in children and adolescents with PTSD, in particular, the trajectory of externalizing symptoms over a 2-year period, and the contribution of additional demographic and family factors that predict persistent symptoms. Together, these studies leverage data from the large and diverse CTRN sample to glean new connections that can potentially be used to guide personalized clinical approaches and to gain insight into the risks and outcomes associated with trauma-exposure in youth.

8:00 a.m. - 9:15 a.m.
ADVANCES IN ARTIFICIAL INTELLIGENCE AND COMPUTATIONAL MODELLING TO DETECT POSTTRAUMATIC STRESS CONDITIONS
Symposium
Chair: **Richard Bryant**, PhD*, University of New South Wales, Australia*
Presenter: **Vijay Yadav**, MS*, Brooklyn Health, United States*
Presenter: **Tomas Meaney**, PhD, MSc, BA*, University of New South Wales, Australia*
Presenter: **Richard Bryant**, PhD*, University of New South Wales, Australia*
Track: Assessment and Diagnosis
Program Category: Technology
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: This symposium presents studies that investigate key developments in artificial intelligence applications for posttraumatic mental health. The first presentation will provide an overview of how generative psychometrics can be applied to improved assessment of psychopathological states. The second study will presents findings from a large longitudinal study of Emergency Department patients who were videorecorded as they spoke about their traumatic experience. This study shows the high accuracy with which computer vision assessment of facial, acoustic, and speech data can predict subsequent PTSD. The their presentation reports a study of veterans that used facial, acoustic, and speech data that was subjected to Large Language Model analysis, to identify different emotion regulation strategies, which are key to veteran mental health. The fourth report will address the capacity of facial, acoustic, and speech data from two trauma-exposed samples (N = 140 in each sample) to identify current suicidality and predict suicidal risk. Taken together, these studies will provide insights into emerging technological and computing advances that allow us to go beyond traditional assessment methods to identify patient groups, posttraumatic phenotypes, and permit biologically-relevant markers that potentially predict current and future conditions in need of mental health interventions.

8:00 a.m. - 9:15 a.m.
FEATURED SESSION: PATHWAYS TO PRECISION MEDICINE IN TRAUMA AND PTSD
Symposium
Chair: **Stephanie DeCross**, PhD*, National Center for PTSD, Boston Healthcare System; Harvard University, United States*

Presenter: **Stephanie DeCross**, PhD*, National Center for PTSD, VA Boston Healthcare System; Harvard University, United States*
Presenter: **Suzanne Pineles**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Presenter: **Terrell Hicks**, PhD*, VA San Diego Healthcare System/University of California San Diego, United States*
Presenter: **Adam Cobb**, MA, PhD*, University of Texas at Austin, United States*
Discussant: **Paul Holtzheimer**, MD*, National Center for PTSD, United States*
Track: Mode, Research Methods and Ethics
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Available treatments for trauma and PTSD are far from universally effective, highlighting the critical need for treatment optimization and innovation. Addressing this gap, precision medicine is a model advocating for personalized approaches to treatment based on individual characteristics, integrating across the biopsychosocial model. This symposium brings together interdisciplinary research spanning several fields, showcasing distinct pathways of research all aligned with precision medicine principles. In turn, presentations focus on basic methods, pre-treatment factors, and aspects of treatment. The first talk pioneers and replicates a novel method for characterizing fear generalization—a key mechanism underlying PTSD etiology and treatment—thus developing tools well-suited to detect individual differences in future research. The second talk examines associations of pre-treatment electrophysiology with SSRI treatment response in a sample of trauma-exposed adults with PTSD and depression, working towards informing treatment selection. Also considering pre-treatment factors, the third talk discusses how individual differences in age of cannabis initiation impacts response to PTSD psychotherapy. The last talk uses wearable technology to investigate associations of biological response during in vivo exposures with treatment response, which could ultimately guide therapist delivery during the intervention itself. Together, this work demonstrates complementary ways research can work towards facilitating treatment personalization, most efficiently alleviating human suffering.

8:00 a.m. - 9:15 a.m.
UNDERSTANDING AND IMPROVING REFUGEE MENTAL HEALTH: FROM MECHANISM TO INTERVENTION TO IMPLEMENTATION
Symposium
Chair: **Angela Nickerson**, PhD*, UNSW School of Psychology, Australia*
Presenter: **Marit Sijbrandij**, PhD*, Vrije Universiteit Amsterdam, Netherlands*
Presenter: **Lisa Dasen**, MSc*, University Hospital Zurich, Switzerland*
Presenter: **Belinda Liddell**, PhD*, University of Newcastle, Australia*
Presenter: **Angela Nickerson**, PhD*, UNSW School of Psychology, Australia*
Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Introductory
Region: Global
Population Type: Adult
Abstract: This symposium integrates mechanistic and intervention research to advance our understanding of refugee mental health. Collectively, the studies span the research continuum, from identifying key mechanistic processes underlying refugee wellbeing to evaluating the efficacy and real-world implementation of scalable interventions. The first

study investigates the psychological impact of family separation on the mental health of refugees living in Australia and evaluates the mechanistic role of boundary ambiguity in this relationship. The second study reports on a randomized controlled trial testing the efficacy and mechanisms of a guided self-help intervention for reducing psychological distress among refugees living in prolonged displacement in Indonesia. The third study presents findings from the evaluation of a stepped-care approach to reducing psychological distress across three European countries. The final presentation reports on a study examining the feasibility and acceptability of an augmented brief intervention for refugees when delivered in real-world settings. Together, these studies illustrate how identifying psychological mechanisms and testing novel implementation strategies can inform the development of scalable interventions and support their integration into real-world systems of care. We will discuss the implications of this body of work for policy, service delivery, and the future implementation of accessible mental health supports for forcibly displaced populations.

8:00 a.m. - 9:15 a.m.
FROM PTSD TRIALS TO TREATMENT PLANNING: COMMUNICATING ABOUT EFFECTIVENESS AND IMPROVING ENGAGEMENT
Symposium
Chair: **Rebecca Matteo**, PhD*, National Center for PTSD, United States*
Presenter: **Rachel Kimerling**, PhD*, VA Palo Alto Health Care System, United States*
Presenter: **Sadie Larsen**, PhD*, National Center for PTSD, United States*
Presenter: **Jessica Hamblen**, PhD*, National Center for PTSD, United States*
Presenter: **Rebecca Sripada**, PhD*, University of Michigan, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Research has shown that among those with posttraumatic stress disorder (PTSD), health literacy is lower than among those who do not have PTSD. Considering health literacy may improve effective communication, benefit shared decision-making, and patient engagement. As such, our ability to promote patient understanding of PTSD, treatment, and recovery outcomes is dependent upon finding ways to reach patients. Our goal is to offer plain language explanations of research findings, treatment options, and efficacy data in ways that meet patients where they are in regard to reading level. This symposium highlights how health literacy considerations can be implemented across the treatment journey. Dr. Kimerling will begin with an overview of a national study of health literacy among veterans, offering examples of communication gaps and strategies to improve communication. Dr. Larsen offers an innovative presentation of the integration of health literacy principles into the redesign of a shared decision-making tool, the PTSD Treatment Decision Aid. Next, Dr. Hamblen offers a similar review of a patient-focused tool for learning about PTSD treatment research and efficacy data stemming from the PTSD Repository, called PTSD Treatment Briefs. Finally, Dr. Sripada will share findings about a multiphase optimization strategy (MOST) designed to support brief versions of Cognitive Processing Therapy, including qualitative interviews with providers about how to best inform veterans about the value of brief interventions.

8:00 a.m. - 9:15 a.m.
IDENTIFYING, MEASURING, AND ASSESSING EARLY LIFE ADVERSITY FOR SEXUAL AND GENDER MINORITIES

Symposium
Chair: **Phillip Schnarrs**, PhD*, The University of Pittsburgh, United States*
Presenter: **Armin Dorri**, PhD*, The University of Pittsburgh, United States*
Presenter: **Phillip Schnarrs**, PhD*, The University of Pittsburgh, United States*
Presenter: **Amy Stone**, PhD*, Trinity University, United States*
Presenter: **Maricela Galdamez**, BA*, The University of Texas Rio Grande Valley, United States*
Discussant: **Stephen Russell**, PhD*, Arizona State University, United States*
Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Sexual and gender minority (SGM) individuals experience unique forms of childhood adversity (SGM-ACEs) which contribute to worse mental health outcomes in adulthood, including post-traumatic stress disorder. The SGM-ACEs Framework is an intersectional model that combines minority stress theory and the ACEs Framework. In doing so, this new framework provides explanatory mechanisms for examining the role of early life experiences in shaping exposure to minority stress process in adulthood, and the proliferation of traumatic stress over the life course, and how these combined exposures over the life course are the foundation for the documented health disparities observed in SGM populations. Identifying, assessing, and evaluating SGM-ACEs continues to be to be a primary and critical function in this growing area of traumatic stress and trauma research. Current gaps continue to be evaluation of the role of SGM-ACEs exposure in shaping proximal minority stress processes in adulthood, the relationship between SGM-ACEs and psychological, emotional, and physiological states associated with poor mental health and psychological dysfunction, identification of new SGM-ACEs at the intersections sexual, gender, racial, and ethnic identities to inform further expansion of current measurers and intersectional frameworks and continue to identify minority stress mediators and moderators of the relationship between SGM-ACEs and mental health outcomes, specifically in historically under represented racial and ethnic minority populations.

8:00 a.m. - 9:15 a.m.
BARRIERS AND FACILITATORS TO PROVIDING TRAUMA-FOCUSED CARE TO PEOPLE WITH A HISTORY OF SUBSTANCE USE IN RURAL COMMUNITIES
Symposium
Chair: **Teresa Lopez-Castro**, PhD*, The City College of New York, United States*
Presenter: **Luke Badger**, MS*, Medical University of South Carolina, United States*
Presenter: **Christal Badour**, PhD*, University of Kentucky, United States*
Presenter: **Kelly Peck**, PhD*, The University of Vermont, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Advanced
Region: Industrialized Countries
Population Type: Adult
Abstract: Although trauma and PTSD are prevalent among individuals with a history of substance use, substance use treatment programs rarely assess trauma or provide trauma-focused treatment. This translates to gaps in access to trauma-focused care, particularly in rural areas where poverty, workforce shortages, and unreliable transportation present barriers

to mental health service utilization. This symposium describes efforts to develop, evaluate, and disseminate interventions that address the needs of rural adults with a history of trauma and substance use. Dr. Lopez-Castro will provide an overview of the co-occurrence of PTSD and substance use, evidence-based recommendations for care, and challenges to providing care in rural areas. Mr. Badger will present data gathered from LGBTQIA+ individuals with lived experience of intimate partner violence (IPV) and substance use to describe how IPV screening can be improved in rural substance use treatment settings. Dr. Badour will present on history of, interest in, and priorities for trauma-focused treatment as well as treatment barriers among women with a history of opioid use and current PTSD who were on probation or parole residing in Kentucky. Dr. Peck will describe barriers and facilitators to addressing PTSD in people with substance use disorders (SUDs) identified by rural Northern New England healthcare providers and how these data informed the development of a PTSD toolkit for rural providers treating people with SUDs. Overall, this symposium will present new findings on efforts to increase access to trauma-focused care for rural adults with a history of substance use.

8:00 a.m. - 9:15 a.m.
IMPLEMENTATING TRAIN THE TRAINERS: REMOTE WHATSAPP CLINICAL SUPERVISION
Workshop
Chair: **Lori Zoellner**, PhD*, University of Washington, United States*
Presenter: **Norah Feeny**, PhD*, Case Western Reserve University, United States*
Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Eastern and Southern Africa
Population Type: Adult
Abstract: In low- and middle-income countries (LMICs) such as Somaliland, trauma-related disorders are highly prevalent, yet access to evidence-based PTSD care is limited and providers scarce (Ibrahim et al., 2022; WHO, 2010). Lay leaders and train-the0trainer (TTT) models can expand reach and build local capacity by shifting expertise to community members (Jacob et al., 2014). This workshop provides a model of remote, ongoing supervision to maintain fidelity and promote efficacy, drawing on our completed effectiveness-implementation randomized trial in Somaliland of Islamic Trauma Healing (ITH), a 6-session, mosque-based, lay-led, trauma-focused group intervention (Zoellner et al., 2024a, b). We describe weekly remote WhatsApp supervision of lay trainers supervising lay leaders, navigating a range of supervision issues from language, knowledge, and gender. Early supervision emphasized fidelity and discussion leading skills; later sessions targeted avoidance and unhelpful negative beliefs. Supervising clinical psychologist, Norah Feeny, will discuss lay leader strengths (e.g., compassion), common challenges (e.g., connectivity), ethics, and recommendations for strengthening similar models. Program Lead, Muumin Egeh, and Trainers, Abdirahman Tubeec and Salma Ibrahim, will share their experiences with the TTT model and providing lay supervision. Buddy-system support and data demonstrating high-quality implementation, including effective praise and strong discussions, will be presented. Clinicians supervising providers in LMICs may find this workshop useful.

8:00 a.m. - 9:15 a.m.
TRAUMA INFORMED GUILT REDUCTION (TRIGR): AN EVIDENCE-BASED TRANSDIAGNOSTIC THERAPY ADDRESSING GUILT, SHAME AND MORAL INJURY

Workshop
Chair: **Carolyn Allard**, PhD*, Alliant University, United States*
Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Region: Global
Population Type: Adult
Abstract: Guilt and shame, like all emotions, are adaptive. However, experiencing these emotions in the context of trauma, moral injury or other adversity often results in non-adaptive guilt and shame (NAGS), which can come in the form of moral injury, and which has been found to be associated with impaired functioning and psychological distress like posttraumatic stress disorder (PTSD), depression, substance use disorder, and suicidality in diverse samples in terms gender, ethnicity, nationality and military status, trauma type, and age. Reductions in NAGS have been found to predict subsequent improvements in symptoms and impairments. NAGS may not be consistently adequately addressed in gold standard PTSD interventions, which may contribute to substantial rates of dropout and symptom persistence. Trauma Informed Guilt Reduction (TrIGR) is a brief (4-6 sessions) transdiagnostic cognitive behavioral and acceptance and commitment grounded therapy that has been shown to result in statistically and clinically meaningful reductions of posttraumatic distress and impaired functioning. In this training workshop, participants will hear about the empirical support for TrIGR's underlying rationale and approach, receive an overview of each session, and learn how to implement some of its main strategies through instruction and demonstration using case examples. Active participation by attendees will be encouraged through role plays, and discussions about how to apply the intervention to address specific presentations of NAGS observed in their own clients.

9:30 a.m. - 10:50 a.m.
Awards and Keynote: Lifetime Achievement Awardee

9:30 a.m. - 10:50 a.m.
SEX/GENDER AND TRAUMA IN A TROUBLED WORLD - A GLOBAL ISSUE?
Keynote
Chair: **Miranda Olff**, PhD, University of Amsterdam Academic Medical Center*, Netherlands*
Abstract: Unprecedented numbers of people worldwide are being exposed to armed conflict, forced displacement, climate-related disasters, and interpersonal violence, including gender-based violence. Recent reports of sexual assault of women while asleep or unconscious by intimate partners or other men, as well as conflict-related sexual violence against men and boys, illustrate the diverse forms such violence can take. Sex and gender influence not only trauma exposure but also its sequelae, access to care, and recovery. Their effects, however, are complex, context-dependent, and extend far beyond simple comparisons between women and men. This keynote explores how sex, gender, and their interaction with culture, social norms, and structural inequalities shape trauma exposure and its consequences. Decades of research show that sex and gender influence PTSD risk, symptom trajectories, and a broad range of mental and physical health outcomes through interacting biological, psychological, social, and contextual factors. Despite growing evidence, important challenges remain. Sex and gender are still often used interchangeably, binary classifications overlook diversity, research methods are suboptimal and most evidence still comes from high-income countries. The field must move beyond asking whether sex and gender matter (Olff et al., 2007) to understanding how they shape trauma outcomes across diverse global contexts using more

rigorous, intersectional, and sex- and gender-sensitive research. This is essential for equitable prevention, policy, and treatment in an increasingly troubled world.

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

11:00 a.m. - 12:15 p.m.
INTERGENERATIONAL TRAUMA AND ITS IMPLICATIONS FOR CLINICIANS, RESEARCHERS, AND POLICY MAKERS IN THE FIELD OF TRAUMATIC STRESS
Workshop
Chair: **Harold Kudler**, MD*, Duke University Medical Center, United States*
Presenter: **Mary Fabri**, PsyD, *United States*
Presenter: **Karina Donald**, PhD*, Florida State University, United States*
Presenter: **Fabiana Franco**, Ph.D.*, Dr. Fabiana Franco Psychological Services PC, United States*
Discussant: **Yael Danieli**, PhD*, International Center for MultiGenerational Legacies of Trauma, United States*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Global
Population Type: Mental Health Professionals
Abstract: Although clinicians, researchers, and policy makers strive to approach the study of traumatic stress objectively, many of us carry family, community, national and/or cultural legacies of massive psychological trauma. How might these intergenerational histories affect the way we approach our work? Empirical and systematic research show that intergenerational trauma processes can shape psychological patterns and stress responses across generations, which, in turn, may influence how professionals understand, engage with, and respond to trauma. This session offers an interactive workshop in which participants will explore how their personal psychohistorical roots may both enhance and/or distort their observations and conclusions. Following a brief introduction to the field of intergenerational transmission, attendees will be invited to engage in private reflection on their own intergenerational history and its relation to their professional efforts. To preserve confidentiality, our general discussion will focus on common factors that are identified by participants rather than personal disclosures. This session is a joint presentation of the ISTSS Special Interest Groups on Intergenerational Transmission of Trauma and Resilience and Psychodynamic Research and Practice as well as the Taskforce on the History of ISTSS.

11:00 a.m. - 12:15 p.m.
ADAPTATIONS OF EXPOSURE-BASED THERAPY FOR TRAUMA: CULTURAL AND CONTEXT-DRIVEN MODIFICATIONS
Panel
Claire Bird, Ann Marie Warren, Sydney Timmer-Murillo, Devi Jayan, Terri deRoon Cassini, Ann Marie Warren*
Chair: **Ann Marie Warren**, PhD*, Baylor Scott and White Research Institute, United States*
Presenter: **Sydney Timmer-Murillo**, PhD*, Medical College of Wisconsin, United States*
Presenter: **Devi Jayan**, PhD*, The University of Chicago, United States*
Presenter: **Ann Marie Warren**, PhD*, Baylor Scott and White Research Institute, United States*
Track: Prevention and Early Intervention

Program Category: Culture and Diversity
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Exposure-based therapies for trauma (e.g., prolonged exposure therapy) show robust evidence for effectiveness and efficacy for treating posttraumatic stress disorder (PTSD). However, limitations to this modality include lengthy treatment periods (9-12 sessions), primarily used in outpatient clinics, and historically validated in cultural and racial majority populations. These traditional uses of exposure treatments miss critical populations, such as hospitalized injured patients and culturally underrepresented communities, who are most at risk of developing PTSD yet experience barriers to treatment. This introduces an important need for effective modifications to optimize its application for communities and contexts that have benefitted less from mental health care advances. The proposed panel will discuss different ways in which exposure-based therapy can be tailored across unique settings and populations. The modifications to exposure therapies will be discussed in the following contexts: (1) acute care, (2) firearm and (3) community violence. This panel will emphasize interactive discussion through posing questions to audience members and inviting attendees to share experiences of exposure-based therapy adaptations they have used in clinical practice to build upon the experiences and expertise shared by the panel.

11:00 a.m. - 12:15 p.m.
DECODING DUAL DIAGNOSIS: MECHANISMS OF PTSD AND SUBSTANCE USE IN CLINICAL CONTEXTS
Symposium
Chair: **Debra Kaysen**, PhD*, Stanford University, United States*
Presenter: **Michele Bedard-Gilligan**, PhD*, University of Washington, United States*
Presenter: **Amelie Zacher**, PhD*, Universitätsklinik Zürich, Switzerland*
Presenter: **Debra Kaysen**, PhD*, Stanford University, United States*
Presenter: **Delisa Brown**, PhD*, Medical University of South Carolina, United States*
Discussant: **Anka Vujanovic**, PhD*, Texas A&M University, United States*
Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) comorbidity represents a major public health concern and is associated with poorer functional outcomes and high treatment dropout. Trauma focused cognitive behavioral therapies (CBT's) for PTSD/SUD are effective but results across studies are inconsistent. This highlights the population complexities. Few studies to date have focused on identifying candidate treatment mechanisms. These papers each isolate potential mechanisms within randomized clinical trials (RCT's) across different populations and substances. Dr. Bedard-Gilligan will present data on an RCT of imaginal exposure for individuals with PTSD and cannabis use disorders, evaluating emotional and physiological responses and cannabis effects as potential mechanisms of action for treatment of PTSD and cannabis use. Dr. Zacher will examine intrusive memories for those with PTSD or cocaine use disorder testing the role of reconsolidation on intrusion frequency and salience. Dr. Kaysen will present results from a comparative effectiveness trial of culturally adapted trauma-focused versus substance use focused treatment among Native Americans, looking at sequence of symptom change when targeting PTSD versus substance use in each respective intervention. Dr. Brown will present

data testing competing mechanistic models linking PTSD symptom severity to drinking outcomes from baseline data from an RCT. Lastly, Dr. Vujanovic, a leader in the area of PTSD and substance use, will discuss candidate mechanisms and implications for treatment development and interventions.

11:00 a.m. - 12:15 p.m.
UNDERSTANDING FACTORS INFLUENCING MEDIA EXPOSURE TO VIOLENCE AND ITS RELATIONSHIP TO MENTAL HEALTH
Symposium
Chair: **Erika Felix**, PhD*, University of California Santa Barbara, United States*
Presenter: **Erika Felix**, PhD*, University of California Santa Barbara, United States*
Presenter: **Mary Woody**, PhD*, University of Pittsburgh, United States*
Presenter: **Sarah Lowe**, PhD*, Yale School of Public Health, United States*
Presenter: **Kayley Estes**, PhD*, University of California, Irvine, United States*
Discussant: **E. Holman**, Dr Phil*, University of California Irvine, United States*
Track: Public Health
Program Category: Technology
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Both Adult and Child/Adolescent
Abstract: Decades of research has shown that media exposures, both traditional news coverage and social media, of mass violence events, such as terrorism and mass shootings can increase distress even amongst those not directly exposed to the events (e.g., Holman et al., 2014; Silver et al., 2013). In this symposium, we gathered innovative studies exploring the mechanisms behind the known relationship between higher levels of media exposure to real episodes of violence and distress. The first two abstracts (Felix et al. and Woody et al.) focus on different aspects of the same study exploring neurocognitive processing of gun violence. Study 1a (Felix et al.) focuses on youth voices about their violence exposure via different sources in the media and how they say it affects them. Study 1b (Woody) examines preliminary data from daily diaries following several high profile gun violence incidents and their initial impact on affective states. Study 2 (Lowe et al.) focuses on preliminary mixed-methods data from a community-based intervention on gun violence exposure, again elevating youth voices about their violence exposure and its impact. Finally, Study 3 (Estes et al.) is an experimental study of young adults examining the impact of different types of media images of mass violence on risk perceptions and distress. Discussant Alison Holman will provide perspective from a career researching media exposure to mass violence on mental health.

11:00 a.m. - 12:15 p.m.
LONGITUDINAL PATHWAYS OF MENTAL HEALTH AND RESILIENCE AFTER ARMED CONFLICT IN SIERRA LEONE
Panel
Wijnand Van Den Boom*, Serhat Yildirim, Maria Gutierrez-Torres, Lauren Pisani, Kashiya Nwanguma, Moses Zombo, Kathryn Noon, Flora Zhou, Theresa Betancourt
Chair: **Wijnand Van Den Boom**, PhD*, Boston College, United States*
Presenter: **Theresa Betancourt**, ScD*, Boston College School of Social Work, United States*
Presenter: **Wijnand Van Den Boom**, PhD*, Boston College, United States*
Presenter: **Maria Gutierrez-Torres**, BS, MA, MD*, Boston College, United States*
Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma

Presentation Level: Advanced
Region: West and Central Africa
Population Type: Both Adult and Child/Adolescent
Abstract: This panel examines long-term mental health and resilience following armed conflict, drawing on 23 years of longitudinal research in Sierra Leone. The Intergenerational Study of War-Affected Youth (ISWAY) began in 2002 with 395 former child soldiers and has enrolled 529 individuals across five waves. In 2025, 199 index participants from the baseline cohort were reassessed (50% retention), along with their intimate partners and children, and younger children ages 0 to 9 were evaluated to examine early developmental outcomes. Across three complementary studies using distinct but related samples, panelists examine pathways of risk, resilience, and intervention impact. The first paper investigates how war exposure, post-conflict stigma, social support, and processes of family and communion acceptance shape adult mental health and functioning. The second applies a Positive Youth Development approach to identify strengths-based trajectories from adolescence into adulthood and tests how internal and external assets protect against poor mental health. The third draws on a four-year follow-up of a cluster-randomized trial of a group-based mental health and livelihood intervention, using qualitative methods to examine how conflict-affected youth sustain and apply skills in everyday life. Together, the panel integrates protective risk, and intervention perspectives to inform policy and scalable programming in post-conflict settings.

11:00 a.m. - 12:15 p.m.
FEATURED SESSION: WHEN THE THREAT IS REAL: RETHINKING EVIDENCE-BASED TRAUMA TREATMENT IN CONTEXTS OF ONGOING CRISIS
Panel
Phyupannu Khin*, Karen Fondacaro, Praise Iyiewuare, Katherine van Stolk-Cooke, John Moring
Chair: **Phyupannu Khin**, PhD*, Massachusetts General Hospital and Harvard Medical School, United States*
Presenter: **Karen Fondacaro**, PhD*, University of Vermont, United States*
Presenter: **Katherine Van Stolk-Cooke**, PhD*, SUNY College at Geneseo, United States*
Presenter: **Praise Iyiewuare**, PhD, MPH*, University of Kentucky, United States*
Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: Chronic exposure to political violence, displacement, natural disasters, and structural instability has led to increases in anxiety, depression, traumatic stress, and suicide risk globally. For many communities, threat is not a single event; it is ongoing and embedded in daily life. Yet most evidence-based treatments (EBTs) for trauma and anxiety were developed in contexts where feared outcomes are improbable or tolerable, creating tensions when danger remains real. This panel brings together a training director of a refugee mental health program, global mental health experts, clinicians, asylum evaluators, and implementation-focused researchers to examine how trauma-focused EBTs can be ethically adapted when danger persists. Panelists will draw from community-based partnerships, global dissemination of CPT, asylum evaluation practice, and collective resilience initiatives in chronically traumatized communities. We will present clinically grounded strategies for delivering trauma-informed care during ongoing crises. Panelists will address how to

distinguish adaptive vigilance from maladaptive avoidance, recalibrate treatment goals beyond symptom reduction toward regulation and agency, and integrate social and cultural context into case formulation. Through applied case discussion, participants will strengthen their ability to deliver trauma care that respects lived reality while preserving therapeutic rigor and fostering resilience amid persistent instability.

11:00 a.m. - 12:15 p.m.
STRATEGIES FOR IMPROVING VETERAN AND SERVICE MEMBER ENGAGEMENT IN PTSD TREATMENTS IN APPLIED DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE SETTINGS
Panel
Elizabeth Penix-Smith, Brandi Luedtke*, Stephanie Glitsos, Christina Fairbanks, Laura Meis
Chair: **Brandi Luedtke**, PhD*, Phoenix VA Healthcare System, United States*
Presenter: **Elizabeth Penix-Smith**, PhD*, Walter Reed Army Institute of Research, United States*
Presenter: **Stephanie Glitsos**, MSW*, Department of Veterans Affairs, United States*
Presenter: **Christina Fairbanks**, PhD, MS*, Department of Veterans Affairs, United States*
Presenter: **Laura Meis**, PhD*, United States*
Presenter: **Brandi Luedtke**, PhD*, Phoenix VA Healthcare System, United States*
Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Introductory
Region: Industrialized Countries
Population Type: Military Servicemembers, Veterans, and their Families
Abstract: In Department of Veterans Affairs (VA) and Department of Defense (DoD) settings, gold-standard psychotherapies for posttraumatic stress disorder (PTSD) often yield attenuated outcomes and high dropout rates (e.g., Penix-Smith and Swift, 2025). These findings raise critical questions about translating treatments from civilian to military populations, promoting treatment engagement, and addressing structural barriers. This multidisciplinary panel of VA and DoD clinicians, clinic leaders, and researchers aims to address these challenges by integrating research findings with practical experiences from frontline clinicians and leaders. Specifically, panelists will discuss client, therapist, treatment, and system characteristics that may contribute to challenges with optimizing treatment effectiveness. Next, this panel will synthesize findings across various VA and DoD initiatives leveraging various research methodologies, including meta-analyses, effectiveness and efficacy studies, qualitative work, and artificial intelligence. Such initiatives include: (1) meta-analyses of veteran and service member dropout, (2) group and partner-based adaptations of PTSD treatments, (3) eye movement desensitization and reprocessing therapy effectiveness studies, (4) leveraging machine learning, (5) preventing cognitive processing therapy dropout, and (6) using measurement-based care. Interactive discussion will focus on identifying actionable strategies for better understanding the effectiveness of PTSD treatments in veterans and service members and optimizing treatment engagement.

11:00 a.m. - 12:15 p.m.
IMPLEMENTATION AND PRELIMINARY OUTCOMES OF A CULTURALLY RESPONSIVE SOMATIC INTERVENTION FOR WAR-EXPOSED POPULATIONS IN UKRAINE
Panel
Marta Pyvovarenko*, Olesia Yehorova, Jennifer Rose

Chair: **Marta Pyvovarenko**, MSc*, War Psychology, Support and Rehabilitation Institute, Ukraine*
Presenter: **Marta Pyvovarenko**, MSc*, War Psychology, Support and Rehabilitation Institute, Ukraine*
Presenter: **Katja Kolcio**, PhD*, Wesleyan University, United States*
Presenter: **Beren Sabuncu**, MSW*, Florida State University, United States*
Track: Mass Violence and Migration
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Population Type: Adult
Abstract: Posttraumatic stress disorder (PTSD) remains a critical mental health concern in Ukraine amid the ongoing Russian invasion. This panel presents the implementation and preliminary evaluation of the Vitality Project Donbas, a culturally responsive somatic intervention addressing trauma related to direct and indirect exposure to mass violence. Developed by MP (chair and presenter) in collaboration with KK, the program integrates body-based practices, including nervous system regulation and interoceptive awareness, to promote stabilization, self-awareness, and resilience among war-affected Ukrainians. Preliminary analyses indicate statistically significant reductions in PTSD symptom severity following participation, highlighting the potential of embodied approaches that address both acute trauma and historically layered collective psychological harm.
Panelists will examine implementation, clinical application, participant experience, and systems-level implications. MP will discuss program development and clinical integration; KK will present the somatic framework and training components; and BS will address the health systems implications of integrating somatic interventions into trauma response infrastructures in conflict-affected settings. The panel will focus on scalability, workforce training, and sustainable integration within health systems serving trauma-exposed populations.

11:00 a.m. - 12:15 p.m.
LEARN HOW TO USE THE PTSD REPOSITORY TO CONDUCT PTSD TREATMENT META-ANALYSES
Workshop
Chair: **Jessica Hamblen**, PhD*, National Center for PTSD, United States*
Presenter: **Sadie Larsen**, PhD*, National Center for PTSD, United States*
Presenter: **Maya O'Neil**, PhD*, OHSU/VA Portland Healthcare System, United States*
Presenter: **David Cameron**, MPH, PhD*, Oregon Health and Sciences University, United States*
Discussant: **Kate Clauss**, PhD*, Portland VA, United States*
Track: Mode, Research Methods and Ethics
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Region: Global
Population Type: Adult
Abstract: The PTSD Trials Standardized Data Repository (PTSD Repository) was developed to provide timely information on current best practices in PTSD treatment and consistently updated study-level data from PTSD treatment studies. Adult randomized controlled trials (RCTs) for PTSD published between January 1980 and September 2025 have been identified and underwent a rigorous dual-screening and data abstraction process. The PTSD Repository contains over 550 RCTs with over 300 variables abstracted, including sample type, treatment

type, treatment name, sample characteristics, treatment effect sizes, and risk of bias for each study. The PTSD Repository has been used in numerous systematic reviews and meta-analyses, as evidence for the American Psychological Association clinical practice guidelines, for other national clinical tools (e.g., the NCPTSD's Consultation Program), and to determine loss-of-diagnosis ratings for the online PTSD Decision Aid. In this workshop, we will (1) show attendees how to find the PTSD Repository, dashboards, and data stories on the National Center for PTSD website, (2) present the evidence tables and show attendees how to navigate them to extract the data they need for their own projects, and (3) demonstrate a reproducible approach for searching the database and identifying relevant data in order to facilitate search, update, and preparation of the data for meta-analysis. This talk will provide attendees with the knowledge and skills they need to use the PTSD Repository to answer their own questions about PTSD treatment efficacy in a consistent, reliable, and reproducible manner.

11:00 a.m. - 12:15 p.m.
MECHANISMS AND INTERVENTIONS TARGETING INTERPERSONAL TRAUMATIC STRESS AND SEXUAL ASSAULT RISK
Symposium
Chair: **Reina Kiefer**, PhD*, Medical University of South Carolina, United States*
Presenter: **Lauren Simpson**, BA*, University of Nebraska, United States*
Presenter: **Reina Kiefer**, PhD*, Medical University of South Carolina, United States*
Presenter: **Julie Olomi**, PhD*, University of Montana, United States*
Presenter: **Austin Hahn**, PhD*, Medical University of South Carolina, United States*
Track: Prevention and Early Intervention
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Interpersonal traumatic stress, including intimate partner violence and sexual assault, remains a critical public health issue affecting women across diverse settings. Understanding the emotional and cognitive mechanisms that underlie risk perception, stress responses, and behavioral outcomes is essential for developing effective prevention and intervention strategies. This symposium highlights multi-institutional research exploring these mechanisms and innovative approaches to assessment and intervention. First, Simpson et al. examine how intimate partner violence influences acute emotional stress responses that predict later anxiety, depression, and alcohol use in women. Next, Kiefer et al. investigate the effects of acute alcohol intoxication and induced emotional states on sexual assault risk perception using a computerized vignette among undergraduate women. Following this, Olomi et al. present an interactive online paradigm simulating real-time sexually escalating social interactions to measure risk recognition and the influence of peers on behavioral responses. Finally, Hahn et al. evaluate the feasibility and preliminary efficacy of a mobile cognitive bias modification intervention (ReACT) aimed at reducing alcohol use and increasing condom use among sexual assault survivors. Together, these studies advance mechanistic understanding and offer scalable, targeted solutions to reduce the impact of interpersonal trauma.

1:45 p.m. - 3:00 p.m.
Invited Presidential Closing Keynote: Preparing Communities for Large-Scale, Sustained Conflict: Mental Health, Resilience and System Considerations

1:45 p.m. - 3:00 p.m.
PREPARING COMMUNITIES FOR LARGE-SCALE, SUSTAINED CONFLICT: MENTAL HEALTH, RESILIENCE AND SYSTEM CONSIDERATIONS
Keynote
Chair: **Paula Schnurr**, PhD, *National Center for PTSD, United States*
Speaker: **David Pedlar**, PhD*, University of Ottawa Institiute for Mental Health Research at the Royal, Canada for Mental Health Research at the Royal, Canada*
Speaker: **Nicole Sadler**, PhD*, Phoenix Australia, Australia*
Speaker: **Amy Adler**, PhD*, WRAIR, United States*
Speaker: **Dominic Murphy**, MA, PhD, Prof*, Combat Stress, United Kingdom*
Abstract: Growing geopolitical tension increases the likelihood that some nations will face large-scale and sustained conflict. Whole-of-society preparedness spans government, intelligence, security, health, mental health and welfare systems and workforces. This includes preparing for a surge in demand for mental health support, triage frameworks, management of displaced people and asylum seekers, community risk reduction, building resilience, and supporting military, veteran and family communities. This panel brings together international experts in military, veteran and disaster mental health to discuss lessons that can be drawn from prior and current conflicts as well as other large-scale hazard events such as disasters, terrorist attacks and pandemics. Guided by research and expert consensus, the panel focuses on actions to support communities, highlighting cross-sector coordination and collaboration, continuity planning, and support for vulnerable groups across the preparedness-response-recovery continuum.