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POSTER ABSTRACTS

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

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SAN ANTONIO MARRIOTT RIVERCENTER
SAN ANTONIO, TEXAS, USA

Thursday, September 24, 2026

1:30 p.m. - 2:45 p.m.
Poster Session 1 Presentations

TA1. DAILY INTRUSIONS AFTER A TRAUMA FILM: THE ROLE OF TRAIT DISSOCIATION AND PERITRAUMATIC REACTIONS

Mattea Pezza*[1], Lindsey Bondiek[1], Nicole Short[1]
[1]*University of Nevada, Las Vegas*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Global
Abstract: Trait and peritraumatic dissociation have been associated with greater PTSD symptoms, including intrusions. The present study aimed to test whether peritraumatic reactions would mediate the relationship between trait dissociation and intrusions after a trauma film, extending past work in a diverse U.S. sample, a majority of whom report previous trauma exposure. Participants were 76 undergraduates (Mage=19.77; 60.5% cisgender female; 39.5% White; 26.3% Asian; 44.7% Hispanic/Latino) who completed self-report surveys before and after a 10-min analogue trauma (trauma film), followed by daily surveys over four days. Surveys assessed trait dissociation (Dissociative Symptoms Scale-Brief) and trauma exposure (Life Events Checklist for DSM-5) at baseline, peritraumatic reactions (Peritraumatic Behavior Questionnaire-Self-Report) immediately post-film, and post-film daily intrusions (item assessing number of intrusions). Linear regressions indicated the covariate of reporting "serious accident" as an index trauma predicted significantly greater post-film intrusions (β=.45, sr2=.20, $p < .001$). While trait dissociation predicted peritraumatic symptoms (β=.44, sr2=.19, $p < .001$) and peritraumatic symptoms predicted post-film intrusions (β=.42, sr2=.18, $p < .001$), trait dissociation did not predict post-film intrusions (p=.937). Findings indicate that peritraumatic reactions may be a more salient predictor of post-trauma symptoms than trait dissociation. Future work would benefit from continued exploration of PTSD risk factors and preventative interventions for peritraumatic dissociation.

TA2. MEASUREMENT INVARIANCE AND CONVERGENT VALIDITY OF THE INTOLERANCE OF UNCERTAINTY SCALE-12 ACROSS TRAUMA-EXPOSED AND NON TRAUMA-EXPOSED ADULTS

Shukirti Khadka*[1], Sirine Harmouch[1], Ben Helms[2], Morgan Harrington[1], Brianna Byllesby[1]
[1]*University of South Dakota,* [2]*Rowan University*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: The Intolerance of Uncertainty Scale (IUS-12; Carleton et al., 2007) is a 12-item measure of the perceived individual difference in the likelihood of reacting emotionally, cognitively, or behaviorally to uncertain situations (Buhr and Dugas, 2002). Primarily studied in anxiety and depressive-related disorders, limited research has found IU as a risk factor in posttraumatic stress disorder (PTSD), despite uncertainty-related cognitions having

relevance. The current study examined the reliability, validity, and measurement invariance of the IUS-12 in an online sample (N = 615, M age = 40.93, 51.2% female, 77.2% White) of trauma-exposed (n = 361, 58.7%) and non-exposed individuals. The IUS-12 had good convergent validity with PCL-5 (r = .51), GAD-7 (r = .73), and AAQ-II (r = .63), all $p < .001$. Unidimensional and two-factor models were tested through confirmatory factor analyses (CFA) in Mplus 9, with the two-factor model retained ($\chi^2 = 931.4$, CFI = .95, TLI = .93). Measurement invariance was tested to examine the model across the two groups (trauma history vs. not). Criteria were met for configural and metric invariance but not for scalar invariance, suggesting similar factor structure and loadings across groups but different functions for individuals with varied levels of trauma exposure. The IUS-12 demonstrates good psychometric properties in individuals with history of trauma exposure and is strongly associated with PTSD symptoms. Individuals with trauma history report higher levels of uncertainty cognitions, which might be a potential target for clinical intervention.

TA3. A PSYCHOMETRIC INVESTIGATION OF THE PERTH EMOTIONAL REACTIVITY SCALE IN TRAUMA-EXPOSED YOUNG ADULTS

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Track: Assessment and Diagnosis
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Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Emotional reactivity (ER) refers to the activation, intensity, and duration of emotional experiences and is distinct from emotion regulation, which involves modifying them (Davidson, 1998; Förster et al., 2022). The Perth Emotional Reactivity Scale (PERS; Becerra and Campitelli, 2013) is a 30-item self-report measure of trait ER that yields Positive Reactivity (PR) and Negative Reactivity (NR) scores, reflecting responses to positive and negative emotions. We examined the psychometrics of PERS in 280 trauma-exposed young adults (Age M = 19.39, 72.5% female, 73.2% White, 77.1% heterosexual, 13.6% bisexual, 51.1% single), using measures of PTSD symptom severity (PCL-5), anger (DAR-5), and distress tolerance (DTS-SF). Trauma-exposed participants reported higher NR than non-exposed participants, $t(672) = -2.94$, $p = .003$, and lower PR $t(657) = 3.12$, $p = .002$. PR was only associated with PCL-5 (r = -.18; $p = .003$), but NR was associated with PCL-5 (r = .35), DAR-5 (r = .64), and DTS-SF (r = -.39), all $p < .001$. Internal consistency was excellent for NR and PR (Cronbach's $\alpha = .91$-$.94$). Confirmatory factor analysis supported a six-factor correlated model of PERS, with good fit (χ^2= 837.23, CFI = .95, TLI = .94, RMSEA = .06, SRMR = .07). Results support the PERS as a reliable, valid measure of ER, highlighting its utility for research and assessment in trauma-exposed populations.

TA4. BETRAYAL TRAUMA AND POSTTRAUMATIC STRESS DISORDER: A SYSTEMATIC LITERATURE REVIEW

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Track: Assessment and Diagnosis
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Global

Abstract: Trauma perpetrated by trusted others is linked to greater PTSD severity across diverse samples. The present systematic review examined whether trauma involving higher betrayal is associated with greater PTSD severity than trauma involving lower betrayal or no betrayal. A search of PsycINFO, PubMed, and Web of Science identified 19 peer-reviewed articles representing 20 distinct empirical studies. Studies varied in sample characteristics, operationalization of betrayal trauma, PTSD assessment, and analytic approach. Across studies, betrayal trauma was associated with greater PTSD severity, whether defined as the presence of high-betrayal exposure or as cumulative interpersonal trauma by close or trusted others. Evidence was mixed that high-betrayal trauma showed the strongest association with PTSD. This pattern was most evident in multivariate models that accounted for other betrayal levels and related variables. In the subset of studies that assessed complex PTSD (CPTSD), CPTSD was associated with significantly higher cumulative betrayal trauma compared to PTSD. Overall, findings indicate that betrayal trauma is associated with PTSD and CPTSD, but its apparent strength and specificity depend on how betrayal is conceptualized and measured, how PTSD is defined, and the population under study. Rather than supporting a simple hierarchy in which high-betrayal trauma predicts symptom severity, the literature suggests a more nuanced pattern in which betrayal, cumulative trauma exposure, and contextual factors jointly shape PTSD outcomes.

TA5. OBSERVED AND EXPECTED RATES OF PROBABLE PTSD AND COMPLEX-PTSD AMONG COLLEGE WOMEN WHO EXPERIENCED INTIMATE PARTNER EMOTIONAL ABUSE

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Track: Assessment and Diagnosis
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries

Abstract: This study examined the expected and observed rates of a probable diagnosis of PTSD and Complex-PTSD among college women who experience intimate partner emotional abuse (IPEA). Data were collected from a sample of 598 undergraduate women at a Midwestern University who were predominantly white (90.8%) and heterosexual (84.9%). Chi-square tests examined the relation between four types of IPEA (restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation) measured by the Multidimensional Measure of Emotional Abuse scale (Murphy and Hoover, 1999) and probable PTSD and Complex-PTSD measured by the International Trauma Questionnaire (Cloitre et al., 2018). Four 2x3 Chi-square tests showed significant associations between IPEA types and diagnoses. Prevalence rates for each type of IPEA ranged from 7.7% to 33.3%. Effect sizes were small for restrictive engulfment and moderate for denigration, dominance/intimidation, and hostile withdrawal (Cramer's V = .15 to .23). Adjusted standardized residuals indicated that college women who experienced IPEA (for all four types) were more likely than expected to have a probable Complex-PTSD diagnosis. Women who experienced any of the three types of IPEA (restrictive engulfment, hostile withdrawal, and dominance/intimidation) were more likely than expected to have a probable PTSD diagnosis. Findings suggest that IPEA is significantly associated with higher rates of probable PTSD and Complex-PTSD among college women, with some types having stronger associations.

TA6. RELATIONSHIPS BETWEEN REDUCTIONS IN SHAME AND GUILT AND CHANGES IN PTSD SYMPTOM SEVERITY IN CAMBODIA

Kathryn Fleddermann*[1], Nil Ean[2], Julie Mannarino[3], Adam Carrico[4], Robert Paul[3], Steven Bruce[1]
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Track: Assessment and Diagnosis
Program Category: Global Issues
Presentation Level: Introductory
Population Type: Adult
Region: East Asia and the Pacific

Abstract: Mechanisms involved in reducing PTSD severity continue to be investigated, particularly in global regions where cultural beliefs about trauma may affect the severity of symptoms and may be more likely to lead to stigma and associated negative emotions, like shame and guilt. Additionally, PTSD symptoms may present differently cross-culturally and may be impacted differentially by these emotions. These relationships were assessed in a sample of 61 treatment-seeking Cambodians using linear regression. Reductions in shame were associated with significant reductions in PTSD severity (p=.007), as well as intrusion (p=.013), negative alterations in cognition and mood (p=.007), and hyperarousal (p=.048) symptoms. Reductions in guilt were not associated with significant reductions in PTSD severity (p=.058), but were associated with reductions in avoidance (p=.024) and negative alterations in cognition and mood (p=.019) symptoms. Additionally, only reductions in shame were associated with reduced severity of cultural trauma syndromes (p=.002) while reductions in both shame and guilt were associated with less severe culturally-based trauma symptoms (p=.025; p=.042). These results suggest that shame and guilt may be effective treatment targets for individuals experiencing PTSD in Cambodia, but that these treatments may be more effective in reducing certain symptoms. Reductions in shame and guilt also help to reduce cultural symptoms of PTSD, suggesting that targeting these emotions may be effective in reducing broad PTSD symptomatology in Cambodian individuals and may increase engagement with trauma treatments.

TA7. INVISIBLE WOUNDS AND DIGITAL EYES: AI CHATBOTS DETECTION OF MORAL INJURY IN COMBAT EXPOSED VETERANS

Sean Lauderdale*[1], Randee Schmitt[1], Natashaa Dalal[1], Maria Mroczek[1], Tanner Slubar[1], Mika-Lyn Gargis[1]
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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Global

Abstract: Moral injury (MI), which is witnessing, failing to prevent, or participating in acts that violate moral beliefs, results in emotional distress and cognitive dissonance. MI resembles PTSD, but is distinct. Investigations suggest that artificial intelligence large language models (LLMs) can accurately identify mental health disorders, but what has yet to be assessed is if LLMs can accurately distinguish between mental health conditions and risks for those conditions. As the US Department of Veterans Affairs has rapidly integrated artificial intelligent tools into assessing veteran mental health, we were interested in assessing if LLMs could could distinguish MI from PTSD.

Vignettes of a man or woman veteran who met criteria for PTSD or MI (but not PTSD) were provided to ChatGPT-4o, Google Gemini, and Claude. The LLMs were prompted to identify the disorder the character was experiencing (or not) and to rate how likely the character had MI. The LLMs were also prompted to complete a modified version of the Moral Injury Questionnaire-Military Version-Observer (Currier et al., 2015; Lauderdale and Daniel, 2019) to assess MI identification. 240 trials were completed.
PTSD was over-identified in the MI vignettes.Two 2 (PTSD, MI) X 3 (LLMs) ANOVAs assessed mean differences in MI and MI-observer ratings. The interactions were statistically significant for both ANOVAs. The LLMs over-identified PTSD in MI vignettes. We also found substantial variation across the LLMs' in identification of MI. These results indicate that LLMs have trouble distinguishing PTSD from MI and require further training for effective use in veterans and others.

TA8. SOCIOECOLOGICAL INFLUENCES ON MENTAL HEALTH OUTCOMES FOLLOWING MILITARY SEXUAL TRAUMA IN VETERANS: A SYSTEMATIC REVIEW

Derrecka Boykin*[1], Mackenzie Shanahan[1], Sandra Desjardins[2], Haley Kolp[3], Isabelle Parra-Valencia[4], Jacinta O. Anyanwu[5], Jordyn Williams[1], Alexandra Caloudas[1], Kia Scott-Sellers[6], Jennifer L. Bryan[1]
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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Military sexual trauma (MST) is a significant public health concern, affecting 1 in 4 U.S. servicemembers. Exposure to MST is associated with increased risk for mental health disorders, like posttraumatic stress disorder, depression, anxiety, and suicide risk. Recovery is a multifaceted, dynamic process shaped not only by personal experiences but also by the social environments and systems in which individuals live. This systematic review aimed to summarize the factors influencing mental health outcomes following MST across all levels of Brofenbrenner's (1979) socioecological model. Levels include individual, interpersonal, community, organizational systems, and policy factors. A search of MEDLINE, PsycINFO, CINAHL, Web of Science, and EMBASE identified 234 eligible U.S. studies (through November 2025) that described a relationship between MST, mental health diagnoses, and socioecological factors such as demographics, military history, and cultural influences. PTSD was the most widely studied mental health condition (k = 168) compared to other conditions. Other findings emphasized the influence of individual-level factors, such as gender, on mental health outcomes in samples with MST. There was sparse research investigating how broader socioecological factors related to community, organizational systems, and policies impact mental health following MST. This review underscores key gaps and opportunities to develop a comprehensive understanding of multilevel factors that hinder and facilitate recovery, thereby guiding more effective public health strategies to support Veterans with MST.

TA9. UNIT SUPPORT, COMBAT EXPOSURE, AND SEX: DIFFERENTIAL ASSOCIATIONS WITH PTSD SYMPTOMS AND ALCOHOL USE IN OEF/OIF/OND VETERANS

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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Unit support during military service has been shown to mitigate the impact of trauma, but the extent to which it carries forward to symptoms measured years after service and whether it varies by sex remain unclear. We analyzed survey data from 671 OEF/OIF veterans (Mean age = 35.6, 54.2% male, 64.9% White) conducted on average 3.4 years after military service, we estimated a structural equation model to examine whether unit support moderated the association of combat exposure with PTSD symptoms and alcohol use, and whether this moderating effect differed by sex. Rank was included as a covariate. For PTSD symptoms, combat exposure was positively associated with symptom severity (B = .537, p < .001), and unit support was negatively associated with PTSD symptoms (B = −.142, p = .008). The combat × unit support interaction was significant (B = .012, p < .001), as was the combat × sex interaction (B = −.207, p = .049). Importantly, there was a significant combat × unit support × sex interaction (B = −.014, p < .001), indicating that higher unit support attenuated the association between combat exposure and PTSD symptoms among males, whereas this buffering effect was not observed among females. In contrast, combat exposure marginally predicted alcohol use (B = .091, p = .058), but none of the interaction terms were significant (ps > .14). These findings highlight the importance of considering sex in understanding the salutary effects of unit support.

TA10. SLEEP TRAJECTORIES IN PREGNANCY: ASSOCIATIONS WITH TRAUMA EXPOSURE, PTSD, AND POSTPARTUM DEPRESSION

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Track: Biology and Medical
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Sleep during the perinatal period is often highly disrupted due to maternal biopsychosocial changes that accompany pregnancy. Insomnia is a symptom of PTSD, and trauma exposure as well as insomnia have been linked to increased risk for postpartum depression (PPD). The current study examined sleep trajectories across pregnancy and into the postpartum period, the impact of trauma exposure and PTSD on these sleep trajectories, and associations between these sleep trajectories and PPD. Participants completed psychiatric diagnostic evaluations for PTSD and other mental health conditions, as well as validated self-ratings of insomnia and depressive symptoms at four time points across pregnancy and at 6 weeks postpartum. Participants were categorized into one of four groups: a) trauma exposure with PTSD, b) trauma exposure with another mental health condition, c) trauma exposure

with no mental health conditions, or d) no reported trauma exposure or current mental health conditions. Longitudinal growth mixture modeling revealed two distinct sleep trajectories across pregnancy: poor sleep (28.5%) and normative sleep (71.5%). Trauma-exposed participants with PTSD or other mental health conditions were more likely to have poor sleep profiles. Participants with poor sleep profiles had significantly higher depressive symptoms. These findings support the need for targeted interventions addressing insomnia in trauma-exposed pregnant women with psychiatric sequelae to improve outcomes during and after pregnancy.

TA11. ASSOCIATION BETWEEN BIOLOGICAL AGING MEASURES AND NEUROCOGNITIVE AND DEPRESSIVE SYMPTOMS IN WOMEN WITH HIV AND CHILDHOOD TRAUMA

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Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Region: Eastern and Southern Africa
Population Type: Adult
Abstract: Background: Neurocognitive impairment and depression are common among women with HIV and exposure to childhood trauma (CT), contributing to poor quality of life and adverse outcomes. Biological aging markers may index vulnerability, but their links to mental health are unclear. We examined cross sectional associations between biological aging measures and global cognitive deficit scores (GDS) and depressive symptom scores (CES-D), and tested moderation by HIV and CT.
Methods: We included 199 women with (n = 103) and without HIV (n = 96) from South Africa. CT exposure was assessed using the Childhood Trauma Questionnaire–Short Form. Linear regression models evaluated associations between residual brain-predicted age difference and epigenetic age accelerations (Horvath, Hannum, PhenoAge, and intrinsic and extrinsic epigenetic age acceleration) with GDS and CES-D, adjusting for age and education. HIV and CT main and interaction moderation effects were tested with false discovery rate (FDR) correction.
Results: Biological aging markers were not significantly associated with GDS or CES-D after FDR correction. Although CT exposure was higher in women with HIV than in controls, neither HIV nor CT showed significant moderation effects.
Conclusion: Overall, biological aging measures were not robustly linked to neurocognitive or depressive symptom scores. Larger studies are needed to clarify whether HIV and CT shape aging-related vulnerability to mental health outcomes in women.

TA12. PTSD SYMPTOM SEVERITY AND IMPAIRMENT IN UGANDA: A MULTIVARIATE COMPARISON OF INDIVIDUALS LIVING WITH AND WITHOUT HIV

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Track: Biology and Medical

Program Category: Global Issues
Presentation Level: Introductory
Population Type: Adult
Region: Eastern and Southern Africa
Abstract: In settings characterized by ongoing trauma exposure and limited healthcare capacity, traumatic stress and PTSD is a multisystem condition affecting population-level health. Sub-Saharan Africa endures a substantial burden of global trauma exposure compounded by a disproportionately elevated HIV incidence rate. The present analyses were an exploration of baseline data (N = 603) in a capacity-building parent study among people living with HIV (PLWH) and an immune control group in Uganda. Pearson correlations indicated that total PCL-C severity was negatively correlated to overall functional impairment scores (Karnofsky; r = -.24, p < .01), such that higher PTSD severity related to greater impairment. PCL-C severity was also associated with lower self-reported memory (r = -.42, p < .01) and executive functioning (r = -.52, p < .01) on the Patient Assessment of Own Functioning Inventory. Further analyses were conducted to examine individuals with probable PTSD in the larger sample. A MANCOVA among PLWH and probable PTSD (n = 60) and individuals with probable PTSD only (n = 45) resulted in no difference between groups. However, a significant effect was observed for sex, Pillai's Trace = .162, F(7,94) = .2.601, p = .017, η^2 =.162. Estimated marginal means indicated that females reported greater intrusive symptoms (M = 14.12, SE = .348). Overall, probable PTSD prevalence was 18% in this sample and HIV viral suppression was necessary for inclusion. Additional analyses to examine the relationships between PTSD symptom clusters and inflammatory biomarkers in PLWH compared to controls will be explored.

TA13. EXPLORING CROSS-INFORMANT DISCREPANCIES IN PSYCHOLOGICAL OUTCOMES AMONG PARENT–CHILD DYADS FOLLOWING PEDIATRIC SURGERY

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: In pediatric healthcare settings, gathering information from multiple informants is considered best practice. However, differences between reports are common and have been associated with PTSD and other mental health conditions. This study investigated differences in parent and child reports of child PTSD, anxiety, and depressive symptoms following the child's surgical procedure. Participants were 157 parent (M age=39.85, 70% female) and child (M age=11.65, 61% male) dyads who reported on the child's mental health symptoms following their surgical procedure. Parent and child reports of PTSD and overall anxiety and depressive symptoms demonstrated strong agreement, ICC=.84 and ICC=.87, respectively. Higher concordance was observed for depressive symptoms (ICC=.86) than anxiety symptoms (ICC=.83). Mean difference scores for all domains (PTSD, depression, and anxiety) were negative, indicating children reported experiencing more symptoms than their parents reported about them (p's < .001). Agreement for PTSD and anxiety was higher for males, and agreement for depressive symptoms was higher for females. These findings underscore the value of collecting both parent and child reports and emphasize the importance of accounting for gender-related factors when assessing and addressing traumatic stress symptoms in children, especially in the context of pediatric medical procedures.

TA14. EARLY LIFE ADVERSITY AND ADOLESCENT CARDIOMETABOLIC RISK: COMPARISON OF DIMENSIONAL AND CUMULATIVE RISK APPROACHES TO ADVERSITY

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Track: Child and Adolescent Trauma
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Early life adversity (ELA) is associated with cardiometabolic risk. Although cumulative risk models have identified those most vulnerable due to overall ELA burden, evidence suggests that ELA dimensions of threat and deprivation may differentially shape neurodevelopment and biological aging. However, these dimensions are understudied in relation to cardiometabolic risk. We addressed this gap by comparing cumulative risk and dimensional models of ELA with cardiometabolic risk, as well as testing moderation by age, in 117 youth aged 9-19 (54.7% male). Youth and caregivers reported on youths' lifetime ELA experiences. Reports were aggregated to reflect lifetime experiences of threat and deprivation, along with a cumulative ELA composite. Youths' blood pressure, body mass index, and waist circumference were measured, standardized, and summed. Cumulative ELA was not associated with cardiometabolic risk (β=0.13, p=.14). In contrast, threat-related ELA was significantly associated with greater cardiometabolic risk (β = 0.24, p=.04), whereas deprivation-related ELA was not (β=-0.12, p=.30). A significant Deprivation × Age interaction (β=0.09, p=.01) indicated that greater deprivation related to lower cardiometabolic risk only in late childhood/early adolescence (b=-0.88, p=.01). Findings suggest that dimensional models of ELA may provide more nuance into the biological embedding of ELA and its relevance for youths' health.

TA15. THE CALL HOME: EXAMINING SECONDARY TRAUMATIC STRESS AND RELATED MENTAL HEALTH OUTCOMES IN CHILDREN WITH A FIRST RESPONDER PARENT

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries
Abstract: First responders are known to regularly encounter potentially traumatic events that influence their risk for adverse outcomes, including posttraumatic stress symptoms (PTSS). While research has focused on the impact of the occupation on the responders' well-being, little attention has been paid to potential influences the job has on their family, specifically their children. This study examined the secondary traumatic stress (STS) and related mental health outcomes in children with a first responder parent, as well as potential protective factors. 214 first responder parents (82% fathers, 93% White, 4% Latine, 2% Black, 1% Other) reported on their own mental health, community and agency support, and their children's STS and psychological functioning symptoms. Higher rates of PTSS in first responders were associated with children's STS ($F(1, 213)=34.79$, $p < .001$, $R2=.14$). Moreover, higher levels of parent anxiety and depression were associated with more child

internalizing, externalizing, and attention problems, ps < .05. When evaluating protective factors, negative associations were found between child mental health outcomes and community and agency support of the first responder, ps < .05. Results highlight the importance of focusing on areas of support for first responder families and fostering community relations and agency support as a protective factor.

TA16. ADVERSE CHILDHOOD EXPERIENCES: REPORTED IMPACT, CO-OCCURRENCE, GENDER AND AGE DIFFERENCES, AND ASSOCIATION WITH OTHER ADVERSITIES AND PSYCHIATRIC DISORDERS

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

Abstract: Research suggests that adverse childhood experiences (ACEs) are linked to increased emotional difficulties. We investigated with an international sample: a) reported impact and co-occurrence of ACEs; b) age/gender differences in likelihood of being impacted by ACEs; c) whether individual or total ACEs are more predictive of other adversities and psychiatric diagnoses. Participants (N=3531) reported their adversity history and current psychiatric diagnoses. Most participants (76.2%) reported being impacted by at least one ACE, with the most commonly reported being parent with a medical/mental illness and caregiver emotional abuse. Univariable logistic regressions found that being impacted by one adversity increased odds of being impacted by other adversities, especially emotional and physical abuse (OR=17.31). For most ACEs, younger age and female gender were linked to greater odds of being impacted. Multivariable logistic regression results suggested that individual adversities were more predictive than total ACEs of being impacted by non-caregiver abuse, life-threatening situations, and personal health problems. Additional analyses determined differences in likelihood of reporting being diagnosed with only anxiety, depression, or PTSD. Results suggest factors that increase odds of being impacted by ACEs, experiencing other adversities, and current psychiatric diagnoses.

TA17. A NETWORK ANALYSIS OF EARLY MALADAPTIVE SCHEMAS, PTSD SYMPTOM CLUSTERS, AND STRATEGIES OF EMOTIONAL RESPONDING

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[1]*Northern Illinois University*

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

Abstract: Objectives. Early maladaptive schemas (EMS) develop from negative relational experiences in childhood and are elevated among those with posttraumatic stress disorder (PTSD). Despite the known associations between EMS domains (i.e., Disconnection/Rejection, Impaired Autonomy/Performance) and PTSD broadly, it is unclear how EMS domains relate to specific symptom clusters. Methods. The current study conducted an unregularized network analysis of the five EMS domains, PTSD clusters, and strategies of emotional responding (i.e., emotion regulation, self-compassion, experiential avoidance). Data were collected from a cross-sectional sample of 475 undergraduates who

endorsed a Criterion A event. Results. A shortest paths analysis revealed two direct edges from domains to clusters: Impaired Limits to Cluster E and Disconnection/Rejection to Cluster D, the latter appearing in many of the shortest paths. Additionally, the edge between emotion dysregulation and Cluster B appeared in multiple paths. Conclusions. Findings suggest that EMS formed in childhood may be associated with specific features of PTSD following trauma exposure. Cognitive approaches to PTSD treatment may be enhanced by considering the role of early maladaptive schemas in shaping individual symptom presentations.

TA18. THE BRAIN'S ESCAPE HATCH: THE LONGITUDINAL ROLE OF DISSOCIATION IN THE DEVELOPMENT OF POSTTRAUMATIC STRESS SYMPTOMS AMONG SCHOOL-AGED CHILDREN EXPOSED TO TRAUMA

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

Abstract: Childhood maltreatment often has pernicious developmental consequences for children. A wealth of research on traumatic stress in adults has identified the presence of dissociative symptoms as a particularly salient predictor of posttraumatic stress symptoms (PTSS) in adults. At this time, however, dissociation has yet to be investigated as a predictor for PTSS among children who experienced trauma. To explore this question, we used the LONGSCAN longitudinal dataset examining the predictors and effects of childhood maltreatment in 1,354 American children at high risk for childhood maltreatment. The Modified Maltreatment Classification System was used to rate the severity of abuse the children suffered, and the Trauma Symptoms Checklist for Children was completed at ages 8 and 12 to measure dissociative symptoms and PTSS. Results demonstrated a significant positive relationship between dissociative symptoms at age 8 and PTSS symptoms at age 12 ($F(1,658)=9.85$, $p=0.002$). Additionally, dissociative symptoms at age 8 mediated the relationship between trauma exposure and PTSS ($ab=0.07$, 95% CI [0.006, 0.179]). This relationship suggests that dissociative symptoms are a meaningful risk factor for the development of PTSS in children, indicating a need for screening and the development of interventions that directly target dissociative symptoms.

TA19. DOES CHILDHOOD EMOTIONAL ABUSE AMPLIFY THE IMPACT OF CHILDHOOD EMOTIONAL NEGLECT ON SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER AND DISTURBANCE IN SELF-ORGANIZATION?

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

Abstract: Emotional maltreatment, which includes both childhood emotional abuse (CEA) and childhood emotional neglect (CEN), tends to be researched as a single entity because CEA and CEN commonly co-occur. Yet there is evidence that CEA may exert stronger effects than other forms of child maltreatment on psychopathology. We hypothesized a

synergistic, amplifying effect of CEA on CEN, such that the CEN would predict greater severity of post-traumatic stress disorder (PTSD) and disturbances in self-organization (DSO) symptoms in the presence of CEA. Data were collected from 956 college students at a large midwestern university (71.9% Female, Mage = 19.03). Approximately one-third of the sample experienced CEA (33.6%) or CEN (31.9%). There was a significant overlap between CEA and CEN, X^2(1, N = 956) = 259.43, p < .001 Theta = .52, with 21.9% reporting both CEA and CEN (n=209), 11.7% experiencing CEA alone (n=112), and 9.3% CEN alone (n=89). Multivariate Analysis of Variance indicated a significant main effect of CEA on PTSD (p < .001, η_p^2 = .13) and DSO severity (p < .001, η_p^2 = .14). CEN also demonstrated a significant main effect on PTSD (p = .03, η_p^2 = .01) and DSO severity (p < .001, η_p^2 = .03). The interaction between CEA and CEN on PTSD and DSO severity was not significant. Findings support independent effects of CEA and CEN on PTSD and DSO, although the effect sizes for CEA were larger. Findings suggest that future studies should examine the individual or interactive roles of CEA and CEN in relation to PTSD and DSO, rather than the combined construct of emotional maltreatment.

TA20. THE EFFECTS OF ACE DOMAINS ON STRESS AMONG BLACK YOUTH: SPIRITUAL COPING AS A BUFFER

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Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Social injustices disproportionately expose Black youth to adverse childhood experiences (ACEs), which contribute to poorer mental health outcomes through chronic stress. Despite ACEs invoking stress, Black youth possess cultural coping strategies that buffer against the psychological impact of ACEs related to household challenges (e.g., parental incarceration) and systemic inequities (e.g., racism). However, these cultural strengths have been less explored with ACEs related to childhood maltreatment (abuse and neglect). We examined whether communal and spiritual coping buffer the relationship between ACE domains (i.e., abuse, neglect, household challenges, related life events) and perceived stress.
Among 326 Black adolescents aged 17-19 years old, moderation analyses examined whether communal and spiritual coping buffered associations between ACE domains and perceived stress. All ACE domains had positive main effects on perceived stress. However, only spiritual coping significantly moderated the association between household challenges and perceived stress, as higher spiritual coping was associated with lower perceived stress (B = -.09, p = .02). Communal coping did not moderate the relationship between any of the ACE domains and perceived stress.
Household challenges often involve family disruption and caregiver instability; however, spiritual coping may foster meaning-making and support beyond immediate family. Future research may benefit from examining spiritual coping in trauma-intervention among Black youth when addressing mental health outcomes influenced by household challenges.

TA21. EXTERNALIZING PROBLEMS PREDICT CHRONIC CYBERBULLYING VICTIMIZATION AMONG A SAMPLE OF TRAUMA-EXPOSED ADOLESCENTS

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Program Category: Global Issues
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: There is strong evidence for social support as a moderator of psychological recovery following a traumatic event among adolescents. Among trauma-exposed youth, studies show high rates of comorbidity between trauma and stressor related disorders and externalizing symptoms, which often impair functioning in interpersonal relationships. Additionally, the rapid development of online socialization has allowed for new forms of peer aggression in youth. The current study tested the hypothesis that trauma-exposed youth with externalizing symptoms are at higher risk for cyberbullying victimization. Among a sample of adolescents (N=192, age M =15.22, SD=1.32) recruited from a children's hospital emergency department following a potentially traumatic event (PTE), a mixed-effects model was used to examine cyberbullying victimization at three time points (two weeks, six months, and nine months) following the PTE. Results indicate that youth experienced stable levels of cyberbullying victimization throughout the study period. A direct main effect of externalizing symptoms was observed (b=2.62, p=.024), such that trauma-exposed youth with high ratings of externalizing symptoms were significantly more likely to experience consistently elevated cyberbullying victimization. No significant associations were observed with internalizing symptoms. Findings highlight elevated risk for trauma-exposed youth with externalizing presentations: Impaired peer relationships may further hinder their ability to psychologically recover following a traumatic event.

TA22. SOCIAL MECHANISMS UNDERLYING THE EFFECTS OF DOMESTIC VIOLENCE ON ADOLESCENT DEPRESSION

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Program Category: Intergenerational Trauma
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Domestic violence (DV) has been linked to negative mental health outcomes in children (e.g., depression). In cases of DV, children's understanding of how to interact with others may be impaired, which can contribute to poorer social functioning overall. This project aims to evaluate the association between DV and depression, as well as to clarify if social mechanisms play a key role in this link. Using a nationally-representative dataset (i.e., NSCAW-II) of adolescent reports (N=1054; 11-17 years old), direct and indirect effects models composed of DV exposure, social skills, social dissatisfaction, and depression were evaluated. Level of DV exposure was significantly positively associated with depression ($p < .001$). There was a notable indirect effect via social skills (p=.052) such that greater DV exposure was associated with poorer social skills (p=.004) and poorer social skills were associated with greater depression (p=.003). A combined indirect effect was also observed via the effects of social skills and social dissatisfaction (p=.003). Specifically, lower social skills were associated with poorer social dissatisfaction ($p < .001$) and poorer social dissatisfaction was associated with greater depression ($p < .001$). These findings suggest that exposure to DV is strongly associated to the social functioning of adolescents. While DV is

also directly linked to depression, social processes play a key role in this link as well. Thus, social functioning is an important factor to consider for potential intervention following exposure to interpersonal violence within the home, particularly for adolescents.

TA23. PARENTAL SUPPORT AS A BUFFER OF THE EFFECT OF ADOLESCENT SEXUAL VIOLENCE ON SUBSTANCE USE IN THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM

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Track: Child and Adolescent Trauma
Program Category: Social Issues - Public Policy
Population Type: Child/Adolescent
Presentation Level: Intermediate
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Adolescents are at high risk for sexual violence, which can increase vulnerability for problematic substance use, potentially to cope with posttraumatic stress. Despite this, more research is needed on factors, such as parental support, that may buffer the association between adolescent sexual violence and substance use. The current study tested whether past-year adolescent sexual violence was associated with increased risk for substance use, and whether this association was buffered by having a parent who tried hard to meet the adolescent's basic needs. Among a cross-sectional sample of 15,962 adolescents (aged 14-18; 48.5% girls, 47.5% white non-Hispanic) participating in the United States' nationally representative 2023 Youth Risk Behavior Surveillance System, self-reported recent sexual violence was significantly associated with the presence of self-reported past-month binge drinking (RR=2.17, 95% CI [1.78, 2.64]), cannabis use (RR= 1.77, 95% CI [1.50, 2.10]), and prescription opioid misuse (RR=1.74, 95% CI [1.18, 2.56]), even after accounting for demographics, childhood sexual abuse, and depression. Although parental support somewhat attenuated risk for these outcomes, risk was still elevated vs. those not experiencing sexual violence. Results underscore that adolescent sexual violence is a risk factor for substance use, and suggest that parental support alone is not a sufficient buffer against this risk. Future research is needed to determine appropriate individual, family, and structural interventions that could reduce risk for problematic substance use after sexual violence.

TA24. HEALTHCARE UTILIZATION BEFORE AND AFTER THE 2011 UTøYA TERRORIST ATTACK: 17-YEAR REGISTRY TRAJECTORIES ACROSS MENTAL AND SOMATIC CARE IN YOUNG SURVIVORS

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Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Background: Mass trauma may lead to long-lasting mental and somatic health needs among those directly affected. Evidence on how such exposure shapes long-term healthcare utilization, while accounting for pre-exposure use, is scarce, particularly for cohorts exposed in adolescence and young adulthood. Prior research tracking healthcare utilization among survivors in the three years following the 2011 terrorist attack on Utøya

Island, in which 69 people were killed, demonstrated a substantial increase in healthcare utilization among survivors, particularly for psychological problems in primary care and specialized mental health services.
Objective: To describe trajectories of healthcare use from three years before to fourteen years after the Utøya terrorist attack (2008-2025) among survivors, most of whom were adolescents or young adults at exposure.
Methods: Individual interview data from The Utøya Study (participation rate:398/502; 79%) will be linked to national health registry data for consenting participants (n=375). The study will use individual-level data on contacts with primary care and specialized mental and somatic healthcare. Outcomes include annual contact rates for the different services, contrasted with the pre-attack baseline. Trends will be examined by sex, age, exposure, levels of PTSD, and somatic health complaints.
Conclusion: Early symptom levels are expected to predict frequent long-term utilization, and high mental health service use is expected to commonly co-occur with substantial somatic healthcare utilization.

TA25. THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON MENTAL HEALTH: THE MODERATING ROLE OF SOCIAL SUPPORT IN EMERGING ADULTS

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Track: Child and Adolescent Trauma
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: A considerable number of adults in the United States have a history of Adverse Childhood Experiences (ACEs). A history of ACEs is associated with numerous deleterious outcomes such as poorer physical and mental health. This study examined the impact of ACEs on symptoms of PTSD, depression, and anxiety and explored the role of social support (i.e. familial support and peer support) as a probable protective factor. One hundred fifty-two emerging adults between the ages of 18 to 25 completed online self-report measures. Forty-five percent of participants endorsed scores at or above a probable PTSD symptoms. More than half of the study sample reported 4 or more ACEs. A history of ACEs predicted symptoms of PTSD, depression, and anxiety. Social support did not moderate the relationship between ACEs and greater symptoms of mental health issues. Interestingly, peer support significantly predicted lower depression symptoms. These findings build on the existing body of literature on the implications of ACEs on adult mental health outcomes and the vulnerability process hypothesis regarding increased trauma risk. Psychological support services that employ a trauma-informed approach are warranted to identify and enhance protective factors in populations exposed to ACEs.

TA26. THERAPEUTIC IMPACTS OF THE PROCESSING OF POSITIVE MEMORIES TECHNIQUE ON POST-TRAUMA SYMPTOMS, AFFECT, AND COGNITIVE PROCESSES: A RANDOMIZED CONTROLLED TRIAL

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate

Population Type: Adult
Region: Industrialized Countries
Abstract: Research suggests that positive memory processes influence the maintenance, onset, and treatment of PTSD. A novel PTSD intervention–Processing of Positive Memories Technique (PPMT)–involves narration and processing of specific positive autobiographical memories (AM) as an active treatment ingredient. Its impact on post-trauma health outcomes is under-researched. The current study compared PPMT to Supportive Counseling (SC) in a RCT to examine their effects on affect dysregulation, affective responses to positive stimuli, post-trauma cognitions, and number of positive and negative AMs. Seventy adults with PTSD (Mage=31.31±13.20; 80% female) were randomized to five weekly PPMT or SC therapy sessions and were assessed at baseline, each session, and 1-week and 3-month follow-ups. Multilevel linear models indicated improvements in negative (β=-0.15, p=.038) and positive affect dysregulation (β=-0.08, p=.036), affective responses to positive stimuli (positive emotionality: β=0.19, p < .001; negative affect interference: β=-0.21, p < .001; hedonic deficits: β=-0.15, p < .001), and post-trauma cognitions (β=-0.23, p < .001) across timepoints irrespective of PPMT or SC. Participants who received PPMT reported retrieving more positive-specific (β=0.35, p=.010) and fewer negative-overgeneral (β=-0.29, p=.031) AMs than those who received SC. Among those who had high baseline PTSD severity, participants who received PPMT had greater decreases in negative affect interference, post-trauma cognitions, and negative-overgeneral AMs. PPMT may help improve post-trauma cognitive and affective processes.

TA27. TRAUMA-RELATED PROCESSES AND CANNABIS CRAVING: A NETWORK APPROACH

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Childhood maltreatment (CM) has been linked with later psychological difficulties and substance related behaviors. Trauma-exposed individuals may use substances, such as cannabis, to cope with psychological distress. Experiential avoidance (EA) and dissociation are processes common to trauma-related coping; however, limited studies have examined how CM subtypes are related to trauma processes and subsequent cannabis behavior. This cross-sectional study used a correlation network approach to examine associations among five CM subtypes (emotional, physical, sexual abuse; emotional and physical neglect), EA, dissociation, and cannabis craving and use frequency in a sample of undergraduates from a midwestern university (N = 317). Results showed a strongly connected CM cluster, with strong associations between emotional and physical neglect. All CM types were positively associated with EA and dissociation, with emotional abuse showing the strongest links. EA and dissociation were significantly positively associated with cannabis craving, with dissociation demonstrating the stronger association, whereas cannabis use frequency showed weaker network associations. Trauma-related processes and craving were more strongly connected to CM than use frequency, suggesting EA and dissociation may function as bridge processes linking CM to cannabis craving. These findings support research on EA and dissociation in substance related coping after CM experiences. EA and dissociation may be relevant targets for intervention to help reduce distress and substance related coping in trauma-exposed individuals.

TA28. PARALLEL THERAPEUTIC ENGAGEMENT IN A REFUGEE FAMILY AFFECTED BY WAR AND TORTURE: A CASE STUDY

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Global
Abstract: Background: Refugee families affected by organized violence experience intergenerational trauma at several levels. Traditional approaches risk individualizing systemic wounds or requiring culturally inappropriate participation. This case study examines a parallel treatment model, where five therapists worked individually with five members of a Central African refugee family affected by war, torture and displacement.
Methods: Five trauma-informed clinicians provided individual therapy to family members (ages 12–60) over 12 months in a torture survivor treatment program. Therapists engaged in weekly consultation while maintaining confidentiality. Thematic analysis of notes identified systemic patterns, trauma transmission, cultural adaptation, and ethical considerations.
Results: Parallel work reveals patterns otherwise invisible to individual therapists: intergenerational silence around pre-migration trauma; role reversals driven by language barriers; differential symptom expression across generations (somatic and behavioral/emotional). Consultation enabled systemic conceptualization, contextualizing symptoms within family survival strategies, reducing pathologizing narratives and supporting therapeutic alliance.
Conclusion: This model shows systemic communication can enhance refugee mental health treatment without joint sessions, honoring privacy while contextualizing symptoms within trauma and culture. Implications include systemic consultation training and expanded access for families unable to engage in traditional family therapy.

TA29. INSOMNIA IN INDIVIDUALS WITH POSTTRAUMATIC STRESS DISORDER WHO WERE RECEIVING MEDICATIONS FOR OPIOID USE DISORDER

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Advanced
Population Type: Adult
Region: Industrialized Countries
Abstract: Posttraumatic stress disorder (PTSD) and opioid use disorder (OUD) commonly co-occur. Sleep disturbance (e.g., insomnia) is a core symptom of PTSD and a common opioid withdrawal symptom that may persist even after sustained opioid abstinence. This study examined the characteristics associated with insomnia in a sample of individuals with PTSD who were receiving medications for OUD (MOUD). Participants were 51 adults with PTSD who were receiving buprenorphine or methadone treatment for OUD and participated in an ongoing randomized clinical trial evaluating the efficacy of a prolonged exposure therapy (PE) protocol for increasing PE attendance and reducing PTSD symptom severity. Fifty-three percent of participants met the threshold for clinical insomnia based on the Insomnia Severity Index. Those with (n=27) and without (n=24) insomnia were similar on

most sociodemographic and drug use characteristics. However, participants with insomnia were more likely to report the use of electronic cigarettes (p=.04) than those without. In terms of psychiatric symptoms, participants with and without insomnia reported similar levels of PTSD and depression symptom severity. However, those with insomnia reported more severe anxiety symptoms (p=.04) than those without. Although these findings indicate that insomnia is prevalent among individuals with PTSD who are receiving MOUD treatment, PTSD severity and recent drug use may not meaningfully differ by insomnia status. Given the cross-sectional nature of this data, future research is needed to determine whether insomnia is associated with PTSD treatment outcomes.

TA30. THE IMPACT OF CHILD MALTREATMENT ON POSTTRAUMATIC STRESS SYMPTOMS AND EMOTION REGULATION: EXPLORING THE ROLE OF PARENT-CHILD COMMUNICATION

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Child maltreatment is a public health issue linked to emotion regulation (ER) difficulties and posttraumatic stress symptoms (PTSS). While caregiver support is considered protective, research on parent-adolescent communication's role in maltreatment-related outcomes is absent and has been focused on mothers. To date, there is no information regarding fathers' contributions to outcomes in the context of maltreatment. This study addressed these gaps by examining whether two forms of parent-adolescent communication were related to ER and PTSS in 543 emerging adults (M = 20.31, SD = 2.08). Second, the study determined whether parent-adolescent communication mediated the relationship between cumulative maltreatment, and ER and PTSS, controlling for non-maltreatment trauma exposure. Problem communication with mothers was associated with greater ER difficulties (β = -0.58, $p < .001$) and PTSS (β = -0.41, $p < .001$). Yet, open communication with mothers was not related to either outcome. Similarly, problematic communication with fathers was linked to greater ER difficulties (β = -0.40, $p < .001$) and PTSS (β = -0.25, p = .03), whereas open communication with fathers was not. Moreover, problem communication with mothers and fathers mediated the relationship between cumulative maltreatment and both ER difficulties and PTSS, while open communication did not. Findings underscore the critical role of problematic parent-adolescent communication in relation to psychological functioning, emphasizing the need for interventions to address maladaptive communication patterns to reduce trauma-related symptoms and improve ER.

TA31. THE MODERATING ROLE OF PAIN INTERFERENCE AMONG INDIVIDUALS WITH PTSD PARTICIPATING IN A SEQUENCED TREATMENT EFFECTIVENESS TRIAL

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Track: Clinical Interventions
Program Category: Clinical Practice

Presentation Level: Intermediate
Region: Industrialized Countries
Population Type: Adult
Abstract: Chronic pain often co-occurs with PTSD. The psychosocial burden of the co-occurrence has been well-established. However, less is known about how the presence of pain affects treatment trajectories among those in PTSD treatment. The current secondary data analysis focuses on n=596 (age=45.2 years, SD=15.3; 33.4% women) individuals with PTSD who participated in a sequenced treatment for PTSD in primary care. For the current analysis, participants were assigned to either written exposure therapy or an SSRI. The objective was to determine whether baseline pain interference moderated the 4-month treatment effect across 3 outcomes (PTSD, anxiety, and depression), and whether baseline pain interference moderated these symptom trajectories over time (baseline to 4-months). Random intercept models showed that baseline pain interference did not moderate treatment effects over time for PTSD (b=-0.43, 95% CI: -1.01, 0.14), anxiety (b=-0.12, 95% CI: -0.30, 0.06), or depression (b=0.10, 95% CI: -0.29, -0.09). However, there was a time by pain interference interaction showing that those with more pain interference endorsed less PTSD improvement over time (b=0.56; 95% CI: 0.15, 0.97), a pattern not shown for anxiety or depression. Baseline pain interference was also associated with overall levels of anxiety (b=0.85; 95% CI: 0.39, 1.31) and depression (b=0.88; 95% CI: 0.37, 1.39), but not PTSD. No other effects were significant. Results suggest that chronic pain not only adds to the psychosocial burden of PTSD but may also prevent recovery. PTSD treatments may need to address chronic pain to address the public health impact of PTSD.

TA32. CLIENT AND THERAPIST EXPERIENCES WITH THE PROCESSING OF POSITIVE MEMORIES TECHNIQUE (PPMT) IN A RANDOMIZED CONTROLLED TRIAL: INSIGHTS FOR PROTOCOL REFINEMENT

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Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The Processing of Positive Memories Technique (PPMT) is a brief memory-based intervention designed to enhance access to detailed positive autobiographical memories (AMs) in individuals with posttraumatic stress disorder (PTSD). Although prior work suggests that PPMT is feasible and may reduce PTSD symptoms, less is known about client and therapist experiences with PPMT when delivered to individuals with diagnostic PTSD. The current study examined participant and therapist feedback on the format, content, feasibility, and acceptability of PPMT within a randomized controlled trial comparing PPMT to supportive counseling. Participants with PTSD and therapists who delivered PPMT completed quantitative and qualitative feedback surveys following treatment. Overall, both participants and therapists reported strong feasibility and acceptability of PPMT. Participants described emotional and cognitive benefits of narrating and positive AMs, including increased access to positive emotions, improved self-reflection, and greater present-oriented awareness. Feedback also indicated that PPMT may be most effective when delivered as an adjunct to trauma-focused treatments. Several areas for protocol refinement were identified, including clarifying the rationale for protocol elements such as using the present tense for narration, the exclusion of trauma content, how recalling positive AMs can help in trauma

recovery, and flexibility in number of sessions. Findings support PPMT as a feasible and acceptable intervention and provide guidance for optimizing its clinical implementation.

TA33. COGNITIVE PROCESSING THERAPY FOR PERINATAL PTSD: AN ONGOING PILOT STUDY

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Presentation Level: Intermediate
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Objectives: There is no published data on the utilization of evidence-based psychotherapies to treat posttraumatic stress disorder (PTSD) in pregnant woman. This randomized controlled trial compares the efficacy and feasibility of providing conventional vs. massed cognitive processing therapy (CPT) to pregnant women. **Methods:** Pregnant women (< 25 weeks) with a primary diagnosis of PTSD (PCL-5 > 33) are randomized to receive CPT (one session/week for 12 weeks; n = 30) or massed CPT (mCPT) (two 60-min sessions per day for 5 days; n = 30) via telemedicine. Our research aims: (1) Evaluate the relative efficacy and tolerability of CPT vs. mCPT for treatment of perinatal PTSD and depression; (2) Determine the effect of CPT upon maternal-infant interaction; (3) Collect pilot data of obstetric/neonatal outcomes. RESULTS: Three subjects have completed mCPT, 2 subjects are scheduled for mCPT, and 7 subjects are in conventional CPT. If our current recruitment pace continues, we can present preliminary data for Aims 1 and 3 for 20-25 subjects at the conference. We predict that both CPT/mCPT will improve PTSD and depression, but that those who receive mCPT will have more rapid improvement and be more likely to complete therapy. We predict that CPT will improve maternal-infant attachment in the peripartum. We predict that CPT will not be associated with negative neonatal outcomes, if confounders are controlled. CONCLUSION: This study fills a gap in the research by examining two cadences of CPT with modifications to address pregnancy-specific concerns.

TA34. AUTISTIC TRAITS AND POSTTRAUMATIC STRESS SYMPTOMS: THE ROLE OF RESILIENCE AND RUMINATION

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Individuals with elevated autistic traits (ATs) exhibit heightened vulnerability to posttraumatic stress symptoms (PTSS), yet mechanisms underlying this association remain unclear. ATs were examined dimensionally rather than categorically (i.e., by autism spectrum disorder [ASD] diagnosis), as subclinical levels have been linked to functional impairment and adverse mental health outcomes. Using a diverse sample of young adults (N = 681; Mage = 23.30, SD = 7.60; 45.1% White; 77.5% Female), the present study examined rumination as a mediator and resilience as a moderator of the association between ATs and PTSS. Rumination has been identified as a vulnerability factor, while resilience is considered protective against PTSS among individuals with ASD; however, the roles of these processes across the broader AT continuum remain understudied. Brooding and reflective rumination

partially mediated the AT-PTSS association (ps < .001), with a stronger indirect effect for brooding (β = .18) than reflective rumination (β = .11). Resilience did not significantly moderate the association between ATs and PTSS (β = .01, t = 0.38, p = .703). By examining these mechanisms, this study clarifies how dimensional ATs, rather than ASD diagnosis alone, relate to PTSS and identifies rumination, but not resilience, as a clinically relevant intervention target for reducing PTSS among individuals with elevated ATs.

TA35. UNIFIED PROTOCOL FOR TRANSDIAGNOSTIC TREATMENT FOR POSTTRAUMATIC STRESS DISORDER IN JAPAN: A SECONDARY ANALYSIS OF A RANDOMIZED CONTROLLED TRIAL

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: East Asia and the Pacific
Abstract: The Unified Protocol for the transdiagnostic treatment of emotional disorders (UP) is efficacious across multiple conditions, including PTSD. Using data from a Japanese outpatient RCT (n=104), we examined outcomes among participants with PTSD. Eight met PTSD diagnostic criteria (principal diagnosis n=3); excluding one with substantial missing data, seven were analyzed (mean age=35.00, SD=9.45; female n=5). UP was delivered according to the published workbook/therapist guide (weekly 60-min sessions for 16 weeks), with fidelity monitored through regular supervision. Diagnostic status was assessed using the Structured Clinical Interview for DSM (SCID). PTSD symptoms were assessed using the Impact of Event Scale-Revised. We also administered the GRID-HAMD (depression), SGIH-A (anxiety), EQ-5D-5L (QOL), and Clinical Global Impression (global improvement/severity). Evaluators were masked to the original allocation. Mean changes from baseline to post-treatment indicated improvement in PTSD, depression, anxiety, QOL, and global severity (18.5, 8.9, 10.9, 1.3, and -0.15, respectively). Findings suggest UP may be effective for PTSD in Japanese clinical settings.

TA36. BEYOND THE BATTLEFIELD: PSYCHOSOCIAL OUTCOMES AND MOTIVATIONS OF CIVILIAN PSYCHIATRIC SERVICE DOG HANDLERS

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Presentation Level: Introductory
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Psychiatric Service Dog (PSD) research has largely centered on veterans with PTSD, leaving the experiences of civilian adults underexplored. This qualitative study examined the motivations and lived experiences of non-military adult PSD handlers to better understand how these partnerships function as mental health interventions. Using a phenomenological design, semi-structured interviews were conducted with participants recruited through snowball and convenience sampling. Thematic analysis identified patterns across participants' narratives

Participants commonly sought a PSD after traditional treatments proved insufficient. Beyond task-based symptom interruption, handlers described profound psychosocial shifts, including reduced anxiety, depression, PTSD symptoms, and agoraphobia; increased independence; and strengthened self-efficacy. Notably, the process of training and bonding with the dog emerged as transformative, fostering confidence, skill development, and social connection within a broader PSD community.
However, participants also reported systemic barriers, including public access challenges, stigma, and the impact of illegitimate service dogs. Findings suggest PSDs function not only as clinical supports but as relational and identity-shaping interventions. Increased public education and policy awareness are critical to reducing barriers and promoting full community inclusion.

TA37. BEYOND THE CHECKLIST: CENTERING BLACK MOTHERS' VOICES IN PERINATAL PTSD SCREENING

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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Screening for posttraumatic stress disorder (PTSD) is not currently standard practice in most obstetrics (OB) clinics and may need to be adapted to address the unique needs of Black perinatal women who are disproportionately exposed to traumas. Thus, we culturally adapted a screening, brief intervention, and referral to treatment (SBIRT) approach for PTSD that includes symptom screening, psychoeducation, motivational interviewing, and sharing of resources.
Objective: To describe how Black pregnant women who have experienced trauma engage with mental health resources in order to better understand their needs and treatment considerations.
Methods: Trauma-exposed Black women (n=69) were randomized to SBIRT intervention as part of an ongoing comparative effectiveness trial. Trained peer providers conducted the SBIRT with participants at participants' initial first trimester prenatal visit. Participants completed follow-up visits at each trimester and 6-weeks postpartum.
Results: The majority of participants were not in therapy at the intervention (83%), but most were interested in accessing support (72%). Following intervention, 13% of participants started therapy and 21% engaged in other wellbeing supports. The most common resources were for maternal mental health (45%), baby supplies (33%), basic needs (22%), and child wellness (17%).
Conclusion: Preliminary results emphasize the potential utility of a peer-led, culturally responsive screening approach for trauma-exposed Black pregnant women at urban hospitals, which are uniquely positioned to implement systemic changes in screening.

TA38. THE IMPACT OF TIME TO TREATMENT ON RETURN TO WORK IN FIRST RESPONDERS

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Track: Clinical Interventions
Program Category: Complex Trauma

Presentation Level: Intermediate
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: Objectives: First responders witness trauma, causing complex post-traumatic stress and functional impairment, often leading to disability. Multimodal approaches have demonstrated benefit in mitigating the impact of trauma exposure (Flannery, 2015) and delayed mental health treatment may impede employment (Prudon, 2025). This study examined the association between injury to treatment time (ITT) and return to work (RTW) outcomes for responders with post-traumatic stress disorder (PTSD) in a transdisciplinary biopsychosocial therapeutic environment.
Methods: Occupational medicine data was analyzed for responders initiating care from May 2022 to August 2025, with ≥90 hours of treatment, who had PTSD (PCL-5≥33). ITT was log-transformed (base 2). RTW and maximum medical improvement (MMI) were recorded. The BBHI-2 captured clinical outcomes at intake and discharge (Disorbio and Bruns, 2002). Logistic regression evaluated the link between ITT and RTW, adjusting for age, sex, and intake BBHI-2 scores. McNemar's tests assessed population-level changes in clinically elevated (≥84) BBHI-2 scores.
Results: Among 132 responders, 98.5% achieved MMI and 81.8% returned to work. Longer ITT was associated with significantly reduced odds of RTW (OR=0.61, 95% CI: 0.46–0.81, p=0.0007). At the population level, significant ($p < 0.05$) reductions were observed in clinically elevated BBHI-2 scores for functional complaints, somatic complaints, and depression.
Conclusion: Earlier initiation of transdisciplinary biopsychosocial care following injury was associated with significantly improved RTW and clinical outcomes.

TA39. DO PSYCHOTIC SYMPTOMS IMPROVE AS PTSD IMPROVES? A LONGITUDINAL STUDY OF PSYCHOTIC FEATURES AMONG INDIVIDUALS WITH MAJOR DEPRESSIVE DISORDER AND CO-OCCURRING PTSD

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Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: This study examined whether psychotic symptoms change concurrently with reductions in posttraumatic stress disorder (PTSD) severity among individuals with Major Depressive Disorder (MDD), as growing evidence links trauma exposure and PTSD with psychotic symptoms beyond primary psychotic disorders (Buswell et al., 2021; Giannopoulou et al., 2023; Lyndon and Corlett, 2020). Data were drawn from a randomized controlled trial of a trauma-focused cognitive behavioral therapy intervention including breathing retraining, psychoeducation, and cognitive restructuring adapted for severe mental illness (Mueser et al., 2015). Participants were recruited from partial hospitalization and outpatient programs and had confirmed PTSD diagnoses using the Clinician-Administered PTSD Scale (Blake et al., 1990). The sample included 71 individuals with MDD and co-occurring PTSD receiving community mental health services. Depression, anxiety, psychiatric symptoms, interpersonal functioning, and quality of life were assessed using validated clinician-administered and self-report measures, with psychotic features assessed using the Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987). Data from baseline, post-treatment, 6-month, and 12-month assessments spanning approximately 1.5

years were analyzed to examine longitudinal associations between PTSD and psychotic symptoms. Reductions in PTSD severity were associated with decreases in psychotic symptoms, underscoring the relevance of trauma-informed treatment approaches for individuals with serious mental illness reporting psychotic experiences.

TA40. EFFECTIVENESS OF KETAMINE AS A TREATMENT FOR POST-TRAUMATIC STRESS DISORDER IN MILITARY VETERANS

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

Abstract: Posttraumatic stress disorder (PTSD) is both prevalent and impairing among military veterans. According to VA/DOD clinical practice guidelines, effective treatments include trauma-focused psychotherapies as well as pharmacotherapies, such as paroxetine, sertraline, and venlafaxine. However, up to two-thirds of Veterans with PTSD who complete these frontline treatments have residual traumatic stress symptoms. Especially for such treatment-resistant cases, novel treatments including ketamine warrant further study. The purpose of this study was to explore PTSD symptom severity outcomes for military Veterans diagnosed with PTSD who were receiving ketamine for treatment-resistant depression. Electronic health records data from one VA Medical Center revealed that over half ($N > 70$) of Veterans receiving ketamine for treatment-resistant depression in a five year period were also diagnosed with PTSD. PTSD symptom severity was measured with the PTSD Symptom Checklist (PCL-5) administered during routine clinical care. Data are collected and prepared for analysis. Findings will be discussed in context of the limited but growing literature on the use of ketamine in the treatment of PTSD.

TA41. THE EFFECTS OF IBOGAINE ADMINISTRATION ON PTSD SYMPTOMS AND PERSONALITY IN SPECIAL OPERATIONS VETERANS

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

Abstract: In the United States, 41% of veterans are diagnosed with at least one mental illness, often due to military-authorized experiences. Previous research has shown that personality traits, such as neuroticism, may predispose individuals to stress-related conditions, including depression and PTSD. The lack of effective treatments for these conditions, particularly in combat veterans, has prompted a search for alternative remedies, such as psychedelic therapy. This observational study assessed the effects of ibogaine administration, a psychedelic compound shown to have beneficial mental health effects, at a specialized retreat for special operations forces veterans ($N = 30$). Using self-reported surveys of PTSD symptoms (PCL-5) and personality characteristics (NEO-FFI), we assessed

changes in both measures at several weeks prior to one week following the retreat. We predicted significant reductions in both PTSD symptoms and neuroticism following ibogaine administration. We also studied relationships between changes in both PTSD symptoms and personality. Linear mixed model analyses showed a significant reduction in PTSD symptom severity (t = -8.19, p = 1.23e-08), as well as decreases in neuroticism (t = -5.62, p = 4.97e-06) from pre- to post-treatment. PTSD symptom severity changes were significantly associated with changes in neuroticism (Spearman's rho = 0.77, p = 2.43e-06). These findings provide evidence that ibogaine treatment may be a promising route to alleviate PTSD symptoms in combat veterans while revealing a shift in a personality facet known to be an underlying vulnerability factor to psychopathology.

TA42. HEARD WITHOUT EXPLAINING: VETERANS' PERSPECTIVES ON GROUPS RESTRICTED TO PEOPLE OF COLOR

Raine Triplett*[1], Ashley Faytol[1], Clarice Wang[1], Skylar Keslven[1], Jafer Vasquez Alcaraz[1], Maurice Endsley[1], Keisha Ross[1], Arpi Minassian[1], Ariel Lang[1]
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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Introduction: Race-based stress and trauma affect the physical and mental health of Veterans of Color (VOC), yet traditional group treatments may not fully address racialized experiences. BIPOC only groups are proposed as culturally responsive care, but little research has examined how VOC perceive these spaces. This study explored VOC experiences in VOC-only groups to understand benefits and considerations of identity-specific care.
Methods: This is a secondary analysis of data from a randomized controlled trial comparing two approaches to managing stress among VOC. Participants in these groups (N = 23) completed post-intervention qualitative interviews, which were analyzed using a rapid analysis approach.
Results: Three themes emerged: freedom from racialized burden (not having to educate, explain, or accommodate others' comfort around race), perceived safety (comfort expressing themselves), and cultural identity congruence (relating to others' experiences and feeling validated).
Conclusions: VOC-only groups were well received by Veterans, regardless of intervention type. The hypothesis that these groups reduce racial stress, enhance safety, and support authentic expression should be explored in future studies. BIPOC only spaces may be a valuable component of culturally responsive care and may impact engagement and outcomes.

TA43. WRITTEN EXPOSURE THERAPY IN PRACTICE: TREATMENT RESULTS AMONG MILITARY AFFILIATED CLIENTS IN A COMMUNITY MENTAL HEALTH NETWORK

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

Abstract: Posttraumatic stress disorder remains a critical concern among military-affiliated populations, including veterans, active duty members, and their families. While evidence-based treatments such as Cognitive Processing Therapy and Prolonged Exposure are effective, they often require a large number of sessions sessions, which can present challenges for retention in real-world community settings. Brief treatment options that maintain clinical effectiveness are needed. Written Exposure Therapy (WET), a five-session protocol, has shown promise as a scalable, brief intervention, but its performance in routine care for military-affiliated clients is not well understood. This presentation evaluates PTSD symptom change among clients receiving WET across a national community mental health network, examining outcomes by client type (veteran, active duty, family member), gender, and race/ethnicity. Analyses focus on clients who completed at least five sessions of WET, assessing PTSD symptom reduction from baseline to post-treatment. Preliminary findings indicate that WET leads to substantial and clinically meaningful improvements in PTSD symptoms across client types and demographic groups. These results support the feasibility and effectiveness of WET as a brief, scalable intervention for diverse military-affiliated populations in community mental health settings.

TA44. A SYSTEMATIC REVIEW OF MASSED TREATMENTS FOR POSTTRAUMATIC STRESS DISORDER AMONG VETERANS AND SERVICE MEMBERS

Mary Shapiro*[1], Amanda Raines[1], Chelsea Ennis[1], Ansley Bender[1], Alexandra Belardo-Defelice[1], Erin Gleason[1]
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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Massed treatment for PTSD is a burgeoning area of research, with benefits including reduced drop-out rates and faster symptom reduction. The robust and significant effects of massed trauma-focused treatments have been demonstrated across various populations and settings. However, only one study has synthesized the literature on this topic, with the authors finding large reductions in PTSD symptoms and high rates of treatment completion. This review utilized studies comprised of civilians and veterans, signifying a significant gap in the literature. Specifically, it is known that military and veteran populations do not respond as well to PTSD treatments as other traumatized groups. As such, the aim of this study was to conduct a review of the literature on massed treatments for PTSD among military and veteran populations. A systematic literature search yielded six studies that met all inclusion criteria. Findings revealed that massed prolonged exposure (PE) and cognitive processing therapy (CPT) both evidenced reductions in PTSD symptoms across multiple methods of assessment. Further, massed PE was effective across different modalities (e.g., virtual) and associated with a loss in PTSD diagnostic status and lower drop-out. Limitations include a dearth of research on other massed treatments for PTSD (e.g., CPT, written exposure therapy) among this population and the lack of trials testing standalone massed treatments for PTSD (i.e., without other treatment components). Future work examining compressed treatments for PTSD is critical to better understand their effectiveness among veterans and service members.

TA45. USABILITY AND LEARNER ENGAGEMENT IN AN ASYNCHRONOUS WEB-BASED TRAINING FOR TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

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Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Population Type: Mental Health Professionals
Region: Industrialized Countries
Abstract: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an effective treatment for PTSD, yet access to expert-led training remains limited due to time and geographic barriers. Asynchronous e-learning offers a scalable solution, but its impact depends on usability and learner engagement. Objective: To develop an asynchronous, interactive TF-CBT training and conduct prototype testing.
Methods: Training development followed a multi-step, evidence-informed process that included: (1) a needs assessment using focus groups with clinicians (n = 25); (2) development of a TF-CBT competency framework; (3) validation of the training structure and competencies by PTSD treatment experts; and (4) consultation with e-learning design specialists. Prototype testing involved 10 clinicians who completed the first two modules (Understanding Traumatic Events and PTSD; Assessing PTSD) and evaluated usability and engagement using the French System Usability Scale (F-SUS), a course evaluation questionnaire, and a 30-minute semi-structured interview. Results: Satisfaction with learning activities and training content was high (90% “totally agree” across most evaluated items). Participants valued the flexibility offered by the asynchronous learning platform, case-based exercises, and virtual patient simulation activities. The mean usability score was high (F-SUS = 78.3), indicating strong acceptability.
Conclusions: Prototype testing supports the acceptability and usability of this asynchronous TF-CBT training and informs targeted refinements before development of the remaining modules.

TA46. THE OSLO PRIDE TERROR STUDY: SURVIVORS’ EXPERIENCES WITH A PEER SUPPORT GROUP IN THE AFTERMATH OF AN ANTI-LGBTQ+ SHOOTING

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Track: Mass Violence and Migration
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Peer support groups have been established after mass trauma for decades, but empirical research on such groups is scarce. The aim of the study was threefold: (1) examine characteristics of survivors who chose to participate in activities arranged by the support group after a terrorist attack, (2) explore important functions the peer support group served, and (3) describe negative experiences associated with such groups. We interviewed 241 survivors three years after a terror attack targeting the LHBTQ+ community during Oslo Pride in Norway 25th of June, 2022. Participants were asked to report on their personal experiences and involvement in the peer support group that was established, including whether they had participated in activities organized by the group, important functions, and

any adverse experiences. Closed-ended questions were analyzed descriptively, and group differences analyzed using chi-squared and t-tests. Open-ended responses were analyzed using thematic analysis. Almost 40% had participated in activities organized by the support group, and many reported that it had served important functions, including contributing to research on the consequences of the attack. Survivors who chose to attend the group's activities were younger, had higher peri-trauma exposure, and higher levels of psychopathology. About 10% described adverse experiences with the group. More research is needed to understand the significance of peer support groups post-trauma, including what elements of such groups promote good health and healing and what may contribute to an increased risk of negative outcomes or overload.

TA47. ACES, MIGRATION ADVERSITY, and SOCIAL SUPPORT AMONG LATINX IMMIGRANTS

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Track: Mass Violence and Migration
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Latin America and the Caribbean
Abstract: Social support is a salient value of the Latinx community and is known to mitigate the effects of chronic stressors and trauma, however, more information is needed regarding how different types of social support contend with the unique compounding adversities present within this community. The aims are to (a) describe associations between ACEs and migration-related adversity and (b) associations among ACEs, migration-related adversity, and social support among adult Latinx immigrants.
Quantitative measures of ACEs, migration-related adversity, and perceived social support were administered to N=50 participants. Qualitative data was from individual interviews with a sub-sample of n=16 participants. Utilizing a mixed-methods approach, we collected and analyzed data to elucidate a comprehensive understanding of these phenomena.
Consistent with quantitative findings, qualitative analyses indicate that familial abuse (e.g., sexual assault) and household instability (e.g., parental substance use, death of a parent) during childhood were the most salient types of adversity, followed by family separation due to migration. In the sub-set of participants, all experienced at least one migration-related adversity; nine reported moderate (1-3) and seven reported high (4+). For social support, participants expressed gratitude for others (e.g., family, friends) who helped navigate resettlement in the US. This will contribute to trauma-informed interventions that account for culturally responsive approaches that integrate sources of support while acknowledging that familial dynamics may be complex.

TA48. THE STRUCTURAL VIOLENCE OF FAMILY SEPARATION AND IMMIGRATION ENFORCEMENT: LONGITUDINAL IMPACTS ON THE MENTAL HEALTH OF LATINX IMMIGRANTS

Daisy Ramos*[1], Jessica Goodkind[1], Lee Van Horn[1], Bianca Ruiz-Négron[1], Susana Echeverri Herrera[1], Megan Faulkner[1], Alena Kuhlemeier[1], Alejandra Lemus[1], David Lardier[1], Janet Ramirez[1]
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Track: Mass Violence and Migration
Program Category: Culture and Diversity

Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Family separation among immigrants who resettle in the United States is a common experience and a determinant of psychological distress. As more people flee violence, family separation has inevitably increased. Unfortunately, it has also been exacerbated and prolonged by the impact of punitive U.S. immigration policies. Although the U.S. contribution to the structural violence of family separation has long been recognized, the pace and mechanisms of family separation have accelerated and expanded due to intensified immigration enforcement practices. Within a longitudinal, mixed method, community-based participatory mental health intervention study, we expanded a typical measure of potentially traumatic experiences to assess multiple aspects of family separation occurring post-migration and additional U.S. immigration enforcement-related experiences. Quantitative data collected from 481 Latinx immigrants revealed that family separation post-migration and family member detention/deportation/pending deportation were significant predictors of psychological distress, even when controlling for overall trauma exposure. We leveraged our 7 timepoints of quantitative survey data and 6 timepoints of qualitative interview data to map family separation events onto psychological distress trajectories, demonstrating the complex, enduring, and radiating effects of U.S. immigration policies on mental health. Our findings have critical implications for policy and practice and highlight the importance of mixed method, longitudinal, community-engaged research with immigrants.

TA49. THE DIRECT CONSEQUENCES OF INDIRECT EXPOSURE: PTSD IN PERINATAL WOMEN DURING WAR

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Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Middle East and North Africa
Abstract: Background: Pregnant and postpartum women represent a uniquely vulnerable population during war and terrorism. Although often not directly exposed to frontline violence, they may experience substantial indirect trauma through media exposure, interpersonal loss, and geographic proximity to threat.
Methods: We examined PTSD symptoms in a cohort of perinatal women during war, assessing indirect exposure (media exposure, knowing murdered or abducted individuals, and proximity to threat) while accounting for established risk factors. Childbirth-related PTSD symptoms were also evaluated.
Results: Nearly one in four women met criteria for clinically significant PTSD symptoms. Greater indirect exposure was associated with higher overall PTSD severity. Childbirth-related PTSD symptoms were strongly associated with overall PTSD burden. Intrusive and hyperarousal symptoms were particularly prominent.
Conclusions: Indirect exposure represents a clinically meaningful pathway for perinatal PTSD. These findings underscore the importance of trauma-informed screening in reproductive health settings during periods of collective violence.

TA50. UNDERSTANDING DROPOUT IN SCALABLE INTERVENTIONS: A MIXED-METHODS STUDY OF PM+ AMONG DISPLACED PERSONS

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Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Introductory
Population Type: Adult **Region:** Industrialized Countries
Abstract: Background: Reducing preventable dropout is essential for the sustainable implementation of scalable interventions. Despite increasing global adoption of peer-delivered programmes, dropout patterns remain poorly understood. This mixed methods study examined intervention dropout in Problem Management Plus (PM+) for displaced persons across Swiss cantons.
Methods: Twenty participants who discontinued PM+ (between 2023 and 2025) completed qualitative interviews. Participants were from Afghanistan, Ukraine, Türkiye, and other countries. Interview transcripts were coded deductively and inductively, yielding 13 themes. Regression analyses examined baseline predictors of intervention dropout. Qualitative and quantitative findings were discussed with stakeholders including peer-helpers, project coordinators, and healthcare staff, in focus group interviews.
Results: Key dropout reasons included mismatched expectations, external or organizational factors, helper-related factors, insufficient or sufficient stress reduction, and need for specialized support. Distinct patterns emerged for early versus later intervention dropout. Stakeholders generated actionable retention strategies.
Conclusions: Findings identify modifiable dropout factors and inform retention strategies for peer-delivered interventions. Recommendations include enhanced pre-intervention screening and expectation-setting. Results are applicable to displaced populations in high-income settings and beyond.

TA51. POSTTRAUMATIC STRESS DISORDER AMONG ADULTS IN COMMUNITIES WITH MASS VIOLENCE INCIDENTS

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Track: Mass Violence and Migration
Program Category: Traumatic Loss and Grief
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Mass violence incidents (MVIs) are prevalent in the United States and have lasting psychological effects on directly affected individuals, yet community-level mental health impacts remain poorly understood. This study estimated the prevalence of past-year and current posttraumatic stress disorder (PTSD) and associated risk factors among adults in communities that experienced an MVI. A cross-sectional household probability survey (February–September 2020) was conducted in six U.S. communities with MVIs between 2015 and 2019 (Dayton, El Paso, Parkland, Pittsburgh, San Bernardino, Virginia Beach). Address-based sampling selected households, and one adult (≥18 years) per household completed a paper or online survey; 5,991 of 6,867 adults (87.2%) completed the survey. DSM-5 criteria assessed past-year and current PTSD. Respondents were 53.5% female and

70.6% White with a mean age of 45.6 years; nearly 19% reported high MVI exposure. Overall, 23.7% met past-year PTSD criteria and 9.0% current PTSD. Female sex (OR 2.32, 95% CI 2.01–2.68) and prior physical/sexual assault plus other trauma (OR 9.68, 95% CI 7.48–12.52) showed greatest risk. PTSD remains prevalent years after MVIs among community residents, indicating broad, persistent public health impact beyond direct survivors; screening should incorporate prior trauma to identify those most in need of services.

TA52. NOT ALL SYMPTOM CHANGE IS DETERIORATION: SUDDEN GAINS AND EXACERBATION IN PROLONGED EXPOSURE THERAPY

Kent Hinkson*[1], Emily Covarrubias[2], Mckenzie Millard[2], Ella Smart[1], Sarah Nielson[1], Gerolyn Ryan[1], Malisa Brooks[1]
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Track: Mode, Research Methods and Ethics
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Symptom change during prolonged exposure (PE) therapy is often assumed to follow a gradual improvement trajectory, yet emerging work suggests that treatment response may instead be characterized by sudden gains, transient worsening, or broader deterioration. Distinguishing among these patterns is clinically important, particularly within high-risk populations where concerns about symptom exacerbation contribute to provider hesitancy and premature dropout.
This study examined early treatment response patterns among female veterans with military sexual trauma (MST)-related PTSD participating in PE. Archival data from a randomized clinical trial were analyzed using repeated PCL-5 assessments obtained during the initial treatment phase. Sudden gains, symptom exacerbation, and deterioration were defined using reliable change thresholds and baseline comparisons.
Results indicated that sudden gains were associated with substantially greater overall symptom reduction and lower dropout risk at later stages of treatment. In contrast, early symptom exacerbation was not reliably linked to poorer outcomes, challenging common assumptions regarding transient distress during exposure-based interventions. Symptom deterioration relative to baseline emerged as the most consistent indicator of unfavorable trajectories, including reduced likelihood of clinically meaningful improvement.
Findings highlight the need to differentiate temporary symptom fluctuations from sustained deterioration, underscoring implications for clinical decision-making, patient monitoring, and treatment retention.

TA53. MEANING-MAKING AFTER TRAUMA: APPRAISAL DIMENSIONS UNDERLYING SEVEN EMOTIONAL RESPONSES

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Track: Mode, Research Methods and Ethics
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries

Abstract: Trauma elicits diverse emotional reactions, yet the cognitive processes shaping discrete trauma-related emotions remain insufficiently characterized. Guided by emotion appraisal theory and cognitive models of trauma, this study examined how appraisals of event causality, controllability, and trauma characteristics and consequences relate to emotion. A sample of 150 trauma-exposed undergraduate students completed structured trauma interviews and self-report measures assessing trauma-related appraisals (cause, control, contamination, psychological loss, physical harm, and unexpectedness) and seven trauma-related emotions (anger, disgust, guilt, shame, sadness, fear, and surprise). Interview narratives were coded by trained raters and integrated with questionnaire data to form composite indices. Multivariate regression analyses demonstrated differentiated appraisal-emotion patterns. Anger was uniquely associated with external and controllable appraisals, disgust with contamination concerns, and guilt and shame with internal appraisals and contamination. Sadness was primarily linked to perceived psychological loss, fear to contamination concerns, and surprise to event unexpectedness. The findings support core predictions of appraisal theories, suggest areas of future focus, and underscore the role of meaning-making in trauma-related emotions. Examining appraisal dimensions across trauma types may inform emotion-specific assessment strategies and guide future research on pathways to trauma-related psychopathology and recovery.

TA54. PLASTICITY IN TRAUMA COPING SELF-EFFICACY: THE ROLE OF MOTIVATION REGULATION DYNAMICS

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Track: Mode, Research Methods and Ethics
Program Category: Technology
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: We examined whether changes in motivation regulation styles predicted phase shifts in Coping Self-Efficacy for Trauma (CSE-T) across 36 days in traumatic injury survivors (N = 18; Age M = 49.78; 10 women). Subjects answered, “How are you feeling about your recovery?” 2x daily. The percentage of words in each entry matching motivation regulation-related dictionaries quantified autonomous (self-directed) and controlling (other-directed) self-talk regulation. Binary segmentation analysis determined nonlinear phase shifts in CSE-T. Logistic regression tested whether the velocity (rate of change across time) of autonomous and controlling self-talk (and their interaction) predicted the likelihood of a CSE-T shift. Greater autonomous self-talk and greater controlling self-talk velocities were significantly associated with higher odds of a CSE-T phase shift, b = 0.51, SE = 0.17, p = .003, b = 0.50, SE = 0.05, p < .001, respectively. The interaction between the two predictors was also significant, b = 0.20, SE = 0.09, p = .023 (i.e., association between one form of regulatory velocity and phase-shift likelihood depended on the level of the other). Conclusion: Increased velocity in regulatory self-talk may reflect heightened plasticity in CSE-T, creating windows when coping beliefs may become more susceptible to reorganization during traumatic injury recovery.

TA55. THE IMPORTANCE OF PATIENT-DEFINED SUBSTANCE USE RECOVERY GOALS AMONG INDIVIDUALS WITH POSTTRAUMATIC STRESS DISORDER

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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Posttraumatic stress disorder (PTSD) is highly comorbid among persons with opioid use disorder (OUD), with 9 in 10 persons with OUD experiencing at least one traumatic event in their lifetime and 33% having a lifetime PTSD diagnosis. Existing research suggests that PTSD is associated with worse treatment outcomes for OUD, (however an important limitation of this work is that it applies researcher-defined recovery outcomes (i.e., abstinence), without consideration of how individuals with PTSD define substance use recovery. The current study addresses this critical gap by conducting qualitative interviews with individuals with PTSD regarding their substance use recovery goals. Participants were 70 individuals with PTSD recruited through residential substance use treatment facilities. Community based participatory research methods, including a community advisory board, were used to foster equitable, collaborative, and sustainable partnerships with these facilities. Analysis of coded semi-structured interviews yielded the following primary themes: 1) Remain clean and sober, 2) Improve/increase quality of life-included happiness, independence, create healthy habits, etc., 3) Continue or reengage in mental health services, 4) Stable housing. These findings highlight the diverse goals, related to substance use recovery, of individuals with PTSD. These themes provide deeper understanding of how individuals with lived experience define recovery and have the potential to improve measurement and ultimately clinical trials with this population.

TA56. TRAUMA TIMING AND TASK-BASED SELF-AGENCY: THE ROLE OF RESILIENCE

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Trauma exposure can disrupt how individuals perceive control over their thoughts, actions, and outcomes (i.e., self-agency), and evidence suggests that developmental timing of exposure may shape these perceptions post-trauma. However, prior work often emphasizes effects of trauma exposure alone on perceive control, with less attention to longer-term outcomes and resilience processes that may shape these associations. The present study examines whether resilience domains shape the relationship between age at first trauma exposure and perceived control on a self-agency judgment task. Ninety-one participants completed self-report measures of trauma-related symptoms (PTSD Checklist–Civilian Version; PCL-C) resilience (Resilience Scale for Adults; RSA), and perceived self-agency (The Sense of Agency Scale; SoAS), alongside a self-agency computer task. Pilot data from this sample (n = 42) suggest that earlier first trauma exposure predicts higher perceived self-agency ratings on the computer task ($p < .05$). Preliminary analyses (n = 91) showed self-reported sense of self-agency (SoAS) was positively correlated with total RSA scores and most RSA domains (4/6; ps ≤ .017), but not Family or Social Resources (ps ≥ .147). Together, these findings motivate testing whether specific resilience domains buffer or

amplify associations between trauma exposure timing and perceived control. Planned analyses will test trauma timing effects on task-based self-agency and evaluate whether RSA domains moderate associations between trauma timing and task-based self-agency.

TA57. POSTTRAUMATIC STRESS SYMPTOMS AND LIFETIME ENGAGEMENT IN OPIOID-RELATED TREATMENT AMONG TRAUMA-EXPOSED COMMUNITY ADULTS WITH OPIOID USE DISORDER

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Lifetime trauma exposure and posttraumatic stress disorder (PTSD) are common among adults with opioid use disorder (OUD), with 90% reporting lifetime trauma exposure and over 33% meeting diagnostic criteria for PTSD (Peck et al., 2021). Treatment engagement for OUD is relatively understudied; however, recent literature has advocated for increased focus on the experience of trauma exposure and PTSD among people who use opioids (Dahlby and Kerr, 2020). The present study examined whether PTSD diagnosis, PTSD symptom severity, and PTSD symptom cluster severity scores (CAPS-5) were associated with lifetime engagement in opioid treatment. Participants were 85 trauma-exposed community adults with OUD (M age = 43.45) who participated in a baseline session involving a semi structured diagnostic interview and additional measures. Binary logistic regressions were performed to assess the roles of PTSD diagnosis, PTSD symptom severity, and PTSD symptom cluster symptom severity scores on the likelihood of engagement in 3 types of opioid-related treatment: (1) medication for OUD; (2) nonmedication treatment for OUD; and (3) opioid-related hospitalization. In the model predicting treatment engagement for MOUD, only the negative alterations in cognition and mood PTSD symptom cluster (not PTSD diagnosis or intrusion, avoidance, arousal and reactivity clusters) was a significant predictor of MOUD treatment engagement, B = 0.37, p = .033, OR = 1.45%, 95% CI [1.03, 2.05]. Findings point to the importance of negative alterations in cognition and mood in explaining MOUD treatment engagement.

TA58. WHEN “MILD” ISN’T MINOR: PSYCHIATRIC OUTCOMES AND PERIPHERAL BIOMARKERS ASSOCIATED WITH MILD TRAUMATIC BRAIN INJURY

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Mild traumatic brain injury (mTBI) is often conceptualized as transient, yet some individuals experience persistent psychiatric symptoms, potentially driven by neuro-inflammatory and astroglial processes that remain understudied in trauma-exposed civilians. Participants were 106 trauma-exposed adults (Mage = 30.43, SD = 11.92; 58.4% White; 71.0% female). mTBI history and symptoms of post-traumatic stress disorder (PTSD),

depression, and anxiety were assessed via validated measures and clinical interviews. Plasma levels of interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF-α), and glial fibrillary acidic protein (GFAP) were quantified. Regression analyses examined associations between mTBI history, psychiatric outcomes, and biomarker levels, adjusting for trauma load and sociodemographic covariates. Mediation models evaluated biomarkers as potential mediators. mTBI history was significantly associated with PTSD (B = 5.94, SE = 2.83, p = .038), and marginally with depression (B = 3.49, SE = 1.82, p = .057). Trauma load predicted all psychiatric outcomes (ps ≤ .007). mTBI history demonstrated a marginal association with GFAP (B = −0.05, SE = 0.03, p = .068). Mediation analyses yielded no significant indirect effects. Findings suggest mTBI history is a unique risk factor for PTSD symptoms independent of trauma burden and that GFAP may reflect distal neurobiological alterations.

TA59. TRAUMATIC STRESS IN HURRICANE AFFECTED JAMAICA

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Track: Prevention and Early Intervention
Program Category: Global Issues
Presentation Level: Introductory
Population Type: Mental Health Professionals
Region: Global
Abstract: Background/Purpose: As "connection" has come to be highlighted as a cognitive distortion in EMDR, the presenter experienced this strongly during his participation in disaster relief activities. By sharing these experiences, he aims to make the therapy useful in clinical practice both in peacetime and during disasters.
Content: In December 2025, he participated as a doctor in the medical relief team deployed in response to Hurricane Melissa, which struck Jamaica in that October. Through his clinical activities there, the following characteristics were observed: 1) disaster survivors who were able to maintain "connections" through family, friends, and the community seemed to have fewer symptoms, and 2) "connections" through smartphones also seemed to be closely related to the level of their distress.

TA60. PSYCHOSOCIAL DETERMINANTS OF BYSTANDER INTERVENTION IN TRAUMA-BONDED ABUSIVE RELATIONSHIPS

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Track: Prevention and Early Intervention
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Region: West and Central Africa
Population Type: Adult
Abstract: Although trauma bonding in abusive relationships has been widely studied, limited empirical evidence exists on psychosocial factors influencing bystanders' recognition and intervention. This study examined the relationship between adverse childhood experiences and bystanders' recognition of trauma bonding, perceived responsibility, and likelihood of intervention, while assessing the moderating role of self-acceptance. Using a cross-sectional design, data were collected from 219 public servants (93 males, 126 females) in Uyo, Nigeria, through the Adverse Childhood Experiences Questionnaire, Unconditional Self-Acceptance Questionnaire, a demographic form, and a researcher-developed Bystander

Recognition of Trauma Bonding Scale. Regression-based moderation analysis revealed a significant negative relationship between childhood adversity and bystanders' recognition of trauma bonding, responsibility to intervene, and likelihood of helping. Self-acceptance significantly moderated this relationship, indicating that the influence of early adversity on bystander responses varied across levels of self-acceptance. These findings suggest that self-acceptance serves as a protective psychological resource influencing bystander recognition and intervention in trauma-bonded abusive relationships. The study underscores the importance of psychosocial interventions that enhance self-acceptance to improve bystander responsiveness to abuse.

TA61. VETERANS' RESILIENCE PORTFOLIOS: STRENGTHS THAT PROMOTE THREE WELL-BEING OUTCOMES

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

Abstract: Objective: Military service members and veterans experience higher cumulative trauma than the general population. While risk factors for negative posttraumatic outcomes are well studied, protective factors that promote wellbeing outcomes for service members and veterans are under-recognized.
Method: To address this gap, we examined a wide range of strengths and considered their impact on three wellbeing outcomes: subjective wellbeing (SWB), posttraumatic growth (PTG), and health-related quality of life (HRQOL). The study was framed in the Resilience Portfolio Model (RPM), which posits that trauma survivors best thrive when they draw upon a wide range of strengths. The sample consisted of 396 military veterans who were recruited online through the VIA Institute on Character. Logistic regression was used to examine the impact of trauma exposure, demographics and strengths on SWB, PTG, and HRQOL.
Results: Strengths explained more variance in the overall model than trauma exposure and demographics. Sense of purpose was the only significant predictor across all three outcomes (OR $>$ 1.5). Humor significantly predicted PTG and HRQOL. Forgiveness significantly predicted HRQOL. Nine other strengths also significantly and positively predicted at least one outcome at OR $>$ 1.5.
Discussion: These findings underscore that a range of strengths across domains is the most protective and predictive of positive outcomes. The findings also emphasize the importance of preventative and intervention efforts that aim to foster strengths, particularly purpose, to promote a range of healthy outcomes in veterans exposed to trauma.

TA62. CUMULATIVE STRESS AND HEALTH CARE UTILIZATION AMONG CONTEMPORARY U.S. SERVICE MEMBERS IN THE MILLENNIUM COHORT STUDY

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Track: Prevention and Early Intervention

Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Military personnel experience unique stressors that may influence their long-term health care usage (HCU) and readiness. This study examined the association between cumulative and individual stress exposure (CSE, ISE) and HCU among active duty service members using 2020–2021 Millennium Cohort Study data and military health care records (n=34,731). CSE was calculated by averaging the z-scored transformation of seven stress exposure measures. HCU outcomes were based on military health system electronic health records (i.e., total inpatient and outpatient visits per yr). Poisson models were used to examine the association of HCU in up to 3 years of follow-up with CSE and ISE. Overall, personnel spent an average of 17.7 days in outpatient and 0.6 days in inpatient HCU across the 3 years. Mental health disorders accounted for an average of 3.4 and 0.4 days of outpatient and inpatient HCU, respectively. All associations between CSE and ISE measures and HCU were significant ($p < .001$). Adverse childhood experiences (ACEs; 28% higher rate) and stressful life events (18% higher rate) had the greatest association with inpatient HCU. CSE is associated with increased HCU among US active duty service members. Screening for multiple stressors during outpatient care, particularly ACEs and stressful life events, may lead to lower inpatient HCU, cost reductions, and increased military readiness.

TA63. SERVICE UTILIZATION AMONG UNIVERSITY STUDENTS AFTER SEXUAL VIOLENCE EXPOSURE: THE ROLE OF POSTTRAUMATIC STRESS SYMPTOMS AND SOCIAL SUPPORT

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Track: Prevention and Early Intervention
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Sexual violence (SV) refers to any non-consensual sexual act attempted or committed through coercion. University students are at high risk for SV exposure and its associated adverse physical and mental health outcomes. While qualitative studies have reported low service utilization rates following SV and identified barriers such as shame and stigma, few quantitative studies have examined the associations between posttraumatic stress symptoms (PTSS), avoidance PTSS, and service utilization. Additionally, while previous research suggests that social support is essential for recovery following SV exposure, few studies have examined the role of social support in the association between PTSS and service utilization. To address this gap, a secondary analysis of cross-sectional data was performed using a random sample of undergraduate students at a university in the midwestern U.S ($N = 167$, $M_{age} = 20.1$, $SD_{age} = 1.43$, 82.0% women, 74.9% White). Results demonstrate that greater total PTSS severity is associated with a higher likelihood of service utilization ($b = 0.04$, $p = .005$), while avoidance PTSS is not significantly related to service utilization ($b = 0.15$, $p = .09$). Further, strong social support from friends attenuates the association between total PTSS and service utilization ($b = -0.02$, $p = .04$), thereby decreasing students' reliance on formal services. These findings have critical implications for developing campus interventions to improve service utilization and support for survivors.

TA64. UNDERSTANDING THE RELATIONSHIP BETWEEN STIGMA, TRUST, AND TRAUMA AMONG PROVIDERS AND RECEIVERS OF SUBSTANCE USE AND MENTAL HEALTH SERVICES: A QUALITATIVE STUDY

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[1]*University of Rhode Island,* [2]*Graduate Institute of Professional Psychology, University of Hartford*

Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Mental Health Professionals
Region: Industrialized Countries

Abstract: Research has shown that perceived stigma from substance use and mental health (SU/MH) service providers discourages treatment seeking and damages trust among SU/MH service receivers, while perceived respect and empathy from providers increases trust and willingness to discuss trauma. Newer research has also revealed that among SU/MH service providers, associative stigma (i.e., being associated with those who belong to a stigmatized group) increases provider burnout, reduces job satisfaction, and decreases quality of care. Despite the critical relationship between SU/MH service receivers and providers, no study has directly compared experiences of stigma, trust, and trauma between these groups. This study aims to characterize these dynamics across transcripts from nine focus groups (four with SU/MH service receivers, four with providers, and one with family members). Thematic analysis uncovered three primary themes among service receivers: (1) search for safe care, (2) reliving unhealed trauma, and (3) building or breaking trust; and three primary themes among service providers: (1) untreated trauma, (2) professional risk distrust, (3) destigmatized care. These themes reveal parallels in how SU/MH receivers and providers must navigate care relationships while balancing the weight of unhealed trauma and fragile trust due to stigmatization.

TA65. DEVELOPMENT AND VALIDATION OF A STANDARDIZED TRAINING CURRICULUM AND CORE COMPETENCY SCALE FOR DISASTER TRAUMA PEER SUPPORTERS

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Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: East Asia and the Pacific

Abstract: Background: Peer support is vital for disaster recovery, yet standardized training and assessment tools are lacking. This study aimed to develop a standardized 45-hour curriculum and a validated Core Competency Scale (CCS) to ensure professional quality in disaster trauma peer support.
Methods: Using the ADDIE model and literature review, the curriculum and competency items were developed. A two-round Delphi survey with 12 experts validated the curriculum using agreement, convergence, and stability, while the scale was further validated using the Content Validity Ratio (CVR $>$ 0.60).
Results: The curriculum includes 13 modules across four domains: (1) Theoretical Foundations of Trauma, (2) Supportive Interaction Techniques, (3) Practical Crisis Management, and (4) Professional Field Ethics. Simultaneously, the Disaster Trauma Peer

Support Core Competency Scale (DT-CCS) was developed, featuring 25 items across five sub-factors: Empathy/Acceptance, Communication, Resource Understanding, Self-management, and Ethical Awareness. Expert consensus confirmed high validity for both the DT-CCS and the curriculum.

Conclusions: This study provides a systematic training framework and the 25-item DT-CCS for objective evaluation. This standardized model facilitates a high-quality, accountable community-based disaster mental health support system.

TA66. WHEN STATE RESCUING SYSTEMS WERE PARALYZED: A FOLLOW-UP OF BLACK AND WHITE DISASTER VOLUNTEERS

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Background: Longitudinal investigation on substance use for coping (SUC) with the collective traumatic event among disaster volunteers remains rare. Trauma researchers have called for morestudies on the long-term effects of risk factors and protective factors affecting posttraumatic mental health (e.g. posttraumatic stress symptoms/PTSS or disorder/PTSD) in the follow-up among black and white volunteers after deadly hurricanes.
Methods: A survey was conducted at three months (Wave-1-PTSS, altruism, SUC, and event factors) and six months (Wave-2, Wave-2-PTSD)(N=201). With advantages in dichotomized outcomes, Bayesian structural equation modeling was used to estimate the hypothetical model.
Results: PTSD were identified in 18+% and 12% in Waves-1 and 2, respectively, without significant reduction. The initial estimation of Model 1 using the R blavaan package demonstrated a good fit. The final solution revealed the indirect effects of SUC on Wave-2 PTSD, via Wave-1 PTSS. No protection of positive emotions and altruism was observed.
Conclusions: The findings underscore the importance of longitudinal post-disasters research. Volunteers' persistent PTSD and using SUC in times of crises with limited resources needs more investigation for altruistic volunteers. The lack of identified protective factors has alarming implications for theory, research, and practice in trauma volunteers.

TA67. WHO INTENDS TO RETURN AND REBUILD AFTER A WILDFIRE: A TWO-WAVE SURVEY OF RESIDENTS IN A HIGH-RISK CALIFORNIA COUNTY

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries

Abstract: Annual wildfires in California often bring about devastating consequences to the physical aspects of a community, as well as the emotional responses of the residents who live there. As affected individuals recover from disasters, their intention to return and rebuild (vs. relocate) is a complex and understudied topic. We conducted a two-wave study of a county-wide address-based sample of residents (N=530) of Lake County, CA, a high-risk community prone to cascading climate-related disasters (e.g., wildfires, landslides). Participants had lived

in the county on average 22 years. Residents completed the first survey at the start of wildfire season (6/27/23–8/11/23) and the second survey during the off-season (3/24/25–5/5/25). Respondents reported their emotional ties to the county, psychological well-being, and disaster-related experiences, as well as their intention to return and rebuild if their home was damaged in a future disaster. Using structural equation modeling, we found that emotional ties to the county (positive features of the county [β=.15], social cohesion [β=.12], and duration of residence [β=.17], ps < .01) and latent psychological well-being (depression, anxiety, posttraumatic stress, life satisfaction; β=.14, p < .01) were positively associated with the intention to return and rebuild, whereas disaster-related experiences were not. Push and pull factors contributing to individuals' returning-and-rebuilding (vs. relocation) within disaster-affected communities can inform how to leverage resources to promote individual resilience and facilitate community rebuilding.

TA68. BEYOND TRAUMA EXPOSURE: THE UNIQUE CONTRIBUTION OF EVERYDAY DISCRIMINATION TO COMPLEX POSTTRAUMATIC STRESS DISORDER

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: Everyday discrimination is a common yet often ignored form of chronic stress that may influence trauma- related psychological outcomes. Current research connects repeated experiences of discrimination to elevated symptoms associated with posttraumatic stress, suggesting that ongoing social adversity may contribute to trauma symptom severity beyond exposure to other traumatic events. Persistent interpersonal and systemic stressors accumulate over time, affecting emotional regulation, self-perception, and interpersonal functioning. There are prior studies that look into the associations between discrimination and complex trauma, but there is less extensive research examining the unique impact of everyday discrimination on complex PTSD (CPTSD) while accounting for other traumatic experiences. In this study, we examined the relationship between everyday discrimination and trauma experiences on CPTSD symptoms in a sample of racial minorities (N = 498) using a Bayesian approach to multiple regression analysis. Results highlight that everyday discrimination (B = 0.36, 95% CI [0.26, 0.47]) and trauma experiences (B = 0.13, 95% CI [0.09, 0.17]) are related to symptoms of CPTSD. However, comparing the estimates we found that the strength of the association between everyday discrimination and CPTSD symptoms was meaningfully different than other trauma experiences and CPTSD symptoms (B = 0.23, 95% CI [0.13, 0.34]). These results further highlight the especially pernicious nature of everyday discrimination and the importance of adapting trauma treatments to address these experiences.

TA69. EXAMINING SEX/GENDER DIFFERENCES IN THE ASSOCIATIONS BETWEEN INTIMATE PARTNER VIOLENCE AND LIFETIME MENTAL HEALTH PROBLEMS AMONG SEXUAL MINORITY ADULTS

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Track: Public Health
Program Category: Culture and Diversity

Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: This study sought to address gaps in the extant literature by examining sex/gender differences in the associations between intimate partner violence (IPV) and mental health problems among sexual minority adults. **Methods:** This secondary data-analytic study used data from participants in a national study who identified as a sexual minority (N=747; 407 female and 340 male). Logistic regression tested the main effects of IPV and sex/gender along with the IPV-sex/gender interaction with seven different lifetime mental health problems (i.e., mood disorder, anxiety disorder, posttraumatic stress disorder, alcohol use disorder, nicotine dependence, drug use disorder, and attempted suicide). Results: There were significant sex/gender differences in the associations between IPV with mood disorder, posttraumatic stress disorder, alcohol use disorder, and drug use disorder. For example, sexual minority males had significantly greater odds of mood disorder (OR=7.65 for males versus OR=2.94 for females) and posttraumatic stress disorder (OR=7.69 for males versus OR=2.54 for females) compared to sexual minority females. Conversely, sexual minority females who had experienced IPV had 2.33 greater odds of lifetime alcohol use disorder whereas sexual minority males who experience IPV did not have significantly greater odds of alcohol use disorder. No sex/gender differences in the associations between IPV and anxiety disorder, nicotine dependence or attempted suicide were found. Conclusion: Additional studies are needed to replicate these findings and inform related interventions.

TA70. HOPE AS A RESILIENCE FACTOR IN TRAUMA-EXPOSED HISPANIC/LATINO ADULTS: THE INDIRECT EFFECTS OF EXPERIENTIAL AVOIDANCE

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: Protective factors such as hope remain understudied in Hispanic/Latino adults, a population at disproportionate risk for trauma exposure, experiential avoidance (EA), PTSD, and poorer life satisfaction. This cross sectional study examined the protective role of hope following trauma, and whether EA serves as a potential mechanism linking hope to PTSD symptom severity and life satisfaction. The study sample included 1,783 trauma-exposed undergraduate students who identify as Hispanic/Latino (82.2% female, Mage = 21.57, SDage = 4.03) recruited from a large southern university to complete self-report measures of hope, EA, PTSD symptoms, and life satisfaction. Indirect effects were analyzed using PROCESS macro. Hope was inversely associated with PTSD (β = -.12, 95% CI = [-.21, -.03]), however, this association was weaker than expected and smaller than effects reported in prior meta-analyses. Hope was more strongly associated with life satisfaction (β = .33, 95% CI = [.30, .36]). Significant indirect effects emerged within the model, where hope predicted lower PTSD symptom severity (β = −.24, 95% CI = [−.29, −.19]) and greater life satisfaction (β = .04, 95% CI = [.03, .05]) through lower EA. These findings suggest that hope may promote resilience in trauma-exposed Hispanic/Latino adults, with EA representing one pathway linking hope to PTSD symptom severity and life satisfaction.

TA71. INTERACTIVE ASSOCIATION OF CHILDHOOD TRAUMA AND NATURAL DISASTER EXPOSURE ON COGNITIVE FUNCTIONING IN OLDER ADULTS IN THE HEALTH AND RETIREMENT STUDY (HRS)

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Track: Public Health
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The frequency and severity of natural disasters are increasing, and these events may be perceived as stressful or traumatic. Although studies have shown that childhood trauma is associated with poorer cognitive function in older adults, research on the impact of natural disasters on this relationship is rare. Leveraging data from the Health and Retirement Study, we investigated whether natural disaster exposure moderates the relationship between childhood trauma and cognitive function in 12,951 adults aged 50+ years [Mage=64.6, SD=10.1]. Test scores from total word recall, serial 7's test, and backwards counting were summed to calculate an overall cognitive function score (range: 0-27). At least one childhood trauma was experienced by 35.6% and a natural disaster by 15.4% of the sample. In weighted regression models, adjusted for sociodemographic characteristics and preexisting health conditions, childhood trauma was associated with .15 points lower cognitive function score [95% CI: -.26, -.04] and the interaction between childhood trauma*natural disaster was associated with .29 points lower cognitive function score [95% CI: -.56, -.02]. The effects were more pronounced among women than men. These findings suggest that natural disaster exposure is a potential environmental stressor that can exacerbate the effects of childhood trauma on cognitive function later in life.

TA72. SEXUAL ASSAULT REPORTING IN UNITED STATES MILITARY PERSONNEL: FINDINGS FROMTHE MILLENNIUM COHORT STUDY

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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Background: Military service members who experience sexual assault can make a report after an incident, which helps connect survivors with resources, hold perpetrators accountable, and inform prevention efforts. The U.S. Military has "unrestricted" and "restricted" reporting options for sexual assault survivors. Both types provide access to supportive services; however, unrestricted reports trigger an official investigation, and restricted reports do not. This study examined demographic, military, and assault characteristics associated with reporting sexual assaults.
Methods: Cross-sectional Millennium Cohort Study data collected from 2019–2021 were analyzed for participants reporting sexual assault experiences during military service. Survivor characteristics were compared for two outcomes: 1) making a military report (versus no report), and 2) making an unrestricted report (versus restricted report only). **Results:** Of 13,590 participants, 24% reported to the military; among those, 69% filed anunrestricted

report and 31% a restricted report only. Sex, military pay grade, andcomponent were associated with the likelihood of reporting. Among those who reported, sex and service branch were associated with the odds of reporting type.
Conclusion: Findings identified subpopulations who were less likely to report sexual assault. Results highlight important targets for outreach, improved support systems, and sexual assault prevention efforts.

TA73. "HOW DO YOU TRUST A SYSTEM TO HELP YOU WITH THE ISSUES IT CAUSED?": A QUALITATIVE ANALYSIS OF A MEDICAL PTSD REDDIT FORUM

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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Adult
Region: Global
Abstract: There is growing recognition of medically induced post-traumatic stress disorder (mPTSD), yet the construct remains underdefined and underrecognized. As conceptualizations of mPTSD evolve, examining patient-led narratives is essential to understanding public experiences with medical trauma. This study explored the use of an online peer-support community dedicated to mPTSD. We conducted an exploratory qualitative content analysis to evaluate posts on the sub-forum thread on Reddit, r/MedicalPTSD. A total of 559 original posts and 3026 comments from forum inception (August 2018) through January 2026 were pulled and analyzed by two reviewers using a Framework Analytic Approach.
Five overarching themes emerged: (1) interpersonal and community dynamics; (2) sequelae following trauma ; (3) coping and adaptation strategies; (4) accessibility, barriers, and challenges; and (5) patterns of forum engagement. The majority of responses reflected peer validation, normalization of distress, and shared problem-solving. Users with medical trauma described psychological symptoms consistent with both traditional DSM-5 PTSD, and features aligned with contemporary conceptualizations of mPTSD. Users identified difficulties accessing adequate care due to lack of awareness across stakeholders.
The forum functioned as a space for collective meaning-making and providing support in navigating medical trauma. Findings underscore the need for greater awareness of mPTSD and the importance of accessible, trauma-informed care for individuals who experience medical harm.

TA74. DIFFERENTIAL IMPACTS OF COVID-19 ON POLICE OFFICERS' MENTAL HEALTH: A LONGITUDINAL NATURAL EXPERIMENT STUDY

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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Mental Health Professionals
Region: East Asia and the Pacific

Abstract: Background: As essential frontline personnel, police officersexperienced compounded occupational demands and heightened infection risk throughout the COVID-19 pandemic. This study estimates the causal impact of COVID-19 on mental health using a 5-year longitudinal dataset including a 2019 baseline.

Methods: Utilizing data from 3,781 police officers, we employed an Interrupted Time Series (ITS) design and Linear Mixed-effects Modeling. Mental health was assessed via PTED, IES-R, PHQ-9, and PHQ-15.
Results: IES-R scores peaked in 2022 (M=2.20) before recovering to below baseline in 2023 (M=1.15, $p < .001$), indicating a reactive trajectory. PTED showed sustained elevation after a 22.7% increase in 2022 ($p < .01$). Crucially, depressive symptoms (PHQ-9) exhibited a paradoxical surge, increasing by 161% in 2020 ($d=0.68$) and further deteriorating in 2023 (M=1.60, $p < .001$), suggesting a cumulative exhaustion effect. Somatic symptoms remained at a plateau (M=0.40–0.50) following an initial increase.
Conclusions: The findings highlight the heterogeneous trajectories of mental health symptoms. While traumatic stress showed rapid recovery, the persistent grief and paradoxical worsening of depression point to a "post-pandemic burnout" phase. Immediate clinical interventions for depression and a multi-tiered mental health support system are required in the endemic era.

TA75. FROM SYMPTOMS TO SYSTEMS: THE HIDDEN ECONOMIC BURDEN OF TRAUMA AND THE COST OF INACTION

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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Middle East and North Africa
Abstract: Traumatic stress is typically treated as an individual clinical problem, yet in prolonged, large-scale crises it also acts as a population-level socioeconomic shock, affecting labor participation, productivity, health spending, and social cohesion. To translate clinical realities into policy-relevant estimates, we present an economic-perspective computational model developed in Israel after October 7, 2023, to inform national trauma-response planning. The model separates (a) direct costs (treatment and service delivery), (b) indirect costs (labor markets, human capital, taxation, productivity, growth), and (c) hidden or 'invisible' spillovers rarely counted in official assessments, including road/workplace accidents, family violence, substance and behavioral addictions, and chronic health conditions that compound over time. Scenario analyses suggest a multi-year societal burden on the order of > 500B NIS, with the largest share arising from spillover pathways, the 'iceberg below the waterline.' Explicitly modeling spillovers reframes the policy question from "What does treatment cost?" to "What does it cost not to treat?" We discuss how timely, stepped, and better-matched care (including functional recovery and return-to-work pathways) can reduce downstream costs, strengthen resilience, and support recovery at scale.

TA76. THE ASSOCIATION BETWEEN UNMET SUPPORTIVE CARE NEEDS AND GRIEF SYMPTOMS WAS MEDIATED BY TRAUMA-COPING SELF-EFFICACY, POSTTRAUMATIC COGNITIONS, AND POSTTRAUMATIC STRESS AMONG HONG KONG WOMEN EXPERIENCED RECENT PREGNANCY LOSS

Nelson C. Y. Yeung*[1], Tsz Yung Stephanie Lau[1], Jacqueline Chung[2], Cosy Cheung[2]

[1]*The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong,* [2]*The Chinese University of Hong Kong*
Track: Public Health
Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Population Type: Adult
Region: East Asia and the Pacific
Abstract: Study Objectives: Unmet supportive care needs(SCNs) and grief are common following pregnancy loss(PL). Trauma research in Western countries suggests that unmet SCNs reduce people's trauma-coping self-efficacy(TCSE; perceived capability to cope with traumatic stress), strengthen maladaptive posttraumatic cognitions(PTC) about oneself/others, and increase posttraumatic stress symptoms(PTSS). How unmet SCNs contributed to grief symptoms and how the association was mediated by TCSE, PTC, and PTSS in the Asian context of PL has yet to be clarified.
Method: Sampling through hospitals/online communities, 77 Hong Kong women experienced PL in the past year(50.6% aged≤35; 93.5% early miscarriage; 39% experienced≥1 PL) completed an online survey between August 2025-January 2026.
Results: Multiple mediation analysis results(SPSS Process macro model 4) indicated that unmet SCNs were associated with higher grief symptoms(β=-0.67, $p < .001$). Such association was significantly mediated by lower TCSE(β=0.17, se=.06, 95%CI=0.06, 0.29), more negative PTC(β=0.14, se=.05, 95%CI=0.05, 0.26), and higher PTSS(β=0.08, se=.04, 95%CI=0.002, 0.17). After considering the mediators, the association between unmet SCNs and grief symptoms was still significant(β=-0.21, $p < .05$). The model explained 44.2% of variance in grief symptoms.
Conclusions: Unmet SCNs was associated with higher grief symptoms through TCSE, PTC, and PTSS. Future interventions should better address those women's unmet SCNs, train their trauma-coping skills, and target their negative trauma-related beliefs/PTSS to facilitate better adjustment after PL.

TA77. CERTAINTY IN MEMORY AND COGNITION PREDICTING CHANGES IN POSTTRAUMATIC STRESS AMONG FIRST RESPONDERS

Paige D. Klein*[1], Donavan M. Hoffman[1], Hannah F. Dobbs[1], Michelle Lilly[1]
[1]*Northern Illinois University*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: Background: 9-1-1 telecommunicators (TCs) are at risk for developing posttraumatic stress symptoms (PTSS) due to recurrent exposure to distressing calls. The metacognitive model (Wells and Matthews, 1994) posits that reduced certainty in one's thoughts (i.e., confidence in memory and cognition; CMC) can increase risk for emotional disorders such as anxiety, obsessive-compulsive disorders, and PTSS. Few studies have examined whether CMC affects PTSS in first responders, including TCs. Thus, this study sought to investigate whether CMC predicts change in PTSS over a six-month period. Method: TCs (N = 203) completed the Memory and Cognitive Confidence Scale (MACCS; Nedeljkovic and Kryios, 2007) and the Posttraumatic Stress Checklist (PCL-5; Weathers et al., 2013) at baseline and 6 months. Results: A linear regression analysis showed that higher confidence in memory and cognition at baseline (β = -.15, p = .039) significantly predicted decreased PTSS from baseline to 6 months, $F(1, 201) = 4.30$, p = .039, $R2$ = 2.1%.

Conclusions: Greater confidence in memory and cognitive functioning led to a decrease in trauma symptoms over a six-month period for this sample of first responders. Findings suggest that this type of confidence may buffer against PTSS over time, possibly due to reduced rumination and self-doubt. Findings warrant additional investigation of metamemory and metacognition and their relationship to the development and maintenance of PTSS, and may inform future prevention and intervention efforts.

TA78. TESTING A MODERATED MEDIATION MODEL OF RELATIONSHIPS BETWEEN MORALLY INJURIOUS EVENTS AND POSTTRAUMATIC STRESS

Samantha DeHart*[1], Gina Owens[1]
[1]*University of Tennessee*

Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Other Professionals
Region: Industrialized Countries

Abstract: Healthcare workers (HCWs) commonly experience potentially morally injurious events (PMIEs; Maguen et al., 2025), which can contribute to increased posttraumatic stress symptoms (PTSS). Shame, avoidant coping strategies, and the degree to which the event has been successfully integrated into an individual's life story may influence the relationship between PMIE exposure and PTSS. In addition, the level of perceived supervisor support that HCWs report may impact the strength of these relationships. The present study examined if shame, avoidant coping, and meaning made mediate the relationship between PMIE exposure and PTSS. Additionally, supervisor support was examined as a potential moderator of these relationships. Participants (N = 292) completed self-report measures of PMIE exposure, shame, avoidant coping, perceived supervisor support, meaning made, and PTSS. Mediation results with bootstrapping analyses indicated that PMIEs were indirectly related to PTSS through greater shame, avoidant coping, and lower meaning made. Contrary to our hypotheses, perceived supervisor support did not moderate the link between morally injurious events and PTSS. However, perceived supervisor support did moderate the direct link between PMIE exposure and shame, such that as perceived supervisor support increased, the relation between PMIEs and shame was weaker. Contrary to our hypothesis, the indirect effect of PMIEs on PTSS via shame, avoidant coping, and meaning made were not significant. Results from this study have clinical and workplace implications for HCWs who have been exposed to PMIEs.

TA79. CROSS-CULTURAL VALIDATION OF THE MORAL INJURY OUTCOME SCALE IN DANISH VETERANS

Cirkeline Hovgaard*[1], Maria Louison Vang[2], Maria Haahr Nielsen[3], Anni B. S. Nielsen[1], Mia Vedtofte[1], Sofie Folke[1]
[1]*The Danish Veteran Centre,* [2]*Danish Centre of Psychotraumatology, University of Southern Denmark, Odense University Hospital,* [3]*The Danish Veteran Centre, The Research Unit and Section of General Practice, University of Copenhagen,*

Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Central and Eastern Europe and the Commonwealth of Independent States

Abstract: Moral injury (MI) describes the lasting psychological, relational, and existential impact of exposure to potentially morally injurious events (PMIEs). The Moral Injury

Outcome Scale (MIOS), developed to assess these outcomes, has demonstrated good psychometric properties in North American studies, yet no European validation exists. Cross-national evidence is needed to support implementation of MI assessment e.g., in veteran health services.

This study provides the first European psychometric evaluation of the MIOS in treatment-seeking veterans, examining internal structure and construct validity in relation to depression and ICD-11 PTSD and CPTSD symptoms.
Danish veterans reporting PMIE exposure (N = 212) completed the MIOS in routine assessment at the Danish Veteran Centre. Confirmatory factor analysis tested competing latent structure. Convergent and discriminant validity were assessed against depression, ICD-11 PTSD symptom clusters, and disturbances in self-organization (DSO), and incremental validity was examined by predicting functional impairment.
The two-factor structure demonstrated good fit. MIOS showed stronger associations with DSO than PTSD and accounted for additional variance in functional impairment beyond PTSD, DSO, and depression.
Findings support cross-cultural robustness and underscore the MIOS as a brief, clinically useful screening tool. The unique association with functional impairment highlights the relevance of MI within routine clinical services and supports integration into systematic identification of trauma-related difficulties in veteran care.

5:45 p.m. - 7:00 p.m.
Poster Session 2 Presentations

TB1. MENTAL HEALTH DIAGNOSES AND THE ASSOCIATIONS WITH SUBJECTIVE APPRAISALS OF PHYSICAL AND MENTAL HEALTH
Elizabeth Marston*[1]
[1]*University of Georgia School of Social Work*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Objective: An estimated 24% of adults in the United States meet criteria for a mental health diagnosis, but research has not fully evaluated how those with a diagnosis evaluate their own health. The purpose of this study is to compare how those with a diagnosed mental health disorder subjectively evaluate their own physical health with how they evaluate their own mental health. The roles of gender, race, and diagnosed medical conditions are examined as possible moderating factors.
Methods: The 2023 Stress in America Survey was used for secondary data analysis (N=3795). Ordinary Linear Regression models compared the associations between mental health diagnosis and subjective appraisal of mental health with the associations between mental health diagnosis and the subjective appraisal of physical health. Preliminary models show a significant association between diagnoses and subjective appraisals of both physical health and mental health. For those diagnosed with PTSD, there is a significant association with subjective appraisal of physical health ($\beta = -.27$, $t = -3.84$, $p = .0001$) but there is no significant association with PTSD and subjective appraisal of mental health. Conclusion: Together, these models advance understanding of how those living with mental health diagnoses experience their own health and encourage further research into the ways diagnoses affect both physical and mental health outcomes.

TB2. COMPARISONS OF THE CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5 AND THE MINI-INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW FOR PTSD ASSESSMENT

Siyuan Wang*[1], Priya Johal[1], Brett Messman[1], Ateka Contractor[1]
[1]*University of North Texas*

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

Abstract: No studies to date have compared the performance of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD module of the Mini-International Neuropsychiatric Interview (M.I.N.I.) among trauma survivors. Hereby, we compared these two instruments at the item, symptom cluster, and diagnostic levels. Both instruments were administered to 103 trauma-exposed adults (Mage=32.19±13.88; 80.58% female) during the intake interview for a PTSD treatment RCT. Symptoms were considered present if the CAPS-5 severity score was > =2, and symptom cluster presence was based on the DSM-5 diagnostic criteria. The frequencies of dichotomous discrepancies were calculated between the two instruments at different levels to examine efficiency, with CAPS-5 classification treated as the reference. Inter-rater reliabilities at different levels were examined using kappa coefficients. The M.I.N.I. PTSD module yielded a comparable diagnostic rate to the CAPS-5 (73.79% vs. 74.76%), with substantial agreement (k=.67). For clusters B to D, agreement between the two instruments was low (k: .20-.47). Across clusters C to E, most items demonstrated low agreement, except for amnesia (k=.74), loss of interest (k=.67), sleep difficulties (k=.63), and anhedonia (k=.59). Overall, despite adequate correspondence between CAPS-5 and the M.I.N.I. PTSD module at the diagnostic level, variable discrepancies exist at the item and symptom cluster levels. Findings have clinical and research implications, as reliance on a single measure may prevent us from detecting accurate symptom profiles and affect clinical decisions.

TB3. ASSOCIATION BETWEEN TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER: EVIDENCE FROM A LARGE COMMERCIALLY INSURED POPULATION

Sandra Villegas Ibarra*[1], Jeffrey Howard[1]
[1]*The University of Texas at San Antonio*

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

Abstract: Objective: To examine the association between TBI and PTSD incidence over a 10-year follow-up period in a large commercially insured population.
Methods: We conducted a retrospective cohort study using the Merative MarketScan Commercial Claims Database (N=844,509; 3,796 with TBI hospital admission in 2015 and 840,713 without). PTSD incidence was identified using ICD diagnosis codes. Kaplan-Meier survival analysis and Cox proportional hazards regression were used to estimate PTSD-free survival and hazard ratios (HR) with 95% confidence intervals (CI), adjusting for age, sex, region, and insurance plan type.
Results: Individuals with TBI had significantly higher risk of developing PTSD than those without (adjusted HR 7.33, 95% CI: 6.07–8.84, $p < 0.001$), with Kaplan-Meier curves

showing sustained divergence throughout follow-up (log-rank $p < 0.001$). Female sex (HR 2.09, 95% CI: 1.99–2.19, $p < 0.001$), age 35–44 years, and North Central residence were also independently associated with increased PTSD risk.
Conclusions: TBI is strongly associated with a nearly seven-fold increased risk of PTSD among commercially insured individuals, persisting throughout long-term follow-up. These findings highlight the critical need for systematic PTSD screening and early mental health intervention in individuals with TBI history.

TB4. STRUCTURAL RELATIONS OF ITQ AMONG ANGER AND EMOTION REACTIVITY

Morgan Harrington*[1], Sirine Harmouch[1], Shukirti Khadka[1], Ben Helms[2], Brianna Byllesby[1]
[1]*University of South Dakota,* [2]*Rowan University*
Track: Assessment and Diagnosis
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Individuals with trauma frequently exhibit heightened emotional reactivity and anger (McLean and Foa, 2017; Tull et al., 2007). In ICD-11, disturbances in self-organization (DSO) symptoms are associated with greater clinical severity relative to PTSD symptoms alone (Karatzias et al., 2019). The goal of this study was to examine the associations between the International Trauma Questionnaire (ITQ) factors (PTSD and DSO) and emotional reactivity (measured with PERS) and anger (measured with DAR-5). Participants were 280 trauma-exposed emerging adults (Mage=19.39, 72.5% female, 73.2% White). Two confirmatory factor analyses using Mplus 9 examined a correlated factors model and a hierarchical model of the ITQ. Results supported the ITQ structure, with excellent fit for the correlated model (χ^2=50.32; CFI/TLI=.99; RMSEA=.03) and the hierarchical model (χ^2=71.64, CFI/TLI=.99; RMSEA=.04). Anger and emotional reactivity were associated with both PTSD (r=.32-.33, $p < .001$) and DSO (r=.48, $p < .001$). Wald tests showed no significant differences between associations of the PERS or DAR with either PTSD or DSO symptoms ($p > .30$). These results suggest that emotional reactivity and anger are common in both PTSD and DSO symptoms, despite emotional regulation only being a symptom of DSO. Therefore, both PTSD and complex PTSD presentations in ICD-11 have associations with emotional disturbances.

TB5. MEDIA EXPOSURE AND PSYCHOLOGICAL DISTRESS AMONG HISPANIC COLLEGE STUDENTS: PROBABILITY ESTIMATE BIAS AS A MEDIATOR AND RESILIENCE AS A MODERATOR

Mayra Mireles*[1], MIchiyo Hirai[1]
[1]*The University of Texas Rio Grande Valley*
Track: Assessment and Diagnosis
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Existing literature suggests trauma-related media negatively impacts mental health, and even neutral content may contribute to distress. This study examined whether probability estimates of future negative events mediate associations between media exposure and psychological symptoms, and whether resilience moderates these effects among Hispanic

college students. Participants were 797 Hispanic undergraduates who completed measures of depression (PHQ-9), anxiety (GAD-7), stress (PSS), media exposure (neutral, negative, trauma-related), resilience (CD-RISC-10), and probability estimates (PCQ). Moderated mediation models were tested. All media types were associated with stress, depression, and anxiety (ps $<$ .05); however, only trauma-related and negative media predicted higher probability estimates. Probability estimates partially mediated the relationship between trauma-related media exposure and depression ($p < .01$), with stronger mediation effects at lower resilience levels. Significant mediation effects of probability estimates were also found for stress ($p < .01$) and anxiety ($p < .01$), but resilience did not moderate these relationships. Parallel patterns emerged for negative media exposure. Findings indicate that heightened probability estimates may be one mechanism linking media exposure to distress, underscoring the importance of media literacy and protective factors in mitigating psychological risk.

TB6. A BEHAVIORAL ECONOMIC APPROACH TO CONCEPTUALIZING CO-OCCURRING PTSD AND SUBSTANCE MISUSE IN A SAMPLE OF VETERANS

Meghan McDevitt-Murphy*[1], Aglaia Margaris[1], Cora Frost-Helms[1]
[1]*University of Memphis*

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

Abstract: The high rate of co-occurring substance misuse among individuals with PTSD is often conceptualized as self-medication, wherein the chemical effects of alcohol/drugs serve to ameliorate distress associated with PTSD. In addition to the direct neurochemical effects of psychoactive substances, it is also relevant to consider the ways that individuals with PTSD engage with their environments and how this may be shaped by substance use. Broad generalized avoidance that is characteristic of PTSD serves to reduce access to positively reinforcing activities, thus limiting both the experience of positive emotion and social interaction. Research from behavioral economics suggests that the proportion of one's positive reinforcement that is associated with substance use is predictive of greater substance use severity and worse intervention response. Thus, having a limited repertoire of enjoyable, substance-free activities likely contributes to substance use. In a cross-sectional study of 373 US military Veterans (73% male, 69% White, 14% Black, 9% multiracial), we found that PTSD severity (PCL-5 score) and proportional substance-related reinforcement each explained unique variance in hazardous drinking (AUDIT score). This finding suggests that, in addition to the anxiolytic effects of psychoactive substances, the extent to which substance use serves as a conduit to positive reinforcement may be another important driver of this comorbidity among Veterans.

TB7. EXAMINING PTSD AND NEUROBEHAVIORAL SYMPTOMS AMONG BLAST-EXPOSED SPECIAL OPERATORS

Emma Filchock*[1], Maya Zegel[1], Mitchell Reinhart[1], Angelo Richardson[1], Joseph Bonvie[1], Scott Sorg[1]
[1]*Massachusetts General Hospital*

Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families

Region: Industrialized Countries
Abstract: Repetitive blast exposure contributes to long-term psychological and neurobehavioral symptoms. Emerging research has sought to explore this association among military service members and veterans using the newly developed Blast Exposure Threshold Survey (BETS); however, limited research is available among Special Operator Forces (SOF), who experience unique trauma- and blast-exposures and are historically understudied. This project aimed to examine whether (1) cumulative blast exposure, and (2) neurobehavioral symptom severity differs across SOF with and without PTSD. Participants were 326 active-duty and veteran SOF (323 male, 3 female; M age = 42.87 ± 8.74) enrolled in a PTSD/TBI assessment program. Cumulative blast exposure was measured using the BETS total score, log-transformed to address skewness. Clinical symptoms were assessed with the PTSD Checklist for DSM-5 (PCL-5) and the Neurobehavioral Symptom Inventory (NSI). Independent sample t-tests revealed that SOF with probable PTSD demonstrated greater blast exposure compared to those without PTSD ($t(324) = -2.35$, $p = .019$). Similarly, SOF with probable PTSD reported more neurobehavioral symptoms (M = 44.64 ± 13.79) compared to those without PTSD (M = 22.47 ± 10.59; $t(186.70) = -14.82$, $p < .001$). Findings suggest that a PTSD diagnosis is associated with greater blast exposure and neurobehavioral symptoms among SOF. Future work is needed to explore the temporal nature of these associations, and whether certain SOF roles demonstrate differential blast exposure and clinical symptom profiles.

TB8. UNDERSTANDING AND IDENTIFYING POST-TRAUMATIC STRESS DISORDER WITH MACHINE LEARNING MODELS

Leilani Frost*[1], Caitlin Hitchcock[1], Mel Mistica[1]
[1]*The University of Melbourne*
Track: Assessment and Diagnosis
Program Category: Technology
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Current screening for Post-Traumatic Stress Disorder (PTSD) relies on self-report questionnaires, which are limited by an overreliance on pre-existing symptom knowledge and by under-reporting of symptoms due to stigma. A cost-effective, more objective, and more person-centered alternative is using machine learning to identify trauma memory narrative features that predict symptoms. This study developed a new language-based screening tool, integrating advancements in natural language processing (NLP) to overcome limitations. Approximately 7,000 trauma event descriptions were collected from internationally sourced secondary datasets. Theoretically motivated linguistic features were extracted, and various permutations of these features were subsequently used to train and evaluate a machine learning model (linear support vector machine) on PTSD classification. Though modest, the best-performing iteration of our model achieved accuracy metrics comparable to those reported for the current gold standard in PTSD assessment; sensitivity = 52%, specificity = 72%, positive predictive value = 46%, negative predictive value = 78%. Features related to sensory information, viscerality, and emotional content contributed meaningfully to the classification decision. Notably, cohesion and coherence did not contribute meaningfully, providing some evidence against the mnemonic fragmentation hypothesis for PTSD. Despite limitations concerning description mode and length, the model shows promise for practical application alongside—or potentially as an alternative to—current assessment protocols.

TB9. CHILDHOOD TRAUMA AND POLYGENIC RISK FOR PTSD AND ALCOHOL PHENOTYPES: ASSOCIATIONS WITH ADOLESCENT ALPHA EEG COHERENCE

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

Track: Biology and Medical
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries

Abstract: Purpose: Childhood trauma is a transdiagnostic risk factor for alcohol use disorder (AUD), alcohol consumption, and posttraumatic stress disorder (PTSD). Changes in neural functional connectivity are a possible pathway linking trauma to psychopathology; yet the role of genetic liability remains understudied.
Methods: Using longitudinal data from 1,478 Collaborative Study on the Genetics of Alcoholism participants, latent growth curve models examined whether multivariate polygenic scores (PGS) for alcohol consumption (ALCC), alcohol problems (ALCP), and PTSD moderated associations of childhood trauma (assaultive, sexual assaultive, non-assaultive) on trajectories of adolescent alpha EEG coherence (EEGc) and subsequent young adult AUD and PTSD symptoms.
Results: PTSD PGS was associated with lower baseline interhemispheric fronto-central (ß=-0.073 (0.03), p=0.006) and fronto-temporal (ß=-0.039 (0.01), p=0.007) EEGc, as well as increased growth of fronto-temporal EEGc (ß=0.023 (0.01), $p < 0.001$). An interaction between ALCC and non-assaultive trauma indicated diminished fronto-central EEGc growth among individuals with non-assaultive trauma and higher ALCC (ß=-0.065 (0.02), p=0.005). Trajectories of several EEGc pairs were associated with downstream AUD and PTSD symptoms in young adulthood.
Conclusions: Findings highlight associations between genetic risk, trauma, and neural connectivity in PTSD and AUD etiology. Polygenic risk for ALCC may moderate relationships between trauma, neural connectivity, and psychopathology.

TB10. RE-EXPERIENCING TRAUMA: OCCIPITAL LOBE RESTING FUNCTIONAL CONNECTIVITY IN POSTTRAUMATIC STRESS DISORDER

Caleb Sanders*[1], Marc Ruder[1], Steven Bruce[2], Carissa Philippi[1]
[1]*University of Missouri -- St Louis,* [2]*University of Missouri -- St Louis, Washington University School of Medicine*

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

Abstract: Re-experiencing symptoms in posttraumatic stress disorder (PTSD) often involve vivid visual imagery, yet occipital resting-state functional connectivity (rsFC) remains underexamined, particularly in women exposed to interpersonal violence. Clarifying these neural mechanisms may advance understanding of sensory and contextual processing disturbances that contribute to intrusive memories. Notably, occipital rsFC has not been evaluated in relation to re-experiencing using the Posttraumatic Stress Diagnostic Scale

(PDS), a validated self-report measure that supports fine-grained symptom-level analyses. Sixty-three participants meeting DSM-IV-TR criteria for PTSD completed clinical assessments and resting-state fMRI. PTSD severity was measured with the Clinician-Administered PTSD Scale (CAPS-IV) and the PDS. We conducted seed-based voxelwise rsFC analyses using bilateral visual cortex seeds (V1, V2, V3) and tested associations with re-experiencing symptoms (3dttest++). Greater V3–left cerebellar connectivity was positively associated with PDS re-experiencing subscores ($t(61)=5.32$, $pFWE < .05$). Item-level analyses suggested this effect was driven by endorsements of nightmares ($t(61)= 4.18$, $pFWE < .05$) and flashbacks ($t(61)= 4.77$, $pFWE < .05$). Increased V3–cerebellar connectivity may reflect heightened coupling between visual and sensorimotor/regulatory systems supporting PTSD-related re-experiencing. These interactions may relate more specifically to re-experiencing than to global PTSD severity, suggesting a potential symptom-targeted neural marker in trauma-exposed women.

TB11. THE ROLE OF EVENT CENTRALITY IN UNDERSTANDING POSTTRAUMATIC STRESS SYMPTOMS, BODY MASS INDICES, AND TRAUMA-RELATED DIET CHANGES

Rachel Wamser*[1], Sara Dennis[2]
[1]*University of Missouri St. Louis,* [2]*University of South Florida*
Track: Biology and Medical
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Trauma exposure and posttraumatic stress symptoms (PTSS) are related to increased body mass index (BMI) and poorer diet. Yet, the pathways from cumulative trauma and PTSS to shifts in weight and diet remain nebulous, and underweight individuals have been overlooked. The mechanisms underlying these associations are also unstudied. Event centrality, or the degree of salience of a traumatic event to one's identity, may explain relations between PTSS and non-normal BMI and diet alterations, but has not yet been studied. The present study aimed to: 1) investigate the relations between PTSS, event centrality and non-normal BMI, increased food intake, and trauma-related diet changes; and (2) determine whether event centrality accounts for the associations between PTSS and these three outcomes among 414 trauma-exposed university students (Mage = 24.09, Range 18-63; 80.7% women; 58.5% White). Cumulative trauma and PTSS were linked with event centrality. Older age was tied to BMI- cumulative trauma, PTSS, and event centrality were unrelated. Event centrality was linked with increased food intake, whereas PTSS and cumulative trauma were not. PTSS and event centrality were related to more trauma-related diet changes. Event centrality demonstrated indirect effects on both the relationships between PTSS and food consumption and trauma-related diet changes. Event centrality may play a prominent role in understanding how PTSS is related to increased eating and trauma-related diet changes. Longitudinal research is needed to confirm this, and to determine if decreasing event centrality improves trauma-related health behaviors.

TB12. HYPERVIGILANCE DURING ENCODING AND RECALL AS PREDICTORS OF MEMORY IMPAIRMENTS IN PTSD

Jaime Quiles*[1], Molly Hermiller[1], Brad Schmidt[1]
[1]*Florida State University*
Track: Biology and Medical
Program Category: Technology

Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Hypervigilance is a key maintaining factor for PTSD, causing individuals to monitor their environment for potential threats. Eye-tracking research has found that one's ability to replay sequential information improves overall recall, with worse scanpath fidelity impairing it. Given that PTSD is associated with memory disturbances, hypervigilance may impair proper encoding and recall by preventing this process. The present study sought to test whether hypervigilance significantly affected memory impairments.
Participants (n= 13 PTSD, 27 subsyndromal, and 37 healthy controls; Mage = 20.42, 71% female) completed an eyetracking task in which they viewed image sequences that ended in a negatively valenced outcomes and later recalled their original location. Transition entropy was calculated to quantify the eye gaze pattern variability during encoding and recall, operationalized as hypervigilance. Group memory differences were tested via ANOVA, and regression models tested encoding x recall entropy interaction predicting recall.
Our PTSD group (M = 19.6%) scored significantly lower than subsyndromal (M = 32.8%, p = .026) but not healthy controls (M = 28.2%, p = 0.20). While encoding entropy was associated with greater recall (β = 2.27, p = .026) and recall entropy trended towards significance (β = 1.69, p = .096), their interaction trended towards significance (β= -1.58, p=0.072) to predict worse memory performance.
Findings indicate that PTSD is associated with worse recall, and that disrupted coordination between encoding and recall processes, as influenced by hypervigilance, may contribute to this impairment.

TB13. VALIDATION OF A MENTAL HEALTH ASSESSMENT TOOL FOR RESETTLED AFGHAN CHILDREN: AN APPLICATION OF ITEM RESPONSE THEORY

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Study Objectives: This study aimed to evaluate a culturally adapted mental health screening toolkit to improve cultural relevance, linguistic accuracy, and clinical utility for Afghan youth who experienced trauma after forced displacement.
Methods: 109 Afghan adolescents and 69 caregivers resettled in San Diego within the last ten years completed culturally adapted versions of the Center for Epidemiological Studies Depression Scale for Children (CES-DC), the Generalized Anxiety Disorder-7 (GAD-7), and the War-Affected Youth Psychosocial Assessment (WAYPA) externalizing subscale via iPad self-report or face-to-face interview in Dari, Pashto, or English. Analyses examined item missingness, internal consistency, Rasch Partial Credit Models with Wright maps, item characteristic curves, and differential functioning.
Primary Findings/Results: All instruments showed strong reliability across youth and caregiver reports and assessment modes (CES-DC α = .87–.90; GAD-7 α = .89–.91; WAYPA α = .77–.86) with minimal random missing data. Wright maps indicated item difficulty clustered above participant trait levels, suggesting greater sensitivity to moderate–severe symptoms. The WAYPA showed poor item functioning and limited response variability, likely due to item sensitivity. Youth self-reports showed greater variability in CES-DC and

GAD-7 scores than caregiver reports, suggesting caregiver underreporting of internalizing symptoms.
Conclusion: The data suggest that existing screening instruments necessitate further cultural validation for use with Afghan populations.

TB14. SHAME AND SELF-COMPASSION SERIALLY MEDIATE THE RELATIONSHIP BETWEEN CHILDHOOD EMOTIONAL ABUSE AND FLOURISHING

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Objectives: Prior literature has found that childhood emotional abuse (CEA) leads to adverse psychological and psychosocial outcomes in adulthood (i.e., flourishing), yet variables within this pathway remain unclear. Shame and self-compassion (SC) have independently acted as mediators between childhood adversity and adult outcomes, and thus may serve as serial mediators in the relationship between CEA and flourishing.
Methods: The current study tested a serial mediation of CEA and flourishing through shame and SC via data collected from 186 undergraduates, utilizing a structural equation model with 5000 bootstrapped iterations.
Results: After controlling for childhood sexual and physical abuse, the serial path through shame and SC was significant ($\beta = -0.094$, 95% CI [-2.816, -0.884], $p < .001$), and the indirect effects through shame and SC alone were nonsignificant. However, the direct effect of CEA on flourishing remained significant ($\beta = -0.158$, $b = -2.878$, 95% Cl [-5.780, -0.051], $p = .048$).
Conclusions: Findings support the relationship between CEA and flourishing and highlight a potential pathway through which this may be occurring, with shame and SC as sequential mediators. Looking at these broader psychosocial outcomes, interventions may benefit from targeting shame to improve downstream SC and ultimately flourishing, particularly in adults with a history of CEA.

TB15. DEPRIVATION AND THREAT'S INFLUENCE ON SUICIDAL IDEATION IN YOUNG CHILDREN

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Suicide is a leading cause of death among children ages 9-17 (CDC, 2025). However, research is sparse regarding suicide risk in children under age 10. Childhood adversity is a well-established risk factor for adult and adolescent suicidal ideation (SI), but limited work has examined associations between adversity exposure and SI risk in young children. Here, we examine deprivation and threat as separate dimensions of adversity

exposure (Sheridan and McLaughlin, 2014) and associations with SI in a sample of youth ages 5-10.
Deprivation, threat, and psychopathology were assessed during an in-home visit for N=301 children using gold standard measures. A separate visit assessed SI via the SIQ-JR and the SITBI-2 in n=98 children aged 5-10 years-old (M=7.53, SD=1.41; 50% female; 52% nonwhite) and their caregivers (reporting about their child; Miller et al., 2025). Logistic regressions examined whether deprivation, threat, age, sex, and psychopathology independently predicted passive or active SI among these children.
Results demonstrate deprivation, but not threat, predicted active SI ($p < 0.01$). Deprivation, threat, psychopathology, age, or sex did not predict passive SI ($p > .05$).
The differential associations of deprivation and threat in this sample were unexpected and highlight the need for more research into the antecedents and correlates of SI in this age range. Deprivation may exert more influence on SI than threat in children. Future work is needed to investigate whether these patterns hold longitudinally as children continue to develop, or if they represent a specific set of risks observable in early childhood.

TB16. CHILDHOOD ADVERSITY, EPISTEMIC STANCE, AND TRAUMA SYMPTOMATOLOGY: EVIDENCE FROM VIETNAM

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: South Asia
Abstract: In developmental psychopathology literature, epistemic stance (trust, mistrust, and credulity) has recently emerged as one of the key mechanisms linking childhood adversity to the development of trauma-related disorders. This construct, defined as one's capacity to detect trustworthy informants and acquire new information necessary to adapt to the ever-changing world, has been empirically demonstrated to form early on in attachment relationships and to be associated with trauma. This study sought to investigate the relationship between childhood trauma, epistemic stance, and trauma symptoms in the Vietnamese context. A sample of 406 Vietnamese individuals (age range 19–72, 91.9% female) completed self-report measurements including the Adverse Childhood Experiences Questionnaire, the Epistemic Trust, Mistrust, and Credulity Questionnaire, and the International Trauma Questionnaire. In the sample, 11.3% met the probable diagnostic criteria for ICD-11 Post-traumatic Stress Disorder (PTSD) and 32.5% for Complex PTSD. Results showed that epistemic mistrust and epistemic credulity were associated with childhood trauma and both PTSD and Complex PTSD; however, no such association was found with epistemic trust. Furthermore, epistemic mistrust and credulity mediated the relationship between childhood trauma and trauma-related disorders, explaining 19.91% of the variance in PTSD and 29.91% in Complex PTSD. These findings underscore the significance of epistemic mistrust and credulity in the pathway from childhood adversity to trauma symptomatology.

TB17. ADAPTIVE AND MALADAPTIVE EMOTION REGULATION AS MECHANISMS LINKING ADVERSE CHILDHOOD EXPERIENCES TO SUBSTANCE USE

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Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Adverse childhood experiences (ACEs) are robustly associated with later alcohol and substance use (ASU); however, the mechanisms underlying this relationship remain incompletely understood. Emotion regulation (ER) through effective (adaptive) and ineffective (maladaptive) responses may represent key mechanisms linking early adversity later ASU. This study tested a parallel mediation model examining whether adaptive and maladaptive emotion regulation differentially mediate the association between ACEs and ASU.
Participants (N = 92, Mage = 33.92 years, 55.4% male, 34.8% White) completed ACEs (ACE questionnaire), ER (Feelings and Me), and ASU measures (AUDIT and DUDIT). Parallel mediation analyses were conducted using PROCESS with bootstrapped confidence intervals for indirect effects for each ASU outcome.
ACEs predicted maladaptive ER use (B = 1.38, $p < .001$), that, in turn, predicted higher DUDIT scores (B = .53, $p < .001$); indirect effect (B = .74, 95% CI [.28, 1.31]). ACEs were unrelated to adaptive ER and AUDIT scores.
Findings indicate that maladaptive emotion regulation significantly mediates the association between ACEs and drug use, but not alcohol use. Adaptive emotion regulation did not function as a mediator. Results highlight maladaptive regulatory processes as a key mechanism linking childhood adversity to drug-related risk and suggest potential targets for trauma-informed substance use interventions.

TB18. THE IMPACT OF TRAUMA IN A SHARED HOME: COMPARING EXPERIENCED VERSUS WITNESSED TRAUMA IN SIBLINGS

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Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Intro: Traumatic events in childhood can impact youth who experience the trauma, however, less is known about how their siblings are impacted when witnessing or learning about that trauma.
Methods: This study compared symptoms of depression, anxiety, and PTSD within pairs of siblings where one experienced the trauma and the other learned about or witnessed the same event (discordant pair). The comparison group were sibling pairs in which both experienced or both witnessed the same event (concordant pair). Mixed effects analysis of variance was used to compare PHQ-9 scores, SCARED scores, and CAPS-CA scores, while covarying for within-sibling-pair differences in age, sex, and number of interpersonal traumas.
Results: Of 47 total sibling pairs, (mean age = 13.6 years, SD = 3.0; 54% female), 26 were assigned to the discordant group and 21 to concordant. Results showed a significant interaction between exposure group and within-pair differences in age ($F(2,41) = 5.5$, $p = .008$).

Specifically, the effect of exposure group on siblings' differences in CAPS and SCARED symptom scores varied depending on age: For similar age siblings (0.7 - 3.3 years apart), there were no differences between siblings' PHQ9, SCARED, or CAPS scores when comparing exposure groups. For different age siblings (3.4 to 8 years apart), there were significantly greater sibling differences in CAPS scores within the discordant group (p=.043), and greater differences in SCARED scores within the concordant group (p=.035).
Conclusion: For siblings close in age, symptoms of PTSD can be similar whether the shared trauma was experienced, witnessed, or heard about

TB19. ADULT-CHILD INTERACTION EMOTIONAL IMAGE SET: SUBJECT RATINGS OF CHILDHOOD SEXUAL ABUSE SURVIVORS

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Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Childhood Sexual Abuse (CSA) has long-term consequences, including cognitive, emotional, and behavioral impairments. However, CSA often goes undetected due to challenges in disclosure and identification methods.
Objective: This study aimed to validate an image set capable of distinguishing individuals with CSA histories.
Methods: Participants viewed randomized orders of 120 visual stimuli consisting of critical and neutral images and rated their emotional valence. Critical Images were based on criteria associated with grooming and designed to evoke emotional responses for CSA survivors. Neutral images excluded key features associated with grooming scenarios and depicted everyday scenes expected to elicit minimal emotional response. CSA severity was assessed using the Childhood Trauma Questionnaire. Pearson's correlations, linear regression, ANOVA, and path analysis were used to examine relationships between CSA severity and image ratings.
Results: Sixty-nine critical images were retained for their large and significant correlations with CSA severity. An ANOVA showed a significant group-by-image type interaction. Regression analysis confirmed CSA severity as a predictor of critical image ratings. Negative mood and cognition symptoms, and intrusion symptoms, mediated this relationship.
Conclusions: These findings suggest that CSA survivors exhibit heightened sensitivity to social stimuli associated with trust and vulnerability. This validated image set provides a foundation for future research utilizing neuroimaging to enhance the study of the effects of CSA on the brain.

TB20. PORNOGRAPHY USE IN YOUNG MEXICAN ADULTS WITH EXPERIENCES OF SEXUAL VICTIMIZATION

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Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Intermediate

Population Type: Adult
Region: Latin America and the Caribbean
Abstract: Background: While higher pornography use is associated with increased sexual violence perpetration, less is known about how sexual victimization relates to pornography content. Survivors of sexual abuse may engage with pornography as a way of processing, yet empirical tests of this theory are few. This study examined associations between sexual victimization and pornography use and whether they differed by age of victimization and gender. Method: Mexican adults (N = 1,061) recruited from universities completed an online survey assessing sexual victimization and pornography use. Pornography use was disambiguated with two composite indices: violent pornography use and child abuse–themed pornography use. Results: Overall, 13.9% of participants reported sexual victimization, with 1 in 6 victimization experiences occurring before age 13 (Mage of first victimization = 16.24 years, SD = 4.73) and higher rates reported by nonbinary and women participants. A two-way ANOVA revealed men with abuse histories reported higher violent pornography use than non-victimized men, whereas women and nonbinary participants with abuse histories reported lower violent pornography use than their non-victimized counterparts. No significant effects for child abuse–themed pornography use were identified. Discussion: Findings suggest gender-specific pathways linking trauma and sexual media use and challenge stigmatizing assumptions about survivors, particularly regarding child sexual abuse. Gender- and trauma-informed frameworks are critical for understanding sexuality and media use following sexual violence.

TB21. SYRIAN REFUGEE CHILDREN AT RISK OF RETRAUMATIZATION AFTER THE BEIRUT PORT BLAST: USING TRAUMA TIMELINE METHODS

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Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Middle East and North Africa
Abstract: Syrian refugee children in Beirut, Lebanon, have experienced cumulative trauma from war, displacement, economic crisis, and COVID-19. The 2020 explosion contributed to renewed symptoms, including persistent nightmares.
This study examines the Better Learning Program (BLP), a trauma-informed psychosocial intervention developed through academic–humanitarian collaboration. Following a group-based psychosocial intervention, children with ongoing nightmares received individual support focused on reconstructing personal timelines as part of trauma processing.
Data derive from qualitative interviews with psychosocial counselors and visual trauma timelines from 35 Syrian refugee children attending informal learning centers in Beirut. Preliminary findings indicate a predominance of traumatic experiences linked to war (71%), displacement (89%), and the Beirut Blast (77%). Timeline reconstruction appeared to support narrative organization, emotional regulation, and therapeutic alliance, while recall of positive everyday memories contributed to resilience.
These findings highlight the potential of narrative timeline methods within scalable psychosocial interventions for children exposed to cumulative and repeated trauma in humanitarian contexts.

TB22. MATERNAL, BUT NOT PATERNAL, EMOTIONAL INVALIDATION PREDICTS EMOTION DYSREGULATION AND COGNITIVE REAPPRAISAL AMONG ADULTS EXPOSED TO INTIMATE PARTNER VIOLENCE DURING CHILDHOOD

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

Abstract: Children exposed to intimate partner violence (IPV) are more likely to experience emotional invalidation from their parents, emotion dysregulation, and psychiatric symptoms. However, research has yet to investigate how these impairments may persist and present in adulthood. The current study examined if maternal and paternal emotional invalidation during childhood predicted adult emotion dysregulation, and access to emotion regulation strategies, in a sample of 106 college students (Mage = 22.12, SDage = 5.68, nmale = 28, nfemale = 78, 54% White, MPTSD = 32.51, SDPTSD = 19.86) who experienced at least one instance of maternal victimization of IPV prior to age 18. Multiple linear regression analyses were conducted with maternal and paternal emotional invalidation as the predictors, and emotion dysregulation, cognitive reappraisal, and expressive suppression as the outcomes. In Model 1, emotional invalidation explained 13% of the variance in emotion dysregulation, with maternal emotional invalidation emerging as the only significant predictor ($\beta = .31$, $p < .01$). In Model 2, the set of predictors was not significantly associated with cognitive reappraisal $F(2, 100) = 2.78$, $p = .07$, yet maternal emotional invalidation ($\beta = -.23$, $p < .05$), emerged as a unique predictor of cognitive reappraisal. In Model 3, neither form of emotional invalidation predicted expressive suppression strategies. Findings will be discussed, including clinical implications for assessing and targeting emotional invalidation and emotion dysregulation within trauma-focused treatment for mothers and their children following IPV experiences.

TB23. IMPLEMENTING TRAUMA-INFORMED CARE IN YOUTH DETENTION IN THE UNITED STATES

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Track: Child and Adolescent Trauma
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries

Abstract: Estimates suggest up to 98% of youth in the juvenile justice system have experienced trauma at some point in their lifetime. As such, trauma-informed care has increasingly been recommended as a way to improve how youth are treated in the juvenile justice system. However, turning trauma-informed principles into day-to-day policies and practices has been challenging, particularly in juvenile detention facilities. Detention settings face unique barriers, including short and unpredictable lengths of stay and a primary focus on custody rather than treatment.

This presentation shares findings from national surveys and interviews with juvenile detention staff and administrators in the United States. Results identify specific trauma-

informed practices currently being used in detention settings and highlight strategies that facilities can realistically implement. Specifically, facilities may implement screening and assessment for youth, and training and secondary trauma supports for staff. Further, facilities can incorporate choices for youth, and engage in practices to build trust with youth. Finally, detention facilities can adopt universal trauma-informed care practices by reducing harmful practices such as strip searches, restrictive housing, and use of restraints. Even within the constraints of detention settings, staff can take practical, achievable steps to make facilities more trauma-informed and better support both youth and the adults who work with them.

TB24. THE ROBUST IMPACT OF CHILDHOOD EMOTIONAL ABUSE SEVERITY AND SELF-JUDGMENT ON DEPRESSION, ANXIETY, AND STRESS IN ADULTHOOD

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Track: Child and Adolescent Trauma
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: Self-judgment is a transdiagnostic mechanism that is closely related to child maltreatment, especially child emotional abuse (CEA). Yet, few studies have examined the links among CEA and other specific types of child maltreatment and self-judgment, with depression, anxiety, and stress. We hypothesized that CEA severity and self-judgment would predict depression, anxiety, and stress, above and beyond the severity of other types of child maltreatment: emotional neglect (CEN), physical abuse (CPA), physical neglect (CPN), and sexual abuse (CSA). Data were collected from 967 undergraduates at a Midwestern university (71% women). Three hierarchical linear regression analyses were conducted. CEA severity and self-judgment were significant predictors of all outcomes, controlling for other child maltreatment. For depression symptoms, age (β= .09), CEA (β= .15), CPN (β= .07), and self-judgment (β= .48) were significant. For anxiety, cisgender women (β= .06), CEA (β= .13), CEN (β= .09), CSA (β= .08), and self-judgment (β= .39) were significant. For stress, age (β= .07), cisgender women (β= .07), CEA (β= .14), and self-judgment (β= .51) were significant. Among the other types of child maltreatment, CEN severity was uniquely linked to anxiety, and CPN severity was uniquely associated with depression once self-judgment was considered. These findings suggest it would be problematic to combine different types of child maltreatment severity when examining links with psychological symptoms. Future studies should continue to examine the role of self-judgment in relation to CEA and other forms of child maltreatment.

TB25. PROVIDER ATTITUDES TOWARD TRAUMA-INFORMED CARE IN RURAL PEDIATRIC PRIMARY CARE SETTINGS

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Track: Child and Adolescent Trauma
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Global

Abstract: Objectives: Adverse Childhood Experiences are commonly encountered in rural pediatric settings, yet few studies examine providers' perspectives on responding to traumatic presentation. This ongoing mixed-methods study explores trauma-informed care (TIC) practices among rural pediatric providers in Georgia.
Methods: Sixty providers are completing a 71-item survey assessing work experience, TIC attitudes (ARTIC-35). Data collection concludes June 2026. Bivariate correlations and a one-way ANOVA were conducted to examine trends among 23 participants.
Results: Preliminary findings indicate 70% of participants report TIC use in practice. However, only 13.7% (n = 4) reported comfort with use. Provider familiarity and frequency of TIC use were not significantly correlated with TIC self-efficacy or providing supportive patient responses. Higher TIC self-efficacy was correlated with stronger supportive responses (r = .43, p = .034). Follow-up interviews (n = 4) highlight TIC in practice is largely experiential, emphasizing trust, safety, and patient-centered care. Common TIC barriers in practice include time constraints, limited referral access, and structural inequities.
Conclusions: Early findings suggest the need for targeted, ongoing TIC training and systemic supports to strengthen trauma-responsive care delivery in rural pediatric settings. Additional results will be presented.

TB26. EMOTION DYSREGULATION AND POSTPARTUM DEPRESSION: THE MODERATING ROLE OF TRAUMA AND MENTAL HEALTH STATUS

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

Abstract: Postpartum depression (PPD) is a prevalent mood disorder affecting up to 20% of women. During the postpartum period, women face substantial biopsychosocial changes, increasing emotional vulnerability and placing greater demands on regulatory capacities, indicating that emotion dysregulation may be a key transdiagnostic risk factor for PPD. Trauma history is an important moderating factor that may amplify this relationship. The current study examined whether trauma exposure moderated the association between prenatal emotion dysregulation and PPD. Women were categorized as: a) trauma with PTSD, b) trauma with another mental health condition, c) trauma only, or d) no trauma or mental health conditions. The interaction was significant, $\Delta R^2 = .09$, $F(3, 75) = 3.57$, $p = .018$. Emotion dysregulation predicted PPD in women with trauma and another mental health condition (ß(SE) = 0.41 (0.11), $p < .001$) and those with no trauma or mental health condition (ß(SE) = 0.71 (0.31), p = .024) (b = .71, SE = .31, p = .024), but not in those with PTSD (ß(SE) = 0.03 (0.08), p = .737) or trauma only (ß(SE) = 0.26 (0.15), p = .095). Findings suggest that the association between emotion dysregulation and postpartum depression differs depending on trauma exposure and diagnostic status. Emotion dysregulation may be a general vulnerability factor in otherwise healthy women, and less predictive within PTSD, where other mechanisms may be more important. Understanding how transdiagnostic factors impact postpartum outcomes has important clinical implications, helping with early identification and treatment of at-risk women during the perinatal period.

TB27. CO-MORBID MAJOR DEPRESSIVE DISORDER AND HISTORY OF SEXUAL TRAUMA IN CPT: A LONGITUDINAL MIXED-EFFECTS ANALYSIS OF REAL-WORLD POST-TRAUMATIC STRESS DISORDER SYMPTOM TRAJECTORIES

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Cognitive Processing Therapy (CPT) is an evidence-based psychotherapy for posttraumatic stress disorder (PTSD) that targets maladaptive trauma-related beliefs through cognitive restructuring. Individuals with sexual trauma histories often present with comorbid major depressive disorder (MDD) and greater PTSD severity at treatment entry, though it remains unclear whether these factors affect symptom improvement during CPT in real-world settings. This retrospective observational study examined 94 adults with PTSD who received CPT from LCSW providers at an outpatient trauma-focused clinic serving individuals exposed to diverse trauma types. PTSD symptoms were assessed at each session using the PTSD Checklist for DSM-5 (PCL-5), yielding 1,171 session-level observations. Linear mixed-effects growth models with random intercepts and slopes tested changes in symptoms over time and whether trajectories differed by sexual trauma history and comorbid MDD. PTSD symptoms decreased significantly across sessions ($\beta = -0.068$ SD/session, $t = -3.51$). Sexual trauma history and MDD were associated with higher overall symptom severity, with the greatest burden observed among individuals with both conditions ($\beta = 1.47$ SD, $t = 2.88$). However, neither sexual trauma history nor MDD moderated the rate of symptom improvement. These findings suggest that CPT is associated with meaningful PTSD symptom reduction regardless of sexual trauma history or comorbid MDD, and that higher baseline severity does not preclude benefit from treatment.

TB28. A NOVEL TRAUMA-INFORMED CAREER COACHING INTERVENTION DURING CONTINUOUS TRAUMATIC STRESS (CTS)

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Middle East and North Africa
Abstract: Objectives: PTSD has significant implications for vocational functioning, including elevated unemployment and reduced job attainment and stability. These difficulties often consolidate and become chronic over time, underscoring the importance of early intervention, even in contexts of Continuous Traumatic Stress (CTS) and lack of routine. Despite this need, trauma-informed, evidence-based vocational interventions remain scarce. This poster presents a novel short-term Trauma-Informed Career Coaching (TI-CC) intervention for survivors of ongoing terror and war, developed at NATAL (Israel's leading trauma and resilience NGO) and implemented through government–NGO collaboration. **Methods:** Self-report questionnaires were administered pre-and post-intervention, with a 3 month follow-up pilot study to two independent cohorts [(N=111; 71.4% males; age

M=35.1) (N=156; 54.2% males; age M=38.6)] exposed to CTS. Both vocational (e.g., vocational barriers) and psychological (e.g., PTSD) outcome measures were evaluated. **Preliminary Results:** Results of paired-sample t-tests suggest a significant reduction in vocational barriers [t(110)=18.02, p < .001, d=1.71 ; t(133)=16.23, p < .001 d=1.40] and PTSD symptoms [t(109)=5.49, p < .001, d=0.52 ; t(156)=4.28, p < .001 d=0.34]. Similar patterns emerged for remaining outcomes, with consistent small-to-moderate effect sizes. **Conclusions:** Results demonstrate the efficacy of TI-CC in improving vocational and psychological outcomes and support the feasibility of scalable trauma-informed career interventions during CTS through government–NGO collaboration

TB29. MINDFUL SELF-COMPASSION IMPROVES PTSD, MINDFUL AWARENESS, AND SELF-COMPASSION IN UNSTABLY-HOUSED WOMEN WITH PTSD AND SUBSTANCE USE DISORDERS

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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: This study evaluated the effects of Mindful Self-Compassion (MSC) on PTSD symptoms, anxiety, mindful awareness, and self-compassion in unstably housed women undergoing residential substance use disorder (SUD) treatment. Using a community-engaged approach, unstably housed women with probable PTSD residing in a state-funded residential SUD treatment facility participated in an open-label, cluster-based clinical trial comparing a 6-week MSC intervention to treatment as usual (TAU). Assessments occurred at baseline (T1), post-intervention (T2), and 4 months post-baseline (T3). Mixed-effects models examined treatment group-by-time differences in primary (PTSD) and secondary (anxiety, mindful awareness, and self-compassion) outcomes, adjusting for baseline symptoms. Compared to TAU, those in the MSC group showed reductions in PTSD (T1 to T2, b=-6.73, p=.010) and anxiety symptoms (T1 to T3, b = -2.94, p=.002), and improved in mindful awareness (T1 to T2, b=.34, p=.007) and self-compassion (T1 to T2, b=.37, p < .001 and T2 to T3, b=.22, p=.008). MSC was associated with greater short-term improvements in PTSD symptoms and mindful awareness, longer-term improvements in anxiety, and sustained gains in self-compassion relative to TAU. Findings suggest MSC may be a promising adjunctive intervention for improving mental health among unstably housed women in SUD treatment.

TB30. ACCELERATING WITHOUT MANDATING: FLEXIBLE CPT FREQUENCY AND TREATMENT COMPLETION

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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Introduction: Cognitive Processing Therapy (CPT) is a first-line treatment for PTSD, yet treatment noncompletion remains a significant clinical challenge. Accelerated CPT (three or more sessions per week) yields higher completion rates than traditional weekly delivery; however, standard 1-, 2-, or 3-week intensive models are inaccessible to many

patients due to family and occupational demands. This study examined a flexible frequency model in which patients selected their number of weekly sessions to maximize the benefit of accelerated treatment within their scheduling constraints.
Methods: Data were drawn from the Center for Trauma Recovery (CTR), a specialty clinic at Rush University offering CPT via a flexible frequency model. A chart review calculated mean and median days between sessions. Logistic regression models evaluated session frequency as a predictor of CPT completion, controlling for age, sex, race, ethnicity, and baseline PTSD severity (PCL-5).
Results: Greater time between sessions was associated with significantly lower odds of treatment completion. Each additional average day between sessions was associated with a 13% reduction in completion odds (OR = 0.87, p = .011), and each additional median day with a 20% reduction (OR = 0.80, p = .001).
Discussion: More frequent CPT sessions were associated with higher treatment completion. A flexible, high-frequency model appears to improve outcomes for patients who may not be able to accommodate fixed intensive schedules. Clinicians should consider offering flexible frequency CPT and minimizing time between sessions to maximize completion rates.

TB31. EXAMINING OVERT AND COVERT DISCRIMINATION AND TRAUMATIC STRESS: BASELINE ASSOCIATIONS AND PRELIMINARY OUTCOMES FROM SAWUBONA HEALING CIRCLE PARTICIPATION

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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Empirical evidence demonstrates that racial discrimination in prevalent across industrialized nations and strongly associated with clinically significant trauma symptomatology. Grounded in African-centered psychology and racial trauma frameworks, this pilot study examines associations between self-reported overt and covert discrimination and traumatic stress symptoms, and explores preliminary outcomes among participants engaged in Sawubona Healing Circles (SHC), a culturally-grounded initiative developed by the Association of Black Psychologists in consultation with the Black Family Summit. Approximately 70 participants completed the UnRESTS and the Discrimination Trauma Scale (DTS) at baseline and a subset (n=30) completed 6-month follow-up assessments. Multivariable regression analyses will examine the unique contributions of overt and covert discrimination on trauma symptomology scores at baseline and paired t-tests with examine pre-post changes. These exploratory analyses assess whether participation duration and/or intensity is associated with reductions in traumatic stress symptoms. The SCH is also being expanded to Haiti, illustrating its potential for cross-cultural adaptation and international scaling. These findings will add to the evidence informing how collaborative, culturally response approaches can address racial trauma, supporting scaling of tailored interventions, and advance evidence-based community healing.

TB32. DIFFERENTIAL PTSD SYMPTOM TRAJECTORIES AMONG SURVIVORS OF TORTURE DURING TRAUMA-FOCUSED THERAPY

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Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Posttraumatic Stress Disorder (PTSD) is highly prevalent among survivors of torture, yet research has predominantly examined overall symptom severity rather than how individual symptoms respond to trauma-focused interventions. This study examined whether baseline PTSD severity predicts symptom outcomes four months into treatment and explored symptom-level trajectories. Participants included 65 survivors assessed prior to therapy (Time 1), of whom 30 completed follow-up assessments four months later (Time 2). PTSD symptoms were measured using the PTSD Checklist for DSM-5. Linear regression revealed that higher baseline PTSD severity significantly predicted greater symptom reduction over four months (B = .50, p = .002). Item-level analyses of PCL-5 symptoms revealed differential trajectories: re-experiencing, trauma-related memory problems, internal avoidance, and sleep disturbance improved significantly, whereas affective and anhedonic symptoms, hypervigilance, blame, and external avoidance were more persistent. These findings suggest trauma-focused therapy effectively reduces core intrusive and cognitive symptoms, while affective and relational symptoms may require longer or additional interventions. Importantly, understanding these differential trajectories through an ecological lens, highlights how ongoing systemic stressors, stigma and social marginalization may shape symptom persistence, and integrating culturally responsive approaches that account for cultural interpretations of distress may be critical to fully addressing PTSD in this population.

TB33. HEALTH EQUITY FACTORS ASSOCIATED WITH PTSD SYMPTOM IMPROVEMENT FOLLOWING TRAUMA-FOCUSED EVIDENCE-BASED PSYCHOTHERAPY

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Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Prior studies have found differential rates of PTSD symptom improvement following trauma-focused evidence-based psychotherapy (TF-EBP) based on sociodemographic factors. In a retrospective cohort study of 77,441 Veterans initiating TF-EBP in VA (2017–2024), we examined factors associated with clinically meaningful improvement (CMI; ≥15-point PTSD symptom reduction). We used Bayesian hierarchical logistic regression with Region of Practical Equivalence (ROPE) analysis to assess clinical significance. Sensitivity analyses adjusted for baseline severity and treatment completion (Adequate Dose [AD] Subset, ≥8 sessions). Overall, 38.2% of veterans experienced CMI, and Black veterans showed 14% lower odds vs. White veterans (Main: OR = 0.86; ROPE = 90.7%). Disparities persisted after baseline adjustment (OR = 0.83; ROPE = 22.2%) and among completers (AD Subset: OR = 0.87, ROPE = 79.8%). Native Hawaiian/Pacific Islander (NHPI) veterans showed comparable disparities (Main: OR = 0.87; ROPE = 64.8%). Completion of an adequate dose of treatment was the strongest improvement predictor (Main:

OR = 3.29; ROPE = 0%). Black and NHPI veterans demonstrated disparities in PTSD symptom improvement that persisted across analytical approaches, highlighting the importance of qualitative studies to explore disparities and close these gaps to support all veterans in benefiting from TF-EBPs.

TB34. IMPLEMENTING A TRAUMA-INFORMED PTSD CLINIC IN SINGAPORE: PATIENT CHARACTERISTICS AND CASE SERIES

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Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: East Asia and the Pacific
Abstract: Adults with PTSD often experience significant distress, complex needs, and comorbid psychiatric conditions, yet trauma-focused services remain limited in Singapore. We report preliminary findings from an outpatient PTSD clinic at the Institute of Mental Health (IMH), Singapore's only tertiary psychiatric hospital, which began in 2018 as a pilot and now operates as a full service offering trauma-informed, multidisciplinary care. Patients receive regular psychotherapy, case management, psychiatric consultation, and family interventions. At intake between February 2019 and January 2026, 52 patients were assessed with the LEC-5, CAPS-5, PCL-5, and PHQ-9. The most common directly experienced traumatic events were physical assault (60%), sexual assault and/or unwanted sexual experiences (56%), and transportation accidents (33%), with a mean of 3.49 (SD=2.37) events per patient. PTSD symptom severity was often substantial (PCL-5: mean=54.25, SD=14.82; CAPS-5: mean=40.61, SD=12.76), and depressive symptoms were often moderately severe (PHQ-9: mean=16.63, SD=6.58). Descriptive case series illustrate complex presentations, including emotional dysregulation, avoidance, interpersonal difficulties, and social impairments, as well as treatment approaches and management strategies. These findings highlight the complexity of PTSD in Singapore and the value of structured, multidisciplinary, trauma-informed care.

TB35. DYSREGULATED APPROACH-AVOIDANCE MOTIVATION TO SOCIAL REWARD-THREAT CONFLICT IN PTSD

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Introduction: Posttraumatic stress disorder (PTSD) is often marked by disruptions in interpersonal functioning that are associated with widespread impairment, which may arise in part through social motivation dysfunction when presented with ambiguous social signals of reward and threat. The present study sought to evaluate the association of PTSD symptom severity and social approach-avoidance decision-making along the reward-threat continuum.
Methods: Trauma-exposed adults with elevated PTSD symptoms were recruited (n = 186) to complete a task in which they rated their motivation to approach or avoid a series of

emotional faces depicting social reward, social threat, or an ambiguous combination. Mixed effects multilevel models tested the cross-level interactions of level 2 PTSD symptom severity and social motivation sensitivity while controlling for negative affect and trauma history.
Results: Results indicated a significant omnibus 3-way interaction of Rating (Approach vs. Avoid) × Facial Affect × PTSD symptom severity for social reward-threat conflict ($t = -4.97$, $p < .001$). Further, PTSD severity was associated with weaker adjustments of social approach and social avoidance (p's $< .005$) across social reward-threat conflict.
Conclusion: Individuals with greater PTSD symptom severity demonstrated a difficulty adaptively adjusting approach and avoidance motivations along the reward-threat continuum. These results provide insights into trauma-related social disruptions and may inform the development of neurostimulation-based interventions targeting underlying neural circuits.

TB36. IS THE LIKELIHOOD OF SYMPTOM IMPROVEMENT SIMILAR DURING PTSD PSYCHOTHERAPY DELIVERED BY VIDEO TELEHEALTH AND IN-PERSON IN ROUTINE VETERANS HEALTH ADMINISTRATION CARE?

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Video telehealth can boost access to trauma-focused evidence-based psychotherapy (TF-EBP); however, little research has explored whether effectiveness is maintained across modalities in routine clinical practice. We tested whether delivery modality (i.e., video telehealth vs. in-person) was associated with likelihood of experiencing clinically meaningful improvement in posttraumatic stress disorder (PTSD) symptoms following TF-EBP. Using the electronic health record, we identified veterans who received TF-EBP in the Veterans Health Administration from 4/2022-4/2023 (n = 17,106). Using Bayesian hierarchical logistic regression, we modeled the probability of experiencing a 15-point reduction in the PTSD Checklist for DSM-5 (PCL-5) from pre- to post-treatment, accounting for relevant demographic, military, clinical, and service delivery characteristics. We used a Region of Practical Equivalence (ROPE) analysis to assess clinical meaningfulness. Relative to those receiving primarily in-person TF-EBP, veterans who received primarily video telehealth TF-EBP had a small reduction in the risk-adjusted likelihood of experiencing clinically meaningful improvement in PTSD symptoms (Median Posterior Odds Ratio = 0.83, 90% CI = 0.79, 0.88, ROPE = 38.3%). Findings suggest the need to understand and close this small gap and potential benefit of engaging in shared decision-making during treatment modality selection.

TB37. THE COST OF PTSD: DIFFERENCES BETWEEN VA AND VA-PURCHASED COMMUNITY CARE FOR PTSD TREATMENT IN RURAL VETERANS

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The Department of Veteran's Affairs (VA) Community Care (CC) program pays private providers to deliver care to VA-enrolled veterans who have limited access to VA direct services. VA-enrollees with PTSD who live in rural areas may be more reliant on this program, but little is known about differences in care for PTSD between the VA and CC. We used the VA's electronic health record and the Integrated Veteran Care Consolidated Data Set to identify 233,082 rural Veterans who received PTSD care in FY24 directly from VA or through CC. Of these Veterans, 22,082 (9.5%) received at least some of their PTSD care in CC. On average, Veterans with some CC PTSD care were younger, more likely to be female, and had more total PTSD encounters (8 vs 3 for VA-only). CC PTSD encounters were mostly individual therapy (84% of encounters) and most CC PTSD encounters were provided by a behavioral health counselor (58%), followed by social workers (24%), and psychologists (10%). PTSD encounters delivered by VA included individual therapy (44%), group therapy (9%) and medication management (14%) with care provided by psychologists (25%), psychiatrists (23%) and social workers (30%). The FY24 cost of delivering PTSD care via CC to rural Veterans was $32 million. CC fills some but not all gaps in PTSD outpatient care for rural Veterans.

TB38. WHEN TRADITIONAL TREATMENT IS NOT ENOUGH: VETERAN PERSPECTIVES ON SERVICE DOGS AND COLLABORATIVE CARE FOR PTSD

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Objective: In a climate of persistent traumatic stress among military veterans, this qualitative study examined why veterans pursue service dogs after engaging in evidence-based PTSD treatments, and how they perceive these dogs as supporting recovery from PTSD.
Methods: Using interpretive phenomenology and thematic analysis, semi-structured interviews were conducted with twelve male veterans involved in a canine training program. Interviews were transcribed verbatim and analyzed thematically to identify shared meanings regarding motivation, lived experience, and perceived impact.
Results: Participants described reaching a plateau with traditional therapies and seeking additional, complementary supports. Two central themes emerged: (1) sustained motivation to find workable solutions despite treatment fatigue, and (2) enhanced psychosocial functioning, including increased social engagement and restored perceptions of safety. Veterans described service dogs as collaborative partners who "watch their back," reduce hypervigilance, and facilitate reintegration into community life. Participants did not reject evidence-based care but viewed service dogs as action-oriented adjuncts that filled relational and functional gaps in treatment. They also reported indirect benefits for family members and strengthened community belonging

Conclusions: Findings underscore the importance of collaborative, individualized approaches to traumatic stress care. Integrating veteran voice and complementary interventions may strengthen engagement and expand evidence-informed action in PTSD treatment.

TB39. OPTIMIZING TREATMENT INTERVENTION FOR SUBGROUPS OF U.S. MILITARY COMBAT-RELATED PTSD PATIENTS

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families **Region:** Industrialized Countries
Abstract: Objective: To prospectively identify relationships and predictors that may mitigate comorbid PTSD symptoms in US military Veterans allowing for a target group of PTSD patients for whom acupuncture treatments may be maximized.
Methods: This four-year (2018-2022), two-arm, parallel-group, prospective randomized placebo controlled clinical trial was conducted at the Long Beach VA Healthcare System among 71 treatment-seeking 18-55 year-old Veterans with chronic combat-related PTSD. Hierarchical and backward multivariable logistic regression models were conducted to compare the predictive capabilities of discriminating between 15-point reduction or more in CAPS-5 at follow-up.
Primary Findings/Results: Demographic variables alone provided a nearly acceptable prediction of 15-point reduction (c-statistic=0.69) while clinical assessments alone provided a slightly better prediction (c-statistic=0.75). Together these characteristics were along with the group intervention variable increased the prediction (c-statistic=0.94).
Conclusions: Patient characteristics that indicate a more favorable response for PTSD symptom reduction include: less baseline pain, better physical functioning, females, increasing age, and sociodemographic variables including higher income and not employed. This may allow for future targeting of subgroups of PTSD patients for whom acupuncture treatments may be maximized.

TB40. PSYCHOLOGICAL BENEFITS OF EXERCISE IN CHRONIC PAIN AND PTSD: A PROOF OF CONCEPT STUDY

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Background: Veterans have multiple chronic conditions that increase premature mortality risk. Encouraging healthful activities will benefit the quality of life of patients within the VA.

Objective: Effects of aerobic exercise on primarily sedentary participants with comorbid chronic pain (CP) and varying levels of PTSD symptom severity participated in a 12-week exercise program consisting of three weekly 30-minute sessions. The average age of participants (n=23) was 45 (±9) years, with majority being male (65%).
Methodology: Exercise motivation and pain between participant groups with minimal vs. higher PTSD symptom severity were assessed over time using linear mixed-effects models. Spearman correlations were used to explore the relationship of exercise motivation with CP symptoms.
Results: Clinical symptom reductions over time adjusting for age and sex were observed for pain severity, pain related interference, pain catastrophizing and PTSD severity. Before exercise training, no correlations between exercise motivation, pain severity, or pain interference were observed among participants with high PTSD symptom severity (r=.08/.31). Following program completion, moderately strong negative relationships between exercise motivation and pain severity and pain interference were detected (r=-0.66/-0.66).
Conclusions: In this pilot study, aerobic exercise decreased clinical symptoms with exercise motivation being associated with reductions. Larger controlled trials will help confirm results of this analysis and aid the development of combined behavioral treatments for comorbid CP and PTSD.

TB41. ANXIETY SENSITIVITY AS AN OUTCOME AND PREDICTOR OF TREATMENT RESPONSE TO PROLONGED EXPOSURE AND TOPIRAMATE IN VETERANS WITH PTSD AND ALCOHOL USE DISORDER

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) regularly co-occur, resulting in complex presentations and suboptimal treatment response to prolonged exposure (PE). One promising predictor of treatment response is anxiety sensitivity (AS), which is defined as the fear and/or belief that anxiety-related symptoms are dangerous or intolerable. In addition to predicting treatment response, AS itself may be modifiable through PE. In this study, Veterans with comorbid PTSD and AUD (N=100) were randomized to receive PE with topiramate or placebo. AS was assessed at baseline, mid-treatment, post-treatment, and 3- and 6-month follow-ups. Mixed-effects models evaluated changes in AS across time and between conditions. Regression analyses tested baseline AS as a predictor of dropout and post-treatment PTSD severity. AS total score significantly decreased over the course of treatment in both conditions, with between condition differences at mid- (Cohen's d = .60 [95% CI, 1.93-16.65]) and post-treatment (Cohen's d = .98 [95% CI, 5.51-20.16]). Baseline AS did not predict post-treatment PTSD or dropout. Findings suggest that AS could be modified by elements of PE, though other factors (time, common factors) may also contribute to reductions. Future studies with non-PE controls are warranted. Evidence from this study does not suggest that high AS is a risk factor for dropout or poorer outcomes in PE

for veterans with comorbid PTSD and AUD. Thus, AS should not be a primary concern to therapists when using PE or topiramate in this population.

TB42. PARTICIPANT SYMPTOM TRAJECTORIES FROM A PILOT CLINICAL TRIAL COMBING ESKETAMINE WITH PROLONGED EXPOSURE THERAPY FOR PTSD

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: This study was an open label pilot clinical trial examining the signal of benefit of combining intranasal esketamine (Spravato) administered in conjunction with 10 sessions of massed (daily) prolonged exposure therapy for PTSD. Participants (N = 4) were individuals with PTSD based on the Clinician-Administered PTSD Scale for DSM-5, administered at baseline. The primary outcome of interest was the PTSD Checklist for DSM-5 (PCL-5), which was administered at baseline, weekly during treatment, and at the 1-week and 1-month follow-up appointments. A secondary outcome of interest was the change in self-reported depression symptoms, as measured by the Patient Health Questionnaire (PHQ-9), similarly administered at the above timepoints. At baseline, participants endorsed an average score of 53.25 on the PCL-5, and an average score of 13.00 on the PHQ-9. Overall, there was a 42.25-point reduction ($t=20.15$, $p < .001$) on the PCL-5 and an 8.75-point reduction ($t=4.25$, $p=.02$) on the PHQ-9 at the one-month follow-up appointment. Results provide preliminary evidence regarding the benefits of combining esketamine with massed PE for PTSD and contribute further support for the use of esketamine for the reduction of depression symptoms. However, continued research is warranted, and a larger clinical trial is necessary to determine long-term treatment effects of the use of esketamine for PTSD.

TB43. EXAMINING THE RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND PTSD PSYCHOTHERAPY OUTCOMES: A META-ANALYSIS

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Track: Clinical Interventions
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Socioeconomic status (SES) may be associated with posttraumatic stress disorder (PTSD) psychotherapy outcomes. It is important to identify potential inequities in who may benefit from PTSD psychotherapy. Therefore, the purpose of this meta-analysis was to examine the extent to which SES (income, education, and unemployment) was associated with PTSD symptom reduction. Eligible articles were identified through the PTSD Trials Standardized Data Repository. Studies were included if they delivered PTSD psychotherapy and reported at least one form of SES. Seventy-one studies were included. No significant relationships were found between any of the measures of SES and symptom reduction (all meta-regression analyses yielded $ps > .05$). We also conducted post-hoc correlations between

SES and attrition from measurement, another critical PTSD treatment outcome, finding a significant relationship between income and attrition ($r=-.54$, $p < .01$). Although there were no meta-analytic relationships between SES variables and PTSD symptom reduction, post-hoc correlations indicated there may be a relationship between income and study attrition. Limitations include inconsistency of SES reporting and limited available data. There is a need for more consistent reporting of SES in PTSD psychotherapy trials and the creation of databases that include individual level participant data to facilitate more nuanced analyses to better understand these relationships.

TB44. PREDICTING MORAL ELEVATION RESPONSES IN A CLINICAL SAMPLE WITH PSYCHOLOGICAL DISTRESS: THE POTENTIAL ROLE OF PTSD SYMPTOMS AND OPTIMIZING ELEVATION ELICITATION

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Track: Clinical Interventions
Program Category: Technology
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Moral elevation—a positive emotion described as feeling inspired by others' virtuous acts—can be elicited with videos featuring moral exemplars, which may serve as a novel therapeutic tool for psychological distress including PTSD symptoms. However, previous research is restricted to studying elevation elicitation with a few, select video stimuli and our understanding of predictors for subsequent responses in a clinical sample is limited. This study examined elevation responses to ten new videos among participants with significant anxiety, depressive, or PTSD symptoms. Using multilevel item response theory models, results indicated a series of trait predictors had a medium-to-strong positive association with elevation intensity and PTSD symptoms demonstrated a medium-sized positive association. Furthermore, fit comparisons suggested the model with PTSD symptoms as the focal predictor performed the best at describing elevation responses regarding intensity, item score distribution, and variability of responses between videos and participants. Overall, these results advance our understanding of how elevation is experienced in a clinical population, which has important implications for future efforts to effectively implement elevation as an alternative approach to facilitate mental health recovery, particularly in people who are exposed to traumatic events and suffering from PTSD symptoms.

TB45. EXPLORING THE EFFECTS OF GRATITUDE PRACTICE ON MENTAL HEALTH

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Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Positive psychology interventions are a growing area of interest and research. One such intervention includes engaging in gratitude practices, such as letter writing activities, reflection and meditation, and creating lists of things for which you are appreciative. Previous

studies have shown that engaging in gratitude practices can lead to decreases in psychopathology (Diniz et al., 2023), such as in depressive symptoms (Seligman et al., 2005), psychological distress (Fekete and Deichert, 2022), and suicidality (Kleiman et al., 2013). In a pilot study using a small undergraduate sample (N = 80), it was hypothesized that individuals randomly assigned to a one-week brief gratitude intervention (N = 17) would experience reductions in posttraumatic symptoms. Following a one week writing activity that asks individuals to write about people or things for which they are grateful, there was a significant difference in the log transformed total scores of posttraumatic symptoms as measured on the PTSD Checklist for DSM-5, $t(15) = 2.94$, $p = .005$. Additionally, there were significant increases in individual's world assumptions about the benevolence of the world, $t(15) = -2.09$, $p = .027$, and assumptions about their own self-worth, $t(16) = -1.94$, $p = .035$. Data collection is on-going and additional comparisons groups, such as an expressive writing condition and a measurement only condition, will be explored.

TB46. LONGITUDINAL EFFECTS OF CONTINUOUS TRAUMATIC STRESS AND COPING EFFICACY ON MENTAL HEALTH OUTCOMES IN THE CONTEXT OF RUSSIA-UKRAINE WAR

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

Abstract: War profoundly affects the well-being of civilian populations and shapes subsequent mental health outcomes. This study aims to investigate the longitudinal effects of continuous traumatic stress (CTS) and coping efficacy on PTSD symptom severity and broad mental health outcomes (depression and anxiety symptoms, insomnia, and well-being) among adults in Ukraine amid ongoing warfare. A longitudinal online survey was conducted with adult Ukrainian-speaking individuals, who had experienced war-related stress since February 24, 2022. Participants were assessed at two time points, approximately 12 months apart. The study employed structural equation modeling (SEM) to analyze the relationships between initial status and changes in CTS, coping efficacy, and stressful life events with time 2 PTSD symptom severity and broad mental health outcomes. Results indicated that worsening CTS responses over time and higher initial severity of CTS responses significantly predicted greater PTSD symptom severity and poorer broad mental health outcomes at time 2. Increased exposure to stressful life events was linked to worse broad mental health outcomes. Improvements in coping efficacy over time predicted less severe broad mental health outcomes, suggesting that coping efficacy acts as a protective factor. This paper provides a justification for using additional measures within mass protracted trauma. Assessing and addressing continuous traumatic stress responses, stressful life events and enhancing coping efficacy may reduce morbidity and optimize service delivery in high-demand war environments.

TB47. MAPPING LATINX IMMIGRANTS' MIGRATION TRAJECTORIES: A QUALITATIVE EXPLORATION

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[1]*University of Wisconsin-Milwaukee*
Track: Mass Violence and Migration
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Latin America and the Caribbean
Abstract: Latinx migration is a dynamic process in which motivations to migrate, challenges, and stressors interact and compound across distinct phases of migration. However, research often examines these aspects in isolation, treating them as a monolith. Understanding pre-, peri-, and post-migration experiences is essential for capturing migration trajectories. Thus, this study examines the migration trajectories of Latinx immigrants, including migration drivers, experiences during the journey, and adaptation processes.
The present study draws on qualitative data from semi-structured interviews focused on adverse childhood experiences across migration (n=16). Thematic analyses identified experiences across pre-, peri-, and post-migration phases to describe how migration unfolds over time.
Pre-migration reflections revealed education and economically driven motivations and fears about migration. Peri-migration themes highlighted physical insecurity and family separation. Post-migration narratives underscored adaptation challenges, including legal concerns, discrimination in healthcare, limited social support, and emotional distress.
These findings demonstrate how migration circumstances, journey experiences, and adaptation interact to shape the lived experiences of Latinx immigrants, thereby informing the development and adaptation of trauma-informed and culturally grounded interventions.

TB48. MENTAL HEALTH IMPLICATIONS OF SOCIOPOLITICAL STRESS AMONG LATINX IMMIGRANTS

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Track: Mass Violence and Migration
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Latin America and the Caribbean
Abstract: Amidst an increasingly hostile sociopolitical landscape, Latinx immigrants' residing within the United States (US) have faced increased stress and uncertainty related to their livelihood in this country. In past literature, political stress was recognized as a key contributor to depression and anxiety symptoms for Latinx immigrants. With the rapidly changing sociopolitical climate of the US, immigrant responses to the present administration are limited. Thus, it is vital to examine mental health implications of sociopolitical stress among Latinx immigrants to elucidate targets for psychosocial intervention. Data was derived from a sample (n=16) of adult Latinx immigrants who participated in a study examining the presence of traumatic experiences in childhood, during migration, and acculturation. Qualitative data was drawn from individual interviews, and latent thematic analysis was used to interpret underlying themes. Most participants were Women, from Mexico, having lived in the US for an average of 22 years. Exploratory qualitative analyses revealed themes regarding reactions to the present sociopolitical climate and impact on mental wellbeing, including;

fear, uncertainty, governmental frustration, all rooted in systemic oppression. Our findings emphasize how current policy changes in the US have negatively impacted the mental health of adult Latinx immigrants with prolonged exposure to sociopolitical stress, aligns with calls to address the immigrant-hostile climate, and the need to optimize culturally tailored coping strategies focusing on sociopolitical hardships faced by Latinx immigrants.

TB49. MENTAL HEALTH AND WELL-BEING STATUS AMONG LATIN IMMIGRANTS IN THE UNITED STATES DURING THE LAST DECADE

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Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: In recent years, Latin immigrants have represented the largest group of migrants to the United States. A variety of factors drive these populations to leave their home countries. In El Salvador, Honduras, and Guatemala, gang violence and high crime rates force families to flee. Economic hardship is widespread: over 50% of people in Guatemala and Honduras live in poverty. Additionally, climate-related disasters have devastated livelihoods across Central America. Adaptation to a new environment also includes potential stressors, as well as migration-related barriers, that have been associated with poorer mental health. During the last 10 years, the United States has gone through different administrations with changes regarding migration, the COVID-19 pandemic, several natural disasters, and the skyrocketing cost of living.
This study aims to elucidate the evolution of Latin immigrants' mental health during the last decade. Participants (N=100) for the current study will complete online Spanish-version of trauma exposure (LEC-5), PTSD (PCL-5), depression (CESD-R), anxiety (SIAS and PSWQ), and suicide (CSSRS) measures. Findings will be compared to summary statistics and effect sizes estimates from previous published works.
This research is relevant due to examining the evolution of the mental health status of Latin immigrant communities during the last decade in the USA, providing a more holistic view of the challenges they faced, and informing future research and mental health care policies for prevention and access to social services.

TB50. DETECTING REAL TIME CHANGES FOR SURVIVORS IMPACTED BY FUNDING AND IMMIGRATION POLICY CHANGES

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[1]*University of Denver*
Track: Mode, Research Methods and Ethics
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: Funding and policy changes can have rapid consequences for survivors and communities; measuring those changes in real-time can be difficult. Working with community partners, we tested an approach to measuring change using monthly reports from victim service providers about their clients' legal needs and barriers to getting those needs met. Providers came from victim service agencies across a single state in the Rocky Mountain West and participated in a legal information training. Following the training,

providers were surveyed monthly about client needs and barriers. Using an interrupted time series approach (Rosenthal and DePrince, 2024), we examined whether monthly perceptions of barriers related to funding and immigration shifted from 2023 to 2025. We found significant increases in barriers related to legal status and deportation fears as well as service access. These trends were reinforced by a separate sample of victim service agencies conducted annually in the same state in fall 2025, which included open-ended questions about the impacts of funding and federal policy changes on clients. Responses revealed descriptions of client fears about accessing legal services and court systems, as well as impacts on immigration-related services for survivors. Implications for partnering with communities to measure the impacts of policy and practice changes will be discussed.

TB51. AT THE CUTTING EDGE OF DATA SCIENCE FOR TRAUMATIC EXPOSURES: INDIVIDUAL PATIENT DATA HARMONIZATION FOR MILD TRAUMATIC BRAIN INJURY

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Track: Mode, Research Methods and Ethics
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Mild traumatic brain injury (mTBI) is common during military service and is associated with short- and potential long-term psychosocial and functional changes; however, nuanced data in representative samples are needed. We present a cutting-edge methodological approach, individual patient data harmonization, which can be used to improve precision medicine for mTBI. The Total Brain Diagnostics project is a multidisciplinary collaboration to bring together two of the largest Veteran and Service Member datasets in the U.S. (i.e., Long-term Impact of Military-relevant Brain Injury Consortium [LIMBIC] and the Translational Research Center for TBI and Stress Disorders [TRACTS]). This presentation describes the innovative methods used to achieve the initial proof-of-concept harmonization and presents preliminary associations for mTBI and baseline psychosocial and physical health data. A total of 73 variables capturing psychosocial function, sensorimotor, pain, and clinical health factors were harmonized across the LIMBIC and TRACTS studies. Sensory, social health, and health related clinical data were broadly comparable across cohorts, while pain intensity and headache disability were higher in LIMBIC. Principal components analysis suggests data is suitable for pooled analysis. While this initial effort focused on baseline data, future efforts to harmonize the longitudinal data will increase the ability to detect clinical phenotypes to be applied in precision medicine approaches in future research and clinical care pathways.

TB52. TRAUMA CENTRALITY MEDIATES CUMULATIVE TRAUMA EXPOSURE AND PTSD SYMPTOM SEVERITY IN US SERVICE MEMBERS

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[1]*The New School for Social Research,* [2]*School of Social Work, Bar-Ilan University,* [3]*Bar-Ilan University*
Track: Mode, Research Methods and Ethics

Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Although links between cumulative trauma and symptoms of posttraumatic stress disorder (PTSD) have been studied in military populations, there is a need for further characterization of potentially modifiable therapeutic targets that can aid in the development and delivery of interventions for this population. Trauma centrality, defined as the extent to which an individual views their most traumatic event as central to their sense of self, has yet to be studied as a possible mechanism underlying cumulative trauma and PTSD among those who served in the military. Formerly deployed US combat veterans (n = 54), recruited as part of a broader study, completed measures of cumulative trauma exposure (Life Events Checklist; LEC), centrality of events (Centrality of Event Scale; CES), and PTSD symptoms (PCL-5). Bivariate correlations indicated significant associations between the LEC and PCL, $r = .635$, $p < .001$, and between the PCL and CES, $r = .429$, $p = .002$. A bootstrapped mediation analysis (5,000 samples) revealed a significant indirect effect of LEC on PCL through CES, indirect effect =-.61, 95% CI [-3.16, -.24]. Results indicated that greater trauma exposure was associated with higher trauma centrality, and higher trauma centrality was associated with greater PTSD symptoms severity. Although additional research is needed to confirm the generalizability of these outcomes, these findings are the first to show that trauma centrality plays an important role in understanding the connection between cumulative trauma and PTSD and future interventions may benefit from the modification of centrality-related appraisals.

TB53. WORK-RELATED BURN INJURIES AND PSYCHOLOGICAL RECOVERY: A PROSPECTIVE STUDY

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[1]*Université de Montréal,* [2]*Université TÉLUQ*
Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Objective: The study aims to compare psychological outcomes and return to work among hospitalized burn survivors with work-related and non-work-related injuries.
Methods: In this prospective cohort study, survivors with work-related (n=89) and non-work-related (n=96) burns completed measures of posttraumatic stress symptoms (PCL-5, Posttraumatic Stress Disorder Checklist for DSM-5), depressive symptoms (HADS, Hospital Anxiety and Depression Scale), and pain interference (BPI, Brief Pain Inventory) at 1 and 6 months post-discharge.
Results: The groups were comparable in sociodemographic characteristics. Most participants were male (84%), married (65%), manual workers (58%), and employed full time (95%), with a mean age of 41 years. Work-related burns were smaller (TBSA: 9.7% vs. 13.7%, $p = 0.021$) and less severe (ABSI: 4.9 vs. 5.5, $p = 0.010$). Multilevel analyses showed significant improvement from 1 to 6 months in PTSD and depressive symptoms, pain interference, and return-to-work rates, regardless of injury context. However, survivors of work-related burns reported more severe PTSD symptoms ($p = 0.019$) and were less likely to have returned to work ($p = 0.025$), even after controlling for pain interference.
Conclusions: Despite less severe injuries, survivors of work-related burns showed poorer psychological outcomes and delayed return to work. These findings highlight the importance

of early, systematic screening for posttraumatic symptoms following occupational burn injuries.

TB54. LONGER TONIC IMMOBILITY DURATION IS CROSS-SECTIONALLY ASSOCIATED WITH MORE NEGATIVE POSTTRAUMATIC COGNITIONS AMONG TRAUMA-EXPOSED UNDERGRADUATES

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

Abstract: Tonic immobility (TI) is an involuntary state of unresponsiveness during a traumatic event that is linked to greater posttraumatic stress disorder (PTSD) severity. This association may reflect interpretations of TI as failure to respond to threat rather than as an adaptive biological defense response. Therefore, TI experience may contribute to negative posttraumatic cognitions (PTC's). We hypothesized that longer TI duration would be associated with greater PTC's. 48 trauma-exposed undergraduates (Mage=20.64; 75% female; 40% White; 40% Hispanic) completed online measures. TI duration was assessed with the TIQ, PTC's were assessed with the PTCI, and trauma exposure with the LEC. A one-way ANOVA tested PTCI score differences across TI duration groups. PTC's were slightly below PTSD norms (M=108.71, SD=43.65). TI duration groups included 0–30s (n=17), 31-60s (n=8), 1-5min (n=14), and > 5min (n=9). TI duration was associated with PTC severity ($F(3,44)=3.66$, $p=.019$, $\eta^2=.20$), with significantly higher PTCI scores seen only in the > 5 min TI group ($p=.003$). TI duration was significantly associated with elevated PTC's in trauma-exposed undergraduates. Findings suggest that assessing TI duration may help identify trauma survivors at elevated risk for PTC's who may benefit from early cognitive intervention. Limitations include the cross-sectional design and categorical TI duration measurement.

TB55. "DO NO HARM": ADDRESSING GAPS IN CRISIS INTERVENTION TRAINING FOR LAY PROVIDERS THROUGH BRIGHT, A SINGLE-SESSION INTERVENTION TO ADDRESS PERITRAUMATIC STRESS

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Track: Prevention and Early Intervention
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Crisis events can occur at any time, affecting communities that both directly and indirectly experience the event. Mental health interventions tailored to address traumatic stress symptoms associated with such events can be lengthy, resource-intensive, and inaccessible, especially in communities most vulnerable to experiencing disaster. In response to these concerns, interventions such as psychological first aid (PFA) were created to expand

the mental health workforce as frontline aid to communities during disasters. However, as the types of crises vary greatly, crisis interventions also vary in terms of reducing peritraumatic stress symptoms, as well as how to best train and support lay providers to deliver mental health aid safely and effectively.
Guided by PFA principles, we engaged a panel of community health workers, single-session intervention experts, and a multidisciplinary research team in a series of convenings aimed to co-design BRIGHT, a single-session intervention for lay mental health providers to address peritraumatic stress responses in communities experiencing crisis events. Thematic analysis of panel discussions indicated critical training gaps in harm reduction techniques during crisis intervention, active listening to reduce burnout, and balancing boundaries with social obligation as a lay provider. Panelists identified improvements to existing interventions, emphasizing delivering psychoeducation during distress and employing collective coping strategies. The BRIGHT Intervention refines SSIs to address these gaps strengthening support for crisis-response care providers.

TB56. SIMULTANEOUS STRUCTURAL SHIFTS, THE DYNAMIC COUPLING BETWEEN EMOTIONAL AND AUTONOMIC REGULATION

Boryan Song*[1], Jenna Happe[1], Alexander Stover[1], Bernard Ricca[1], Charles Benight[1]
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Track: Prevention and Early Intervention
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: This study examined the longitudinal relationship between language sentiment and Heart Rate Variability (HRV) among traumatic injury survivors following hospitalization. Participants (n = 21) provided four daily audio recordings, which were transcribed and analyzed using VADER sentiment analysis. Vader generates a weighted composite ("compound") score reflecting the valence of sentiment-bearing words. Compound scores were analyzed using a mixed-effects linear regression with 440 overlapping daily observations to predict HRV. To test the temporal effects, a one-day-lagged mixed-effects model was used, with prior-day average sentiment scores predicting mean HRV across the 24 subsequent hours. Our results revealed that a one-point increase in overall sentiment was associated with approximately 5% increase in HRV ($\beta = 5.04$, SE = 1.68, 95% CI [1.74, 8.34], $p = .003$). Findings suggest that changes in spoken sentiment may act as an early indicator of regulatory shifts preceding detectable HRV changes, highlighting a temporal link between emotional processing and autonomic nervous system functioning.

TB57. PSYCHOLOGICAL PATHWAYS LINKING INTIMATE PARTNER VIOLENCE TO PARENTING BEHAVIOR

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Track: Prevention and Early Intervention
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Exposure to intimate partner violence (IPV) is associated with adverse parenting outcomes. Pathological personality traits (characteristic, maladaptive patterns of relating to

others) and maternal representations (cognitive schemas about the child) are plausible, yet underexplored, psychological mechanisms of this association. Balanced representations are coherent and realistic views of the child, whereas nonbalanced (distorted/disengaged) representations reflect rigidity, negativity, or emotional withdrawal. In a longitudinal study of 302 women beginning in pregnancy, we examined pathological personality traits and maternal representations, coded from semi-structured interviews during pregnancy, as mediators of the association between lifetime IPV victimization and observed parenting behavior at 6 months postpartum. 69% of participants reported lifetime IPV exposure. IPV indirectly predicted less positive parenting via the sequential mediators of pathological personality traits (negative affect (β = -.02, 95% CI [-.04, -.01]); disinhibition (β = -.01, 95% CI [-.03, .00])) and nonbalanced representations. Additionally, psychotic (β = -.09, 95% CI [-.19, -.02]) and antagonistic (β = -.07, 95% CI [-.16, -.01]) traits indirectly predicted less positive parenting via nonbalanced representations. These results provide insight into the psychological mechanisms that underlie the association between IPV exposure and poor parenting. Pathological personality traits and distorted/disengaged maternal representations may be targets for intervention to mitigate the impact of IPV on parenting.

TB58. DEVELOPMENT OF A MULTIDIMENSIONAL RESILIENCE PORTAL FOR IDF SOLDIERS: A PREDICTIVE FRAMEWORK FOR ORGANIZATIONAL ADAPTATION AND OPERATIONAL SURVIVAL

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Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Mental Health Professionals
Region: Middle East and North Africa
Abstract: Military service demands a dual adaptation: ongoing systemic adjustment to the organization and operational resilience during Potentially Traumatic Events (PTEs). This study presents the "Resilience Portal"—a multidisciplinary assessment system designed for primary and secondary prevention. The portal integrates cognitive, emotional, and socio-environmental dimensions to predict a soldier's capacity for homeostatic recovery. It aims to fortify "psychological armor" before exposure and enable early detection of maladaptive trajectories post-exposure.
Methodology and Innovation: The study is currently being conducted among a diverse sample of 1,000 active-duty and career soldiers. Utilizing Machine Learning algorithms, the research identifies clusters of parameters that predict organizational and operational endurance. Concurrently, a computerized system is being developed to translate this data into a real-time "Psychological Situational Picture."
Conclusion: The implementation phase will encompass the entire service population, allowing for continuous monitoring and data-driven allocation of resources. This proactive paradigm shifts military mental health from reactive treatment to a predictive infrastructure, enhancing both operational readiness and long-term well-being.

TB59. PERITRAUMATIC TONIC IMMOBILITY AND POSTTRAUMATIC STRESS: THE ROLES OF INCREASED IMMOBILITY AND NEGATIVE AFFECT DURING REEXPERIENCING

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Track: Prevention and Early Intervention
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Peritraumatic tonic immobility (TI), a state of prolonged involuntary freeze during a traumatic event, is associated with increased severity and reduced treatment response of posttraumatic stress symptoms (PTSS). Recurring TI symptoms in the context of reexperiencing (e.g., intrusive memories) may contribute to ongoing fear conditioning. We hypothesized that increased TI symptoms and associated negative affect (NA) during reexperiencing would mediate the relationship between peritraumatic TI and PTSS.
Trauma-exposed adult female participants (N=118; Mage =22.12, SD=8.85; 74% White; 27% Hispanic) completed an autobiographical trauma script task designed to simulate reexperiencing symptoms. A clinical interview was used to establish peritraumatic TI and self-report measures (PCL-5, TIQ, PANAS-NA) were used to assess PTSS, TI symptoms, and NA.
Results from regression analyses indicated that peritraumatic TI predicted both TI symptoms ($t = 3.96$, $p < .001$) and NA ($t = 3.96$, $p < .001$) during the script task. SPSS PROCESS Model 6 serial mediation indicated a significant indirect effect of peritraumatic TI on PTSS through TI symptoms and NA (B = 3.40, SE = 1.63, 95% CI [0.80, 7.14]).
Findings suggest that TI during reexperiencing may interfere with fear extinction, through continued negative reinforcement. Thus, recurring TI and NA may be important treatment targets for individuals who experienced TI during an index trauma. Additional research is needed to examine these relationships longitudinally, in more diverse samples, and among specific vulnerable populations.

TB60. PREVENTION OF COMMUNITY-LEVEL ADVERSE CHILDHOOD EXPERIENCES AMONG BLACK YOUTH VIA ECONOMIC AND SOCIAL POLICY INTERVENTION

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Track: Prevention and Early Intervention
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Objectives: Due to structural factors, Black youth experience disproportionate community-level adverse childhood experiences (ACEs) – including witnessing community violence, experiencing racism or bullying, and living in unsafe neighborhoods or foster care. This study sought to understand how economic and social policies influence and could prevent community-level ACEs among Black youth.
Methods: Between April 2024 and January 2025, we interviewed 20 shareholders in leadership positions at community-, city-, and state-level organizations that serve Black youth exposed to trauma. A semi-structured guide on multilevel factors that influence community-level ACEs was informed by the Consolidated Framework for Implementation Research. Thematic analysis identified priorities for prevention via policy.
Results: Economic disenfranchisement was identified as the root cause of community-level ACEs among Black youth. Specific policy gaps were: 1) financial stability is hindered by economic policies – insufficient minimum wage, restrictive government assistance, and

insufficient tax credits; 2) lack of safe, affordable housing; and 3) lack of basic needs such as childcare. Shareholders emphasized the importance of community resources and representation in public policy.
Conclusions: Multilevel policy change is needed to prevent community-level ACEs among Black youth.

TB61. ASSOCIATION BETWEEN MULTIDIMENSIONAL SEXUAL VIOLENCE STIGMA AND MENTAL HEALTH OUTCOMES AMONG SURVIVORS OF SEXUAL VIOLENCE
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Track: Prevention and Early Intervention
Program Category: Training/Education/Dissemination
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Sexual violence (SV) stigma is a multidimensional process in which survivors are blamed and marginalized by negative attitudes, stereotypes, and myths surrounding SV. SV stigma operates through individual, interpersonal, and structural mechanisms, including internalized shame, negative social reactions to disclosures, and cultural norms. While previous studies have linked SV stigma to adverse mental health outcomes, most have focused on a single level rather than its multidimensional nature. Accordingly, this study examines associations between SV stigma operating across individual, interpersonal, and structural levels and survivors' mental health outcomes. SV survivors (N = 983, Mage = 46.3, SDage = 14.8, 62.0% women, 60.7% White) were recruited through Prolific. Multidimensional SV stigma was related to higher severity of depression/anxiety (b = 0.23, p < .001), PTSD (b = 0.30, p < .001), and prescription medication misuse (b = 0.02, p < .001). SV stigma was not significantly associated with the use of nicotine, alcohol, marijuana, or other drugs. Results suggest that SV stigma may exacerbate internalizing psychopathology and prescription medication misuse, but not other forms of substance use. Findings underscore the importance of addressing stigma to reduce depression, anxiety, and PTSD among SV survivors, while addressing substance use through trauma-informed approaches.

TB62. WHERE IS TRAUMA-FOCUSED PSYCHOTHERAPY HAPPENING IN VA? UNDERSTANDING THE IMPORTANCE OF PTSD CLINICAL TEAMS
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Track: Public Health
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families **Region:** Industrialized Countries
Abstract: The Veterans Health Administration (VA) is the largest healthcare system in the United States, and posttraumatic stress disorder (PTSD) is among its most diagnosed conditions. To address PTSD care, VA has implemented specialty programs, including 127 PTSD Clinical Teams (PCTs) that provide evidence-based treatments (EBPs). While previous

research has examined the percentage of veterans diagnosed with PTSD who initiate an EBP—known as EBP reach—across the VA system (e.g., Cameron et al., 2023), little attention has been given to EBP reach within PCTs. Additionally, previous work has only examined initiation of PE and CPT.
2025 National VA data were analyzed to identify PTSD EBP reach, including PE, CPT, EMDR and WET, across the continuum of mental health care, including Primary Care (PCMHI), Behavioral Health Interdisciplinary Programs (BHIP), and PCTs. PCTs deliver the highest volume and proportion of EBPs for PTSD. Among veterans diagnosed with PTSD and receiving care in PCTs, 48% (N = 12,475/25,884) initiate EBPs for PTSD, versus only 4% (N = 6,471/142,036) in BHIP clinics. However, most veterans diagnosed with PTSD are not treated in PCTs. Increasing referral rates to PCTs could improve access to EBPs for these veterans. Future research on the reach of EBPs should further examine the context in which care is provided to develop a more comprehensive understanding of treatment delivery.

TB63. SKIN CONDUCTANCE RESPONSE TO BIRTH NARRATIVES: RELATIONSHIP TO SURVEY-BASED MEASURE OF BIRTH-RELATED TRAUMATIC STRESS

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Objective: The goal of this study was to quantify differences in sympathetic nervous system activation during birth narratives by experienced birth trauma.
Methods: We used data from 60 postpartum women (mean ~ 22.3 weeks postpartum). We measured birth trauma (defined as believing that self/baby would be seriously injured or die during birth, labor, or immediately afterwards) and birth-related traumatic stress symptoms using the City Birth Trauma Scale. We measured sympathetic stress activation using skin conductance response (SCR) during participant recall of their birth experience, in response to a standard prompt. We subtracted the maximum skin conductance (SC) value during the birth narrative from the average SC during the last 30 seconds of a baseline recording to calculate SCR. We examined differences in SCR by birth trauma (any/none) and correlations between SCR and birth-related traumatic stress symptoms (continuous).
Results: SCR varied widely (Mean: 2.7, SD: 4.6, range: -3.3 – 27.8). Participants endorsing birth trauma (n = 12, 20%) had higher SCR (4.91 (SD: 8.12) v. 2.20 (SD: 3.32), p = 0.07). Among those endorsing birth trauma, SCR was inversely correlated with total birth-related trauma symptoms (rho = -0.28).
Conclusion: Participants endorsing birth trauma displayed higher SCR, possibly suggesting sympathetic nervous system activation.

TB64. NOT ALL ADVERSITY IS EQUAL: ASSOCIATIONS BETWEEN ADVERSITY TIMING AND TYPE WITH PTSD SYMPTOMS AMONG UNHOUSED WOMEN WITH SUBSTANCE USE DISORDERS

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Track: Public Health
Program Category: Complex Trauma

Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Economic inequality and societal turbulence have led to rising homelessness. Unhoused individuals, particularly women, experience disproportionate adversity exposure and elevated risk for substance use disorders (SUD) and PTSD. While overall PTSD severity may obscure heterogeneity in symptom presentation, symptom cluster variability may elucidate distinct trauma profiles and vulnerability pathways. We investigated associations between adversity timing, type, and PTSD symptom clusters. Data were collected from 156 unhoused women from a U.S. state-funded residential SUD treatment program. Multiple linear regression models controlled for age and race/ethnicity. The sample was racially/ethnically diverse (79% Latine, Black, Multiracial, or other race not listed); 88% reported prior incarceration. Lifetime adversity (M=25 events) and probable-PTSD (77%) were high among participants. Childhood adversity correlated with intrusion (β=.17; p=.05) and arousal/reactivity (β=.24; p=.005) symptoms. Recent adversity correlated with intrusion symptoms (β=.18; p=.04). Interpersonal/psychosocial adversity correlated with intrusion (β=.21; p=.04), affective/cognitive (β=.23; p=.02), and arousal/reactivity (β=.27; p=.01) symptoms. Trauma interventions should target intrusion and arousal/reactivity symptoms in the context of varying adversity, particularly relevant for childhood, recent, and interpersonal/psychosocial adversity.

TB65. INTERSECTIONAL STIGMA AND POSTTRAUMATIC STRESS AMONG TRAUMA-EXPOSED SEXUAL MINORITY WOMEN OF COLOR

Selime Salim*[1], Krithika Prakash[2], Jayda Farmer[3], Debra Kaysen[1], Michele Bedard-Gilligan[3], Katarina Guttmannova[3], Emily Dworkin[4], Natalie Watson-Singleton[5]
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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Prior research demonstrates the detrimental effects of racism and of sexual minority stigma on health, including posttraumatic stress, among racial, ethnic, and sexual minority populations. Sexual minority women of color (SM-WOC) experience intersectional forms of stigma due to multiple systems of oppression (i.e., racism, sexism, heterosexism). The current study conducted a latent profile analysis (LPA), a method well-suited to capture intersectional stigma, to identify groups of SM-WOC with distinct experiences of stigma related to race/ethnicity and sexual identity and examined associations with posttraumatic stress symptoms (PTSS) across identified profiles. The sample was drawn from a parent study collected in 2024/25 and included SM-WOC with lifetime exposure to trauma (N=1408; Mage=26.8, range=18-36; 48.7% Black, 27.9% Multiracial, 11.9% Latina/x). Analyses identified 5 latent profiles characterized by: 1) high internalized stigma, 2) high racism, 3) lowest overall stigma, 4) high heterosexism and racism, and 5) highest overall stigma. The highest overall stigma profile had higher PTSS than all other profiles except the high internalized stigma group, whereas the lowest overall stigma profile had lower PTSS than all other groups. Further, the high internalized stigma profile had higher PTSS than the high racism group. Results highlight the importance of addressing intersectional stigma and its internalization among SM-WOC in PTSS prevention and intervention efforts.

TB66. DIFFERENTIAL PSYCHOLOGICAL SYMPTOM SEVERITY FOLLOWING INTERPERSONAL AND NON-INTERPERSONAL TRAUMA: THE MEDIATING ROLE OF MEDIA EXPOSURE

Angel Ortiz*[1], MIchiyo Hirai[1]
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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Research has shown that individuals who have experienced interpersonal trauma are at greater risk of severe trauma-related symptoms than those exposed to non-interpersonal trauma. One potential mechanism underlying this association is media exposure. Iindividuals with trauma histories often exhibit heightened sensitivity to threat cues and difficulty disengaging attention from them. These patterns may be especially pronounced among individuals exposed to interpersonal trauma, contributing to hypervigilance and persistent focus on trauma-related information, thereby maintaining elevated symptoms. This study examined a mediation model in which trauma history (interpersonal vs. non-interpersonal) was the predictor, media exposure variables (neutral media, antisocial media, and trauma-related media content) served as the mediators, and posttraumatic stress, depression, and anxiety were the outcomes. Participants were predominantly Hispanic college students, including 152 individuals with interpersonal trauma and 173 with non-interpersonal trauma histories. Elevated trauma-focused media exposure partially and significantly mediated the association between trauma type and symptom severity across the three symptom domains. These findings highlight the importance of assessing trauma-related media engagement when addressing elevated symptomology, particularly among individuals with interpersonal trauma histories. The largely Hispanic sample increases representation of an underrepresented group in trauma research and enhancing the applicability of findings to the cultural group.

TB67. OPPRESSION-BASED STRESS, PRONOUN LISTING, AND SHE/THEY OR HE/THEY ROLLING PRONOUN USE: PERSPECTIVES FROM RACIALIZED TRANSGENDER AND GENDER EXPANSIVE EMERGING ADULTS

Joyce Yang*[1]
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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The practice of listing pronouns in email signatures, Zoom salutations, social media, and other profiles is gaining in popularity. Concurrently, the frequency of cisgender individuals using she/they or he/they rolling pronouns has also increased, particularly among the Gen Z cohort. This behavior is intended to signal gender inclusivity and participate in a collective resistance against oppression-based stress affecting transgender and gender expansive (TGE) people. However, research has yet to examine the implications of this social shift and whether the impact on TGE communities is as intended. Given the emergent nature of the phenomena, qualitative research is needed to understand the multifaceted perspectives from TGE voices on these social shifts. Our study participants consisted of 60 emerging adults (ages 18-29) who identified as BIPOC, 2SLGBTQI+, and were assigned female at birth. Participants' open-ended online survey question responses were examined using

conventional qualitative content analysis. Emergent themes include affective opinions about the phenomena that range from positive (finding the behavior important and even necessary) to negative (considering it appropriative), emphases on individual intention behind pronoun use, and hypotheses about social implications. Our findings from the lived experiences of BIPOC TGE emerging adults provide novel insights and valuable recommendations for institutional and individual best practices around listing and use of pronouns, recognizing the importance of cultural humility and inclusivity in these evolving social shifts.

TB68. EVALUATING THE EFFECTIVENESS OF PROBLEM MANAGEMENT PLUS (PM+) FOR REDUCING POSTTRAUMATIC STRESS DISORDER (PTSD) SYMPTOMS IN A GLOBAL CONTEXT: A META-ANALYSIS

Tanvi Kulkarni*[1]**,** Findlay McCombe[1], Lina Y. Demis[3], Kimberly Muellers[1], Adam Brown[1]
[1]*The New School,* [2]*Columbia University*
Track: Public Health
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: The Problem Management Plus (PM+), the scalable intervention by the World Health Organization (WHO) has been effective in addressing mental health challenges experienced by individuals, especially in crisis situations from low and middle-income countries. This meta-analysis examines the efficacy of PM+ in reducing Post-Traumatic Stress Disorder (PTSD) symptoms across a diverse population exposed to various types of trauma and adversities. Through a systematic review of randomized controlled trials published between 2014 - 2025, sixteen studies (n ≈ 3,200+) were included in this analysis. Studies were conducted across multiple regions, including the Middle East, Europe, South Asia, Africa, and Southeast Asia, and involved refugees, conflict-affected populations, survivors of gender-based violence, disaster-affected communities, asylum seekers, and individuals facing chronic adversity. Across the sixteen trials, PM+ was compared to various control conditions, including enhanced usual care (EUC), enhanced treatment as usual (ETAU), care as usual (CAU), treatment as usual (TAU), or waitlist control (WLC). Results indicate a small to moderate effect size ($d = -0.34$, 95% CI: -0.539, -0.143, $p = 0.001$) in reducing PTSD symptoms compared to control groups. Significant heterogeneity was observed ($I^2 = 80\%$), suggesting context-dependent effectiveness. Overall, the findings support the effectiveness of PM+ for trauma-related symptoms while highlighting the need for cultural adaptation and enhancing trauma-focused components such as emotional processes and trauma-informed approaches.

TB69. HIGH-LEVEL BLAST EXPOSURE AND SUICIDE MORTALITY AMONG UNITED STATES SERVICE MEMBERS AND VETERANS: FINDINGS FROM THE MILLENNIUM COHORT STUDY

Neika Sharifian[1], **Cynthia LeardMann***[2]**,** Samuel Y. Chung[2], Javier Villalobos[2], Lisa A. Brenner[3], Mark A. Reger[4], Rudolph P. Rull[1]
[1]*Naval Health Research Center; Leidos, Inc.,* [2]*Naval Health Research Center,* [3]*VHA Rocky Mountain Mental Illness Research Education and Clinical Center,* [4]*Veterans Health Administration,*
Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families

Region: Industrialized Countries
Abstract: High-level blast (HLB) exposure during military service has been associated with a myriad of psychological, behavioral, and physical health conditions. However, scant research has investigated the association between HLB exposure and suicide. Longitudinal data from deployed service members and veterans in the Millennium Cohort Study were used (2007-2023). Three distinct HLB assessments were examined: exposure to improvised explosive devices (IED), injury from blast/explosion/bullet, and blast-related traumatic brain injury (TBI). Cause-specific Cox proportional hazard models estimated hazard ratios (HRs) and 95% confidence intervals (CIs) with sequential adjustment for demographic and military characteristics. Each assessment of HLB was significantly associated with suicide in models adjusted for demographic and military characteristics. Adjusting for combat severity, only blast-related TBI was associated with increased risk of suicide mortality. Initial associations observed between multiple HLB exposure indicators and suicide appeared to be largely explained by combat severity. Blast-related TBI remained a significant risk factor for suicide, suggesting that higher levels of intensity and proximity to the HLB may increase suicide risk. HLBs are potentially life threatening events which often co-occur with combat-related experiences.

TB70. PREDICTORS OF STIGMA TOWARDS SELF AND OTHERS FOR VETERANS WITH PTSD

Joseph Tu*[1], Krithika Prakash[2], Jennifer Bryan[3], Shubhada Sansgiry[4], Natalie Hundt[5]
[1]*Center for Innovations in Quality Effectiveness and Safety,* [2]*University of Pittsburgh,* [3]*Center for Innovations in Quality Effectiveness and Safety; Menninger, Baylor College of Medicine,* [4]*Center for Innovations in Quality Effectiveness and Safety; Baylor College of Medicine,* [5]*South Central Mental Illness Research Education and Clinical Center Michael E. DeBakey VA Medical Center Menninger Baylor College of Medicine*
Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Stereotypes about PTSD (Mittal et al., 2013) and negative views on help-seeking within military culture (Neilson et al., 2020; Porcari et al., 2017) increase stigma for seeking PTSD treatment among Veterans. Understanding predictors of stigma is important to increase motivation to start treatment for posttraumatic stress disorder (PTSD). This presentation will examine predictors of stigma for Veterans with PTSD. Stigma from others (i.e., PSOSH; Perceptions of Stigmatization by Others for Seeking Help), self-stigma (i.e., SSOSH; Self-Stigma of Seeking Help), PTSD (i.e., PCL-5; PTSD Checklist for DSM-5), and sociodemographic variables were assessed. Survey data were analyzed via hierarchical linear regression, with sociodemographic variables in Step 1, trauma type and PTSD severity in Step 2, and interaction terms in Step 3. Our sample demonstrated low levels of self- and other-stigma overall, despite a wide range of PTSD severity. Specifically, the modal response for stigma was “Strongly disagree”, such that 32% of Veterans endorsed no self-stigma at all, and 23% for no stigma from others. Higher PTSD severity was significantly associated with greater stigma on both the PSOSH and SSOSH above and beyond the effects of race, gender, age, service connection for mental health, trauma type, and interactions between trauma type and sociodemographic variables. The effects for PTSD severity were large. Given that PTSD severity is a robust predictor of help-seeking stigma, policy and practice should prioritize stigma-reduction interventions for Veterans with high PTSD severity to reduce barriers to treatment engagement.

TB71. THE GROWING BURDEN OF INSOMNIA AMONG U.S. MILITARY VETERANS: IMPORTANCE OF TRAUMA-RELATED CARE

Elissa McCarthy*[1], Jason DeViva[2], Ian Fischer[3], Peter Na[4], Robert Pietrzak[5]
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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries

Abstract: Insomnia is highly prevalent among U.S. veterans and associated with substantial psychiatric, medical, and functional burden, yet updated population-based estimates are limited. Data were drawn from a nationally representative sample of 2,636 U.S. military veterans who participated in the 2025–26 National Health and Resilience in Veterans Study and were recruited from KnowledgePanel, a probability-based online panel. Insomnia symptoms were assessed using the Insomnia Severity Index. Weighted analyses indicated significantly higher prevalence of both clinical (13.7%) and subthreshold insomnia (29.8%) compared with 2019–20 estimates (11.4% and 26.0%, respectively). PTSD symptom severity, history of concussion/traumatic brain injury, and medical comorbidity burden were the strongest risk correlates of clinical and subthreshold insomnia. In contrast, greater meaning in life, higher perceived resilience, and secure attachment style emerged as the strongest protective correlates. These findings indicate that the population-based burden of insomnia symptoms among U.S. veterans is increasing and now affects more than 40% of this population. Results underscore the importance of sleep health among trauma-exposed veterans, and integrated screening and intervention strategies that address trauma-related and medical risk factors while strengthening resilience and psychosocial resources.

TB72. LONGITUDINAL ASSOCIATIONS AMONG EATING DISORDER AND POSTTRAUMATIC STRESS DISORDER SYMPTOMS IN VETERAN MEN AND WOMEN: A LATENT DIFFERENCE SCORE MODELING APPROACH

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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries

Abstract: Objective: Cross-sectional studies have established associations between eating disorders (EDs) and posttraumatic stress disorder (PTSD). Few longitudinal studies have examined the bidirectional relationship between ED symptoms and PTSD symptoms resulting from trauma exposure.
Method: We investigated bidirectional associations among PTSD and ED symptoms in a sample of U.S. military veteran men and women. Participants (N = 1187; 50% women) were randomly selected from the national population of veterans and invited to complete the time 1

(T1) survey; respondents were invited to complete the time 2 (T2) survey approximately 12 months later. We estimated latent difference score (LDS) models to determine whether T1 PTSD symptoms were associated with T2 ED symptoms and vice versa.
Results: Bivariate LDS model results indicated that among women but not men, T1 PTSD symptoms, particularly negative affect and externalizing behaviors, were positively associated with change in ED symptoms from T1 to T2. T1 ED symptoms were not associated with the PTSD LDS.
Conclusion: Among women only, negative affect and externalizing behaviors were associated with later ED symptoms, consistent with the theory that ED symptoms may be used to cope with trauma-related symptoms. Further research is needed to investigate longitudinal associations between PTSD and ED symptoms that may be more relevant to men.

TB73. HEALTH IMPLICATIONS OF LIVING IN A TROUBLED WORLD:RELATIONSHIP BETWEEN COLLECTIVE STRESS AND MENTAL AND PHYSICAL HEALTH COMORBIDITY

Xumeng Yan*[1], E. Alison Holman[2], Roxane Cohen Silver[2], Dana Rose Garfin[1]
[1]*University of California, Los Angeles* , [2]*University of California, Irvine*
Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Collective stress exposure (e.g., political instability, economic insecurity, climate change, and mass violence) can be traumatic and is linked to individual mental and physical health ailments. Yet, how collective stress affects comorbid mental-physical ailments is poorly understood. This study examined whether high collective stress exposure increased risk of developing new mental-physical comorbidity, using nationally representative U.S. survey data (N=4,602) from 05/22-06/22 (baseline) and 08/23-09/23 (follow-up). Collective stress was measured as perceived stress from 15 societal events in 2022 (high exposure=top quartile of stress). Comorbidity was defined as newly reported mental health diagnosis and 1+ new physical condition during follow-up. To strengthen causal interpretation in this observational study, weighting methods created comparable exposure groups and adjusted for attrition before estimating risk differences. High stress corresponded to a 1.0 percentage point higher risk of developing new comorbidity (95% CI: 0.02–2.0). Although individually modest, widespread exposure to collective stress may confer substantial population health burden. Findings highlight collective stress as a population-level trauma with measurable health effects and demonstrate how causal methods can strengthen evidence in observational trauma research.

TB74. DIFFERENCES IN POSTTRAUMATIC STRESS DISORDER, RESILIENCE, ALTRUISM, AND SUBSTANCE USE BETWEEN BLACK AND WHITE DISASTER VOLUNTEERS: A MULTI-GROUP CONFIRMATORY FACTOR ANALYSIS

Sabrina Dickey*[1], Amy Ai[1]
[1]*Florida State University*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Few studies examined the trauma among Black and White volunteers after Hurricane Katrina. This study utilized confirmatory factor analysis (CFA) to verify a model for Black and White volunteers and multiple-group CFA (MGCFA) to investigate coping differences across racial groups.
Methods: A two-wave approach was used to collect data (N=201) at 3 and 6 months post-disaster to assess post-traumatic stress symptoms (PTSS) and post-traumatic stress disorder (PTSD). CFA and MGCFA were used for all volunteers and separately for Black and White subgroups. Three nested models configural, metric, and scalar invariance assessed invariance across racial groups.
Results: A direct inverse association between positive emotions in Wave-1 PTSS and Wave-2 PTSD was observed and altruism partly mediating the relationship. Negative emotions, stressors, and SU were positively related to PTSS. The CFA had an adequate fit for the relationships of SU, coping, Wave-1 PTSS, and Wave-2 PTSD. MGCFA provided evidence of measurement invariance for the configural, metric, and scalar models, indicating that direct comparisons of latent means across groups are valid. Comparisons showed that Blacks had significantly lower Wave-2 PTSD (p=.036) and higher altruism levels (p=.001) than Whites. Blacks also had higher levels of positive and negative emotions ($p < .001$) and lower SU (p=.043).
Conclusion: The study reveals the protective role of positive emotions and altruism in Black volunteers. Findings suggest a culturally sensitive perspective could be beneficial in behavioral health interventions for disaster volunteers.

TB75. PANDEMIC EXPOSURE, WORK CHARACTERISTICS AND HEALTH IN FRONTLINE HEALTH WORKERS RESPONDING TO A PROLONGED HEALTH CRISIS: THE COVID HOSPITAL COHORT STUDY

Synne Stensland[1], Kristina Bondjers[2], Monica Baumann-Larsen[3], Kate Porcheret[4], John-Anker Zwart[5], Hilde Wøien[3], Jan Olav Christensen[6], Tore Wentzel-Larsen[1], Grete Dyb[1], **Monica Baumann-Larsen*[7]**
[1]*NKVTS,* [2]*Uppsala university,* [3]*University of Oslo,* [4]*Manchester Metropolitan University,* [5]*Oslo University Hospital,* [6]*Norwegian National Institute of Occupational Health,* [7]*University of Oslo/Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Other Professionals
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Objectives: To examine posttraumatic stress, psychological distress, and somatic symptoms among frontline workers during a prolonged health crisis, and to identify work related risk and resiliency factors.
Methods: An open multicenter cohort surveyed 2496 personnel at four Norwegian university hospitals during peaks of national COVID19 infection (T1–T4, April 2020–February 2022; N per wave = 687–1088). Linear regression at each wave estimated associations between background factors, pandemicrelated potentially traumatic events (PTEs), work characteristics (FORCE Index), and posttraumatic, anxiety/depressive, and somatic symptoms.
Results: Pandemicrelated PTEs were linked to higher symptom levels, with patterns shifting over time. Own COVID19 infection showed a strong association with posttraumatic stress at T1 (1.43, 95% CI 0.13–2.74). In later waves, severe illness or death of someone close and responsibility for treatment of deceased COVID19 patients were associated with posttraumatic stress and somatic symptoms. Higher workload manageability, infection safety,

adequate personal protection, and social safety were associated with lower symptom levels, and adjustment for these factors attenuated the associations between PTEs and symptoms. **Conclusions:** For frontline workers during a prolonged health crisis, the type and impact of PTEs change over time, and modifiable workrelated factors are central in shaping health outcomes. Monitoring PTE exposure, work characteristics, and health can inform targeted organizational measures to safeguard frontline workers' health.

TB76. PRE-, DURING-, AND POST-COVID TRENDS IN MENTAL HEALTH DISORDER PREVALENCE AMONG TREATMENT-SEEKING FIRST RESPONDERS

Milena Kogan*[1], Ashley Winch[1], Deborah Beidel[1]
[1]*University of Central Florida*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: Background: First responders face heightened risk for PTSD, depression, and anxiety. While COVID-19 increased prevalence among healthcare workers, limited data exist on pandemic effects on first responders outside hospital settings pre-, during-, and post-COVID.
Methods: De-identified data from 439 first responders (150 law enforcement, 289 fire service) at a central Florida clinic were analyzed across WHO-defined periods (pre-COVID: 3/2017–3/2020; COVID: 3/2020–5/2023; post-COVID: 5/2023–3/2026). Diagnoses used standardized measures (PCL-5, GAD-7, PHQ-9, AUDIT, DAR-5, CAPS-5). Multinomial logistic regression examined diagnostic prevalence with PTSD as reference.
Results: The model was significant ($\chi^2(6) = 22.70$, $p < .001$). During COVID, first responders had higher odds of other specified trauma- or stressor-related disorder versus PTSD than pre-COVID (AOR = 3.50, 95% CI [1.84, 6.68], $p < .001$). No differences emerged post-COVID. Anxiety/adjustment and depression diagnoses did not differ across periods.
Conclusion: A diagnostic shift occurred during COVID, with fewer PTSD and more other specified trauma-related diagnoses. Post-COVID patterns returned to pre-COVID levels, suggesting pandemic-specific influences on diagnostic presentation.

TB77. "EMPOWERING ME TO SUPPORT PATIENTS' TRAUMA RECOVERY": FACTORS ASSOCIATED WITH THE INTENTIONS TO RECEIVE AI-POWERED TRAUMA-INFORMED CARE TRAINING AMONG FRONTLINE NURSES HAVING EXPOSED TO TRAUMA-EXPOSED PATIENTS IN HONG KONG

Nelson C. Y. Yeung*[1], Victor C. W. Tam[1]
[1]*The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Population Type: Other Professionals
Region: East Asia and the Pacific
Abstract: Study objectives: Training nurses to provide trauma-informed care(TIC; recognizing trauma's impact and providing safe settings for traumatized patients) can benefit patients' trauma adjustments. Advances in artificial intelligence(AI) make tailored TIC

training possible, but nurses' beliefs such TIC training remain understudied. Using the Unified Theory of Acceptance and Use of Technology 2.0(UTAUT2), factors associated with Hong Kong nurses' intention to receive AI-powered TIC training were examined.
Methods: 312 Hong Kong nurses(81% female) caring for trauma-exposed patients recruited from nursing associations completed a cross-sectional survey in August-November 2025.
Results: From hierarchical regression results, less than 10 years of work experience(β=-0.06, $p < .05$), performance expectancy(PE; expecting training helps with daily work)(β=0.20, $p < .001$), social influence(SI; seniors/colleagues encouraging training)(β=0.11, $p < .05$), hedonic motivation(HM; perceiving training as entertaining)(β=0.18, $p < .001$), and habit(not mind making training a habit) (β=0.35, $p < .001$) were associated with higher intention to receive AI-powered TIC training. Contribution of other UTAUT2 variables(effort expectancy, facilitating conditions, price value) were not significant. Years of work experience did not moderate the link between UTAUT2 variables and training intention.
Conclusions: Findings implied that highlighting the usefulness and fun of regular AI-powered TIC training and having seniors'/colleagues' support may facilitate Hong Kong nurses' intention to receive AI-powered TIC training.

Friday, September 25, 2026

1:30 p.m. - 2:45 p.m.
Poster Session 3 Presentations

F1. STATE-TRAIT ANXIETY INVENTORY SHORT FORM RELIABILITY AND VALIDITY IN TRAUMA-EXPOSED PARTICIPANTS

Ben Helms*[1], Shukirti Khadka[2], Morgan Harrington[2], Sirine Harmouch[2], Brianna Byllesby[2]
[1]*Rowan University,* [2]*University of South Dakota*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: The Spielberger State-Trait Anxiety Inventory Short Form (STAIS) is a 10-item assessment (Zsido et al., 2020) of state and trait anxiety. Anxiety and trauma are closely connected (Bany-Mohammed et al., 2025), prompting interest in better understanding the STAIS as a tool to assess individuals with and without trauma exposure. The current study examined the reliability, validity, and measurement invariance of the STAIS in an online sample (N = 696, Age M = 19.38, 71.9% female, 73.2% White) of trauma exposed (n = 280; 40.2%) and non-exposed undergraduate students. State and trait anxiety had good convergent validity with PTSD severity (r = .54), anxiety (r = .55-65), depression (r = .48-47), and emotional regulation (r = .50-.65), all $p < .001$. Confirmatory factor analysis in Mplus 9 supported a two-factor model of STAIS, with good fit ($\chi^2 = 215.67$, CFI/TLI = .97/.96; RMSEA = .09; SRMR = .05). Measurement invariance was tested to examine the model across the two groups (trauma experience vs. not), with criteria met for configural, metric, and scalar invariance, suggesting similar factor structure, loading, and intercepts of STAIS across individuals with and without trauma exposure. The STAIS is performing well for both those with and without trauma severity, supporting the use of the short form by researchers and clinicians, and state/trait anxiety are related to PTSD and related symptoms/processes.

F2. POSTTRAUMATIC COGNITIONS MODERATE ASSOCIATIONS BETWEEN PTSD AND INSOMNIA SEVERITY AMONG TRAUMA-EXPOSED UNDERGRADUATES

Grace Patrick*[1], Ashby Boland[1], Jaidyn MacDonald[1], Nicole Short[1]
[1]*University of Nevada, Las Vegas*
Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Posttraumatic stress disorder (PTSD) is strongly associated with sleep disturbances, such as insomnia. Negative posttraumatic cognitions (PTCs) may also contribute to insomnia by maintaining cognitive arousal associated with sleep difficulties. We hypothesized that PTCs would moderate associations between PTSD symptoms and insomnia severity. Participants were 393 trauma-exposed undergraduates (Mage = 20.93, 68% female, 46% White, 37% Hispanic) who completed self-report measures of PTSD symptoms (PCL-5), PTCs (PTCI), and insomnia (ISI). Three PROCESS macro moderation models tested whether PTCs moderated associations between overall PTSD symptom severity and key subscales—anxious arousal and negative alterations in cognition and mood (NACM)—and insomnia severity. Across models, greater PTSD symptoms and higher PTCs independently predicted greater insomnia severity. Interaction effects of PTSD symptoms and PTCs were significant for overall PTSD severity ($b = -.001$, $p < .05$, $\Delta R^2 = .021$) and subscales ($bs = -.003$, $ps < .05$, $\Delta R^2s = .02-.03$). Associations between PTSD symptoms and insomnia were strongest at lower PTC levels and weakened at higher levels; for NACM, associations with insomnia were no longer significant at high PTC levels. Findings suggest that elevated PTCs may contribute to posttraumatic insomnia independent of current PTSD severity. Insomnia may persist even when PTSD symptoms are reduced or variable, highlighting the importance of targeting trauma-related cognitions in posttraumatic sleep disturbance treatment. Limitations include the cross-sectional design and undergraduate sample.

F3. FORMALIZING TRAUMA TRIAGE IN RESOURCE-LIMITED SETTINGS: A PILOT STUDY OF THE GPS-T IN THE CARIBBEAN

Karina Donald*[1], Evia Flemming[1]
[1]*Florida State University*
Track: Assessment and Diagnosis
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Latin America and the Caribbean
Abstract: In low resource Caribbean settings, adolescents enter trauma-informed services, such as community art therapy (CAT), via "informal triage" by community leaders. While these gatekeepers are vital, the alignment between their psychosocial assessments and standardized tools is unknown. Furthermore, the Global Psychotrauma Screen–Teen (GPS-T) has not been validated in this region. This study examines the convergence between informal referrals and formal GPS-T outcomes using the research question: How closely do community leaders' identification of adolescents in need of support align with standardized trauma screening results (GPS-T)?This cross-sectional community-partnered pilot (N=40; ages 11–17) in Grenada and Saint Lucia compared qualitative referral reasons from leaders and caregivers against GPS-T profiles. Adolescents were screened prior to CAT intervention to identify areas of diagnostic convergence and "hidden" symptom clusters. While mean

aggregate scores fell below clinical cut-offs, domain-specific analysis revealed high symptom clusters: Insomnia (77.5%), Dissociation (70%), and DSO (65%). Results indicated a divergence: informal evaluations identified behavioral risks (substance use, 50%) but leaders' narrative reports frequently omitted internalizing symptoms despite high scores in dissociation (70%) and CPTSD (35%). Relying solely on informal triage may overlook critical internalizing trauma. Integrating the GPS-T into Caribbean community settings can refine referral pathways and ensure interventions are tailored to specific symptomatic needs.

F4. COMMUNITY AND HOUSEHOLD ADVERSITY: COMPARING CONVENTIONAL AND EXPANDED ADVERSE CHILDHOOD EXPERIENCES IN MENTAL HEALTH OUTCOMES

Zachary Siegel*[1], Christal Badour[1]
[1]*University of Kentucky*
Track: Assessment and Diagnosis
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Conventional adverse childhood experiences (ACEs) measure household adversity, such as abuse, neglect, and dysfunction. Expanded ACEs (EACEs) account for community and environment stressors, such as poverty, violence, and discrimination. Research yields mixed findings as to if ACEs and EACEs explain equal variance in mental health outcomes, and if EACEs predict mental health outcomes beyond ACEs.
Method: This study examines differences between ACEs and EACEs in predicting mental health outcomes among college-aged students who use substances.
Results: Controlling for race, sex, sexual orientation, and ACEs, a multiple linear regression analysis indicated that EACEs are significantly associated with anxiety ($\beta = .306$, $p < .001$), depression ($\beta = .332$, $p < .001$), and stress ($\beta = .239$, $p < .001$). EACEs were a stronger predictor than ACEs for anxiety ($\beta = .221$, $p < .001$) and depression ($\beta = .228$, $p < .001$), but not stress. Comparison of multiple and bivariate regression models indicated that models including both ACEs and EACEs accounted for greater variance in mental health outcomes (anxiety, adj R2 = .216; depression, adj R2 = .239; stress, adj R2 = .171) than either ACEs (anxiety, r2 = .127; depression, r2 = .143; stress, r2 = .118) or EACEs (anxiety, r2 = .129; depression, r2 = .174; stress, r2 = .102) alone.
Conclusion: EACEs predict mental health outcomes beyond ACEs and may better predict anxiety and depression. However, the strongest models include both ACEs and EACEs. Measures of community adversity should supplement household adversity to fully depict mental health outcomes related to early life trauma.

F5. VALIDATION OF THE KOREAN VERSION OF THE MORAL INJURY AND DISTRESS SCALE (MIDS) AMONG SOCIAL WORKERS

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Track: Assessment and Diagnosis
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Other Professionals

Region: East Asia and the Pacific
Abstract: Background: The lack of a validated Korean measure of moral injury has limited comprehensive research and hindered a full understanding of its multidimensional nature. This study aimed to validate the Korean version of the Moral Injury and Distress Scale (MIDS; Norman et al., 2024) to address this critical gap in research and clinical practice.
Method: The initial sample (N = 288) was analyzed using exploratory factor analysis. The independent validation sample (N = 389) was also analyzed using confirmatory factor analysis with robust maximum likelihood (MLR), consistent with the original study, to test the proposed single-factor structure. Validity was examined in the combined sample of Korean social workers (N = 677) through associations with theoretically related constructs.
Results: EFA supported a single-factor structure (λ = .43–.88). In CFA, a revised single-factor model including six residual covariances demonstrated acceptable fit (χ^2 = 449.76, RMSEA = .080, CFI = .890, SRMR = .052), with standardized factor loadings ranging from .38 to .76. Validation analyses supported construct validity through significant correlations with morally injurious events (r = .71), moral injury experiences (r = .72), trauma-related cognitions (r = .78), depression (r = .62), posttraumatic stress symptoms (r = .67), and psychosocial functioning impairment (r = .45), and demonstrated excellent internal consistency (α = .95).
Conclusion: The Korean MIDS demonstrated acceptable structural and construct validity, thus providing a foundation for future cross-cultural research on moral injury.

F6. EVALUATING DIFFERENCES IN LIKELIHOOD OF MEETING PTSD DIAGNOSTIC CRITERIA ACCORDING TO THE DSM-5 VS. THE ICD-11: PATTERNS IN A CAMBODIAN VS. AMERICAN SAMPLE

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Program Category: Global Issues
Presentation Level: Introductory
Population Type: Adult
Region: Global
Abstract: How best to identify PTSD in individuals remains under investigation, with criteria used by the DSM-5 varying from those used in the ICD-11. Differences in prevalence rates based on diagnostic system used have been found, but the reasons behind these discrepancies and their relationship with other mental health outcomes remains under investigation. Using chi-square analyses, this study examined prevalence rates and discrepancies using DSM and ICD criteria in a Cambodian and American sample. In a Cambodian sample, 51.6% met DSM criteria while 39.9% met ICD criteria. Individuals did not meet ICD criteria due to lack of current threat symptoms (47.4%), lack of re-experiencing symptoms (42.1%), and meeting neither of these symptoms (10.5%). In an American sample, 24.6% of the sample met DSM criteria while 19.6% met ICD criteria. In this sample, individuals did not meet ICD criteria due to lack of re-experiencing symptoms (55.8%), lack of current threat symptoms (28.3%), and lack of either symptom cluster (15.8%). In both samples, significantly fewer individuals met ICD diagnostic criteria than DSM criteria. PTSD severity was lowest in those who met ICD criteria only and highest in those who met criteria under both systems. This suggests there are discrepancies in how individuals are classified under different systems, but the reasons for this varies across samples. This indicates that both diagnostic systems may overlook individuals with clinically significant symptoms and

identifying how these differences relate to common comorbidities is needed to identify which symptom patterns best account for the presentation of PTSD.

F7. COGNITIVE CONTRIBUTORS TO PTSD AND RELATED OUTCOMES: RESULTS FROM THE TOTAL BRAIN DIAGNOSTICS COLLABORATION

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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Cognitive dysfunction is common among veterans with PTSD but the specific aspects of cognition that contribute to PTSD and related mental health symptoms remain unclear. We present data from the Total Brain Diagnostics collaboration, a multidisciplinary effort to harmonize two of the largest veteran and service member datasets in the country. We applied network analysis to examine associations between cognition (i.e., episodic memory, attention, processing speed, executive function, fine motor functioning/dexterity), PTSD symptom clusters (i.e., intrusions, avoidance, negative alterations in cognition and mood, hyperarousal), traumatic brain injury (TBI), and other mental health outcomes (e.g., anxiety, depression, alcohol use, suicide ideation, suicide attempts). The initial network formed two communities: cognition and PTSD/mTBI with no connectivity between them. When additional mental health outcomes were added, three communities emerged (modularity=0.45): cognition remained isolated, depression/anxiety/PTSD/mTBI clustered and showed close associations with suicide ideation/attempts, with suicidal ideation showing the strongest between-community connectivity (Bridge Expected Influence =0.97). Findings suggest weak connectivity between cognition and mental health outcomes. However, several aspects of cognition that are consistently linked with PTSD were not measured (i.e., executive control, attentional biases). Expanding the model to include these variables will be an important next step in modelling cognitive dysfunction in PTSD and related outcomes.

F8. DIFFERENCES IN ATTENTION AND EXECUTIVE FUNCTIONING IN POST-9/11 VETERANS WITH AND WITHOUT PTSD: PRELIMINARY RESULTS

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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Cognitive difficulties are a debilitating symptom of posttraumatic stress disorder (PTSD) and can interfere with effective PTSD treatments. Attention and executive functioning are notable cognitive functions that can become less efficient in those with PTSD. We examined differences in veterans' attention and executive functioning based on probable PTSD diagnosis, hypothesizing that veterans with PTSD will present with worse

cognitive functioning than those without PTSD. Post-9/11 veterans (N = 258; Mage =45.04) completed measures of PTSD symptom severity, attention, and executive functioning as part of the Comparative Health Assessment Interview Research Study. PTSD diagnosis was established using provisional and probable criteria on the PTSD checklist for DSM-5. Attention and executive functioning were measured using Trial 1 from the California Verbal Learning Test–II and Trails B trial from the Trails A and B measure, respectively. Two ANCOVAs tested whether PTSD diagnostic status differentiated attention and executive functioning outcomes after accounting for age, education, and sex. Results revealed that there was a statistically significant difference between veterans with and without PTSD on a measure of executive functioning [$F(1,257) = 7.435$, $p = 0.007$], but not attention ($p > .05$). Findings suggest that executive functioning may be influenced by PTSD.

F9. NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD AS A LONGITUDINAL PREDICTOR OF SUICIDAL IDEATION IN VETERANS

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Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Objective: Posttraumatic stress disorder (PTSD) is linked to suicide risk. PTSD is highly heterogeneous and often comorbid with concerns such as depressive symptoms and risky/impulsive behaviors. Clarifying specific PTSD symptom clusters most closely associated with suicide-related outcomes in the context of psychiatric comorbidity could enhance risk assessment and clinical intervention.
Methods: We used network analysis to identify PTSD symptom clusters, depressive symptoms, and selected risky behaviors (i.e., nonsuicidal self-injury, substance use, disordered eating behaviors) that were most closely associated with current suicidal ideation (SI) in a sample of U.S. veterans (N = 370, Mage = 54.4, 54.7% women). We then tested whether these baseline network model features predicted SI at 1-year follow-up. **Results:** SI was most closely associated with the PTSD symptom cluster Negative Alterations in Cognitions and Mood (NACM), depressive symptoms, current suicide planning and lifetime suicide attempt at baseline. Baseline NACM was significantly associated with SI at follow-up (OR = 1.13, 95% CI: 1.02, 1.25), controlling for depressive symptoms, suicide planning and attempt, sex, and age.
Conclusion: PTSD NACM symptoms may represent a particularly salient target for addressing suicidal ideation for veterans, even in the context of psychiatric comorbidity.

F10. PTSD AND RESTLESS LEGS SYNDROME: ROLE OF IRON METABOLISM AND DOPAMINERGIC DYSFUNCTION

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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult

Region: Global
Abstract: PTSD is associated with dysregulation of the hypothalamic-pituitary-adrenal axis, leading to altered stress responses and elevated cortisol and pro-inflammatory cytokines, such as interleukin-6 (IL-6). IL-6 induces hepcidin, which degrades ferroportin, reducing iron absorption and iron availability. Iron is a critical cofactor in dopamine synthesis, and dopaminergic dysfunction plays a critical role in RLS pathophysiology. The current review investigates the relationships shared across chronic stress in post-traumatic stress disorder (PTSD), altered iron metabolism, and dopaminergic dysfunction contributing to restless legs syndrome (RLS).
Data were derived from peer reviewed studies published between 2004 and 2025, using the terms "PTSD," "restless legs syndrome," "sleep disturbances," and "comorbidity." Inclusion criteria was limited to those studies presenting original data on RLS prevalence in PTSD populations or relevant biological mechanisms. Articles without full-text access were excluded, with selection based on diversity of sample populations and study design.
The results of the present study indicate a higher prevalence of RLS in PTSD populations and proposes a biologic pathway linking PTSD and RLS through iron and dopamine dysregulation. Greater recognition of this pathway is essential, as RLS may be misdiagnosed as anxiety or hyperarousal in PTSD populations. Moreover, this improved recognition holds the potential to enhance diagnostic accuracy and expand treatment strategies, with potential benefits for: sleep quality, cognitive function, and overall symptom burden.

F11. ENDURING EFFECTS OF CHILDHOOD VIOLENCE EXPOSURE ON BRAIN FUNCTION AND TRANSDIAGNOSTIC RISK FOLLOWING ADULT TRAUMATIC STRESS

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Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries
Abstract: Childhood violence exposure (CVE) increases psychiatric risk after adult trauma. In pediatric populations, CVE shapes the development of emotion and learning circuits, and these neural adaptations may confer risk in the face of adult traumatic stress. Here, we test which aspects of brain function link CVE to psychopathology after adult traumatic stress. Participants were recruited on the day of a traumatic event leading to a visit in an emergency department (ED). They completed surveys during their ED visit and at follow-up visits (2 weeks to 6 months post-trauma). Two weeks post-trauma, participants completed functional MRI measuring brain activity during threat reactivity (n=319) and inhibitory control (IC; n=286). Covariates included childhood deprivation, adult trauma load, injury severity, sex, and age.
Right dorsolateral prefrontal cortex (DLPFC) activation during IC mediated the effect of CVE on baseline levels of PTSD post-trauma (b=1.78, CI=[0.34, 3.59]), with a significant total effect (b=6.72, CI=[2.69, 13.43]). CVE was associated with a decreasing trajectory of depressive symptoms exclusively through left DLPFC activation during threat reactivity (b=-0.02, CI=[-0.04, -0.005]), with no significant total effect (b=-0.00, CI=[-0.07, 0.07]).
CVE shapes risk and resilience after adult trauma through its impact on prefrontal circuits. Interventions targeting the DLPFC in CVE-exposed individuals may reduce early signs of

PTSD by supporting inhibition. Similar interventions could enhance the capacity to modulate emotional experiences after trauma, positively shaping depression trajectories.

F12. TRAUMATIC STRESS AND BONE HEALTH: ASSOCIATIONS BETWEEN POSTTRAUMATIC STRESS DISORDER AND OSTEOPOROSIS IN OLDER ADULT VIETNAM ERA WOMEN VETERANS

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Track: Biology and Medical
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Osteoporosis, a condition characterized by bone density loss, affects more than 30% of postmenopausal women and is associated with fracture risk, physical decline, and mortality. Although prior research suggests that PTSD increases the risk of osteoporosis, evidence of this association in Veteran women is lacking. To address this gap in the literature, the present study examined associations between PTSD (current, subthreshold, and remitted) and osteoporosis among Vietnam Era Veteran women (N = 4,127; Mage = 67). PTSD was assessed via a telephone diagnostic interview and osteoporosis as well as other covariates were assessed via self-report. Women with current PTSD had the highest prevalence of osteoporosis (36%) followed by 31%, 28%, and 27% in women with remitted, subthreshold, and no PTSD, respectively. Women with current PTSD (OR = 1.6; 95% CI: 1.3, 1.9), but not subthreshold (OR = 1.1; 95% CI: 0.9, 1.4) or remitted (OR = 1.2; 95% CI: 0.9, 1.7) PTSD, had a higher likelihood of having osteoporosis compared to women with no PTSD. The association between current PTSD and osteoporosis remained significant even with adjustment for demographics, military service, health behaviors, and history of hormone replacement therapy. Overall, PTSD may impact bone health as Veteran women age. Future longitudinal research focused on identifying risk and protective mechanisms is needed.

F13. THE ROLE OF PERITRAUMATIC MEDICAL EXPERIENCES IN CHILD MENTAL HEALTH OUTCOMES FOLLOWING PEDIATRIC SURGERY

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries

Abstract: Children exposed to medical trauma face increased risk of adverse mental health outcomes. These are shaped in part by the peritraumatic period, from the initial event through treatment, and include healthcare interactions that may influence emotional responses to medical conditions. However, limited research has examined the influence of peritraumatic medical experiences on child outcomes. This study investigated the impact of medical experiences during the peritraumatic period on child mental health following a surgical procedure. Participants were 157 children between the ages of 7 and 13 years old (M age=11.65, SD=2.74; 61% male; 75% White, 20% Black, 1% Asian, 3% Multiracial, and 5% Hispanic) who had a surgical procedure in the past 12 months and reported on their own experiences. Higher illness perception was linked to higher child anxiety, depression, and PTSD symptoms ($p < .001$). Multiple regression analyses indicated that staff explanation of procedures ($b=-3.26$, $p=.011$), visits from friends and family ($b=-2.77$, $p < .010$), and watching electronics ($b=-2.79$, $p=.016$) was inversely associated with child PTSD symptoms, $F(12,140)=2.88$, $p < .001$, $R2=.25$ and child anxiety symptoms ($p < .001$). Findings indicate that child medical experiences influence child mental health, underscoring the importance of addressing peritraumatic factors in the context of pediatric surgical procedures.

F14. TRAUMA EXPOSURE TYPOLOGY AND RELATIONSHIP WITH EXTERNALIZING PROBLEMS AMONG TEXAS YOUTH

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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Background: Although research has linked trauma exposure and PTSD to internalizing problems, studies examining the relationship between trauma exposure and externalizing problems remain limited, particularly with respect to trauma type. This study aimed to characterize different types of trauma exposure and their unique relationship with rates of externalizing problems among a sample of trauma-exposed youth in Texas.
Methods: Data were drawn from the Texas Childhood Trauma Research Network (TX-CTRN), a longitudinal, multisite study of trauma-exposed youth in Texas aged 8-20 years. 2,731 participants (M(SD)age = 15.81(3.46), 61.1% female) were assessed for trauma exposure, PTSD symptoms, and other mental health disorders at baseline.
Results: Logistic regression analyses found that sexual abuse, witnessing violence, or experiencing violence significantly predicted higher rates of externalizing problems. Experiencing an accident and female sex each predicted lower rates of externalizing problems. PTSD symptom severity was modestly associated with higher rates of externalizing problems.
Discussion: Study findings reveal differing relationships of trauma type on externalizing problems in Texas youth, showing that specific types of trauma confer risk for externalizing problems while others do not. Future research should examine salient mechanisms underlying trauma exposure and externalizing problems to reveal why certain traumatic experiences yield more risk than others.

F15. EXAMINING THE INFLUENCE OF GENDER ON CAREGIVER STRESS AND ATTITUDES TOWARD PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN

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Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Global
Abstract: Problematic sexual behavior (PSB)—developmentally inappropriate behaviors in children 12 and under—increases caregiver stress and reflects conflicting attitudes toward sexual development. This study hypothesized that caregivers of females would report higher stress and more negative attitudes toward PSB than caregivers of males. Sixty-four caregivers of preschoolers with clinically significant PSB were recruited from a specialized clinic. Participants completed the Child Sexual Behavior Inventory (CSBI) and the Family Strengths, Support, and Stress (FSSS) scale. An independent sample t-test was utilized to compare mean stress levels across child gender. Chi-square tests of independence were employed to analyze categorical caregiver attitudes regarding sexual curiosity and masturbation by gender. T-test results indicated no significant differences in stress levels between caregivers of male and female children. While Chi-square analyses showed that caregivers overwhelmingly viewed sexual curiosity as normal for both genders, a significant discrepancy emerged regarding specific behaviors: contrary to prior research, caregivers overwhelmingly believed that masturbation was "wrong" for male children, more than for females. These findings challenge much of the current literature, and suggest that caregiver bias may be behavior-specific rather than a generalized response to gender. Future direction will be discussed.

F16. THE MODERATING ROLE OF PAIN SENSITIVITY FOR PTSD SYMPTOM SEVERITY AND DECLINE IN A SAMPLE OF TRAUMA-EXPOSED ADOLESCENTS

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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: A majority (60-97%, depending on trauma type) of trauma-exposed adolescents psychologically recover over a 6-month period without intervention and do not develop post-traumatic stress disorder (PTSD)(1). Some trauma-exposed adolescents, due to interactions between neurobiological and psychosocial factors, develop a heightened physiological reactivity to stress and, bidirectionally, with chronic pain(2, 3). The current study examines pain sensitivity as a moderator of post-traumatic stress symptom (PTSS)(4) severity and the rate of recovery over a 9-month post-trauma period. A sample of adolescents (N=111, age M=15.34 (SD=1.35)) were recruited from an emergency department following a potentially traumatic event. We hypothesized that adolescents with greater pain sensitivity, measured by the Pediatric-SOPA Emotionality Sub-scale(5), would have higher PTSS scores and slower rates of PTSS decline (measured at 6 weeks, 6 months, and 9 months). Results of a mixed-effects model demonstrated that high pain sensitivity was significantly associated with elevated PTSS severity at each time point ($b=2.69$, $p < .05$), and adolescents with high

baseline pain sensitivity were likely to have clinically elevated PTSS severity at the 9 month time point. The current findings may inform early interventions for trauma-exposed adolescents reporting pain sensitivity.

F17. FRIEND OR FOE?: HOW SOCIAL SUPPORT INFLUENCES PTSS AND DISCIPLINARY ISOLATIONS AMONG JUSTICE-INVOLVED YOUTH

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Track: Child and Adolescent Trauma
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: A large body of work supports a stress-buffering model of social support against posttraumatic stress symptoms (PTSS) and maladaptive behaviors. Nevertheless, this model remains largely untested among justice-involved youth with interpersonal trauma histories. This study evaluated whether friend and family support moderate direct and indirect links between interpersonal trauma, PTSS, and restrictive behavioral interventions (i.e., isolation) among a population of youth (N = 118; Mean age = 15.48, SD = 1.35; 70.3% Male; 56.8% White, 39.8% Black, 20.3% Hispanic) in a Midwestern juvenile detention facility. Structural equation modeling identified that while interpersonal trauma was related to PTSS, it was not directly or indirectly related to isolation risk. Notably, friend support (but not family) significantly moderated these relationships. Specifically, an enhancing effect was observed, in which the trauma–PTSS link was strongest for youth with high friend support. In contrast, trauma only predicted isolation risk at low levels of friend support; this link disappeared at average to high levels of support. No full moderated indirect effects were observed. These findings suggest a nuanced role for friend social support among justice-involved youth, potentially sensitizing them to internalizing distress while simultaneously reducing the risk of behavioral isolations. Future research should explore these effects in other juvenile detention facilities to determine what types of social support-based interventions may benefit justice-involved youth.

F18. ADVERSE CHILDHOOD EXPERIENCES AND SUBSTANCE USE: DEPRESSIVE SYMPTOMS AS A MODERATOR

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Adverse childhood experiences (ACEs) are associated with substance misuse; however, mechanisms that exacerbate risk remain unclear. Depressive symptoms may heighten vulnerability to alcohol and drug problems among those with childhood adversity. This study examined whether depressive symptoms moderate the association between ACEs and substance use.
Participants (N ≈ 520) were young adults (M = 22.72 years, 79% White, 80% women and gender diverse) who completed measures of ACEs, depressive symptoms, alcohol use (AUDIT), and drug use (DUDIT).

For alcohol use, depressive symptoms, but not ACEs, positively associated with AUDIT scores ($\beta = .164$, $p < .001$) For drug use, both ACEs ($\beta = .187$, $p < .001$) and depressive symptoms ($\beta = .169$, $p < .001$) were independently associated with higher DUDIT scores. The interaction between ACEs and depression was not significant for AUDIT or DUDIT. Depressive symptoms and ACE exposure independently contribute to substance misuse risk, particularly drug-related problems. However, depressive symptoms did not amplify the association between ACEs and substance use in this sample. Findings suggest additive rather than interactive effects, highlighting depression as an important intervention target amongst individuals with trauma histories.

F19. THE IMPACT OF PEER AND FAMILY RELATIONSHIPS ON FOSTER YOUTH'S RESILIENCE OVER TIME

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Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Youth in foster care experience adversity and maltreatment (i.e., abuse) that precipitate their entry into child protective services. These youth are also more likely to experience other types of victimization (e.g., peer or dating violence, sexual assault), with detrimental effects on wellbeing. Research examining factors predicting resilience over time in this population, while accounting for exposure to maltreatment and victimization, is limited. This study examined the unique effects of trauma exposure (measured by maltreatment and victimization; 0=no, 1=yes) and changes in peer, family-of-origin, and foster family relationships on change in resilience over 12 months among 92 youth in foster care (Mage=13.62; 63% female; 59.8% Black). Separate multilevel models examined change in personal, relational, and total domains of resilience. After accounting for youth characteristics and trauma exposure, stronger peer, family-of-origin, and foster family relationships significantly predicted increases in all resilience domains. Trauma exposure did not predict change in resilience. Older Black adolescents had significantly lower resilience compared with younger White adolescents. These findings underscore the need for ongoing efforts to help foster youth develop and maintain social supports to promote resilience, which should consider individuals' race and developmental stage.

F20. ADOLESCENT EMERGENCE OF TRAUMA-RELATED SYMPTOMS: A SYSTEMATIC REVIEW OF NEUROBIOLOGICAL AND PSYCHOSOCIAL MECHANISMS

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Global
Abstract: Early adversity is a well-established risk factor for cPTSD, yet trauma-related symptoms often emerge or intensify during adolescence rather than immediately after

exposure. This systematic review synthesizes evidence on neurobiological and psychosocial mechanisms underlying delayed symptom onset.
A systematic PubMed search (2011–2026) using the query ("early life stress" OR "childhood trauma") AND adolescence AND "neurobiology" yielded 81 records. After title and abstract screening, 32 studies examining interactions between early adversity and adolescent brain maturation were included to inform a neurodevelopmental framework.
Findings indicate that early adversity establishes latent neurobiological vulnerabilities (e.g., amygdala, hippocampus, prefrontal cortex, HPA axis) (Teicher et al., 2016). During adolescence, maturation of prefrontal and reward circuits coincides with rising cognitive, emotional, and social demands (Gee and Casey, 2015). From these reviews, it can be hypothesized this convergence—this "developmental mismatch"—can unmask latent neurobiological vulnerabilities and contribute to the onset of trauma-related symptoms. The absence of early symptoms does not imply resilience, as latent vulnerabilities may manifest during adolescent developmental transitions.
Yet, since neural circuits remain highly plastic during this developmental stage, supportive social environments can promote resilience and adaptive recovery (Tottenham, 2020). Together, these findings position adolescence as both a high-risk period and a key window for trauma-informed intervention.

F21. LONGITUDINAL TRAJECTORIES OF PARENTAL ANGER, CHILD MENTAL HEALTH, AND ASYLUM-RELATED STRESS OVER FIVE YEARS IN FARSI- AND DARI-SPEAKING FAMILIES IN AUSTRALIA: A MIXED-METHODS STUDY INTEGRATING AUTOETHNOGRAPHY

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Program Category: Culture and Diversity
Presentation Level: Advanced
Population Type: Both Adult and Child/Adolescent
Region: East Asia and the Pacific
Abstract:
Background: Refugee and asylum-seeking families experience prolonged displacement stress, often expressed as parental anger, which may affect children's mental health. Quantitative findings identify associations, but lived experience deepens understanding.
Aim: To examine five-year associations between parental anger and child psychological wellbeing, integrating statistical analysis with autoethnographic reflection.
Methods: Data from the Reassure CAP study (N = 198 children) were analysed using one-way ANOVA and Pearson correlations. Measures included parental anger, PTSD symptoms (HTQ), post-migration living difficulties, and child emotional–behavioural outcomes (SDQ). Autoethnography contextualised intergenerational impacts of distress.
Results: Significant group differences in parental anger were found ($p = .016$). Parental anger was strongly associated with child mental health difficulties ($r = .68$, $p < .001$), PTSD ($r = .63$), and living difficulties ($r = .57$). Narrative insights highlighted how displacement-related stress shaped emotional regulation and behavioural adjustment across generations.
Conclusion: Parental anger represents a key pathway linking displacement stress to child outcomes. Findings underscore the need for culturally responsive, trauma-informed family interventions to reduce intergenerational distress.

F22. THE IMPACT OF TRAUMA TYPE ON RUMINATION, POSTTRAUMATIC STRESS, AND DEPRESSION SYMPTOMS IN UGANDAN ADULTS

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Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Introductory
Population Type: Adult
Region: Eastern and Southern Africa

Abstract: Mental health outcomes following trauma demonstrate marked multifinality. Rumination has been linked to depression, and trauma type may differentially predict symptom profiles, with sexual abuse emerging as a salient predictor of depressive symptoms. However, mechanisms underlying this association remain unclear. This study examined whether rumination may help explain links between childhood trauma type and depression. Participants were 142 Ugandan adults who completed the Child Trauma Questionnaire to assess child trauma exposure, the PTSD Checklist to assess trauma symptoms, the Hopkins Symptoms Checklist 25 to assess depression symptoms, and the Thinking Too Much scale to assess rumination. A multiple regression analysis tested whether childhood sexual and physical abuse predicted rumination severity. The overall model was significant, $F(2,139) = 3.51$, $p = .033$, explaining 4.8% of variance in rumination. Sexual abuse was a significant positive predictor ($\beta = .21$, $p = .018$), whereas physical abuse was not ($\beta = .04$, $p = .632$). Findings suggest trauma type may differentially relate to rumination. Coupled with conclusions from previous literature, this finding may support rumination's potential role in linking childhood sexual abuse and elevated depression symptoms. Ongoing analyses will test the mediating effect of rumination on the relationship between child trauma type and depressive symptoms.

F23. THE ROLE OF BELONGING IN RELATION TO PTSD SYMPTOMS AND MALADAPTIVE GRIEF REACTIONS IN CHILDREN AND ADOLESCENTS

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

Abstract: Objective: This study examined belonging in relation to posttraumatic stress symptoms and maladaptive grief reactions, as defined by Multidimensional Grief Theory, in trauma- and/or bereavement-exposed, treatment-seeking youth.
Methods: Participants were 374 youth (ages 10–18, 42.5% Hispanic, Latino/a/x). Youth self-reported PTSD symptoms (UCLA PTSD-RI), three domains of maladaptive grief (Separation, Existential/Identity, Circumstance-Related Distress; PGD Checklist), and belonging (Interpersonal Needs Questionnaire). Covariate-adjusted linear regressions tested links between belonging and symptoms. Moderation analyses tested variation by trauma/bereavement context or demographics.
Results: Higher belonging was associated with lower PTSD severity ($B = -4.42$, $p < .001$) and lower grief across all domains ($Bs = -0.21$ to -0.29, $p < .001$). A significant belonging x trauma

exposure interaction indicated that belonging was significantly associated with PTSD symptoms across exposure levels, but this association was attenuated among youth with higher cumulative trauma (B = 0.34, p = .022). No demographic moderation effects emerged. **Conclusions:** Belonging is a robust correlate of lower PTSD and maladaptive grief in clinically referred youth and may serve as a clinically useful resilience indicator. Youth with high trauma loads may require supports beyond belonging alone. Findings highlight belonging as a cross-system construct that may benefit from collaborative assessment and research across mental health, school, family, and community settings.

F24. TRAUMATIC STRESS AND HIDDEN GRIEF: UNDERSTANDING THE EXPERIENCES OF CHILDREN AND ADOLESCENTS WITH INCARCERATED PARENTS

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Track: Child and Adolescent Trauma
Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Region: Industrialized Countries
Abstract: Parental incarceration is a traumatic event with profound consequences for children and adolescents. Despite its current impact on 2.7 million young people in the United States and millions more globally, this population remains largely unrecognized in trauma and loss literature. This presentation integrates new quantitative and qualitative evidence to better understand both post-traumatic stress reactions and grief-related experiences of children with incarcerated parents.
Quantitative data were drawn from youth seeking mental health services who completed the UCLA PTSD Reaction Index (PTSD-RI). Among youth reporting incarceration-related ambiguous loss (n = 101), domain-level analyses indicated significantly higher intrusion and arousal/reactivity symptoms relative to avoidance (ANOVA $p < .001$). Item-level analyses revealed higher endorsement of internalized rather than externalized post-traumatic stress reactions, suggesting a profile primarily marked by emotional and physiological reactivity. Complementing this, a qualitative Interpretative Phenomenological Analysis centers the subjective experiences of adolescents. Findings will show how young people make meaning of the traumatic event of parental incarceration and how ambiguous loss and disenfranchised grief compound their experience.
These quantitative and qualitative results provide new depth to our understanding of children and adolescents with incarcerated parents. Together, the findings better inform the selection of interventions that account for both trauma and loss associated with parental incarceration.
Population Type: Child/Adolescent

F25. IDENTITY DEVELOPMENT IN ADOLESCENT MULTIPLES FOLLOWING THE LOSS OF A CO-MULTIPLE

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

Abstract: Objective: This review examines identity development in multiples following comultiple loss, focusing on how shared identity shapes grief and mental health outcomes. It explores whether the centrality of sibling relationships in multiples increases risk for identity disruption and prolonged grief, and highlights developmental considerations relevant to intervention with bereaved youth.
Method: Peer-reviewed studies published between 2000-2025 were reviewed using PsycINFO, PubMed, and Google Scholar using combinations of "grief," "loss," "multiples," "twins," "triplets," "identity," and "adolescents." Themes were a) shared identity and differentiation in multiples, b) grief intensity and mental health outcomes after loss, and c) developmental timing and psychological adjustment
Result: Multiples demonstrate increased risk to identity diffusion during youth (Amani and Shariatipour, 2021). Bereaved multiples show heightened grief intensity and elevated risk for internalizing and mood disorders, with co-twin loss producing more severe outcomes (Segal and Bouchard, 1993; Song et al., 2020). Early loss is associated with identity confusion, prolonged grief, and depressive symptoms (Stikkelbroek et al., 2016; Hyatt, 2010)
Conclusion: Comultiple loss represents a distinct developmental risk due to the role of shared identity. Identity disruption increases vulnerability to prolonged grief and psychological distress, highlighting the need for developmentally informed interventions addressing differentiation, survivor guilt, and meaning-making, alongside early screening and family-informed supports

F26. SUBSTANCE USE ISN'T THE SYMPTOM WE THINK IT IS: INSIGHTS FROM AN INPATIENT TRAUMA PROGRAM

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Background: Substance use disorders (SUDs) are common among trauma-exposed populations and often reflect maladaptive coping or avoidance of posttraumatic stress. Moral injury frameworks suggest substance use may also reflect attempts to manage moral pain, particularly shame and self-condemnation. Little empirical work has examined moral injury outcomes by substance use in clinical settings.
Methods: Eighty-four participants in an inpatient trauma-focused program completed the Moral Injury Outcomes Scale (MIOS) at admission and discharge. Participants were categorized by presence/absence of a substance use diagnosis. Pre–post MIOS changes and effect sizes (Cohen's d) were examined across groups.
Results: Moral injury severity decreased significantly from admission ($M = 37.55$, $SD = 12.38$) to discharge ($M = 30.92$, $SD = 12.65$; $d \approx 0.53$). Participants with SUDs had higher baseline moral injury and greater improvement ($d \approx 0.59$) than those without ($d \approx 0.27$). Reductions were largest for shame, guilt, and self-condemnation; changes in moral emotions (anger, disgust, betrayal) were modest. Loss of meaning, trust, and moral repair showed the least change.
Conclusions: Substance use signals greater baseline moral injury but not poorer outcomes. Trauma-focused inpatient care produces clinically meaningful improvement in moral injury for individuals with and without SUDs, highlighting moral injury as a key treatment target and supporting routine assessment to guide trauma-informed, occupation-sensitive interventions.

F27. FEASIBILITY OF AN ACCELERATED PTSD TREATMENT PROGRAM IN A VA CLINICAL RESOURCE HUB

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Massed and accelerated models for treatment delivery of evidenced based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) have been found to be effective at reducing treatment dropout and contributing to symptom amelioration. Although these programs are becoming more widespread within the Department of Veterans' Affairs (VA); they have only been examined within traditional outpatient PTSD Clinical Teams (PCTs) and residential treatment settings. Additionally, such programs vary in their composition (e.g., incorporation of adjunctive interventions). Therefore, the feasibility and effectiveness of a model of accelerated service delivery (MASD) for PTSD treatment program offering trauma-focused EBPs only within a fully virtual Clinical Resource Hub (CRH) is unknown. The aim of this study is to explore the feasibility and effectiveness of a MASD for PTSD program via telemental health within a CRH. Three providers were detailed to the implementation of this program that offers EBPs for PTSD, including: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Written Exposure Therapy (WET) delivered 3x/week or more. The program was launched on June 5, 2023 and is ongoing. It is expected that Veterans who complete this model of treatment delivery will have high rates of completion from treatment and that those who complete will experience significant improvements in trauma-related and depressive symptoms. Such findings would suggest that this model of treatment is feasible and effective when delivered within a CRH.

F28. PAIN CATASTROPHIZING AS A SHARED TREATMENT TARGET FOR CHRONIC PAIN AND PTSD SYMPTOMS IN AN INTERDISCIPLINARY COGNITIVE-BEHAVIORAL PAIN REHABILITATION PROGRAM

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Study Objectives: Chronic pain and posttraumatic stress disorder (PTSD) frequently co-occur and are
thought to mutually maintain each other. Pain catastrophizing has been identified as a core maintaining mechanism in both conditions. This study examined pain catastrophizing as a shared mechanism underlying change in chronic pain and PTSD symptoms among individuals completing an interdisciplinary pain rehabilitation program.
Methods: A total of 1,378 adults with chronic pain and self-reported trauma exposure admitted to the Mayo Clinic Pain Rehabilitation Center between 2016 and 2024 were included. Participants completed measures of pain catastrophizing, pain severity/ interference, and PTSD symptoms at admission and discharge. Latent change score models (LCSMs) were used to quantify within-person change over treatment and to examine whether

changes in pain catastrophizing were associated with concurrent changes in pain and PTSD outcomes. This approach allows for stronger inferences regarding shared mechanisms of symptom improvement by modeling change as a latent construct rather than relying on observed difference scores.
Results: Significant reductions were observed in pain catastrophizing, pain severity and interference, and PTSD symptoms following treatment (all ps $<$ .001). Reductions in pain catastrophizing were significantly associated with improvements in both pain and PTSD symptoms (all ps $<$ .001).
Conclusions: Interdisciplinary pain rehabilitation interventions that target catastrophic thinking may enhance treatment outcomes for individuals with comorbid chronic pain and PTSD.

F29. WHICH PSYCHOTHERAPIES ARE USED TO TREAT PTSD? A SURVEY OF US MENTAL HEALTH PROVIDERS

Carmen Mclean[1], Sadie Larsen[2], Devin Tse[3], **Eve Rosenfeld*[4],** Craig Rosen[1]
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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Region: Industrialized Countries
Abstract: Objective: To describe psychotherapy practices for PTSD, including evidence-based psychotherapy (EBP) implementation, among U.S. mental health providers.
Method: Mental health providers who regularly treat PTSD (N = 688) were sampled from U.S. state licensing boards for psychologists (n = 242), clinical social workers (LCSWs) (n = 186), and professional counseling (LPCs) (n = 176). T-tests were used to compare groups.
Results: Nearly half the sample (48.8%) reported cognitive behavioral as their primary theoretical orientation (22.7% endorsed eclectic). The treatments most often used regularly were cognitive behavioral therapy (CBT) (55.2%), mindfulness approaches (37.7%), cognitive processing therapy (CPT) (15.1%), eye movement desensitization and reprocessing (EMDR) (15%), acceptance and commitment therapy (13.6%), supportive therapy (13.1%), and prolonged exposure (PE)(12.5%). EBP use across provider types showed the highest use of PE and CPT among psychologists, then LCSWs, and lowest among LPCs. For EMDR, this pattern was reversed: use was highest among LPCs, then LCSWs, and lowest among psychologists. Among those trained in the respective interventions, psychologists reported significantly fewer perceived contraindications to delivering CPT and PE than other respondents. There were no differences in perceived contraindications for EMDR.
Conclusions: One in seven providers regularly implement PE, CPT, or EMDR. Differences in EBP use and perceived contraindications across provider types highlight the impact of training and professional affiliation.
Population Type: Mental Health Professionals

F30. MECHANISMS AND PREDICTORS IN KOREAN WRITTEN EXPOSURE THERAPY FOR PTSD: TWO EXPLORATORY STUDIES

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Track: Clinical Interventions
Program Category: Clinical Practice

Presentation Level: Advanced
Population Type: Mental Health Professionals
Region: East Asia and the Pacific
Abstract: This flash talk first summarizes Korean research on written exposure therapy (WET) for PTSD, which has demonstrated feasibility, acceptability, and clinically meaningful symptom reductions in adult outpatients and adolescents across open trials, non-randomized controlled designs, and case studies. Objective: To build on this effectiveness work by examining biological and linguistic predictors of WET response in Korean adults with PTSD.
Methods: In Study 1, salivary cortisol was collected immediately before and after each of five WET sessions in university hospital outpatients, and change in CAPS-5 scores indexed treatment response. In Study 2, trauma narratives produced during WET were analyzed using a relational frame theory framework, focusing on deictic "I-Here-Now/It-Then-There" patterns and broader indices of psychological flexibility, and related to pre–post changes in PTSD and depressive symptoms.
Results: No single-session cortisol reactivity indicator significantly predicted outcome, although mid-treatment (sessions 3–4) slopes showed a non-significant trend toward distinguishing responders from non-responders. RFT-based linguistic features showed preliminary associations with symptom reduction following WET.
Conclusions: Integrating biomarker and language-based process measures with clinical outcomes may clarify mechanisms of WET and inform the optimization and personalization of brief PTSD treatment in Asian clinical settings.

F31. DAILY RECIPROCAL RELATIONS BETWEEN CRAVING AND ALCOHOL CONSUMPTION AMONG A TRAUMA-EXPOSED COMMUNITY SAMPLE OF ADULTS WITH AND WITHOUT POSTTRAUMATIC STRESS DISORDER

Diana Ho*[1], Noam Newberger[1], Benjamin Katz[1], Alana Egan[1], Nicole Weiss[1]
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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Posttraumatic stress disorder (PTSD) and alcohol use disorder frequently co-occur. As posited by the self-medication model, PTSD serves as a risk factor for individuals to consume alcohol to cope with trauma-related distress. Although relations between PTSD and alcohol consumption have been demonstrated in studies utilizing micro-longitudinal designs, less is known about how PTSD may differentially impact the relations between alcohol consumption and craving. The current study adds to this nascent literature by testing daily reciprocal associations between alcohol consumption and craving among a trauma-exposed community sample of adults (N=31, 53.1% women, Mage = 44.52) with (N=14) and without (N=18) PTSD. Participants completed a baseline session where PTSD was assessed (via the Clinician Administered PTSD Scale for DSM-5) followed by surveys 5x/day over a 30-day period where they reported total alcohol drinks and average alcohol craving. Dynamic Structural Equation Modeling was used in Mplus to estimate within-person contemporaneous and lagged effects. No significant cross-lagged effects were found; however, significant contemporaneous effects and variation in the cross-lagged estimates across participants were observed. At the between-person level, PTSD did not predict intercepts for craving nor total drinks. Findings reveal heterogeneity of relations between alcohol consumption and craving as well as how these relations may be influenced by PTSD. Future studies should seek to

expand upon results of the current study, particularly to investigate daily associations with PTSD symptoms.

F32. THE VERMONT RESEARCH PROTOCOL: A MIXED-METHODS PROOF-OF-CONCEPT STUDY OF INTENSIVE GROUP EMDR (ASAP) INTEGRATED WITH COMPASSION-FOCUSED THERAPY FOR PTSD, COMPLEX PTSD, AND MORAL INJURY IN LAW ENFORCEMENT AND FIRST RESPONDERS

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Track: Clinical Interventions
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: First responders are at elevated risk of PTSD, complex PTSD, and moral injury due to cumulative occupational exposure to traumatic and morally distressing events. Although EMDR is strongly endorsed in international guidelines for PTSD, delivery remains predominantly individualised, limiting scalability in high-demand systems. The Vermont Research Protocol (USA) evaluated the feasibility, acceptability, and clinical outcomes of an 8-day intensive group intervention integrating structured group EMDR (Acute Stress Adaptive Protocol; ASAP) with compassion-focused therapy for law enforcement, first responders, and emergency personnel.
This prospective, non-randomised, mixed-methods proof-of-concept study recruited adults with clinically significant trauma symptoms and indicators of moral injury. The hybrid intervention (four in-person days, three virtual consolidation days, one final in-person integration day) targeted trauma processing, shame, moral injury, and self-criticism. Outcomes were measured at baseline, post-treatment, and at 1-, 3-, and 6-month follow-up using validated symptom and quality-of-life measures, along with qualitative interviews. Primary aims were to assess feasibility and symptom reduction; secondary aims examined maintenance of gains and parameters for a future RCT. The study addresses the translational gap between individual EMDR efficacy and scalable trauma service delivery.

F33. TRAUMA-RELATED COGNITIONS AND AFFECTIVE SYMPTOM BURDEN AMONG INDIVIDUALS WITH MAJOR DEPRESSIVE DISORDER AND POST-TRAUMATIC STRESS DISORDER

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Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Advanced
Population Type: Adult
Region: Industrialized Countries
Abstract: Post-traumatic stress disorder (PTSD) frequently co-occurs with major depressive disorder (MDD), yet less is known about how trauma-related cognitions relate to affective symptom severity within this subgroup. Individuals with MDD and PTSD often present with elevated depression and anxiety symptoms that may be closely linked to maladaptive trauma-related beliefs. Understanding these relationships may clarify symptom heterogeneity and inform trauma-focused assessment and intervention strategies.
This study examined associations between trauma-related cognitions and affective symptom severity among treatment-seeking participants with MDD and PTSD. Participants completed

the Clinician-Administered PTSD Scale (CAPS), Post-traumatic Cognitions Inventory (PTCI), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). Pearson two-tailed correlations were conducted within the MDD subgroup. Trauma-related cognitions were strongly associated with depressive symptom severity and moderately associated with anxiety severity (rs = .30–.64, ps $<$ .01). Depression and anxiety were also significantly correlated, suggesting elevated affective burden among individuals endorsing greater maladaptive trauma-related beliefs. These findings highlight the importance of trauma-related cognitions in understanding symptom severity and support transdiagnostic approaches to trauma-focused treatment planning.

F34. PERSONAL AND SOCIAL MEANING MAKING AFTER SEXUAL VIOLENCE

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Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The degree to which one "makes meaning" of a stressful life event predicts eventual adjustment and fewer adverse mental health outcomes. The bereavement literature features a social constructivist perspective, where making sense of a loss, and one's life in light of it, is impacted by other people's reactions to the mourner's meaning making efforts. Yet, studying the impact of other stressful events from this theoretical tradition is lacking. In the present study, we recruited n = 109 women online who reported enduring sexual violence. These women answered the Posttraumatic Checklist-5, the Integration of Stressful Life Events Scale, and the Social Meaning in Life Events Scale. Social invalidation and meaning made demonstrated direct effects on PTSD symptoms. More meaning made associated with fewer PTSD symptoms, t = -2.76, p = .007, regardless of level of social invalidation. However, social validation moderated the relationship between meaning made and PTSD symptoms, R2 = .40, F(3, 105)= 23.08, p $<$ .001. Low personal meaning in the context of high amounts of social validation was associated with quite high PTSD, β = -1.39, p $<$ .001. We offer theoretical explanations for these findings and implore continued research of social meaning making for a diversity of traumatic experiences.

F35. DREAM ENGINEERING AS AN EMERGING TOOL FOR MENTAL HEALTH INTERVENTION

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Track: Clinical Interventions
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Introduction: An emerging dream engineering technique, targeted dream incubation (TDI), involves giving an individual an auditory cue while falling asleep in order to shape dreams into the cued subject. Research suggests TDI may impact some trauma-related symptoms, such as nightmares. Our study examines how TDI impacted mental health (MH) symptoms within individuals who experienced trauma-related nightmares (TRNs). **Methods:** N = 30 participants were enrolled; n = 20 received one 90-minute session of TDI, and n = 10 received one 90-minute nap (TDI Control). Within the TDI condition, there were

two groups: one group that experienced TRNs (TDI-NM group; n = 10) and one group that did not (Healthy Control; n = 10). All participants completed surveys before (baseline) and one week after (follow-up). MH symptoms (Suicidal thoughts, insomnia symptoms, PTSD symptoms, and nightmare distress) were assessed at baseline and follow-up. Paired-sample t-tests examined changes over time.
Results: For MH symptoms, the TDI-NM group saw significant ($p < .05$) reductions (between baseline and follow-up) in thoughts of suicide ($t = 2.11$), insomnia ($t = 1.93$), PTSD symptoms ($t = 2.92$), and nightmare distress ($t = 3.88$). Neither the Healthy nor TDI control saw significant reductions.
Conclusion: After just one 90-minute session of TDI, results found reductions in MH symptoms within a sample that experienced TRNs. These results are novel and suggest that TDI may be used as a treatment supplement for TRNs. Although promising, findings are limited by a small sample size and require replication in larger trials before clinical integration.

F36. "REACHING THE HURTS IN THE HEART": SOMALI GROUP MEMBERS' PERSPECTIVES ON ISLAMIC TRAUMA HEALING, A SCALABLE, LAY-LED PTSD INTERVENTION

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Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Eastern and Southern Africa
Abstract: Islamic Trauma Healing (ITH) is a group-based, lay-led intervention delivered in mosques that integrates principles of Islam (Prophet Narratives, Turning to Allah in Dua) and empirically supported trauma-focused cognitive behavior therapy. As part of an effectiveness-implementation trial in Somaliland (N = 238; Zoellner et al., 2024), group members participated in post-intervention focus groups, responding to semi-structured questions about what ITH meant to them, what they liked and would change, key learnings, and participation barriers. Participants had to have experienced a DSM-5 Criterion A trauma and reported PTSD symptoms (e.g., reexperiencing, avoidance; PSS-I-5; Foa et al., 2016). Gender-matched lay leaders conducted 9 focus groups of 5-7 participants after the final session; discussions were recorded, transcribed, translated. Independent coders relied on thematic analysis combining deductive themes with emergent inductive themes to develop a codebook. Four themes emerged: spiritual connection ("At first we were skeptical but now with so much wisdom we have benefited from it."); personal growth and moral lessons ("I have learned patience, tolerance, prayers"); ITH access barriers (e.g., travel time); and satisfaction with ITH ("It should be delivered to many areas in Somaliland"). Findings highlight the value of integrating faith traditions in intervention content and of using local lay leaders in delivery to address the mental health treatment gap in under-resourced settings like Somaliland, where stigma, a paucity of evidence-based treatments, and other barriers impede care (WHO, 2023).

F37. SEXUAL OBJECTIFICATION, PELVIC PAIN, AND COMMON HUMANITY AMONG SEXUAL VIOLENCE-EXPOSED LGBTQ+ ADULTS

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Track: Clinical Interventions
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Gender-based stressors (e.g., sexual objectification) may contribute to pelvic pain through chronic stress processes, which can heighten pain sensitivity . These pathways may be especially relevant for sexual and gender minority (SGM) people who have been exposed to sexual violence. Self-compassion (SC) may help SGM people cope with distress, but whether it influences associations between sexual objectification and pelvic pain (i.e., pain during menstruation and sex) in this population remains unclear. Using pre-intervention baseline data from 61 sexual violence-exposed SGM people assigned female at birth and enrolled in an expressive writing randomized controlled trial, we tested four moderation models examining overall SC and its subcomponents (self-kindness, common humanity, and mindfulness). Only common humanity (i.e., recognizing shared suffering) significantly moderated the association between sexual objectification and pelvic pain, such that sexual objectification was associated with pelvic pain at higher ($b = 0.63$, $p = 0.002$) but not lower ($b = -0.08$, $p = 0.73$) levels of common humanity. Marginal main effects were found ($b= 0.25$, $p= 0.07$) between sexual objectification and pelvic pain. Common humanity may facilitate acknowledgement of pelvic pain and related distress linked to sexual objectification rather than suppression or minimization of these experiences in this population.

F38. IMPROVEMENT IN GLOBAL FUNCTIONING AMONG MIGRANT SURVIVORS OF TORTURE: A COMMUNITY COLLABORATIVE STUDY OF TREATMENT OUTCOMES

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Track: Clinical Interventions
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: Background: Migrant survivors of torture present with complex symptoms, including chronic pain, functional impairment, posttraumatic stress, depression, and anxiety. Multidisciplinary services that consider type of violence and functional outcomes are critical to addressing the long-term impacts of torture. However, research on improvement after treatment remains inconsistent, with variable methodologies and unreliable conclusions. While there is some understanding of how type of torture impacts psychological outcomes, less is known about functioning after treatment.
Methods: In collaboration with a public clinic serving migrant survivors of torture from around the world, this study involved a 10-year chart review (N = 369). Participants were migrants from Latin America, the Middle East, Asia, Eastern Europe, and Africa. Change in global functioning from intake to discharge was examined using a Wilcoxon signed-rank test. Bayesian regression models tested whether specific torture exposures (physical, sexual, psychological) were associated with differences in treatment response while accounting for overlap across exposure types.

Results: At intake, 84% endorsed depression symptoms, and 83% endorsed PTSD symptoms. Mean functioning increased from intake (M = 54.54) to discharge (M = 66.35; p < .001). Torture type was not associated with differential outcomes.
Discussion: Results suggest that torture survivors can improve with appropriate care, regardless of torture type. Using innovative community collaborative methods can promote understanding of the world's most vulnerable populations.

F39. KENTANBUR: CO-CREATING RESILIENCE AND SUSTAINABLY BUILDING MENTAL HEALTH TREATMENT CAPACITY IN REFUGEE CARE SETTINGS

Anne Renaud[1], Srishti Meera Sardana[1], Nathan Chao[1], Narmin Guluzade[1], Angela Paredes Montero[1], Krishna Arunkumar[1], Margaret McManus[1], **Melina Hollis***[1]
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Track: Clinical Interventions
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: The Kentanbur project aims to prototype a novel transcontinental reciprocal innovation mental health (RImh) framework to build capacity of transdiagnostic mental health treatment, Interpersonal Psychotherapy (IPT), in non-mental health service delivery settings. We have partnered with domestic and global organizations, serving refugees in Burundi and the US, who have voiced the need to integrate evidence-based, trauma-informed psychotherapy into their relief efforts with an eye toward sustainability. Using a mixed methods approach, we aimed to a) adapt the selected intervention to the local contexts; b) train a group of lay providers to become competent IPT therapists; c) evaluate the acceptability, feasibility, and scalability of integrating IPT into these existing service agencies using RImh; and d) collaboratively design and disseminate a prototype for establishing cross-site learning in other settings. Preliminary results indicate the intervention as feasible and acceptable to providers and patients at our domestic partner site. This talk will illustrate the challenges of implementing interventions for refugees in the current political context, as well as the iterations that have promoted resilience.

F40. LESSONS LEARNED: MIXED-METHODS RESULTS FROM A PTSD TRIAL ATTEMPTING TO ADD AN ADJUNCTIVE HUMAN-ANIMAL INTERACTION COMPONENT TO PROLONGED EXPOSURE

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Dropout from PTSD treatment including Prolonged Exposure (PE) is high; human-animal interaction (HAI) may address this by reducing emotional numbing symptoms. In a randomized controlled psychotherapy trial, veterans seeking PTSD treatment (N = 50, 84% male, 68% White) received up to 12 sessions of PE; half were randomized to in vivo exercises at local animal shelters. We measured PTSD and emotional numbing symptoms using clinical interviews, self-report questionnaires, and qualitative interviews. Treatment effectively reduced PTSD symptoms across the entire sample from pre- to post-treatment (ps

< .001), with no significant differences by treatment condition (ps > .05). Meaningful reductions in negative emotional numbing symptoms were not observed (all ps > .05). 42% of veterans (N = 21) completed treatment, and there were no significant differences in session attendance or dropout between conditions (ps > .05). While PTSD symptom reduction following PE in both conditions was consistent with prior literature, changes in positive emotional engagement did not appear to be associated with engaging with dogs, and qualitative data suggested that volunteering at animal shelters could be unexpectedly negative. PE completion rates were low, possibly due to time demands of PE plus volunteering components, suggesting that adding HAI time to PTSD treatment may actually increase dropout.

F41. THE COGNITIVE LOAD OF COGNITIVE PROCESSING THERAPY: NEUROPSYCHOLOGICAL FUNCTIONING AS A PREDICTOR OF SYMPTOM IMPROVEMENT IN PTSD TREATMENT

Joseph Carpenter*[1], Kathy Nguyen[2], Mieke Verfaellie[3], Suzanne Pineles[2], Tara Galovski[2]
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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries

Abstract: PTSD is associated with reductions in numerous domains of cognitive functioning that contribute to successful psychotherapy, such as the ability to encode and retain verbal information, sustain attention, and remember to follow through on planned tasks. To better understand the impact of reduced cognitive functioning on PTSD treatment outcomes, the present study examined an array of pretreatment neuropsychological assessments and subjective cognitive complaints as predictors of PTSD symptom reduction during Cognitive Processing Therapy (CPT). This was investigated in a sample of 30 veterans receiving CPT either with or without a memory support augmentation as part of a randomized trial. Mixed-effects models showed that worse performance on a composite measure of verbal memory and scores on a cognitive screener indicative of mild cognitive impairment were uniquely associated with less reduction in clinician-rated PTSD symptoms from pre-to-post treatment, respectively accounting for 16.5% and 13% of variance in PTSD improvement when entered as predictors in the same model (p's < .01). Associations between cognitive functioning variables and memory for therapy content and treatment adherence will be presented to inform potential mechanisms for these relationships. Results highlight the need for augmentation strategies that assist those with lower verbal memory abilities and mild cognitive impairment to fully benefit from CPT.

F42. MDMA-ASSISTED GROUP THERAPY FOR PTSD: AN OPEN-LABEL PILOT TRIAL

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate

Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: This single-arm, open-label clinical trial aimed to evaluate the feasibility, safety, and preliminary efficacy of MDMA-assisted group therapy for U.S. military veterans with PTSD within the Veterans Health Administration. Participants were 18-64 years old with a documented PTSD diagnosis and a PCL-5 score of > 32. The intervention included individual and group MDMA dosing sessions supplemented by individual and group preparatory and integration sessions. CAPS-5 assessments were conducted by external blinded assessors. Twenty-three participants were enrolled (four cohorts of 5-6 participants), mean(SD) age 42.3 (9.8) years, average duration of PTSD 16.3 (8.5) years. The study demonstrated feasibility, with high retention rate, strong fidelity to the modality, and manageable adverse events. We demonstrated a large reduction in the CAPS-5 from 40.95 (8.5) to 20.36 (13.9) at primary endpoint, $p < .001$. Furthermore, 70% of participants had a clinically meaningful response and 65% no longer met DSM-5 criteria for PTSD. Significant improvements were also noted in self-reported PTSD symptoms, functional impairment, and depression. In conclusion, MDMA-assisted group therapy for veterans with PTSD is feasibly to conduct within the VA, and our preliminary findings suggest potential for alleviating PTSD and depression symptoms and improving functionality.

F43. EXPLORING HOW TRAUMA TYPE RELATES TO RUMINATION AND EXECUTIVE DYSFUNCTION IN MEN AND WOMEN VETERANS

Sarah McDonald*[1], Yvette Z. Szabo[2], Samantha Sykes[1], Matthew Agius[3], Paul Holtzheimer[4], Suzannah K. Creech[1], Crystal Lantrip[1]
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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Rumination and executive dysfunction are two types of cognitive control often associated with poor functional outcomes. Emerging research focuses on factors associated with the tendency to ruminate and cognitive deficits. Among a sample of veterans with PTSD, the present study examines how index trauma (i.e., combat, sexual) and gender relate to rumination and executive dysfunction. Sixty-six veterans (M age = 41.18, 50% female) with PTSD arising from any type of trauma completed baseline assessments of trauma history, rumination, and executive functioning (i.e. Stroop task) for an RCT parent study. Index trauma was reported during the CAPS-5; 42.4% reported an index trauma from combat and 30% reported sexual trauma. Overall, women reported significantly more reflective rumination than men ($p = .015$), and veterans with sexual index trauma experienced more overall rumination ($p= .001$), brooding ($p=.007$), and reflective rumination ($p= .002$) compared to combat index trauma. When separated by gender, men reported significantly more total rumination ($p= .039$) and brooding ($p= .023$) when they experienced sexual trauma compared to combat index trauma. There were no significant differences for trauma type among women, nor did Stroop task scores differ by gender or index trauma. This research adds to work on rumination and PTSD. Interventions focusing on rumination may be helpful in treating men and women veterans with PTSD who report sexual index trauma.

F44. DISENTANGLING PTSD AND MDD: EXAMINING TEMPORAL CHANGES IN SYMPTOMS DURING TRAUMA-FOCUSED TREATMENT

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

Abstract: Major depressive disorder (MDD) frequently co-occurs with posttraumatic stress disorder (PTSD), yet little is known about the sequence of symptom changes in trauma-focused treatment for individuals with this comorbidity. This study used disaggregated cross-lagged multilevel models to examine temporal relationships between PTSD and depression in a randomized clinical trial comparing cognitive processing therapy (CPT) and CPT enhanced with behavioral activation. Participants were 78 U.S. active duty service members with comorbid PTSD and MDD. Symptoms were assessed weekly at each session. To reduce collinearity, models examined core PTSD symptoms and depression symptom clusters. PTSD and depression demonstrated strong, bidirectional between-person effects (ds = 1.21–1.46), indicating that lower core PTSD scores relative to other participants were associated with subsequent lower depression scores, and vice versa. For within-person effects, lagged core PTSD symptoms predicted cognitive-affective (d = 0.51) and somatic (d = 0.32) depression symptoms, such that when a participant's core PTSD symptoms decreased relative to their average, both depression clusters subsequently decreased at the next session. However, the inverse relationships were not significant (ds = -0.03–0.10). Treatment type did not moderate relationships across all models. Among patients with comorbid PTSD and MDD, addressing PTSD may be more important for achieving downstream reductions in depression than vice versa.

F45. MYCPT: DEVELOPMENT OF AN ONLINE, SELF-DIRECTED COGNITIVE PROCESSING THERAPY PROGRAM

Jennifer Wachen*[1], Brendan Silva[2], Tara Galovski[3], Daniel Smith[4], Stefanie LoSavio[5], Shannon Wiltsey Stirman[6], Carmen McLean[1], Leslie Morland[7], Patricia Resick[8]
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Track: Clinical Interventions
Program Category: Technology
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries

Abstract: Cognitive Processing Therapy (CPT) is an evidence-based psychotherapy (EBP) for PTSD that is strongly recommended across clinical practice guidelines. However, most Veterans with PTSD do not receive CPT or other EBPs due to barriers including provider shortages, stigma, and logistical issues. Digital technology offers new methods to deliver interventions for PTSD that can help overcome the limitations of receiving treatment in-

person with a trained provider. This poster will present the development of an online-delivered, self-directed version of CPT called "myCPT" that will allow Veterans to engage in CPT at their own pace without the involvement of a trained clinician. The development of the intervention was informed by Community Based Participatory Research involving focus groups with Veteran panels. Veterans reported enthusiasm for myCPT as an option for PTSD treatment and provided suggestions to increase the acceptability of the program. Themes that emerged included valuing the privacy of the online format, the helpfulness of video to convey therapeutic content, and the benefit of including patient testimonials to increase motivation. Content of the treatment modules and the visual layout of the program will be presented. A pilot waitlist controlled trial of myCPT will test the feasibility and preliminary efficacy of the intervention. If successful, myCPT will provide a scalable method of accessing treatment for PTSD for individuals who might not otherwise engage in care.

F46. BEYOND PTSD SYMPTOMS: A PILOT MEANING-CENTERED CBT GROUP TO ADDRESS SOCIAL ISOLATION AND REBUILD IDENTITY AFTER TRAUMA

Phyupannu Khin*[1], Annie-Lori Joseph Denk[2], Nicole Leblanc[1], Danielle Moskow Diamond[3], Amanda Baker[1], Jonah Cohen[1], Benjamin Bellet[4]
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Track: Clinical Interventions
Program Category: Training/Education/Dissemination
Presentation Level: Intermediate
Population Type: Adult
Region: Global

Abstract: Evidence-based treatments such as PE and CPT reduce PTSD symptoms; however, trauma care remains largely symptom-focused, leaving a gap in addressing persistent loneliness and disrupted identity. Symptom remission does not necessarily restore connection, meaning, or self-coherence. Trauma can fracture autobiographical identity and relational functioning even when core symptoms improve. To address this gap, we developed a structured Meaning-Centered CBT (MC-CBT) group integrating cognitive-behavioral strategies with meaning-making, values clarification, and guided narrative reconstruction.
In this pilot study (MC-CBT n = 9; waitlist comparison n = 23), participants were assessed at baseline, mid-treatment (week 8), post-treatment (week 16), and 3-month follow-up. On average, MC-CBT participants indicated satisfaction with treatment at weeks 8 and 16. We changes in PTSD symptoms, loneliness, identity coherence, meaning in life, and quality of life across treatment. Linear mixed models showed significant reductions in PTSD symptoms and loneliness, with improvements in identity clarity, meaning, and well-being; whereas few significant changes were observed in the comparison group.
MC-CBT offers a promising clinical tool to complement existing EBTs and close the meaning-centered gap in trauma treatment. Beyond its clinical utility, we will discuss opportunities for collaboration, particularly in supporting survivors of humanitarian crises, as next steps.

F47. HELPING IMPROVE THE LIVES OF GIRLS AND YOUNG WOMEN IN AFGHANISTAN: PILOT RESULTS FROM A VIRTUAL TRAUMA-INFORMED YOGA PROGRAM

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Track: Mass Violence and Migration
Program Category: Community-Based Programs

Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Middle East and North Africa
Abstract: After the Taliban's return to power in 2021, Afghan girls were banned from education beyond grade 6 and from sports and physical activity, leaving them isolated at home and at risk for distress. GLAM Girl (Global Local Athletic Movement) is a youth-led organization dedicated to creating spaces where girls can build well-being and leadership through sports, movement, and mentorship. In response to the urgent mental health needs of girls living under these conditions, the organization launched a 10-weekvirtual trauma-informed yoga program led by a trained Afghan instructor/psychologist. Participants (n=44; $\bar{x}$age=19.86 years) engaged in a daily, virtual trauma-informed yoga and completed measures of anxiety (GAD-7) and quality of life (WHO-5) before, during, and after the program. Over the course of the program, quality of life significantly and clinically improved (F (1.27, 35.584)=8.110, p=.004, $\eta 2$=.23) but still showed poor well-being at post-test. In addition, anxiety significantly and clinically reduced (F (2, 58)=15.960, p < .001, $\eta 2$=.36) from severe at pre-test to mild anxiety at post-test. Therefore, although the program improved mental health and well-being, post-program levels still showed a great need existed and girls could benefit from more support as their overall environment and opportunity had not changed. Many girls requested the program to continue.

F48. ACES AND MIGRATION TRAUMA SHAPE DEPRESSION IN AGING IMMIGRANT WOMEN LIVING IN THE UNITED STATES

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Track: Mass Violence and Migration
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Latina immigrants in the US experience cumulative adversity shaped by Adverse Childhood Experiences (ACEs) and migration-related stressors. Despite attention to Latinx mental health, limited research has examined how compounding adversities across childhood, migration, and adaptation increase risk for mental health problems over the life course.
This study draws on semi-structured interviews with a sample of Latina immigrants (n=16) from Mexico living in the US as adults. Interviews focused on childhood adversity, migration-related adversity, and adaptation in the US and were analyzed using latent thematic analysis.
Findings revealed two themes: (1) gender-based trauma across childhood and migration, and (2) resilience shaping trauma-related outcomes. Participants reported gender pressure to marry young, limited education, sexual violence, emotional neglect, and abuse. Migration-stressors included fear of death and adaptation to cultural norms and language. Faith and familismo serve as adaptive coping strategies and protective factors.
This study contributes to women's mental health research by examining gender-based trauma in the context of ACEs and migration-related adversity, underscoring the need for culturally responsive, trauma-informed clinical interventions that address gender-based violence, migration stress, and resilience among aging Latina immigrant women.

F49. TRAUMA EXPOSURE, PTSD, AND POST-TRAUMATIC GROWTH AMONG INTERNALLY DISPLACED SURVIVORS OF TERRORIST ATTACKS IN NIGERIA: MEDIATING ROLE OF EMOTION REGULATION

Laura Torio*[1], JohnBosco Chukwuorji[2], Ashley Cohn[1], Ilya Yaroslavsky[1]
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Track: Mass Violence and Migration
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Adult
Region: West and Central Africa
Abstract: Internally displaced persons (IDPs) are disproportionately exposed to armed conflict and other forms of episodic traumatic and chronic stressors tied to displacement, placing them at an inordinate risk for trauma-related disorders. About half of the world's IDPs are in sub-Saharan Africa, and in Nigeria particularly. Past research on Nigerian IDPs suggests that trauma exposure predicts both posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG), but it remains unclear whether effective (adaptive) or ineffective (maladaptive) emotion regulatory (ER) tendencies affect trauma exposure outcomes among IDPs. Our study aims to examine the moderation role of adaptive and maladaptive ER in the association of trauma exposure with PTSD and PTG. Participants (N=300) will be recruited from an IDP camp for the Tiv ethnic group located in Northcentral region of Nigeria. They will complete language-translated trauma exposure (Life Stressor Checklist – Revised), ER (Feelings and Me), PTSD (PTSD Checklist-5), and PTG (Posttraumatic Growth Inventory). Data will be analyzed using Hayes regression-based PROCESS (IBM SPSS 30), controlling for sex, respondent's age of the first trauma exposure, and cumulative traumatic event exposure. This is the first study of which we are aware to examine potential heterogeneity of the functional associations of trauma with PTSD and PTG among Tiv IDPs. Findings are relevant for forced displacement communities, and mental health policy decisions in Nigeria and those in other under-resourced settings.

F50. FACTORS PROMOTING PROSOCIAL BEHAVIOR IN THE AFTERMATH OF MASS VIOLENCE

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Track: Mass Violence and Migration
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: The effects of collective traumas such as mass shootings can ripple beyond direct victims and may prompt prosocial engagement (e.g., donating, attending vigils, sharing information) by members of the broader community. Although prosocial responses are often linked to distress, shared identification with victims, and prior adverse life experiences, these factors are rarely examined simultaneously. We examined whether event-related posttraumatic stress symptoms (PTSS), shared identity, and prior adversity were uniquely associated with prosocial engagement following the 2023 Lunar New Year shootings in Southern California.
Local young adults (N=402) completed an online survey one month post-event. Prosocial engagement was assessed as a count index (0–4 behaviors; M=0.65, SD=0.87). In bivariate analyses, prosocial engagement was positively associated with PTSS (r=.23, $p < .001$) and shared identity (r=.15, p=.003), but not prior adversity (r=.05, p=.31). In multiple regression analyses adjusting for age, gender identity, and exposure, PTSS remained significantly associated with greater prosocial engagement (b=.24, p=.002), whereas shared identity and prior adversity were not uniquely associated (R^2=.11).

In the context of collective trauma, distress may represent not only vulnerability but also a mechanism through which individuals engage in communal recovery efforts, underscoring the complex role of psychological responses in shaping community resilience.

F51. THE TRAUMATIC FINGERPRINT: PHENOTYPING AUTHORS OF TRAUMATIC VIOLENCE THROUGH NATURAL LANGUAGE PROCESSING

Mathieu Guidere*[1], Louis JEHEL[2], Chirine Chamsine[3]
[1]*University of Paris,* [2]*Amiens University Hospital Center,* [3]*University of Quebec*
Track: Mass Violence and Migration
Program Category: Technology
Presentation Level: Intermediate
Population Type: Mental Health Professionals
Region: Global
Abstract: Introduction/Objectives: Clinical assessment of perpetrators of violence often overlooks the complex link between their own psychotrauma and the nature of their offenses. This study proposes a "precision psychocriminology" approach using Natural Language Processing (NLP) to phenotype "authors of traumatic violence"—subjects whose aggression is rooted in a history of polyvictimization.
Methods: We developed a computational framework to analyze 50 forensic interviews. The pipeline includes: 1) NLP-driven entropy analysis to quantify narrative fragmentation (dissociation), 2) NLP-based sentiment analysis to detect emotional numbing, and 3) Correlation of these "linguistic biomarkers" with PCL-5 and HCR-20-V3 scores.
Results: Findings indicate that authors of traumatic violence exhibit a distinct "linguistic signature" (high narrative entropy and specific failure in mentalization) compared to non-traumatized offenders. The NLP successfully identified trauma-reactive phenotypes with 82% accuracy, highlighting a direct correlation between early-life victimization and specific lexical patterns of reactive aggression.
Conclusions: Digital phenotyping allows for a more nuanced understanding of the victim-perpetrator cycle. By objectifying traumatic signatures in criminal declarations, this approach facilitates trauma-informed forensic interventions and more accurate risk assessments.

F52. LARGE LANGUAGE MODELS AS SUPPORT TOOLS FOR ACCELERATED DATA HARMONIZATION OF TRAUMATIC BRAIN INJURY COMMON DATA ELEMENTS

David Cameron[1], **Kate Clauss*[1],** Kate Shirley[2], Joren Adams[1], William Baker-Robinson[1], MJ Pugh[3], Maya O'Neil[1], Eamonn Kennedy[3]
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Track: Mode, Research Methods and Ethics
Program Category: Clinical Practice
Presentation Level: Advanced
Population Type: Both Adult and Child/Adolescent
Region: Global
Abstract: Investigating the complexity of TBI and heterogeneity of associations with a variety of mental health risks and functional outcomes demands large, representative samples for robust investigation. Large data sharing initiatives address this need by increasing sample size and representativeness; however, harmonization of multiple data sources has historically been limited by instrumental variety and inherent differences in clinical definitions requiring expert panels to resolve. We developed classical NLP, transformer, and GPT-5 API screening pipelines to classify common data elements (CDE) from 8 publicly available studies consisting of 3,491 CDE definitions into TBI exposure, post-concussive symptoms,

demographics, mental health (including posttraumatic stress disorder), or diagnostic imaging domains. To assess performance, clinical experts manually assigned definitions into each domain for comparison. The GPT-5 screener correctly identified > 99% of definitions related to TBI exposure for further assessment, and screening pipelines averaged ROC of 0.87-9.7 depending on approach hen model estimations were compared against clinical expert classifications. In practice, the LLM screener reduced the time cost of harmonization by > 5-fold with virtually no loss of information (< 1%) compared to baseline expert interrater classification discordance (3.4%). LLM response stability averaged 97.4% across all the five domains tested. We provide exemplar CDE definitions and NLP-based classification pipelines to accelerate accurate and valid individual participant data harmonization at scale.

F53. ADAPTATION OF THE HISTORICAL LOSS SCALE FOR CHAMORUS FROM GUåHAN

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Track: Mode, Research Methods and Ethics
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: East Asia and the Pacific
Abstract: Historical trauma (HT) is mass trauma experienced by a group as a result of persecution or oppression tied to their identity, with effects that span generations. HT provides an explanatory framework to understand mental health problems in Indigenous communities. While HT is well-documented among North American Indigenous groups, there is limited research examining its relevance to the CHamoru people of Guåhan (Guam). CHamorus have experienced centuries of colonization, cultural disruption, and loss, yet the psychological impacts have not been investigated. The current study sought to adapt the Historical Loss Scale (HLS) for use among CHamoru adults to query losses of culture, language, and land. The study had two phases. In Part 1, experts in CHamoru culture and HT were consulted for item development, and a second group of experts rated content validity. Of 12 initial items, two items were deleted and four were modified. In Part 2, the HLS-CH was tested on (N = 187) CHamorus (66.8% cisgender women and 29.4% cisgender men; 51.3% U.S. Mainland, 48.7% Guåhan; aged 20-77 years, M = 41.14, SD = 13.28). Ethnically, 66.3% identified as CHamoru, 36.7% as CHamoru and one other race, and 7.0% as CHamoru and two or more other races.
Results: The instrument displayed strong reliability (Cronbach's α = .90). Face validity was evident through meaningful frequency endorsement (e.g., 62.6% of participants thought weekly of language loss). The mean per-item score = 3.08, indicating historical loss thinking occurred between "monthly" and "weekly." Conclusion: The HLS-CH is a promising instrument to assess historical loss thinking in CHamorus.

F54. MARGINAL EFFECTS FROM FLEXIBLE MODELS AS AN ALTERNATIVE TO CATEGORIZING CONTINUOUS VARIABLES: EXAMPLES AND VISUALIZATIONS WITH SIMULATED AND REAL RCT DATA

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Track: Mode, Research Methods and Ethics
Program Category: Training/Education/Dissemination

Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Although it is well-known that categorizing continuous variables before analysis usually leads to loss of information and power (MacCallum et al., 2002; van Zwet et al., 2026), this practice is still common in PTSD research.
The current study demonstrates problems with categorization using clear, annotated plots comparing the true relationship between continuous variables with the relationship when one or both variables are categorized into 'high, medium, and low'. This is illustrated with both simulated data and real-world RCT data from a large (n=916) PTSD trial, using an example where pre-to-posttreatment change in PTSD (CAPS-5 in the RCT data) is used to predict changes in self-reported quality of life (WHOQOL Psych domain in the RCT).
In simulated data with a known data-generating mechanism, a fully continuous spline (flexible nonlinear) model explained substantially more variance than categorized approaches (adjusted $R^2 = 0.625$ vs. 0.510; $\Delta AIC = -154$). Monte Carlo power simulations (1,000 replications) demonstrated steep losses from discretization: at n = 400, the spline model achieved 79.8% power power to detect the predictor–outcome relationship versus 72.4% with a categorized predictor and only 49.5% when both predictor and outcome was categorized in logistic regression. In the RCT sample (n = 553), continuously modeled CAPS-5 change also improved fit (adjusted $R^2 = 0.604$ vs. 0.553; $\Delta AIC = -60$) and revealed a nonlinear dose–response relationship obscured by grouping. Findings reinforce recommendations to retain continuous variables in their original metric and use flexible tools like natural splines.

F55. EFFECTS OF A PSYCHOLOGICAL FIRST AID (PFA) BASED ON THE SIX CS MODEL ON ACUTE STRESS RESPONSES IN A SIMULATED EMERGENCY

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Global
Abstract: Objective: The SIX Cs model is a neuropsychological framework for psychological first aid designed to address acute stress responses that may impair functioning and increase risk for posttraumatic stress disorder. Unlike emotional expression approaches, it emphasizes Cognitive Communication to reduce emotional overwhelm and enhance cognitive control, Challenge to promote active engagement, Control to restore cognitive regulation, Commitment to reduce loneliness, and Continuity to maintain coherent narrative processing. This study experimentally evaluated its effectiveness in reducing acute stress responses.
Method: Sixty-three participants were randomly assigned to the SIX Cs intervention or to supportive emotional expression (control). Participants listened to a 3-min real emergency call. Interventions were delivered before and after exposure. Anxiety, heart rate variability (HRV), and resilience were measured at baseline, immediately after, and 5 min later.
Results: Significant Time × Group interactions were found for all outcomes. Compared to controls, SIX Cs participants showed lower anxiety, smaller reductions in HRV and resilience, and faster recovery.
Conclusions: The SIX Cs protocol demonstrated superior effectiveness in reducing acute stress responses and accelerating recovery, supporting its value as a psychological first aid approach and its potential to reduce future PTSD risk.

F56. THE EFFECT OF FLEXIBLE COPING ON TRAUMA-RELATED DISTRESS: A TRAUMA SCRIPT-DRIVEN IMAGERY EXPERIMENTAL STUDY

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

Abstract: Coping flexibility (i.e., how individuals choose, evaluate, and adapt coping strategies) demonstrates promise as a malleable protective factor for PTSD and possible intervention target. To our knowledge, no experimental tests of the effect of coping flexibility on PTSD exist in the literature. The present experimental study aimed to address this gap by testing effects of a randomly assigned coping flexibility vs. rumination condition on negative affect (NA) and PTSD symptoms (PTS), as evoked by trauma script-driven imagery. Trauma-exposed undergraduates (N=40; Mage=20.55; 37.7% White, 30.0% Hispanic/Latino; 62.5% cisgender female) completed pre-task measures of state NA (Positive and Negative Affect Schedule [PANAS-NA]) and PTS (Responses to Script-Driven Imagery Scale [RSDI]), were randomized into two conditions to modulate their reactions to trauma script-driven imagery, completed trauma script-driven imagery, and finished with post-task measures (PANAS-NA and RSDI). Linear regressions indicated the coping flexibility condition was significantly associated with less post-imagery PTS (β=-.28, sr2=.08, p=.008) and NA (β=-.26, sr2=.08, p=.019) after covarying for pre-imagery PTS and NA, respectively. Findings indicate coping flexibly may reduce NA and evoked PTS in response to trauma script-driven imagery, providing preliminary support for the importance of how individuals choose and evaluate coping responses to trauma-related distress. Future work is needed to test coping flexibility against robust controls to replicate and expand these results.

F57. EXPLORING SLEEP DISTURBANCE AND TRAUMA-SPECIFIC NEED IN INTEGRATED BEHAVIORAL HEALTH CARE

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Track: Prevention and Early Intervention
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries

Abstract: Background: Sleep disturbance is common in primary care and associated with diverse physical and psychological conditions. In trauma-exposed populations, sleep problems are often conceptualized as trauma-related; however, in integrated behavioral health care (IBHC), where patients present with multiple stressors, it is unclear whether sleep disturbance reflects trauma-specific need or broader psychosocial burden. Clarifying whether sleep disturbance differentiates trauma exposure, PTSD, or engagement has implications for screening and intervention.
Methods: Adult IBHC patients (N = 365) completed PTSD and sleep screenings after an initial visit. Clinician notes identified legal, health, economic, substance use, and social stressors and follow-up attendance. Descriptive and bivariate analyses were conducted.
Results: Overall, 52.1% of patients reported trauma exposure and 30.9% screened positive for PTSD. Sleep disturbance was common (62.5%), with 28.5% meeting criteria for clinical

insomnia. Insomnia was more common in patients screening positive for PTSD (p = .02) but did not differ by trauma exposure (p = .26). Insomnia was not associated with any stressor categories (ps > .32) or follow-up attendance (p = .12). Conclusions. Sleep disturbance did not differentiate trauma exposure, stressors, or engagement, suggesting it may reflect broad distress in IBHC. However, clinical insomnia was associated with PTSD, indicating it may serve as a cue to assess for trauma-related symptoms. Findings support assessing PTSD when insomnia is present, while maintaining standard IBHC approaches.

F58. DESIGNING RECOVERY PHASE APPROPRIATE SINGLE SESSION INTERVENTIONS TO ADDRESS TRAUMATIC STRESS AND PREVENT STRESS-RELATED DISORDERS AND CONSIDERATIONS FOR IMPLEMENTATION

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Track: Prevention and Early Intervention
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Single-session interventions (SSIs) have proven to be effective for a variety of mental health concerns in various populations and settings but have not yet been effectively leveraged to address traumatic stress.
Objective: This presentation outlines the design of SSIs to address traumatic stress in a way that is ethical and matched to the appropriate recovery phase and clinical targets, as well as considerations for implementation.
Methods: This presentation builds off a prior scoping review of systematic reviews of single session interventions for various mental health conditions and brief interventions for those who've experienced a recent trauma exposure. We synthesize theory, early intervention research, and trauma-informed care principles to inform the adaptation of longer form evidenced based treatments for trauma exposed populations into SSI format using the BEST framework.
Results: A one-size-fits-all SSI is unlikely to be effective in addressing traumatic stress given heterogeneity in trauma responses. Instead, a suite of low-intensity, entry-point SSIs should be tailored to trauma recovery phase and adhere to trauma-informed principles (safety, transparency, empowerment, cultural responsiveness) to mitigate harm. The success of SSIs depends on phase-specific targeting, engaging design, and trauma-informed implementation.

F59. ASSESSING BEHAVIOURAL ECONOMIC DEMAND FOR MORPHINE AFTER AN ACUTE DOSE IN INDIVIDUALS WITH AND WITHOUT CHILDHOOD TRAUMA: A DOUBLE-BLIND, RANDOMISED, CONTROLLED TRIAL

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Track: Prevention and Early Intervention

Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Background: Childhood trauma is linked to increased risk for opioid use disorders, potentially through a heightened sensitivity to the subjectively rewarding effects of the drugs.
Objective: To examine whether individuals with a history of childhood trauma display greater economic demand for opioids in the laboratory - concurrent with findings on increased subjective reward.
Methods: Secondary analysis of a double-blind, randomised, counterbalanced trial. Participants with (n = 26) and without (n = 21) childhood trauma received high (0.15 mg/kg) and low (0.01 mg/kg) intramuscular morphine prior to a hypothetical purchase task. Subjective desire and demand indices (Omax, Pmax, breakpoint, intensity, elasticity) were analysed using non-parametric mixed models.
Results: In the trauma group, consumption and expenditure were lower for low-dose morphine compared to high-dose morphine within the group and low-dose morphine in controls (ps ≤ 0.03). Similar patterns were observed for Omax, Pmax, and breakpoint, but not intensity or elasticity. Only in the trauma group did subjective desire correlate with consumption and expenditure (Tau-c = 0.24–0.34, ps ≤ 0.03).
Conclusion: Laboratory measures suggest that opioid desire in individuals with childhood trauma may not translate into stronger economic demand. Divergent findings between subjective and economic indices highlight the need to investigate contextual and resilience factors underlying problematic opioid use following childhood trauma.

F60. POTENTIALLY MORALLY INJURIOUS EVENTS AND SUICIDE RISK AMONG SERVICE MEMBERS AND VETERANS: MEDIATING ROLES OF GUILT, SHAME, AND DEPRESSION

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Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: In a world marked by traumatic stress, military populations are often exposed to potentially morally injurious events (PMIEs) and experience symptoms of moral injury (MI), including guilt/shame, social isolation, and loss of purpose. Although MI is associated with more severe mental health outcomes, such as depression and elevated suicide risk, few studies have examined mechanisms linking PMIE exposure and suicide risk using longitudinal data. This study examined guilt, shame, and depression symptoms as mediators of the association between PMIE exposure and risk for suicidal behaviors (SBs) in the year following baseline. Active duty service members and veterans (N=1,248) were recruited from six military primary care clinics. A parallel-serial mediation model was used, adjusting for prespecified covariates. Both primary indirect effects were significant, indicating that greater PMIE exposure was associated with greater guilt and shame, which were both associated with

more severe depression symptoms, leading to increased risk for SB (95% confidence intervals: [.01, .06] and [.01, .06]). Results suggest PMIE exposure leads to increased suicide risk over time through guilt and shame, which in turn are associated with greater depression symptoms, a robust risk factor of SB. Interventions that address MI, particularly guilt and shame, may reduce suicide risk.

F61. OPIOID OVERDOSE MORTALITY AMONG VETERANS WITH AND WITHOUT POSTTRAUMATIC STRESS DISORDER

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

Abstract: Opioid overdose (OD) mortality has risen substantially over the past decade among veterans. Further, posttraumatic stress disorder (PTSD) is associated with increased opioid use. This study examined how PTSD and demographic factors may be associated with opioid OD mortality. The sample included 131,864 veterans' (10,041 females, 121,823 males) electronic medical records. Binomial logistic regression models were conducted to assess the relation between PTSD and opioid OD mortality. Follow-up analyses included linear multiple regressions to examine PTSD as a predictor of age at death among veterans who died by OD, adjusting for race/ethnicity. PTSD status was associated with higher odds of opioid OD mortality for females (OR=1.36, p=.027) and males (OR=1.16, p < .001). This association became non-significant when demographic variables were included in models. Age was related to opioid OD mortality (OR=0.96, p < .001; OR=0.96, p < .001, females and males, respectively), with younger age associated with higher odds of opioid OD mortality. PTSD status predicted younger age at death for both females (b=-3.77, p=.016) and males (b=-7.03, p < .001). PTSD may be a risk factor for opioid OD mortality, but other demographic factors are also important. Younger veterans with PTSD may be particularly vulnerable to opioid OD mortality. Female veterans with PTSD were likely to die four years younger and male veterans with PTSD seven years younger than their counterparts without PTSD. Findings underscore the critical public health concern of opioid overdose mortality among the veteran population.

F62. EXPOSURE TO SEXUAL HARASSMENT CONTENT ON TIKTOK AND ASSOCIATIONS WITH SECONDARY TRAUMATIC STRESS AND FEAR OF SEXUAL ASSAULT AMONG HISPANIC COLLEGE WOMEN

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Track: Prevention and Early Intervention

Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Social media platforms such as TikTok may expose users to content depicting sexual harassment, potentially contributing to adverse psychological outcomes. Limited research has examined these effects among Hispanic college women. This study investigated whether exposure to sexual harassment content on TikTok was associated with secondary traumatic stress symptoms and anticipatory fear of sexual assault, and whether prior sexual harassment experiences moderated these relationships. Participants were 215 college women (84.7% Hispanic) who completed measures of TikTok exposure, prior sexual harassment, the PCL-5, and the Fear of Rape Scale. Moderation analyses using PROCESS indicated that greater exposure significantly predicted higher secondary traumatic stress ($B = 2.52$, $p < .01$) and greater fear of sexual assault ($B = 2.24$, $p < .01$). Prior sexual harassment did not moderate these associations. Findings suggest that frequent exposure to sexual harassment content on TikTok may negatively impact trauma-related outcomes regardless of personal history, underscoring the need for prevention and digital literacy efforts.

F63. PERCEPTIONS OF PROTECTIVE BEHAVIORS FOR SEXUAL ASSAULT AMONG COLLEGE WOMEN WHO USE OR ABSTAIN FROM ALCOHOL AND CANNABIS: A QUALITATIVE COMPARISON ANALYSIS

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Track: Prevention and Early Intervention
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Substance use is often considered both a risk factor and an adverse health outcome of sexual assault (SA). Among college women, substance-facilitated SA remains the most prevalent form of sexual violence. Alcohol and cannabis co-use, particularly simultaneous co-use (i.e., use on the same occasion so that effects are likely to overlap), continues to rise among college women, and can confer cumulative risk for deleterious consequences, including SA victimization and revictimization, beyond the use of either substance alone. Thus, targeting both alcohol and cannabis behaviors is an important future direction of SA research among college women. Substance use harm reduction and protective behavioral strategies (PBS) are thus vitally important in gender-based violence prevention efforts. Given that posttraumatic outcomes vary greatly among survivors of SA, it is of note that PBS use may vary among survivors, particularly if they change substance use behavior after experiencing SA (e.g., increases in use to self-medicate; decreases in use as a form of avoidance or self-protection). This study consisted of qualitative interviews with college women SA survivors. Participants ($n = 25$) reported mixed use patterns, and were grouped as either current use or lifetime use + current abstinence from alcohol and/or cannabis. Findings will be discussed and highlight the potential role of alcohol/cannabis use and co-use PBS in preventing SA victimization, and also emphasize notable limitations of existing measures of PBS in capturing the safety behaviors of women SA survivors.

F64. MITIGATING INJURY SURVIVORS' PTSD SYMPTOMS BY STRENGTHENING SELF-COMPASSION AND TRAUMA COPING SELF-EFFICACY

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Track: Prevention and Early Intervention
Program Category: Traumatic Loss and Grief
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Injury survivors who experience PTSD symptoms (PTSS) need tailored interventions targeting adaptation mechanisms. Strengthening survivors' self-compassion and trauma coping self-efficacy (CSE-T) could facilitate adaptation and reduce risk for persistent PTSD symptoms. Our research considered whether elevated self-compassion might decrease injury survivors' PTSS through increased CSE-T. Adult injury survivors (N = 29), recruited mostly from a Level 1 trauma center, participated in a tailored brief-psychotherapy pilot intervention and completed measures pre and post-treatment. The degree to which the three focal variables intercorrelated and aligned with the conceptual model was evaluated at both pre and post treatment. Mediation analyses were consistent with the model, showing a negative indirect effect of self-compassion on PTSS via increased CSE-T ($p < .01$). Correlations among pre-post treatment improvements in these three variables were also qualitatively consistent with the model: improvements in self-compassion were associated with improvements in PTSS ($r = -.60$), as were improvements in CSE-T ($r = -.44$). This pilot study highlights psychological benefits of targeting self-compassion and CSE-T in PTSD treatment in acute injury recovery. Additional longitudinal research with larger sample sizes is needed.

F65. ASSOCIATIONS BETWEEN PTSD SYMPTOMS AND SATISFACTION WITH LIFE

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Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries

Abstract: Satisfaction with life may be a key contributor to substance use recovery and is also a central outcome of clinical interest it its own right. Lower levels of satisfaction are associated with increased substance use, increased risk for suicide, and worse physical health outcomes. More intense psychiatric symptoms, including PTSD symptoms, are also associated with lower satisfaction with life. There is a need to better understand how PTSD symptoms influence satisfaction with life among individuals in the early stages of substance use recovery. The current study examines the associations between PTSD symptom clusters, substance use-related consequences, and other relevant covariates with life satisfaction. Participants were 77 individuals (Mage = 38.33, 76.7% White) who had recently discharged from residential opioid use disorder treatment. Linear regression was used to examine associations between PTSD symptom clusters and satisfaction with life. Results demonstrated

that negative cognitions and mood PTSD symptoms were negatively associated with satisfaction with life, while no other PTSD symptom clusters were significantly associated with satisfaction with life. Future research is needed to further elucidate the ways PTSD negative cognitions and mood significantly impact satisfaction with life over and above other PTSD symptom clusters among individuals in early substance use recovery. Research may inform and improve the type and timing of support for this population to manage PTSD symptoms and associated substance use.

F66. REDUCING BARRIERS TO FORCIBLY DISPLACED MIGRANTS' PARTICIPATION IN RESEARCH

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries
Abstract: Introduction: The global population of forcibly displaced migrants continues to grow. Migrants face increased risk for mental health (MH) problems (e.g., PTSD), yet there are numerous barriers (e.g., language access) to their participation in MH research, reducing the applicability of findings to marginalized populations. To increase equity and access to research participation among forcibly displaced migrants, we conducted a study to characterize barriers and identify trauma-informed methods to facilitate inclusion.
Method: Our sample included forcibly displaced migrant patients at a safety net hospital participating in a study on the MH consequences of family separation. Field notes on study imple-mentation barriers and facilitators were recorded. The research team engaged in reflexivity discussions and used these notes to inform iterative adaptations to study procedures. Researchers analyzed field notes, reflexivity notes, and standard operating procedure adaptations using rapid coding procedures.
Results: Four themes emerged: challenges of conducting qualitative interviews with interpreters, technology literacy, reimbursement woes, and role of the researcher.
Discussion: Findings strengthen the rationale for community-based participa-tory research (CBPR) methodologies in migrant healthcare research. CBPR may assist researchers with antici-pating and reducing barriers. Such trauma-informed approaches empower migrants to be a part of knowledge creation, strengthening the impact of study findings and paving the way for more equitable access to MH care for marginalized communities.

F67. SEXUAL VIOLENCE VICTIMIZATION IN BISEXUAL AND HETEROSEXUAL WOMEN: IDENTIFYING MULTI-LEVEL PREDICTORS FOR PREVENTION

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Objective: Bisexual women experience disproportionately high rates of sexual violence—a profound source of traumatic stress—yet factors contributing to this vulnerability

remain understudied. This study employed an integrative social-ecological model to examine how general and bisexuality-specific risk and protective factors predict sexual violence among bisexual and heterosexual women.
Method: A cross-sectional survey of 1,560 cisgender women (732 bisexual, 828 heterosexual) aged 25–34 in the United States assessed sexual victimization experiences and multi-level predictors; bisexual women additionally reported bisexuality-specific predictors.
Results: Hierarchical negative binomial regression revealed significant predictors of adult sexual victimization, including general risk factors (e.g., binge drinking, child maltreatment, adolescent sexual victimization, physical intimate partner violence, interaction between alcohol outlet density and sexual orientation) and bisexuality-specific factors (e.g., anti-bisexual experiences, bisexual microaffirmations).
Conclusions: Findings identify multi-level predictors of sexual violence, highlighting heightened vulnerability among bisexual women. Trauma-informed prevention should address modifiable risk factors and strengthen protective factors like sexual assertiveness. Structural initiatives should focus on preventing childhood adversity and reducing minority stressors. Results demonstrate the need for strategies integrating universal trauma prevention with bisexuality-affirming practices for bisexual women.

F68. A PHENOMENOLOGICAL STUDY OF RESILIENCE IN LATINX IMMIGRANTS

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Latinx immigrants in the US face a myriad of systemic adversities and are often described as a very resilient population. Though historically considered a positive adaptation process in the context of adversity, contemporary commentaries position resilience as scar tissue carried by minoritized groups expected to bounce back following systemic traumas. Amid this theoretical discourse, a gap remains in exploring resilience through lived immigrant experiences. The present study traced the range of ways Latinx immigrants ascribe meaning to their resilience while recounting and reflecting upon life adversity. Drawing on qualitative data from semi-structured interviews with a sample of Latinx immigrants (n=16) that examined adversity spanning childhood, migration, and adaptation in the US, we conducted a secondary latent thematic analysis focused on resilience following an interpretative phenomenological approach. Themes identified, such as the bidirectional exchange of financial support, aid accessing medical care, and moral support during the migration journey, were discussed as hardships that were endured rather than as acts or sources of resilience. Findings extend trauma-informed clinical practice by highlighting the need for resilience interventions that address immigrant-specific structural stressors which fundamentally shape how resilience is experienced, expressed, and negotiated.

F69. SEXUAL VIOLENCE-RELATED PTSD SYMPTOMS AND SUICIDAL THOUGHTS AMONG YOUNG BISEXUAL+ WOMEN

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Track: Public Health

Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Bisexual and other multi-gender attracted (i.e., bi+) women report higher rates of suicidal thoughts compared to both heterosexual and lesbian/gay women, and young women are at particularly elevated risk. Bi+ women also experience higher rates of lifetime sexual violence (SV) and posttraumatic stress disorder symptoms (PTSS), which may explain elevated suicidal thoughts. Past research has also found that unique bi+ identity-related stigma is associated with both PTSS and suicidal thoughts among bi+ women. We aimed to expand the literature by examining the effects of specific PTSS (e.g., re-experiencing, avoidance) related to SV on suicidal thoughts and whether bi+ stigma is indirectly related to suicidal thoughts via PTSS. The sample consisted of 133 young bi+ women (Mage=22.0, range 18-25; 85% White; 14.3% Hispanic/Latina) who completed baseline and 1-, 2-, and 3-month follow up surveys online. Multilevel models were tested to examine independent associations of PTSS on suicidal thoughts, accounting for depression symptoms. Only mood/cognition PTSS and arousal/reactivity PTSS were associated with greater suicidal thoughts at the within-person level, while only depression symptoms were significant at the between-person level. Only indirect effects of bi+ stigma on suicidal thoughts via depression symptoms at the between-person level were significant. Results highlight the importance of monitoring and addressing PTSS, specifically mood/cognition and arousal/reactivity symptoms, and depression symptoms in suicide prevention efforts among bi+ women survivors of SV.

F70. USING THE RESILIENCE PORTFOLIO TO EXAMINE RESILIENCE AMONG LATINX COLLEGE STUDENTS WHO EXPERIENCED CHILDHOOD VICTIMIZATION

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Almost 60% of people in the U.S. have experienced “childhood victimization,” which includes childhood abuse and neglect, peer and sibling victimization, exposure to intimate partner and community violence, and financial insecurity. Childhood victimization is linked to experiences of poor health and mental health outcomes in adulthood. including higher levels of stress, anxiety, and suicidality and heavy drinking among college students. Researchers have paid less attention to how college students may develop resilience after experiencing childhood victimization. The present study examined which demographic and sociocultural variables, including prior traumatic experiences, might predict a portfolio of measures examining current perceptions of wellness, resiliency, and hardiness. One hundred and two (102) Latinx college students living on the U.S.–Mexico border completed all measures. General linear model (GLM) regression analyses indicated most prominently that an individual’s sense of purpose, effective anger management, and spiritual wellness were positively associated with a panel of measures of psychological resiliency. Surprisingly, adverse life experiences, such as prior history of trauma and experiences of financial strain,

were associated with higher scores on certain measures of psychological resiliency, whereas the same adverse life experiences were negative predictors of other measures of resilience.

F71. THE IMPACT OF IPV ON THE ACADEMIC ACHIEVEMENT OF LATINX COLLEGE STUDENTS: A QUALITATIVE EXPLORATION

Elizabeth Terrazas-Carrillo*[1], Ediza Garcia[1], Victoria Morris[1], Andrea Ordonez[1], Lauren Perez[1], Amanda Lopez[1], Nidia Reyna[1], Itzel Corona[1], Delilah Ramos[1]
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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Intimate Partner Violence (IPV) has increasingly become a public health concern among college students (Voth Schrag, 2020). IPV has significant adverse consequences for college students, as research has shown that college students who experience IPV report disengagement in their studies (Banyard et al., 2017), lower GPA scores (Mengo and Black, 2016), and are more likely to drop out of school (Mengo and Black, 2016). One large study of college students documented a 32% incidence of IPV among Latinx individuals (Wood et al., 2020). Despite the high IPV prevalence rate and the increasing number of Latinx individuals enrolling in college (Mora, 2022), research on the ways IPV impacts Latinx college students' academic achievement is lacking. The current study seeks to bridge the gap. This qualitative study included 5 self-identified Latinx college students enrolled at a Hispanic-Serving Institution (HSI). The study used in-depth, semi-structured interviews, which were analyzed through thematic analysis. Thematic analysis begins by coding meaningful units of text; these codes are then grouped into broader categories and synthesized into themes (Braun and Clarke, 2006). The major themes that emerged from the narratives were: 1) Latinx cultural influences, 2) the perniciousness of surveillance, and 3) academic impacts. This study provides insight into the way in which Latinx cultural factors may interact with the stress of experiencing IPV among college students and may lead to develop strategies that promote academic success for this population.

F72. INVESTIGATING DIFFERENCES IN ASSOCIATIONS BETWEEN PTSD SEVERITY AND EMOTION DYSREGULATION BY SEXUAL IDENTITY IN TRAUMA SURVIVORS

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Trauma survivors who also identify as sexual minorities (LGBQ+) experience significantly higher rates of posttraumatic stress disorder (PTSD) compared to the general population. However, the association between PTSD severity and other post-trauma health factors, such as affect dysregulation, remains underexplored. The current study evaluated whether associations between PTSD severity and affect dysregulation differed among trauma-exposed LGBQ+ and heterosexual individuals. Four-hundred and sixty university students (Mage=20.13 ± 2.94, 64.8% women; 39.3% LGBQ+) were recruited to complete an online demographic and mental health questionnaire. Trauma exposure was assessed using

the Life Events Checklist for DSM-5 (LEC-5). The PTSD Checklist for DSM-5 assessed PTSD severity in relation to the worst trauma indicated on the LEC-5. Negative and positive affect dysregulation were assessed using the Difficulties in Emotional Regulation 16-Item and Positive Emotions scales. LGBQ+ individuals reported greater PTSD severity than heterosexual individuals (d=-0.46, $p < .001$). Linear models indicated negative affect dysregulation was associated with PTSD severity and was moderated by sexual identity ($p=.048$), where negative affect dysregulation was a weaker link to PTSD severity in LGBQ+ individuals (b=0.50, SE=0.08, $p < .001$) compared to heterosexual individuals (b=0.69, SE=0.06, $p < .001$). Findings underscore the need to further examine associations between PTSD severity and post-trauma health factors (e.g., affect dysregulation) in sexual minority populations to inform tailored interventions.

F73. THE TEMPORAL RELATIONSHIP BETWEEN PRECONCEPTION MATERNAL POSTTRAUMATIC STRESS SYMPTOM SEVERITY AND PARENTING STRESS DURING POSTPARTUM

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Track: Public Health
Program Category: Intergenerational Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Maternal posttraumatic stress symptoms severity (PTSS) have been linked to adverse outcomes for both mothers and children, yet less is known about whether PTSS prior to pregnancy confer longer-term risk for parenting stress. Parenting stress is a critical determinant of parent–child functioning and may represent an important pathway through which preconception trauma influences family. The current study examined the association between preconception PTSS and parenting stress after birth.
112 participants (M[SD]age =26.30[5.38]; 29.5% Black) were drawn from the Community Child Health Network, a multisite longitudinal cohort of socioeconomically diverse mothers. Preconception PTSS was assessed using the PTSD Checklist–Civilian Version, 13 to 27 weeks prior to conception. Parenting stress was assessed 6 to 20 weeks after birth.
Linear regression analyses indicated that higher preconception PTSS significantly predicted greater parenting stress in early childhood ($\beta = .24$, $p = .001$), controlling for the number of weeks between assessment periods. Preconception PTSS accounted for approximately 8% of the variation in parenting stress, representing a modest but meaningful effect given the temporal distance between assessments and the multifactorial nature of parenting stress. These findings suggest that preconception PTSS may have enduring implications for maternal functioning. Identifying and addressing trauma-related symptoms prior to conception may represent an important opportunity to reduce later parenting stress and promote healthier parent–child relationships.

F74. ASSOCIATIONS OF INSTITUTIONAL BETRAYAL AND COURAGE WITH SUICIDAL IDEATION AND SUICIDE ATTEMPT AMONG SURVIVORS OF MILITARY SEXUAL TRAUMA

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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Region: Industrialized Countries
Abstract: In 2023, the suicide rate among U.S. veterans was 45.3% higher among females and 27.3% higher among males who reported experiences of military sexual trauma (MST). Understanding the relationship between the institutional context and response to MST (both positive and negative) with suicidal ideation (SI) and suicide attempt (SA) may strengthen suicide prevention efforts for survivors of MST. The present study examined if institutional betrayal (IB) and institutional courage (IC) were associated with SI and SA, and moderators of these associations. Survey (n=553) and qualitative interview (n=41) data were collected from active-duty personnel and veterans who experienced MST. IB was associated with SI and SA. Gender and service member/veteran status moderated associations between IC with SI and SA. Participants described experiencing SI and SA in the context of negative experiences reporting MST, including perceptions of injustice and mistrust. Further, absence of mental health care among survivors appeared to impact risk, with many individuals not disclosing SI to healthcare providers. Participants described peer support, institutional support (e.g., reporting structures and climate, anonymity, voluntariness) and mental health treatment as beneficial to attenuating suicide risk following experiences of MST. Findings underscore the vital role of institutional responses as a critical intercept for suicide prevention following MST. Creating an environment in which survivors are believed and supported and facilitating access to patient-centered, evidence-based care are likely critical to saving lives.
Population Type: Military Servicemembers, Veterans, and their Families

F75. RISK OF POSTTRAUMATIC STRESS DISORDER FOLLOWING MILD TRAUMATIC BRAIN INJURY: EVIDENCE FROM AN INDIVIDUAL PARTICIPANT DATA META-ANALYSIS

Catherine Carlson*[1], Sara Hannon[2], Kate Clauss[2], Maya O'Neil[2], Benjamin Morasco[2], David Cameron[1]
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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Those with a history of mild traumatic brain injury (mTBI) have an increased risk for posttraumatic stress disorder (PTSD). Comorbid mTBI and PTSD are associated with greater anxiety, depression, suicidal ideation, substance use, and a reduced quality of life. Sociodemographic characteristics potentially moderate this relationship, however the literature is limited by sample size and varied methodologies, obscuring their individual effects. The purpose of this study was to provide further diagnostic evidence regarding the relationship between mTBI, post-injury PTSD symptoms, and Sociodemographic characteristics. We conducted an individual participant data meta-analysis of eight studies (n = 3,682) using the Federal Interagency Traumatic Brain Injury Research (FITBIR) database. Studies reporting a measure of PTSD symptoms, TBI severity, and sex, age, race, and ethnicity were included. Participants with a history of mTBI had 3.42 (95% CI: 2.12, 5.52) times the odds of having probable PTSD compared to those without a history of mTBI, after adjusting for age, sex, race, ethnicity, and military status. Females, participants who identified as Black or African American, Native Hawaiian or other Pacific Islander, unknown race, or Hispanic or Latino had greater odds of probable PTSD, compared to male or White

participants, respectively. These findings elucidate patterns of results not always seen in extant studies and provide robust support of the relationship between mTBI and PTSD, suggesting that addressing both conditions is likely warranted in many cases.

F76. COMPOUNDING BURDEN: CUMULATIVE STRESS AND PTSD IN UNITED STATES VETERANS FROM THE MILLENNIUM COHORT STUDY

Cynthia LeardMann*[1], Toni Rose T. Geronimo-Hara[1], Judith Harbertson[1], Sheila F. Castañeda[1], Alyson Littman[2], Isabel G. Jacobson[1], Kristen Walter[1]
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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: In our current world, characterized by instability, understanding the role of recent life stressors for individuals who have experienced trauma is crucial. This prospective study evaluated the impact of recent stressors on posttraumatic stress disorder (PTSD) among United States service member and veteran participants in the Millennium Cohort Study. Probable PTSD was assessed via the PTSD Checklist-5. Recent stressful life events (SLEs) were evaluated both individually and as a cumulative count. Associations between SLEs and PTSD using modified Poisson regression were examined, adjusting for possible confounds and prior mental health status. Participants (n=40,014) were mostly male (70%) with > 1 deployment (62%). Approximately 70% experienced at least 1 of the 12 recent SLEs; 20% screened positive for PTSD. In adjusted models, each individual SLE was associated with PTSD. When modeled cumulatively, a graded dose-response relationship emerged; those who reported ≥ 4 SLEs, compared with none, had elevated likelihood of PTSD (Adjusted PR=2.43, 95% CI: 2.27,2.61). Results highlight that the post trauma period may be a prolonged window of vulnerability, where compounding life adversities may heighten PTSD risk. Findings suggest evidence-based treatments may yield the most benefit if clinical components (i.e., cognitive restructuring) address both the initial trauma and subsequent life stressors.

F77. ASSOCIATIONS OF MST SEVERITY, ALCOHOL MISUSE, AND DEPRESSION SYMPTOM SEVERITY WITH SUICIDE ATTEMPTS IN US SERVICE MEMBERS AND VETERANS

Rebecca Blais*[1], Jack Waddell[1], Jane Park[1], Ryan Holliday[2], Claire Hoffmire[3], Lindsey Monteith[2]
[1]*Arizona State University,* [2]*Spark M. Matsunaga VA Medical Center, VA Pacific Islands Healthcare System,* [3]*Rocky Mountain MIRECC*
Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Suicide is a leading cause of death in US service members/veterans (SM/Vs), particularly those with a history of military sexual trauma (MST). Both alcohol use and depression symptom severity are well-established correlates of suicide risk, but less is known about how MST severity, alcohol use, and depression symptom severity relate to suicide attempts. The current study examined a moderated mediation model to better understand the associations among these factors. SM/Vs with MST exposure (n=553) completed measures of

the aforementioned variables in 2024. Indirect effects of MST severity on history of suicide attempt following MST (yes/no) via alcohol use were specified, with depression severity tested as a moderator of the relation between alcohol use and suicide attempt. Results from moderated mediation models suggested that there was an indirect effect of MST severity on suicide attempt via heavier alcohol use for individuals with low (-1SD; b=.03,95%CI=[.01,.09]) and mean (b=.02, 95%CI=[.01,.05]) but not high levels of depression (+1SD; b=.006,95%CI=[-.01,.03]). Efforts to reduce attempts should consider the effects of MST severity, and the potential pathway through increased alcohol use, with depression acting as a potential accelerant to suicide attempt for individuals with mild-to-moderate depressive symptoms. Given this study's cross-sectional nature, the current study serves as a preliminary framework for better understanding these associations.

F78. ASSOCIATIONS BETWEEN SERVICE USE, SATISFACTION WITH SEXUAL ASSAULT SERVICES, AND MENTAL AND PHYSICAL HEALTH

Padideh Hassanpour*[1], LB Klein[1], Kate Walsh[1]
[1]*University of Wisconsin-Madison*
Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries
Abstract: Sexual violence (SV) is an urgent public health concern linked to poor mental and physical health. Although medical, mental health, legal, and advocacy services are available to support recovery, less is known about accessing these services and whether satisfaction with services is associated with mental and physical health. U.S. adults (N = 696, M_age = 39, SD_age = 12.17) completed a cross-sectional survey via Prolific. Of the total sample, 472 reported contact SV since age 18. Among those 472 individuals, 208 reported receiving medical, mental health, advocacy, or legal services related to SV. Multivariable regressions tested associations between service receipt, satisfaction with services, and current PTSD, depression/anxiety, and physical health. Service users had higher PTSD (b = 2.53; p < .001) and depression/anxiety symptoms (b = .86, p = .015) but not better physical health (p = .499) compared to those who did not receive any service, consistent with help-seeking among individuals with greater symptom severity. Among those who received services, higher overall satisfaction with services was associated with lower PTSD (b = -.26, p = .023), lower depression/anxiety (b = -.52, p < .001), and better physical health (b = .11, p < .001). Findings highlight the importance of meeting survivor needs through accessible, survivor-centered, and trauma-informed services to reduce disparities and promote recovery.

F79. WORK-RELATED PTSD: A COMPARISON BETWEEN THERAPISTS AND MEDIA WORKERS DURING THE ISRAEL-GAZA WAR

Danny Horesh*[1], Eliya Galina[1], Noa Perets[1], Ilanit Hasson-Ohayon[1]
[1]*Bar-Ilan University*
Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Mental Health Professionals
Region: Middle East and North Africa
Abstract: Objective: The October 7, 2023 attacks in Israel exposed professionals to extreme trauma. While therapists are frequently studied in the context of trauma, little is known about media workers, and no research to date has compared these 2 groups. This study examined

PTSD, general distress, and empathy among therapists and media professionals following the attacks.
Method: In Study 1, 86 participants (54 therapists, 32 media professionals) completed measures of PTSD (PCL-5), general psychological distress (K6), and empathy (IRI). In Study 2, qualitative interviews were conducted with 10 media workers to further understand their experiences.
Results: Media workers reported significantly higher probable PTSD rates (53%) than therapists (20%). For the entire sample, some forms of empathy were positively correlated with PTSD. Predictors varied by profession: for therapists, female gender and fewer years of experience predicted higher PTSD, whereas no significant predictors emerged for media workers. in study 2, several themes emerged from the qualitative interviews. These included media workers' sense of shared traumatic reality with their interviewees; professional loneliness and lack of guidance; but also having a sense of mission and importance, which served as resilience factors.
Conclusions: Both therapists and media workers reported elevated distress during an ongoing war, but journalists were particularly vulnerable, presumably due to lack of organizational support and guidance. These findings highlight the need for trauma-informed organizational practices and better training in coping strategies.

F80. UNTANGLING PSYCHOLOGICAL TRAUMA AND PHYSICAL PAIN: MORAL INJURY AS PREDICTOR AND MODERATOR IN MILITARY SAMPLES

Mahsa Mojallal*[1], Sophia Pope[1], Luke Davis Ellmaker[1], Kaylee Santiago[1], Barbara Rothbaum[1], Sheila Rauch[2]
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Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Global
Abstract: Objective: Military personnel are at higher risk of developing posttraumatic stress disorder (PTSD), chronic pain (CP), and moral injury (MI). Studies have demonstrated a strong association between PTSD and CP; however, less is known about the role of MI on CI and its impact on the association between PTSD and CP. Present study tested the associations between MI and PTSD with average pain (AP) and functional interference (FI) over the past 24 hours.
Methods: Four-hundred-twelve veterans and active-duty personnel (71% male; mean age = 42.32, SD = 10.10) completed PCL-5, Moral Injury Distress Scale, Pain, Enjoyment of Life and General Activity Scale, and the Defense and Veterans Pain Rating Scale.
Findings: First, sex and MI were entered as predictors of AP and FI. Results showed that MI significantly predicted AP (ab = 0.03, 95% CI [0.01, 0.04]) and FI (ab = 0.05, 95% CI [0.03, 0.06]), while female sex significantly predicted FI (ab = -0.78, 95% CI [-1.44, -1.13]). After adding PTSD to the model, PTSD significantly predicted AP (ab = 0.05, 95% CI [0.03, 0.06]) and FI (ab = 0.04, 95% CI [0.02, 0.06]), while MI (ab = 0.02, 95% CI [0.01, 0.04]) and female sex (ab = -0.73, 95% CI [-1.37, -0.09]) significantly predicted FI. After adding PTSD to the model, MI was not a significant predictor of AP. Next, MI/PTSD interaction was entered. Neither MI/PTSD interactions impacted AP (ab = -0.00, 95% CI [-0.001, 0.000]) or FI (ab = -0.00, 95% CI [-0.001, 0.001]).
Conclusions: Results demonstrated that PTSD is a stronger predictor of average pain, while PTSD, moral injury, and female sex can predict functional interference.

F81. COGNITIVE-AFFECTIVE PROCESSING AMONG CONTENT MODERATORS EXPERIENCING WORK-RELATED POTENTIALLY TRAUMATIC EXPERIENCES

Mu-Yin Chang*[1], Gabrielle Gauthier[1], Amna Asim[1], Nicholas Hallin[1], Mark Pettet[1], Scott Murray[1], Andrea Stocco[1], Lori Zoellner[1]
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Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Technology
Presentation Level: Intermediate
Population Type: Other Professionals
Region: Industrialized Countries

Abstract: Mechanisms linking work-related potentially traumatic exposure (PTE) to psychological distress are understudied. We examined the neuropsychological impact of work-related PTE by comparing content moderators (CMs), who routinely view distressing online content (e.g., child sexual abuse, terrorism, etc.), with other technology support workers who do not expect work-related PTEs. Participants (N = 45) were 19 CMs and 26 tech support workers who completed a cognitive-affective image memory processing task (MacNamara et al., 2019), manipulating low or high cognitive load (i.e., memorizing 2, 6-letter strings) and negative or neutral valence (i.e., viewing images during the retention interval) conditions. Outcomes included memory accuracy, reaction time, and neural attention using late positive potential during image viewing. Between-participant factors included group (CM, non-CM), posttraumatic stress (PTS), and depressive symptom severity. There were group x load x valence ($p = 0.036$, $\eta_G^2 = .004$) and PTS x load x valence ($p = .044$, $\eta_G^2 = .006$) interactions for recall accuracy. During high load x negative valence trials, CMs had lower recall accuracy than non-CMs ($p = .025$, $d = 0.92$), and a higher PTS score was associated with lower accuracy ($p = .035$, $d = 0.93$). Findings suggest that emotional stimuli compete with executive resources under high cognitive load conditions, potentially linking work-related PTE and PTS to poorer working memory outcomes. CMs and individuals with higher PTS may therefore be vulnerable to cognitive impairment in emotionally and cognitively demanding contexts.

Saturday, September 26, 2026

10:45 a.m. - 12:00 p.m.
Poster Session 4 Presentations

S1. TRAUMATIC BRAIN INJURY IN PTSD TREATMENT: IMPROVING DIAGNOSTIC PRECISION FOR OVERLAPPING SYMPTOMS WITH SCALABLE NEUROPHYSIOLOGICAL ASSESSMENT

Jacek Kolacz*[1], Jennifer Lundine[1], Geoff Green[2], Austin Secor[1], Shivam Soni[1], Olivia Roath[1], Silvina Ferredal[3], Craig Bryan[4]
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Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Objective: TBI and PTSD often co-occur. Their shared symptoms such as hyperarousal and cognitive alterations complicate diagnosis and treatment planning. We examined whether TBI history predicts response to massed Cognitive Processing Therapy (CPT) for PTSD and - because TBI history alone does not measure impairment - whether low cost, scalable neurophysiological measures identify TBI-specific signatures.
Methods: Study 1 (n=133) tested TBI history prediction of symptom change over 2 weeks of massed CPT, measured with the NSESS-PTSD. Study 2 (n=69) compared young adults with PTSD, TBI (≥2 months residual symptoms), and matched controls (n=28). Study 2 data were collected during orthostatic and cognitive testing (computerized Parametric Go/No Go task) with near-infrared spectroscopy (NIRS) measures of the prefrontal cortex (PFC), ECG-based heart rate variability, and skin conductance. TBI history was assessed using the OSU TBI ID Interview.
Results: In Study 1, 45% participants had TBI history, which predicted less PTSD symptom improvement at treatment endpoint (d=.39; p=.042). In Study 2, TBI was marked by high skin conductance, low heart rate variability, reduced vagal–heart coupling, and altered dorsolateral PFC activation under cognitive load compared with controls (all $p < .05$).
Conclusions: TBI predicts poorer massed CPT response. Portable, low-cost measures identified physiological arousal, vagal regulation, and PFC alterations in TBI, supporting scalable assessment to improve diagnosis and inform treatment prediction in settings without dedicated neurophysiological infrastructure.

S2. EXAMINING THE RELATIONSHIPS BETWEEN POSTTRAUMATIC STRESS DISORDER, MAJOR DEPRESSIVE DISORDER, AND EMOTION DYSREGULATION USING NETWORK ANALYSIS

Brianna Byllesby*[1], Ines Cano-Gonzalez[2], Ruby Charak[3]
[1]*University of South Dakota,* [2]*Medical University of South Carolina,* [3]*University of Arkansas for Medical Sciences*

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

Abstract: Given high rates of comorbidity between posttraumatic stress disorder (PTSD) and major depressive disorder (MDD), examining these connections through network analysis and considering potential bridging processes, such as emotion dysregulation (ED), is important to understanding symptom development and maintenance. Two trauma-exposed college student samples were collected from two universities (Study 1 = 410 students, 91% Hispanic, 69.3% female, age M = 19.8; Study 2 = 244 students, 71.3% White; 72.5% female, age M = 19.3). Elevated PTSD symptoms were present in 30.5-32.2% of participants, and 28.7-43.2% had elevated depression symptoms. Networks were tested independently in both samples using Gaussian graphical model (GGM) based on polychoric correlations in R. Results were consistent, despite differences in demographics and measures used across the two samples, and both networks had good density and stability. Two communities were identified using the WalkTrap algorithm: 1) PTSD symptoms and 2) MDD symptoms and ED subscales. Limited access to ED strategies had the highest centrality strength (1.81-1.89) in both samples. Depression and PTSD cognition/mood symptoms had the highest bridge centrality, indicating these symptoms likely are important for maintaining comorbidity, as well as high bridge expected influence. Results suggest that self-efficacy thoughts related to changing or regulating distress might be an important clinical target in symptom

amelioration, and general distress symptoms are important for co-occurrence of PTSD and MDD.

S3. TEMPORAL RELATIONS AMONG POSTTRAUMATIC GROWTH, POSTTRAUMATIC DEPRECIATION, AND POSTTRAUMATIC STRESS SYMPTOMS IN SURVIVORS OF INTERPERSONAL TRAUMA

Sophie Oliver[1], **Steven Bistricky*[1],** Melissa Mikolaitis[1]
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Track: Assessment and Diagnosis
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: After experiencing traumatic events many people perceive posttraumatic growth (PTG)—positive changes in domains such as appreciation of life, new possibilities, social relationships, spirituality, and personal strength—but accumulating research indicates many survivors also perceive posttraumatic depreciation (PTD) in aforementioned domains. Although PTD has shown meaningful associations with posttraumatic stress disorder (PTSD) symptoms, and PTG, longitudinal research is needed to elucidate temporal relations among these factors. Based on theorized interrelations in posttrauma adaptation processes, it was hypothesized that, over time, PTD and PTSD symptoms would positively predict one another, and that PTD would positively predict PTG. Our study assessed these variables in 242 survivors of recent interpersonal trauma across three monthly timepoints via online surveys. Bidirectional temporal relations among PTG, PTD, and PTSD symptoms were examined using cross-lagged panel modeling. The best-fitting model included statistically significant cross-lagged relationships indicating that greater PTD predicted greater PTSS (T1-2 $\beta = .16$; T2-3 $\beta = .19$), and that PTG negatively predicted PTD (T2-3 $\beta = -.13$). Thus, PTD may exacerbate PTSD symptoms, while perceiving greater PTG may lead to perceiving lower PTD. Future research should further clarify how PTG, PTD, and PTSD symptoms may influence each other over time, and investigate how much interpersonal trauma survivors might benefit from therapeutic intervention that addresses perceptions of depreciation and facilitates meaningful personal growth.

S4. UNTANGLING TRAUMA: RATES AND CORRELATES OF COMPLEX POST-TRAUMATIC STRESS DISORDER (CPTSD) AMONG INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CO-OCCURRING PTSD

Abigail Malbrough[1], **Weili Lu*[2],** Krista Rogers[2], Katrina Heller[2], Kim Mueser[3]
[1]*Rutgers University,* [2]*Rutgers University, The State University of New Jersey,* [3]*Boston University*
Track: Assessment and Diagnosis
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Complex post-traumatic stress disorder (CPTSD) includes core PTSD symptoms plus disturbances in self-organization such as emotional dysregulation, negative self-concept, and interpersonal difficulties (Cloitre et al., 2018; Karatzias et al., 2017). Despite high trauma exposure among individuals with serious mental illness (SMI), CPTSD remains understudied. Secondary data analyses were conducted using baseline data from 307 adults with SMI and PTSD drawn from randomized controlled trials conducted in community mental health

settings (Mueser et al., 2008; Mueser et al., 2015). Participants completed the Clinician-Administered PTSD Scale (Blake et al., 1990) and Posttraumatic Cognitions Inventory (Foa et al., 1999). Depression, anxiety, psychiatric symptoms, interpersonal functioning, and quality of life were assessed using the Beck Depression Inventory-II (Beck et al., 1996), Beck Anxiety Inventory (Beck and Steer, 1993), Brief Psychiatric Rating Scale (Lukoff et al., 1986), Structured Clinical Interview for DSM-IV Axis II Personality Disorders (First et al., 1996), and Quality of Life Interview (Lehman et al., 1995), which were used as proxy measures of indicators of CPTSD such as disturbances in self-organization. A substantial proportion of participants met criteria for CPTSD, suggesting elevated complexity of trauma presentations in this population. Individuals meeting CPTSD criteria showed greater emotional dysregulation, negative self-beliefs, self-blame, and negative worldviews, poorer quality of life (all $p < .05$), supporting CPTSD as a distinct clinical profile in SMI populations.

S5. MEASURING EMPOWERMENT AMONG WOMEN WHO EXPERIENCED INTIMATE PARTNER VIOLENCE: THE PERSONAL PROGRESS SCALE-REVISED-SHORT FORM

Alejandra Gonzalez*[1], Samantha C. Holmes[2], James K. Haws[3], Ginelle Wolfe[4], Nina Parekh[5], Briana Joseph[6], Rachel Mirsen[6], Ingrid Weigold[6], Dawn M. Johnson[6]
[1]*Roosevelt University,* [2]*College of Staten Island, City University of New York,* [3]*University of Colorado,* [4]*Healthquest Innovative Therapeutics,* [5] *of Akron; San Francisco VA Healthcare System,* [6]*University of Akron*

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

Abstract: To address intimate partner violence in a manner that promotes agency, cultural responsiveness, and systemic change, an empowerment-based approach is needed. The 28-item Personal Progress Scale-Revised (PPS-R; Johnson et al., 2005) measures empowerment among women who have experienced IPV. Despite its strong internal consistency and convergent validity in samples of women residing in domestic violence shelters and outpatient clinical settings (Wright et al., 2010; Iverson et al., 2022), its length is a significant limitation with populations facing myriad barriers to participation in research and clinical assessments. Thus, the current study sought to 1) refine and shorten the PPS-R using expert review and exploratory factor analysis and 2) examine the validity of the PPS-R-SF using confirmatory factor analysis. Through an iterative process, items were removed if they were reverse coded, had high cross-loadings, low factor loading, and based on expert feedback, for a resulting 4-item solution. With a separate sample, a CFA was conducted assessing a single-factor model with all four items loaded onto a single latent factor. The goodness-of-fit indices suggested strong fit. The streamlined 4-item PPS-R-SF reflects an advancement in the assessment of empowerment for IPV-affected populations, providing a brief, psychometrically sound, and theoretically grounded measure that researchers can more easily incorporate into large-scale and clinical intervention studies, paving the way for more robust investigations into the role of empowerment in recovery.

S6. WHO NEEDS WHAT? CLUSTER-DERIVED PROFILES OF POST OCTOBER 7 TREATMENT-SEEKERS

David Piterman[1], Alon Geller[1], Yifat Reuveni[1], **Irit Aloni***[1]
[1]*NATAL*

Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Adult
Region: Middle East and North Africa
Abstract: Background: The October 7th attacks caused unprecedented trauma exposure across Israel. NATAL serves as a national mental health service provider; however, its help-seeking population is heterogeneous. Characterizing clinical profiles is essential for treatment allocation.
Objective: This study aimed to characterize clinical subgroups among treatment-seeking by examining symptom pattern clusters in pre-treatment assessments.
Methods: Pre-treatment questionnaires (n=1,653) assessed PTSD (PCL-5), depression (PHQ-9), anxiety (GAD-7), moral injury outcomes (MIOS), resilience, and functional impairment. K-means clustering (k=4) was applied to standardized scores and validated using silhouette analysis, bootstrap stability, and ANOVA.
Results: Four profiles emerged: Low Symptom-High Resilience (n=490, 28%) with minimal symptoms and highest resilience; High Symptom-Complex (n=339, 20%) with severe symptoms across domains (PCL-5=56, PHQ-9=19, GAD-7=17) and lowest resilience; Moderate General Distress (n=448, 26%) with moderate symptoms and low moral injury; Moderate PTSD with Moral Injury (n=453, 26%) with moderate PTSD and elevated moral injury, yet preserved resilience. All measures differed significantly ($p < .001$).
Conclusions: Profiles were distinguished by clinical symptom patterns and moral injury rather than by symptom severity. A distinct moral injury profile disrupted the expected inverse symptom-resilience relationship, suggesting moral injury operates as an independent clinical factor warranting routine assessment. Profiles can guide differential treatment allocation

S7. THE RELATIONSHIP BETWEEN MORAL INJURY, BELIEF IN A JUST OR UNJUST WORLD, AND PTSD IN MILITARY VETERANS

Alyssa Wood*[1], Marcela Weber[2]
[1]*University of South Alabama,* [2]*Central Arkansas Veterans Healthcare System*
Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Combat-exposed veterans and military service members are at high risk of experiencing mental health problems. Although moral injury is recognized as a unique contributor to mental health challenges in this population, the relationship between changes in world belief and Post Traumatic Stress Disorder (PTSD) remains unexplored. This cross-sectional quantitative study investigated the relationship among moral injury symptoms, changes in belief in a just world (BJW) and belief in an unjust world (BUW), and PTSD in a sample of 122 combat-exposed U.S. military veterans and service members. Hierarchical regression analyses revealed that changes in BUW following potentially morally injurious events (PMIEs) significantly predicted greater moral injury symptom severity, above and beyond PTSD, age, and gender ($\Delta R^2 = .105$, $p = .003$). Additionally, increased BUW predicted PTSD, while changes in BJW did not. These findings align with existing literature, suggesting that exposure to PMIEs challenges core beliefs about justice and morality, contributing to moral and psychological distress. These findings could better prepare

practitioners to provide existing interventions or create new, targeted interventions to improve mental health outcomes for veterans and military personnel.

S8. EXAMINATION OF PSYCHOMETRIC PROPERTIES OF THE POSTTRAUMATIC STRESS RELATED FUNCTIONING INVENTORY, REVISED FOR DSM-5 (PRFI-5) IN VETERANS

Shannon McCaslin-Rodrigo*[1], Margaret-Anne Mackintosh[2], William Wolfe[3], Thomas Neylan[4], Shira Maguen[3], Lisa Mueller[4], Tassos Kyriakides[5], Lori Davis[6]
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Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: The Posttraumatic Stress Related Functioning Inventory (PRFI) is a self-report measure that assesses functioning associated with symptoms of Posttraumatic Stress Disorder (PTSD) across occupational, social relationships, and lifestyle domains. The PRFI is distinct as it connects psychosocial functioning to specific symptoms, potentially making assessment and treatment clearer. The purpose of the current investigation was to examine the psychometric properties of the DSM-5 version of the PRFI (PRFI-5). The data were drawn from a completed randomized, controlled trial that compared Individual Placement and Support (IPS) supported employment with a stepwise vocational rehabilitation involving transitional work (TW) among Veterans with PTSD. Veterans completed the PRFI-5 and related measures (N = 450). Psychometric analyses included reviewing item and scale descriptives, evaluating the scale's reliability and internal consistency, examining the scales' factor structure, and assessing its convergent and discriminant validity. Broadly, results were similar to those of the previous version of the PRFI and support the PRFI-5 as a reliable (alphas = .70 - .97) and valid measure of posttraumatic stress-related functional impairment. The measure can provide both a high-level summary of functioning and a detailed clinical analysis of psychosocial functioning.

S9. THE EXAMINATION OF SUBTHRESHOLD POSTTRAUMATIC STRESS DISORDER (PTSD) DEFINITIONS AND TREATMENT OUTCOMES AMONG MILITARY VETERANS

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[1]*Southeast Louisiana Veterans Health Care System (SLVHCS)*
Track: Assessment and Diagnosis
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Subthreshold posttraumatic stress disorder (PTSD) is a clinically significant condition associated with functional impairment and elevated risk for progression to full PTSD. Inconsistencies in the criteria used to diagnose subthreshold PTSD can create

uncertainty regarding treatment recommendations and expected outcomes. This study compares two commonly used definitions of subthreshold PTSD to assess impact on referral patterns, clinical outcomes, and retention within evidence-based interventions. It also aims to address a critical gap in trauma care by promoting diagnostic consistency and improving outcomes for individuals with clinically significant symptoms who fall short of full diagnostic thresholds.
Methods: A sample (N=421) of Veterans referred for treatment within a VA mental health clinic in the southeastern United States will be examined using self-report and clinician-administered (CAPS-5) measures collected as part of standard clinical practice. **Primary Findings/Results:** It is expected that the broader definition of subthreshold PTSD will yield higher referral rates than the narrower definition. Individuals meeting the broader definition are anticipated to present with greater initial symptom severity and demonstrate larger symptom reductions post-treatment. Retention rates will be analyzed as exploratory outcomes.
Conclusions: Findings will clarify whether definitional variability influences clinical decision-making and treatment trajectories. Results are expected to inform standardized criteria, optimize referral practices, and enhance early intervention strategies.

S10. FROM CHILDHOOD TRAUMA TO ABUSIVE PAIN: THE MEDIATING ROLE OF COMPLEX PTSD IN ACUTE PAIN PERSONIFICATION

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[1]*Tel Aviv University*
Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult **Region:** Middle East and North Africa
Abstract: Background: Emerging research shows that individuals living with chronic pain often attribute human-like qualities to their pain, reflecting a perceived "relationship" between self and pain. This phenomenon, termed pain personification, has been linked to interpersonal trauma.
Objectives: The present study extends this framework by examining whether acute pain can also be personified and whether abusive personification of acute pain is associated with childhood trauma and complex PTSD (CPTSD) symptoms.
Methods: A total of 231 young adults (age < 45) completed self-report questionnaires assessing childhood trauma and CPTSD symptoms and underwent the cold pressor task to assess pain perception.
Results: Abusive personification of acute pain was associated with greater pain sensitivity (lower pain threshold) and heightened pain responsivity (higher pain intensity ratings). In indirect analyses, childhood trauma was inversely correlated with abusive personification; however, a significant positive indirect pathway emerged, whereby childhood trauma was linked to abusive personification through CPTSD symptoms.
Conclusions: The findings suggest that trauma-related processes may shape how individuals interpret everyday pain sensations. In particular, CPTSD symptoms may serve as a mechanism through which early trauma becomes embedded in the subjective experience of acute pain.

S11. AVOIDANT EMOTION REGULATION STRATEGIES AS A BARRIER TO ADAPTIVE PHYSIOLOGICAL REGULATION IN WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE

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Track: Biology and Medical
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Women experiencing intimate partner violence (IPV) are at risk for stress–related disruptions in self-regulation (Weiss et al., 2025). Chronic stress is linked with emotion regulation (ER) difficulties and autonomic inflexibility, indexed by high-frequency heart rate variability (hfHRV; Aldao et al., 2010; Thayer et al., 2012). Avoidant ER strategies under conditions of heightened affect may reduce distress in the short-term but contribute to poorer long-term outcomes (Aldao et al., 2010; Campbell-Sills et al., 2006). This study examined if avoidant ER strategies moderated the relation between affect intensity and hfHRV during lab-induced affect states in IPV-exposed women. Participants were 60 IPV-exposed women who completed idiographic emotion inductions. Following the induction, participants reported state affect intensity and ER strategy use. hfHRV was assessed during the induction period via electrocardiogram. Avoidant ER strategies significantly moderated the link between negative affect intensity and hfHRV ($\Delta R^2 = .06$, $F(1, 56) = 4.22$, $p = .04$). Negative affect intensity was positively linked with hfHRV at low ($b = 0.13$, $SE = 0.04$, $t = 3.50$, $p < .01$, 95% CI [0.06, 0.21]) and moderate ($b = 0.09$, $SE = 0.03$, $t = 3.24$, $p < .01$, 95% CI [0.03, 0.14]), but not at high ($b = 0.03$, $SE = 0.03$, $t = 1.00$, $p = .32$, 95% CI [-0.03, 0.10]) levels of avoidance. No significant effects emerged for positive affect. Findings suggest avoidance-based ER may blunt adaptive physiological engagement during negative affective states, highlighting specific ER strategy use as a potential intervention target in trauma-exposed populations.

S12. PILOT FINDINGS FROM AN APPALACHIAN OUTPATIENT TRAUMA CLINIC: CAREGIVER ACES/PCES IN RELATION TO YOUTH BEHAVIORS AND PTSD

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Despite higher rates of adverse childhood experiences (ACEs), rural youth are consistently underrepresented in the ACE literature (Crouch et al., 2020; Bettenhausen et al., 2021). To address this gap, our pilot study surveyed youth (N=18; 66.7% male; 4-17 years, M=12.06, SD=3.46) and their caregivers (N=18) at an Appalachian hospital's child outpatient behavioral health trauma clinic. Biological (50%), adoptive (44%), and foster/kinship (6%) caregivers completed the Child Behavior Checklist, ACEs (M=4.44, SD=3.84; high ACE score), and Positive Childhood Experiences (PCEs; M=4.50, SD=2.07, high PCE score) scales. Youth completed the UCLA PTSD Reaction Index (M=47.39, SD=20.75). Half of youth met criteria for PTSD, with age being inversely related PTSD ($r=-.57$, $p < .01$). ACEs and PCEs were robustly related ($r= –0.78$, $p < .001$), but were not related to youth PTSD symptoms. An independent sample's t-test suggested a significant difference in youth rule-breaking behaviors between caregivers with high ACEs (M=69.50, SD=9.38) versus low

ACEs (M=61.38, SD=9.09), such that caregivers with high ACEs reported greater youth rule-breaking behaviors, t(16) = 1.85, p = .04. Consistent with previous findings (Rowell and Neal-Barnett, 2021), our results suggested that caregivers' ACEs were related to child externalizing problems and parenting practices. Our initial findings highlight the importance of considering caregivers' histories in parent management of difficult behaviors in traumatized youth in Appalachia. Clinic recruitment and investigations are ongoing to learn more about rural families who experienced trauma.

S13. CHANGES IN NEURAL FUNCTION AND CONNECTIVITY BEFORE AND AFTER TRAUMA-FOCUSED PSYCHOTHERAPY FOR YOUTH WITH POSTTRAUMATIC STRESS

Kayla Sanchez*[1], Judith Cohen[2], Wei Zhang[1], Gaby Rodriguez[1], Mariel Garcia[1], Brian Armenta[1], Anissa Belford[1], Francine Gamez[1], Kelsi Gerwell[1], Amy Garrett[1]
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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Background: Trauma-focused psychotherapy is the recommended treatment for PTSD in youth. This study aimed to identify the neural correlates of symptom improvement in adolescents who completed therapy.
Methods: Fifty-seven adolescents, ages 12-17, (mean=15; 77% female) with a history of interpersonal trauma and symptoms of PTSD, underwent functional Magnetic Resonance Imaging before and after 16-18 weeks of trauma-focused therapy. During each scan, adolescents viewed self-selected words that were reminders of their trauma. FMRI data analysis was conducted using FSL software for voxel-based whole-brain group analyses of changes in activation and connectivity from pre-treatment to post-treatment.
Results: Symptoms improved significantly during treatment ($P < .001$), decreasing 47% on average (range 4%-100%). Whole brain analyses showed that activation in response to trauma words decreased significantly from pre-treatment to post-treatment in the right visual cortex, and increased significantly in the right dorsolateral prefrontal cortex (DLPFC), supramarginal gyrus, and superior temporal gyrus. Connectivity between the right amygdala and right supramarginal gyrus decreased significantly from pre- to post-treatment for treatment responders (> 50% improvement in symptoms, n=28) but not for non-responders (< 50% improvement, n=29).
Conclusion: Results are consistent with previous reports of enhanced executive control networks after treatment. Additionally, symptom improvement is associated with enhanced activity in language processing networks via weaker connectivity with the amygdala.

S14. NON-SUICIDAL SELF-INJURY AMONG LATENCY AGE AND ADOLESCENT YOUTH: RISK AND PROTECTIVE FACTORS IN A TRAUMA-EXPOSED CLINICAL SAMPLE

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

Abstract: Non-Suicidal Self Injury (NSSI) in youth has received considerable attention in the past decade. Most of the literature examines NSSI in adolescents and adults, with fewer studies examining this phenomenon amongst children 7-11 years of age. This presentation highlights findings from our study examining NSSI in a clinical sample of latency age children and adolescents with a history of trauma exposure (N=306). Bivariate analyses were conducted to examine differences in the presence of NSSI behaviors for older (ages 12-18) and younger children (ages 7-11) and binary logistic regression examined the relationship between a child's age, sex at birth, number of different types of trauma exposures, age at time of first trauma, PTSD symptom scores, number of placements, summed strength scores and the presence of NSSI. We also examined differences in type of NSSI between the groups. Almost half of the sample had a history of NSSI. The regression model was statistically significant. Higher PTSD domain scores of alterations in arousal and reactivity and fewer strengths significantly increased the likelihood that a child engaged in NSSI. Age of the child was not a statistically significant correlate for NSSI. Findings suggest that there are similar rates of NSSI for younger and older youth with histories of trauma exposure, but that there are differences in the types of NSSI between the groups. Practice and organizational policy implications include the need for routine screening for NSSI across both age groups. Targeting emotional regulation skills and building asset and resource related strengths in youth is also supported.

S15. THE ROLE OF CHILD AND CAREGIVER WORKING ALLIANCE IN THE PARENT-LED TREATMENT STEPPING TOGETHER FOR CHILDREN AFTER TRAUMA: A LOW-INTENSIVE INTERVENTION THAT CAN OFFER A SCALABLE SOLUTION TO REACH MORE CHILDREN AFFECTED BY TRAUMA

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries

Abstract: The parent-led therapist assisted treatment Stepping Together for Children After Trauma (ST-CT) is an innovative treatment where the task of leading the treatment is partially shifted to a parent. ST-CT is non-inferior to standard therapist-led trauma-focused cognitive behavioral treatment, however, little is known about the change processes in ST-CT. Research suggests that a combination of trauma-specific interventions and a strong working alliance is optimal, but no studies have investigated the role of the child-caregiver working alliance in a parent-led treatment. In this study, child-caregiver alliance was assessed mid-treatment with a revised version of the therapeutic alliance scale for children (range 7-28). Preliminary results (n = 82), suggest that both children and caregivers report high levels of alliance (means 22 and 21.7 respectively), but that they seem to experience the alliance as different concepts. The children separated between their own and parents` engagement in the treatment, whereas parents perceived the working alliance as a global entity. Neither child- nor caregiver-reported alliance predicted posttraumatic stress symptom (PTSS) improvement (all ps $>$ .05). These findings suggest that parent-led ST-CT is associated with high levels of child- and caregiver alliance, but the relationship between this alliance and the alleviation of child PTSS is not clear.

S16. DOES DEVELOPMENTAL TIMING AFFECT THE ASSOCIATION BETWEEN TRAUMATIC MORALLY TRANSGRESSIVE EVENTS AND THE DEVELOPMENT OF POST-EVENT MALADAPTIVE BELIEFS?

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Track: Child and Adolescent Trauma
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries

Abstract: Previous studies have found connections between developmental timing of traumatic events and their psychological impact on individuals, particularly for trauma occurring in early childhood and around the onset of puberty. We assessed whether the developmental timing of a traumatic morally transgressive event affected the later development of maladaptive beliefs related to that event. A two-way ANOVA was performed on a sample of college students (n=1289) who reported their most distressing morally transgressive event (MTE), using sum scores on the Posttraumatic Maladaptive Beliefs Scale (PMBS) as an outcome. The categorical predictors were whether or not the MTE experienced was a Criterion A trauma, and the age at which the MTE occurred, binned as occurring during early childhood (0-7), early adolescence (12-16), or neither. Results indicated that Criterion A events were significantly related to higher PMBS scores ($p = 0.013$) but with a small effect (omega squared = 0.004). Developmental timing was not associated with PMBS scores, nor was there a significant interaction between developmental timing and Criterion A trauma on PMBS scores. Our results did not demonstrate a link between moral development and the development of maladaptive beliefs following morally transgressive events. Future studies should examine other potential moderating factors on the effects of morally transgressive events.

S17. NUMBER OF ENDORSED SOCIAL DETERMINANTS OF HEALTH IS ASSOCIATED WITH POOR DEPRESSION OUTCOMES AMONG ADOLESCENTS WHO SELF-REPORTED PHYSICAL AND EMOTIONAL NEGLECT DURING CHILDHOOD

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Track: Child and Adolescent Trauma
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Industrialized Countries

Abstract: Social Determinants of Health (SDoH) adversely affect adolescent health outcomes, but little research examines SDoH impact specific psychiatric symptoms, like depression. Childhood maltreatment increases risk of depression. It's important to assess the impact of SDoH on outcomes in those experiencing childhood maltreatment to identify gaps in care and provide tailored treatment. We examined the impact of self-reported health care access on depression scores in adolescent patients' with/without childhood maltreatment seeking psychiatric treatment. 70 adolescent patients completed the Childhood Trauma Questionnaire at admission and Beck Depression Scale-II at admission and discharge. Patient's caregiver reported SDOH at admission. 33 (47%) and 42 (60%) of patients who experienced emotional and physical neglect, respectively, endorsed reduced access to care.

Number of endorsed SDoH predicted depression score change during treatment in patients with physical ($F(1,64)= 4.25$, $p=.043$; $R2 = .062$) and emotional neglect ($F(1,46)= 6.05$, $p=.018$; $R2 =.116$), such that score change decreased by 2.23 points and 3.66 points for each increase in SDoH, respectively. Number SDoH didn't predict depression change in patients without physical (.834) or emotional neglect (p=.909). Number of SDoH predicted depression score change in adolescents who experienced physical and emotional neglect. Examining number of SDoH along with childhood maltreatment can support clinicians in identifying potential barriers to patients making therapeutic gains during treatment and tailor support to address determinants for families.

S18. TRAUMA TYPE AND SEX MODERATE THE PROTECTIVE EFFECTS OF PARENT SUPPORT ON EXTERNALIZING DISORDERS

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Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Research has typically focused on the development of internalizing symptoms following a traumatic event. However, a growing body of research reveals a bidirectional relationship between trauma exposure and externalizing disorders. The present study examines the association between parent support and externalizing disorders following trauma exposure, and moderators of this relationship. Participants were 2214 Texas youth (Mage=15.81, SD=3.46, 26.1% with PTSD) from a statewide multisite collaborative. Youth completed semistructured interviews and self-report measures assessing PTSD, externalizing disorders, and parent support. Logistic regression analyses indicated higher parent support predicted lower rates of externalizing disorders (OR=0.53). This association was moderated by type of trauma (intentional or witnessed intentional) and sex, such that parent support was most protective for youth who had not experienced these types of trauma (OR=0.87-0.90) or were female (OR=0.92). These findings highlight parent support as a significant protective factor against youth externalizing disorders, though its benefits vary by trauma context and sex. The buffering effects of parent support may be diminished in the context of more severe or interpersonal trauma. Identifying which youth are most likely to benefit from parent support can inform targeted prevention and intervention effects to reduce externalizing behaviors following trauma exposure.

S19. WHEN PARENTS FEAR THE STORM: IMPLICATIONS FOR CHILDREN'S FUNCTIONING AFTER HURRICANE EXPOSURE

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Following a natural disaster, parental psychopathology and anxious parenting practices have been shown to impact children's adverse mental health outcomes, including symptoms of posttraumatic stress disorder (PTSD). However, less is known about how

parents' storm fear anxiety impacts children's outcomes following a natural disaster. This study examined how parents' storm fear impacted children's functioning following Hurricane Milton, a Category 5 hurricane. Participants were 74 caregivers (64% female; 76% White, 11% Black, 11% Latine, 2% Other) who were evaluated two weeks after exposure to Hurricane Milton and reevaluated four months after the hurricane to assess for parent and child outcomes and PTSD symptoms. Parents' level of storm fear anxiety decreased across time points ($p < .001$). Differences in child symptoms emerged depending on parents' level of storm fear. At both time points, parents' storm fear anxiety was positively associated with children's PTSD and anxiety symptoms ($ps < .001$). Greater parental storm fear was positively associated with children's higher levels of physical stress symptoms at both time points ($p < .001$). Results highlight a relationship between parent storm anxiety and child outcomes after a disaster and the need for future research to examine how parental coping can moderate children's outcomes following a disaster.

S20. BEYOND BINARY TRAUMA EXPOSURE: DEVELOPMENTAL TIMING AND CUMULATIVE RISK FOR NON-SUICIDAL SELF-INJURY IN COLLEGE STUDENTS

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Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Child/Adolescent
Region: Global
Abstract: Trauma exposure (TE) is a well-established risk factor for non-suicidal self-injury (NSSI), yet it is often operationalized as a binary variable, limiting understanding of how trauma characteristics shape NSSI risk. Drawing on developmental and cumulative risk frameworks, this study examined whether the TE presence, TE quantity, and developmental timing of TE were differentially associated with lifetime NSSI among college students. Data were drawn from a cross-sectional sample of undergraduates (N = 648) recruited from a large public university. Participants completed online self-report measures assessing TE, lifetime NSSI, and relevant covariates. Trauma timing was categorized as childhood-only (0–13), adolescent-only (14–17), dual exposure across childhood and adolescence, or no TE. Logistic regression models examined associations between trauma variables and NSSI, controlling for gender and negative affect. TE presence (B=.597) and TE quantity (B=.071) were associated with increased odds of NSSI, though only quantity was significant. When developmental timing was examined, only dual TE across childhood and adolescence was associated with increased odds of NSSI (B=.739), even after accounting for TE quantity. These findings highlight the importance of moving beyond binary conceptualizations of trauma and underscore the need for trauma-informed, developmentally sensitive screening and intervention efforts to reduce NSSI risk among college students

S21. PATHWAYS FROM ADVERSE CHILDHOOD EXPERIENCES TO ASSAULTS AMONG YOUTH IN THE LEGAL SYSTEM: EMOTION REGULATION, NEGATIVE AFFECT, AND TRUSTED ADULTS

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Track: Child and Adolescent Trauma
Program Category: Complex Trauma
Presentation Level: Intermediate
Population Type: Child/Adolescent
Region: Industrialized Countries
Abstract: Youth in juvenile justice (JJ) disproportionately report adverse childhood experiences (ACEs), increasing risks for delinquent behaviors; yet, pathways through which ACEs shape behavioral outcomes, particularly within JJ contexts, are not well delineated. Difficulties in emotion regulation (DER) and negative affect (NA) may be key mediators between ACEs and assaults toward other youth in JJ (i.e., youth assaults). However, having a trusted adult or confidant in the JJ system may disrupt the path from ACEs to violent behavior. This study analyzed data across four different waves from JJ-involved youth and tested four sequential models using serial mediation: (M1) ACEs predicting DER, which in turn contribute to NA; (M2) the M1 pathway extended to predict youth assaults; (M3) NA predicting youth assaults, with the presence of a trusted JJ staff member as a protective mediator; and (M4) a full mediation model of the pathway from ACEs to youth assaults, mediated by DER, NA, and having a trusted JJ staff member. Analysis supported model 1, 3, and 4. Specifically, DER mediated ACEs and NA (M1; n = 680), but this mediation model did not extend to predict youth assaults (M2; n = 680). However, having a trusted JJ staff member was a protective mediator between NA and youth assaults (M3; n = 774), and there was a significant serial mediating effect involving DER, NA, and the trusted staff member on the pathway from ACEs to youth assaults (M4; n = 673). This study advances understanding of socioemotional processes that shape responses after experiencing childhood adversity, informing developmental adaptation and resilience within JJ contexts.

S22. ALEXITHYMIA EXACERBATES THE RELATION OF CHILD MALTREATMENT TO EXTERNALIZING BEHAVIORS AMONG TRAUMA-EXPOSED YOUNG ADULT WOMEN

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Track: Child and Adolescent Trauma
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Child maltreatment is a robust risk factor for externalizing behaviors later in life (Malvaso et al., 2016) and is linked to alexithymia (Ditzer et al., 2023), defined as difficulties with identifying and describing emotions. Alexithymia is a prominent characteristic among incarcerated populations (Kroner and Forth, 1995), though less is known about the role of child maltreatment and alexithymia in relation to externalizing behaviors, particularly among trauma-exposed young adult women. The aim of this study was to assess the link between child maltreatment and past year externalizing behaviors, to determine how alexithymia influences this link. 629 trauma-exposed college and community young adult women completed measures of child maltreatment, alexithymia, and externalizing behaviors. A significant main effect was found for child maltreatment severity ($\beta = 0.42$, SE = 0.04, $t = 11.40$, $p < .001$, 95% CI [0.15, 0.27]) and alexithymia severity ($\beta = 0.22$, SE = 0.04, $t = 6.23$, $p < .001$, 95% CI [0.15, 0.29). A significant interaction effect was found between child maltreatment and alexithymia ($\beta = 0.21$, SE = 0.03, $t = 6.66$, $p < .001$, 95% CI [0.15, 0.27]). Simple slopes demonstrated that the link between child maltreatment severity and

externalizing behavior was stronger at high (b = 0.64, SE = 0.04, t = 14.84, p < .001, 95 % CI [0.55, 0.72]) versus low (b = 0.19, SE = 0.06, t = 3.36, p = .001, 95 % CI [0.08, 0.30]) levels of alexithymia. Our findings suggest early environments characterized by threat and impairment in emotion identification may be a risk factor for engaging in externalizing behaviors in trauma-exposed young adult women.

S23. ORPHAN CAREGIVER PERCEPTIONS AND EXPERIENCES OF YOUTH IN CARE, RELATIONSHIPS WITH YOUTH, AND HISTORIES OF TRAUMA AND LOSS: FINDINGS FROM A LARGE QUALITATIVE STUDY OF CAREGIVERS IN SUB-SAHARAN AFRICA

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Track: Child and Adolescent Trauma
Program Category: Global Issues
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Eastern and Southern Africa
Abstract: Caregivers are the primary interpreters of trauma-related behaviors and histories among orphaned and vulnerable children (OVC), yet their perspectives remain understudied. Among the 53 million OVC in sub-Saharan Africa, research has documented exposure to trauma, though very limited research has examined caregiver understanding of OVC and relationships with OVC in care. Using NVivo 15, we analyzed a large secondary qualitative dataset of notes from informal interviews and case discussions with caregivers from ten East, West, and Southern African countries collected between 2015-2025. Combining a priori and emergent coding, we identified themes related to caregiver appraisals of youth needs and behaviors, relationships with youth, understandings of youth histories of trauma and loss, and caregivers' own histories of trauma. Findings highlight youth histories of complex trauma and attachment loss; caregiver concerns regarding OVC's defiant behavior, aggression, power and control, avoidance, and isolation; caregiver relationships impacted by stress, distrust, conflict, and longing for care; and caregivers' histories of chronic adversity and stress. Our findings advance understanding of OVC caregiving relationships, and can inform trauma-responsive, culturally attuned caregiver training, OVC trauma recovery, and broader policies shaping OVC care.

S24. FROM CHILDHOOD ABUSE TO ADULT SEXUAL VICTIMIZATION; THE MODERATING EFFECT OF ADULT SUPPORT

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Track: Child and Adolescent Trauma
Program Category: Intergenerational Trauma
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Industrialized Countries
Abstract: Youth who experience abuse are at increased risk of sexual victimization in young adulthood. This may be due to several factors including reduced recognition of abusive dynamics and an increased reliance on unhealthy relationships to fulfill unmet needs from childhood. Youth involved in child welfare experience high abuse rates, and are at disproportionately high risk of subsequent unhealthy relationships. Identifying factors that may mitigate risk is crucial for improving their mental and physical health. Using a series of regression models within the National Survey of Child and Adolescent Wellbeing II, we

examined main and interaction effects of childhood abuse and perceived support from adults on risk for future sexual victimization as young adults. Results (n=311) show that over and above covariates sex and age, childhood abuse and greater sense of support from adults interacted to predict sexual victimization risk (b: -.248, OR:.780, $p < .05$). Specifically, there was no association between sum of childhood abuse experiences and sexual victimization at medium (b: .048, NS) or high levels (b: .011, NS) of support. However, at low levels of support, more instances of childhood abuse were associated with higher likelihood of sexual victimization (b: .142, $p < .05$). These findings suggest that increasing the number of healthy, supportive relationships that welfare-experienced youth have throughout their development may serve to model safe relationships and meet their needs for connection, thereby reducing their risk of later victimization. Implications for community intervention and future research are discussed.

S25. EVIDENCE BASED PSYCHOTHERAPY AND BEYOND: TYPES OF SERVICES VETERANS RECEIVE FOLLOWING A TF-EBP

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Clinical practice guidelines recommend time-limited, evidence based psychotherapy (EBP) for PTSD. Even so, some veterans with PTSD remain symptomatic after completing an EBP, and many seek additional mental health (MH) services. This study aims to characterize the MH use patterns among veterans with residual symptoms after completing an episode of PTSD care.
Method: Using three years of Veterans Affairs (VA) electronic health records data, we evaluated MH utilization for veterans with PTSD (N=618) who completed at least one episode of care (≥ 13 sessions of psychotherapy) in a specialty care PTSD clinic in a large VA hospital.
Results: Most veterans (84%) attended even more than 13 sessions of PTSD specialty care with 30% of veterans receiving the equivalent of more than 2 full episodes of care (> 26 sessions). Most veterans (79%) also used non-PTSD specialty care, including medication (37%), substance use treatment (24%), and other individual MH therapy (27%). Veterans also accessed suicide prevention, homelessness services, inpatient services, primary care MH integration, behavioral sleep treatments, and peer support services.
Conclusion: Most veterans who engaged in a PTSD EBP also accessed additional MH care services, highlighting the need for care coordination and a roadmap to address common residual needs after an episode of PTSD care.

S26. CHANGING SENTIMENT: ANALYSIS OF PROLONGED EXPOSURE TRAUMA NARRATIVES

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Track: Clinical Interventions
Program Category: Clinical Practice

Presentation Level: Introductory
Population Type: Adult
Region: Global
Abstract: Imaginal exposure (IE) is a core component of prolonged exposure (PE) therapy, involving repeated recounting of a trauma memory. Narratives created during IE may yield insight into how retrieval changes over time. Though trauma narrative analysis is not novel, changes in sentiment during treatment remain underexplored. This analysis used Sentimentr, a sentence-level dictionary tool for evaluating word polarity and contextual valence, to examine sentiment change during IE. We hypothesized that earlier sessions would show greater average and peak negative sentiment than later sessions. Trauma narratives were transcribed from 25 individuals receiving PE. Recounting of the trauma memory ranged from 20-50 min per session and were transcribed for sessions 3 (initial IE), 5, and 10 (final IE). Preliminarily, linear mixed effects models revealed that progression through PE was not significantly associated with changes in average sentiment of narratives ($p = .48$), though the single most negative sentences in narratives became less negative in later sessions ($t [49] = –2.15$, $p = .04$, $d = –0.20$). Use of fear ($p = .73$) and sadness words did not substantially change ($p = .92$). Further analyses will increase sample size and link with in-session subjective distress during IE, PTSD, and depression symptom severity. Overall sentiment remained stable, but words used in potentially the most difficult portions of memory may become less emotionally charged. Clinically, the sentiment in narratives may not generally shift, though identifying key places of change may illuminate key therapeutic processes temporally linked to these changes.

S27. OBSERVING TREATMENT COURSE FOR PTSD AFTER SEXUAL ABUSE AND INSTITUTIONAL BETRAYAL

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Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Institutional betrayal refers to an organization either failing to prevent or to respond appropriately to traumatic events occurring within its ranks. Examples include college campuses failing to respond to reports of sexual violence, militaries mishandling investigations of sexual trauma, and workplaces retaliating against those impacted by sexual harassment. Institutional betrayal worsens PTSD symptoms and is linked to suboptimal treatment outcomes. The present quality assurance project features a review of $N = 170$ patients who presented to a clinic utilizing Tier 1 treatments for PTSD following sexual trauma. A subset ($n = 41$) endorsing an institutional betrayal event were compared to clinic peers without this factor on an array of treatment course complications and overall treatment completion. Betrayed patients were less likely to successfully complete treatment (17% betrayed completed, 34% non-betrayed, $p < .05$). They were also more likely to be psychiatrically hospitalized during the course of treatment (9% betrayed, 1% non-betrayed, $p < .05$) and had higher PCL-5 scores at clinic departure, $p < .05$. These results raise concern that current best practices in PTSD treatment are not meeting the needs of patients who have been institutionally betrayed in the aftermath of sexual abuse. Ideas for future directions in psychotherapy practice and research are discussed.

S28. IMPLEMENTING COGNITIVE PROCESSING THERAPY IN A RESIDENTIAL SETTING FOR PATIENTS WITH SEVERE PSYCHIATRIC COMORBIDITY: TREATMENT OUTCOMES IN A NATURALISTIC SAMPLE

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

Abstract: Background: Posttraumatic stress disorder (PTSD) frequently co-occurs with severe psychiatric conditions and is associated with poorer treatment response and functional impairment. Although Cognitive Processing Therapy (CPT) is a gold-standard PTSD treatment, clinicians often hesitate to implement trauma-focused interventions in highly complex residential settings due to concerns about destabilization. This study evaluated outcomes of CPT delivered within a residential program serving individuals with PTSD and significant psychiatric comorbidity.
Method: Participants (N = 348) with PTSD admitted to residential treatment completed measures at admission and discharge. Two hundred forty-seven elected to receive CPT (CPT+), and 101 did not (CPT–). Outcomes included PTSD (PCL-5), depression (PHQ-9), and global psychopathology (EDE-Q). Repeated measures analyses of covariance examined differential change.
Results: CPT+ participants demonstrated significantly greater reductions in PTSD, depressive, and global psychopathology symptoms than CPT– participants (all $p \leq .05$). No evidence of symptom exacerbation was observed.
Conclusions: Findings support the feasibility and effectiveness of CPT in a residential setting serving individuals with high psychiatric complexity and suggest that concurrent PTSD treatment may enhance broader recovery outcomes.

S29. PTSD SYMPTOM SEVERITY MODULATES DAILY EMOTIONAL EXPERIENCES AMONG WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE

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[1]*Yale School of Medicine*

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

Abstract: Disturbances in emotional processing characterize posttraumatic stress disorder (PTSD). This study uses novel methods (i.e., experience sampling methods [ESM] and dynamic structural equation modeling) to test the influence of PTSD symptom severity on daily experiences of negative and positive emotions among women experiencing intimate partner violence (IPV). Participants were 93 community women experiencing IPV who were recruited as part of a larger study testing a digital single-session intervention to promote hope. Participants completed a baseline assessment of PTSD symptom severity and 32 days of daily smartphone-based ESM in which they reported negatively- and positively-valenced emotional experiences. Greater PTSD symptom severity was associated with significantly greater negative emotions ($p=.003$) and lower positive emotions ($p < .001$) across the ESM

period. PTSD symptom severity was significantly associated with the autoregressive effect for negative emotions across the daily survey period (p=.03), such that negative emotions persisted into the next day more strongly for those with greater baseline PTSD symptom severity. This was not true for positive emotions. Findings speak to the need for trauma-focused interventions to include emotion regulation strategies to address the persistence of negative emotions and promote positive emotions to subsequently improve well-being.

S30. ADAPTING THE SAFE AND HEALTH EXPERIENCES (SHE) PROGRAM FOR WOMEN IN OPIOID USE DISORDER CARE SETTINGS

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Opioid use disorder (OUD), sexual victimization (SV), and posttraumatic stress disorder (PTSD) are significant, co-occurring concerns with high morbidity and mortality. OUD treatment outcomes are worse among those with SV and PTSD, many of whom are women. Despite the intersection of OUD, SV, and PTSD, individuals with OUD are rarely screened for SV or PTSD, and mental health treatment engagement is low among those with OUD. To enhance treatment outcomes for this vulnerable group, the Safe and Health Experiences (SHE) program – which was originally developed for women veterans in primary care settings – was adapted to suit women in OUD care settings (SHE-OUD). SHE-OUD provides brief, tailored intervention focused on increasing mental health treatment use. It is a one-session, modular, and computer-based program that also consists of screening measures and referral to treatment. The focus of this presentation is on the development period of the multistage study testing and implementing SHE-OUD. To adapt and refine the program, information from informant interviews (N=10), focus groups (N=30), stakeholder interviews (N=6), and a Research Advisory Board was implemented. In future stages of the study, an open trial (N=20) will be used to assess feasibility, safety, accessibility, and utility of SHE-OUD. Afterward, a randomized controlled trial (N=120) will be conducted to examine improvements in mental health treatment engagement as well as symptoms of PTSD and polysubstance use, OUD treatment outcomes (e.g., opioid use, medication adherence), and SV-related outcomes (e.g., shame, revictimization).

S31. GRATITUDE, EMOTION REGULATION STRATEGIES, AND PTSD SYMPTOM CLUSTERS: A NETWORK APPROACH

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Track: Clinical Interventions
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Mixed theoretical models exist within the extant literature explaining the direction of the relationship between gratitude, emotion regulation (ER) strategies, and psychological outcomes. Here, we aim to address this gap by examining the relationship between dispositional gratitude, expressive suppression (ES), experiential

avoidance (EA), cognitive reappraisal (CR), and PTSD symptom clusters. We hypothesized that ER strategies would be correlated with symptom clusters independently of gratitude.
Method: A cross-sectional survey was distributed to university students in the midwestern United States (N = 197). The survey battery consisted of the PCL-5 (Weathers et al., 2013), GRAT – SF (Watkins et al., 2003), ERQ (Gross and John, 2003), and BEAQ (Gámez et al., 2014).
Results: To test our hypothesis, we estimated an unregularized network model. The model indicated that gratitude was only negatively related to Cluster E symptoms (i.e., hyperarousal; r = -.14). Gratitude was positively related to CR (r = .36) and negatively related to ES (r = -.22). Notably, CR and ES were not correlated with any PTSD symptom clusters beyond other variables. However, EA was related to Cluster D symptoms (i.e., negative alterations in cognition and mood; r = .14).
Conclusions: This study provides preliminary support for an indirect effect of gratitude on the association between ER strategies and PTSD symptoms, as well as support for gratitude being an ER strategy given its correlation with adaptive strategies such as cognitive reappraisal and lack of correlation to other strategies such as experiential avoidance.

S32. SEQUENCING TRAUMA-FOCUSED TREATMENT AND CBT-I: IMPLICATIONS FOR OUTCOMES IN VA CLINICAL PRACTICE

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: This study evaluated how the sequencing of trauma-focused evidence-based psychotherapies (Prolonged Exposure or Cognitive Processing Therapy; TF-EBP) and Cognitive Behavioral Therapy for Insomnia (CBT-I) relates to clinical outcomes within the VA. Using data from the VA Corporate Data Warehouse, we identified a national cohort of 637 Veterans who completed sequential episodes of TF-EBP and CBT-I and received repeated measurement-based PTSD assessments (PCL-5). We conducted sensitivity analyses with 333 Veterans who also had repeated insomnia assessments (ISI). We applied multivariate linear and logistic regression models to examine changes in PTSD and insomnia symptoms, the likelihood of clinically significant improvement, and recovery as a function of treatment order while adjusting for demographic and clinical covariates.
Veterans demonstrated meaningful reductions in PTSD (MΔ = 13.2) and insomnia (MΔ = 7.7) symptoms across the sample. Clinically significant PTSD improvement occurred in 45.5% of Veterans, and 24.2% achieved recovery. Clinically significant insomnia improvement occurred in 62.2% of the sample. Treatment sequencing did not predict differential symptom change, recovery, or clinically significant improvement. Instead, patient-level characteristics (e.g., duration of PTSD diagnosis, comorbid sleep and depressive disorders, age) showed stronger associations with outcomes. These findings indicate that sequential delivery of TF-EBP and CBT-I provides meaningful benefit regardless of order, supporting flexible, patient-centered sequencing decisions in routine VA care

S33. CHARACTERISTICS, QUALIFICATIONS, AND TRAINING OPPORTUNITIES FOR COMMUNITY PROVIDERS TREATING VETERANS WITH POSTTRAUMATIC STRESS DISORDER

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: This presentation updates knowledge on community providers' training, military cultural competence, and evidence-based practice use during continued expansion of the Veterans Community Care Program (VCCP). Community mental health providers who treated Veterans with PTSD or a history of military sexual trauma (MST) were identified through VA' administrative and community care databases. A total of 101 VCCP providers (75% female, 78% non-Hispanic White) completed a cross-sectional survey assessing professional background, practice characteristics, and experience treating Veterans. Disciplines included counseling (39%), social work (24%), marriage and family therapy (14%), psychology (11%), nursing (8%), and psychiatry (4%). Most worked in private practice settings (82%) and primarily treated Veterans for PTSD, anxiety disorders, depression, or interpersonal concerns. Frequently endorsed approaches included cognitive-behavioral, trauma-focused, and supportive counseling therapies. Although providers reported familiarity with treating Veterans' PTSD, combat-related stress, and suicide risk, many expressed interest in additional training on Veteran-specific topics such as MST, pain management among Veterans, and special considerations for women Veterans. Findings identify actionable opportunities to strengthen training and support for community providers and enhance delivery of Veteran-centered mental health care.

S34. THE MISSION WITHIN: AN OPEN-LABEL PILOT STUDY OF IBOGAINE AND 5-MEO-DMT FOR VETERANS MANAGING PTSD, MTBI, AND MENTAL HEALTH CONDITIONS

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

Abstract: Background: Posttraumatic stress disorder (PTSD), mild traumatic brain injury (mTBI), and other mental health conditions are highly prevalent among military veterans. Despite the availability of evidence-based interventions, many veterans experience chronic, refractory symptoms, highlighting a need for novel approaches.
Methods: Military veterans with PTSD, mTBI, and related mental health conditions completed pre and post assessments as part of a prospective observational pilot study. A structured protocol involving a regimen of ibogaine and 5-MeO-DMT was administered in a naturalistic setting, complemented by coaching support. Assessing PTSD, mood, anxiety, and cognitive functioning, follow-up assessments are ongoing.
Results: There were significant and large improvements in PTSD symptoms (PCL-5: $p < .001$, $\eta^2p = .683$), depression (PHQ-9: $p < .001$, $p < .001$, $\eta^2p = .660$), anxiety (GAD-7: $p < .001$, $\eta^2p = .650$), and cognitive functioning (PDAT-SCS: $p < .001$, $\eta^2p = .527$) following the psychedelic regiment, with gains remaining stable across three post-retreat assessments, and follow-up data collection ongoing through 24 weeks post-retreat.
Conclusion: Preliminary findings suggest a regimen of ibogaine and 5-MeO-DMT administered in a naturalistic setting, complemented by coaching support, is associated with clinically significant and durable improvements in PTSD symptoms, mood, anxiety, and cognitive functioning in military veterans.

S35. WRITTEN EXPOSURE THERAPY (WET) OUTCOMES FROM A VETERAN OUTPATIENT PTSD CLINIC

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Written Exposure Therapy (WET) is a relatively new, brief, and easy to administer treatment for PTSD (Sloan et al., 2012) that has been compared to Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) in non-inferiority trials (Sloan et al., 2018; Sloan et al., 2023) and has demonstrated comparable results to both PE and CPT in terms of reducing PTSD symptom severity. In randomized clinical trials (RCTs), WET demonstrates lower drop-out rates compared to CPT and PE. There have been few naturalistic trials of WET to date (e.g., Hedvall et al., 2025; LoSalvio et al., 2023). The current authors aim to describe the course of WET for Veterans at a VA in the Southern United States and to determine whether the treatment performs as well in a VA clinical setting as it does in RCTs and implementation trials. During the 2025 calendar year, 61 total Veterans chose to engage in WET following PTSD diagnostic evaluation and shared-decision making sessions in a VA outpatient clinic that offers PE, CPT, EMDR, and WET. Descriptive statistics including demographic information, treatment modality (telehealth or in person), drop-out rate, and number of sessions completed will be presented. PCL-5 scores obtained at first WET session, last session, and one-month follow up will be presented and means will be compared to determine whether there was significant change in PCL-5 scores from pre- to post- treatment and at one-month follow up.

S36. SAVING VETERANS' LIVES: CLINICAL FINDINGS FROM TRR'S WARRIOR CAMP® PROGRAM

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Study Objective: Combat Veterans face challenges that can involve PTSD, depression, dissociative experiences, and/or moral injury (MI), which can result in self-destructive behavior and suicide. Trauma and Resiliency Resources (TRR) utilizes a novel 7-day residential and multimodality program (Warrior Camp®; WC) that focuses on moral injury to determine if there is a reduction in suicide-associated symptoms and behavior.
Research Design/Methods: WC incorporates EMDR, Yoga, Equine Therapy, Narrative Medicine, and Native American Cultural Medicine in a community setting. The veterans were clinician-evaluated utilizing TRR's novel Military Moral Injury Scale (MMIS), the Davidson Trauma Scale (DTS), and the Dissociative Experiences Scale (DES), and self-reported utilizing the PHQ-9 and the M-PTSD, among others. Participants consented to have their non-identifying data submitted for analysis. We used an outcomes monitoring approach (Rossi, Lipsey and Freeman, 2004) to examine self-report measures using single-group pre/posttest design for at least 153 participants (and clinician administered measures for at least 177 participants) across 19 iterations of WC over 12 years.
Results and Conclusions: Results indicate that participation in the program led to positive outcomes that were both statistically and clinically significant for PTSD, depression, adult attachment, and moral injury. TRR had a 99% program completion rate and 99.6% post-program survival rate, showing that prioritizing moral injury repair is a significant contribution to suicide prevention in combat Veterans.

S37. CORRELATES OF ENGAGEMENT IN PSYCHOTHERAPY IN VETERANS WITH PTSD

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: The theory of planned behavior (TPB) states that behavior is shaped by attitudes, subjective norms, and perceived behavioral control (Azjen, 1985). There are mixed findings about the relationship between stigma, norms, and engagement in psychotherapy in Veterans (Rosen et al., 2011; Vogt, 2011); although beliefs about treatment are consistely related to engagement (Vogt et al, 2014; Johnson et al., 2021). The goal of this study was to examine Veteran engagement in PTSD psychotherapy according to the TPB constructs.
Method: We collected survey data on 477 Veterans with a VA medical record diagnosis of PTSD across 5 VA sites as part of a larger trial. Veterans completed a survey assessing demographics, clinical characteristics, service utilization, and attitudes.
Results: 136 (38%) reported current participation in psychotherapy. Engagement in therapy was associated with female sex ($p = .002$), unpartnered status ($p = .039$), health insurance ($p = .001$), service era ($p = .034$), higher PCL-5 score ($p = .045$), being above the PCL-5 clinical cutoff ($p = .023$), more postive attitudes about therapy ($p < .001$), more positive beliefs about psychotherapy ($p = .001$). The following did not predict engagement in therapy: age, race/ethnicity, service connected disability, trauma type, total number of traumas, knowing other Veterans who engaged in therapy, self-stigma or other-stigma for engaging in therapy.

Discussion: These results suggest that attitudes and beliefs about psychotherapy impact engagement more than subjective norms, self-stigma, or perceptions of being stigmatized by others for attending psychotherapy.

S38. PTSD ISN'T THE WHOLE STORY: MORAL INJURY OUTCOMES IN MILITARY AND COMMUNITY FIRST RESPONDERS RECEIVING INPATIENT TRAUMA TREATMENT

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Track: Clinical Interventions
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Trauma treatment outcomes have traditionally focused on changes in PTSD symptoms; however, many individuals also experience moral injury. Despite recognition of its clinical relevance, limited data exist on how moral injury changes during intensive inpatient trauma treatment or whether outcomes differ by occupational context.
We examined changes in moral injury severity among military members and first responders admitted to a specialized inpatient trauma program. Moral injury was assessed at admission and discharge using the MIOS. 84 participants completed pre- and post-treatment assessments.
Across the full sample, moral injury severity decreased significantly from admission ($M = 37.55$, $SD = 12.38$) to discharge ($M = 30.92$, $SD = 12.65$), representing a statistically significant and clinically meaningful reduction, $t(83) = 5.05$, $p < .001$. Item-level analyses indicated differential change across moral injury domains. The greatest improvements were observed in self-directed moral distress, Moderate improvements occurred in disruptions to identity and values. Items reflecting perceived betrayal by leaders or institutions showed the least change. Military and first responder participants demonstrated comparable improvements, with no meaningful differences in total score or item-level change.
Findings suggest that moral injury is responsive to intensive inpatient trauma treatment across occupational groups. Results highlight the importance of assessing outcomes beyond PTSD symptoms and support moral injury as a distinct and clinically meaningful treatment target.

S39. THE EXPERIENCE OF TRANSCUTANEOUS AURICULAR NEUROSTIMULATION (TAN) FOR CO-OCCURRING PTSD AND OPIOID USE DISORDER: QUALITATIVE OUTCOMES FROM A PILOT RCT

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Track: Clinical Interventions
Program Category: Technology
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Co-occurring PTSD and opioid use disorder (OUD) complicate recovery, often leading to early treatment dropout. Transcutaneous auricular neurostimulation (tAN) is a promising adjunct to buprenorphine (BUP) for stabilizing this population. However, little is known about the patient experience of using such wearable technology for self-administered treatment outside of the clinic setting. We evaluate the qualitative

experience of PTSD/OUD patients to assess the acceptability and potential of tAN as a scalable, non-pharmacological adjunct to buprenorphine.
Methods: In an ongoing double-blind RCT, 11 participants (Active tAN n=6; Active Sham n=5) with confirmed PTSD/OUD completed 12 weeks of device use. Qualitative data were drawn from a post-treatment semi-structured interview. Thematic analysis examined device engagement, perceived efficacy, and usage barriers.
Results: Across conditions, acceptability was high. Participants described the regular "ritual" of device use as a "grounding" mechanism that facilitated structure. Active tAN narratives focused on emotional/autonomic regulation (e.g., feeling "less jumpy), while Sham participants emphasized anxiety reduction. A shared challenge for participants was differentiating device effects from BUP efficacy regarding craving reduction.
Conclusion: tAN demonstrates high feasibility for patients with PTSD/OUD on BUP therapy. Results suggest tAN's perceived value stems from both neurobiological modulation and the behavioral agency of self-administered care. Patients appreciate having control over their therapy when they need it.

S40. ALTERED COPING AFTER CRISIS? A MIXED-METHODS INVESTIGATION OF SUBSTANCE USE AFTER TERRORISM

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Track: Mass Violence and Migration
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Substance use is a common yet heterogeneous response to trauma. Social support, exposure to other traumas, and stigmas (e.g., queer identity) may influence the type, onset, and persistence of substance use. Changes in substance use may reflect either a prosocial response (e.g., increased social activities) or health-risk behaviour (e.g., social withdrawal).
Objective: To assess substance use in terror survivors after the 2022 Oslo Pride shooting.
Method: 242 survivors underwent structured interviews three years after the attack, including both queer (62%) and non-queer (38%) individuals. Participants reported last 3-month frequency and problematic use of alcohol, opioids, anxiolytics, cannabis, and other substances, and retrospective changes in substance use with before the attack. Qualitative data were coded into increased or decreased use, alongside reasons underlying changes. Other trauma exposures, social support, and queer identification were measured quantitatively.
Results: 39% reported substances impacted how they experienced the attack, and 42% changed their substance use in the aftermath. Increased use was for functional reasons (e.g., to sleep) or greater recklessness after the trauma (e.g., "nothing matters"), while a smaller group reported decreased use to avoid associations with the attack or to feel in control. Less social support and intoxication under the attack were related to harmful alcohol use. More peritraumatic exposures and reactions were associated with harmful medication use.
Conclusion: Increased or decreased substance use may indicate harm in individuals impacted by trauma

S41. LIVING UNDER ONGOING THREAT: A MIXED-METHODS STUDY OF WAR EXPOSURE, MENTAL HEALTH, AND PARENTING IN UKRAINE

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Track: Mass Violence and Migration

Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Prolonged war exposure places caregivers at risk for sustained psychological distress, which may compromise parenting quality. This mixed-methods study examined whether caregiver mental health mediates the relationship between war exposure and parenting practices among Ukrainian caregivers who remained in Ukraine. Participants were 168 non-displaced Ukrainian caregivers who completed standardized surveys; 157 also responded to an open-ended question: "List four factors that negatively affect your mental health." Parenting was assessed using the Multidimensional Assessment of Parenting Scale, Mental health was measured with the Patient Health Questionnaire-8 and Generalized Anxiety Disorder-7. Quantitative findings indicated that greater war exposure was associated with poorer caregiver mental health, which in turn predicted lower parenting quality; the indirect effect through mental health was significant. Qualitative findings revealed pervasive and inescapable exposure to war-related threat (e.g., shelling, air raid sirens, drone attacks), chronic fear, severe sleep disruption, economic hardship, health deterioration, and media overload. Among non-displaced caregivers, sustained psychological distress appears to be a key mechanism linking war exposure to compromised parenting, underscoring the need for trauma-informed, caregiver-centered interventions.

S42. FAMILY COMMUNICATION AS A PATHWAY OF INTERGENERATIONAL TRAUMA IN REFUGEE CONTEXTS: A MIXED-METHODS PILOT STUDY IN KENYA

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Track: Mass Violence and Migration
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Eastern and Southern Africa
Abstract: Objectives: Intergenerational trauma is increasingly recognized as an important influence on child and adolescent development among families exposed to concentrated adversity. Families in displacement contexts often face high trauma exposure. Few studies, however, have tested interventions targeting specific mechanisms of intergenerational transmission in displacement contexts. Emerging evidence suggests family communication, altered by trauma exposure, may be an important pathway that could be addressed in interventions.
Methods: We describe the design of a mixed-methods pilot study adapting and evaluating Tuko Pamoja, a family communication intervention, among refugee families in Kakuma Camp, Kenya. This intervention was originally developed to improve family communication and functioning in a Kenyan context and has been adapted for other populations. This study examines feasibility and acceptability while testing whether improvements in family communication function as a protective mechanism buffering associations between caregiver trauma exposure and child psychosocial adjustment.
Results: Data collection is scheduled to begin in 2026 in collaboration with local partners. This study advances a mechanisms-focused approach to intergenerational trauma intervention and will generate preliminary evidence on family communication as a modifiable pathway in refugee family contexts.

Conclusions: Findings will contribute to understanding how family-level interventions may influence intergenerational trauma processes among families in prolonged displacement.

S43. EXPLORING POTENTIAL GENDER-BASED CONTEXTUAL CONTRIBUTORS TO MENTAL HEALTH OUTCOMES AMONG UKRAINIANS IN THE UNITED STATES DISPLACED FOLLOWING RUSSIA'S 2022 FULL-SCALE INVASION

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Track: Mass Violence and Migration
Program Category: Social Issues - Public Policy
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Gender differences in posttraumatic distress in war-displaced individuals appear to mirror differences found in other traumatized populations in that women report greater symptom severity than men. Emerging research suggests that these disparities are due in part to gender-based sociocultural roles and context. We assessed gender differences in mental health outcomes in a sample of 175 Ukrainian evacuees (73.1% women) in the United States (US) and hypothesized sociocultural contributors (types of potentially traumatic events experienced, caregiving role, employment status, job satisfaction, language proficiency). Women reported higher levels of posttraumatic stress disorder (PTSD), depression, and somatic symptoms than men, whereas men reported higher levels of moral injury (but not trauma-related guilt cognitions) than women. No gender differences emerged in frequency of meeting cutoff scores suggestive of clinically significant levels for any of the symptom measures or in overall positive mental health. Among the sociocultural factors examined, women evidenced a non-significant small-medium effect sized trend of being more likely to experience sexual assault, and a significantly greater decrease in job satisfaction in the US compared to that in Ukraine was higher for women and associated depression symptom severity. Further research is needed to identify factors contributing to gender differences in posttraumatic outcomes to inform intervention efforts among war-displaced individuals, but a good place to start may be employment assistance.

S44. UNDERSTANDING COMPLEX RELATIONS AMONG ALCOHOL COPING MOTIVATION, CONSUMPTION, AND POSTTRAUMATIC DEPRECIATION AFTER FATAL CAMPUS GUN VIOLENCE

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Track: Mass Violence and Migration
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: After a collective trauma, such as a fatal campus shooting, some university community members may use alcohol to cope with distress, and some may experience negative psychosocial changes, such as constrained future possibilities, disrupted relationships, diminished personal strengths, reduced appreciation of life, and altered spiritual/existential beliefs, collectively known as posttraumatic depreciation (PTD; Baker et al., 2008). Elevated alcohol-related coping motivation may lead to increased alcohol

consumption, though the role of consumption in relation to PTD remains unclear. Four months after fatal shootings at a U.S. Mountain West university, students, staff, and faculty (N = 211) completed measures of alcohol-related coping motivation (DMQ-R), alcohol consumption (AUDIT-C), and PTD. Mediation analyses revealed a direct effect of coping motivation on PTD, but a negative (suppression) indirect effect (β = −.08, 95% CI [−.14, −.02]); higher coping motivation was associated with greater alcohol consumption, but consumption was inversely associated with PTD. This cross-sectional snapshot of the four-month period following a campus shooting suggests that alcohol-related coping motivation may reflect susceptibility to greater alcohol consumption and PTD. After accounting for these relations, residual levels of alcohol consumption may reflect more benign socially normative drinking in college settings. As campus gun violence increasingly troubles our world (Reyns et al., 2024), longitudinal research is needed to help prevent these collective traumas and their wide-ranging effects.

S45. RACE-RELATED STRESS AND ADVERSE MENTAL HEALTH IN BLACK PERINATAL WOMEN: COLLECTIVISM AS A CULTURAL STRENGTH

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Track: Mode, Research Methods and Ethics
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Race-related stress is associated with adverse mental health outcomes. Black women experience disproportionately high race-related stress during the perinatal period, a vulnerable, yet understudied period. Collectivism, which emphasizes interdependence and communal support, has been documented as a cultural strength associated with lower psychological distress among Black women.
Objective: This project examines associations among race-related stress, collectivism, and adverse mental health. We hypothesized that higher race-related stress would be associated with higher levels of mental health symptoms and collectivism with lower levels of mental health symptoms.
Methods: Trauma-exposed pregnant women in their first trimester (N=130) completed the Index of Race-Related Stress, Brief Collectivism Scale, PTSD Checklist for DSM-5, Edinburgh Postnatal Depression Scale, and Generalized Anxiety Disorder 7-item scale.
Results: Greater race-related stress was associated with higher PTSD (β = .42, p < .001), depression (β = .35, p < .001), and anxiety symptoms (β = .29, p = .002). Higher collectivism was associated with lower PTSD (β = -.24, p = .008), depression (β = -.26, p = .007), and anxiety symptoms (β = -.27, p = .002).
Conclusion: Results provide novel evidence linking collectivism to improved mental health for Black perinatal women, highlighting implications for trauma-informed, culturally responsive prenatal care.

S46. INTRODUCTION TO DATA HARMONIZATION AND STRESS TESTING HARMONIZED DATA ON MULTIDISCIPLINARY TEAMS

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Track: Mode, Research Methods and Ethics
Program Category: Military and Veterans

Presentation Level: Intermediate
Population Type: Adult
Region: Global
Abstract: Precision medicine approaches, where patients are matched to an optimal treatment type and dose, are promising for improving trauma treatment, yet the number of individual patient factors that could impact trauma outcomes (e.g., social determinants of health, trauma type) are numerous and nearly impossible to adequately sample in a single study. Data harmonization is an innovative methodological approach that combines existing studies to answer these larger questions. When guided by FAIR (findable, accessible, interoperable, reusable) data principles, these efforts result in large accessible databases that can inform precision medicine, be linked with other data sources, and be expanded to answer pressing questions as they arise. We will introduce two types of data harmonization, study-level and individual patient data harmonization, highlight the importance of multidisciplinary and lived experience collaborations in creating data resources, introduce the audience to several publicly available databases related to traumatic stress, and walk through strategies for combining data and ensuring its appropriateness for harmonization. We will present examples of cross-walking challenging traumatic stress variables (e.g., DSM-IV vs. DSM-V posttraumatic stress disorder symptoms), using principal components analysis to visualize the impact of study on combined data, and evaluating cross-walked variables using measurement invariance testing.

S47. NEGATIVE AND POSITIVE URGENCY INFLUENCE THE LINK FROM POSTTRAUMATIC STRESS SYMPTOMS TO OPIOID CRAVINGS

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Track: Mode, Research Methods and Ethics
Program Category: Technology
Presentation Level: Intermediate
skills to reduce opioid cravings.
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: Posttraumatic stress symptoms (PTSS) frequently co-occur with opioid use. Consistent with the self-medication model, PTSS may trigger opioid cravings as individuals attempt to manage trauma-related distress. We hypothesized that the daily PTSS-opioid craving link would be stronger for individuals with heightened emotion-driven impulsivity facets.
Methods: Community-based participatory research (CBPR) methods were used to center the experiences of those directly impacted by this research. Participants were 53 trauma-exposed community members (Mage = 45.2 years; 81% white; 72% disabled; 57% men; 38% without stable housing; 9.4% LGBTQ+) using opioids and at elevated risk of suicide. Participants self-reported impulsivity at baseline and PTSS and opioid cravings twice daily for 14 days. Dynamic Structural Equation Modeling was used in Mplus.
Results: Negative urgency (Fixed Effect Estimate = 0.31, 95% CI[0.01, 0.55]) and positive urgency (Fixed Effect Estimate = 0.32, 95% CI[0.06, 0.54]) significantly influenced the random cross-lagged effects for PTSS predicting next-survey opioid cravings, in which negative and positive urgency were associated with a stronger slope between PTSS and opioid cravings.
Conclusion: This study suggests that impulsivity in response to negative and positive emotions may play an important role in PTSS-driven opioid cravings. Findings align with

emotion dysregulation frameworks linking PTSS to opioid use. This study highlights the potential for trauma-informed mobile health interventions focused on emotion regulation

S48. INVESTIGATING PRE-ASSAULT ALCOHOL AND CANNABIS USE AS CORRELATES OF SYMPTOMS OF ACUTE STRESS AND DEPRESSION AMONG RECENT SEXUAL ASSAULT SURVIVORS

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Objective: Alcohol and cannabis use are linked to higher symptoms of PTSD and depression in the months and years post-sexual assault. However, it is unclear whether pre-assault alcohol or cannabis use may be linked to symptoms of acute stress or depression in the early weeks post-assault.
Method: This study tested associations among pre-assault alcohol misuse and cannabis use and current symptoms of acute stress and depression among 92 recent sexual assault survivors who completed a sexual assault medical forensic exam and a Screening, Brief Intervention, and Referral to Treatment intervention (MAge = 26.29; 94.4% cisgender women; 56.5% white). Two regression models tested associations among past-year alcohol (AUDIT-C) and cannabis use (yes/no) and acute stress symptoms (PC-PTSD-5) and the likelihood of screening positive for depression (PHQ-2). Covariates included days elapsed post-exam, age, race/ethnicity, sexual orientation, difficulty meeting basic needs, and current safety concerns.
Results: Past-year cannabis use was associated with higher acute stress symptoms [B = 0.82, SE(HC3) = 0.36, p = .03] and a higher likelihood of screening positive for depression (aOR = 13.29, 95% CI [1.40 , 126.41], p = .02), but alcohol misuse was not associated with acute stress symptoms [B = 0.06, SE(HC3) = 0.07, p = .39] or the likelihood of screening positive for depression (aOR = 1.02, 95% CI [0.76 , 1.36], p = .92). **Conclusions:** Cannabis use may be relevant to risk for acute stress and depression among recent sexual assault survivors. Future work should examine mechanisms linking cannabis use to these outcomes during early recovery.

S49. BRIEF MINDFULNESS REDUCES AROUSAL TO THREAT CUES AMONG INDIVIDUALS WITH ELEVATED PTSD SYMPTOMS

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Track: Prevention and Early Intervention
Program Category: Clinical Practice
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Few early interventions exist for PTSD, and none are standards of care. Individuals at risk show sustained physiological arousal post-trauma, suggesting arousal is an intervention target.

This study tested whether brief mindfulness-based relaxation reduces arousal to threat cues using the Fear Potentiated Startle Paradigm (FPS). Fifty-two participants were randomized to engage in a brief mindfulness meditation or a control task after the fear acquisition stage. The rate at which fear extinguished, a marker for reduced arousal, was the primary outcome.
A 2 × 2 × 4 mixed ANOVA (Group × PTSD Severity × Time) revealed a significant main effect of Time, $F(3, 108) = 4.94$, $p = .006$, and a significant Group × PTSD Severity interaction, $F(1, 45) = 4.77$, $p = .034$. Among participants with elevated PTSD symptoms (PCL ≥ 31), there was a main effect of group, $F(1, 39) = 5.64$, $p = .023$, such that those in the mindfulness condition demonstrated lower and more rapidly decreasing startle reactivity during extinction compared to controls. No significant group differences were observed among participants with lower PTSD symptoms, $F(1, 13) = 1.56$, $p = .244$. Self-reported stress ratings collected pre- and post-intervention indicated greater stress reduction in the mindfulness group ($b = 0.123$, $p = .043$).
These results provide preliminary experimental evidence that brief mindfulness meditation may facilitate reductions in physiological arousal to threat cues, particularly among individuals with elevated PTSD symptoms, supporting further evaluation of mindfulness-based strategies as early interventions following trauma exposure.

S50. INTERGENERATIONAL TRANSMISSION OF TRAUMATIC NARRATIVES BETWEEN SECOND AND THIRD GENERATION HOLOCAUST SURVIVORS' OFFSPRING

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Track: Prevention and Early Intervention
Program Category: Community-Based Programs
Presentation Level: Intermediate
Population Type: Adult
Region: Middle East and North Africa
Abstract: Genocide-related intergenerational transmission of trauma and traumatic narratives has documented negative effects on the identity and wellbeing of three generations of survivors' offspring. This study extends the understanding of intergenerational transmission of trauma among women by identifying themes, concerns and behaviors transferred from second generation (G2) to third generation (G3) holocaust survivors, and recognizing positive consequences among G3 females.
Using qualitative methodology, we sampled 10 nonclinical mother-daughter pairs, conducting focus groups for mothers and daughters, separately, asking them to share their personal experiences, using seven leading questions, formulated to supply good data for qualitative analysis. Transcribed focus group recordings were classified, coded and analyzed using Braun and Clarke's (2006) Inductive thematic method.
Six themes were transmitted to G3: Fear of hunger, Negative emotions, childhood loss and loneliness, Family values and cohesion, Ethnic identity, and Ascetic lifestyle. G2 mothers distanced themselves from intimacy with their daughters, while G3 daughters showed higher preparedness for creating comprehensive family narratives and higher motivation to pass them to G4.
G2 and G3 Holocaust survivors could benefit from strengthening their sense of identity and wellbeing. Supervised co-creation of family narratives could be used in psychotherapy of survivors and their families. Further research should study the benefits of heling through narrative co-creation, and the process of internalization transmitted trauma.

S51. PERCEIVED BURDENSOMENESS, THWARTED BELONGINGNESS, AND SUICIDAL IDEATION: EXPLORING THE MODERATING IMPACT OF PTSD SYMPTOMS

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Track: Prevention and Early Intervention
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: The interpersonal theory of suicide posits that perceived burdensomeness (PB) and thwarted belongingness (TB) contribute to the development of suicidal ideation (SI). Ecological momentary assessment (EMA) studies have found PB and TB predictive of SI, but no research has explored how post-traumatic stress disorder (PTSD) symptoms may moderate these relationships. The current study examined how baseline PTSD symptoms moderated PB and TB relationships with same and next day SI. Adults (N = 31, M_age = 32.9; SD_age = 9.7; 735 observations) participating in a dialectical behavior therapy intensive outpatient program completed 4 daily EMA surveys for 21 days. PB, TB, and SI duration and intensity were captured on Likert scales. Baseline PTSD symptoms were captured based on a Criterion A event. Two-level multilevel models tested day-level within- and between-person relationships of PB and TB with SI and examined how PTSD symptoms moderated these relationships. Same day models found increased within- and between-person PB and within-person TB to be significantly associated with increased SI intensity and duration. At the between-person level, PTSD symptoms significantly strengthened the relationship between PB and SI intensity. Next day models found same day SI to predict next day SI. No other significant direct or moderator relationships were found. Future research may consider assessing PTSD symptoms in EMA surveys to uncover how PTSD symptoms may moderate the within-person PB and TB to SI relationships.

S52. THE ART OF RESILIENCE: A THEORETICAL BRIDGE ACROSS RESILIENCE PERSPECTIVES

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Track: Prevention and Early Intervention
Program Category: Global Issues
Presentation Level: Introductory
Population Type: Both Adult and Child/Adolescent
Region: Global
Abstract: The theoretical understanding of psychological resilience has evolved significantly over recent decades, leading to diverse conceptual frameworks that emphasize different aspects of resilient adaptation. Some frameworks focus on resilience as a personal trait, others view it as a dynamic process, while still others emphasize the role of environmental and systemic factors. This theoretical paper introduces the ART framework (Acknowledgment, Reframe, and Tailoring), which provides an integrative perspective that bridges these seemingly disparate approaches. The ART framework offers a comprehensive understanding of how various resilience mechanisms work together in real-world contexts by focusing on the dynamic interplay between resource identification, reframing threats as challenges, and adaptive tailoring between resources and challenges. The ART framework

incorporates and extends existing theoretical perspectives while providing a practical structure for understanding resilience development and intervention.

S53. THE ROLE OF ALCOHOL USE AND PTSD SYMPTOM SEVERITY IN PRE-TREATMENT IPV USE

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

Abstract: Intimate partner violence (IPV) is a significant public health concern that disproportionately affects U.S. veterans. Trauma exposure during military service can increase risk for alcohol misuse and the development of PTSD, both potential risk factors for IPV use. This study examined the independent and interactive effects of PTSD symptom severity and alcohol use on pre-treatment IPV perpetration among veterans (N = 2603; 83% male) enrolled in a trauma-informed IPV intervention within the VA Healthcare System. Self-reported PTSD symptoms (PCL-5), alcohol use (AUDIT), and lifetime IPV use (NIPSVS) were assessed. For each IPV outcome, significant bivariate correlations were tested in two binary logistic regression models: main effects and interaction models. For psychological IPV, greater PTSD symptom severity predicted increased odds in both models, while alcohol predicted increased odds only in the main effects model. The interaction term was not significant, indicating no evidence of moderation in the PTSD-psychological IPV relationship. For coercive control, PTSD symptom severity predicted increased odds in both models, whereas alcohol use and the interaction were not significant in either model. Clinically, these findings underscore PTSD as a primary, modifiable risk factor among veterans and further emphasizes the need for trauma-informed interventions to prevent IPV use.

S54. THE INVISIBLE WARRIORS ON THE HOME FRONT -- TRAUMATIC STRESS AND TRAUMATIC GROWTH AMONG PARTNERS OF MILITARY RESERVISTS IN THE ISRAEL-HAMAS WAR

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Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Adult
Region: Middle East and North Africa

Abstract: Background: During the Israel–Hamas war, over 300,000 Israeli reservists were mobilized. Their partners faced prolonged security threats while managing caregiving, household, and work responsibilities. Most are women who serve as primary social supports and play a key role in PTSD prevention and treatment engagement. Yet current PTSD treatments rarely include partner-focused components. Little is known about factors that promote posttraumatic growth (PTG) in partners or how partner PTG relates to reservists' PTSD. This study examines the prevalence and subdomains of PTSD and PTG among partners of reservists.

Methods: A population-based Israeli cohort is being recruited to complete a comprehensive survey assessing PTG (PTGI) and PTSD symptoms (PCL-C). The target sample is 388; 134 participants completed the survey at submission. Descriptive statistics were conducted using Python, and Pearson correlations assessed associations between PTSD and PTG.
Results: Among 132 respondents, mean PCL-C score was 34.4 (SD=13.2), with 58.3% screening positive for probable PTSD. Mean PTGI score was 52.3 (SD=20.17), indicating moderate growth. Most participants reported moderate-to-high PTG across PTSD levels, particularly in appreciation of life and personal strength. PTSD and PTG were not significantly correlated.
Conclusions: Partners demonstrate both high PTSD burden and substantial growth. Partner-focused interventions may have important public health impact.

S55. SERVICE BEFORE SELF: DISSOCIATION AND DISSOCIATIVE DISORDERS IN FIRST RESPONDERS, VETERANS, AND LAW ENFORCEMENT

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Track: Prevention and Early Intervention
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Objective: This review aims to synthesize findings on the prevalence, predictors, and clinical impact of dissociation and dissociative disorders among first responders, veterans, and law enforcement to determine if dissociation acts as an adaptive response in these populations or a risk factor for the development of PTSD and other functional concerns
Methods: Peer-reviewed studies published between 1985-2025 were reviewed using Google Scholar, OhioLINK, and ESBCO using combinations of "dissociation", "dissociative disorders", "derealization", "depersonalization", "first responders", "veterans", "firefighters", and "police officers."
Results: Peritraumatic dissociation rises sharply under acute survival-type stress and serves as a robust predictor of later PTSD, especially when combined with higher cumulative trauma exposure. Veterans meeting criteria show poorer cognitive performance, functional impairment, and reduced quality of life. Conversely, hardiness and greater cognitive reserve appear to buffer dissociative responding.
Conclusion: These findings underscore that dissociation is a marker of heightened PTSD severity and a predictor of poorer functional and cognitive outcomes in these careers. Factors such as hardiness and cognitive reserve may mitigate its impact. Routine assessment of dissociative symptoms should be integral to mental health care for these careers.

S56. CLIMATE ANXIETY AND DISASTER PREPAREDNESS AMONG COLLEGE STUDENTS

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Track: Prevention and Early Intervention
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Both Adult and Child/Adolescent
Region: Central and Eastern Europe and the Commonwealth of Independent States

Abstract: Climate anxiety is prevalent among college students, but it is unclear how it influences disaster preparedness or student interactions with institutions. As climate-related disasters increase, understanding how emotional responses relate to preparedness is critical. Data were drawn from the U.S. portion of an international disaster mental health preparedness study. A cross-sectional, self-report survey was administered to 151 undergraduate students in the greater Boston area ages 18 to 24; M = 20.93, SD = 1.67; 45.19% non-Hispanic White.
Three multivariable linear regression models examined associations between climate anxiety and preparedness knowledge, preparedness behaviors, and institutional trust, while adjusting for race and perceived stress. Higher climate anxiety was associated with greater preparedness knowledge (b = 0.24, p < .001). Climate anxiety was not associated with preparedness behaviors (b = 0.06, p = .192) or institutional trust (b = -0.02, p = .480). Higher perceived stress was significantly associated with lower preparedness behaviors (b = -0.21, p = .002) and greater institutional trust (b = 0.20, p < .001).
Findings suggest climate anxiety may be associated with greater preparedness knowledge without corresponding behavioral engagement, whereas perceived stress may relate to reduced behavioral preparedness and increased reliance on institutions. Interventions emphasizing agency and institutional support may help convert climate-related concern into effective preparedness engagement.

S57. BARRIERS TO COMBAT SPORT PARTICIPATION AMONG INTERPERSONAL VIOLENCE SURVIVORS

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Track: Public Health
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Interpersonal violence (IPV) survivors are at risk for numerous severe and persistent mental health consequences, as well as further victimization. Participating in combat sports, such as Muay Thai and Jiu-Jitsu, may facilitate IPV recovery via multiple pathways, including increased social support, corrective experiences with trauma cues, and improved self-worth. Combat sports practice may also increase self-efficacy to resist future violence. Despite the healing potential of combat sports, IPV survivors can face barriers to participation. As part of a Delphi study focused on developing trauma-informed guidelines for combat sport participation among IPV survivors, the current study surveyed 26 stakeholders (85% women, 54% heterosexual) recruited via social media on their experiences within combat sport spaces. These stakeholders self-identified as both IPV survivors and combat sport practitioners, coaches, and/or gym owners. Stakeholders identified 13 barriers to combat sport participation for IPV survivors, including sexual harassment, hypermasculine culture, inconsistent policies, and harmful instructors. Recognizing and addressing these barriers is critical for combat sport gyms to promote the safety, participation, and benefits of combat sport practice for IPV survivors.

S58. PEER-LED REGULATION IN A HIGH-STRESS COMMUNITY: EMERGING CBPR FINDINGS FROM A TRAUMA-INFORMED PROGRAM

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[1]*HEFA,* [2]*Montana State University,* [3]*Be Well Big Sky,*
Track: Public Health

Program Category: Community-Based Programs
Presentation Level: Intermediate
Region: Industrialized Countries
Abstract: Mountain resort communities in the United States experience elevated levels of chronic stress related to housing instability, workforce transience, and limited access to formal mental health services. These conditions increase vulnerability to trauma-related distress while simultaneously constraining pathways to care. This poster presents emerging qualitative findings from a community-based participatory research (CBPR) evaluation of Holistic Emotional First Aid (HEFA), a peer-led, non-clinical, trauma-informed intervention designed to support nervous system regulation and community wellbeing.
Using CBPR methods, trained community Navigators served as co-researchers, contributing to interview development, data collection, and interpretation. Thematic analysis revealed three core mechanisms of change: (1) regulation before resolution, in which participants described learning to calm the body and nervous system prior to problem-solving; (2) movement from self-awareness to agency, characterized by earlier recognition of stress and increased choice in responses; and (3) embodied tools that stick, with simple practices used preventatively.
Findings suggest that peer-led, regulation-focused interventions may enhance individual and collective capacity to manage trauma-related stress in high-stress, resource-limited communities. This work highlights the value of participatory evaluation approaches and transparent qualitative data practices in advancing trauma-informed, prevention-oriented models of care.
Population Type: Adult

S59. UNDERSTANDING SEXUAL ASSAULT EXPERIENCES, POSTTRAUMATIC STRESS SYMPTOMS, CHRONIC PAIN, AND SUBSTANCE USE IN WOMEN SEEKING ABORTION SERVICES

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Sexual assault is a widespread issue among women, with significant implications for mental health, physical health, and healthcare experiences. Women seeking abortion services, in particular, often face the compounded challenges of trauma-related symptoms, such as posttraumatic stress, chronic pain, and substance use. Despite the high prevalence of sexual assault among this population, research exploring the intersection of sexual assault, posttraumatic stress symptoms (PTSS), chronic pain, substance use, and abortion care remains limited. This study seeks to fill this gap by investigating how prior sexual assault impacts women's experiences with abortion, including their abortion stigma and procedural choices. The research will recruit 225 English- and Spanish-speaking women from a California abortion clinic and assess factors such as PTSS, chronic pain, abortion stigma, and substance use using validated self-report measures. The study has been approved by the local IRB and will begin recruitment February 2026. Additionally, the study will explore the prevalence of sexual assault among women seeking abortion care, the reasons women choose to seek abortion services, and how these experiences shape their healthcare encounters. By examining these variables in tandem, this study aims to provide insights into the unique needs of sexual assault survivors within the context of abortion care. The findings will contribute to

the development of trauma-informed practices and clinical guidelines, ultimately improving patient outcomes and minimizing the risk of retraumatization for this vulnerable population.

S60. RACIAL TRAUMA AND PSYCHOLOGICAL DISTRESS FROM RACIAL MICROAGGRESSIONS

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Track: Public Health
Program Category: Complex Trauma
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Racial-based traumatic stress (RBTS) is a transdiagnostic risk factor for mental and physical health problems among people of color (POC). Racial microaggressions, subtle and often ambiguous forms of discrimination, are especially harmful due to their cumulative psychological impact. Although prior research links microaggressions to posttraumatic stress, little is known about their role in predicting RBTS or how individual coping and identity-related factors shape this association.
Methods: Participants were 880 racially diverse POC adults (M=23.4) who completed an online survey assessing racial microaggressions, RBTS, psychological distress, coping strategies, and ethnic identity. Structural equation modeling tested parallel and moderated mediation models.
Results: Microaggressions predicted psychological distress indirectly through both immediate and current RBTS, with nonsignificant direct effects, indicating full mediation. Negative coping strengthened, whereas positive coping weakened, associations between microaggressions and RBTS. Ethnic identity showed mixed effects, providing protection under high adaptive and low maladaptive coping. Conditional indirect effects were strongest under high negative and low positive coping.
Conclusion: Racial microaggressions contribute to psychological distress primarily through trauma-related pathways, including immediate reactions. Coping strategies and ethnic identity shape these processes, highlighting the clinical importance of promoting adaptive coping and identity-affirming practices.

S61. TRAUMA SYMPTOMS OF DISCRIMINATION AND ALCOHOL USE AMONG BLACK ADULTS IN THE COMMUNITY: THE ROLE OF COPING STYLES

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Introduction: Prior research has shown that Black adults experience disproportionate alcohol related harm despite lower rates of alcohol use disorder. There is evidence to suggest that race-related stress is associated with increased alcohol consumption in Black adults. However, there is a dearth of knowledge on the impact of coping style on the association between racial stress and alcohol use in this population. The purpose of the current study was to examine coping styles as moderators of the momentary associations between trauma symptoms of discrimination (TSD) and alcohol use.

Method: The sample comprised 40 Black adults recruited from the community (Mage = 41.18; 51.4% women; 14.3% Latino/a) who drank weekly and had a least one binge drinking episode in the past 30 days. Participants were asked to report on severity of TSD and intensity of alcohol cravings three times per day over the course of a 14-day ecological momentary assessment period.
Results: DSEM results indicated significant within-person cross-lagged effects of prior-interval TSD on next-interval alcohol craving (β = .173, 95% CI [.050, .292). Several adaptive coping styles at the between-person level significantly moderated the within-person effect of TSD and alcohol use.
Discussion: Study findings indicate that greater within-person TSD predicted greater alcohol consumption and that adaptive between-person level coping strategies moderated this relationship. Given that Black adults are at heightened risk for alcohol related harm, it is imperative for future studies to explore relevant protective factors that may mitigate these relationships.

S62. EXAMINING SEX/GENDER DIFFERENCES IN THE ASSOCIATIONS BETWEEN ADVERSE CHILDHOOD EXPERIENCES WITH MENTAL DISORDERS AND ATTEMPTED SUICIDE AMONG HOMELESS ADULTS: A REPLICATION STUDY

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Background: This study replicated findings from our previous study on sex/gender differences in the associations between adverse childhood experiences (ACEs) with mental health problems among homeless adults using data from wave II of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) with data from wave III of the NESARC.
Methods: Data were used from participants in wave III of the NESARC who identified as experiencing lifetime homelessness (n=1,904; 1017 male and 887 female). Logistic regression tested 1) the main effects of nine widely studied ACEs individually and 2) cumulative ACE scores on six lifetime mental disorders as measured by the Diagnostic and Statistical Manual on Mental Disorders-V [i.e., mood disorder, anxiety disorder, posttraumatic stress disorder, alcohol use disorder, drug use disorder, and tobacco use disorder (TUD)] and attempted suicide while controlling for age and education.
Results: No sex/gender differences in the associations between each ACE with mental disorders or attempted suicide were found. However, homeless women with an ACE score of 2 had significantly greater odds of mood disorder than homeless men (AOR=3.98 for females versus AOR=1.72 for males). In contrast, homeless men with an ACE score of 3 had 3.36 greater odds of TUD whereas homeless women with an ACE score of 3 did not have significantly greater odds of TUD.
Discussion: These findings suggest even fewer sex/gender differences in associations between ACEs and cumulative ACEs with mental health problems among homeless adults than previously reported and those in general samples.

S63. UNDERSTANDING THE IMPACT OF HETEROSEXIST DISCRIMINATION ON TRAUMA SYMPTOMS AMONG SEXUAL MINORITY COLLEGE STUDENTS

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Track: Public Health
Program Category: Culture and Diversity
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Sexual minority college students experience disproportionately higher rates of sexual victimization and associated mental health symptoms as compared to their heterosexual peers. In addition to compounding academic stressors, sexual minority students also experience heterosexist discrimination further exacerbating mental health symptoms. Informed by the social stress theory, the current study aimed to examine the relationship between sexual victimization and posttraumatic stress symptoms as mediated by heterosexist discriminatory experiences in a sample of 691 sexual minority college students. Participants completed an online survey which assessed lifetime experiences of sexual victimization, past year heterosexist discrimination, and past month posttraumatic stress symptoms. The overall mediation was significant, $R2 = 0.19$, $F(2, 662) = 76.54$, $p < .001$, such that sexual victimization demonstrated both a direct association with posttraumatic symptoms ($b = 0.10$, $p < .001$) as well as a significant indirect effect through total heterosexist discrimination ($b = 0.03$, 95% CI [0.02, 0.05]), reflecting a partial mediation in the current sample. This finding is consistent across heterosexist discrimination subscales (i.e., harassment/discrimination, vicarious trauma, gender expression, family, vigilance, isolation) as well. These findings highlight the importance of considering identity-related stressors when assessing and treating trauma-related symptoms. They also support calls for inclusive campus policies to promote minoritized students' safety and wellbeing.

S64. COMPARING THE ASSOCIATIONS BETWEEN RISK FACTORS FOR SUICIDE AMONG MIDLIFE WOMEN

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Track: Public Health
Program Category: Intergenerational Trauma
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Women at midlife (i.e., ages 45-64) are at an increased risk for suicide. Several factors make midlife an especially vulnerable time, including perimenopause and menopause. Despite the well-established link between method of suicide, trauma exposure, and Veteran status, less is known about other characteristics that may put midlife women at increased risk for death by suicide. Given that individual risk factors are limited in their predictive ability when studied in isolation, scholars have called for studies that consider the multifaceted relationships among numerous variables. One such approach is network analysis. The purpose of the current study was to utilize network analysis to explore the relationships between characteristics of midlife women who die by suicide using data from the National Violent Death Reporting System (NVDRS). Participants included (N = 9966) midlife female suicide descendants. Networks of suicide-related circumstances were compared across individuals who died by suicide via firearm and individuals who died by suicide via non-firearm methods. The node with the highest strength values among firearm decedents was intimate relationship problems. The node with the highest strength values among non-firearm

decedents was arguments. Housing problems had the lowest strength value among firearm decedents, whereas having a recent loss had the lowest strength value among non-firearm decedents. These findings are important as they will help to identify risk factors for death by suicide among midlife women which may inform public health prevention and intervention efforts.

S65. THE IMPACT OF MASSIVE CASUALTY VOLUMES DURING LARGE SCALE COMBAT OPERATIONS (LSCO)

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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Military Servicemembers, Veterans, and their Families
Region: Global

Abstract: This presentation will address the shift toward high-intensity warfare in Large-Scale Combat Operations (LSCO), characterized by massive casualty volumes projected at 3,000 to 4,000 personnel per day. Unlike recent U.S. conflicts, LSCO will subject military personnel to continuous death exposure through witnessing violent loss, handling remains under fire, and making impossible triage decisions amid contested evacuation and degraded infrastructure. We will examine why understanding the impact of these exposures is critical, as they can compromise cognitive functions essential for combat, such as threat processing, decision-making, and tactical awareness. Because traditional behavioral health systems will be unable to sustain operations under these conditions, the presentation explores how the force itself must become the primary support system. This necessitates a distributed strategy centered on leadership-mediated interventions and unit-level resilience. At the unit level, peer-support protocols and specialized training for handling remains can provide immediate point-of-contact stabilization. The presentation will focus on how leadership serves as a vital "moral capital", utilizing grief-informed command practices to maintain cohesion and facilitate meaning-making during sustained loss. The presentation will also detail how embedded resources—including combat medics trained in behavioral health, unit chaplains, and specialized officers—must provide forward psychological support, with traditional mental health treatment utilized only when operational conditions permit.

S66. A RETROSPECTIVE STUDY ON RURAL-URBAN DIFFERENCES IN HEALTH STATUS OF BLACK WOMEN VETERANS WITH MILITARY SEXUAL TRAUMA IN PRIMARY CARE

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Track: Public Health
Program Category: Military and Veterans
Presentation Level: Introductory
Population Type: Military Servicemembers, Veterans, and their Families
Region: Industrialized Countries
Abstract: Objectives: Examine rural-urban differences in health conditions of Black women Veterans with military sexual trauma (MST) to help personalize care and address access barriers.
Methods: Using Veterans Health Administration primary care databases, we examined differences in diagnosed mental and physical health conditions and social drivers of health based on Z-codes (e.g., housing or employment issues) for 40,580 Black women Veterans with MST during fiscal years 2021 and 2022 across rurality (i.e., rural/highly rural [13.9%] or urban settings [86%]). Rural-urban differences were assessed using logistic regression models.
Findings: The combined cohort exhibited high rates of physical conditions (88.4%), mental health diagnoses (85.4%), and physical and mental health comorbidity (77.7%). Rural Black women had higher odds than their urban peers of being diagnosed with PTSD, diabetes, thyroid disorders, and several psychosocial concerns related to legal issues as well as additional exposure to victimization and violence. Rural Black women had lower odds than urban Black women of having diagnoses of the reproductive and gastrointestinal systems, alcohol/substance use disorders, and specific problems with housing and employment.
Conclusions: Both rural and urban Black women Veterans with MST experienced high rates of health diagnoses that affect their quality of life. Further, assessing and addressing social drivers of health related to legal system involvement, housing, and employment concerns could improve health outcomes and quality of life for Black women Veterans with MST overall.

S67. LATENT PROFILES OF CHILD MALTREATMENT, EMOTION DYSREGULATION, AND ALEXITHYMIA IN RELATION TO OFFENDING BEHAVIORS AMONG TRAUMA-EXPOSED YOUNG ADULT WOMEN

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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: Child maltreatment, emotion dysregulation, and alexithymia are well-established risk factors for offending behaviors (Louth et al., 1998; Velotti et al., 2017; Willmot, 2022); however, research identifying person-centered patterns of these risk factors remains limited, particularly among trauma-exposed young adult women. The present study used latent profile analysis to identify distinct patterns of child maltreatment, alexithymia, and both negative and positive emotion dysregulation among trauma-exposed young adult women (N = 629). Six latent profiles emerged, including: (a) low maltreatment/low dysregulation; (b) high maltreatment/high global dysregulation; (c) profiles characterized primarily by elevated negative emotion dysregulation; and (d) a distinct profile marked by elevated positive emotion dysregulation relative to negative dysregulation. Profiles differed significantly across past-year offending behaviors (ps $<$ .001). The high maltreatment/severe dysregulation class exhibited the highest levels of offending. Notably, the positive emotion dysregulation profile

demonstrated elevated offending relative to low-risk classes, suggesting that offending behaviors among trauma-exposed young adult women may not be exclusively driven by distress, but may also reflect difficulties regulating reward-related emotional states. These findings underscore the importance of distinguishing valence-specific emotion regulation processes when examining pathways to offending.

S68. PERCEPTIONS OF #METOO: DEVELOPMENT OF A MEASURE AND ASSOCIATIONS WITH TRAUMA EXPOSURE AND POSTTRAUMATIC STRESS SYMPTOMS

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Track: Public Health
Program Category: Social Issues - Public Policy
Presentation Level: Intermediate
Population Type: Adult
Region: Industrialized Countries
Abstract: The international #MeToo movement aims to raise awareness regarding sexual harassment and violence and has resulted in innumerable sexual harassment and assault disclosures. Public opinions of #MeToo, and survivor's disclosures have varied from support to backlash. Examining perceptions regarding sexual harassment and violence can inform awareness and prevention efforts. In response, we developed a brief 8-item measure regarding perceptions of #MeToo and report on the psychometric properties of the instrument using an undergraduate sample (n = 499). Second, the present study investigated how a history of sexual harassment and sexual assault, as well as posttraumatic stress symptoms (PTSS), are associated with #MeToo beliefs.The #MeToo measure demonstrated strong internal reliability (alpha = .88) and divergent construct validity. Exploratory factor analysis indicated a single factor and good model fit. Women, those more familiar with #MeToo, those with lower incomes, and survivors of sexual harassment reported more positive perceptions of the #MeToo movement; whereas not sexual assault and PTSS were unrelated. Unexpectedly, greater non-sexual trauma exposure was related to more negative #MeToo views. Additional analyses probed the specific #MeToo items. Sexual harassment survivors tended to believe that the movement aids in disclosures and helps victims recover. Findings suggest that perceptions of #MeToo are shaped less by trauma exposure in general and PTSS and more by sexual harassment and sociocultural factors (i.e., familiarity with #MeToo, gender, income).

S69. EFFECT OF A GRIEF PSYCHOEDUCATION SESSION ON TREATMENT READINESS IN BEREAVED WTC SURVIVORS AT RISK OF PROLONGED GRIEF DISORDER

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Track: Public Health
Program Category: Traumatic Loss and Grief
Presentation Level: Introductory
Population Type: Adult
Region: Industrialized Countries
Abstract: Despite high rates of 9/11-related and subsequent bereavement among World Trade Center (WTC) Survivors, there is minimal research on grief within this population,

including the presence of prolonged grief disorder (PGD). Although PGD is associated with impaired physical and mental health and reduced health-related quality of life, evidence-based treatments for PGD have not been routinely employed within the WTC Health Program (WTCHP) suggesting that PGD may be underdiagnosed and undertreated in this community. This study examined the readiness of bereaved WTC Survivors at risk for PGD to engage grief-specific support before and after a virtual grief psychoeducation session. Thirty-nine bereaved WTC survivors at risk for PGD completed a pre-survey, virtual psychoeducation session, and a post-session survey. Change in treatment readiness was measured with the University of Rhode Island Change Assessment Scale (URICA). Results demonstrated a difference in treatment readiness before vs. after the virtual psychoeducation session, $t(38) = -2.75$, $p < 0.01$. Examination of individual-level data indicated that 12 participants advanced in their treatment readiness from pre- to post-psychoeducation session; 8 shifted from precontemplation to contemplation and 4 moved from contemplation to preparatory/action. These findings can inform potential changes to the WTCHP to include evidence-based treatments for PGD. Future research may involve identifying risk and protective factors that predict treatment readiness in bereaved WTC survivors.

S70. EXAMINING THERAPISTS' EXPERIENCES OF SELF-EFFICACY WHILE DELIVERING INTENSIVE EYE MOVEMENT DESENSITIZATION AND REPROCESSING

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Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Clinical Practice
Presentation Level: Introductory
Population Type: Mental Health Professionals
Region: Global
Abstract: Intensive eye movement desensitization and reprocessing (EMDR) shows promising results for improving client well-being, expediting trauma processing over longer, more frequent subsequent sessions compared to traditional sessions. However, little is known about therapists' perspectives when facilitating prolonged intensive trauma treatment and the potential impact on vicarious and secondary trauma exposure. This study examined intensive EMDR therapists' experiences of self-efficacy, clinical skills, professional attunement, and exposure to vicarious and secondary trauma. A total of 11 self-identified intensive EMDR therapists participated in 1-hour interviews following an eligibility screening process to confirm they were currently practicing, received specialized training in EMDR, and held varying levels of training in intensive EMDR. Thematic analysis identified five themes among responses. Findings from this study indicate that intensive therapists experience longer sessions differently from traditional sessions. Participants identified enhanced self-efficacy in treatment and practice decisions, higher level of perceived clinical skills, and energy attunement meriting an intentional approach to self-care following intensive sessions. Although no reduction in the traumatic content was reported during intensives, results indicate that intensives allow therapists to witness uninterrupted processing, potentially mitigating the negative impact of traumatic content on the therapist, compared to traditional unprocessed/incomplete sessions.

S71. MITIGATING THE EMOTIONAL IMPACT OF TRAUMA EXPOSURE ON HEALTHCARE WORKERS

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Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Community-Based Programs
Presentation Level: Introductory
Population Type: Other Professionals
Region: Industrialized Countries
Abstract: Healthcare workers (HCWs) face increased exposure to traumatic events, such as death threats, violence, and patient deaths. Trauma exposure can lead to negative mental health outcomes for HCWs, increased work errors, and staff attrition at healthcare institutions. Limited research exists on effective interventions to address the impact of trauma exposure on HCWs. To reduce such impact, an internal post-trauma support team was created at an urban outpatient healthcare network. The team utilized Psychological First Aid (PFA), an acute intervention for trauma exposure, which reduces distress and fosters adaptive coping. Using a mixed-method approach, this study evaluated the effectiveness of an internal team delivering PFA in a group modality to mitigate the emotional impact of trauma exposure on HCWs.
The Positive and Negative Affect Schedule – short form was administered pre- and post-PFA. Results indicated that HCWs reported a significant increase in positive affect from pre- to post-PFA, $t(160) = -2.68$, $p = .008$, and a significant decrease in negative affect from pre- to post-PFA, $t(140) = 2.22$, $p = .03$. Using semantic thematic analysis, responses to an open-ended question solicitating feedback post-PFA ($n = 46$) were analyzed. Two main themes and five subthemes emerged: (1) Appreciation (cathartic experience, gratitude for intervention, and qualities of the facilitators), and (2) Areas for Improvement (administration and designated time). Given the disproportionate exposure of HCWs to trauma, these findings highlight the benefits of utilizing group PFA to mitigate trauma impact in healthcare settings.

S72. BURNOUT AMONG MENTAL HEALTH PROVIDERS IN THE UKRAINIAN ARMED FORCES: ASSOCIATION WITH COPING STRATEGIES AND TRAUMATIC EXPERIENCES

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Track: Trauma-Exposed Professionals and Therapist Self-Care
Program Category: Military and Veterans
Presentation Level: Intermediate
Population Type: Mental Health Professionals
Region: Central and Eastern Europe and the Commonwealth of Independent States
Abstract: Psychologists working under the full-scale war conditions in Ukraine experience elevated levels of burnout, shaped by both early-life adversity and repeated trauma exposure. Using structural equation modeling on data collected from 274 frontline mental health providers, this study examined how adverse childhood experiences (ACEs), lifetime trauma, and coping strategies interact to influence burnout, while accounting for age, sex, and education. Findings revealed that both ACEs and trauma directly predicted burnout ($\beta = .16$ for each, $p < .01$), and were significantly correlated ($r = .30$, $p < .001$), suggesting cumulative vulnerability. Avoidant coping emerged as a strong mediator, amplifying the effect of trauma and ACEs on burnout, whereas problem-focused coping showed protective, buffering effects. Emotion-focused coping, though related to trauma exposure, was not significantly associated with burnout, indicating a potentially context-dependent role. Moreover, demographic covariates revealed that younger and female providers were more at risk, and higher educational attainment unexpectedly contributed to higher burnout levels. These results underscore the importance of both personal trauma histories and modifiable

coping strategies in understanding occupational stress among military-focused clinicians. Implications are wide-ranging, calling for trauma-informed organizational policies and targeted resilience-building training. This study contributes to military psychology by highlighting how cumulative trauma and coping dynamics converge to predict burnout in acute war settings.