Practical information

Download our [app](#) for the most recent information!

VENUE, JUNE 14-16:
Concert- and congress centre De Doelen, Rotterdam
Willem Burger Kwartier

Kruisplein 40
3012 CC ROTTERDAM
dedoelenicrcrotterdam.nl

Preconference workshops (June 13) will be held at
Erasmus University Rotterdam

Campus Woudenstein
Van der Goot Building (or “M” Building)
Burgemeester Oudlaan 50
3062 PA ROTTERDAM
Netherlands

Scientific Committee

Committee members from ESTSS affiliated societies:

Vittoria Ardino  SISST | Italy
Cherie Armour  UKPTS | United Kingdom
Maria Böttche  DeGPT | German speaking countries
Margarida Figueiredo Braga  Centro de Trauma | Portugal
Tanja Franciskovic  CSTS | Croatia
Jana Javakhashvili  GSP | Georgia
Maja Lis – Turlejska  PTBS | Poland
Tatiana Nazarenko  USOCTE | Ukraine
Naomi Vandamme  BIP | Belgium
Paulina Želvienė  LSTSS | Lithuania
Zoran Sukovic  ESTSS secretariat

Dutch committee members:

Paul Boelen
Bernet Elzinga
Iris Engelhard
Aram Hasan
Ramon Lindauer
Anja Lok
Agnes van Minnen
Miranda Olff
Marit Sijbrandij

ESTSS Conference Advisory Committee:

Jana Javakhashvili
Dean Aduckovic
Vittoria Ardino

Organizing committee

Miriam Lommen (chair)
Joanne Mouthaan (chair)
Marie-Louise Kullberg
Karlijn Schöls
Rick de Haart
Elze Landkroon
Claartje König
Merel Velu
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A word of welcome

NtVP and ESTSS are proud to host the 16th Biannual Conference on Traumatic Stress Studies in the vibrant and dynamic city of Rotterdam.

True to this year’s conference theme “Trauma in Transition: Building Bridges”, this conference focuses on sharing expertise, presenting and collecting knowledge and experiences relevant to the field of traumatic stress, by building bridges between different perspectives, disciplines and countries.

We bring you a multitude of topics, research and clinical methods, and offer a podium to speakers with more than 50 different nationalities. We also hope to inspire visitors with new presentation formats, such as Masterclasses and Flashtalks, and a variety of network opportunities, both in-doors and out-doors. We wish you an inspiring and eventful conference experience!

On behalf of the scientific committee, we wish you a warm welcome in Rotterdam,

The ESTSS2019 Conference and Organizing Committee
Miriam Lommen and Joanne Mouthaan (Chairs)
Reviewers

Angela Maia
Angelika Geiling
Anna Bokszczanin
Anna Eiling
Anne Bakker
Annegret Krause-Utz
Astrid Nédée
Caroline Meyer
Catrin Lewis
Christanne van der Meer
Eline Voorendonk
Ella James
Evaldas Kazlauskas
Felicity Brown
Gertrud Sofie Hafstad
Irma Hein
Jana Ross
Jana Stein
Jasper Zandvoort
Jeroen Knipscheer
Judith Daniels
Judith Ensink
Karel Scheepstra
Lise Eilin Stene
Karolina Staniaszek
Katharina Meyerbröker
Ketevan Pilauri
Lonneke Lenferink
Louisa Lorenz
Luisa Sales
Maarten Eisma
Małgorzata Dragan
Manana Gabashvili
Manoëlle Hopchet
Margaret McLafferty
Maria Cyniak-Cieciura
Marieke van Gelderen
Max Vöhringer
Mirjam van Zuiden
Mitzy Kennis
Nadine Stammel
Naser Morina
Pawel Holas
Rafaele Huntjens
Sam Ghane
Sarita Sanches
Siri Thoresen
Suzanne van Veen
Sven Destaerke
Tobias Hecker
Ybe Casteleyn
The **European Society of Traumatic Stress Studies** promotes the sharing of knowledge and experience about all aspects of psychotraumatology. We do this by fostering research and best practice, building networks, and by contributing to public policy at a European level.

The main objectives of ESTSS, contained within the ESTSS mission statement, are:

- To increase and disseminate knowledge of traumatic stress based on good science;
- To identify cross European issues, such as differences in training and certification;
- To stimulate cross European training for different levels of certification;
- To stimulate and help to set up local societies in different European countries;
- To help establish European wide research on traumatic stress;
- To focus on European issues relating to traumatic stress, e.g., disaster response, uniform services, child abuse etc;
- To liaise with pan-European and international organizations/ bodies.

As an independent professional society, the Dutch Association for Psychotrauma (**Nederlandstalige Vereniging voor Psychotrauma**) aims to improve the quality of prevention, identification and treatment of traumatic stress sequelae, to promote mental health after trauma and minimize the deleterious effects on society.

**NtVP** aims to accomplish this through:

- Combining and disseminating scientific knowledge and best practices of prevention, development, diagnostics and treatment of psychotrauma;
- Improving and guarding quality and expertise of professional caregivers by means of accrediting training, education and certification of individual caregivers;
- Defending societal interests in the field of psychotrauma;
- Offering a multidisciplinary network with psychotrauma expertise, to share knowledge and promote discussion for the improvement of professional development;
- Close co-operation with the international network through the European Society for Traumatic Stress Studies (ESTSS).
## Schedule at a glance & program guidelines

### Thursday

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>08:00</td>
<td>Registration desk open @Erasmus University Rotterdam</td>
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<tr>
<td>08:00</td>
<td>Coffee/tea service</td>
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<tr>
<td>09:00</td>
<td>Preconference workshops</td>
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</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
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<tr>
<td>13:30</td>
<td>Preconference workshops</td>
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* All preconference workshops will be held at Erasmus University Rotterdam

### Friday

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>07:45</td>
<td>Registration desk open @De Doelen</td>
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<tr>
<td>07:45</td>
<td>Coffee/tea service</td>
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<tr>
<td>08:30</td>
<td>Conference opening with awards</td>
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</tr>
<tr>
<td>10:00</td>
<td>Parallel session #1</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Parallel session #2</td>
<td></td>
</tr>
<tr>
<td>12:45</td>
<td>Lunch on your own</td>
<td></td>
</tr>
<tr>
<td>14:15</td>
<td>Keynote Bernet Elzinga</td>
<td></td>
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<tr>
<td>15:45</td>
<td>Poster session</td>
<td></td>
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<tr>
<td>17:30</td>
<td>Welcome reception at City Hall (incl. drinks/snacks)</td>
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### Saturday

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<thead>
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<th>Time</th>
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<tr>
<td>08:30</td>
<td>Parallel session #3</td>
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<tr>
<td>10:00</td>
<td>Parallel session #4</td>
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<tr>
<td>11:30</td>
<td>Parallel session #5</td>
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<tr>
<td>12:45</td>
<td>Lunch meetings SIGs and Young Minds</td>
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<tr>
<td>14:15</td>
<td>Keynote Gerhard Andersson</td>
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<tr>
<td>15:45</td>
<td>Parallel session #6</td>
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<tr>
<td>19:00</td>
<td>Conference diner Restaurant Engels</td>
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### Sunday

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>07:45</td>
<td>Registration desk open @De Doelen</td>
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</tr>
<tr>
<td>07:45</td>
<td>Coffee/tea service</td>
<td></td>
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<tr>
<td>08:30</td>
<td>Keynote Christine Heim</td>
<td></td>
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<tr>
<td>10:00</td>
<td>Parallel session #7</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Parallel session #8</td>
<td></td>
</tr>
<tr>
<td>12:45</td>
<td>Lunch on your own</td>
<td></td>
</tr>
<tr>
<td>14:15</td>
<td>Keynote Mark Jordans</td>
<td></td>
</tr>
<tr>
<td>15:45</td>
<td>Closing ceremony with awards</td>
<td></td>
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### Conference tracks

- Assessment & Diagnosis
- Biological & Medical
- Child Trauma
- Public Health
- Transcultural & Diversity
- Intervention Research & Clinical Studies
- Cultural & Alternative
Program Preconference Day: Thursday June 13*

* All preconference workshops will be held at Erasmus University Rotterdam

Full Day Meetings 9:00 – 17:00

- ESTSS Board
  - Montreal M1-04
- ESTSS Leadership Break-Out Room
  - Franeker M1-07
- ISTSS Mid-Year Board Meeting
  - Basel M2-07
- DeGPT Board
  - Harvard M2-08

Full Day Workshops 9:00 – 17:00

Paper-In-A-Day
  - Lonneke Lenferink, Annegret Krause-Utz
    - Galway M2-06
Cognitive Therapy for PTSD
  - Anke Ehlers
    - Rochester M2-10

Morning Workshops 9:00 – 12:30

The ISTSS Guidelines for the Prevention and Treatment of PTSD
  - Jonathan Bisson, Lucy Berliner, Marylene Cloitre, Tine Jensen
    - Leuven M1-08
Problem Management Plus (PM+): WHOs scalable psychological programmes for psychological distress in humanitarian settings
  - Barbara Kielt, Naser Morina
    - Bergen M1-09
The effects of PTSS on couples: Expansion of theory and principles of intervention
  - Yael Shoval-Zuckerman, Rachel Dekel
    - Lund M1-18
Imagery Rescripting for PTSD Related to Childhood Trauma
  - Loes Marquenie, Sandra Raabe
    - Aberdeen M3-03
Culture, trauma and public mental health as a paradigm for mass trauma: Part I
  - Joop de Jong
    - Auckland M3-05

Afternoon Workshops 13:30 – 17:00

The International Trauma Interview for ICD-11 PTSD and Complex PTSD: Case Analysis and Differential Diagnosis
  - Marylene Cloitre, Jonathan Bisson
    - Leuven M1-08
Transcultural aspects of trauma and dissociation: Building bridges in classification and treatment?
  - Marjolein van Duijl, Rafeaele Huntjens, Eric Vermetten
    - Bergen M1-09
Learning from trauma and loss in evidence based treatment
  - Jannetta Bos, Annemiek de Heus
    - Lund M1-18
Culture, trauma and public mental health as a paradigm for mass trauma: Part II
  - Joop de Jong
    - Auckland M3-05
### Conference Opening

08:30 – 09:45

Presidential opening of the 16th ESTSS conference "Trauma in Transition: Building Bridges", including a moving musical performance of internationally renowned piano soloist Daria van den Bercken, award ceremony and more.

Jana Javakhishvili, Miranda Olf, Miriam Lommen, Joanne Mouthaan, Daria van den Bercken

Willem Burger Zaal

### Parallel Session #1

10:00 – 11:15

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<th>Symposium</th>
<th>Topic</th>
<th>Presenters</th>
<th>Location</th>
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<tr>
<td>S1.1</td>
<td>Bereavement interventions and care in Europe</td>
<td>Birgit Wagner, Paul Boelen, Clare Killikelly</td>
<td>Van Rijkevorsel</td>
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<tr>
<td>S1.2</td>
<td>Early screening for PTSD risk following emergency department admission: clinical relevance and novel prognostic models.</td>
<td>Mirjam van Zuiden, Juanita Haagsma, Katharina Schultebraucks, Miranda Olf</td>
<td>Zeelenberg</td>
</tr>
<tr>
<td>S1.3</td>
<td>Symptom associations of posttraumatic stress disorder in children and adolescents: novel international findings from network analyses</td>
<td>Markus A. Landolt, Lasse Bartels, Elisa Pfeiffer, David Johnston, Anke de Haan</td>
<td>Hudig</td>
</tr>
<tr>
<td>S1.4</td>
<td>Scalable psychological interventions for refugees in Europe and the Middle East</td>
<td>Marit Sijbrandij, Eva Heim, Philip Noun, Anne de Graaff, Sebastian Burchert, Naser Morina</td>
<td>Beuningen</td>
</tr>
<tr>
<td>S1.5</td>
<td>Promoting good mental health in the high-risk workplace: Supporting professionals after work-related critical incidents</td>
<td>Anne Bakker, Susanne van Buschbach, Neil Greenberg, Christianne van der Meer, Sigirdur B. Thormar</td>
<td>Schadee</td>
</tr>
<tr>
<td>S1.6</td>
<td>The influence of dissociation on trauma-focused treatment outcome for PTSD patients</td>
<td>Chris Hoeboer, Agnes van Minnen, Nikolaus Kleindienst, Muriel Hagenaa</td>
<td>Ruys</td>
</tr>
<tr>
<td>O1.1</td>
<td>Open Supervision Session</td>
<td>Anke Ehlers</td>
<td>Van de Vorm</td>
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<tr>
<td>M1.1</td>
<td>Network theory and network models in clinical psychology</td>
<td>Talya Greene</td>
<td>Mees</td>
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<td>P1.1</td>
<td>ESTSS Presidential Panel: Addressing Political Oppressions: How Past, Present and Future Connect</td>
<td>Jana Javakhishvili, Andreas Maercker, Evaldas Kazlauskas, Gavin Rees</td>
<td>Van Weelde</td>
</tr>
<tr>
<td>F1.1</td>
<td>Treating Addiction with Schema Therapy and EMDR in Women with Co-occurring SUD and PTSD: A Pilot Study.</td>
<td>Géraldine Tapia</td>
<td>Plate</td>
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<tr>
<td>F1.2</td>
<td>Stabilization focused group therapy for childhood abuse related PTSD: a randomized controlled trial</td>
<td>Harald Bækkelund</td>
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<tr>
<td>F1.3</td>
<td>Attention Control Training for Acute Stress Disorder</td>
<td>Adva Segal, Yair Bar-haim</td>
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<tr>
<td>F1.4</td>
<td>Planned Dream Interventions: A pragmatic Randomised Control Trial to evaluate the effectiveness of a psychological treatment for traumatic nightmares in UK military veterans</td>
<td>Justin Havens</td>
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<tr>
<td>F1.5</td>
<td>Interpersonal Psychotherapy adapted for PTSD (IPT-PTSD) versus sertraline for the treatment of sexually assaulted women</td>
<td>Bruno Coimbra, Andrea Mello, Cecilia Proença, Dela Santana Thauna, Delfino Ana Teresa, John Markowitz</td>
<td></td>
</tr>
<tr>
<td>F1.6</td>
<td>The longitudinal association between symptoms of complicated grief and posttraumatic stress</td>
<td>Kristin Alve Glad, Synne Stensland, Nikolai O. Czajkowski, Paul A. Boelen, Grete Dyb</td>
<td></td>
</tr>
<tr>
<td>F1.7</td>
<td>Mechanisms of change for interventions aimed at improving the wellbeing, mental health and resilience of children and adolescents affected by war and armed conflict</td>
<td>Tania Bosqui</td>
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</tr>
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</table>
### Parallel Session #2

**Symposium S2.1**  
Prevalence matters: the influence of socio-demographic and loss-related variables on the development of Prolonged Grief Disorder  
*Manik Djelantik, Birgit Wagner, Suzan Soydas, Clare Killikelly*  
Van Rijkevorsel

**Symposium S2.2**  
Posttraumatic stress disorder due to early childhood trauma: Research on innovative trauma-focused treatments  
*Maartje Schoorl, Danielle Oprel, Sandra Raabe, Simone Menninga*  
Ruys

**Symposium S2.3**  
Long-term cognitive and neurobiological alterations related to childhood trauma exposure in psychotic disorders  
*Susanne Breinlinger, Yann Quidé, Maria Dauvermann, Melissa Green*  
Hudig

**Symposium S2.4**  
Evaluating the implementation of the World Health Organisation’s scalable psychological interventions for refugees in the Middle East  
*Felicity Brown, Daniela Fuhr, Ceren Acarturk, Aemal Akhtar*  
Beuningen

**Symposium S2.5**  
From trauma-informed care and latest PTSD treatment guidelines to professional PTSD training program evaluation: A symposium hosted by the German speaking Society for Psychotraumatology (DeGPT)  
*Lasse Bartels, Marc Schmid, Ingo Schäfer*  
Schadee

**Symposium S2.6**  
Analogue trauma studies: Investigating mechanisms of symptom development to enhance interventions  
*Muriel Hagenaars, Roxanne Sopp, Birgit Kleim, Ineke Wessel*  
Van de Vorm

**Masterclass M2.1**  
Biological determinants of stress resilience: how far are we?  
*Christiaan Vinkers*  
Mees

**Invited symposium**  
Understanding and Preventing the Adverse Effects of Societal Trauma: Building Bridges to a Safer Future  
*Julian D. Ford, Diane Elmore Borbon, Carolina Salgado, Synne Øien Stensland, Maureen Allwood, Erika Felix, Misari Oe*  
Van Weelde

**Flashtalk session**  
The role of trauma and PTSD on negative behaviours among male prisoners: Toward a model of Trauma-Informed Correctional Care in the UK  
*Emma Facer-Irwin*  
Plate

The dark side of the moon: Secondary Traumatic Stress and empathy in emergency medical services  
*Margarida Figueiredo-Braga, Gabriela Figueiredo, Tiago Rama*

Stillbirth as a dyadic trauma: The role of marital relationship factors in PTSD and depression following late pregnancy loss  
*Danny Horesh, Malka Nukrian*

Traumatic Experiences and ICD-11 PTSD and CPTSD across Different Diagnoses in a Sample of Danish Psychiatric Outpatients  
*Lise Moeller, Ask Elklit, Erik Simonsen, Ulf Soegaard*

Are You Anxiously or Avoidantly in Love? The link between childhood trauma, psychopathology, personality, and relationships in adulthood  
*Mona Shahab, Dennis Mook, Philip Spinhoven, Bernet Elzinga, Brenda Penninx, Frits Rosendaal*

The factors behind the traumatic stress in firefighters  
*Joana Proença Becker, Rui Paixão, Manuel João Quatrilho*

Towards a better life: Contradictions, Turning points, and Pathways for refugee youth  
*Elin Sofia Andersson, Tine Jensen, Ane-Marthe Solheim Skar*
### Lunch Break:
Enjoy a stroll outside and lunch on your own or take the opportunity for some extra activities:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:45 – 14:15</td>
<td>ESTSS General Assembly (Van Weelde)</td>
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<tr>
<td></td>
<td>All ESTSS members are invited to General Membership Meeting</td>
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<tr>
<td>Extra-curricular Activity #1</td>
<td>Excursion to Sexual Assault Center (Centrum voor Seksueel Geweld), center for research and specialised help for victims of rape and sexual abuse*</td>
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<td></td>
<td>only on preregistration</td>
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<tr>
<td></td>
<td>Klaas Ridder, Roberdina Blok</td>
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<tr>
<td></td>
<td>Meeting Point Outside</td>
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### Keynote #1

**Family Matters on Childhood Abuse and Neglect**

*Bernet Elzinga*  
*Willem Burger Zaal*

### General Poster Session

**Author-Attended Poster Session with Complimentary Drinks on behalf of ARQ National Psychotrauma Center**  
*Willem Burger Hall*

### Welcome Reception @City Hall

Rotterdam City Hall welcomes ESTSS2019 as her guests on Friday June 14, from 17.00h to 19.00h, with refreshments.*

*only on preregistration via https://estss2019.eu, passport identification required.*
City Workout: A 1-hr intensive run/bootcamp past historic and contemporary hotspots in Rotterdam

Melanie Noordegraaf

07:00 – 08:00
Meeting Point Outside

ESTSS Markthal: Interactive market with book stands, information stands, live Virtual Reality, e-health and m-health demonstrations and much more

08:30 – 17:00
Willem Burger Hal

Parallel Session #3

08:30 – 09:45

Symposium S3.1 Towards an integrated conceptualization of Traumatic Grief
Paul Boelen, Manik Djelantik, Suzan Soydas, Geert Rijneveld

Symposium S3.2 Adolescence and PTSD: Perspectives on Gender, Sleep and PTSD Outcomes in Different Contexts
Sarah Halligan, Soraya Seedat, Cherie Armour, Jaco Rossouw

Symposium S3.3 Interdisciplinary Collaborations to Promote Recovery among Trauma-Exposed Youth: Challenges and Success Stories
Ane-Marthe Skar, Rochelle Hanson, Kenneth Ruggiero, Lucy Berliner

Symposium S3.4 How social environments shape traumatization and its impact: mental health after radicalization, stigmatization and familial rejection – studies from crisis and post-conflict regions
Verena Ertl, Rezyna Mohammed, Katharina Goessmann, Melissa Preuße, Anselm Crombach

Symposium S3.5 Learning from recent terror situations in Europe: Psychosocial follow-up
Atle Dyregrov, Ingeborg Porcar Becker, Charlotte Therup Svedenlöff, Alan Barrett, Jelena Watkins

Symposium S3.6 Driving PTSD treatment forward with virtual exposure and technological enhancements.
Marieke van Gelderen, Kali Barawi, Karlijn Wagemaker, Eric Vermetten

Symposium S3.7 How social environments shape traumatization and its impact: mental health after radicalization, stigmatization and familial rejection – studies from crisis and post-conflict regions
Verena Ertl, Rezyna Mohammed, Katharina Goessmann, Melissa Preuße, Anselm Crombach

Masterclass M3.1 Clinical Management of Alcohol Use in the Context of Trauma Focused Therapies
Debra Kaysen

Panel P3.1 Impact and moderation of childhood adversities: an interdisciplinary research agenda.
Markus A. Landolt, Monique Pfaltz, Birgit Kleim, Justin Kenardy, Leanne Hides

Flashtalk session F3.1 Devaluation of aversive memories does not reduce intrusions
Elze Landkroon, Iris M. Engelhard

F3.2 The Effects of Moral Injury Appraisals on Psychological Outcomes: a novel experimental paradigm
Joel Hoffman, Angela Nickerson

F3.3 The blind mind's eye and anxiety: Might aphantasia protect against PTSD?
Marcus Wicken, Joel Pearson

F3.4 Maternal posttraumatic stress disorder negatively impacts on child sleep at 2 years
Antje Horsch, Susan Garthus-Niegel, Myriam Bickle Graz, Julia Martini, Tilman von Soest, Kerstin Weidner, Malin Eberhard-Gran

F3.5 PTSD preserves memory control abilities for trauma-related information
Andrei-Cristian Tudorache, David Clarys, Wissam El-Hage

Magdalena Lesnierska, Roman Cieslak

F3.7 Long-term sleep problems in survivors of the Utøya terrorist attack
Synne Stensland, Kristin Glad, Kate Porcheret, Tore Wentzel-Larsen, Grete Dyb

F3.8 The Influence of Flood Exposure and Subsequent Stressors on Youth Social-Emotional Health
Erika Felix, Karen Nylund-Gibson, Maryam Kia-Keating, Sabrina Liu, Cecile Brinmoeller, Antoniya Terzieva
<table>
<thead>
<tr>
<th>Parallel Session #4</th>
<th>10:00 – 11:15</th>
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<tbody>
<tr>
<td><strong>Symposium S4.1</strong></td>
<td>Empirical findings on the new stress-related diagnoses in ICD-11: Complex PTSD and Prolonged Grief Disorder</td>
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<tr>
<td><strong>Symposium S4.2</strong></td>
<td>How are pain and traumatic stress related?: From origins to interventions</td>
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<tr>
<td><strong>Symposium S4.3</strong></td>
<td>Parental Influences on Child Post-Traumatic Stress Outcomes</td>
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<td><strong>Symposium S4.4</strong></td>
<td>Determinants of trauma-related mental health problems and recovery in refugees and migrants</td>
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<td><strong>Symposium S4.5</strong></td>
<td>Can implementation science lead to better trauma care?: Bridging the gap between research and practice.</td>
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<tr>
<td><strong>Symposium S4.6</strong></td>
<td>Coping of families with military service: Learning from three cultural contexts</td>
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<tr>
<td><strong>Symposium S4.7</strong></td>
<td>Joint expertise in responding to terror attacks - building bridges between countries</td>
</tr>
<tr>
<td><strong>Masterclass M4.1</strong></td>
<td>A revival of psychedelics in psychotrauma?</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.1</strong> Typologies of PTSD Clusters and Reckless/Self-Destructive Behaviors: A Latent Profile Analysis</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.2</strong> A bi-factor approach to modelling the symptoms of PTSD, Complex PTSD and Borderline Personality Disorder</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.3</strong> Network structure of posttraumatic stress symptoms among 2,792 severely traumatized refugees in Kenya</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.4</strong> Reliability and Validity of the Swedish International Trauma Interview for Posttraumatic Stress Disorders in the ICD-11</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.5</strong> Survivors of early childhood trauma and emotional neglect: who are they and what's their diagnosis?</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.6</strong> The implications of different PTSD models on the prevalence of PTSD in traumatized adolescents</td>
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<tr>
<td><strong>Flashtalk session</strong></td>
<td><strong>F4.7</strong> The longitudinal relationships between PTSD symptom clusters: final results of a meta-analysis</td>
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<td><strong>Flashtalk session</strong></td>
<td><strong>F4.8</strong> Shame after a terrorist attack: Associations with event characteristics and interpersonal violence in young survivors three years after the Utøya Island attacks</td>
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<td>Time</td>
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<td>11:30 – 12:45</td>
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<td></td>
<td>Walking Tour #1</td>
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<td>Extra-curricular Activity #3</td>
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**Walking Tour #1**

11:30 – 13:40

Willem Burger Zaal
## Lunch Break:
Enjoy a stroll outside and lunch on your own or take the opportunity for some extra activities:

<table>
<thead>
<tr>
<th>Lunch Meeting</th>
<th>Global Collaboration on Traumatic Stress Lunch Meeting</th>
<th>Invitational Meeting</th>
<th>Plate</th>
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</thead>
<tbody>
<tr>
<td>Special Interest Group (SIG) Lunch Meetings:</td>
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<tr>
<td>SIG1</td>
<td>Young Minds</td>
<td>Mirjam Mink-Nijdam, Alieke Reijnen</td>
<td>Schadee</td>
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<tr>
<td>SIG2</td>
<td>Traumatic Grief</td>
<td>Manik Djelantik, Annemiek de Heus</td>
<td>Van de Vorm</td>
</tr>
<tr>
<td>SIG3</td>
<td>Trauma in Forensic Care</td>
<td>Yolande Kat</td>
<td>Van Rijkevorsel</td>
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<tr>
<td>SIG4</td>
<td>Cultural Diversity</td>
<td>Samrad Ghane, Mark Jordans</td>
<td>Mees</td>
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<tr>
<td>SIG5</td>
<td>STRESS-NL</td>
<td>Mirjam van Zuiden</td>
<td>Ruys</td>
</tr>
<tr>
<td>SIG6</td>
<td>Psychosocial Support &amp; Early Intervention</td>
<td>Susanne van Buschbach, Lucy Dijkman, Anne Bakker</td>
<td>Hudig</td>
</tr>
</tbody>
</table>

**Extra-curricular Activity #4**
Excursion to ‘CoTeam’: culturally oriented trauma expert and motivation center
Aram Hasan

### Keynote #2
14:15 – 15:30
Using the internet and modern information technology in the treatment of trauma
Gerhard Andersson
Willem Burger

### Parallel Session #6
15:45 – 17:00

<table>
<thead>
<tr>
<th>Symposium</th>
<th>Network analysis in Psychotraumatology</th>
<th>cherie Armour, Dominic Murphy, Talya Greene</th>
<th>Schadee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium</td>
<td>The role of biological markers in predicting effectiveness of trauma-focused psychotherapy</td>
<td>Sarah Wilker, Sinha Engel, Sarah Schumacher, Paul Zhutovsky</td>
<td>Mees</td>
</tr>
<tr>
<td>Symposium</td>
<td>Innovative study approaches of child maltreatment from a family perspective</td>
<td>Bernet Elzinga, Susan Sierau, Sheila Berkel, Renate Buismans, Marie-Louise Kullberg</td>
<td>Hudig</td>
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<tr>
<td>Symposium</td>
<td>Traumatic grief after disasters worldwide</td>
<td>Maarten C. Eisma, Carina Heeke, Pål Kristensen, Lonneke I.M. Lenferink</td>
<td>Van Rijkevorsel</td>
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<tr>
<td>Symposium</td>
<td>Journalists and online harassment: The psychological impact of threats and aggression in social media and on the web</td>
<td>Klas Backholm, Elana Newman, Trond Idås, Gavin Rees</td>
<td>Ruys</td>
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<tr>
<td>Symposium</td>
<td>E-health innovations in PTSD treatment across Europe</td>
<td>Anne Bakker, Natalie Simon, Nannette Mathyi, Helen Niemeyer, Andreas Maercker</td>
<td>Van Weelde</td>
</tr>
<tr>
<td>Symposium</td>
<td>Trauma-Focused Therapies in the Treatment of Comorbid PTSD and Substance Use Disorders</td>
<td>Debra Kaysen, Denise Hien, Annett Lotzin, Katherine Mills</td>
<td>Beuningen</td>
</tr>
<tr>
<td>Walking Tour #2</td>
<td>Walking tour through Rotterdam: 75 Years living with war</td>
<td>Ilse Raaijmakers, Bertine Verloop</td>
<td>Meeting Point Outside</td>
</tr>
</tbody>
</table>

**Extra-curricular Activity #5**
City Workout: A 1-hr intensive run/bootcamp past historic and contemporary hotspots in Rotterdam
Melanie Noordegraaf

### Conference Dinner @Engels:
Come join us for an evening of culinary and musical entertainment at Restaurant Engels, located at the Groothandelsgebouw, right at Rotterdam’s Central Station.

19:00 – 24:00
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
<th>Venue</th>
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</thead>
<tbody>
<tr>
<td>08:30 – 09:45</td>
<td>Keynote #3: Biological Embedding of Early-Life Stress: From Mechanisms to Novel Approaches for the Developmental Programming of Lifelong Health</td>
<td>Christine Heim</td>
<td>Willem Burger Zaal</td>
</tr>
<tr>
<td>08:30 – 17:00</td>
<td>ESTSS Markthal: Interactive market with book stands, information stands, live Virtual Reality, e-health and m-health demonstrations and much more</td>
<td>Willem Burger</td>
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### Parallel Session #7

<table>
<thead>
<tr>
<th>Symposium</th>
<th>Session</th>
<th>Title</th>
<th>Speakers</th>
<th>Venue</th>
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</thead>
<tbody>
<tr>
<td>S7.1</td>
<td></td>
<td>When families cope with traumatic stress: Looking beyond the individual survivor</td>
<td>Danny Horesh, Rivka Tuval-Mashiach, Sara Freedman, Moshe Bensimon</td>
<td>Van Rijkevorsel</td>
</tr>
<tr>
<td>S7.2</td>
<td></td>
<td>Predicting PTSD: Evidence from prospective neurobiological studies</td>
<td>Yulan Qin, Yann Quide, Sanne van Rooij, Wissam El-Hage</td>
<td>Ruys</td>
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<tr>
<td>S7.3</td>
<td></td>
<td>Unaccompanied refugee minors in Europe: Fostering resilience</td>
<td>Trudy Moor, Marieke Sleenpen, Ilse Derlyun, Johanna Unterhitzenger, Brit Oppedal</td>
<td>Hudig</td>
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<tr>
<td>S7.4</td>
<td></td>
<td>Incorporating culture in psychotrauma assessment, treatment and research</td>
<td>Simon Groen, Janneke Peelen, Samrad Ghane, Linda Silvius, Rob van Dijk</td>
<td>Beuningen</td>
</tr>
<tr>
<td>S7.5</td>
<td></td>
<td>Work Stressors and Psychological Outcomes in Diverse Occupational Settings: Findings from the CONTEXT programme.</td>
<td>Trina Tamrakar, Kinan Aldamman, Maria Louison Van, Mark Shevlin, Sigridur Thormar</td>
<td>Schadee</td>
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<tr>
<td>S7.6</td>
<td></td>
<td>Traumatized refugees: Mental health, treatment and the workplace</td>
<td>Nadine Stammel, Angelika Gelling, Alexandra Liedl, Theresa Koch</td>
<td>Mees</td>
</tr>
<tr>
<td>W7.1</td>
<td>Workshop</td>
<td>The role of yoga in trauma treatment: a compassionate approach</td>
<td>Willemijn Noordhoff</td>
<td>Zeelenberg</td>
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<tr>
<td>M7.1</td>
<td>Masterclass</td>
<td>The SIX Cs Model: Immediate Psychological First Aid</td>
<td>Moshe Farchi</td>
<td>Van de Vorm</td>
</tr>
<tr>
<td>P7.1</td>
<td>Panel</td>
<td>Understanding radicalization processes with a trauma lens</td>
<td>Vittoria Ardino, Abdel H. Boudoukha, Simona Caravita, Brock Chisholm, Luca Giglieminetti</td>
<td>Van Weelde</td>
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<tr>
<td>F7.1</td>
<td>Flashtalk session</td>
<td>Risk factors for the Development of Post-Traumatic Medical Stress following Pediatric Hospitalization for Surgery</td>
<td>Amichai Ben Ali, Daniella Margalit</td>
<td>Plate</td>
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<tr>
<td>F7.2</td>
<td></td>
<td>Mothers’ emotions after pediatric burn injury: Longitudinal associations with posttraumatic stress- and depressive symptoms</td>
<td>Marthe Egberts, Iris Engelhard, Rens van de Schoot, Anne Bakker, Rinie Geenen, Peter van der Heijden, Nancy Van Loey</td>
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<td>F7.3</td>
<td></td>
<td>Profiles of positive adaptation: resilience in children and adolescents in foster care</td>
<td>Katherina Söiva</td>
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<td>F7.4</td>
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<td>Cumulative childhood trauma, emotion regulation, and mental health problems in foster youth: Does perspective matter?</td>
<td>Alexander Haselgruber</td>
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<td>F7.5</td>
<td></td>
<td>Psychosocial symptomatology and risk factors for posttraumatic stress symptoms in hospitalized children: the role of trauma type</td>
<td>Maya Meentken</td>
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<td>F7.6</td>
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<td>The relationship between traumatic experiences and adverse adult functional outcomes of children and adolescents in residential care— preliminary results from a Swiss-wide longitudinal prospective study</td>
<td>David Bürger, Cyril Boonmann, Jörg Fegert, Nils Jenkel, Klaus Schmeck, Marc Schmid</td>
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<td>F7.7</td>
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<td>Childhood Adversity and Traumatic Disorders: A Danish Linkage Study Using Self-report and Administrative Data.</td>
<td>Siobhan Murphy, Mette Lausten</td>
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<td>11:30 – 12:45</td>
<td><strong>Symposium S8.1</strong> Consequences of early adversity for mental health and neurobiological phenotypes across the lifespan: exposure type and timing matter. Mirjam van Zuiden, Tanja Jovanovic, Christian Schmahl, Sanne van Rooij Schadee</td>
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<td><strong>Symposium S8.3</strong> Extending the focus beyond trauma in the treatment of victims of sexual exploitation Linda Verhaak, Sanne de Kleijn, Rina Ghaoerkhan, Saskia Bieleveldt, Jannetta Bos Mees</td>
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<td><strong>Symposium S8.4</strong> War, society and emotions. Dealing with traumatic pasts in Europe Rolf J. Kleber, Dean Ajdukovic, Anna Menyhért, Ilse Raaijmakers Hudig</td>
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<td><strong>Masterclass M8.1</strong> IPT for PTSD - an introduction Joop de Jong, Kosse Jonker Van de Vorm</td>
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<td><strong>Panel P8.2</strong> Towards Open Science: Open Access publishing, Plan S, FAIR data, Registered Reports and other Incentives for alleviating Questionable Research Practices (QRP) Miranda Olff, Karel Luyben, Caroline Sutton, Nancy Kassam-Adams, Ineke Wessel Van Weerde</td>
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<td><strong>Workshop W8.1</strong> Invictus Games: Sport as a means to recovery Boy Coolen, Henry - veteran and Invictus Games 2018 participant Ruys</td>
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<td><strong>Workshop W8.2</strong> How to blend e-mental health applications in trauma therapy? A story by a psychotherapist and patient about blended EMDR, shared decision making, and evidence based blended care. Tim Wind, Aloys Bijl Van Rijkevorsel</td>
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<td><strong>Film Screening of &quot;Reconstructing Utøya&quot;, awarded Best Film and Documentary 2018 in Sweden, with discussion</strong> Steffen Svedsen Willem Burger Zaal</td>
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<td><strong>Lunch Break:</strong> Enjoy a stroll outside and lunch on your own 12:45 – 14:15</td>
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<tr>
<td>14:15 – 15:30</td>
<td><strong>Keynote #4</strong> Improving the mental health in low resource and humanitarian settings. From research to practice and back Mark Jordans Willem Burger Zaal</td>
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<td>15:45 – 17:00</td>
<td><strong>Closing Session</strong> &quot;Visions of the Past and the Future&quot;: A lively overview of the traumatic stress field's past, present and future by Past President Berthold Gersons and current President Jana Javakhishvili; Best Poster and Best EJPT Paper of 2018 Awards; announcement of ESTSS2021 Berthold Gersons, Jana Javakhishvili, Miriam Lommen, Joanne Mouthaan, Trudy Moore, Cherie Armour Willem Burger Zaal</td>
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Program Highlights

Opening ceremony and Awards
Join us for the official opening of the 16th ESTSS Conference “Trauma in Transition: Building Bridges”, with a moving musical performance by internationally renowned piano soloist Daria van den Bercken, presidential speech by Jana Javakhishvili and award ceremony of the Young Minds in Psychotraumatology Award and the Wolter De Loos Award for Distinguished Contribution to Psychotraumatology in Europe.

Welcome reception
Rotterdam City Hall welcomes ESTSS2019 as her guests on Friday June 14, from 17.00h to 19.00h, with refreshments. (Note: limited availability, preregistration via https://estss2019.eu, passport identification required).

Conference Dinner
On Saturday, June 15, NIVP and ESTSS are proud to host this year’s conference dinner in Restaurant Engels, located in the monumental Groothandelsgebouw, right at the Rotterdam central station square. Engels has been an iconic place to meet and dine since its origin in the 1950s and its stylish, contemporary interior reflects Rotterdam’s unique style. Come join us for an evening of culinary and musical entertainment!

When: Saturday June 15, 19.00-24.00h.
Ticket costs: € 50 (low income participants € 35).
Tickets include: dinner buffet, drinks (soft drinks, beer, wine, coffee, tea) between 19.00-24.00h.

Poster session
Posters will be presented on Friday June 14, 15.45-17.00h at the Willem Burger Hal, situated at the ground floor.

Special Interest Group Lunches
Saturday June 15, 12.45-14.15
ESTSS is proud to host five Special Interest Group lunches on Saturday June 15, 12.45-14.15h: Young Minds, Traumatic Grief, Trauma in Forensics, Cultural Diversity and STRESS-NL. Join one of our SIGs to meet fellow professionals on one of these selected topics as a unique opportunity to discuss and exchange ideas and increase your network. Limited availability, so make sure you register quickly to secure your spot. Maximum number of participants per SIG: 30, lunch included.

Invitational Lunch Meeting: Global Collaboration on Traumatic Stress
Saturday June 15, 12.45-14.15
Chair: Prof Dr Miranda Olff, Amsterdam UMC and ARQ National Psychotrauma Centre, The Netherlands
Co-chair: Prof Dr Ueli Schnyder, University of Zurich, Switzerland
The “Global Collaboration on Traumatic Stress” consists of researchers and clinicians from around the world representing traumatic stress societies worldwide: “to work alongside each other on an equal basis, to identify objectives, facilitate development, and coordinate activities of global importance. [...] Participants felt very strongly that the community of traumatic stress researchers and practitioners should develop collaborations, and ultimately structures, that would enable them to optimally respond to those tasks that are best addressed by means of international collaboration” (Schnyder et al., 2017). The Global Collaboration includes representatives from different regions including Asia, Africa, Europe, North and South America, and Australia.

Closing ceremony
Sunday June 16, 15.45-17.00h
ESTSS Poster Prizes: This prize be rewarded to the three best poster presentations* during the General Poster Session that takes place on Friday June 14. (*Please note: presenters presence required at the poster session.) The winners will receive a financial award (1st place 150€, 2nd 100€, 3rd 50€) and a certificate.

ESTSS European Journal of Psychotraumatology (EJPT) Award for Best Paper of 2018: Five articles were nominated by associate and guest (ex)editors, members of the Editorial board, abstract translators and members of the ESTSS board for the ESTSS EJPT 2018 Award. The nominees represent a broad range of contributions, from providing a practical update of the state of the art in different countries, to methods and technology, the PTSD diagnosis and innovations in treatment. ESTSS2019 attendees are invited to vote for their choice during the conference.
Special Interest Groups (SIGs)

Saturday June 15 12:45 – 14:15

Traumatic Grief

Following the death of a loved one, a small yet significant minority of bereaved individuals develops persistent and debilitating symptoms of persistent complex bereavement disorder (PCBD) (also termed prolonged grief disorder), posttraumatic stress disorder, and depression. In recent years there has been an increase in treatment options for people for whom loss leads to persistent psychological problems (Boelen, 2016; Djelantik, Smid, Kleber, & Boelen, 2017).

The aim of this interactive SIG meeting is to share the latest insights from both a scientific and a clinical perspective for the treatment of traumatic grief. We will do this by discussing case vignettes and examples from the Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG; Smid et al., 2015).

This workshop will be held by Manik Djelantik (l) (psychiatry resident at UMC Utrecht and PhD Candidate at Utrecht University and Foundation Centrum ‘45, partner in Arq Psychotrauma Expert Group) and Annemiek de Heus (r) (Clinical Psychologist at PsyQ and trainer of BEP-TG). Both are registered as psychotrauma therapists at the NtVP and are experienced in assessment and treatment of traumatic grief in various populations. Together they have conducted a research among treatment seeking bereaved refugees.

Young Minds

Dating with brilliance! A special speed date lunch for young researchers in the field of Psychotrauma.

Come and meet your fellow young researchers during an invigorating speed date lunch organised by the special interest group of the Young Minds of the Dutch Association for Psychotrauma (NtVP). Are you a PhD-student, junior researcher or involved in research as part of your clinical education, and under the age of 35? Than this is the place and the time to build your network, exchange ideas, and broaden your knowledge on what's happening around the world. Since nobody functions well on an empty stomach, lunch is included. Looking forward to meeting you!

Hosts: Mirjam Mink-Nijdam (l) and Alieke Reijnen (r)
Special Interest Groups (SIGs)

Saturday June 15 12:45 – 14:15

Cultural Diversity

Rethinking mental health care for victims of trauma: doing global mental health “at home”

Global Mental Health (GMH) is an area of research and practice that emphasizes mental health improvement and equity for all people worldwide. Historically, however, GMH efforts have been mainly focused on capacity building and service improvement in low-income countries. In this informal lunch meeting we shall break away with this tradition, in line with the recent Lancet Commission on Global Mental Health and Sustainable Development, and discuss possible application of GMH principles within high-income countries. The main question that we aim to answer is: how can we improve the quality of and access to mental health care for all patients in high-income countries, using lessons learned from low-resource settings?

Hosts:
Mark Jordans, is Professor of Child and Adolescent Global Mental Health at the University of Amsterdam. He is a child psychologist and works as Director of Research & Development for the NGO War Child in the Netherlands.

Samrad Ghane is a licensed psychologist, medical anthropologist and researcher at Arq Psychotrauma Expert Group and Parnassia Psychiatric Institute. He is the chair of the Special Interest Group on cultural diversity and trauma at the NtVP.

Forensic Care

Trauma-related symptomatology is highly prevalent in the Dutch forensic care setting (Henrichs & Bogaerts, 2012). Many clients who end up in forensic care often experience trauma-related symptoms due to events in their past, as a result of the offense they have committed or due to the detention that followed (Pollock, 1999, Papanastassiou et al., 2004.). Exposure to interpersonal trauma and trauma-related symptoms increase the risk of (aggressive) recidivism (Steiner, Garcia & Matthews, 1997 & Mozley et al., 2018).

Host: Yolande Kat is a licensed (trauma)healthcare psychologist in clinical and ambulatory forensic care since 2005, in education to become a clinical psychologist/psychotherapist. In the last 5 years she specialised in treating trauma in forensic care.
Special Interest Groups (SIGs)

Building an international network

This meeting will be hosted by Drs. Susanne van Buschbach (psychologists, OLVG and researcher work-related psychotrauma, Amsterdam UMC), Lucy Dijkman (peer support coordinator, OLVG) and Dr. Anne Bakker (postdoc researcher E-health and work-related psychotrauma, Amsterdam UMC).

The Dutch Psychosocial support & early interventions Special Interest Group (SIG) facilitates a network for the Fire Brigade, Law Enforcement, Ambulance, Impact, Foundation Centrum '45, hospitals, researchers and The Netherlands Victim Support with a focus on work-related trauma. During ESTSS we aim to build a bridge towards an international Psychosocial support & early interventions SIG. The goal of the lunch meeting is to gather international colleagues in this field to exchange ideas, best practices, and to facilitate the initiation of international collaborations. Emeritus prof. dr. Gersons will share his expertise and experience in providing psychosocial support after a disaster in The Netherlands, followed by an interactive introduction of the participants, and a lively discussion. Are you working in this area, as a psychologist, psychiatrist, researcher, social or occupational worker, or otherwise, please join this inspiring meeting!

Improving Impact of Neurobiological Traumatic Stress Research: international and national interdisciplinary research platforms to advance the field.

Host: Mirjam van Zuiden, Assistant professor, Amsterdam UMC, Psychiatry Dept.

Neurobiological research can inform on the mechanisms by which traumatic stress impacts on mental and physical health and can elucidate targets for new treatments. To advance the field and promote clinical application, it is pivotal to have strong interdisciplinary platforms to exchange expertise and data across research groups; promote stress research towards stakeholders; and increase public awareness and knowledge. This SIG is a combined effort of the ESTSS Taskforce Neurobiology and Dutch StressNL consortium, two platforms connecting stress researchers, on the European and National level respectively.

We invite all stress researchers, both fundamental and clinical, to connect; prioritize which actions should be taken by platforms and affiliated researchers to advance the field and explore possibilities for future collaborations and funding applications.

Psychosocial support & early interventions
SAVE THE DATE!
16 - 19 June 2021, ICC Belfast

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Membership & Accreditation

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VoordeLEN van het NtVP lidmaatschap:

- Gratis deelname aan lezingen en webinars
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- Hoge korting op het ESTSS congres
- Hoge korting voor auteurs op publicatie in open-acces online tijdschrift *European Journal of Psychotraumatology*

Accreditation statement

All visitors will receive a Statement of Attendance. For our Dutch visitors accreditation has been requested for the following associations:

- FGzPT
- NVP
- NVvP
- VEN
- VGCt
- Kwaliteitsregister V&V
- VSR
- NIP eerstelijns
- NVO

Please see our [website](#) for the latest updates on accreditation.
The consequences of childhood abuse and neglect can have many faces. Childhood trauma may have a long-lasting impact on several cognitive, psychological and social processes, chronically affecting an individual’s emotional well-being. It may also negatively impact social relations throughout the life span, causing problems in friendships and intimate relationships. On the level of the brain, exposure to childhood trauma may affect the programming of neural networks involved in the regulation of emotions and processes related to trust and attachment. Ultimately, these psychological consequences and changes in the functionality of the brain may also influence parenting style and the ability to regulate one’s emotions during stressful parent-child interactions, so that a new cycle of parental abuse and neglect may come into play.

Whereas these consequences are usually examined in individuals, family studies that involve siblings, and/or parents and children, can yield additional valuable information on clinically relevant questions:

such as ‘who is specifically at risk for the negative consequences of childhood maltreatment and who is more resilient?’, ‘what are the mechanisms involved in the intergenerational transmission of maltreatment?’, ‘what are the general and specific processes involved in parental abuse versus neglect?’, etc. In addition, family studies may help to disentangle the environmental effects from genetic factors involved in the intergenerational transmission of psychopathology and parental abuse and neglect.

In this keynote, I will focus on these and other questions and elaborate on recent findings from two Dutch family studies on the long term impact of childhood abuse among siblings (i.e., NESDA sibling study) and the intergenerational transmission of maltreatment (i.e., Leiden 3-Generation study), followed by a discussion of what can be learned from a family perspective in terms of prevention of parental abuse and neglect and their long-term consequences.

Short bio

Bernet Elzinga is Professor at the section Clinical Psychology at Leiden University and the Leiden Institute of Brain and Cognition (LIBC), the Netherlands. Her major areas of research have focused on the impact of (early life) stress and trauma on the brain, neuroendocrinology, and cognitive/emotional functioning in patients with various stress-related disorders. For her research, she received various grants (i.e., VENI, VIDI and VICI). Besides her research activities, she is trained as psychotherapist in Cognitive Behavior Therapy and is advisor for the Landelijke Expertisecentrum Bijzondere Zedenzaken. In 2007, she was elected as a member of ‘De Jonge Academie’ (DJA) of the Dutch Royal Academy of Sciences (KNAW).
Over the last 20 years a large number of studies have been conducted showing that therapist-supported internet interventions can be effective for a range of problems and clinical conditions. In this talk I will present how internet treatments can be delivered and will review the literature on trauma. For example, in a recent umbrella review we reported the effects of internet treatment for PTSD in the latest meta-analysis was $d = 0.71$ (Andersson et al., in press).

I will also present studies we have completed in Sweden on PTSD, trauma in relation to complicated childbirth, and trauma in relation to a previous experience of interpersonal violence. A call will be made for tailored internet interventions, culturally adapted translated treatments (for example in Arabic language), and I will comment on different alternative ways to use modern information technology such as smartphone applications.

**Short bio**

Professor Gerhard Andersson is full professor of Clinical Psychology at Linköping University (appointed 2003), in the Department of Behavioural Sciences and Learning. He also has a position as affiliated researcher at Karolinska Institutet in the Department of Clinical Neuroscience, Psychiatry, where he is linked to the Centre for Psychiatry Research (Competence Centre for Psychotherapy Research). Dr Andersson is trained as a CBT therapist and has a license and graduate diploma as a psychotherapist (2005).

He has also completed teaching and supervision training in cognitive and behavioural psychotherapy (2016). Andersson has a part-time position as clinical psychologist at the Department of Audiology, Linköping University Hospital, as a member of the Tinnitus team. One of his main research interests involve the application of the internet and modern information technology in psychological research, in particular guided psychological treatment via the internet.
Adversity in early life, such as childhood abuse, neglect and loss, during times of developmental plasticity can cause lifelong biological changes that leave the individual vulnerable to subsequent challenge and at markedly heightened risk to develop a broad spectrum of diseases. Understanding trajectories of biological embedding across development, as well as their moderation by gene-environment interaction, is critical to enable us to design novel interventions that directly reverse these processes and to derive biomarkers that identify children who are at risk to develop disorders or are susceptible to a specific intervention.

Such advances will promote personalized care based on risk profiles and will inform targeted and mechanism-based interventions to mitigate the adverse outcomes of early-life stress. By specifically targeting processes of developmental programming, it may even be conceivable to set children on positive trajectories of health and adaptation with lifelong beneficial effects.

Short bio

Prof. Heim uses a multidisciplinary psychobiological approach to study the neurobiological consequences of childhood trauma and their relationship to depression, anxiety and functional somatic disorders. Her results were among the first evidence in humans to suggest that early life trauma is associated with lifelong neurobiological “scars” that increase the risk for developing a range of disorders in adulthood. Prof. Heim is the recipient of more than 10 honors and awards, including the Chaim Danieli Young Professional Award for outstanding contributions to traumatic stress studies and the prestigious Curt P. Richter Award for outstanding contributions to psychoneuroendocrinology. She is also the recipient of a NIMH Career Development Award. In 2008 Prof. Heim was elected into the American College of Neuro-psychopharmacology. She serves on multiple international review committees regarding the evaluation of work on early-life trauma.
Improving the mental health in low resource and humanitarian settings: From research to practice and back

Mark Jordans

War Child, the Netherlands; University of Amsterdam, the Netherlands

This keynote address will have two sections, both focusing on developing mental health care systems in low-resource and fragile settings and on the translation between research and practice. The first section will start with setting the scene, by providing an overview of the field of Global Mental Health. I will explore principles and needs for mental health care globally, and especially for low-resource settings, and include the role of social determinants in mental health of populations. In low-income countries, care for persons with mental, neurological, and substance use (MNS) disorders is largely absent, especially in rural settings. To increase treatment coverage, integration of mental health services into community and primary health care settings is recommended. While this strategy is being rolled out globally, rigorous evaluation of outcomes at each stage of the service delivery pathway from detection to treatment initiation to individual outcomes of care has been missing.

I will provide an example of the interplay between research and practice related to this work in Nepal. The second part of the talk will focus on addressing the psychosocial support and mental health care needs of children, especially in humanitarian settings. It will address how situations like conflict affect children and adolescents, and what we have learned so far in how we mitigate the negative impacts. Again, I will provide an example of how research and practice come together in a program of work that aims to develop a multi-sectoral, multi-level system of care for children affected by war that addresses children’s needs across different ecological levels. This system of care is complemented by mechanisms to ensure access and quality of care, and a focus on ensuring evidence-based principles can be developed and implemented in such a way that they are scalable and can achieve actual real-world impact, despite the complexities and challenges of working in low-resource humanitarian settings.

Short bio

Prof. Dr. Mark Jordans is child psychologist and works as Director of Research & Development for the NGO War Child in the Netherlands. He is professor in Child and Adolescent Global Mental Health at the University of Amsterdam, and Reader, Child and Adolescent Mental Health in Humanitarian Settings, at the Center for Global Mental Health, King’s College London. His work focuses on the development, implementation and evaluation of psychosocial and mental health care systems in low and middle income countries, especially for children in adversities and in fragile states. Mark Jordans is the founder and Senior Technical Advisor of TPO Nepal.
Paper In A Day

Lonneke Lenferink¹, Annegret Krause-Utz²

¹Rijksuniversiteit Groningen, the Netherlands; ²Leiden University, the Netherlands

Paper in a Day grew out of a wish to foster collaborations between young researchers from around the world. Many of these researchers will be future leaders in the domain of posttraumatic mental health and the field will benefit from their partnerships and teamwork. Paper in a Day is designed to stimulate international connections and the exchange of ideas by working on a tangible outcome: a brief paper or commentary for a peer-reviewed journal. This will be an intensive, productive and enjoyable day. Previous editions have led to conference contributions, journal articles, and lasting contacts (see article in Traumatic StressPoints). Because Paper in a Day will take place prior to the ESTSS conference, participants will have the opportunity to continue dialogue with colleagues during the rest of the conference.

This year, Paper in a Day will make use of a unique research resource in the traumatic stress field - the Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive. Learn more about PACT/R resources and data at www.childtraumadata.org. This international data archive of child trauma studies currently includes datasets from 32 studies, representing data from more than 5500 children exposed to a single incident trauma, e.g., injury, disaster, interpersonal violence. In addition to original study data/variables, PACT/R includes a growing set of harmonized variables that can facilitate cross-study analyses. Throughout the Paper in a Day process, leaders of the PACT/R Archive will be available to participants to answer questions and to approve data requests once research topics / questions are identified.

Program

After registration, participants will choose a topic based on shared interests and availability of relevant PACT/R data. In the weeks prior to the workshop, participants will individually prepare (e.g. read relevant articles, draft sections of the paper). The workshop will include plenary discussions about the topic and the drafted texts, and writing time in subgroups. Following the workshop, the draft will be finalized for submission.
Cognitive Therapy for PTSD

Anke Ehlers
Department of Experimental Psychology, University of Oxford, UK

Treatment guidelines recommend trauma-focused cognitive behavioural treatments as treatments of choice for posttraumatic stress disorder (PTSD). Cognitive Therapy for PTSD is a version of these treatments that builds on Ehlers and Clark’s (2000) cognitive model of PTSD. This model suggests that people with PTSD perceive a serious current threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and / or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and / or lead to increases in symptoms.

Cognitive Therapy for PTSD has been shown to be highly effective and acceptable to patients (Duffy et al., 2007; Ehlers et al. 2003, 2005, 2014, 2016; Gillespie et al., 2002; Smith et al., 2007). It has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, socratic questioning, and behavioural experiments.

Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are updated with information that corrects impressions and predictions at the time, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments with dropping maintaining behaviours.

Aim and learning objectives
The workshop will present the core techniques of CT-PTSD through discussion of video extracts and case presentations. Participants will learn to (1) develop an idiosyncratic version of the treatment model with their patients, (2) identify ways of changing problematic meanings and responses to memory triggers in PTSD, (3) identify ways of integrating changed meanings into trauma memories.
The cross-cultural validity of mental disorders such as PTSD has been a subject of fierce debate. To what extent do sociocultural factors play a role in the constitution and expression of PTSD? If PTSD is a valid cross-cultural concept, what about its clinical utility: a socio-ecological approach asks for a cultural critique of the neuroscience construct of PTSD versus other expressions of distress across the globe. How does this relate to the historicity debate around PTSD, to a dimensional classification, and to ‘transdiagnostic treatment’? And once we have an idea about (post-) traumatic stress syndromes, how do we address the psychological needs of large populations exposed to severe traumatic stressors? To answer this question, a public mental health approach has gained popularity for trauma-exposed populations in international and humanitarian settings over the past years.

This workshop will address how a culturally-appropriate public mental health perspective may inform prevention and care with populations exposed to traumatic stressors both in high-income countries and in developing countries. e.g. in the context of natural disasters and armed conflicts. The paradigm of public mental health has important implications in the realms of prevention, resilience, research and competencies. First, universal primary prevention has much to win by addressing key predictors of ill health that overlap with the determinants of disaster and war. Second, an ecological approach requires a shift from individual psychological resilience to ecological resilience involving diverse actors at the level of the community and the family. Third, dealing with distress in resource-strained settings requires task sharing and task shifting by mental health professionals to locally trained paraprofessionals and lay people. It also requires a shift from specialized treatment to selective prevention involving local healers, local practitioners and a range of community interventionist from other disciplines. Finally, the public mental paradigm asks for a redefinition of psychological and other competencies in both high and low-income countries. It implies that psychologists and other mental health professionals become core team players liaising to other professionals involved in health and education, the economy, and human rights.

A major part of the afternoon will be spent on a public mental health simulation exercise. The exercise focuses on a province in a middle-income country. Participants practice in sub-groups on the integration of mental health services in general health care, educational and social services. The focus is on themes such as task sharing and task shifting, multisectorial involvement, collaboration with healers, and the prevention, diagnosis and treatment including the rehabilitation of mental and neurological disorders are part of the exercise.

Objectives
After the workshop the participant will be able to: (1) understand how social, cultural and historical factors are related to massive stress and posttraumatic symptomatology, and what political-economical factors predict political violence and war; (2) highlight crucial similarities and differences in the phenomenology of PTSD across cultures and understand the debate about spectrum disorders and categorical and dimensional diagnosis; (3) express an informed opinion about the differentiation of DSM/ICD diagnoses and cultural concepts of distress, idioms of distress, and cultural syndromes; (4) understand the basics of implementing a public mental health project or program after mass trauma. First, how to do an assessment before the project starts. Second, how to select priorities to develop mental health and psychosocial interventions. Third, what are concrete actions in terms of multimodal, multisectorial and multilevel services.
Over the last three years, the ISTSS Treatment Guidelines Committee has updated the ISTSS Recommendations for the Prevention and Treatment of PTSD in Children, Adolescents and Adults, and developed ISTSS Position Papers on Complex PTSD. A rigorous methodology was developed and followed; scoping questions were agreed, systematic reviews were undertaken and studies selected for inclusion according to the agreed inclusion criteria. Meta-analyses were conducted to address the scoping questions with usable data from included studies. The results of the meta-analyses were then used to generate recommendations for individual prevention and treatment interventions using the agreed definition of clinical importance and recommendation setting algorithm. The first half of the workshop will focus on the methodology used. Participants will be asked to consider some of the dilemmas encountered by the Committee and learn how the methodology was developed, through interactive discussion. In the second half of the workshop, facilitated interactive discussion will introduce participants to the recommendations and position papers, key issues with respect to interpretation of them and their implementation into clinical practice.

Learning objectives: (1) Participants will be able to describe the ISTSS Guidelines recommendations for the prevention and treatment of PTSD; (2) Participants will be able to use the ISTSS Guidelines recommendations to inform clinical practice; (3) Participants will be able to summarise the level of evidence key recommendations are based on.

Background reading: Methodology and recommendations document, and position papers to be published on the ISTSS Website in November 2018.

Suggested level of required expertise: All levels.
Problem Management Plus (PM+): WHO's scalable psychological programmes for psychological distress in humanitarian settings

Barbara Kieft¹, Naser Morina²

¹i-Psy Mental Health Care, Almere, the Netherlands, ²University Hospital Zurich, University of Zurich, Zurich, Switzerland

To bridge the gap between the need for mental health care and the limited number of mental health care specialists in low-and middle-income countries, the World Health Organization (WHO) developed “Problem Management Plus” (PM+). PM+ is related to the mental health Gap Action Programme (mhGAP) and is based on task-sharing, meaning that it is delivered by trained non-professional mental health workers. PM+ is a brief (5 face-to-face sessions) programme based on cognitive behavioral therapy (CBT) and problem-solving techniques for individuals or groups affected by humanitarian crises. It incorporates relaxation, problem management, behavioral activation and social support enhancing strategies. Individual PM+ is available in several languages (including English, Chinese, French, Arabic, Japanese, Korean, Kurdish, Russian, Spanish and Urdu). PM+ has been shown effective in reducing symptoms of anxiety, depression, posttraumatic stress and improving functioning in randomized clinical trials in Pakistan and Kenia.

Within the large EU Horizon 2020-funded ‘STRENGTHS’ project, PM+ has recently been adapted for Syrian refugees in Europe and the Middle East. The PM+ programmes can be implemented within stepped care models across both low- and middle income and high-income settings.

The aim of this workshop is to share and transfer experiential information on the structure and content of the evidence-based psychological intervention PM+.

By the end of this workshop individuals will (1) understand the subsequent steps and the content of the PM+ individual programme and the context in which PM+ individual may be provided; 2) practice in an interactive way in role plays and engage with several elements of PM+; 3) understand the structure of the training programme for non-professional helpers and primary care providers, and the required qualifications of the helpers, trainers and supervisors (3) consider outcomes of effectiveness with the PM+ individual programme in clinical trials.

Suggested level of required expertise: Individuals with a basic skill level in clinical psychology, primary care or a management function can participate in this workshop.

* All preconference workshops will be held at Erasmus University Rotterdam
The effects of PTSS on couples: Expansion of theory and principles of intervention

Rachel Dekel, Yael Shoval-Zuckerman
Bar-Ilan University, Israel

Although it is widely recognized that trauma in general and posttraumatic stress symptoms (PTSS) specifically affect couple relations, the theoretical models, empirical knowledge, and suggested principles of intervention are less known. Objectives: The aims of the workshop are: a) To review the theoretical understanding of the effects of PTSS on couple relations. Specifically, the cognitive-behavioral interpersonal theory of PTSD (Monson, Fredman, & Dekel, 2010) and the ambiguous loss theory (Boss, 2009) will be discussed, b) To review the updated empirical knowledge that supports these theories, and c) To present the main ideas of the Conjoint Behavioral Cognitive Intervention (Monson & Fredman, 2012) and to exemplify it through cases the moderators have treated in the Family Trauma Clinic in Israel.

Method: The workshop will involve a formal presentation, vignettes, and exercises with participants. Results: The workshop will provide practical knowledge for clinicians and researchers from diverse backgrounds to bridge the gap between empirical and clinical approaches to working with trauma survivors and their partners. Conclusions: The workshop is recommended for those who want to apply a family-oriented lens to their trauma research and intervention.

Learning Objectives 1. The audience will learn about the effects of PTSS on couple relations. 2. The audience will understand the mechanisms through which PTSS affects the significant other. 3. The audience will learn two CBCT techniques.

Suggested level of required expertise: Advanced
Imagery Rescripting for PTSD Related to Childhood Trauma

Loes Marquenie\textsuperscript{1} and Sandra Raabe\textsuperscript{2,3}

\textsuperscript{1}Jellinek, Arkin, Amsterdam, \textsuperscript{2}University of Amsterdam, \textsuperscript{3}Sinaïcentrum, Arkin, Amsterdam

PTSD related to physical and/or sexual childhood abuse (CA) in adult patients is often associated with high symptom complexity beyond PTSD, such as emotion regulation problems, dissociation, and self-destructive behavior. Although there is strong evidence for the efficacy of trauma-focused treatments, clinicians are often hesitant to apply these treatments to patients with CA-related PTSD, fearing for symptom exacerbation and dropout. Due to these concerns there have been calls for modifications of existing trauma-focused methods in order to 1) reduce treatment dropout and increase acceptability with therapists and 2) have impact on a broader range of the symptomatology, such as secondary non-fear emotions (e.g., feelings of powerlessness, anger, inherent badness).

In the last decade, Imagery Rescripting (ImRs) has emerged as a promising method to treat CA-related PTSD (Arntz, 2012; Morina, Lancee, & Arntz, 2017). ImRs is a technique that focuses not only on reducing anxiety-related symptoms, but also targets the meanings and schemas resulting from the traumatic childhood experiences. Recent research has shown that this method not only leads to reduction of PTSD-symptoms, but is also effective in reducing secondary trauma emotions and improving emotion regulation.

In this workshop we will present the rational and basic procedure of ImRs. The application of this method will be practiced and common pitfalls will be discussed.

**Learning objectives:** By the end of the workshop participants will know the theoretical background and rational of ImRs, have the basic skills to apply the procedure of ImRs, and have up to date knowledge about scientific data on ImRs on PTSD.

**Programme:**
- Introduction
- Theoretical background of ImRs (presentation).
- Explanation of the procedure of ImRs (demonstration, video)
- Practice in small groups
- Discussion

\textbf{Suggested level of required expertise:} intermediate (some experience with PTSD/ knowledge about trauma-related disorders needed)

*All preconference workshops will be held at Erasmus University Rotterdam*
The International Trauma Interview for ICD-11 PTSD and Complex PTSD: Case Analysis and Differential Diagnosis

Marylene Cloitre¹-², Jonathan Bisson³

¹National Center for PTSD, US, ²New York University Langone Medical Center, US, ³Cardiff University School of Medicine, UK

In June 2018, the World Health Organization released the final version of the 11th revision of the International Classification of Diseases and Related Health Problems (ICD-11) to its 194 member states with adoption and implementation of ICD-11 beginning after May 2019. The ICD-11 includes a revised ICD-10 posttraumatic stress disorder (PTSD) diagnosis and the introduction of a new diagnosis, complex PTSD (CPTSD) which replaces the overlapping ICD-10 category of enduring personality change after catastrophic experience. In preparation for this transition, there has been steady development, testing and revision of a clinical interview for ICD-11 PTSD and CPTSD, the International Trauma Interview (ITI). The interview has been tested in several countries and languages.

A detailed overview of the measure and an update on the psychometrics of the interview will be provided in this presentation. However, the primary purpose of this workshop is to give audience members demonstration of the use of the interview via several video presentations and case analyses. Case presentations will demonstrate key features of ICD-11 PTSD, particularly concerning re-experiencing symptoms as well as differential diagnosis between CPTSD and DSM-5 Borderline Personality Disorder depression and between CPTSD and Major Depressive Disorders. Audience members will have the opportunity to query about challenging cases particularly as related to differential diagnoses and assessment of co-morbidities. This workshop is a practical, clinician-oriented experience.

Learning Objectives: (1) to be able to describe differences between PTSD and CPTSD symptoms, (2) to be able to describe differences between CPTSD and other disorders particularly Borderline Personality Disorder and Depressive Disorders, (3) to obtain information about the psychometric properties of the ITI.

Suggested level of required expertise: intermediate

* All preconference workshops will be held at Erasmus University Rotterdam
Preconference Workshops*

Thursday June 13 12:30 - 17:00
Half Day

Transcultural aspects of trauma and dissociation; Building bridges in classification and treatment?

Rafaele Huntjens¹, Marjolein van Duijl², Eric Vermetten³⁴⁵

¹Dept. Clinical Psychology and Experimental Psychopathology; University of Groningen, the Netherlands, ²transcultural psychiatry, mental health care for refugees and asylum-seekers and Global Mental Health, ³Arq Psychotrauma Research Group, the Netherlands, ⁴UMC Utrecht, the Netherlands, ⁵Department Psychiatry of New York UMC, US

This preconference workshop offers a broad perspective of different aspects of dissociation. Key issues include the interacting effects of traumatic experience, developmental history, neurobiological function, and specific vulnerabilities to dissociative processes that underlie the occurrence of traumatic dissociation. Dissociative disorders are typically associated with chronic symptom manifestation and high utilization of mental health services. In western societies emphasis of dissociative disorders and treatment focuses on early life trauma and individualized treatment approaches. New treatment opportunities emerge that provide feasible options. For refugees and migrants ongoing conflicts, migration and acculturation stressors play a key role. In non-western societies the emphasis of treatment is on restoring historical, social, cultural and spiritual belonging. Systemic and multilevel approaches are helpful to accommodate different explanatory models.

Objective: In this workshop we review the current state of research and treatment on traumatic dissociation, including manifestations of spirit possession. We will reflect on transcultural similarities and differences, as well as opportunities for treatment and further research.

Method: Review of literature and empirical research, case presentations, discussion and group assignments. Current perspectives will be given on the current state of research on assessment and treatment of traumatic dissociation (Eric Vermetten). New empirical research of inter-identity amnesia and identity fragmentation as well as a treatment study investigating the applicability of schema therapy in patients with DID (Rafaele Huntjens). Classification and management of dissociation and spirit possession in a global and transcultural context will be illustrated with case histories and research in Africa (Marjolein van Duijl).

Suggested level of required expertise: intermediate

* All preconference workshops will be held at Erasmus University Rotterdam
Learning from trauma and loss in evidence based treatment

Jannetta Bos, Annemiek de Heus

Centrum ‘45, the Netherlands

Brief Eclectic Psychotherapy for PTSD (BEPP) not only helps in diminishing PTSD symptoms but also stimulates to learn from terrible events. Such events change ones view of one self and from the world. Learning emotionally and cognitive from traumatic events helps to cope better after treatment.

BEPP is recommended by the American Psychological Association (APA) and the International Society for Traumatic Stress Studies (ISTSS). BEPP is found effective for treating Posttraumatic Stress Disorder (PTSD) in different patient groups with different ethnic backgrounds (Gersons et al., 2000, Lindauer et al., 2005, Schnyder et al., 2011). Recently Brief Eclectic Psychotherapy for Traumatic Grief has been developed for patients with traumatic grief (i.e., comorbid PTSD and persistent complex bereavement disorder (PCBD) following the loss of a loved one under violent circumstances (Smid et al., 2015). The first results of BEPTG in a refugee population support the feasibility and potential effectiveness of BEPTG (de Heus, et.al., 2017).

Objective: During the workshop participants will get acquainted with all five elements of the BEPP and BEPTG protocol. These are psychoeducation, imagery exposure, memorabilia and writing letters, making meaning of what has happened, and a farewell ritual. It combines insights and interventions from cognitive behavioural- and psychodynamic approaches. A video of psycho- education will be shown and a demonstration of imagery exposure will be given. Participants will be encouraged to practice with farewell rituals and writing letters. Clinical case examples of patients with different ethnic background will be presented.

Suggested level of required expertise: intermediate
The network perspective offers a novel way of understanding the structure and dynamics of psychopathology. According to the network theory framework, symptoms do not primarily result as passive consequences of underlying mental disorders. Rather, causally connected symptoms may interact with each other over time, potentially producing mental disorders as emergent phenomena. The new field of network psychometrics has been used in recent years to investigate the complex structure of various psychiatric disorders, including posttraumatic stress disorder, depression, schizophrenia, and anxiety.

The aim of this masterclass is to provide a conceptual overview of network theory and network modeling, to describe some of the key findings that have emerged from this approach, and to discuss potential clinical implications of network approaches, including the identification of particularly central or influential symptoms, the exploration of mechanisms of comorbidity and transdiagnostic phenomena, and for use in therapeutic interventions.

Short bio

Dr. Talya Greene is a senior lecturer in the Department of Community Mental Health, University of Haifa. She investigates daily life mental health symptoms, longitudinal effects of trauma exposure, conflict-related mental health, and psychopathological symptom networks. She has a multi-disciplinary background comprising skills in psychiatric epidemiology (specifically trauma-related), military and conflict-related stress, and public mental health.

Dr. Greene focuses on the use of innovative data collection methods, such as experience sampling/ecological momentary assessment, combined with advanced statistical techniques including network analysis and dynamic multilevel models to explore the relations between symptoms in individuals’ natural environments and in near-real time.

She has used network modeling to investigate various aspects of psychopathology, including dynamic networks of PTSD symptoms and negative affect, the dynamic relations of depression symptoms in daily life, the associations of risky behaviors with PTSD, the emerging construct of maladaptive daydreaming, and to investigate peritraumatic distress.
Masterclasses

Friday June 14 11:30 - 12:45

Biological determinants of stress resilience: how far are we?

Christiaan Vinkers
Amsterdam UMC, the Netherlands

Traumatic stress, especially during early life, is a major risk factor for the development of almost all psychiatric disorders including post-traumatic stress disorder (PTSD), major depressive disorder, and schizophrenia. In addition to psychological and environmental factors, stress vulnerability and resilience depend on neurobiological factors and mechanisms. For example, traumatic events induce long-lasting changes in the brain, including gray matter volume reductions and impairment of the hypothalamic-pituitary-adrenal (HPA) axis. However, considerable inter-individual differences exist in outcomes after trauma exposure and many individuals do not develop psychopathology. Despite decades of research, we still cannot predict which individuals are at risk and which individuals are resilient following traumatic stress.

Thus, elucidating neurobiological pathways underlying resilience may identify who is and who is not at risk and enhance early intervention strategies. Focusing on resilience to trauma rather than vulnerability can enhance our understanding of key processes underlying psychopathology. Moreover, important methodological advantages are present due to the absence of psychopathology and medication in resilient individuals. During this masterclass, I will provide an overview of the state of the art in the neurobiological underpinnings of stress resilience. Moreover, together with participants of the masterclass we will discuss how (neuro)biological findings can be better integrated into more traditional care for trauma survivors relevant for their specific clinical work or research.

Short bio

Christiaan Vinkers MD PhD is a psychiatrist and stress researcher at the Amsterdam UMC (location VUmc). His overall research objective is to investigate the neurobiological background of stress resilience and vulnerability including (epi)genetic, neuroendocrine, and brain circuitry factors. My preclinical research during my PhD training concerned the genetic and molecular basis of stress reactivity using pharmacological, genetic and molecular techniques. In daily practice, I diagnose and treat patients with psychiatric disorders (including depression, psychosis, and bipolar disorder) which directly links my research to a clinical setting. It is my drive to look for solutions in both fundamental preclinical and applied clinical research and promote the exchange of ideas between those two research approaches. My research aims to disentangle how (traumatic) stress increases the risk for psychiatric disorders and helps to identify who is (not) at risk.
Posttraumatic stress disorder (PTSD) and alcohol use disorders (AUDs) are frequently comorbid and represent a major public health concern (Lai et al., 2015). There is poorer AUD treatment outcomes when comorbid PTSD is untreated including higher alcohol relapse, use, and consequences. Recent reviews highlight that trauma focused cognitive behavioral therapies (CBT’s) for comorbid PTSD/AUD are more effective for reducing PTSD symptoms and reducing alcohol use than treatment as usual and other comparison conditions (Simpson et al., 2017). However, for many trauma clinicians, assessment and management of substance use is outside of their typical practice.

Dr. Kaysen will review the research evidence regarding the use of trauma focused CBT’s to address PTSD/AUD. Then, using the evidence-based intervention Cognitive Processing Therapy (CPT) as an example, she will describe her empirical and clinical efforts to address alcohol use in the context of providing a trauma-focused CBT. This will include results from her recently completed RCT’s testing the use of CPT for PTSD/AUD (Pearson et al., in press). Specifically, clinical guidance (based on these empirical results) will be provided on ways to assess and monitor drinking, when not to provide CPT, and on strategies clinicians can use to help clients manage their drinking over the course of CPT. The objective is to provide clinicians with a model more broadly in applying these strategies to other trauma focused cognitive-behavioral interventions while working with comorbid AUD.

Dr. Kaysen is board certified in in cognitive and behavioral psychology by the American Board of Professional Psychology. Dr. Kaysen's area of specialty both in research and clinical work is in the care of those who have experienced traumatic events. Her research is situated at the interface of PTSD and addictions, and includes both etiologic and prevention/treatment-oriented studies. Her body of research is also notable for her work on adapting evidence based interventions for diverse populations. Dr. Kaysen is a prolific researcher, publishing over 100 refereed articles. Her research has received support from the National Institute of Alcohol Abuse and Alcoholism, the National Institutes of Drug Abuse, the Department of Defense, and USAID. Dr. Kaysen is currently the President-Elect for the International Society for Traumatic Stress Studies.

Short bio

Dr. Kaysen is a clinical psychologist, and a Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington. She is the Director of the Trauma Recovery Innovations Program at the University of Washington, a division dedicated to developing and testing more robust interventions for trauma-exposed populations.
A revival of psychedelics in psychotrauma?

Eric Vermetten

Military Mental Health Service, the Netherlands, Arq Psychotrauma Research Group, the Netherlands; UMC Utrecht, the Netherlands; Department Psychiatry, Leiden UMC, the Netherlands; Department Psychiatry, New York UMC, US

Psychedelics have a long history in medicine. After the discovery of the psychedelic properties of LSD in the early 1950s, their use in psychiatry was explored. Results of these early investigations were mixed and often the studies suffered from poor design. Due to class I scheduling, the research into the therapeutic use of these substances was impeded, and definitive conclusions were never reached. Recently an urgency was addressed to advance the pharmacotherapeutic treatment of posttraumatic stress disorder (PTSD). Novel opportunities were needed to be addressed to ‘prime the pump’ for PTSD, with the focus on treatment-resistant illness. In looking into new methodologies the focus has also moved to psychedelics. In this masterclass focus will be on 4 compounds, ketamine, MDMA, psilocybin and cannabis. I will briefly review these ‘old’ known compounds and the rationale and possible effectivity in PTSD treatment.

Each of these compounds is different in use and they all have different constraints on the clinical process. These drugs are propagated as adjuncts or catalysts to psychotherapy, rather than as stand-alone drug treatments. This may be different for cannabis as this may have symptom based effects on sleep and irritability and is recommended for daily use. The model of medication-assisted psychotherapy is a possible alternative to existing pharmacological and psychological treatments in psychiatry. I will identify differences in uses and outline an agenda for research since these studies may contribute to novel and rational development of drug-assisted approaches to PTSD.

Short bio

Prof dr Vermetten, MD, PhD (1961), was first trained as a physiotherapist and is now a clinical psychiatrist working with veterans and other uniformed officers as Strategic Advisor of Research at the Military Mental Health Service with the Dutch Ministry of Defense, Arq Psychotrauma Research Group and at UMC Utrecht. He holds an endowed chair in Psychiatry at the Department Psychiatry at Leiden UMC. He also has an Adjunct Professorship at the Department Psychiatry of New York UMC. He is trained in the Netherlands as well as in the USA in psychiatry and neuroscience. He has clinical as well as a research positions with a focus on medical/biological as well as psychiatric aspects of complex psychotrauma in military as well as civilian populations. He has published over 200 papers, over 30 book chapters and edited several books on this topic.

His research is in the field of stress, trauma, complex PTSD and neuroscience. He is interested in the history of war and has special focus on combining biological-based interventions in psychotraumatology with novel technology and novel drug developments. He is PI of a new research initiative on a roadmap for medication-assisted psychotherapy in Netherlands and Europe, including use of a variety of psychedelics. Prof Vermetten is an ad hoc reviewer for numerous journals and granting agencies. He has lectured on the topic of PTSD, resilience, military and veterans issues as well as novel approaches to therapy across the globe.
Overcoming common obstacles when working with memories in trauma-focused CBT

Sharif El-Leithy¹, Hannah Murray²

¹Traumatic Stress Service London, UK, ²Oxford Centre for Anxiety Disorders and Trauma, UK

Good evidence exists for PTSD treatments in which memory-focused techniques such as imaginal reliving and prolonged exposure play a significant role. However, there are gaps in our understanding of how to adapt existing protocols to apply these treatments effectively with complex cases in routine clinical settings. Revisiting the principles and theories underlying treatment can help us generate novel, and adapt existing, techniques to overcome these difficulties.

This masterclass will bring together cognitive models of PTSD and memory, core CBT principles, and advanced therapeutic techniques to solve commonly encountered obstacles in memory-focused PTSD treatments.

Four key problem areas will be explored: overwhelming affect, difficulties connecting with feelings and memories, head-heart lag and problems identifying target memories in multiple trauma presentations.

The masterclass will complete Kolb's learning cycle using case material including video excerpts, to present clinical examples of commonly encountered problems in PTSD treatment, apply theoretical frameworks to conceptualise these problems, and generate solutions using a broad range of memory and experiential techniques.

Short bio

Dr Sharif El-Leithy is a Principal Clinical Psychologist based at the Traumatic Stress Service in South-West London. He was a member of the NICE (2018) PTSD guideline evidence update advisory group.

Dr Hannah Murray is a Research Clinical Psychologist at the Oxford Centre for Anxiety Disorders and Trauma. She is currently involved in developing and evaluating internet-based therapies for PTSD. Between them they have over 25 years of experience in working with complex cases of PTSD using trauma-focused CBT. They supervise, teach and research widely in the field.
Masterclasses

Sunday June 16 10:00 - 11:15

The SIX Cs Model: Immediate Psychological First Aid

Moshe Farchi
Tel Hai College, Israel, Herzeila, Israel

Psychosocial responses to traumatic events have received growing attention in recent years. Unlike routine life, emergency situations are usually unexpected. First response in these situations is of utmost importance: immediate, focused and efficient interventions are beneficial for the reduction of acute stress reactions (ASR) and a return to effective functioning as well as possible reduction of the risk for PTSD. The SIX Cs model is a new psychological first aid approach aimed to shift almost immediately person with ASR into effective functional helper (Farchi et al., 2018). The model addresses the need to standardize the immediate interventions during ASR and to accessible this knowledge & skills for first responders, professionals and nonprofessional community. The SIX Cs model is based on four theoretical and empirically concepts: (1) Hardiness, (2) Sense of Coherence, (3) Self- Efficacy, and (4) on the Neurological aspects focusing on the interaction between the Amygdala and the prefrontal cortex during stressful events.

The simple guidelines of the model all start with the letter “C”: Cognitive- Communication, Challenge, Control, Commitment, Continuity. Preliminary results on the effectiveness of the SIX C’s model in terms of increasing resiliency, reducing anxiety and improving perceived self- efficacy will be presented. To date, this approach has been recognized by the Israeli Ministry of Health as the Israeli national model for psychological first aid. This model has also been adopted and implemented by the Israeli ministry of education, Israeli Defense Force, Fire fighters and more. This session will demonstrate the theory, practice and the wide implementations of the model.

Short bio

Dr. Moshe Farchi, PhD. is an expert in the fields of acute trauma, emergency mental health intervention, Psychological First Aid (PFA) and psychological inoculation, among other fields associated with PFA protocols. Dr. Farchi has also conducted extensive research into the fields of resilience empowerment and trauma symptoms reductions, primarily during the acute stage of trauma (ASR- ASD). Dr. Farchi is the Founder and Leader of the SIX Cs model for resilience derived from empirical academic knowledge and lessons learned by Israel’s Home Front Command, EMS, and other emergency response units. To date, this model has been recognized by the Israeli ministry of health as the Israeli national PFA model. The model has already been adopted and successfully utilized by the Ministries of Education, Health, and Internal Security in Israel, Israel traffic police, as well as by the Israel Defense Forces (IDF). Dr. Farchi is a senior lecturer at the Tel-Hai college, School of Social Work under which he founded and currently the head of the Stress, Trauma & Resilience Studies Program. Dr. Farchi is a lieutenant colonel in the Home Front Command of the Israel Defense Force, and in charge of planning & implementing the emergency interventions protocols. Dr. Farchi led trauma relief efforts during Operation Cast Lead (2009), Operation Pillar of Defense (2012) and Operational Protective Edge (2014). He was also the head of several humanitarian psych- social delegations to Sri Lanka, Georgia, Philippines and Haiti.
IPT for PTSD - an introduction

Joop de Jong¹, Kosse Jonker²,³

¹ParnassiaGroep, PsyQ, the Netherlands; ²Mental Beter, the Netherlands; ³Praktijk LEV, the Netherlands

Therapies focused on exposure like prolonged exposure (PE) or Eye Movement Desensitization and Reprocessing (EMDR) dominate the treatment of posttraumatic stress disorder (PTSD). They are effective, but not for everybody; there are patients who don’t want them because of the requirement to face elements of their traumatic experience and relive them and there are many patients with PTSD who are not fully responding with exposure- therapies.

The common opinion of therapists and researchers in the field of PTSD is that treatment for posttraumatic stress disorder (PTSD) has to be with exposure. It would be great to have another kind of treatment that is effective as well, but with another way of achieving improvement. Interpersonal therapy (IPT) has proven to be highly efficient in e.g. depression, dysthymia and bulimia and is promising as a treatment for PTSD while NOT using exposure. IPT offers a non-exposure-based approach to PTSD. The difference is that instead of attempting to reconstruct the traumatic events, it aims to repair the damage trauma does to interpersonal trust and social functioning.

Krupnick et al (2008) showed that group IPT reduced PTSD and depression in badly and repeatedly traumatized women relative to a waiting list control. Campanini et al (2010) reported that adding IPT to pharmacotherapy reduced PTSD symptoms more than pharmacotherapy alone and Markowitz et al (2015) found 14 weeks of individual IPT non-inferior to Prolonged Exposure. The improvement in IPT persisted at three month follow-up.

Short bio

Kosse Jonker is an experienced clinical psychologist and a supervisor and trainer in IPT for many years. He is an author of several articles on the effectiveness of IPT alone and/or combined with medication and one of the authors of the dutch handbook on IPT (2013). He and Joop de Jong followed a workshop by Markowitz about IPT for PTSD and since then they are introducing with some other colleagues IPT for PTSD in The Netherlands.

Joop de Jong is a psychiatrist who works already for a long time in the field of PTSD. He gave many presentations and training about PTSD and is a supervisor and trainer in IPT. After following a workshop about IPT for PTSD he started practicing this. At the moment he participates in a study focused on IPT for PTSD. Kosse and Joop cooperate with Michael van den Boogaard in editing the Dutch edition of a book written by John Markowitz about IPT for PTSD.
**Panels and Invited Symposiums**

**Friday June 14 10:00 - 11:15**

**ESTSS Presidential Panel:**
**Addressing Political Oppressions: How Past, Present and Future Connect**

Jana Javakhishvili¹ (Chair), Andreas Maercker², Evaldas Kazlauskas³, Gavin Rees⁴

¹Ilia State University, Tbilisi, Georgia, School of Arts and Science; ²University of Zurich, Switzerland, Dept. of Psychology; ³Center for Psychotraumatology, Institute of Psychology, Vilnius University, Lithuania; ⁴Director, Dart Center for Journalism and Trauma - Europe

The impact of oppressive political regimes upon the well-being of individuals and groups is of growing concern in the field of psychotraumatology. Existing evidence reveals the devastating consequences for affected individuals, families and communities. At the same time, European countries differ in the extent to which they acknowledge trauma caused by political malfeasance, study the related phenomena and address needs of the repressed. The panel will explore this state of affairs, examining the mental health consequences of oppressive political regimes in different regions of Europe. During the panel, an overview of studies focused upon PTSD, other trauma related mental health problems and upon resilience strategies among the repressed and their family members will be presented. The challenges in addressing mental health needs of the survivors will be discussed. The broader political and associated societal dimensions of this problem will be considered. The focus will be on how dealing with past trauma affects the mental health of both the individuals and groups who are repressed and of society as a whole. The panel will also attend to autocratic political trends currently emerging in the World and to the polarizing role of the media. The panel will highlight the importance of initiating a “trauma informed” public dialogue, and the role of psychotraumatology in these new circumstances.

**Friday June 14 11:30 - 12:45**

**ISTSS Invited Symposium:**
**Understanding and Preventing the Adverse Effects of Societal Trauma: Building Bridges to a Safer Future**

Julian D. Ford (Chair)¹,², Diane Elmore Borbon³, Carolina Salgado⁴, Synne Øien Stensland⁵,⁶, Maureen Allwood⁷, Erika Felix⁸, Misari Oe⁹

¹University of Connecticut, US; ²President, International Society for Traumatic Stress Studies; ³UCLA-Duke University National Center for Child Traumatic Stress, US; ⁴President, Chilean Association of Traumatic Stress; ⁵Norwegian Centre for Violence and Traumatic Stress Studies; ⁶Oslo University Hospital, Norway; ⁷Dept. Psychology John Jay College, City University of New York, US; ⁸Dept. Counseling, Clinical & School Psychology, University of California, US; ⁹Dept. Neuropsychiatry, School of Medicine, Kurume University, Japan

When trauma affects entire communities and societies, this may be the result of massive disasters, mass violence, or a widespread occurrence of victimization that happens to one child or family at a time. This symposium, presented by Board Members of the International Society for Traumatic Stress Studies from four continents (Asia, Europe, South America, North America) based on their epidemiologic, clinical research, and prevention studies with populations affected by a mass industrial disaster, mass gun violence, hate-based violence, and migration trauma and family separation. Common themes and unique features of the aftermath of these mass traumas, and systematic directions that are being undertaken internationally —and that are opportunities for new collaborations going forward—to prevent further harm and promote recovery on an individual, community, and societal level will be discussed.
Panels and Invited Symposiums

Saturday June 15 11:30 - 12:45

**Impact and moderation of childhood adversities: an interdisciplinary research agenda**

Markus A. Landolt¹, Monique Pfaltz¹, Birgit Kleim¹, Justin Kenardy (Chair)², Leanne Hides²

¹University of Zurich, Dept. of Psychology, Switzerland; ²University of Queensland, New Zealand

This panel will report and discuss results of a unique workshop at University of Zurich School of Psychology in June 2019 that will bring together researchers from Switzerland and Australia with the aim to develop a roadmap for understanding and reducing the impact of childhood adversity on health and wellbeing. The workshop will bring together researchers from different subspecialties in psychology which will allow the differing and potentially novel perspective to be applied to this issue with the aim of developing synergistic approaches that might not have been applied before. The participants who will be representing the larger group of workshop participants will be Professor Justin Kenardy as chair, Professor Leanne Hides from the University of Queensland, Professors Birgit Kleim, Monique Pfaltz, and Markus Landolt from the University of Zurich.

Saturday June 15 08:30 - 09:45

**Impact and moderation of childhood adversities: an interdisciplinary research agenda**

Markus A. Landolt¹, Monique Pfaltz¹, Birgit Kleim¹, Justin Kenardy (Chair)², Leanne Hides²

¹University of Zurich, Dept. of Psychology, Switzerland; ²University of Queensland, New Zealand

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**ESTSS Panel:**
**Trauma care in Europe: How can we improve the situation of survivors?**

Ingo Schäfer (Chair)¹, Dean Ajdukovic², Cherie Armour³, Małgorzata Dragan⁴, Natalia Nalyvaiko⁵, Trudy Mooren⁷

¹Dept. Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Germany; ²Dept. Psychology, Fac. Humanities and Social Sciences, University of Zagreb, Croatia; ³School of Psychology, Institute of Mental Health Sciences; ⁴Faculty of Life & Health Sciences, Ulster University, Northern Ireland; ⁵Faculty of Psychology, University of Warsaw, Poland; ⁶International Institute of Depth Psychology/Non-Governmental organization; "Ukrainian Society of Overcoming the Consequences of Traumatic Events"("USOCTE"), Ukraine; ⁷Centrum '45, the Netherlands

During the last three decades, important steps towards a better provision of care for survivors of trauma have been made in Europe. Given the cultural and economic diversity of the continent, there are still marked differences between the European countries with regard to standards of care. Most countries share similar challenges to further improve care for survivors of trauma and have topics in common which need to be addressed. These topics include the further dissemination of evidence-based treatments, the promotion of trauma-informed practices in the whole health care system and improvements in the care for groups with special needs, including refugees and internally displaced people. Local structures that offer specific trainings, like the new ESTSS curriculum for the treatment of posttraumatic disorders, seem to play a crucial role in promoting such further development. The aim of the panel is to discuss similarities and differences across Europe in trauma care, future developments, and potential measures to better meet the needs of survivors.
Radicalization manifests across a broad continuum of risk pathways, such as a lack of socioeconomic opportunities; marginalization and discrimination; poor governance and violations of human rights; prolonged and unresolved conflicts; or imprisonment. While traumatic stress is not an automatic trigger for involvement with violence or violent extremism – it is often a “pull factor” in combination with other pathways to violence. The panel explores the role of trauma exposure in drawing individuals to extreme movements and the contribution of a trauma-informed approach in designing more effective prevention and intervention policies. There are various individuals, groups and other subsets of people involved in radical extremism that might have been exposed to traumatic stress and violence as a child. Firstly, the panel addresses the role of adverse developmental trajectories as a risk factor for future recruitment to violent groups. Secondly, terrorism is discussed in terms of direct effects on those at the heart of a bomb attack or killing, and of its indirect effects through the fear invoked in family and friends of victims, ordinary citizens and witnesses. Refugee and returnee radicalization is where traumatic experiences become much more important when compared with other forms of radicalization. The panel also draws the attention on the dynamics of witnessing torture or the brutal killing of a relative or friend, experiencing severe humiliation, or being denied rights over a sustained period can all increase an individual’s susceptibility and the path to violent extremism. Trauma-informed prevention strategies to help reducing susceptibility to radicalization and organized violence are then discussed.

This panel will bring together nine leading researchers and clinicians from around the world to provide an update on the current status of ICD-11 Complex Posttraumatic Stress Disorder (CPTSD). This panel will provide attendees with an overview of the current state-of-the-science relating to ICD-11 CPTSD, as well as the research and clinical developments that are planned for the next five years. This panel will be interactive and provide attendees with practical resources needed to conduct research in this area and will also provide attendees with the opportunity to contribute to what they believe are important topics for future research.

The panel will consist of five sections: (1) introduction to ICD-11 CPTSD and its measurement; (2) development and validation of the International Trauma Questionnaire; (3) CPTSD Research at a Continent Level, in specific contexts and populations, with children; with refugees; (4) future directions for CPTSD research: clinical developments.
The movement toward more Open Science has implications across the research lifecycle from study design to publication and beyond, including data sharing and re-use. In this panel we will discuss the exciting developments in Open Access publishing, including the ambitious EU Plan S, the use and reuse of data, and how to improve questionable research practices.

Miranda Olff: Introduction, EJPT as an example of Open Access publishing
Karel Luyben: Open Science (including Plan S and EOSC).
Caroline Sutton: A publisher’s view on Open Access/Open Science
Nancy Kassam-Adams: FAIR data
Ineke Wessel: Incentives for alleviating Questionable Research Practices (QRP)
Next year, 75 years of Freedom will be celebrated all over the Netherlands. However, 75 years of freedom also means 75 years living with war experiences, in individuals, families, and society. The events experienced during the Second World War can have long lasting effects in the daily life of those directly affected and next generations. The majority of these people are not seen by any psychologist, but nonetheless influenced by these experiences. How did individuals deal with their past within communities? In the field of traumatic stress, there is still a gap in the interplay between individual and society.

In this active workshop we build bridges between disciplines and learn from historians, anthropologist, experts in ritual studies and psychologist about the broad psychosocial impact of war on individuals and society.

Guided by a historian and psychologist, we make a walking tour through the city of Rotterdam. Right at the beginning of the Second World War, this city was heavily bombed by Germany. Within fifteen minutes, the historical center was almost totally destroyed, 650 to 900 people died and around 80.000 people became homeless. In the rebuild and modern city center, there are a few artifacts reminding us of this tragic past. During the tour, a psychologist will reflect on public commemoration in relation to mental healing for those (in)directly affected by war. Furthermore, we listen to a testimony and life story regarding the impact of the bombing.

By joining this informative walking tour, you get a chance to open your eyes for a broader view of traumatic stress within the society as a whole.
Excursion to Sexual Assault Center (Centrum voor Seksueel Geweld), center for research and specialised help for victims of rape and sexual abuse*

Klaas Ridder, Roberdina Blok

Sexual Assault Center (Centrum voor Seksueel Geweld), Rotterdam, the Netherlands

Since 2015 Rotterdam has its Centre for Sexual Assault. In this centre, police and forensic experts perform physical investigations on victims of recent sexual violence, while nurses of the team support the victims and offer them psychosocial care during and after the investigation.

Since January 2018 the centre is located at the Rotterdam Municipal Healthcare facilities. It is recognised to be one of the top locations for forensic research after sexual violence in the Netherlands: it has state of the art equipment and a specialized “DNA poor” (preferably DNA-free) investigation room used for investigating sexual violence cases only.

The Rotterdam Centre for Sexual Assault is part of a national network of centres where victims of sexual violence can be seen on a short notice.

Program of excursion (duration one hour):
- Tour around the CSG with explanation of what is what;
- Presentation of the landscape of Centres for Sexual Assault throughout the Netherlands and the way things work;
- Q and A.

With regard to the limited space and the possibility of victims being present in the centre during the visit, there is a maximum of 10 participants to this tour.

*Only on preregistration
Specials and Extracurricular Activities

Saturday June 15 13:00 - 15:30

Excursion to ‘CoTeam’ (culturally oriented trauma expert and motivation) center

Aram Hasan

CoTeam, Rotterdam, the Netherlands

All over Europe mental health services, mental health professionals and also specialized trauma teams struggle with helping refugees with mental health problems, especially when these are related to trauma’s from war and from the dangerous travel to hopefully better life. Often the approach is much based on theoretic ideas about transcultural issues which professionals tries to integrate in their mainly Western based treatment approaches. Therapists with a non-western background and familiar with the traumas of war and flight and the problems of adapting to a new country and culture are in a much better position to offer help. In order to offer the appropriate help to refugees with a non-Western background, a realistic assessment of someone’s situation is of great importance. However the assessment of non-Western patients in regular mental health services often starts from wrong assumptions. This is because the most commonly used screening and treatment models, often do not apply to the screening or treatment of non-Western migrants. As a result, non-Western migrants happen to get too much or too little, or not the right, guidance or help.

In Rotterdam since 2017, Aram Hasan, psychiatrist from Syria and himself a refugee from 10 years ago, has founded CoTeam to help patients with a nonwestern background. CoTeam is a multidisciplinary team of experienced professionals specialized in working with people of non-Western descent that offers prevention, diagnostics and treatment to people with PTSD and trauma-related problems. The treatment is offered to families, adults and the elderly, focusing on a system-oriented approach. Treatment is available in the following languages: Arabic, Kurdish, Russian, Serbian-Croatian, English and Dutch.

CoTeam provides next to assessments and treatment also courses and training for refugee organizations, associations and other organizations working with refugees, such as educational institutions, asylum centers or the police. This could be a day course or workshop, or consultations, projects and training sessions over a longer period.

Program of excursion:

- Interactive workshop “the need for and practice of Culturally oriented approach in the treatment of traumatized refugees”
- Presentation of: our training programs, diagnostics and treatment methods such as i-Toolbox and our daily motivation approach. CoTeam team and experience experts.

EA3, Meeting Point Outside

*Only on preregistration

Excursion to ‘CoTeam’ (culturally oriented trauma expert and motivation) center
Specials and Extracurricular Activities

Saturday June 15 07:00 - 08:00 & 16:00 - 17:00

City Workout: A 1-hr intensive run/bootcamp past historic and contemporary hotspots in Rotterdam

Melanie Noordegraaf
Mel Training

Start or end your day active!

On Saturday the 15th, 7-8am and 4-5pm, you can join our City Workout! During this 5 km bootcamp-run, you have the opportunity to explore Rotterdam and work out at the same time! The run starts and ends at the Meeting Point outside the Willem Burger Kwartier. So don't forget to bring your trainers and see you at 7am or 4pm!
Specials and Extracurricular Activities

Saturday June 15 & Sunday June 16 11:30 – 13:40

Film Screening of “Reconstructing Utøya”

Steffen Svedsen

*Family Guidance Center in Tromsø/Norway*

Steffen Svedsen, clinical psychologist, will introduce and discuss this feature documentary where four survivors from the Utøya massacre of 2011 reconstruct their memories in a black box studio together with twelve young participants in order to share and remember their experiences.

Reconstructing Utøya is a documentary about survival and how to move on despite traumatic memories of the most brutal fascist terror attack since World War II. Rakel, Mohammed, Jenny and Torje are survivors and carriers of the history. Together with 12 young Norwegians and a film crew, they reconstruct their experiences in a desolated film studio painted in black in the northern part of Norway. All closely supervised by a psychologist.

The four young people are recreating 22nd of July 2011. The Day that changed their life. The day when future political leaders and predecessors of tolerance were supposed to be extinguished by a fascist crusade against a free democratic and multicultural society. It began with a bomb in the governmental headquarters in Oslo and continued with execution of the AUF (The youth association of the Labour party) at Utøya. In 72 minutes 69 people were murdered. Four of the survivors relieve their painful memories, convinced of the importance of remembering. For themselves, for us, for the present time, for the future.

The project already began in 2014 when Carl Javér (director) and Fredrik Lange (creative producer) presented their idea of Reconstructing Utøya to the Support group 22 juli, an organisation for survivors and relatives of those who departed. Their approval and positive response towards the project were crucial and it was an establishment for cooperation with the Norwegian producer John Arvid Berger, Polarfox AS, FilmCamp AS in Norway and the Danish producer Helle Faber from Made in Copenhagen ApS and Film i Väst.
Yoga is an integrative practice of physical postures and movement, breath exercises, mindfulness that can lead to overall wellbeing. This holistic practice may serve as a useful adjunctive component of trauma-focused treatment. Mainly because it builds skills in tolerating and modulating physiologic and affective states that have become dysregulated by trauma exposure.

Trauma-informed yoga is based on a particular understanding of trauma, one that emphasizes its impact on the entire mind-body system, as opposed to particular mental states (e.g., troubling memories) viewed in isolation from the physical body.

In this workshop, Willemijn Noordhoff and Irina Sheftel show that with integrating the body in the treatment we can help trauma survivors to develop a greater sense of mind-body connection, ease their physiological experiences of trauma, gain a greater sense of ownership over their bodies, and augment their overall well-being.

**Invictus Games: Sport as a means to recovery**

**Kapitein Boy Coolen**

*Staff Psychologist Dutch Invictus Games Team / Mental Health psychologist at the Military Mental Health Organisation, Dutch Armed Forces*

By means of a presentation of a participant of the latest Invictus Games, assisted by the staff psychologist of the Dutch Invictus Games Team, we want to give you an insight into how the power of sport can ensure that one can experience Inspiration, Support, Recognition and Rehabilitation and how this can contribute to the process of recovery.

**Henry**

*Dutch military veteran, participant at the Invictus Games 2018 Sydney, Australia*
How to blend e-mental health applications in trauma therapy?
A story by a psychotherapist and patient about blended EMDR, shared decision making, and evidence based blended care.

Tim Wind\textsuperscript{1,2}, Aloys Bijl\textsuperscript{3}

\textsuperscript{1}Centrum '45, the Netherlands; \textsuperscript{2}Affiliated to Harvard T.H. Chan School of Public Health; \textsuperscript{3}Patient

The amount of e-mental health applications is increasing rapidly nowadays, but psychotherapists are left with the question how to ‘blend’ these applications into actual mental health care. In this workshop a clinical psychologist and a patient - suffered for 40 years of PTSD - will share the telling tale of blended EMDR treatment. In blended EMDR therapy complaints were quick to cure due the application of relevant mobile apps, virtual reality and biofeedback within a horizontal therapeutic relationship in which the direction of therapy was based on shared decision making. This workshop is indispensable for therapist and researchers who question how blended mental health care takes form in practice.
Awards Winners 2019

ESTSS Walter de Loos Award for Distinguished Contribution to Psychotraumatology in Europe - Miranda Olff

Miranda Olff is also a dedicated and respected researcher in the field of psychotraumatology. In the beginning of her career she studied the relationship between behaviour and endocrinology. Her most cited 2007 paper on Gender Differences in Posttraumatic Stress Disorder shows a broader social interest in trauma. Traumatic stress is not the same for men and women. In total she has published over 300 papers, her current Hirsch-index is 42 In Web of Science and 55 in Google Scholar

Spreading knowledge and skills about trauma and PTSD has become her most important target. In 2010 she started the open access European Journal of Psychotraumatology (EJPT). Special is that most of the papers are translated into many languages, promoting the spreading of knowledge. Also as the Chief Editor she picks up year after year important topics regarding trauma and PTSD and inviting authors to write papers about these.

Miranda Olff also has been very much dedicated to moving the trauma community forward in Europe as president of the ESTSS and later as president of the ISTSS. The process of transforming ESTSS into a federal society of European national or language oriented societies has been helped very much by her from 2005 as board member of ESTSS and as president from 2009 till 2011. She has visited many European countries during her term. She has helped to set up new societies in several European countries.

ESTSS Young Minds Award – Annett Lotzin

Annett Lotzin’s research on traumatic stress in patients with addiction have substantially advanced the field. She conducted a series of studies in which she distinguished patients with different types of addictions (e.g. alcohol dependence, pathological gambling) according to their early interpersonal trauma profiles and showed that these profiles were related to addiction severity, additional psychopathology and psychosocial functioning in adulthood. These studies are a source of insight and understanding for the impact of early trauma on clinical symptoms and functioning in patients with addiction.

She has published more than 20 peer-reviewed articles in the field of traumatic stress in leading journals (e.g., European Journal of Psychotraumatology, IF = 4.2; Addiction Biology, IF = 5.6; and Psychological Trauma: Theory, Research, Practice, and Policy, IF = 2.7).

She further contributed to the field of traumatic stress by evaluating a treatment approach that integrates trauma-focused PTSD and addiction treatment. To promote trauma-informed care in addiction facilities in Europe, Dr. Lotzin adapted and evaluated a training in trauma inquiry for health care practitioners, originally developed in New Zealand, to make it available for German addiction services.

As Dr. Lotzin is both a researcher as well as a practicing clinician, her research has a strong applied component and the emphasis is on discovering practical strategies to help people affected by trauma. In her clinical work, she has specialized in working with patients with Complex PTSD, which provides insight and understanding for her research in the field of traumatic stress.
Award Winners 2019

Awarded at the Closing Ceremony, Sunday June 16, 15.45-17.00h

ESTSS Poster Prizes
This prize be rewarded to the three best poster presentations during the General Poster Session that takes place on Friday June 14. (*Please note: presenters presence required at the poster session.) The winners will receive a financial award (1st place 150€, 2nd 100€, 3rd 50€) and a certificate.

ESTSS European Journal of Psychotraumatology (EJPT) Award for Best Paper of 2018
Five articles were nominated by associate and guest (ex)editors, members of the Editorial board, abstract translators and members of the ESTSS board for the ESTSS EJPT 2018 Award. The nominees represent a broad range of contributions, from providing a practical update of the state of the art in different countries, to methods and technology, the PTSD diagnosis and innovations in treatment. ESTSS2019 attendees are invited to vote for their choice during the conference:

• Trauma and trauma care in Europe (Schafer et al., 2018; European Journal of Psychotraumatology, 9(1). doi:10.1080/20008198.2018.1556553.


• Application of data pooling to longitudinal studies of early post-traumatic stress disorder (PTSD): the International Consortium to Predict PTSD (ICPP) project (Qi et al., 2018; European Journal of Psychotraumatology, 9(1). doi:10.1080/20008198.2018.1476442)

• PTSD and Complex PTSD: ICD-11 updates on concept and measurement in the UK, USA, Germany and Lithuania (Karatzias et al., 2017; European Journal of Psychotraumatology, 8. doi:10.1080/20008198.2017.1418103

• Effectiveness of an intensive treatment programme combining prolonged exposure and eye movement desensitization and reprocessing for severe post-traumatic stress disorder (Van Woudenberg et al., 2018; European Journal of Psychotraumatology, 9(1). doi:10.1080/20008198.2018.1487225

Vote for your choice of Best Paper of 2018 in the conference app!
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Floor Plans @DeDoelen

Entrance and Ground Floor
Floor Plans @DeDoelen

2nd Floor
3rd Floor
4th Floor
Contact Information

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