



ABSTRACTS

ESTD 2017 CONFERENCE

Abuse & Neglect:
Challenges for Therapy,
Prevention & Justice

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In cooperation with

Conference Partners

1.02.1 EMDR Reprocessing with attachment disorders & complex trauma: EMDR Dialogue Protocol, Integrating Ego State Work and EMDR reprocessing

H. Egli-Bernd (Zürich CH)

Attachment disorders, chronic stressful, traumatizing experiences can create dissociative tendencies in the psychic structure. The dissociative spectrum ranges from deep structural dissociation (DID) to subtle forms of dissociation like Ego States. My experience as a therapist and consultant for EMDR has shown me that successful reprocessing depends substantially upon ego state interaction and affectively meaningful choice of cognitions in Phase 3 of standard protocol. Defining "good" cognitions can be a significant obstacle (due to activated dissociative states). This can lead to blockade early in Phase 3 and/or the avoidance of using EMDR. The EMDR Dialogue Protocol was developed to facilitate the work with ego states while reprocessing complex issues of attachment disorders and complex trauma. The workshop will discuss the dissociative /ego state - dynamics behind the difficulties with cognitions and give a short theoretical background. Main focus will be on the procedure of the Dialogue Protocol, which will be discussed in detail and with case examples. Suggestions for the work with cognitions will be provided as well as cognitive interweave enhancing ego state work during reprocessing. Papers on subject: Journal of EMDR Practice and Research, Vol 5, Nr 3, 2011; EMDR Rundbrief No 19 -/2009 in German.

1.04.1 Trauma Informed Response for Criminal Justice Professionals

J. Boardman (Murray US)

This presentation helps criminal justice professionals understand basic scientific concepts concerning the neurobiology of trauma so that victims of traumatic crimes will be understood. This increases the success of criminal cases and helps show areas to corroborate. It will focus on sexual assault, showing how trauma effects victims brains, as well as trauma can be misinterpreted as lying. It will also show how trauma effects Law Enforcement brains as well as others. Showing we are the same.

1.05.1 Inpatient treatment of PTSD in the Privatklinik Meiringen, Switzerland

H. Grossenbacher (Meiringen CH)

The Privatklinik Meiringen hosts nine wards including a focal station for PTSD with a capacity for 22 patients. In the workshop, we present the concept and characteristics of this special unit for posttraumatic stress disorder and trauma-associated dissociative disorders.

The main goal of the initial 6-week stationary residence is the patient's understanding of his symptoms and their association with the traumatic events, a careful handling of posttraumatic triggers, reducing of dissociative symptoms and improving quality of life. Our program includes 1) a "stabilizing group" to gather better understanding of the disorder and to learn techniques for stress management, 2) intensive individual treatment with psychologists and qualified nurses, and 3) optional therapies such as horse riding, music, painting and creative and body-oriented modules.

We demand readiness of our patients to fully participate at our program and resign illicit substances and contact to offenders. We use contracts to ensure and help the patient to focus on the mutual goal to treat his illness. Suicidal tendencies and self-harm can lead to a temporary relocation into the closed ward, maintaining the therapy with our specialized PTSD team. In the delicate work with dissociating patients we relinquish an explicit exposition of the trauma itself and concentrate on an improved quality of life.

We try to organize the post stationary living situation and outpatient treatment as early in the process as possible and plan possible further stationary stays to improve the patients' ability to handle the symptomatic and ensure the continuity and sustainability of our program.

1.06.1 Feeling Safe in the Body – Body-Oriented Trauma Therapy with Trauma Sensitive Yoga (TSY)

D. Härle (Basel CH)

Purpose When we talk about trauma, the major focus usually lies on the narrative. However, a trauma is primarily an experience that has happened to the body and has been stored there. Consequently, cognitive-oriented therapeutic approaches alone are not sufficient to help many complex traumatized patients to make progress. In addition survivors are often too frightened or overwhelmed to face trauma exposition. Therefore the first step in therapy must be to offer patients efficient tools that help them to regulate their affects and sensations. Ancient Yogi have discovered that certain postures and breathing techniques have a direct influence on our nervous system in both the sympathetic and the parasympathetic branches.

Population Complex trauma survivors

Main points Using elements of Yoga in trauma therapy helps patients to gain direct access to their nervous system and reestablish their experience of self-control and self-efficacy. The trauma sensitive approach opens up a space where both patient and therapist have the opportunity to meet at eye level – a healing experience for patients who suffer from relationship trauma. The possibility of sensing the body and its interoceptive messages in a safe surrounding allows trauma survivors to get in contact and accordingly reconnect with their physical self – a basic requirement for affect regulation.

Conclusions The body oriented approach supports complex traumatized patients to face trauma exposition. Trauma Sensitive Yoga has been adjusted to the needs of trauma survivors and offers patients a way to face trauma exposition in therapy.

1.07.1 Prevention and Detection of Child Maltreatment in Hospital Emergency Departments in the Canton of Vaud: Results from a Qualitative Action Research Study

S. D. Stauffer¹, C. Sigg¹, R. Knüsel¹ ('Lausanne CH)

Background Hospital emergency services occupy a privileged medical-social position for detecting child maltreatment and reporting suspicions to authorities. They are accessible 24/7, employ a multidisciplinary team of professionals, have technical equipment for running a variety of tests, and are widely used by families with young children. Hospitals also detect cases of abuse that primary care physicians might miss (Ravichandiran et al., 2009).

Methods A qualitative research study from the Child Maltreatment Observatory at the University of Lausanne, funded by the Service de la santé publique in the Canton of Vaud, is currently underway. Observations and interviews in four hospital emergency and pediatric departments are being conducted to better

understand how hospital professionals (i.e., doctors, nurses, and paramedics) detect child maltreatment and the protocols they use to address these delicate situations.

Results Recommendations will be compiled from different data sources, including the observations of intake procedures and Child Abuse and Neglect Team meetings, and key informant and focus group interviews. Our findings will provide a clearer picture of the state of child maltreatment detection and prevention protocols in the Canton of Vaud to share best practices with ESTD conference participants.

Observations and interviews have begun and will continue through the summer. Because our final report is due in early November, our results will be complete by the time of the ESTD conference.

Conclusions Accurate and timely detection of abuse helps in evaluating and promoting better outcomes for children and families (Kellogg, 2007).

1.07.2 Treating Families with Incestuous Transactions: The Need for a Multifocal and Concerted Approach

P. Forni (Lausanne CH)

Purpose The revelation of incest plunges the family into a relational and emotional cataclysm: guilt and terror in the victim, freezing in the non-protective parent, conflicts of loyalty among siblings, and incarceration of the abuser.

Therapeutically, it is important that:

1. each family member benefit from individual sessions to elaborate the trauma caused by the incest and its revelation,
2. therapists meet regularly to coordinate their approach, and
3. all therapists be present during family sessions.

This multifocal approach promotes the elaboration of trauma, unties relational knots that permitted the installation and chronicity of the incestuous relationship, and constantly evaluates each family member's expectations and objectives by putting those in perspective.

Population Patients confronted with incest

Main points Individual and family approaches are necessary, and they must be integrated.

Conclusions In treatment, the risk of affect polarization is extremely high. The psychopathology of violence can induce patient and therapist dysfunction, and the prohibition of incest is deeply, culturally rooted in humanity.

Family members' needs are often asynchronous, if not contradictory, as a function of the relationship with the abuser and the defense mechanisms in play. There is a high risk of family dissolution, which further reinforces distress in the primary victim.

A multifocal approach facilitates: discussing divergences, making needed adjustments, and fighting against break-up. The goal is not necessarily to reunite the family, but to analyze and understand the family dynamics that enabled incest to occur, allow all members to elaborate the trauma, and to prevent intergenerational transmission of incest.

1.07.3 The Magnitude of Legal, Health and Child Protective Services Responses to Child Maltreatment in Switzerland: First Results

H. Ben Salah¹, C. Sigg¹, A. Jud² (Lausanne CH; Luzern CH)

Background The Optimus Study, cycle 3, is the first nationally representative study on mapping legal, health, and social services responses to all types of child maltreatment in Switzerland. This three-year project is led by an interdisciplinary

and multilingual team at the Lucerne University of Applied Sciences and Arts and the Child Maltreatment Observatory at the University of Lausanne.

Methods Our team applied a practice-friendly approach to boost participation. We collected anonymous excerpts from different agencies' internal documentation of cases on a secured web-infrastructure. Uploads are then transformed into a uniform and therefore nationwide comparable set of data on reported events of child victimization.

Results Our innovative approach to participation has been successful: Out of 415 specialized organizations from public child protection, the penal, social and health sector more than three quarters are committed to sharing their data on cases between September and November 2016, or have already shared by spring 2017.

This study responds to the following research questions: "How well does the Swiss system respond to child abuse and neglect?" "What types of child maltreatment are most commonly identified?" "Are we able to identify and serve the most vulnerable children?" We will present first results on these questions.

1.09.1 Impulsive disorders in mentally handicapped people with traumatic childhood burden – how to deal with crisis and escalating violence in families and institutions

H. Riessbeck (Schwabach DE)

Impulsive acting and similar disorders in grown ups with mental handicaps of different severity are frequent after a variety of traumatic concussions during childhood and adolescence.

The lecture will examine how far these phenomena may be understood with models of dissociation. Reflexlike acting and their psychic automatism, both in a offensive and self defensive or passive mode, can individually be seen as reenactment and as sense making signals in the actual social context. The concept of mentalization coined by P.Fonagy, as well as P. Janet's concept of action tendencies on different levels, play a prominent role to grasp these phenomena and to be able to react therapeutically. The author will demonstrate what kind of interventions are suitable, based on these models, particularly in times of crisis and escalation. A special focus will be on non-verbal communication, as will be demonstrated with several clinical cases. A case will show how institutions working with disabled people can use developmental trauma aspects for prevention of violence.

1.09.2 Sexual violence towards mentally handicapped persons

U. Elbing¹, B. Mayer² (Schwäbisch Gmünd DE; Rheinau CH)

Sexual violence towards mentally handicapped persons: Special aspects concerning symptoms and the conducting of diagnosis, therapy and inquiry

Birgit Mayer, Ulrich Elbing

Prevalence studies about sexual violence towards mentally handicapped persons result in substantially higher rates for female and male victims compared to the general population, especially in care institutions, with high estimated rates of undiscovered sexual violence. Sensitive questioning of (potential) victims and utilizing a wide range of fertilizing communication skills and devices is a major issue in getting valid reports and data as well as in providing adequate psycho-

therapy. Potential conflicts between the necessary procedures of legal inquiry and the potential harm of questioning mentally handicapped victims of sexual violence will be discussed, together with possible solutions. Finally, topics and concepts of personal and institutional prevention will be lined out.

Handling of suspected sexual abuse – a practical example

Birgit Mayer

We will present the case of a young woman with a diagnosis of autism and a significant intellectual disability with a suspected incident of intrafamilial sexual abuse. We will present the problematic communication with the patient, as well as the complexity of the entire process and cooperation with all stakeholders involved. This example demonstrates the importance of interdisciplinary cooperation, as well as the challenges that such a case poses for all stakeholders. Furthermore, it shows which legal changes would be helpful. To initiate legal processes after a suspicion of sexual abuse, clear processes and preventive measures are necessary. Regular courses for employees on "sexual violence" are essential.

1.09.3 A Case Study of Emergency Medication

U. Elbing (Schwäbisch Gmünd, DE)

Background Practically unpredictable effects of even massive medication are a widely known phenomenon in mentally handicapped persons displaying challenging behavior, and usually it is subsumed under diagnoses like „psychotic features“ or „autism spectrum disorder“. Close examination of the personal history may reveal a severe polytrauma history, and the unpredictable medication effects may be understood as a symptom of a DESNOS.

Methods A single case vignette is presented including a natural experiment with highly dosed sedative medication due to a surgery following an accident. This additional medication was administered as long as the surgery scar wasn't sufficiently closed to withstand scratching by the patient. So a natural ABA design allowed to study the reactions of the patient.

Results A wide range of reactions by the patient to the additional medication was observed. The typical reaction to the medication was not predictable with an acceptable level of significance.

Conclusions The results support the plausibility of DESNOS and dissociative processes as an explanation for the reported effects.

1.10.1 The Changing Faces of Trauma Memory

R. Vogt (Leipzig DE)

To start with, the attachment and interactive premises of the SPIM 30 treatment model for long-term dissociative mental trauma disorders are to be briefly outlined. Man-made violent trauma often results in complicated forms of subjective memory. The early attachment to perpetrator figures, problems with peri traumatic dissociation and fragmentation, psychodynamic defence mechanisms in the trauma victim, to name but a few things, make remembering a highly sensitive interpersonal treatment process, which needs to be guided by an expert and qualified hand. To that end, a qualitative study will be presented on the gradually altering and opening trauma mind. This will enable new hypotheses and frameworks for professional work with violently traumatised people. The results will provide clinicians with suggestions how, for example, factual, symbolic and atmospheric data change as part of the memory flow. An important argument, which will also help refute the unscientific assumptions of the False Memory Foundation.

2.02.1 Neurobiologically targeted EMDR treatment of depression

L. Ostacoli', S. Carletto' (Orbassano IT)

Depression is a world leading cause of disability, with huge human and social costs. Psychotherapy is recognized as the most important tool to treat it, combined with drugs or alone, but it is tricky for therapists because patients' functioning is structured on harsh vicious circles.

Research in "affective neuroscience" opens to new promising developments, offering the possibility to "tailor" psychotherapeutic treatments on individual neurobiological profiles, based on the close connection between Central and Autonomic Nervous System in affective processing and in relational engagement. Porges' Polyvagal Theory is widely used as a functional model of autonomic arousal but its efficacy can be improved integrating it with new models of Central Nervous System processing. Richard Davidson, an international renowned neuroscientist, identified six neurobiologically grounded "Emotional Styles", reflecting activity levels in specific and identifiable brain circuits. Each dimension is a continuum according to the degree of activation and can be assessed both clinically and with self reports.

In our center we developed EMDR approaches based on these neurobiological findings and experimented them both in our practice at the Clinical Psychology Service at University of Turin and in the EDEN (European Depression EMDR Network) project, a multicenter RCT comparing EMDR and CBT in the treatment of resistant depression, integrating "DEPREND", Hoffman's protocol for the treatment of depression. The workshop will focus on these integrative tools for a comprehensive EMDR treatment of resistant depression.

2.02.2 Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Treatment Resistant Depression (TRD) In-patients.

M. Alessandra (Brescia IT)

Background Life stress events (physical and emotional abuses) are relevant psychosocial risk factors for the development of TRD.

Methods About 20 TRD in-patients was enrolled: 10 was treated with EMDR whereas the other 10 subjects was treated with trauma-focused cognitive-behavioral therapy (TF-CBT). They received 3 individual sessions of 60 min per week for a period of 8 weeks, in addition to pharmacological treatment.

Traumatic events and their current impact was determined using early stressful life events and recent stress life-events scales. The symptomatological assessments was performed at 4 timepoints: baseline, 4, 8 and 12 weeks using Montgomery-Åsberg Depression Rating Scale (MADRS), Beck Depression Inventory II (BDI-II), Beck Anxiety Inventory (BAI), and the Pittsburgh Sleep Quality Index in order to evaluate the clinical efficacy of the therapy, and using MINI-ICF-APP for monitoring changes in psychosocial functioning. After 24 weeks was performed a clinical phone interview.

Results Our preliminary results indicate that both EMDR than TF-CBT decreased depressive symptomatology as measured by MADRS, but only EMDR permitted to obtain a complete remission. The same effect was found with self-report scales, only EMDR therapy was able to produce a more stable well-being perceived by the patients for depressive and anxiety symptoms. Finally, at 6 months approximately half of the patients treated with TF-CBT were still in a remission status whereas the percentage increased to about 80% for patients treated with EMDR.

Conclusions TRD patients who have suffered life stress events could benefit from trauma-focused psychotherapies and obtain a more durable remission.

2.02.3 First evidence of EMDR in bipolar I and II subjects with a history of traumatic events

B. L. Amann (Barcelona ES)

Background Traumatic life events and PTSD are frequent in severe mental disorders. Bipolar patients due to their mood swings are particularly prone to be exposed to traumatic events which influence negatively the course of the disease. In clinical routine with bipolar patients, trauma aspects are largely ignored so far and not taken into consideration in the treatment plan.

Methods We report on a first randomized, controlled study which compared EMDR versus treatment as usual (TAU) in traumatized bipolar I and II subjects entered the study with subsyndromal affective symptoms.

Results We found positive effects on mood and trauma-associated symptoms of EMDR in this population, when compared to TAU.

Conclusions Our first preliminary positive evidence underlines the importance of clinical trials in bipolar patients with a history of traumatic events. As consequence of this study, we published the Bipolar EMDR Therapy Protocol and we initiated a larger randomized controlled trial comparing this protocol versus supportive therapy in bipolar traumatized subjects.

2.04.1 Medication for Children and Adolescents with Complex Trauma and Dissociation

A. Stierum (Rotterdam NL)

This critical and practical workshop describes the essential aspects of psychopharmacological interventions in the treatment of children and adolescents with dissociative disorders and complex trauma.

Although there is no specific medication that addresses the symptoms of dissociation and traumatization and there is virtually no scientific research, these children and adolescents get prescribed more medication than children and adolescents with other psychiatric disorders.

There will be a focus on the specific challenges and complicated dynamics of managing the psychopharmacological treatment of children and adolescents with complex trauma and dissociative disorders and their families.

Poor efficacy of medication, side effects and serious health risks will be discussed in the context of anatomical and biological changes in the brain of traumatized children and adolescents.

Recent scientific research is reviewed, guidelines are presented and case histories will be discussed.

Presentation of case material of the participants will be encouraged.

Conclusion The treatment of children and adolescents with complex trauma and dissociative disorders is difficult. Medication can play an important and positive role in parts of this treatment when practiced carefully with the guidelines and specific pitfalls in mind.

2.04.2 A Simple Algorithm (stepwise logic) for Medication for Complex Posttraumatic Disorders

A. Laddis (Shrewsbury US)

The evidence of medication efficacy for complex posttraumatic disorders is inconsistent beyond comprehension. There are two reasons for that:

1. Often outcomes are expected and measured as per the drug's family name (antidepressant, antipsychotic, mood stabilizer, etc.), whereas ending uncontrollable fear, anger and anxiety is the pivotal intervention needed. Depression, psychosis and mood lability derive from uncontrollability of anxiety. All those drug families also mitigate anxiety, but very unevenly from one case to the next.
2. Uncontrollable, irrational anxiety begins, ends and resurge in the natural course of the disorder. Patients' normal emotional response to faulty appraisal of social developments (good or bad) supersedes any true benefit from medication or getting used to it. Often, such social developments are unrelated to psychotherapeutic interventions and not evident in psychotherapy.

Attributing symptom remission to new medication or relapse to old medication losing its efficacy creates the illusion that medication alone could eventually produce full and lasting remission of affective symptoms and psychosis.

The shared effect of various drugs on anxiety greatly simplifies the algorithm of choosing among them which the presenter has devised. Stepwise judgments are based only on speed and duration of antianxiety action and adverse effects, not on class of medication.

Furthermore, the presenter will discuss the timing of "PRN" medication ("when needed") to help patients endure exposure to remedial experiences, for mastery of social dangers, as designed by psychotherapy. The latter alone, not medication, could prevent relapses to irrational anxiety and all other symptoms of disorder.

2.05.1 Physical and psychological reactions to emotional and sexual intimacy in adults with adverse childhood experiences

S. Weilenmann¹, U. Schnyder¹, M. Pfaltz¹ ('Zürich CH)

Intimate relationships are linked to physical and mental well-being. It is known that adverse childhood experiences (ACE) are related to fear of intimacy and dysfunctional intimate relationships. However, only few studies have assessed the effects of ACE on self-perceived intimacy and physiological correlates of intimate interactions. The planned project uses experimental paradigms to assess how adults with and without a history of neglect during childhood and other ACE respond to emotional and physical/sexual intimacy. More specifically, we will assess if adults with neglect and other ACE differ from adults without ACE regarding their emotional (negative and positive affect) and physiological (electrodermal activity, heart rate, respiratory sinus arrhythmia, cortisol) responses to experimentally induced emotional and physical/sexual intimacy. Moreover, we will assess whether emotional and physiological responses are related to one another and whether they are related to the self-reported extent of intimacy in participants' romantic relationships. In addition, we will assess whether the size and permeability of participants' personal space depends on the presence of neglect and other ACE. We will present first results, which shall provide a basis for the development of interventions aiming at supporting individuals with ACE to develop positive intimate relationships.

2.05.2 Resiliency in the face of extreme stress

G. Hasler (Bern CH)

Background Despite experiencing severe trauma in childhood or later in life, many people nonetheless do not develop psychiatric conditions. Recent biological and epigenetic studies suggest that resiliency following trauma and severe stress is not just a simple “bouncing off”, but a complex and active function of the brain. Method: In this talk, I will review recent neurobiological evidence on resilience and discuss implications for clinical practice. For example, resiliency research shows that the brain’s reward pathways play important roles in resiliency.

Results This finding relates to the clinical insight that rewards, positive emotions, planfulness and meaning-making are crucial in the resistance to the negative sequelae of trauma and stress. I will discuss the therapeutic options to target the brain reward system to improve psychological strength. We recently showed that fear learning deficits (e.g., inability to learn safety cues) represent a risk factor for PTSD. I will give a short overview on therapeutic approaches to enhance correct and precise fear learning and their potential to enhance resiliency. Recent large epidemiological studies identified social factors such as face-to-face social interactions, strength of local communities, neighbors, social integration and work as important protectors against trauma- and stress-related disorders.

Conclusions I will discuss the therapeutic and societal implications of these findings. Finally, I will outline a comprehensive approach including psychological, social and biological aspects to enhance the brain’s complex ability to prevent us from psychological pain and dissociation in the face of severe adversity.

2.06.1 Shame and its relationship to dissociation in chronic trauma-related disorders: Conceptualization, empirical findings and implications for treatment

M. J. Dorahy (Christchurch NZ)

This workshop explores the underpinnings and clinical relevance of shame in the presentation of those with complex trauma and dissociative disorders. After conceptualizing shame, the workshop will explore the empirical research on the link between shame and dissociation. This work started with correlational studies building on clinical observations, and has now progressed to experimental studies examining the nature and direction of the relationship between shame and dissociation. To date, studies have shown a contextualized bi-directional relationship between shame and dissociation, where the activation of shame elicits reactive dissociative experiences, while dissociation in the context of more intimate interpersonal relationships activates shame. This latter finding is particularly relevant for the therapeutic relationship. The implications for these empirical findings for clinical work with trauma-related disorders will be discussed. Attention will be given to subtle markers of shame in the therapeutic encounter, as well as strategies for managing the reactivation of shame or its painful experiential impact once it is evoked. Clinical examples will be provided and invited from the audience.

2.07.1 Sexual Abuse Prevention: Feedback from 10 Years of Experience with Sport Associations, Churches, and Youth Activities

M. Tuberoso (Lausanne CH)

Purpose Several authors have stated that educating adults who supervise

children should be a primary focus of any sexual abuse prevention strategy (Décamp, Jolly, & Afflelou, 2006, 2009 ; Finkelhor, 2008 ; Parent, 2008, 2012 ; Van Gijsegem & Gauthier, 1999).

Our primary prevention strategy, developed by the mira association and currently handled by ESPAS, has two goals:

- Define the limits between appropriate and inappropriate contact and what is considered sexual abuse, and
- Provide tools to institution directors so they can appropriately respond to suspicions of abuse or to known cases.

Understanding and implementing elements of primary prevention will help participants feel better informed and equipped to recognize precursors to sexual abuse and respond appropriately.

Population General public.

In order to address this sensitive subject, the presenter and his colleagues from the mira association developed the concepts of zones (green, gray, red), which allow users to visualize different interactions and understand the notion of “co-responsibility” within these interactions.

Intervening with adult leaders by promoting health and well-being (according to the Ottawa Charter) helps them maintain and further develop educational skills specific to their roles with children without fear of being suspected of committing sexual abuse, themselves.

We will present the difficulties encountered and actions developed to circumvent them and the specific notions we’ve developed for working within youth organizations.

Conclusions Better understanding primary prevention work and how to utilize established best practices in this field will better prepare participants to intervene in their own contexts.

2.07.2 Treating Adolescent Sexual Offenders: Reparation as a Means of Prevention

E. Negro¹, V. Gianinazzi¹, M. Tuberoso¹, T. Cuttelod¹ (Lausanne CH)

Purpose Developmentally speaking, sexual acts have often been considered relatively “normal” behavior for adolescents, who have entered puberty and are exploring their sexuality. Yet, it has been known for many years that sexual abuse is often committed by teenagers (Finkelhor, Ormrod & Chaffin, 2009; Optimus, 2012). Furthermore, although most adolescents will not continue to offend (van Wijk, Mali & Bullens, 2007), a majority of adults incarcerated for child sexual abuse report that they started offending as teenagers (Abel, Mittelman & Becker, 1985; Prentky & Knight, 1993). Confusion concerning the actual content of these acts has hampered society’s understanding of this phenomenon and possible intervention strategies.

Early intervention is especially important at this stage of development when adolescents’ identity and psyche are still under construction. With this in mind, the ESPAS association provides therapy and follow-up care to teenage offenders, in collaboration with cantonal Juvenile Courts.

Population Clinicians

Main points to be covered Over twenty years of experience has given us an overview of specific characteristics of the adolescents and their life context. We have also met various difficulties inherent in working with this population, both in the resonances they elicit and in collaborating with the professional network (justice, police, social educators,...). These can have an important impact on the success of the therapy.

Conclusions By better understanding aspects of adolescent offenders’ specific characteristics, their life context, and difficulties inherent in working with them, therapy may be facilitated. Case examples can help in more clearly understanding these phenomena.

2.09.1 Attachment Focused Phase Oriented Treatment of Complex Trauma in Children and Adolescents

N. Gomez-Perales (Hamilton CA)

Both disrupted attachment and traumatic impact are necessary components of the treatment of complex trauma in children and adolescents. Current research and theory in neurobiology supports the integration between attachment theory and therapy geared towards the resolution of childhood trauma. Attachment focused work is widely used in treating young people who have experienced disrupted attachment relationships. Phase oriented psychotherapy is the gold standard for treating complex trauma and dissociation in adults. This workshop explores specific, neurologically integrative techniques in working together with caregivers and young clients to address phase oriented trauma focused treatment within an attachment framework. Identifying and engaging attachment figures, building and strengthening attachment relationships, and utilising these relationships in supporting the stabilisation of children and adolescents experiencing complex trauma and dissociative disorders will be addressed as the first phase of the work. Neurologically integrative techniques for exploring traumatic experience and developing a coherent trauma narrative will be explored as the second phase. Exploration of the role of the attachment figure in maintaining an appropriate developmental trajectory, developing a non-trauma related identity and moving forward into the future will be explored in the discussion of phase three treatment.

2.10.1 Maladaptive daydreaming – evidence for a dissociative absorption disorder

E. Somer (Haifa IL)

Daydreaming is an everyday fantasy activity that can foster creativity, inspire great works of art and science help and solve problems. Some people appear to have a capacity for exceptionally intense, immersive imaginary that is experienced with a profound sense of presence. This ability to script an alternate reality that can offer an intense experience appears to be exceedingly rewarding. In fact, the experience seems so pleasurable that if restricted, provokes a yearning to resume it that is similar to addiction. For individuals who are coping with past and current distress, life in a fantasized parallel world, seems a calming, affect-regulating substitute. However, when daydreaming becomes habitual and time-consuming, the costs can be grim: Daydreaming activity can hinder and sometimes even replace real-life social, academic or occupational performance. This workshop will describe the brief scientific history of this newly discovered addictive dissociative activity, currently self-reported in numerous internet venues by thousands of individuals seeking support and coping advice. The workshop will also offer a review of the latest empirical data collected on the subject. A video clip featuring a testimony of a maladaptive daydreamer will be screened.

3.01.1 How does the police investigate sexual offenses and child abuse in Switzerland

F. Schubiger (Zürich CH)

A society requires to feel safe. Violent acts need to be prosecuted and criminals to be condemned in order to reduce the amount of criminality in a society. Successful criminal procedures, however, ultimately depend on truth-finding, which presents a major challenge in the investigation of traumatized victims. Police forces,

such as the Cantonal Police of Zurich, are frequently challenged by victims' complaints of criminal acts that took place many years back. Often, the reports are further complicated by superimposed or limited memories, lack of evidence, or mental disorders of the victim. This workshop provides insights into the work of the Zurich Criminal Investigation Office and its special sexual intercourse / child protection unit.

The testimony, especially made by victims, will be a major topic of the workshop. Another focus will be the importance of a collaboration between the police and other professionals. The use of networks and exchange between professional groups within the legal framework may provide invaluable help for finding truth. Target audience: This seminar is specifically aimed at professionals from prevention, counseling and therapy, who are interested in getting insights into a rather unfamiliar professional world.

3.02.1 What is the essence of an inpatient treatment concept? Which patients can we treat more effectively than in an outpatient setting?

J. Binder (Winterthur CH)

The presentation will show which elements are important for effective and beneficial inpatient treatment of severely traumatized patients. Outpatient treatment often reaches its limits when symptoms are very severe. For example avoidance, flash backs, dissociation or drug abuse can prevent progress because the patient has to cope on his or her own following a session.

If an inpatient therapy should offer more than just emergency care a specialized treatment concept is required with highly qualified staff. Besides round-the-clock nursing the multidisciplinary of the team is a key to success. Art therapy, movement therapy or occupational therapy in close connection to trauma focused psychotherapy can be a great boost. This coordinated work is often impossible to achieve in an outpatient setting.

The inpatient setting allows successful exposure therapy with much less stability or more comorbidity. Many patients have a long history of frustrating outpatient treatment because whenever they are ready for exposure they become too unstable to continue. In our experience carefully managed inpatient treatment can often be the breakthrough. In the data we collect for quality management we see medium effect sizes although our patient population has a high symptom load.

3.02.2 The Added Value of Interdisciplinary Inpatient Trauma Therapy for Complex PTSD with Co-morbid Disorders

E. Melliger (Winterthur CH)

It is generally accepted that exposure is necessary for sustainable symptom relief in trauma patients, but also that mental stability is required prior to exposure therapy. Severely traumatised patients suffering from complex posttraumatic stress disorder often present dysfunctional coping strategies such as dissociation, substance abuse or self-harm. On an outpatient basis treatment is often confined to stabilising the patient by improving these symptoms, thus delaying exposure and reinforcing avoidance by strengthening the patient's belief that exposure therapy is difficult and dangerous. In the safer inpatient environment this vicious cycle can be broken and by using an interdisciplinary approach treatment can be enhanced. The advantages of inpatient treatment for complex PTSD with co-morbid disorders are demonstrated with clinical cases.

3.02.3 The added value of inpatient trauma therapy in the attachment therapy approach of the three stage treatment on the trauma ward of Clenia Littenheid

M. Kollmann (Littenheid CH)

On the two trauma wards in Littenheid an integrative inpatient concept has been developed for the treatment of patients with complex posttraumatic stress disorders, dissociative disorders and dissociative identity disorders. Treatment is based on a three-phase model with stabilization, trauma confrontation and integration, whereby the relationship structure and attachment play an essential role. In an inpatient context, trauma exposure is carried out using the screen technique, EMDR and NET. This is also carried out with individual personality parts. In the presentation, this concept is explained and illustrated using clinical examples.

3.03.1 How to More Effectively Interview Traumatized Sexual Violence Victims: The «Trauma Informed Victim Interview (TIVI)»

J. Boardman (Murray US)

The West Valley City Police Department, Utah, U.S.A. and the Utah Prosecution Council have created and implemented a new protocol for interviewing victims of sexual assault. Using what we have learned from the neurobiology of trauma. This presentation is fast-paced and interactive and focuses on the how-to's of doing a trauma-informed victim interview, including video clips from real sexual assault interviews. This interview technique was studied by the Brigham Young University, Utah. Going through a full Institutional Review Board. Results will be shared.

3.04.1 The Relational Aspect of Dissociation: Expanding Parents' Integrative and Containing Functions as a Crucial Part of Stabilizing their Dissociative Adolescents

A. Mermelstein (Kfar Saba IL)

Individuals who suffer from dissociative disorders have failed integrating one or more aspects of their inner experience (memory, feeling, sensation, meaning) into their evolving self. No less, and in some dissociative phenomena even more than traumatic event or events, what lies within this failure is the absence of someone whose relation to the self is a stance of supporting its' establishment and development. In Heinz Kohut's terms – the absence of a selfobject.

One of the main characteristics which enables the selfobject to soothe the self while facing an overwhelming event is its' ability to be in touch with various aspects of the inner world, while experiencing the tension and distress which are felt by the self, but at a moderate level. A self without a selfobject that can bear the tension lacks the opportunity for a transmuting internalization of a self-regulating function.

While working with adults invites therapists to enter the selfobject stance, working with children and adolescents presents the opportunity to help their parents who were to naturally assume the selfobject role by increasing their attunement and ability to contain more aspects of their child's inner experiences. This kind of work with parents differs from a parental consultation or guidance which usually takes

place as a part of the treatment of children and adolescents.

The offered presentation combines theoretical aspects with clinical material as an invitation to reflect on the value of this kind of work for the reduction of the dissociative symptoms of the parents' children.

3.04.2 Imaginative Expression as a Tool of Recovering: Diaries of a Traumatized Adolescent Girl

I. Cermak¹, P. Stepanek¹, J. Schmidtova¹, V. Chrz² (Brno CZ; Praha CZ)

The concept of fragmented narrativity enables us to understand the dynamics of the relation between storytelling and trauma. Fragmented narrativity refers to experiences and memories that are difficult to share and express. Shattered narrativity is illustrated by diaries and drawings created in therapeutic context by a severely and repeatedly traumatized girl. The trauma has disrupted her memories and experiencing of past and present events to such a degree that she externalized them through fragmented storytelling. The trauma destroys the very process of creating new meanings. Thus, the capacity for personal storytelling is limited. However, during therapy the client experienced the narrative imagination as a powerful tool of control over inexpressible things. Fragmented or dissociative narration becomes kaleidoscopic storytelling and thus takes on a strong expressive potential. Expressive tools in her diaries enable to contain the unimaginable and the unbearable by metaphorical configuration. As a result her traumatic experience seems to be less threatening. However, her storytelling in diaries remains still kaleidoscopic, which represents certain risk, because her traumatic experience has not been integrated into her life.

3.05.1 Repairing insecure attachment, the Basic Trust Method

H. van der Ham (Baarlo NL)

In her Star Theoretical Model Frances Waters distinguishes five important theoretical concepts as important for understanding and treating youth with dissociation. (Waters, 2016).

She points out that secure attachment plays a fundamental role in stabilizing and increasing the Window of Tolerance, necessary for emotion regulation. Therefore establishing secure attachment is one of the primary goals in treating trauma and dissociation.

In this workshop the Basic Trust Method will be presented. This method focuses on establishing secure attachment on the one hand and repairing pathological attachment experiences on the other hand. This is done by increasing parent's ability for mind mindedness with the use of video-feedback. Mind mindedness is the ability to recognize the child's mental states, and to communicate these mental states with the child. Research revealed that maternal mind mindedness is even a better predictor for secure attachment than sensitivity (Meins et al, 2012). Meta analyses regarding the effectiveness of interventions for preventing and treating attachment problems point out the necessity of emotional availability of a safe and stable environment with the opportunity for positive interactions with an attachment figure. With the use of video-feedback as the most successful intervention (Bakermans-Kranenburg, Van IJzendoorn & Juffer, 2003).

The Basic Trust Method aims to give the child and its caregiver the possibility of new and positive interaction experiences.

The results of an intervention study will be presented, together with underpinning theory (Colonnesi et al, 2012). Case examples and video material will be used to illustrate the presented method.

3.06.1 Systemic stabilisation of the System Around Children and Young People Experiencing Trauma and Dissociation

C. Harrison-Breed (Northampton GB)

“Trauma really does confront you with the best and the worst. You see the horrendous things that people do to each other, but you also see resiliency, the power of love, the power of caring, the power of commitment, the power of commitment to oneself, the knowledge that there are things that are larger than our individual survival”.

Dr Bessel van der Kolk — Restoring the Body: Yoga, EMDR, and Treating Trauma
The first goal in trauma therapy is stabilisation. This practical workshop is based on over twenty years' experience of working with children, young people and adults that have experienced trauma and dissociation. The aim of the workshop is to consider how we can support the parents and carers, school, and other professionals systemically in helping the child or young person that has experienced trauma and dissociation. This will be considered through the lens of both the child and the support network. Exploration of secondary and vicarious trauma alongside parallel processes will be considered when contextualising our understanding of best practice in supporting the team around the child.

A range of creative practical strategies will be offered and explored throughout the workshop as well as opportunities for the sharing of delegates own experiences best practice.

3.07.1 The Strength of Combining Art Therapy with Psychotherapy in the Treatment of DID.

C. Kraaij, W. Hensbroek¹ (Zeist NL)

In this workshop Wieke Hensbroek (art therapist) and Christel Kraaij (clinical psychologist) will share their experience and expertise on how a combination of psychotherapy and art therapy can be used to stimulate the collaboration between dissociative parts of clients with Dissociative Identity Disorder (DID). Since ten years Christel and Wieke closely cooperate in the treatment of people with Dissociative Identity Disorder (DID) due to early childhood traumatization. Their treatment-approach is based on the theory of structural dissociation of the personality (Van der Hart, Nijenhuis and Steele 2006). It comprehends three phases I.) Stabilization and symptom reduction II.) Treatment of traumatic memories, and III.) Integration of the personality.

In the treatment of DID there is an oft-recurring taboo on talking, and/or difficulty finding words for their experiences and/or emotions, which might hinder effective psychotherapeutic treatment. Art therapy allows wordless communication. It therefore has the ability to bypass this obstacle and can facilitate the communication between dissociative parts and between the client and the therapist. Artwork can be used to regulate emotions; to map dissociative parts and to draw images of traumatic events. These outcomes can be discussed in psychotherapy, which in turn can stimulate the expression in new artwork.

In this presentation Wieke and Christel will discuss their treatment approach by presenting clinical cases and images of artwork. The session includes time to pose questions and to exchange your own clinical experiences.

3.10.1 Non-medical Use of Prescription Medication by Young Men: Social Stress and Stressful Events have a Higher Impact than Inherent Family Functioning

A. Rougemont-Bücking¹, J. Studer¹, V. S. Grazioli¹, J. B. Daeppen¹, G. Gmel¹ (Lausanne CH)

Background Non medical use of prescription drugs (NMUPD) by young adults is a phenomenon which was shown to be associated with health hazards, social and psychological problems. The aim of this study was to investigate the effect of distinct forms of stress and indicators of family functioning on NMUPD by young men.

Methods Data was drawn from a Swiss cohort study on substance use risk factors (C-SURF), which involved 5,308 young adult men. Twelve-month use of sleeping pills, tranquilizers, opiate based analgesics, psycho-stimulants and anti-depressants were assessed. Validated instruments were used to evaluate various forms of stress for the time period preceding NMUPD assessment.

Results NMUPD is significantly correlated with both the occurrence of relational problems within the family and the peer group, and with antecedents of highly stressful events outside the family context. Factors describing family functioning, such as parental monitoring or support or the quality of relationships between participants and their parents were not associated with NMUPD. Physical assault by family members was not associated with NMUPD, whereas physical or sexual assault perpetrated outside the family context showed such associations.

Conclusion NMUPD appears to be more linked to recent problems with peers and family and to stressful events in the past than to the global functioning of the family in preceding years. Physical and sexual assault perpetrated by a stranger impacted NMUPD more than when perpetrated by a family member. This suggests influences of greater guilt and shame on NMUPD when the abuse occurs within a public setting.

3.10.2 Repair of early neglect and dysfunctional attachment in an adult with Lifespan Integration

M. Ledieu (Paris FR)

When children experience repeated adversity, neglect or trauma during their early years of life, the risk for later attachment disorganization and dissociation is more important (Lyons-Ruth, 2006). This can have a considerable impact on their adult life. This is why treating attachment disorders is fundamental for a healthier society.

Lifespan Integration (Peggy Pace, 2002) offers a way to repair attachment disorders by repeatedly offering the client the experience of fulfilling her attachment needs in an attuned, secure and continuous manner. Through the repetition of a Time Line of events of her life, the client can heal her early traumatic experience and build a stronger Self.

The case study of Stephanie, aged 46, will be used to illustrate these effects of Lifespan Integration. Stephanie started Lifespan Integration psychotherapy a year ago, as she wanted to free herself from difficult relationships patterns she experienced towards women at work. She also displayed dysfunctional attachment patterns, after suffering from severe neglect from her parents during childhood. We will describe the evolution of this client throughout her Lifespan Integration therapy sessions across time.

3.10.3 Possibilities for Change in Adolescent Sexual Offenders

P. Roman¹, T. Cuttelod¹, F. Lavèze², S. Espeil-Marc², D. Gorry³
(¹Lausanne CH; ²Grenoble FR; ³St Quentin Fallavier FR)

Purpose Sexual violence that occurs during adolescence can be understood as one possible threat to the developmental process of this important period of life. Sexual violence is a public health concern because it has a negative impact for both the victims and the adolescent offenders concerned. In fact, many of the latter are victims of child abuse themselves; therefore, the violence they commit may be understood as a form of traumatic repetition.

Population Clinicians

Main points to be covered Our presentation will focus on the evaluation of teenage sexual offenders' potential for change as a result of their participation in therapeutic groups. Data from an international qualitative study (EvAdoGroupe, Switzerland – France) will be discussed to highlight the processes of psychological engagement in these adolescent offenders. This longitudinal evaluation is based on data from two observation points: the recording of group sessions during the therapeutic process and the results of projective personality testing and retesting (Rorschach and TAT). Interpretative phenomenological analysis was performed on group session transcripts, and projective testing followed the School of Paris protocols. These data sources reveal processes reflective of the teenagers' resources (greater symbolization of their acts, better access to affective expression) and their limitations (regression and confusion) across a relatively short time span (8-9 months).

Conclusions These results contribute to our understanding of adolescent offenders' own trauma history and how traumatic repetitions contribute to sexual violence, and how to plan therapeutic interventions that address their needs and prevent recidivism.

4.01.4 Distinguishing dissociative disorders from Complex PTSD and BPD using the Trauma and Dissociation Symptoms Interview (TADS-I)

S. Boon-Langelaan (Maarsse NL)

There are many areas of overlap in the phenomenology of patients with a dissociative identity disorder (DID) or other specified dissociative disorder (ASDD) and patients with Complex PTSD (CPTSD) and borderline personality disorder (BPD). Distinguishing these disorders is often very difficult. This workshop will focus on the distinction of dissociative disorders from BPD and Complex PTSD using a new diagnostic interview TADS-I. The TADS-I (Boon & Mattheus, 2016) is a new clinician-administered semi-structured interview to assess dissociative symptoms and disorders and other trauma-related symptoms. This interview differs from other semi-structured interviews in several ways: it enables the clinician to make DSM-5 and ICD-10 diagnoses; thus, it also includes a large section on somatoform dissociative symptoms. Secondly, it includes a section on other trauma-related symptoms in order to: (1) develop a more complete clinical picture of possible comorbidity, including symptoms of PTSD and complex PTSD; (2) achieve greater insight into the (possible) dissociative organization of the personality; and (3) differentiate complex dissociative disorders from personality disorders and other disorders, such as a (complex) posttraumatic stress disorder (CPTSD), mood disorder or psychotic disorders. Finally, the TADS-I aims at making a distinction between symptoms referring to a division of the personality and symptoms that may involve a lowering or narrowing of consciousness but are not per se dissociative. A preliminary study is currently conducted. Symptom profiles from patients with DID, BPD and CPTSD will be discussed and illustrated with videoclips.

4.02.1 EMDR and tics in children. EMDR Therapy procedures and case studies

J. Veloso (Lisboa PT)

Tics are one of the most common manifestations in children, which usually results in anxious and/or traumatic events. The EMDR psychotherapy as high effectiveness working with the anxiety disorders and traumatic stress showed in different frameworks of tics and have shown a very satisfactory results and symptoms remission. This communication presents a protocol developed by the authors, adapting the EMDR Protocol for children and adolescents including new procedures that promoted a significant improvement of the tics of the cases presented. This presentation has videos of the sessions.

Key words tics, anxiety, Protocol, EMDR

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Both the Authors are Certified EMDR Therapists and Certified EMDR Therapists for Children and Adolescents

4.02.2 Narrative reconstruction, EMDR and the attachment, some case studies

J. Veloso (Lisboa PT)

In development, there are often difficulties in terms of stabilization of ties to the safety figures. In this context, could grows some develop anguish, separation fears, rituals, etc. The EMDR has shown substantial efficacy and long-term potentiation of reorganization of life or historical narratives in children, allowing retell stories, re-establish links/attachment and promote conflict resolution or insecurities that help acquire positive beliefs that favour the reorganization of the attachment. This presentation uses videos showing the result of the use of EMDR in this reconstruction of narrative and of attachment with the implementation of photo stories or narratives reported by parents in session. The reconstruction of narratives is regarded as one of the most important in psychotherapeutic intervention therapies with children because it allows work situations so important as the attachment. This presentation has two videos that support the efficacy of the EMDR in the rebuild of the attachment narratives made with two different EMDR procedures.

Key words narratives, reconstruction, attachment, EMDR, trauma.

References Archer, C & Burnell, A. (2003) Trauma, Attachment, and Family Permanence: Fear Can Stop You Loving, Jessica Kingsley Publishers.

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4.02.3 Neurobiological Evidence of EMDR Mechanisms of Action

M. Pagani (Roma IT)

Research focused on EMDR has dramatically grown and neuroimaging represents a powerful tool to investigate its neurobiological correlates. The impact of EMDR on cortical and sub-cortical brain regions involved in PTSD has been proven by several investigations demonstrating a clear association between symptoms disappearance and normalization of cortical functional changes. Furthermore, patients non-responding to EMDR showed peculiar patterns of neuronal density distribution in limbic regions. EEG investigations monitoring in real time the cortical activations occurring during bilateral ocular desensitization made of EMDR the first psychotherapy in which neurobiological correlates have been depicted in real time during therapy sessions. In the recent past EMDR has been successfully applied in several disease and hypotheses about the way it works has been proposed by different investigators.

The purpose of the lecture is to summarize past and recent research findings and present the evidences of one of the possible mechanisms of action.

4.04.1 Are All Kinds of “Dissociation” Related to Trauma?

A. Laddis (Shrewsbury US)

The presenter proposes that, among all kinds of “dissociation”, only DID-like dissociation occurs strictly while experiencing traumatization.

DID-like dissociation has long been understood as a coping psychological mechanism whose function is to endure danger with disregard for certain would-be insufferable pains and damages. Furthermore,

- It seems to occur solely when the person experiences the danger to have potentially grave consequences.
- The diagnosis of DID correlates highly with childhood history of entrapment in traumatic caretaking relationships.

Consequently, the mere presence of DID implicates caretakers in the sufferer's childhood for traumatic betrayal, even without patients' memory of such perpetration or other proof of it. That correlation has been a precious finding politically; therefore, it became the object of the “memory wars”.

In trying to discern the DID mechanism of selective inattention to pain, our field has been studying various phenomena that merely resemble that function (depersonalization) or DID entrancement (deep and passive, i.e. unintended and effortless, absorption). We call these phenomena generically “dissociative”; however, we find modest correlation between high scores of depersonalization or passive absorption and childhood trauma. Thus, studying the relation of generic “dissociation” with trauma contaminates and diminishes our precious finding for DID-like dissociation alone.

The presenter will provide evidence that:

- Except for passive DID entrancement, inattention to pain entails effortful absorption elsewhere.
- All other kinds of passive absorption have a different function.
- Depersonalization manifests failing to induce a wanted, familiar attribute in oneself (emotion, demeanor, action); it does not manifest a latent motive to “dissociate” that attribute.

4.04.2 Preliminary experiences with “The Trauma and Dissociation Symptoms Interview” – a new diagnostic interview for the assessment of dissociative and other trauma-related symptoms

T. Kjellmo¹, A. Steinsholt Jervell¹, E. Jepsen¹ (Vikersund NO)

Authors of current clinical and research literature state that an accurate diagnosis of dissociative disorders is important for treatment planning, and that if an underlying dissociative organization of a patient's personality is not recognized and addressed specifically in treatment, the patient may not improve. It is also well-known, that dissociative disorders are difficult to diagnose, and the issue of false positive as well as false negative diagnoses is highly relevant. A new diagnostic interview, The Trauma and Dissociation Symptoms Interview (TADS-I), has been developed. The interview is intended to provide a better help to the interviewer to make DSM and ICD diagnoses by including both psychoform and somatoform dissociative symptoms and to differentiate pathological dissociative symptoms from non-pathological. Furthermore, it should help the interviewer to get a more complete picture of relevant comorbidity and (complex) PTSD and to differentiate dissociative disorders from other disorders. The TADS-I has now been translated into several languages. We recently finished a Norwegian translation of the TADS-I. In this workshop we will share our first experiences from our administering of the TADS-I to patients in an inpatient setting at Modum Bad (Norway), patients who suffer from a great variety of symptoms related to early relational trauma. We will present clinical cases with different symptom-profiles and diagnostic challenges. Some of the patients have previously been assessed with the use of an alternative diagnostic interview, which gives us a possibility for comparison. Finally, we will open up for a discussion on advantages and disadvantages of this interview.

4.05.1 Healing Body and Mind: Finding Inner Strength through Hypnosomatic Ego State Therapy with Children, Adolescents and Adults

S. Zanotta (Zurich CH)

Ego-State Therapy is a very thorough and effective approach with a wide range of psychological presentations, from performance issues to trauma and personality disorders, especially when combined with somatic approaches. In Ego-State Therapy, the therapist works directly with the part or state that needs change instead of only talking about a problem. Thus, corrective experiences and healing are possible in relatively short time.

This practical workshop will focus on the use of hypnosomatic Ego-State Therapy with trauma. It includes the effective use of Ego State Therapy combined with somatic approaches to reduce post-traumatic stress and enhance self-regulation, to regulate anxieties, depression, pain and other symptoms and to strengthen the whole personality by connecting with the body as well as with empowering and conflict-free states. Clinical presentations and exercises will emphasize Ego-State Therapeutic and Somatic approaches to release tension, re-balance the body and let go of symptoms. Thus, mindbody difficulties are healed and resilience is built.

4.05.2 Pierre Janet as a Clinical Practitioner and his Psychological Economies.

H. Riessbeck (Schwabach DE)

The theory and clinical practice of P. Janet was not recognized for more than a century. As the concepts of modern trauma therapy arose, the work of Janet proved to be useful in many aspects. Janet is the founder of phase oriented trauma therapy and largely introduced hypnosis in his clinical work. But his concept on the economies of the psyche still is neglected.

The focus of this lecture will be on his concepts of psychosocial economies coined in his opus magnum „psychological healing“. The ideas of Janet concerning energies of the psyche and the disturbances of balance will be outlined. Practical consequences of Janet's clinical work for stabilisation and traumasthesis will be demonstrated, comparing a case of Janet with a study of a patient from the author's practice. The comparison of a case of Janet's practice with therapeutic strategies of today will provide insight in what is really new concerning work with complex traumatized people. The impact of Janetian concepts on the therapy of psychiatric disorders in general will be considered.

4.07.1 Attitude towards Child Sexual Abuse: Lawyers of Pakistan

S. Khan', K. Shoukat' ('Lahore PK)

Background Child sexual Abuse (CSA) is common in Pakistan, yet the need of its better understanding to improve the awareness regarding prevention is still present. For this purpose, we need to fill the gap between the actual knowledge, attitude and practices towards CSA, especially for the stakeholders directly involved with the issue at hand. The Study aimed to establish the association between knowledge, experiences and attitude towards CSA among the lawyer community.

Method Semi- structured interviews within the qualitative research were used to gather information and make clear understanding of community based knowledge. Purposive sampling was used to obtain the sample of five lawyers including High Court Judge, Advocate, Family Court Judge, Shariah Court Judge (Islamic Legal System) and Jirgah/Pinchayat (Local Community Legal System). The study intended to explore their definition of CSA, understanding of childhood, contribution of social conditions aiding CSA, and experiences, personal knowledge and legal action towards CSA.

Results IPA was used for analysis of interviews which indicated that there is a difference between the actual laws, lawyers' knowledge of those laws and practices of legal action towards CSA. Varied responses were reported regarding the definition of CSA and their interpretation and understanding of legal actions towards survivor and the perpetrator. Conclusion: In a country like Pakistan, where we are ashamed of talking about such sensitive issues, it is important for the community to recognize the CSA right away and get better understanding to prevent and manage Child Sexual Abuse at both Community and the Country level.

Keywords CSA, Attitude, Lawyers, Pakistan

4.07.2 Prevalence of Child Sexual Abuse in Punjab, Pakistan

K. Shoukat', S. Khan' ('Lahore PK)

Background Prevalence of child sexual abuse (CSA) is hard to assess because it is often not reported, and it is believed that the number of actual cases is far more than the reported. This survey study aimed at exploring the prevalence of CSA in Pakistani general population.

Method Sample consisted of 762 undergraduate and postgraduate students from six institutes of four cities of Punjab (ages 18-38, 368 males and 394 females), recruited using purposive convenient sampling. Retrospective Childhood Adversity Measure, that consists of six items, two items assessing physical abuse, third incest abuse and following three different forms of CSA, was used.

Results The results revealed a staggering 51.5% CSA prevalence, (51.3% females, 51.9% males), whereby incest was reported by 23%, sexual contact 22.1%, coerced in to sex 23.8%, and other sexual advances were reported by 42.1% of the respondents. Highest prevalence of CSA was reported among Pashto & Pathan/Pakhtoon ethnicity (92.9% & 66.7%), and High SES (75.2%), whereby ANOVA [$F(2,717) = 25.195, p = .000$] and Post Hoc Analysis via Tukey confirmed the SES differences. No significant CSA reporting differences existed between respondents from Joint and Nuclear families ($t = -.226, p = .821$), married and unmarried ($t = -1.597, p = .111$), and male and female ($t = .578, p = .563$) respondents. Pearson Product Moment Correlation analysis depicted that Physical Abuse significantly correlated with Sexual Abuse ($r = .335, p < .01$). These scientific numbers and the relative silence about the issue ought to serve as an eye opener for national government agencies, justice and legal systems, mental health care providers, and general community.

Keywords CSA, Prevalence, Punjab, Pakistan

4.07.3 "That's an Evil Spirit, not me!" - Trauma-related Symptoms, Cultural Pathoplasticity and Help-seeking

I. Pietkiewicz (Katowice PL)

How people make meaning of their trauma-related symptoms and seek help often depends on local culture and beliefs. This pathoplastic aspect of culture will be exemplified with changes in behaviour and identity, attributed in some religious communities to being possessed by evil spirits. Cases from Mauritius and Poland will be compared to show similarities and differences in clinical presentation of the 'possessed' individuals. Examples of behavioural changes will be demonstrated with video material. Possession will be discussed as a cultural metaphor for incomprehensible behavior and experiences, and a way of externalizing conflicts experienced by the victims, their families or the community. Risks associated with diverting attention from past or ongoing problems, such as emotional or physical abuse, and delaying treatment will also be discussed.

4.09.1 Pre-birth Violence – Impact on the Developing Self

R. Potgieter Marks (Huddersfield GB)

Much has been written about the impact of domestic violence on children, but the impact on the unborn child, has attracted little attention. This training will explore the possibility of implicit memory in the fetus of experiences of violence. This will be done in the light of multiple cases where children disclosed unusual

information. The information clearly indicated emotional distress, body memory and a major impact on the developing self, due to in-utero violence. Most of the children initially indicated early during therapy that they wanted to 'die' or did 'not want to live' as well as harming themselves in some way. Through body movements, drawings and sand trays, the children were finally able to provide information about a part of the self that had not been born, did not want to be born, was 'hiding' or 'died' before birth due to extreme distress or violence that became overwhelming for the fetus. It presently appears that pre-birth violence and accompanied traumatic experiences might on long-term impact the developing self and can cause significant dissociation. It also appears that there might be a link between self-harm or a death wish and pre-birth violence. It is also evident that children are able to express and process these pre-birth traumatic experiences successfully. The information will be presented at the hand of drawings, photos of sand trays as well as quotes from children working through the overwhelming pre-birth traumatic experiences that they have had.

4.10.1 Pathomechanisms and Healing Factors During Treatment of People Traumatized in Childhood

A. Widera Wysoczanska (Wroclaw PL)

Conducted research concerned the factors influencing the changes in 66 women and 29 men (average age: 31.7) during an 8-month psychotherapy for people after family complex interpersonal trauma with emotional (100%), physical (84%), sexual (65%) or substance abuse of mother (28%) and father (61%). The answers to question about healing factors allow to establish more effective recovery process, including determining objectives, principles, methods and stages. Participants filled in Abuse Questionnaire and Intimate Situations Questionnaire, to obtain information concerning types of trauma experienced, its duration and the characteristics of the perpetrators. A structured interview was conducted to define pathological mechanisms, goals strived to achieve, factors affecting recovery and the changes that were reached. The pathomechanisms occurring in people before therapy, those that impede the functioning of patients in their subjective perception (e.g.: destructive beliefs; cognitive distortion; not taking risks; loyalty to the perpetrator; overcoming own problems and focusing on the problems of others; erotomania) and the factors hindering (some of them are: overreacting to drastic stories told by other group members and identifying with these stories; loyalty towards parents; not revealing to be a perpetrator of violence, especially sexual or erotomania) and facilitating the healing process occurring during therapy (e.g. giving new meaning to their experience and look from a new perspective; revealing perpetrator of violence, learning to experience pleasure, set goals and make choices), will be presented. The stages of the psychotherapy will be mentioned, with emphasis on the factors contributing to recovery, resulting from the conducted study.

4.10.2 From isolation to connection A unique model for group facilitation for victims of sexual assault

Y. Dank (Shimshit IL)

When sexual assault occurs, the victim is often in a severe state of mental, emotional and social isolation and many social skills are impaired. In group therapy, women process their assault while exposed to other victims. The process that evolves within the group enables its participants to cope with their trauma through social interaction. Thus, group therapy addresses the victims' sense of isolation and becomes a secure place for practicing social skills, all of which are not possible within the individual therapy session.

The unique model we developed includes three components; the creation of group attachment, the narration of the personal story and the practice of social skills. The model is parallel to the stages of treatment of sexual assault; the stabilization stage, the processing stage and the reconnection stage. We (Yael Dank and Orit Moritz) acted as facilitators for the group within the framework and by the funding of the Center for Rape and Sexual Assault Victims, Haifa. After six years of facilitating groups of sexual assault victims according to this model, we find it has helped most of the participants to view themselves, their families and their social circles from a different perspective and create a change. I will present the model, the dilemmas and the central themes raised within the group facilitation and the responses of several of the participants.

(Yael Dank, MSW, psychotherapist, facilitator, Chairman of TDIL – Trauma and Dissociation Israel)

4.10.3 Teamwork, Trauma and Bonds: Clients' and Therapists' Experiences

N. Borrett', K. Forbes-Pitt' (London GB)

Purpose We present clients' and therapists' experiences of working as a team, describing therapy and therapeutic support for clients with Dissociative Identity Disorder. We examine how teamwork has been helpful in managing unpredictability, crises and prevention of re-enactments in the community. Crises are discussed as attachment cries, and attacks as defense, using Bowlby's work.

Population Therapists working to support clients with DID and histories of complex childhood trauma, support workers and people working with trauma in the wider community. Anyone interested in developing teamwork models.

Main points to be covered We discuss forming working relationships and the role of vulnerability in relation to our clients and each other. We ask whether teamwork can helpfully offer elements of safe parenting, whilst enabling clients to mourn the absence of this in their lives, and promote engagement with the wider community. We explore our clients' probing of our relationship, attempts at division, and their powerful attachments to us and our relationship.

Our presentation comprises the following:

- Advantages and pitfalls of teamwork
- Clients
- Meanings of a team
- Parallels with parenting
- Powerful projections
- Therapists
- Relationship between therapists
- How does it affect the therapists?
- What enables us to work together?

Conclusions Working as a team has advantages and disadvantages. It allows flexibility, offers containment and a bridge to healthier connections with external others and agencies. It also requires awareness of how splits are mirrored and the nature of—and effects on—our relationship, with reference to Winnicott's ideas about parenting.

5.01.1 Effectiveness of Therapeutic Treatment: An EEG Study on Emotion Regulation in Complex Traumatized Inpatients.

Y. R. Schlumpf¹, E. R. S. Nijenhuis², L. Jäncke¹, S. Bachmann²
(¹Zurich CH; ²Littenheid CH)

The ability to modify stressful affective reactions is of central importance for mental health, and deficits in emotion regulation are considered a significant factor for the development and maintenance of different psychiatric disorders. Therefore, strategies which aim to enhance emotion regulation skills play an important role in disease prevention and psychotherapy. Individuals who experience chronic neglect and abuse by significant others, disrupted attachment, and lack of affect regulation by caretakers show impaired self-regulatory capacities. The main goal of the presented project was to assess treatment-induced changes of electro-physiological correlates of emotion regulation, and clinical measures in individuals with complex Posttraumatic Stress Disorders (cPTBS), Dissociative Disorders Not Otherwise Specified (DDNOS), or Dissociative Identity Disorders (DIS) in a naturalistic inpatient setting. The treatment concept comprised trauma-adapted psychotherapy (individual and group setting), body-related and cognitive stabilization groups, pharmacotherapy, and other non-verbal treatment approaches (e.g. music, art, and occupational therapy). Elements of the stabilization phase included techniques that aim to increase the patients' self-regulatory capacity (e.g., practicing of mindfulness, self-care, emotion regulation skills), which are applied throughout the entire hospital stay lasting eight weeks. An electroencephalography (EEG) experiment was conducted pre-treatment and at discharge while patients performed a voluntary emotion regulation task (cognitive reappraisal). Participants were instructed to downregulate their emotional response to unpleasant pictures using reappraisal strategies. Neural markers of emotion regulatory capacity (e.g., event related potentials, frequency bands) and clinical measures were analyzed and compared with a healthy matched control group. Results will be presented and discussed.

5.01.2 The Trinity of Trauma: A Struggle of Ignorance, Fragility, and Control

E. R. S. Nijenhuis (Westerbork NL)

Like anyone else, traumatized individuals (1) are embodied and environmentally embedded; (2) constitute goal-orientated biopsychological organism-environment systems that primarily long and strive to preserve their existence; (3) are primordial affective systems oriented toward making sense of things; (4) bring forth or enact a mental and phenomenal self, world, and couplings of this self and world through self- and world-oriented actions, and (5) do not act on the basis of knowledge, but possess knowledge on the basis of goal-oriented, affect-laden sensorimotor actions. In this light, trauma is lack of integration of various nonlinear dynamic and opposite modes of longing and striving. In dissociative disorders these modes take the form of two or more conscious and self-conscious dissociative subsystems or 'parts' that enact (bring forth) their own mental and phenomenal self, world, and self as an intrinsic part of this world. In dissociative disorders following chronic traumatization, there are commonly three main prototypical dissociative parts. Apparently normal parts (ANP) primarily long and strive to live day-to-day life and to ignore or otherwise avoid traumatic memories and associated dissociative parts when they can. Fragile emotional parts (fragile EP) are largely fixed in traumatic memories that they tend to reenact. Controlling emotional parts (controlling EP) more than anything else desire and strive to influence their own fate and in this frame reject ANP and fragile EP. Enactive

trauma therapy is the endeavor to mend the integrative deficit by turning passions (being mostly determined by external causes) into actions (being primarily one's own cause).

5.01.3 Implementation of the "Trinity of Trauma" in an inpatient setting

M. Kollmann (Littenheid CH)

In Littenheid an integrative concept for the treatment of inpatients suffering from complex PTSD (cPTBS) and dissociative disorders (DIS, DDNOS) has been developed and implemented on two wards. The diagnoses of dissociation and of a partially or fully disrupted personality play an important role. Treatment is based on a three-phase model, where relationship, stabilization, and safety are the most prominent features. Following a stabilization phase (1), the main treatment phase (2) focuses on communication among all parts of the disrupted personality. The therapy cycle which ends with reintegration and reorientation (3) will be explained and illustrated by giving a clinical example.

5.02.1 "Suicidality in Polytraumatized Adolescent Females: Risk Factors"

P. Stepanek¹, J. Schmidtova¹, I. Cermak¹, T. Urbanek¹ (Brno CZ)

In the original research we focused on the relationship between suicidality and the range of traumatization and psychopathology in polytraumatized adolescent females. Nature, range, and intensity of traumatic experiences of 130 adolescent females in long-term psychiatric psychological treatment (aged 12-17 years) were evaluated using self-report methods and clinical assessment approach. Depression, suicidal ideation and risk behaviour of these girls was assessed by self-report questionnaires.

Within the sample $\frac{3}{4}$ girls had a lifetime history of self-harm, almost $\frac{2}{3}$ reported suicidal ideation, $\frac{1}{2}$ have attempted suicide and $\frac{1}{4}$ were at high risk of suicide at the time the data were being collected.

Groups of mildly traumatized and severely polytraumatized girls were significantly different in levels of suicidality, both in the rate of suicidal ideation and suicidal tendencies. The more traumatic experiences the girls had the more prominent was the risk of suicidal tendencies. Emotional and sexual traumatization increased the rate of suicidal risk more than other types of traumatization.

Suicidality of the girls was significantly affected by the rate of their psychopathology. Analyses suggested there is an association of suicidal risk with depressivity and anxiety, posttraumatic symptoms and problems in thinking. The relationship of suicidal risk and externalizing symptoms (breaking rules, aggression) was less convincing. Adverse/traumatic experiences in childhood can be the source of complex traumatic stress, higher rates of psychopathology and a significant predictor of suicidal behaviour.

5.02.2 Coping Strategies of Non-reported Adult Survivors of Child Sexual Abuse in Pakistan

K. Shoukat¹, S. Khan¹ (Lahore PK)

Background Child Sexual Abuse (CSA) occurs when an older adolescent or adult uses a child for sexual pleasure or gratification. It is a known fact that child sexual abuse has severe impact on child's life and the violation can affect the survivors for

the rest of their lives. The study was conducted to explore the adaptive and maladaptive coping behavior used by the non-reported population of CSA in Pakistan.

Method Using mixed methods approach, Semi-structured interviews were used within qualitative method for in-depth exploration of the underpinning psychological impact on survivor's trust-building patterns, psychological wellbeing, and social and family interactions. Purposive sampling was used to collect data from 8 non-reported adult survivors of CSA including 4 males and 4 females. A quantitative self-report measure, COPE inventory, was used as a follow-up.

Results In-depth interviews indicated a number of cultural barriers for not disclosing abuse to any authorities and not seeking any legal or therapeutic assistance. Participants reported self-harming behaviors leading to suicidal ideation and attempts. It was revealed that childhood sexual abuse had critical emotional and psychological impact on varied domains of survivors' life causing trust issues and suppression of emotions, thereby leading to further problems. Use of adaptive coping strategies such as Growth, Use of emotional & instrumental social support and Planning also got overshadowed by the traumatic impact of CSA. The paper concluded that there is a dire need of awareness in order to manage and prevent Child Sexual Abuse at country level. Keywords: Child Sexual Abuse, Coping, Survivors, CSA

5.02.3 Importance of Post-Traumatic Context on Clinical Evolution and the Severity of the Complex-PTSD: a Psychodynamic Hypothesis

M. Germani¹, M. Luci¹, F. Rathaus¹ (Rome IT)

The data of our clinical research, presented at Amsterdam's 2016 ESTD, conducted on 170 refugees, survivors of torture, have shown a statistically significant difference in dissociative symptoms, between the Group of refugees surviving torture who had arrived in Italy (92 people) and the group of torture survivors who were hosted in neighboring countries, close to their country of origin (78 people). The data highlighted seem to confirm the critical importance of the so-called post-traumatic period in determining the fate and psychopathological evolution and development of Complex-PTSD of refugees who survived torture. The long journey to get to Europe expose the survivors to additional trauma during the flight, the context of reception, ethno-cultural gaps, or other possible factors related to the adaptation process in the host Country.

From a psychodynamic perspective, such experiences may have a highly destabilizing effect on representational systems, underlying the structure of the Ego and the general sense of Self. As a consequence, a number of defense mechanisms (first of all avoidance/denial) fail to protect the Ego from overwhelming hyper-activated and dissociated parts of Self.

The centrality of these elements in the determination of more severe and chronic psychological disorders, highlights the strong political and social responsibilities that go far beyond the need to provide medical and psychological treatments. Such policies should be considered as a necessary condition to prevent and to treat complex post-traumatic disorders, being part of a multimodal treatment strategy that might have a beneficial impact on our societies from many perspectives.

5.03.1 D.I.D in the Criminal Justice System: progress and pitfalls

V. Sinason (London GB)

Purpose The paper describes the origins of the Clinic for Dissociative Studies, UK as a police liaison project, describing the challenges and benefits of establishing a clinical service for D.I.D via a criminal justice route.

Population A group of patients with D.I.D involved in a police liaison research project in the UK.

Main Points In first working with victims of alleged extreme abuse with D.I.D. in the late 1990s, it became clear there were serious problems in police liaison. There is no acceptance in the UK for the Police to undertake exploratory meetings with reported victims without action.

This poses a particular problem for patients with D.I.D., as the terror of breaking codes of silence can lead to an internal backlash in which a different mental state is triggered who denies the information given, changes it or claims to have no knowledge of it. This either leaves police confused and unwilling to proceed, to expensive investigations creating media attack or to witnesses behaving in contradictory ways. Developing understanding of D.I.D. within law enforcement aids patients' access to justice. Case examples are presented where trust in the police has developed with such specialist intervention, but the author outlines much work still ahead.

Conclusions The paper considers a pioneering model of a clinical service emerging from a joint project of police liaison but considers that, despite improvements in the linkage between recovery and justice with a D.I.D. group, the legal system in the UK still fails vulnerable, dissociative, witnesses.

5.03.2 Using Police-informed risk assessment within a specialist clinical service

V. Sinason¹, C. Driscoll¹, R. Thomas¹ (London GB)

Purpose This paper evaluates the clinical benefit of a police-informed assessment as part of the multi-professional risk and safeguarding evaluation of patients with dissociative disorders in long-term specialist psychotherapy.

Population Patients with severe dissociative disorders alleging active abuse or requiring law enforcement involvement in cases of historical abuse.

Main Points The paper outlines the new CDS UK model of routinely using police expert risk assessment with certain patients in treatment, mostly with a diagnosis of D.I.D. alleging active and ongoing abuse. It also examines how police consultation can assist and work alongside therapeutic work with patients wishing to report historical abuse experiences which are the subject of ongoing trauma-focused therapeutic work.

Conclusions As new Director of the CDS UK, I have trialed the routine involvement of expert police risk assessment as part of treatment packages for more extreme presentations involving potential ongoing perpetration and safeguarding risk. This permits liaison with local police to be activated more easily as needed, to ensure patient safeguarding and access to justice. I conclude that this work also aids the therapeutic process in providing containment to patient and therapist alike and recognises the inevitable interface between the clinical and the forensic aspects of working with patients with severe dissociative disorders reporting ongoing abuse.

5.03.3 A 'Copper's Perspective: the role of the Police Liaison Consultant

C. Driscoll (London GB)

Purpose To explain the role of the Police Liaison Consultant (PLC) in a specialist clinical service for patients with dissociative disorders including D.I.D alleging extreme (often ongoing) abuse.

Population Patients with a diagnosis of a dissociative disorder attending a specialist clinic and requiring police involvement.

Main Points Former Detective Chief Inspector Clive Driscoll, PLC of the Clinic

for Dissociative Studies (CDS UK), modestly terming himself 'a copper who cuts the grass occasionally', gives the perspective of the expert police officer within the multi-disciplinary clinical team. His presentation explores the PLC's role in the assessment of patients' historical evidence, their ongoing abuse allegations, risk-taking behaviour and in consultation to the patients themselves, the clinical team and the wider professional network. Mr Driscoll adds the law enforcement to the clinical perspectives in this symposium by outlining his joint working approach, which began 20 years' ago with Dr Sinason and continues now with CDS UK under Dr Thomas. He provides vignettes to illustrate his investigative, report-writing and consultative function for a specialist clinical service.

Conclusions A 'copper' in the consulting room can be of considerable help to a specialist service working with a population of dissociative patients alleging extreme abuse, much of it of an ongoing nature.

5.04.1 The Protective Role of Dissociation in the Relations between Childhood Maltreatment, Self-Objectification and Narcissism

A. Talmon (Tel Aviv IL)

Self-objectification is a process in which individuals internalize an external objectification and perceive themselves as instruments for the use of others. This process may lead to the development of narcissism – a possible solution, however distorted, for the unbearable feelings of self-objectification, which are manifested in a sense of invisibility and lack of autonomy. As abusive acts often involve the use of victims as objects for venting the perpetrators' impulses and urges, childhood maltreatment may be a risk for self-objectification, which may in turn lead to narcissism. The current study examines a model in which the relations between childhood maltreatment and narcissism are mediated by self-objectification and moderated by dissociation. A battery of self-report questionnaires including the Childhood Trauma Questionnaire, Self-Objectification Scale, Brief-Pathological Narcissism Inventory and Dissociative Experiences Scale were filled out by 766 college/university students. Results from hierarchical regressions indicated that both grandiose and vulnerable narcissism were related to childhood maltreatment through the mediating role of self-objectification. Moreover, the analyses yielded significant interactions of self-objectification and dissociation in predicting both vulnerable and grandiose narcissism; that is, the associations between self-objectification and both types of narcissism were stronger among individuals with low levels of dissociation than among those with high levels of dissociation. These findings highlight the complex and ambiguous role of dissociation in the structure of the survivor's self and emphasize the importance of promoting patients' subjectivity as a therapeutic aim when designing interventions for adult survivors.

5.04.2 The Effect of Childhood Trauma on Blood Transcriptome Expression in Major Depressive Disorder.

A. Minelli', C. Magri', E. Giacomuzzi', M. Gennarelli' (Brescia IT)

Background Childhood trauma (CT) increases the likelihood of developing severe mental illnesses, such as major depressive disorder (MDD), during adulthood. Several studies have suggested an inflammatory immune system dysregulation as a biological mediator; however, the molecular mechanisms underlying this relationship remain largely undetermined. Moreover, different types of CT, in particular, emotional abuse and neglect, confer a higher risk of developing MDD, and recent meta-analyses showed that each CT can be associated with different pro-inflammatory biomarkers. However, no studies using a hypothesis-free approach have been performed. For this reason, we carried out a reanalysis of

transcriptome data from a large mRNA sequencing dataset to investigate different types of CT in MDD patients.

Methods Likelihood ratio tests and principal component and gene-set enrichment analyses were carried out to identify genes and pathways differentially expressed in patients who experienced different types of CT.

Results Expression analysis of single genes revealed a significant association between the neglect CT and the *MED22* gene ($p=1.11 \times 10^{-6}$; $FDR=0.016$) that apparently was not mediated by *MED22* expression quantitative trait loci (eQTLs). Furthermore, analyses of the principal components of expression data support a dysregulation of cytokine system pathways, such as interferon (IFN) α/β and γ signaling, as a consequence of emotional abuse in depressed patients.

Conclusions Our results corroborate the hypothesis that specific types of CT affect distinct molecular pathways. Moreover, this study provides biological evidence in support of clinical literature regarding the impact of emotional abuse and neglect on the development of MDD.

5.05.1 Building of Regulatory Skills in Early Stages of Treatment of Trauma-Related Dissociation: Grounding, Containment, and Tolerance for Positive Affects

G. Hol', E. Jepsen' (Vikersund NO)

The development of regulatory skills increases the integrative capacity of dissociative patients and provides them a way to approach traumatic material in a step-wise manner without being overwhelmed. Current clinical literature suggests that grounding and containment techniques are important regulatory skills for patients with a dissociative disorder to learn early in treatment to increase their integrative capacity. However, research has shown that these strategies are taught and practiced less than recommended by expert therapists treating patients with DID and Other Specified Dissociative Disorder, type 1 (OSDD-1). Another suggested skill important to learn in early treatment stages is the skill to tolerate and enjoy positive experiences and emotions in the present. It is our general experience that building of this skill has had little focus in trauma-treatment, compared to development of skills to tolerate painful and disruptive emotions. Therefore, in this workshop we will focus on and demonstrate a variety of these skills. In addition, we will present outcome data from patients with a DID or OSDD-1, who completed a three-month inpatient treatment program that was developed for homogeneous groups of patients with these diagnoses at Modum Bad Psychiatric Hospital, Norway. The data include outcome-data on patients' use of grounding and containment techniques, and their experiences of positive feelings in the present, as well as outcome-data on psychoform and somatoform dissociation, PTSD- and general psychiatric symptoms, interpersonal and daily functioning. We will open for a discussion on the data.

5.06.1 A case for Quaternary Structural Dissociation and its implications for clinical work, research and justice

J. Morton', V. Sinason' (London GB)

Background Police are wary of the evidence provided by children and adults with Dissociative Identity Disorder (DID) and consider them unreliable witnesses. This is because different states or alter personalities recall different fragments of a traumatic episode which can be contradictory. The lack of multiprofessional training and understanding of DID exacerbates this problem. There is concern that memory amnesia between alter personalities is fictitiousness or due to fantasy-proneness. Additionally, even within the field of DID there is a lack of differen-

tiation between DID as a creative response to trauma and DID as a deliberately coerced and formed structure .

Following the Dutch model of structural dissociation Sinason hypothesised that some states of dissociation could be considered examples of Quaternary Structural Dissociation. Morton proposed that results from his memory tests characterised the class of Quaternary Dissociation raised by Sinason.

Methods Morton used the same techniques as Huntjens et al (2007) but raising different clinical and research implications. Sinason examined cases of DID where treatment proved particularly complex.

Results Sinason found that the most difficult cases of DID included reports from patients of deliberate creation of self-states and a level of high organised coercion and torture. Morton found two patients with a clear evidence of a deeper objective amnesia .

Conclusions Both authors consider there is a case for proposing a class of Quaternary Structural Dissociation. This has implications for both therapy, research and justice.

5.06.2 Investigative Interviewing, Dissociative Identity Disorder and the Role of the Registered Intermediary in facilitating communication.

B. O'mahony¹, R. Milne¹, K. Smith² (¹Portsmouth GB; ²Wyboston GB)

Background In England and Wales Registered Intermediaries conduct a communication assessment of vulnerable witnesses attending police interviews. Registered Intermediaries have professional backgrounds such as Speech and Language Therapy, Psychology, Mental Health Nursing, Social Work or similar. Vulnerable witnesses are defined within the relevant legislation as persons under the age of eighteen, and any other witness whose quality of evidence is likely to be diminished because they have a mental disorder or learning disability, or have a physical disability or physical disorder.

Following assessment, the Registered Intermediary advises the interviewing officer and the court about appropriate communication. The Registered Intermediary intervenes during the police interview and at court, if necessary, to facilitate communication so that it is 'complete, coherent and accurate'.

Methods Ten DID cases relating to a three-year period were identified from data provided by the National Crime Agency with a possible ten additional cases. A purposive sample of four Intermediaries, who had engaged in cases where the witness disclosed a diagnosis of Dissociative Identity Disorder, completed an in-depth questionnaire about their experiences. Emerging themes were analysed.

Results There was limited experience in undertaking DID cases amongst the participants. The witness account was preferred from the ANP rather than the EP(s). Participants voiced the opinion that legal guidance was required to inform practice. None of the participants had seen a case through to court.

Conclusions There is a dearth of research and legal guidance on how victims and witnesses with DID should be interviewed by the police.

5.07.1 Daily Exposure to Child Pornography – Psychological Impacts on Child Pornography Investigators and how they deal with it.

G. Kirchhof (Hannover DE)

The Darknet exists more or less since 2002 and it provides an international, anonymous platform for illegal, criminal trade and commerce (cf. Pursche & Widder, 2013). Weapons, drugs, videos of brute force and child pornography are the goods. Especially the amount of data in child pornography increases rapidly.

Besides dealing with an immense amount of data, "seeing and listening" to huge variations of sexual perversions, rapes and brute force against children on screen is an emotional challenge for police investigators. In the year 2015 the Ministry of Interior of Lower-Saxony appointed us, the Social Scientific Service of the Central Police Department, to conduct a psychological study in this field. The objective was, to specify the stresses and strains on investigators based on the daily exposure to child pornography as well as to identify their abilities and possibilities to manage and cope with these special forms of stress.

The major findings of our study are the following On one hand, the daily exposure does not point out significant increases of secondary traumatic stress or burnout. On the other hand, the investigators partially report various modifications in their perception regarding handling of children, in dealing with their partners and to a low degree in their personal sexuality.

We also found, that investigators who deeply believe in the meaningfulness of their work showed the most signs of healthiness, according to the salutogenetic model (Antonovsky, 1987).

5.07.2 Reconsidering the lack of empathy in dissocial behavior: is it due to psychopathic personality traits - or emotional „freezing“, resulting from childhood trauma?

L. Hässig Ramming (Bern CH)

Persons with dissocial personality disorder (ICD-10, antisocial personality disorder in DSM IV) have difficulties in respecting the feelings and needs of others. They transgress personal boundaries while disregarding social norms and rules. But persons with dissocial personality disorder also show a lack of care in respect to their own needs. Their impulsive-aggressive behavior is therefore aimed at others but also at themselves. This behavior can be delinquent, but not necessarily. Possible causes for this „unemotional“ behavior in persons with dissocial personality disorder will be explored in order to get to a deeper understanding of possible underlying mechanisms. As seen in judicial proceedings, criminals are too often and too quickly diagnosed as suffering from a dissocial personality disorder with psychopathic traits when they in fact experienced various traumatic experiences in their childhood. Also, some authors consider the diagnosis of antisocial personality disorder as flawed due to the fact that it primarily refers to (criminal) behavior instead of personality traits. From a clinical standpoint it seems therefore warranted to reconsider some aspects of this diagnosis, especially the „lack of emotion“ in criminal behavior. Forensic case-studies referring to this assumption will be presented.

5.07.3 Trauma-related disorders due to childhood abuse– coping with a multitude of symptoms

L. Hässig Ramming (Bern CH)

Based on a case-study, the impact of childhood-trauma in adulthood will be demonstrated. It will be shown how a patient suffering from trauma-related disorders cope with a multitude of symptoms resulting from childhood trauma. In psychotherapy, within an essential first step, clients need to be gently guided in safely exploring their sensory perception in order to cognitively process these perceptions in a next step. Ultimately, clients need to be able to safely integrate their past traumatic experiences in the present.

5.08.1 Clinical issues while preparing a criminal trial with people diagnosed with DID

E. Carruzzo Evéquo¹, S. Koch², E. Zimmermann² (¹Martigny CH; ²Fribourg CH)

In the first presentation, we introduce theoretical elements to help comprehend the major psychological issues in criminal cases for patients diagnosed with DID. We will examine the goals that can be set, the risks and specific challenges related to DID patients, both victims and aggressors. Those elements are based on the theory of structural dissociation of the personality by Van der Hart, Nijenhuis, and Steele and a review of the literature related to the impact of criminal cases on protagonists.

5.08.2 Clinical issues while preparing a criminal trial with a patient diagnosed with DID as a victim

S. Koch¹, E. Carruzzo Evéquo², E. Zimmermann¹, (¹Fribourg CH; ²Martigny CH)

In this second presentation, we describe the clinical work conducted with a patient before, during and after a rape trial. We address the following three central issues:

- trial preparation with the 'apparently normal' part of the personality (ANP) and different 'emotional' parts of the personality (EP's), based on the theory of structural dissociation of the personality by van der Hart, Nijenhuis and Steele
- networking with justice system and the health network
- consequences of the trial on the dissociative structure of the patient

5.08.3 Clinical issues while preparing a criminal trial with a patient diagnosed with DID as the offender

E. Zimmermann¹, E. Carruzzo Evéquo², S. Koch¹ (¹Fribourg CH; ²Martigny CH)

In this third presentation, we describe the clinical work conducted with a patient before, during and after an assault trial.

We address the following four central issues:

- based on the theory of structural dissociation of the personality by van der Hart, Nijenhuis and Steele, we do trial preparation with the 'apparently normal' part of the personality (ANP) and the aggressive 'emotional' part of the personality (EP), as well as with other significant parts in regard to the aggression
- the special issue of a victim of violence and childhood abuse having aggressive impulses,
- networking with justice system (state attorney) and health network
- consequences of the trial on the development of the therapeutic context

5.09.1 Services for Traumatized Children – are they Diss-Informed? i.e. Do they recognise and treat dissociation?

L. Ryan¹, L. Ryan² (¹Barnsley GB; ²Leeds GB)

Background Trauma frequently results in dissociation in children and interrupts the attachment process. Knowledge of trauma has increased within child services and the need for 'Trauma Informed' services is emerging, however, knowledge of child dissociation is lacking. A model of working with children who are a 'TAD' © 'troubled', acknowledges the interplay of Trauma, Attachment and Dissociation on abused and neglected children and the need for therapeutic, justice and prevention services, to become 'TAD' © informed, rather than Dis-informed'.

Methods The workshop will explore the levels of child dissociation in traumatised children, referred to two therapeutic agencies in the UK – one an adoption support agency and the other a post sexual abuse service. Preliminary data will be presented, collated from assessment material information, with the intention of conducting more comprehensive research in future. Clinical case material will be used to supplement this information and will also consider the approaches used by the two different agencies and the underpinning training and theoretical perspectives required to offer the optimum service.

Results Anecdotal evidence to date is that the majority of children referred to the adoption agency show clinical signs of dissociation. Preliminary data and clinical case material will be presented from both agencies.

Conclusions Using clinical material, the workshop will explore assessment and treatment methods for working with dissociative children and finally ask: What are the implications for traumatised children if services do not recognise or treat dissociation?

5.09.2 Preventing sexual abuse – offers from further education centres for teachers

M. K. Damrow (Nürnberg DE)

Schools in Germany are required by law to take an active role in preventing sexual child abuse since 2012. To fulfil this task both active and future teachers need further education. This further education is organized by specialized centres for teacher education. In this study we investigate whether and how centres for teacher education provide and support education focused on prevention against child sexual abuse. As school education is organized by a federal approach, every county has its own centre for teacher education. In a pilot study many centres in Lower Saxony denied a need for information for teachers and thus did not provide nor support any effort for education referring to prevention. Accordingly, it remains interesting to check the situation in all other counties in Germany. Results stem from interviews or questionnaires, all obtained data will be analysed by qualitative content analysis.

6.02.1 Child Care or Child Safeguarding? Dilemmas in Assessing Mental Stability and Capacity in D.I.D. Parents

R. Thomas (London GB)

Purpose This paper illustrates the dilemma posed to Social Services, the courts and other professional services in assessing mental health stability and parenting

capacity in parents with D.I.D. Are there common lessons to learn from these cases or is careful, bespoke, assessment the only way?

Population The author presents single case studies of three mothers with D.I.D. involved in care proceedings regarding their children and the responses of the authorities and courts in each case.

Main Points This paper draws on the author's clinical experience over 20 years as an Expert Witness in cases of complex trauma and dissociation in the assessment of three mothers with D.I.D. within legal proceedings. The paper outlines the complexities in each case posed for the authorities in making adequate assessments of parental capacity in cases of D.I.D. and the key role of the Expert Witness in assisting and clarifying this process.

The author also examines the unconscious, dissociative processes enacted by professionals and services in such cases, often creating extreme responses. The role of the D.I.D. expert in providing not only clarity of assessment to inform the best interests of the child and family but also a skilled understanding of the powerful, underlying, dynamics at play is emphasised.

Conclusions Complex trauma / dissociation specialists have a key role in providing expert assessments of D.I.D. parents for the courts and statutory bodies. This is psycho-educational but also psychodynamic and aims both to adequately protect children whilst avoiding unnecessary scapegoating of D.I.D. parents.

6.02.2 At the Intersection of Therapy and Justice: Working Together to Promote the Best Possible Outcomes

S. Stauffer', T. Cuttelod' ('Lausanne CH)

Purpose In a typical course of therapy, there may be several intersections between therapeutic and justice systems: before a child enters treatment in a forensic interview and many months or even years later as the judicial process marches forward at a different pace. Children may or may not tell all during their police interviews, and details may emerge in therapy that could help in the judicial setting. Likewise, decisions that favor the accused may interrupt the progress a child may have made in therapy, or interrupt the therapy altogether. These differences in timing, as well as the outcomes that may be produced in the judicial setting (conviction, case dismissal, decision not to prosecute) may facilitate or complicate the therapeutic process.

Population Clinicians, police, attorneys

Main points to be covered Using case examples from the Association ESPAS, the intersection between therapy and justice will be discussed. Many of the children who present at ESPAS for therapy have either been recognized (by the judicial and/or child protection systems) as victims of sexual acts or have been remanded to treatment for behaving in sexually inappropriate ways.

We will share specific examples from cases where case dismissal and decisions not to prosecute leave victims and their families feeling as if justice has not been served, as well as cases in which forensic evidence made a positive difference, resulting in greater satisfaction and gains in therapy as a result.

Conclusions Working together in professional networks can facilitate the pursuits of justice and healing.

6.02.3 Critical Conversations bridging the gaps in responses to Sibling Sexual Abuse - an Australian example

M. Brown', D. Dale', D. MCGUSHIN' ('Sydney AU)

It is widely recognised in the child abuse literature that engaging families where sibling sexual abuse has occurred is challenging, particularly where the abusing sibling is liable to criminal prosecution and parents must choose between per-

ceived incompatible needs and interests of their children.

As first responders, the Joint Investigation Response Team (JIRT) Health Clinicians in New South Wales engage in trauma-informed educational and therapeutic 'critical conversations' with parents that focus on the therapeutic needs of all children in the family whilst prioritising the needs of the child who has been abused. The authors argue that 'critical conversations' with statutory child protection interagency partners are equally important in facilitating the prioritisation of therapeutic needs of children and families where agencies have differing lenses and agendas, particularly those of law enforcement.

In this paper we will explore the principles and values underpinning these conversations, provide case examples that illustrate how they have influenced the direction of service responses and consequently improved outcomes for children. We will also outline the development of the JIRT Health Clinician role in NSW since 2011 and the challenges inherent to providing this bridge between therapy, prevention and justice responses to sibling sexual abuse.

6.03.1 Human trafficking – How does medical and psychological personnel respond?

P. Laberke', I. HirzelP' ('Aarau CH; 'Bern CH)

1. Introduction ACT212

ACT212 is an organization with extensive experience in human trafficking in Switzerland and abroad and works together with experts in every field.

Our Goals:

- Identify more victims of human trafficking and sexual exploitation.
- Guarantee a comprehensive protection for victims.
- Secure an effective punishment of the perpetrators.

1. General Information about Human Trafficking

Depending on the source there are 21 to 35 million victims of human trafficking worldwide. Every single country is affected by human trafficking. UNODC 2014

1. Forms of Trafficking – Especially Child Trafficking

- Child Soldiers
- Child Marriage
- Child Labour
- Sexual Violence against Children
- Unaccompanied minors seeking asylum
- Organized Begging and Theft
- Baby factories
- Ritual abuse

1. Is there Justice?

Human Trafficking is illegal in almost every country in the world. It is a low risk and high profit crime.

The mechanism from demand to supply must be analyzed, as the fight against human trafficking needs a multilateral and coordinated intervention.

1. How can we react to such a massive problem?

- We need to understand the mechanisms of Human Trafficking
- Analyzing and developing measures against human trafficking
- Awareness Campaigns, especially for medical- and psychological personnel
- Implementation of interdisciplinary interventions with involved key players

1. National Hotline ACT212 – it works!

ACT212 developed the National Hotline in order to identify more victims of Trafficking in collaboration with experts from police services, migration specialists, medical personal, lawyers and social services.

1. What can you do? Learning about methods of identification and intervention.

6.04.1 Challenging Inadequate Assessments and the 'Discourse of Disbelief'

R. Kurz (London GB)

Background England (2012) found that 2/3 of Psychological Assessment reports in UK Family Courts were 'poor' or 'very poor'. 'Personality Disorders' are frequently diagnosed by 'Experts' who inappropriately whitewash alleged abusers and/or blacken protective parents. This is particularly true when extreme criminality has been alleged.

Methods Snippets from half a dozen cases will be shared to illustrate inadequate assessment practices that endanger children, protective parents and the public.

Results

Case 1: 'Risk of Emotional Abuse' accusations countered with questionnaires.

Case 2: Borderline diagnosis countered with work personality questionnaires.

Case 3: GMC 'Fitness to Practice' complaint regarding Histrionic mal-diagnosis.

Case 4: Bright Side, Dark Side and Inside assessment of an Extreme Abuse Survivor.

Case 5: Misleading MCMI results countered with an array of personality questionnaires.

Case 6: Misleading WAIS results countered with an array of ability test results.

Conclusions Rather than proffering a 'Discourse of Disbelief' and prematurely 'pathologising' individuals it is necessary to properly look into the disclosures of children and adults. Governmental institutions and professional bodies need to address the poor standards of clinical (psychometric) assessment. Comprehensive interdisciplinary research, education and training are required to challenge far reaching 'dark practices'.

6.04.2 Combating psychometric re-victimisation through the assessment of adaptive and 'maladaptive' Big 5 personality facets at both ends

S. Desson (London GB)

Background Individuals who report disturbing incidents are frequently forced to complete inadequate clinical personality questionnaires that do not meet the Daubert standard of validity (e.g. MCMI) and are biased against survivors of (incestuous) sexual abuse leading to re-victimisation e.g. due to a toxic environment (Kurz, 2014).

The HDS questionnaire was developed to resemble 11 DSM Axis 2 personality disorders to identify potential 'Dark Side' characteristics. With DSM-5 an alternative dimensional model of psychopathology was proposed which structurally corresponds to the Big 5 personality factors. This paper describes the development of the BF57 questionnaire designed to measure both ends of each Big 5 factor through adaptive and 'maladaptive' scales.

Method 2506 individuals responded to a pool of 410 items leading to the creation of the BF57 questionnaire with 18 scales measuring Neuroticism and Emotional Stability as well as adaptive and 'maladaptive' poles of the other four personality factors. A sample (N=138) completed the BF57 and the HDS.

Results The BF57 showed a clear 5 factor structure which bifurcated into 10 pairwise opposing polarities. Moving Against themes modelled on Narcissistic, Antisocial, Histrionic and Schizotypal correlated highly positively with Openness and Extraversion, and negatively with Agreeableness, Neuroticism and Agreeableness. Moving Away (Borderline, Paranoid, Avoidant, Passive-Aggressive, Schizoid) showed a reverse pattern. Moving Towards themes correlated with Conscientiousness (Obsessive-Compulsive) and Agreeableness (Dependent). Correlations with the HDS varied somewhat for adaptive and 'maladaptive' scales.

Conclusions The BF57 has strong psychometric properties and could be deployed in personality difficulty research and practice.

6.04.3 An Organised Ritualised Crime Abuse Network (ORCAN) in the British Isles?

R. Kurz (London GB)

Background This paper outlines a chilling 'Child Smuggling' operation seemingly carried out by a powerful abuse group with compromised associates in key public sector roles.

Method A mother of a toddler reached out for help when her son was sexually assaulted by a family member in seemingly 'unbelievable' circumstances. Many hours of conversation and in-depth research including location visits uncovered forensic evidence that backs her life story and is actionable.

Results Chilling details emerged that help to understand the operation methods of abuse cults. 12 months before the assault a (compromised?) police officer instructed the mother to wait several weeks before making a police report – ostensibly in order to facilitate an important 'undercover' operation. Three adults in the vicinity of the case were found dead in their prime of life within 6 months of the police briefing. A chilling stalking, defamation and harassment campaign unfolded over the next 6 months – seemingly orchestrated to make the mother appear 'delusional' and get mental health professionals to diagnose her as 'delusional'. A (compromised?) Psychiatrist who reportedly is an associate of the perpetrator claimed he had been instructed by a high ranking Civil Servant to make a particular unfavourable diagnosis.

Conclusions The blatant child smuggling ploy succeeded in that the sexual predator managed to destroy the reputation of the mother and wrestle the child into the control of the abuse group. Numerous efforts to get authority representatives to properly examine matters (including house fire artefact DNA) were ignored so far.

6.05.1 Adversarial Injustice: Cross-examination and the Dynamics and Impact of Abuse

E. Hanson' (Bristol GB)

This workshop explores how well cross-examination performs as a vehicle to uncovering the truth of crime – both generally and in particular when it comes to crimes of abuse (with a focus on childhood sexual abuse).

Research evidence will first be presented which indicates that cross-examination can lead to deceptions and distortions, especially when children are subjected to it. The workshop then goes on to explore how the dynamics and impact of abuse can compound the ineffectiveness, harm and injustice of cross-examination when survivors of abuse are subjected to it. Two particular areas here are spotlighted: invalidation of experience, emotions and selfhood; and language and memory for repeated childhood trauma.

The workshop will invite participants' reflections throughout, however the second half will be particularly collaborative, exploring together ideas of what a just criminal trial process in cases of abuse might instead look like. There will be discussion of inquisitorial models (including their limitations) and suggestions for positive directions of travel. The implications of different criminal court approaches for prevention of abuse, and justice and therapy following abuse will be considered throughout.

6.06.1 Does This Mean I Liked It?: Victim Arousal in Sexualized Violence

A. Pari (Palmdale US)

Arousal during child sexual abuse or assault is possibly the most devastating aspect for the survivor. It is rarely discussed in the literature and often not addressed clinically at all. It leads to lower levels of reporting and treatment than already exist for sexual abuse survivors due to prevailing myths of what it means to orgasm during molestation and abuse.

Children and teens experiencing arousal/orgasm during sexual abuse/assault raises many treatment implications. Symptom sequelae involving dissociation, guilt, shame, behavioral and sexual acting out, cultural views of the phenomenon, partner rejection, and self-injury increase as barriers to healing.

The presenter will address the myths and prejudice towards these victims, discuss the neuro-biology that drives arousal during sexual violence, and provide psychotherapists and forensic professionals with interview and treatment tools to address the trauma of arousal. New data demonstrating arousal in sexual violence and the trauma it causes will be reviewed.

"It is an amazing topic, a bold detail that I've never seen mentioned before."
-forensics conference attendee.

Objective 1: Participants will recognize the biological and psychological underpinnings of sexual arousal and response during rape/sexual assault.

Objective 2: Participants will identify three common myths to better support victims through the treatment and the legal system.

Objective 3: Participants will be able to differentiate inhibited and disinhibited behaviors in sexual assault survivors.

Objective 4: Participants will identify three specific interview techniques they can use to enhance supportive client admission of sexual arousal that occurred during abuse/assault.

6.07.1 A Bottom-up Pathway to Dissociation Resolution

G. Giovannozzi (Florence IT)

A bottom up pathway to dissociation resolution

Gabriella Giovannozzi

When an event is overwhelming to us our brain disconnects. We don't need an extraordinary event to lead to this condition, also, neglect, abandonment, dysfunctional relational situations, particularly when repeated, can lead to this unbearable condition.

In a psychophysiological perspective this condition arises when our Autonomic Nervous System cannot perform an active response and is forced to the Dorso Vagal activation.

Focusing on this issue, information on the Polyvagal Theory will be provided and it will be shown how, working with the patient with EMDR on his or her Dorso Vagal responses, we can find a bottom-up pathway to dissociation resolution.

6.08.1 Two clinical applications of early trauma repair with Lifespan Integration: Creating a learned secure attachment for an adopted child using systemic LI and repair of complex childhood trauma leading to somatoform dissociation in an adult

A. Janner Steffan (Neuchâtel CH)

Based on these two clinical situations we will develop how violence and relational trauma leading to misattunement of attachment and dysregulation of affect (Van der Kolk, 2014) can be healed in a child and its family as well as in an adult. This systemic use of LI is possible due to the unique memory Time Lines of each family member, which permit to differentiate as well as connect and integrate one's own narrative with the family background. The negative impact of relational trauma is addressed with LI combined with couple therapy and LI individual therapy.

The process leading to affect regulation and attachment repair of the adopted child being able to connect to the parents as attachment figures, will illustrate the distinctive possibilities of LI. Using specific protocols, we note a considerable improvement or even resolution of the main sequelae (for ex. hypervigilance and arousal, avoidance, anxiety, flashbacks, belief systems and survival strategies) not only for the designated patient but also for the spouse or the parents. This results in heightened attunement, a safer and more stable container for the child and a healthier attachment style indicating a change of the interpersonal relational pattern within the family and better parenting skills.

The clinical case of a woman, showing somatoforme dissociation leading to chronic pain, accidents and surgery will illustrate how such complex childhood trauma can be addressed with LI at an adult age permitting a reorganization of the body-mind system.

6.08.2 Presentation of The Lifespan Integration Model allowing early trauma repair in adults, infants, children and adolescents as well as young adults

A. Janner Steffan (Neuchâtel CH)

The LI therapy process is consistent with the interpersonal neurobiological model of attachment and development (Schore&Schore, 2008) as well as the current neuroscientific models in regards to trauma and its transmission. Clinical observations show that LI (Pace, 2003) targets the integral body-mind system, restoring the integrative functions in the brain (Siegel, 2012). This manifests in a flexible coherent vitality, an inner sense of appeasement and security, new relational dynamics and better affect regulation. This presentation demonstrates how LI accesses early memories in adults and children by right brain to right brain interactions between the attuned therapist and the patient (Schore, 2013). Early development is defined as including the intrauterine period, actual birth and up to the four-year-old infant. The traumatic memory – due to neglect, abandonment, violence, abuse, the parent's deficient attachment pattern - is accessed via the patient's symbolic (analog) representation and body sensation and integrated across time, even when the early life history is unknown. Dysfunctional early life conditions, affecting the brain stem and the limbic system, preclude a secure attachment (Schore, 2013).

Practical examples will serve to illustrate the process, showing the method and the theoretical models underlying the process of LI.

6.09.1 How Words Change Traumatic Experiences – Logosynthesis

S. von Blumenthal (Bad Ragaz CH)

Background In psychotherapy of sexual abuse there are often difficulties to lead the client through the process without retraumatization. Telling the story doesn't help to lower the suffering and reactions of the traumatic memories. With Logosynthesis the client experiences a sudden relief of the symptoms.

Logosynthesis offers a clear protocol to work with triggers and reactions. You activate the trigger through specific questions about the perceptions and aspects of the traumatic experience. The triggers are represented as pictures, voices or noises or kinesthetic sensations and then apply the Logosynthesis sentences. Logosynthesis was developed ten years ago by Dr. Willem Lammers, a psychologist. The method is embedded in different psychotherapeutic issues e.g. based on the metaphor of energy for changes. Dissociated parts and introjects are frozen energy structures. Logosynthesis dissolves those energy structures and neutralizes the triggers.

Methods A case study of the female patient with sexual abuse is presented. The treatment with Logosynthesis is embedded in an integrative psychotherapy and medication. Duration of therapy about 2 years with total 30 sessions. The specific application of Logosynthesis is presented in this case and how it works.

Results The patient has recovered from a severe depression and anxiety disorder. The medication could be lowered and then disrupted. The memories of the sexual abuse are diminished. The body reactions have weakened. The quality of life raised extremely. She went back to work after a 10 years period with suffering.

Conclusions Logosynthesis is a very effective psychotherapeutic method and easy to apply.

6.09.2 Intense Memory Processing: An Integrative Model Using Art and Psychotherapy to Resolve Traumatic Memory Content

P. A. Maves¹, J. B. Schwab¹ (Boulder US)

The biphasic nature of post-traumatic reactions yields a combination of numbed and constricted, as well as intense, intrusive responses (Van der Kolk, 1987). As situations, including therapy, trigger these reactions, more anxiety builds with a concurrent inability to identify feelings (alexithymia) and with more intense memories coming to consciousness (Bowers, 1992). Johnson (1997) suggests that intense memory content may not be stored cognitively but instead they may take on a more photographic form. This presentation will utilize case studies and examples to show how the intense traumatic memories seen in complex trauma and dissociative disorders can be revealed and resolved using art therapy combined with psychotherapy. Art production allows the establishment of control, pacing and safety, with decreased memory intensity, so its content can be understood and integrated into the self (Wadeson, 1980). Additionally, the interactions between psychotherapeutic interventions and phenomenologically informed art therapy diminishes issues with content validity (Bowman, 1996). Questions and discussion will be encouraged in this presentation.

6.09.3 Providing EMDR to Dissociative clients in an NHS setting: The costs of not treating

M. Crowley (Worthing GB)

EMDR therapy is accepted as a treatment for PTSD. Working in a NHS service where people present with Complex PTSD, are on the dissociative spectrum and come with different diagnosis, this can be a challenge.

The workshop explores how EMDR therapy can be used in all Phases of the work with this group of clients. It explores current advances in the use of EMDR therapy and presents clinical cases to illustrate the above.

The psychological and economic benefits of working with these clients are explored.

7.01.1 Working with Integration Failures Across Diagnostic Categories in Traumatized Individuals

D. Mosquera¹, K. Steele² (Coruna ES; Atlanta US)

Problems with integration are not limited to those who have Dissociative Disorders. Personality and self continually evolve based on new learning and experiences. This natural evolution is inhibited in both dissociative and personality disorders. We can understand many symptoms and disorders in the context of failure to sufficiently integrate inner psychic organization into a cohesive and adaptive whole. In this workshop, we will explore a continuum of dis-integration of inner psychic organization in traumatized patients, particularly those who have personality disorders. We will discuss what is similar to and different from dissociative disorders. While "parts" in personality disorders may not include a separate sense of self or involve amnesia as they do in dissociative disorders, helping patients integrate un-owned aspects of experience has great value. This workshop will describe a practical trauma-informed approach that emphasizes the need to identify and work with the individual's unintegrated inner structural organization as a means to address the root causes of symptoms. Steps for treatment planning and interventions will be illustrated through case and video examples.

7.02.1 How to distinguish between alternative and actual facts in a post-truth world: Identifying ethical and logical fallacies, myths, misreports, and misleading or misused words and phrases

J. A. Rydberg (Buis-les-Baronnies FR)

Purpose Participants will learn how to apply critical thinking and to identify cognitive, ethical, and logical strategies serving to mislead the audience, intentionally or otherwise. Such strategies may be employed in research and clinical presentations, and in the general or scientific literature.

Population All populations concerned by trauma and dissociation.

Main points to be covered **1.** Ethical issues, logical fallacies, science vs. pseudoscience, cognitive strategies, persuasive techniques, vague or misleading terminology, will be described and illustrated with practical examples. **2.** Current controversies and hidden motives.

Conclusions As researchers and as clinicians, if we wish to tell and to defend the truth, victims' truth, the reality of complex trauma and dissociation, then we need to sharpen our knowledge of ethical pitfalls, logical fallacies, and cognitive

strategies of persuasion; we must apply critical thinking and careful questioning to all clinical, scientific, and general reports on issues such as ethics, alternative practices, practice guidelines, the nature of memory, the prevalence and consequences of all forms of violence.

7.02.2 Lost Memories, False Prophets & BPS Guidelines

R. Kurz (London GB)

Purpose The successful prosecution of Ian Watkins, former singer of The Lost Prophets, who was filmed attempting to rape babies, should have reignited the debate about 'Satanic Ritual Abuse' that was prematurely closed off in the early 1990's. Child sexual abuse allegations are extremely tricky matters as situations can range from ritual violence to complete fabrication by vested interests. A level-headed approach is required that does not fall into the trap of categorising all early childhood memories as 'false memories' while also being alert to possible 'mind control' coaching of false allegations

Population The presentation covers for a lay audience the origins of False Memory groups founded by accused parents, the implantation of false memories and state of BPS guidelines.

Main points Child custody and criminal cases are frequently decided based on testimony of mental health professionals who routinely appear to be poorly informed and blatantly biased.

A review of articles in the BPS publication 'The Psychologist' uncovered a large amount of materials written by BFMS advocates.

Appeal Court judges are now routinely rejecting evidence proffered by Prof Martin Conway who is a scientific advisor to the BFMS and was the lead author of the BPS Memory & Law guidelines (2010).

Cases have come to light where false memories were seemingly implanted by vested interests to 'snatch' children into authority care.

Conclusions The mine field of child sexual abuse needs to be tackled with an even-handed manner considering the full range of possibilities in assessment and society discourse.

7.02.3 The 'Use' in Abuse

W. Burmester (Berkeley US)

Because child abuse and traumatic neglect are such egregious violations against the most vulnerable among us, more professional attention may go into efforts to control, prevent, and treat these crimes than into exploring the psychodynamics that drive them. This brief paper investigates the earliest roots of abuse activated by exposure to vulnerable children in those whose own severe early relational trauma is unresolved and dissociated. Early failed pre-verbal attachment interactions cause these victim-abusers to identify with children but then use them as caregiving containers for their trauma. Healing requires the trauma therapist to step into the caregiving role prematurely forced onto these relational victims, by remaining open to experiences of being used, and even abused, without simply becoming traumatized by them.

While the user-used dynamic may be most evident in narcissistic and borderline conditions, survivors of neglect are especially likely to defend against and dissociatively encapsulate their relational trauma in order to protect the therapist and others from collapse, in the same way that they learned to protect their narcissistically fragile abusers: 'allowing' themselves to be used as discards when survival permitted no other option. By understanding abuse as a primal sacrificial survival transaction between victim and perpetrator, victims in therapy

can reframe their current self-harm and self-sabotage as the fallout from powers of empathy prematurely evoked in order to stabilize the abusive providers they depended upon for life.

7.03.1 Stalking of Therapists: Analysis and counter-measures

B. Borchard¹, P. Rügger² (¹Zürich CH; ²Zug CH)

Especially research findings in the US show, that in comparison with other professions mental health professionals are more affected of Stalking by their patients. The authors enter into the phenomena of Stalking and the question, why these professionals are prone of Stalking. They show, how such behavior could recognized as early as possible and how borders can be set in the therapeutic setting. On the background of the professional secrecy there is a special tension between the therapeutic relationship and the right of the therapist to be safe. The authors are focusing how therapists can take protection measures without violating the law of professional secrecy. The workshop goes into the assessment of Stalking based on useful examples and gives the opportunity to discuss appropriate countermeasures. In many countries Stalking is a crime. The authors point out the possible measures of the law enforcement, especially the Police, and also suitable measures by civil law.

The workshop intend to show the therapists effective ways to protect themselves against Stalking.

7.05.1 What About the Boys? Treating Traumatized and Dissociative Male Homosexual Youth

A. Stierum (Rotterdam NL)

What About the Boys? Treating Traumatized and Dissociative Male Homosexual Youth.

The psychotherapeutical treatment of traumatized and dissociative male homosexual youth has specific aspects that influence the efficacy of the treatment. These gay youths have a higher risk for many psychiatric disorders and suicide. Bullying, discrimination and non-acceptance by family and friends can promote traumatization and depression. They tend to use more illegal drugs, are often promiscuous and sex as self-injury can be an issue. There is a high risk of infection with HIV.

In psychotherapy there are different patterns of transference also depending on the sexual identity of the therapist.

This workshop reviews scientific research and discusses transference patterns, risks of HIV, illegal drugs, chem sex, gay relation forms, dating apps, prostitution in the context of improving the results of the psychotherapy for traumatized and dissociative male gay youth. Case material will be discussed.

Participants are motivated to discuss their own case material.

7.05.2 Decoding and Treating Trauma in Sexually Abused Children: The Benefits of Play Therapy

S. Stauffer (Lausanne CH)

Purpose Plato stated that one can discover more about a person from one hour of play than from a year of conversation. Play therapy is a research-supported approach wherein children express themselves in creative and developmentally appropriate ways (Landreth, 2012, O'Connor, Shaeffer, & Braverman, 2016). Young children and others without the cognitive capacity to participate in talk therapy can benefit, because play is their language and toys are words (Landreth, 2012).

As partners in the therapeutic process, sometimes caregivers or other professionals believe the therapist can "attest" to the veracity of sexual abuse disclosures. Although this is not the therapist's role, markers of trauma in children's play and their behavior outside of therapy allow the therapist, caregivers, and other professionals to gauge therapeutic progress or regression and to adjust the pacing accordingly.

Population Clinicians

Main points to be covered For children confronted with sexual maltreatment in therapy (being victims or using sexually inappropriate behaviors, themselves), the approach can be directive, where the therapist suggests an activity or creation, or non-directive, where the child leads and the therapist follows while providing therapeutic intervention.

At ESPAS, play therapy takes a combined approach that helps children develop and strengthen their personal resources, heal from potentially traumatic experiences, and learn about personal limit setting and respecting personal boundaries.

Conclusions Play therapy can be beneficial to sexually abused children and children with sexually inappropriate behaviors. The therapist's main role is to recognize traumatic play and treat trauma with the help of caregivers and other professionals.

7.06.1 Listening to a Survivor of Childhood Abuse

P. Saunders (London GB)

NAPAC has been listening and learning from survivors of childhood abuse for 20 years. Survivors tell us what is helpful and useful as they strive to achieve healing and justice. There are plenty of self-help and academic publications but what most survivors want is to be heard, encouraged and supported on their healing journey. This is what they tell us and NAPAC has had direct contact with more than 100,000 survivors of abuse during its brief existence.

I am a survivor of childhood abuse and I am conscious that far too many professionals, whilst academically qualified, have little understanding of what it means to suffer childhood trauma and how difficult it is for us to move on in our lives.

NAPAC provides a national free phone support line, answers thousands of emails and runs support groups for survivors. We also provide training for professionals who work with survivors.

My presentation would be a down to earth interactive discussion about what works for survivors - and what doesn't.

7.06.2 Realistic Hope from Finland

A. Leikola¹, S. Hirstiö¹, K. Klapuri², C. Kilpinen³ (Helsinki FI; ²Färgelanda SE; ³Nurmijärvi FI)

We are a group which members share the experience of living with dissociative disorder and the experiences of healing. We call our group "coequal dissociation community- healing tribe". It was formed originally four years ago, started as a book project but has grown and reformed itself.

Our book, "Five women, a hundred lives" (Finnish version), was released in May 2016 and has received appreciation by trauma survivors and mental health professionals. The book includes the stories of five women with childhood trauma and a professional introduction into trauma and dissociation. The digital version of the book also includes videos.

The group members are professionals in many fields and the book was done by ourselves only. We master the digital world, social media, marketing, film making, graphic expression and language planning. We are highly committed to our work.

Nowadays we form a healing tribe. Our foremost mutual aim is to create safety and hope among traumatized people and those who try to help them. We lecture as experts by experience and lead peer support groups. We have been able to inspire many people around Finland to share their stories.

We are eager to create more connections, also internationally. In Bern we wish to introduce the reformed English version of our book and tell about Healing tribe, our coequal community.

We have crucial information about how to build a safe group, make it work together, thus create sense of agency and community for equals. This is a new experience for all of us.

7.07.1 The Pharmaceutical Industry, the American Psychiatric Association and marginalization of trauma and dissociative diagnoses

R. Blizard (Binghamton US)

In the late 1970's, the American Psychiatric Association (ApA) colluded with the pharmaceutical industry to "medicalize" psychiatric disorders in order to imply that diagnoses had reliability and validity. In contrast to DSM II, DSM III described disorders solely in terms of observable symptoms, without discussing trauma, family dysfunction, or social inequities as causes of psychological distress and dysfunction. This had the effect of invalidating research and treatment of abuse and interpersonal violence. The pharmaceutical industry mounted a public relations campaign to convince the professionals and the public that mental illness was caused by a "chemical imbalance," implying that drugs were the treatment of choice. Pharmaceutical companies funded research on drug efficacy, selectively reporting only positive results. Medication was defined as the standard of care for anxiety, mood and psychotic disorders. Post-traumatic and dissociative disorders were marginalized. PTSD was only included in DSM III after intense lobbying by Viet Nam veterans. Insurance companies began refusing to pay for psychotherapy, since medication was cheaper. DSM-III, IV and 5 created more and more diagnoses, devoid of any connection to experience of stress and trauma, creating further confusion and doubt among the professionals and the public as to the harm caused by trauma.

7.07.2 Institutional Betrayal and American Psychological Association Complicity in Torture

R. Blizard (Binghamton US)

The American Psychological Association (APA) was a liberal organization with high ethical standards, but its leadership developed an authoritarian culture that promoted psychologists' consultation on torture. The first ethical principle is to do no harm. However, these psychologists were active in using prisoners' experience of trauma to increase emotional pain and make them more vulnerable to interrogation. This was a clear example of institutional betrayal. The leadership engaged in a secret public relations campaign to change the ethics code and make their involvement in torture appear humane. The process of distorting the meaning of torture began under US President G. W. Bush, but APA Ethics Director, Steven Behnke, was one of the primary conspirators. They used paradoxical double-speak and confusion techniques to manipulate the opinions of APA members and the public. These techniques can induce a kind of dissociative trance logic in bystanders and victims, which undermines their sense of reality and trust in their own perceptions.

7.08.1 Auditory verbal hallucinations and the differential diagnosis of psychotic and dissociative disorders

A. Moskowitz (Berlin DE)

Purpose To consider, on the basis of recent research, the utility of aspects of auditory verbal hallucinations (AVH) for the purposes of differential diagnosis between psychotic and dissociative disorders.

Main points For many decades, AVH have been considered a core symptom of schizophrenia. External voices (heard through the ears) have been seen as psychotic hallucinations, in contrast to voices localized inside the head, called pseudo-hallucinations. Certain forms of AVH, voices commenting on a person's behavior, or voices conversing amongst themselves, have been viewed as highly predictive of schizophrenia. However, over the past 20 years, it has become increasingly clear that these assumptions are unfounded. External voices are not more common in schizophrenia than in other disorders, and voices commenting or conversing are actually more common in DID than in schizophrenia. These findings, in conjunction with the extensive literature supporting a relationship between AVH and dissociation in all populations, has led to the conclusion that AVH are dissociative in nature and should not be used for the purposes of differential diagnosis between psychotic and dissociative disorders. However, certain features of AVH – age of onset, child voices and the extent to which voices control behavior – appear different between the groups of disorders. These differences may point to a different etiology for AVH in psychotic and dissociative disorders.

Conclusion AVH are most likely dissociative in nature and should not be used for the purposes of differential diagnosis. However, the etiology of AVH in schizophrenia and dissociative disorders may be different.

7.08.2 The Social Dynamics of Complex Posttraumatic Disorder (DID, cPTSD and BPD): A Perversion of Intimacy and a Crisis Intervention to Remedy it

A. Laddis (Shrewsbury US)

The presenter proposes that persons with complex trauma-related disorders have a disorder-specific, fundamental immaturity about ascertaining others'

trustworthiness. That immaturity is akin to deficits in mentalization that have been found in persons with BPD, i.e., about discerning the unspoken, true reasons and intentions of others who fail promises they make and expectations they foster.

Our patients' immaturity is legacy of how their caretakers perverted the social dynamics of intimacy. Intimacy is the mode of restoring trust in relationships where partners make a long-term commitment to each other's wellbeing (e.g., with a parent, brother or lifemate). Intimacy requires that failing partners

- disclose their true reasons to fail, selfish motives and immaturities
- promise to prove remedying them in reasonable steps

For their part, aggrieved partners compensate and help remediate those motives and immaturities, without exploitation or punishment.

Instead of self-disclosing and proving their intentions for the future, our patients' caretakers burdened the child with discerning the caretakers' intentions (mentalization) without the caretakers' collaboration, even despite their obstruction. The presenter explains why such an endeavor can never come to closure and peace of mind. Similarly, in later relationships, our patients imagine failing partners to have no reason to be intimate (self-disclosure and stepwise proof of change). Instead, they contrive futile tests of their partners' intentions relentlessly and irrationally, i.e., despite awareness of futility, the hallmark of disorder.

The presenter will describe and rehearse a crisis intervention, experimentally proven to end episodes of disorder by ending patients' powerlessness to discern mistrusted others' intentions.

7.09.1 Listening the Child Victim of Crime

C. Maone (Napoli IT)

General Characters And Criteria Fixed On the Paper Di Noto (guidelines for hearing of child victims of abuse, and for the reliability evaluation of the testimony, Articles 6 -7) and Lanzarote Convention (cardinal principles to which the signatory states have to adapt on the prevention and criminalization of all forms of abuse and sexual exploitation against children art. 35)

- WARRANTIES PROVIDED by the criminal code and criminal procedure on the listening of the child in Italian law to ensure a much more genuine and serene witness for the victim.
 - PROTECTED HEARING OF THE CHILD in the preliminary investigation and criminal proceedings. The hearing of the child by the public prosecutor and the guide rules (Art. 609 decies C.C. and 362 co. 1 bis Code of Criminal Procedure) Probative. Possible errors in the conduction of child examination. Judge's faculty in the trial phase to make use of an auxiliary and to choose the place, time and mode of listening to the child (Art. 497 co. 2 ^ CPP 498 co. 4:04 CPP-398 co-ter. 5a and 472 co. 3 bis CCP).
 - CHILD BEHAVIOR and the possible different value of the same at a procedural and psychological level. The importance of neuropsychiatric counseling.
 - LISTENING THE CHILD THROUGH SOME CASES OF ITALIAN JUDICIAL REVIEW (eg judgment on the "Rignano case"), in particular the methods and choices made for listening to children as part of the Fortuna case.
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7.09.2 The Construction of a «Psychological / Clinic Truth» as Specialist Support within the Judicial Course

R. Cappelluccio (Napoli IT)

The work presented wants to put in evidence, through the treatment of clinical cases or followed in the context of CTU, that often as there is a discrepancy

between what is discharged from a legal point of view about the sexual abuse (intrafamilial) on children and psychological implications related to this experience. "Psychological / clinical Truth" and "legal / procedural truth" are two "constructions" that in the process they have to find their harmonization: experts and consultants have the task of creating, along with judges and lawyers, the difficult meeting between clinical categories and legal categories, integrating science and law.

Through the work with the Public Prosecutor of Naples Tribunal, Dr. Claudia Maone, we came to make credible and trustworthy two minors' fragmented life and experiences.

It was a very articulated case that has upset Italy and has highlighted the complexity of raising children' traumatic memory, who are victims of abuse, and, at the same time, how it is possible to reach the truth thanks to the testimony of minors.

Thanks to our work, that considered abuse with all its psychological and legal implications, Caivano's case, concerning Little Fortune, killed after being abused for a long time, ended with the punishment of the life imprisonment for the culprit.

P.1 Emotion Regulation in Complex Traumatized Inpatients: A Follow-Up EEG-Study on Treatment Effectiveness

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Emotion regulation (ER) has become a widely studied topic as it plays a crucial role in the pathogenesis and persistence of many psychiatric disorders. In posttraumatic and dissociative disorders, these impairments include hypo- and/or hyperaroused states, where patients either overregulate emotions and therefore become emotionally numb or they underregulate and experience overwhelming emotions. The goal of this study was to examine if the acquisition of effective regulation strategies is a fundamental process in trauma therapy. Inpatients of Clenia Littenheid AG/Switzerland with complex Posttraumatic Stress Disorders (cPTSD), Dissociative Disorders Not Otherwise Specified (DDNOS), or Dissociative Identity Disorders (DID) were assessed at the beginning of treatment (pre-assessment) and at discharge (post-assessment). During their stay they received trauma-adapted psychotherapy including stabilization-oriented sessions in individual and group settings. The aim of this stabilization was to improve patients' regulatory capacities. Emotion regulation was analyzed using an electroencephalography (EEG) experiment where negative and neutral pictures were presented and patients were asked to regulate their emotions using reappraisal strategies. A neural marker of emotion regulation (i.e., Late positive potential (LPP)), heart rate, behavioral and clinical measures were analyzed and compared between pre- and post-assessment. Preliminary results will be presented.

P.3 Effects of childhood abuse and insecure attachment on misreading of anger from faces expressing various emotions

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The tendency to misrecognize the facial expression of others has been pointed out as the background of maladaptation of those who had been abused in childhood. Especially, they tend to read anger more excessively from others' facial expressions, but it is known that these influences are attenuated after controlling attachment (Matsuo, et al., 2015). However, Matsuo et al. (2015) used faces with high level of emotionality. Therefore, Matsuo et al. (2017) used faces varying their intensity gradually, but they investigated only main effects of childhood abuse and attachment on misreading from various emotions. In this study, we reanalyzed the data of Matsuo et al. (2017), and revealed not only the main effects but also the interaction of childhood abuse and insecure attachment on misreading of anger especially. We conducted an experiment and a questionnaire survey for female university students. Result showed that the main effect of childhood abuse was seen only at low level of emotionality, but such effect disappeared after controlling attachment. The effect of the attachment-related-anxiety, which was one of dimensions of Internal Working Model of attachment, on misreading of anger at all levels of emotionality was significant. Furthermore, the main effect of childhood abuse became significant only when the attachment-related-avoidance was higher. Moreover, misreading of anger was the highest in the "fearful-avoidant" type of attachment in which both attachment-related-anxiety and avoidance were higher. This study suggests that the tendency to misread anger from facial expressions of various emotions is defined by the insecure attachment rather than childhood abuse itself.

P.4 Facial Expressivity and Facial Emotion Recognition in Adults with Adverse Childhood Experiences

C. Huber¹, U. Schnyder¹, M. Pfaltz¹ (Zürich CH)

Everyday interactions are based on the ability to recognize emotional states in other people. Facial expressions are especially important cues for emotional states. Therefore the perception and correct interpretation of these cues are of utmost importance for the building and maintenance of interpersonal relationships. It is known that adverse childhood experiences (ACE) can interfere with the learning of emotion processing and regulation. However, little research exists on the specific association between neglect and emotion recognition. Our project uses experimental paradigms to replicate and expand previous findings of impaired emotion recognition in adults with neglect and possibly other ACE compared to adults without ACE. In addition, we will examine whether the predicted deficits in emotion recognition are linked to an attenuated facial expressivity. Our results shall help identify deficits in emotional processing correlated with neglect and other ACE. They could provide a basis for the development of specific interventions to promote better emotion processing in people with ACE. Such interventions might contribute to successful relationships, support resilience and lessen the negative consequences of adverse experiences.

P.5 Interdisciplinary cross-over-vision: What the CAN-team contributes to the challenge of abuse & neglect in children: An example for best practice?

T. Huber-Gieseke (Fribourg CH)

Working interdisciplinary when there is suspicion of violence neglect or sexual abuse against children is our main focus in the CAN –team, named for Child Abuse Neglect. We are a platform of different health and social workers, doctors, inspector, a mediator and judge of the court of peace in Freiburg town. Guiding interventions in case of suspected or detected situations of all forms of Violence (physical, psychological, emotional socio-economically...etc.) against children and adolescents is our mission as well as to encourage in a confidential space the actors and victims to talk about and support to act in such complex context. The close contact to the school, kinder-garden and local community services contribute to a real active position of this platform. Since their founding in 1994 the CAN-team, first known as GRIMABU, is a resource not only for the town of Fribourg, but also for the Canton, introduces strategies to enhance the networking between the partners directly involved with the child and/or their family. Therefore, the CAN-team also developed programs of prevention, support to sensitize the adult in detecting, using the right conversation and welcoming the verbal report of the presumed victim.

The present poster illustrates the networking of interdisciplinary working experts in a concrete situation, with a focus on a guideline, recently developed by the school health service of Freiburg town, for use in first detection of child abuse and neglect.

P.6 Complex Trauma, Somatoform Dissociations & Psychometric Assessment

R. Kurz (London GB)

Background Dr Rainer Kurz is a Chartered Psychologist who authored more than

100 academic publications and 50 psychometric tests. He will discuss the benefits and pitfalls of personality and ability assessments in a complex trauma case where somatoform dissociations, dyslexia and a 'Twice Exceptional' pattern of very high intelligence coupled with extreme weakness in auditory processing combined into a puzzling presentation. He will share his observations how Buddhism, personality theory and Dan Siegel's contemporary model of Psychiatry converge.

Method The mother of a toddler was diagnosed as 'schizophrenic, schizoid and paranoid' in highly irregular circumstances. Due to self-reported somatoform symptoms SKID-D and PTSD assessments were arranged coupled with cognitive and personality tests.

Results Four cognitive profiles spanning 25 years revealed very high verbal intelligences coupled with information processing and memory difficulties. Spadafore (1983) listening comprehension result was at the level of a 9-year old making the mother vulnerable to manipulation and bullying. MCMI-III results were grossly misleading due to the poor construction of this tool and were contradicted by general personality questionnaires. SKID-D and PTSD assessments as well as medical records corroborated the account given by the mother but personal disclosure of somatoform dissociation instances were not reflected in Dissociative Experiences Scale results.

Conclusions The in-depth assessments threw doubt on the accuracy of the original diagnosis. The trait characteristics in conjunction with the 'toxic' environment explained what had happened in the past. The workshop will interactively explore each assessment type with plenty of opportunity for delegates to share their experiences.

P.7 Psychotherapist and Trauma-psychotherapist Training at University of Oulu, Finland

P. Saarinen¹, K. Simojoki¹ (Oulu FI)

In Finland, since 2012, psychotherapist training can only be organized by universities offering degrees in psychology or medicine. Currently, there are seven such universities in Finland; before 2012 almost 200 different organizations carried out psychotherapist training. The aim of the renewed legislation was to increase the quality and comparability of psychotherapist training. Universities co-operate and define together the qualification standards and general rules on how to develop contents to different types of psychotherapy orientations and on how to organize and run the training.

University of Oulu organizes training in family and couples therapy, solution-focused therapy, psychodynamic therapy, psychoanalytic therapy and trauma therapy. The university also offers training programs for the trainers for psychotherapist trainings. In Finland, the University of Oulu is the only educational institution offering both trauma-psychotherapist training, and training of trainers.

Psychotherapist training in Finland lasts four years and the extent is at least 60 ECTS credits. The theoretical and methodological contents of each training program are pre-determined prior to program start. The training programs consist of theoretical and methodological studies, supervision, personal psychotherapy, psychotherapeutic counselling, literature studies and thesis. The persons responsible for training are educated as trainers and they have long experience as psychotherapists.

In Finland, the training and practice of psychotherapy are controlled in a strict manner. At University of Oulu, the directorate of psychotherapist training assesses and approves each training program prior to program start. The graduates are granted license to practice psychotherapy by the Finnish "National Supervisory Authority for Welfare and Health".

P.8 Suicide Prevention Education for Returnees to the Areas Where Evacuation Orders due to the Nuclear Power Station Accident were Lifted

N. Takahashi (Fukushima JP)

Due to the nuclear power station accident accompanying the Great East Japan Earthquake in March, 2011, the evacuation orders were issued to the coastal areas in Fukushima Prefecture. In some areas, the orders were lifted and the residents are returning to their home. The returnees have to face the difference between the pre-accident and post-accident situations in their hometowns again, in addition to their loss experiences resulting from the earthquake. Moreover, because the re-construction of infrastructures such as schools and the transportation networks in those areas is still on the way, the returnees are apt to feel anxious about their future. In this study, the details and the challenges of the suicide prevention education for the returnees in the difficult situations were examined. It was suggested that it is important to accept their psychological trauma caused by the earthquake, and to construct the framework in which the returnees can talk whatever they want to talk while they do not have to listen to whatever they do not want to listen.

P.9 Dissociation and fantasy proneness as mediators of the effects of childhood trauma on frequency, vividness and distress of nightmare

H. Tanabe¹, K. Gotow², K. Matsuoka³, H. Okada⁴, E. Matsuda⁵ (Shizuoka JP; ²Nagoya JP; ³Morioka JP; ⁴Koshigaya JP; ⁵Tokyo JP)

Previous studies have shown that fantasy proneness, dissociation (Matsuoka & Okada, 2004; 2005), depersonalisation, and schizotypy (Okada & Matsuda, 2015) have relationship to frequency and distress of nightmare. This study examined such the effects of fantasy proneness and dissociation with analysis including childhood trauma as an explanatory variable. 425 Japanese college-age participants anonymously completed web-based survey questionnaire, which was composed with measures of frequency, vividness, and distress of nightmare (NDQ; Nightmare Distress Questionnaire; Belicki, 1992; Okada & Matsuda, 2014), fantasy proneness (CEQ; Creative Experiences Questionnaire; Merckelbach et al., 2001; Okada et al., 2004), dissociation (DES; Dissociative Experiences Scale; Bernstein & Putnam, 1986; Tanabe & Ogawa, 1992), and childhood trauma (CATS; Child Abuse and Trauma Scale; Sanders & Giolas, 1991; Sanders & Becker-Laurén, 1995; Tanabe, 1996); the same data-set have differently analysed and reported elsewhere (Tanabe, 2016). Results of current analysis showed, 1) CATS had effect on DES and CEQ, both of which mediated the effects on NDQ (Sobel's test: $z = 5.25; 5.31, ps < .001$) and no significant direct effect of CATS remained, 2) DES or "Depersonalisation & Identity Alteration" component contributed more to nightmare frequency, while CEQ or "Vivid Fantasy" component more to dream/nightmare vividness, and thus they would lead to nightmare distress. It seems that not the "Fantasy Absorption/Absentmindedness", but the "Depersonalisation & Identity Alteration (kind of perceptual and subjectivity alteration)" and the "Vivid Fantasy" components may be the core features of the mediators between trauma and nightmare, which might share some neuro-cognitive deficit (or distinctive feature), as schizotypy. These results have certain limitations as a cross-sectional (retrospective), analogue, measurement study.