

POSTER SESSION



7th Biennial ESTD Conference

THE LEGACY OF
TRAUMA AND
DISSOCIATION

Body and Mind in a New Perspective

ROME - OCTOBER 24-26, 2019

VENUE: AUDITORIUM DELLA TECNICA

October 25th and 26th

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ID PS-12

"Sense" Symptom in Post-Traumatic Stress Disorder

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For treating PTSD, the approach to the sensory system has been regarded to be as important. However, clinical studies on sensory symptoms in PTSD are lacking. Hence, this study aimed to investigate the characteristics of sensory symptoms in PTSD. Information on 249 sensory symptoms of 101 PTSD patients was gathered from interviews with 11 PTSD therapists. A comparison of symptoms observed for each sensory organ revealed that impairments more significantly occurred in the visual organs (20.4%). Conversely, hyperarousal was significantly more likely (11.7%) to be observed for the auditory system, and dissociation was significantly more likely to be observed for the gustatory organs (6.7%). Furthermore, sensory symptoms were classified into three categories according to the type of symptoms and the type of traumatic events by using the Type III quantification method. Visual and olfactory symptoms comprised the intrusion and disaster/accident group. Auditory and tactile symptoms were observed in individuals who experienced sexual victimization, abuse, and violence, and in those with hyperarousal. Gustatory symptoms comprised a group involving dissociation. In conclusion, survivors of disasters and accidents may be sensitive to pictures or smells of the trauma and victims of violence, to sounds and skin stimulations; taste remains unaffected by any type of trauma.

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ID PS-09

Using Trauma and Dissociation Symptoms Interview (TADS-I), in the assessment of differences between Dissociative and substance abuse disorders

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From a clinical point of view it isn't easy to discriminate the alteration of consciousness linked to the presence of a Dissociative Disorder and the alteration of consciousness as a secondary effect of the use of a substance. From the bibliography on this theme the percentage of cases seems to be high of comorbidity between Dissociative Disorder or Complex Trauma and Substance Abuse Disorder or Alcohol. However, it seems that the main disorder from the point of view of the psychopathological nucleus is the dissociative one (Gonzalez Vazquez, 2013). Tamar-Gurol noted an important association between drug use and Dissociative Disorders:

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using SCID-D the authors found that about 26% of the substance abusers interviewed also suffer from Dissociative Disorder (Tamar, Gurol, et al., 2008). Our research group is working on the Italian validation of the TADS-I and our interest has focused on the possibility of evaluating the effectiveness of the interview in discriminating the dissociation from the alterations of consciousness related to the use of substances. The semi-structured TADS-I interview (Boon & Mathess, 2016) is a tool designed for the evaluation of dissociative symptoms; inside there is also a section dedicated to the evaluation of the use / abuse of alcohol and drugs. Our research hypotheses are: 1. That the TADS-I is able to detect the presence or absence of dissociative symptomatology even in patients who present with alcohol or drugs use / abuse,.2.Che difficulty of differential diagnostics is accentuated by some factors, such as: the early onset of abuse and its chronicity. The tools used within this research are: the TADS-I interview and the Dissociative Experiences Scale questionnaires (Bernstein, Putnam, 1986) and Symptom Checklist-90-R (Derogatis, 1994). The sample to date a total number of 15 patients. The conclusions emerged from this qualitative research work are that the TADS-I interview is able to discriminate between the two psychopathological dimensions and both research hypotheses are confirmed. Given the small number of patients in the reference sample the results are certainly partial. References: Bernstein E.M, Putnam, F.W. (1986). Development, reliability, and validity of a dissociation scale, *The Journal of Nervous and Mental Disease*.Boon, S. & Mathess, B. (2016). Trauma and Dissociation Symptoms Interview TADS-I. Derogatis, L.R. (1994). *Symptom Checklist-90-R: Administration, scoring, and procedures manual*.Minneapolis, MN: National Computer Systems. Gonzalez-Vazquez, A. (2013). *Dissociative disorders - Diagnosis and treatment*. Tamar-Gurol D., et al. (2008) *Childhood emotional abuse, dissociation, and suicidality among patients with drug dependency in Turkey*. *Psychiatry and Clinical Neurosciences*.

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ID PS-08

The assessment of self-care patients perception when they access trauma psychotherapy .

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On the side of the ideas from the recent works of K. Steele and D. Mosquera (2017) on the subject of "self-care" as a proposal to the patient, we propose this work that contributes to the Italian validation of the SMCS mentioned below. The study aims to observe and detect perceptions and behaviors of clients who start treatment for post-traumatic, personality, DID or depression disorder and after 5 months (20 sessions), especially regarding self-care models (A. Gonzalez, 2012; 2017 Italian version by Boldrini MP , Chiappelli A., Bellardi C., Gualdi G., Fantinati M.). The method used involves the administration of questionnaires to a sample of patients accessing the therapy, which will be re-administered the same test package after four months to observe any changes. The tools used will be essentially: SCL-90-R (Derogatis, 1994), DERS (Gratz,

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*Roemer 2004), CORE OM (Evans et al., 2000, validated in the Italian version of Palmieri et al., 2009) and above all the SMCS (Scale on self-care models, by A. Gonzalez et al., 2017 - translated into Italian by the Trauma Modena Group in 2017). These tools will be used to trace a profile of the subjects from the symptomatological point of view, and then evaluate if there are connections between their response to SMCS and their mental state at access to cognitive behavioral psychotherapy and observe any changes at 4 months (16 sessions away). References: Fonagy P., Gegerly G., Jurist E.L., & Target M. (2002). *Affect regulation, mentalization and the development of the self*. Other Press, New York. Mosquera D., González A. & Van der Hart O. (2011). *Borderline personality disorder, childhood trauma and structural dissociation of the personality*. Person, FUNDA, (44-73). Nijenhuis E.R.S., Van der Hart O., & Steele K. (2002). *The emerging psychobiology of trauma-related dissociation and dissociative disorders*. In H. D'haenen, J.A. den Boer & P. Willner (Eds.) *Biological psychiatry* (pp. 1079-1098). John Wiley & Sons, Chichester, UK.*

Construction and initial validation of scales to evaluate self-care patterns: The Self-Care Scale, Gonzalez-Vazquez A. I., Mosquera-Barral D., Knipe J., et al., 2017 in press.

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Boredom, detachment and the Divine Indifference

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In the last decade, there has been a growing interest in the phenomenon of boredom (Koerth-Baker, 2016). Although boredom has some elements in common with the melancholy and apathy that can be present in some mood disorders or with the sense of emptiness and void which is typical of the mindset of severe personality disorders (e.g narcissistic and borderline) (Dimaggio and Semerari, 2003), boredom can be better identified as a separate and distinct experience, both conceptually and empirically (Goldberg et al, 2011).

Here we suggest a possible linkage between boredom and the dissociative experiences based upon some of the distinctive features of boredom, such as: the subjective state of alienation and detachment from phenomenal experience; the sense of suspension or alteration of the subjective experience of the time flow; the loss of meaningfulness of the experience. In a recent review (Vodanovich & Watt, 2015), the construct of boredom was split into 5 dimensions: disengagement (which is also synonymous of "detachment"), inattention and perception of time (two aspects that refer to experiences of absorption that can have a dissociative bank), high and low arousal.

The present work aims at exploring the possibility that there is a dissociative root in the experience of boredom, and at investigating its possible relationships with some phenomena already related to boredom, such as the sensation seeking and the mood alterations.

We administered the following scales to a sample of 300 participants:

1- Multidimensional State Boredom Scale (MSBS, Fahlman et al, 2013)

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|- Dissociative Experiences Scale (DES-II, Carlson & Putnam, 1993)

|- Sensation Seeking Scale (SSS, Zuckerman, 1979)

|- Symptom Check List – 90 revised (SCL-90r, Derogatis, 1994)

|- Hypomanic Attitudes and Positive Predictions Inventory (HAPPI, Dodd et al, 2011)

Our results show that boredom is specifically linked to general psychopathological sensitivity on one hand, and to dissociation on the other hand, above and beyond its relation to sensation seeking and mood instability.

More specifically, we found that boredom showed a positive correlation with dissociative detachment and absorption symptoms, but a negative correlation with compartmentalisation

Results are discussed in the light of a multidimensional hypothesis of dissociation.

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ID PS-03

Who wrote that? Automaticity and reduced sense of agency in individuals prone to dissociative absorption

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Dissociative absorption is a tendency to become immersed in a stimulus while neglecting surrounding environment. Theoretically, absorption suggests automatic functioning in areas that are outside the focus of attention. Indeed, Janet's classic work described automatic writing among dissociators. This study examined whether high absorbers indeed act more automatically. Automaticity was defined as decreased meta-consciousness for, and therefore poor memory of, one's own actions, along with faster task performance and reduced sense of agency (SoA) over one's actions. High and low absorbers (N=63) performed 3 tasks, designed to enable absorption: choice-reaction time (CRT), Tetris, and stream-of-consciousness writing. Participants recognized task details and self-reported their sense of agency and automaticity during the tasks. As hypothesized, trait absorption was correlated with impaired autobiographical memory, especially omission errors, in the writing task. Contrary to hypotheses, absorption was not related to episodic memory disruptions in the CRT or Tetris tasks, nor to faster performance in any of the tasks. In all tasks, absorption was associated with self-reported decreased SoA and increased sense of automaticity. Absorbers' difficulty in identifying self-generated content implies that they may have produced it with reduced meta-consciousness (i.e., automatically), and therefore it is less accessible to them.

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Exposure to early-life traumatic events and susceptibility to Major Depression and Cocaine Use Disorder in Adulthood

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Childhood maltreatment (CM) is one of the main risk factors for developing psychopathologies in adulthood, but the biological mechanisms underlying this relationship haven't been determined yet. Here, we investigated how CM contributed to the development of Major Depression (MD) and Cocaine Use Disorder (CUD). We evaluated the existence of biomarkers that were associated with the symptoms and CM.

We recruited two clinical samples, one of MD and another of CUD patients, along with healthy subjects. Psychometric investigations were carried out to evaluate the history of the disease, the current symptomatology and CM. In parallel, a blood sampling was performed for the biomarker analysis.

Our investigation showed that Sirtuin1 is one of the mechanisms involved in the "translation" of exposure to early emotional neglect in emotionality alterations in adulthood. Furthermore, CM induces high levels of inflammation in patients being treated for CUD. Both alterations were associated with the

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symptomatology: the lowest levels of Sirtuin1 were associated with the severity of depressive symptoms, and higher levels of inflammation with the high levels of cocaine craving.

For clinical purposes, these results could help for the correct formulation of the diagnosis and for the application of the adequate pharmacological and psychotherapeutic treatment.

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ID PS-17

Intergenerational transmission of the trauma in the “Living Desaparecidos”

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The term Intergenerational transmission of trauma refers to the effect of parental exposures to traumatic experiences in their offspring and subsequent generations. Offspring could be affected by changes in parental attitudes, behaviours and biology even at the time of conception, pregnancy, or in the early postnatal period. The case of the children “living desaparecidos” offers an important possibility of studying this phenomenon. Among the 30.000 desaparecidos who were kidnapped and killed in Argentina between 1976 and 1983, several pregnant women lived their pregnancy in captivity exposed to unbearable experiences. After delivery, their children, living desaparecidos, were given to families with close military ties and grew up unaware of their real identities. Their grandmothers, the Abuelas de Plaza de Mayo, searched for them, creating a DNA database to allow for their identification. To this day, 128 grandchildren have been tracked down, and returned to their biological relatives. These children found out only as adults that they were not biological children of their foster parents, who were often accomplices of their biological parents’ torturers, but, overall, their parents’ traumatic experience in prenatal and early post-natal period could have been transmitted through epigenetic changes in the parental biological system that emerged in response to stress exposure.

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ID PS-11

Trajectories of traumatic development in an autoimmune disease: the case of Systemic Lupus Erythematosus (SLE)

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Introduction

Cumulative childhood adversities and relationship experiences are linked to multiple biological system dysregulations and higher vulnerability to diseases. Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease with a relapsing remitting course. Pattern of disease activity, ACEs, psychological features and clinical variables were investigated in SLE patients.

Methods

40 consecutive female SLE outpatients were enrolled in a cross-sectional study. Variable set includes: ACE score and CTQ self-report questionnaire, adult attachment (ECR-R), alexithymia (TAS-20), perceived stress (PSS), HRQoL (SF-36), disease activity index (SLEDAI-2K), irreversible organ damage (SLICC / ACR damage index, SDI), length of disease, complete clinical and laboratory data. 4 patterns of flares and remissions were also evaluated.

Results

Strong positive correlations of mean SLEDAI-2k (last 24 months) were found with ESI2 ESI4 ESI5 CTQ_EMAB CTQ_PHYAB CTQ_SEXAB CTQ_EMNEG and CTQ_PHYNEG. SDI index correlates with ESI2 ESI4 and ESI5 CTQ_EMAB CTQ_PHYAB CTQ_SEXAB CTQ_EMNEG CTQ_PHYNEG. Categories of Emotional Neglect and Physical neglect scores significantly increased in patients with chronic active disease compared to relapsing-remitting, prolonged-remitting or clinically quiescent disease patients.

Conclusions

A Trauma-based assessment permits to reframe multidisciplinary anamnestic and treatment strategies for SLE. Childhood adversities and complex trauma show consistency as previously undescribed, independent contributors to disease trajectories and outcomes.

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The Adverse Childhood Experiences and deviant behavior: preliminary correlation data through the ACE questionnaire (Felitti, 2013)

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Research has shown that Adverse Childhood Experiences (ACE) are an important risk factor for the onset of psychopathological disorders both during development and in adulthood. The ACEs study has provided an important scientific contribution, therefore the present work aims to reflect on the correlations between the results of the Felitti questionnaire in a sample of adult prisoners, undergoing rehabilitation and reintegration into society. The following tests were administered to clinical cases at the beginning of the treatment: Adverse Childhood Experiences questionnaire (ACE; Felitti - 2013), Health of the Nation Outcome Scales (HoNos, -J.K.Wing et al. - 1993), The Impact of Event Scale - Revised (IES-R; D.S.Weiss et al. - 1995). The

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multicentric research, carried out in various therapeutic communities in the Bologna area, has highlighted important similarities in the clinical suffering at a bio-psycho-social level. Therefore, it follows that the possibility of investigating and treating ACE in the rehabilitation process could prevent the reactivation of triggers previously acted in an anti-social sense and therefore avoid recurrences. The model of intervention proposed focuses on the treatment of traumatic memory, and it could be included in the context of rehabilitation in order to build a clinical work based on the need of giving voice to the generally hidden and apparently forgotten suffering.

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ID PS-02

The Psychological and Developmental Traumas in Children - Compliance with ADHD, Differences and Diagnostic Resolution

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Expert care should take into account both the body and the soul. Deep knowledge of the individual's unique story is a crucial part of correct diagnosis, because we shouldn't be overlooking the experience of the soul. At the same time, this also needs to include the story of the body, which could be better understood when the view of neurobiology is involved.

However, expert care doesn't mean there is only one possible course of treatment. In fact, the system, where the traumatised child finds itself, could determine the diagnosis and intervention strategy. Therefore, the author of the text used qualitative analysis to research case studies of 150 traumatised children considering the system, which provided the expert care, the school system, and health and social care system. She shares her finding with the experts in various humanity fields.

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ID PS-14

Neuroanatomical dissociations between simplex and complex PTSD: A meta-analytic study

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PURPOSE

The anterior part of hippocampus (AH) is associated with memories integration and with constructive processes. When a person is exposed to a single traumatic event, like in simplex PTSD (sPTSD), these processes could fail. However, when the trauma is prolonged and repeated, the ability to integrate memories in an updated version of ourselves fails chronically (like in the case of complex PTSD), leading to a persistent change in the autobiographical long-term storage associated with the posterior hippocampus (PH).

METHODS

To explicitly test this issue, we performed a meta-analysis of 23 Voxel-Based Morphometry studies on either simplex (sPTSD) or complex (cPTSD) patients (using GingerALE 2.3.6). The selected papers included 366 patients and 614 healthy controls (HC), and reported 163 stereotactic coordinates representing either reductions (125 HC>sPTSD; 21 HC>cPTSD) or increments (17 sPTSD>HC) of grey matter (GM) density.

FINDINGS

sPTSD patients showed a significant GM reduction of the AH, while cPTSD showed a significant atrophy of the PH. Finally, sPTSD showed a significant increment of GM density in regions associated with pain perception.

CONCLUSIONS

The neuroanatomical dissociation between sPTSD and cPTSD along the rostro-caudal axes of the hippocampus is compatible both with the petrified-self concept and with the construction hypothesis.

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The Predictive Role of Traumatic Experiences and Dissociation in Non-suicidal Self-injury Behaviors of Adolescents in Residential Care

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Adolescents exposed to traumatic experiences of child maltreatment have a pattern of potentially destructive dissociative behavior and an elevated risk of deliberate self-harm. Considering that most adolescents living in residential care had a childhood marked by chronic adverse events, most often of neglect and interpersonal violence, this study aimed to analyse: a) the expression of non-suicidal self-injury behaviors (NSSIB) in these adolescents; b) the predictive role of trauma and dissociation on their NSSIB. Sample comprised 87 adolescents living in residential care, both sexes (64.4% girls), aged between 12 and 18 years old ($M=15.71$; $SD=1.73$), that completed the Childhood Trauma Questionnaire, the Adolescent Dissociative Experiences Scale and the Impulse, Self-harm and Suicide Ideation Questionnaire for Adolescents. It's scarce the number of adolescents who engage in NSSIB. Among the different types of traumatic experiences and dissociation,

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only the last one accounts for the variability of NSSIB. Since dissociation helps adolescents move away from their hard reality, NSSIB may be understood as a way to generate feelings and to have something they can control. More research is needed in order to understand how adolescents in residential care deal with their experiences of victimization and the impact they have in their mental health.

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Non-Suicidal Self-Injury Among University Students in Japan

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Objectives: Traumatic experiences such as physical and sexual abuse are related to nonsuicidal self-injury (NSSI). Although NSSI is a method of coping used to manage environmental distress without suicidal intent, it is associated with suicidal attempts later in life. We examined whether characteristics of NSSI (frequency, duration, and methods) vary according to the onset age and gender in Japanese youth.

Method: A sample of 207 Japanese university students aged 18–23 years ($M=19.86$, $SD=1.14$) completed self-report measures.

Results: Twenty percent of the participants reported a history of NSSI. An analysis by quantification theory type III revealed that specific NSSI was characterized by gender. Specifically, it was suggested that male students were likely to engage in NSSI such as biting, banging their heads, and punching themselves, whereas female students were likely to engage in NSSI such as sticking pins, needles, or staples into their skin and severe scratching.

Conclusion: Results suggest that proper treatment of NSSI depends on careful consideration of the different methods of NSSI.

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Early traumas, dissociation, psychotism and relational style as risk factor of recidivism in violent behaviour: a case of Schyzoaffective Personality Disorder

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Background

Developmental traumas predispose to personality disorganisation, dissociation, affective dysregulation, inadequate modulation of somatic, mental, affective states and behavioural issues, they occur in association with severe personality disorders and violent behavior, too.

Aim of the study

To underly the relationship between traumas, dissociation, relational style and risk factors in a case of Schizoaffective Personality Disorder with a violent behavioral episode.

Methods

A description of a severe Personality Disorder is observed through the scores of HCR - 20 v3 (Douglas et al., 2013; Caretti et al. 2018), PID - 5 (PD), RQ (Bartholomew, Horowitz, 1991), DES - II (Carlson and Putnam, 1992) and TEC (Nijenhuis et al. , 2002).

Results

Traumas of reject and physical abuse in father relationship (TEC) and victimization (H8 subscale HCR -20 v3 presence) are associated with instability (C4 subscale HCR - 20 v3 presence), negative emotionality, detachment, psychotism subscales high average scores (PID), dismissing/derogating relationship style (RQ), personal relationship problems (H3 subscale HCR - 20 v3 presence), high percentage of dissociation (DES - II).

Conclusions

The authors propose a detachment pattern from close relationships and instability, could be risk factors in predicting violent behaviors in severe disorganized personalities. Further studies should investigate this relationship.

October 25th and 26th

POSTER SESSION

ID PS-10

The relationships among imagery, boundary in the mind, and dream recall

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The purpose of this study was to discuss the relationships among imagery, boundary in the mind, and dream recalls. Vividness and controllability of imagery; fragility and ambiguity as boundary; and frequency, vividness, contents and sensation modality as the aspects relating to dream recalls, were dealt with in this study. Undergraduates were administered with the following questionnaires : The short version of Questionnaire upon Mental Imagery (QMI), Test of Visual Imagery Control (TVIC) , Japanese Boundary Questionnaire (JBQ) and Questionnaire on Dream Recall Frequency. The data of 198 undergraduates who answered all question items were subject to the analyses. The analyses revealed a significant positive correlation between the vividness of dreams and the vividness of imagery (QMI) as well as the vividness of dreams and boundary. Further, the results indicated that the group of subjects with the higher imagery vividness demonstrated the significantly high vividness of dreams compared to that with the lower imagery vividness. Our results suggest that imagery, boundary in the mind and dream recalls were related with each other and that the vividness of dreams, in particular, had a correlation with the vividness of imagery and boundary respectively.

POSTER SESSION



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POSTER SESSION

ID PS-05

Model development to improve capabilities to cope with dissociation and affect dysregulation in a context of social care of children

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Many care workers and foster parents have great difficulties in managing and understanding dissociative problems in the context of social care of children in Japan. Though several sophisticated support models as the Sanctuary Model (Bloom, 1997, 2011, 2013) and the Circle of Security (Powell, Cooper, Hoffman, & Marvin, 1999, 2009, 2013) have already developed, such a rich program has not been successfully disseminated enough to many of the people who need it, especially resource-limited social care setting in Japan. A simple and intuitively understandable model for the foster parents and residential care staffs may be helpful. Objective of this research is to develop such model especially focusing on dissociation and affect dysregulation, through qualitative in-depth interviews with seven experienced Child Psychologist of Child Guidance Center and others who work with care workers and foster parents, exploring the barriers and stepping stones for them to notice, understand, and cope with dissociative problems. One of the key concepts of the suggested model is an outlook and self-efficacy in care, which is discussed with theoretical background of trauma informed care and empowerment of the care givers and children.

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POSTER SESSION

ID PS-07

Dissociation in Infants in Social Care

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In Japan, children in social care number 45,000 in 2017, and about 12 percent of them are raised by foster parents. The rest of the children are raised in child welfare facilities. It has been confirmed that the ratio of the unstable type of attachment and the chaotic / undirected type of attachment increases in the case of children having abusive experiences at home or special samples raised in infant homes (Umemura, 2017). It has also been shown that being raised by multiple care workers in child welfare facilities leads to attachment problems (Roy et al., 2004). Therefore, it is considered that many of the children in social care have attachment problems. However, investigations focused on attachment in infants in social care have yet to be reported in Japan.

On the other hand, Ohkawara (2015) suggested a relationship between attachment and dissociation in children during infancy. Therefore, this study examines dissociation in infants in social care in Japan, based on behavioral observation.

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ID PS-18

The impact of trauma and dissociation in psychiatric patients attending to Sardinian mental health services

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PURPOSE

Even though clinical and literature data show a wide diffusion of traumatic events and their strong association with various psychopathologies and dissociative symptoms [1, 2, 3], these aspects are still underestimated and not adequately considered. Currently, both in Italy and in Sardinia epidemiological data on these issues are lacking.

Methods:

The following questionnaires will be administered:

- TEC: to investigate different types of trauma;
- CTQ-SF: to investigate childhood traumatic experiences;
- SDQ-20: to assess somatoform dissociation;
- DES-II : to assess dissociative symptoms;
- PCI: to assess parental perceived criticism;
- MACE - Verbal Abuse Scale: to assess parental verbal abuse.

POPULATION:

[SEP] The Experimental Group (ES) will be the whole population of psychiatric patients attending to the Sardinian mental health services engaged in the research project. The ES will be compared with two Control Groups (CG1 consists of individuals of same age and same social background as ES; CG2 is composed of traumatized subjects who experienced the same type of trauma as ES).

MAIN POINTS TO BE COVERED:

[SEP] The aims of this study are: *[SEP]* a) to assess the distribution of traumatic events in the psychiatric sample (ES); *[SEP]* b) to assess the association between traumatic events and dissociative symptoms. The project is being approved by the Ethics Committee.

CONCLUSIONS: *[SEP]* The data collected are still being analyzed.

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