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BOOK OF ABSTRACTS

Sample of 649 people (M_{age} = 32.61, SD = 1.56) were recruited via Anxiety and Behavioral Health Clinic to participate in a larger study. Based on their SCID data, all of them met criteria for at least one of the following anxiety disorders: panic disorder, agoraphobia, social phobia, OCD, PTSD and GAD. To answer research questions for this study we ran network analysis with EBICglasso estimation using their scores on the BAI (α = .92; 21 items). The overall network of anxiety symptoms is sparse with an average of 0.37 significant connections per symptom. Centrality measures yielded that symptoms "unsteady" and "terrified" have greatest betweenness, "unsteady" and "heart pounding" had greatest closeness, and "shaky" had the strongest average connectivity with other symptoms. By examining the graphical representation of the network, it seems that cognitive symptoms formed a cluster within the network, holding "fear of worst happening" – symptom with the highest clustering coefficient, while the rest of the network resemble somatic anxiety. However, within the rest of the network it is noticeable that symptoms typically present in panic tend to stick together, while autonomic symptoms are closer to each other. Additionally, common panic symptoms (i.e. racing heart) seem to be the closest to the cognitive cluster. Finally, bootstrap results suggest high stability of the presented network structure.

The obtained results show that even when considered from the network perspective, anxiety can be divided into its cognitive and somatic aspects. For sake of better understanding of nature of a certain disorder it may be important to understand the interplay of these two clusters. Results are also suggestive of the central role of somatic symptoms in the obtained network which can have further practical implications. Future studies should look at the network structure of AS within specific diagnostic groups.

Keywords: anxiety symptoms, The Beck Anxiety Scale, network analysis

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Latent structure and validity of the Secondary Traumatic Stress Scale

Secondary traumatization is a condition that mimics symptoms of post-traumatic stress disorder (PTSD) which results from being engaged in helping professions especially working with traumatized individuals. Practitioners providing services to refugees are on a daily bases faced with persons who have suffered multiple

traumas and postmigration stressors, and as such are highly exposed to risks of secondary traumatization. The current study aimed to examine the latent structure and validity of the Secondary Traumatic Stress Scale (STSS). 270 practitioners (43% males) working with refugees passing through the Balkan route, from 18 to 67 years old (M = 33.66, SD = 9.58) completed STSS, assessing symptoms of secondary trauma (19 items), Hopkins Symptom Checklist-25 (HSCL-25) assessing symptoms of anxiety (10 items) and depression (15 items), and Manchester Short Assessment of Quality of Life (MANSA), assessing satisfaction with various life domains (12 items). STSS showed to have good psychometric properties, with satisfactory values of sampling adequacy (KMO intrusions = .91, KMO avoidance = 92, KMO arousal = .93, KMO stss = .98), internal consistency (α intrusions = .77, α avoidance = .81, α arousal = .82, α stss = .92), and homogeneity for the three subscales and the total score (average inter-item correlations of .41, .38, .48, .39 for intrusion, avoidance, arousal subscales, and STSS total score, respectively). A series of confirmatory factor analysis conducted following prominent PTSD conceptualizations showed that the model of three relatively distinct but highly correlated factors had the best fit: intrusions, avoidance, and the blend of negative alterations in cognition, mood, and reactivity (NACMR) [$\chi^2(116) = 270.60$, $p < .001$; TLI = .91; CFI = .92; RMSEA = .070]. All three factors – NACMR, intrusions, avoidance, and STSS total score showed high positive correlations with symptoms of anxiety ($r = .718$, $p < .001$; $r = .551$, $p < .001$; $r = .468$, $p < .001$; $r = .706$. $p < .001$, respectively) and depression ($r = .753$, $p < .001$; $r = .490$, $p < .001$; $r = .471$, $p < .001$; $r = .711$, $p < .001$, respectively), and moderate negative correlations with the quality of life ($r = -.456$, $p < .001$; $r = -.302$, $p < .001$; $r = -.326$, $p < .001$; $r = -.438$, $p < .001$, respectively). Results provide evidence on the latent structure of the STS which partially deviate from the prominent models of PTSD questioning isomorphism of the two constructs on the empirical level. Evidence on the relationship between secondary traumatic stress and depression, anxiety, and quality of life point to the broader impact of STS-specific symptomatology on the mental health and well-being of practitioners working with refugees. Results, together with practical implications will be discussed.

Keywords: Secondary traumatization, STSS, PTSD, refugees, factorial structure

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