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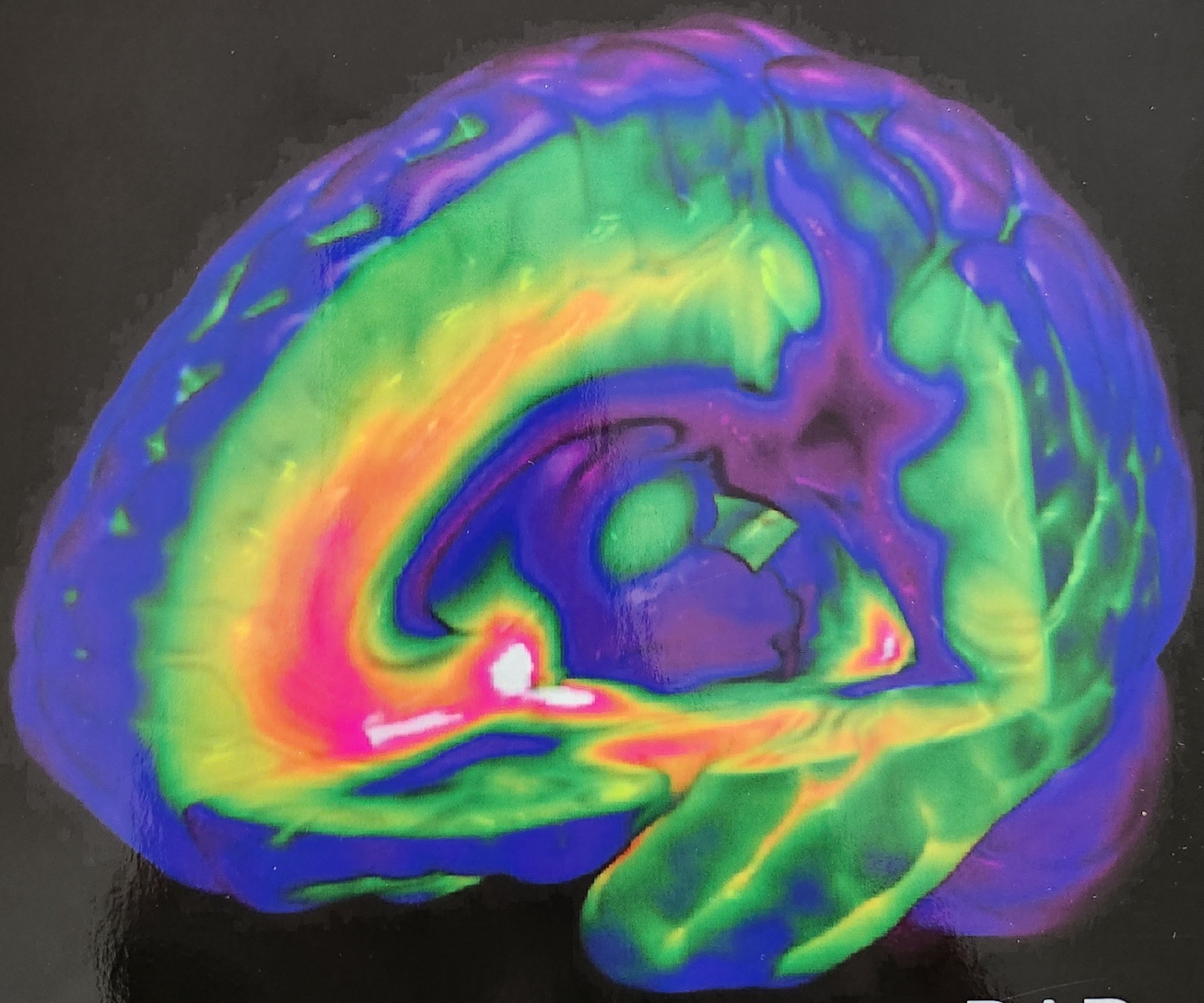

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BAP British Association for Psychopharmacology

Aporosa, S. A., & Vaka, S. (2025). Healing through culture: Kava-talanoa as a PTSD therapeutic framework. Journal of Psychopharmacology, 39, A55-56.

and monitoring tools. Reassessment confirmed the diagnoses given to the patients and showed clinically significant androgenic imbalance in all 5 patients. In addition, the 2 female patients demonstrated clinically significant hirsutism and acne. The 3 male patients received testosterone local application, and the 2 female patients were treated with a spironolactone and metformin combination.

Results: Within 11 weeks post treatment, all 5 patients demonstrated complete remission of their mental health clinical symptoms parallel to obvious improvement in the hormonal imbalance. The results of this report and the potential underlying neurobiological background will be discussed more elaborately during the presentation of this work.

Conclusions: This report sheds some light on the role of non-psychotropics in the treatment of treatment-resistant anxiety and depression, and BPD associated with self-harm and suicidal behaviour. It also emphasises the need for a wider insight in the management of mental health disorders than that commonly adopted in current practice. This may not only reduce patient's suffering which could last for years, compromising patient's social and occupational functioning but also reduce the burden on the health care systems and other societal costs.

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C02

HEALING THROUGH CULTURE: KAVA-TALANOA AS A PTSD THERAPEUTIC FRAMEWORK

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Introduction: The incidence of post-traumatic stress disorder (PTSD) is increasing, particularly among military personnel, first responders (police, fire, ambulance), and prison officers. PTSD is also a health economic burden, with costs linked to treatment, long-term morbidity, and increased mortality risk. Many cases go undiagnosed due to factors such as trauma-related avoidance behavior, which also negatively impacts PTSD therapy (Watkins et al., 2018, Front. Behav. Neurosci., 12:1-9). There is a significant unmet need for improved and culturally aligned PTSD treatments in the Pacific and beyond. Medical standards of care for acute anxiety/PTSD typically involve psychotropic drugs such as benzodiazepines, tricyclic antidepressants, and antipsychotics. These medications offer short-term relief only, carry addictive risks, are contraindicated for key populations (e.g., the elderly), and have had harmful effects in indigenous communities. Kava (Piper methysticum) is a traditional, culturally significant Pacific Island beverage known for its soporific and relaxant effects, similar to benzodiazepine (Sarris et al., 2012, J. Hum. Psychopharmacol. Clin. Exp., 27:262-9). Unlike benzodiazepines, kava is non-addictive with regular use and extremely safe—regulated as 'food' in several countries (Aporosa, 2019, J. Drug Sci. Policy Law, 5:1-13). Kava does not induce marked euphoria or hallucinations (Aporosa et al., 2022, J. Ethnopharm., 291:1-15), and promotes productive discussion known as talanoa—a form of 'talk therapy' (Vaka et al., Issues Ment. Health Nurs., 37:537-544).

Methods: This ethics approved (21/372) study was guided by the faikava talanoa methodology (Aporosa et al., 2021, Pacific Dynamics, 5:74-92). Self-report experiences of Pacific-based UK and US military veterans and serving combat returnees (n=40) were documented in traditionally influenced kava-use spaces in which attendees engaged in talanoa. While exact kava consumption volumes were not measured, participants typically consumed 3.6 litres (6.33 pints) of kava—approximately 5,000 mg of kavalactones—over six hours. Focused coding was utilised to analyse participant comments.

Results: Participants reported that engagement in talanoa within traditionally influenced kava-use spaces increased their relational connectedness, improved meaning making of trauma experiences and promoted better sleep.

Conclusions: Aided by kava's anxiolytic soporific effects, it is suspected that kava use with talanoa reduces the triggering of 'fear structures', minimizes avoidance behavior and aids sleep quality, contributing to symptom reduction. Further, we believe that kava-talanoa offers an innovative, culturally augmented,

group-based CBT intervention (Aporosa et al., 2025, Front. Psychol., doi:10.3389/fpsyg.2025.1460731). The findings serve as a foundation for clinical trials (underway) to determine the efficacy of the approach as a much-needed transcultural treatment of trauma that addresses the global PTSD burden.

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C03

EMOTIONAL REGULATION, COGNITIVE FLEXIBILITY, AND MENTAL IMAGERY IN AUTISTIC VS NEUROTYPICAL YOUTH WHO SELF-HARM: IMPLICATIONS FOR COGNITIVE INTERVENTIONS.

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Introduction: Self-harm (SH) is a maladaptive behaviour that is over three times more prevalent and more severe in autistic youth than in neurotypical youth (Blanchard et al., 2021, JAMA Netw Open., 4(10): e2130272). However, little research has investigated how cognitive processes underlying SH, including self-regulation and mental imagery, differ between these groups. This study aimed to explore these differences and their implications for novel therapeutic interventions (Schmeid et al., 2024, Front Psychol, 15: 1395603).

Methods: Autistic (n = 18) and neurotypical (n = 9) participants, aged 16–25, completed self-reports and computer-based tasks to examine the mechanisms underlying SH behaviour. Emotional regulation and cognitive flexibility were assessed using the Difficulties in Emotion Regulation Scale – Short Form (DERS-SF) and the Intra-Extra Dimensional Set Shift (IED) Task, respectively. Additionally, participants underwent a cognitive manipulation targeting SH-related imagery (Holmes et al. 2019, The Guildford Press). Group differences in DERS-SF scores and IED responses/errors were compared using t-tests or Mann-Whitney U tests, while changes in the emotional intensity of imagery were evaluated with repeated-measures ANOVA or Friedman's tests. Associations between these outcome measures were examined using Spearman correlations.

Results: Of the DERS-SF subscales, only emotional clarity was lower in autistic youth compared to neurotypical youth ($t = 2.26$, $p = 0.03$). No differences were observed in IED responses/errors. Both groups responded similarly to the cognitive manipulation, which reduced emotional intensity of SH-related imagery (Autistic: $F = 11.5$, $p < 0.001$; Neurotypical: $\chi^2 = 12.04$, $p < 0.001$). Although lower emotional clarity was associated with greater SH severity ($r_s = -0.49$, $p = 0.01$), it did not appear to impact participants' ability to respond to the manipulation. Instead, poorer impulse control ($r_s = 0.45$, $p = 0.02$), difficulty engaging in goal-directed behaviour ($r_s = 0.44$, $p = 0.03$), and more IED errors ($r_s = -0.42$, $p = 0.04$) were associated with smaller reductions in emotional intensity in a combined-group analysis.

Conclusions: Lack of emotional clarity may uniquely contribute to SH in autistic youth. However, autistic individuals demonstrate a comparable capacity to their neurotypical peers in using cognitive techniques to reduce the emotional intensity of SH-related imagery. These findings contribute to the development of more mechanistically grounded interventions for autistic youth who engage in SH. Nonetheless, this study was underpowered, and larger samples are needed to determine whether poor self-regulation may be an index of worse therapeutic response in SH populations.

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