



DIVISION 56

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWS

2017 Presidential Initiative
 Invitation to Participate: Mental Health Needs of Refugees3

Editor's Note
 Summer and Convention.....4

Convention Program
 APA Division 56: 2016
 Convention Programming.....5:

Poem
 I am a Syrian refugee.....6

Featured Article
 Safety Behavior and PTSD Treatment Outcome: A Call to Arms for Investigators.....7

Treatment and Technology
 Mobile Application Review.....9

International Perspectives
 International Committee Update 10

Early Career Professionals
 Employment Is Empowerment: The Impact of Domestic Violence on Women's Professional Growth..... 11

Student Spotlight
 Working with Women of Color Who Have Experienced Sexual and Relational Violence..... 13

Book Review
 Review of Treatment of Complex Trauma: A Sequenced, Relationship Based Approach ... 16

Who's Who
 Bitu Ghafoori, PhD17

Members News
 Division 56 Member News..... 18

PRESIDENTIAL VOICE

Let's Celebrate

By: Joan Cook, PhD

A PA Convention is just around the corner and I'm hoping many of you will join us for a fun and productive line-up of programming. We have our usual outstanding array of poster sessions and symposia, and a few extras.

In 2016, we celebrate 10 amazing years since the American Psychological Association granted us provisional status as a Division. In order to honor this important milestone special events at Convention are planned. For more information and details on our exciting programming, please visit our website at: www.apatraumadivision.org.

One significant event is an invited presidential address featuring Shaka Senghor, which promises to be very moving. For those of you who do not yet know Shaka, he is a New York Times bestselling author whose most recent book, *Writing My Wrongs: Life, Death and Redemption in an*

American Prison, has been featured on Oprah's "Super Soul Sunday" TV show. Shaka is a trauma survivor—a man who grew up in poverty, violence, fear, and hopelessness. He

was angry, bitter, and hurting from a childhood broken by divorce, drug addiction and gun violence. At age 19, he shot and killed a man during a drug-related argument. He served 19 years in prison for second-degree murder, including years in a solitary confinement cell on 23-hour lockdown.



Joan Cook, PhD

His memoir, *Writing My Wrongs*, is a redemption story told through a stunningly human portrait of what it's like to grow up in the gravitational pull of trauma and poverty. Mr. Senghor's talk will focus on not only sharing his experiences of pain, but about how he has transformed his life by getting the word out on trauma. He serves as a shining testament to the power of understanding the multiple pathways to the experience of trauma and the resiliency needed to overcome it. Since

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Developing Benchmarks for Measuring Competence in Trauma Psychology Task Force

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his incarceration, Shaka has devoted his life to pursuing transformative bipartisan federal legislation to grow our nation's investment in rehabilitation, treatment and education of incarcerated persons, and to advance policies that keep people out of prison who do not need to be there.

Rather than a single presidential address, I thought it would be wonderful to have all the Division's past presidents, Drs. Judie Alpert, Bob Geffner, Steve Gold, Laura Brown, Chris Courtois, Terry Keane, Constance Dalenberg, Kathy Kendall-Tackett, and Beth Rom-Rymer, join me a lively discussion regarding perceived future directions for the field of trauma psychology. I am sure you are as grateful as I am to our past presidents for their vision, energy, and dedication to creating and building our incredible Division of Trauma Psychology. Their feedback can help set a presidential blueprint regarding numerous examples of how the Division can continue to "get the word out" about trauma psychology to a wide-range of professionals as well as the public. To facilitate this initiative going further, we would like to know: what do you want to see Division 56 doing in the next 10 years? Each of you have ideas about where we need to go as an organization that would benefit and potentially lead us. So come, join the conversation!

Our social hour will follow this presidential address so hopefully we can all move right from this fruitful discussion to our celebration. This will bring us all together to celebrate our many accomplishments. In addition, Shaka has graciously agreed to join us at our social hour/awards ceremony where he will sign books.

We will also have our own hospitality suite at the convention and intend to make this a place for positive interaction and networking. It will be filled with discussion groups, mentoring activities, and socials. This space will also be utilized for our silent auction of trauma books. Many thanks to so many of you who graciously donate your books for auction! It is wonderful to "get by with a little help from our friends." If you are passing by the hotel, please stop by for light refreshments and good conversation. For more information on our suite and programming, please check out the highlights in this issue of the newsletter and visit our website at www.apatraumadivision.org.

If you are not able to attend Convention this year, you will be missed! But we will certainly have highlights to share with you via our social media accounts.

Invitation to Participate: Mental Health Needs of Refugees

Elizabeth Carll, PhD, President-Elect

Forced migration due to wars, conflict, and persecution worldwide continues to unfold, and the number of people displaced within their country or having fled internationally reached 59.5 million, the highest level ever recorded according to estimates by the United Nations High Commissioner for Refugees (UNHCR). Migration for all reasons, including economic and environmental/climate factors, is now a global phenomenon with approximately 244 million international migrants in 2014 according to the United Nations Department of Economic and Social Affairs.

The United States is the world's top resettlement country for refugees. For people living in repressive, conflict and war torn countries, or those members of vulnerable social groups, migration and resettlement are often a means of survival and safety. The global phenomenon of forced migration can be expected to increase and the settlement and transition into new host communities takes many years.

Mental health/psychosocial responses are increasingly important components of programs for crisis affected migrants seeking asylum and refugee resettlement. There

is a great need for these services and often the demand far exceeds the supply of mental health professionals. To help meet these needs, I have recommended the development of a Trauma and Mental Health Resource Network alongside creating a database of volunteer psychologists, within the US and globally, to help fill the need for evaluations and support services.



Elizabeth Carll, PhD

Therefore, we need your help to accomplish this humanitarian goal. This is an interdivisional initiative and all are welcome. It is also a multi-year initiative and due to the increasing needs, we look to get a head start to gear up for 2017. A thank you to Joan Cook, our current president, for the support as we begin moving forward this year.

If you have experience working with refugees and have also conducted evaluations, such as asylum evaluations, we especially need your skills. Training will also be offered to familiarize psychologists who are experienced in working with trauma and interested in volunteering, who may not have experience and specialized skills

working with refugee and migrant populations. If you are interested in volunteering and would like to be included in the database being created, please contact me at ecarll@optonline.net.

Summer and Convention



*Bryan T. Reuther, PsyD
Editor-in-Chief*



*Tyson Bailey, PsyD
Associate Editor*

Summer has always been a time I have looked forward to and thoroughly enjoyed, mostly because it meant long days, vacations, barbecues, and opportunities to spend time with family and friends. This continues as many of us travel to Denver, Colorado for the annual APA convention for a mixture of professional development, recreation, and spending time with old friends and making new ones.

Despite the positive associations summer has for many of us, we also need to acknowledge and address the widespread trauma and suffering occurring both domestically and abroad. As professionals who work in the trauma field we do not have to look far, as it is part of our everyday lives, and in many ways we are already saturated in it. But this has to also include elevating the discussion beyond our pool of professionals to other areas—which is what Joan Cook's presidential theme is all about: "Getting the word out." Consequently, alongside the time of relaxation and leisure must go thoughtful engagement and action, which involves discovering or continuing your "calling" in the trauma field, and most critically, expanding it in some way.

In this issue Dr. Amy Ellis has provided a fantastic synopsis of the Division 56 convention and hospitality suite programming. We also have some superb articles, reviews and a poem! We especially encourage everyone to come and spend time at the hospitality suite, as it is a wonderful opportunity to get to know and/or deepen connections with other division members and leaders. For those of you who are not acquainted with or perhaps would like to get to know myself or our Associate Editor Tyson Bailey, we would enjoy speaking with you at the convention, especially if you have ideas for the Newsletter. All in all, safe travels to our readers heading to Denver and best wishes to everyone else!

All the Best,
Bryan T. Reuther, PsyD
Editor-in-Chief

Division 56 Member Services

Join Division 56: www.apa.org/divapp

Renew Division 56: APA Members, Associates, and Fellows may renew via www.apa.org/membership/renew.aspx. Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at www.apa.org/divapp.

Membership Term: Membership is for January-December. If you apply during August-December, your membership will be applied to the following January-December.

Website: www.apatraumadivision.org

Listserves: Everyone is added to the announce listserv, div56announce@lists.apa.org (where news and announcements are sent out; membership in Division 56 is required).

To join the discussion listserv, div56@lists.apa.org (where discussion happens; membership is not required), send a note to listserv@lists.apa.org and type the following in the body of the note: subscribe div56

Journal: You can access the journal, *Psychological Trauma: Theory, Research, Practice, and Policy*, online at www.apa.org via your myAPA profile. Log in with your user ID or email and password.

Newsletter: The newsletter is sent out on the division listservs and is available on the website at www.apatraumadivision.org/207/division-newsletter.html

Membership Issues: Email division@apa.org or phone 202-336-6013.

APA Division 56 2016 Convention Programming

By Amy E. Ellis, PhD

The Programming Committee is excited to announce our full lineup of convention and suite programming for this year's conference in Denver, CO. As a reminder, the conference is taking place from Thursday, August 4 to Sunday, August 7. Below is a brief summary of our programming, but please check out our website for more detailed information: <http://www.apatraumadivision.org/177/2016-convention.html>

Conference Theme. This year our theme was "Trauma Psychology: Getting the Word Out." As the field of trauma studies grows within psychology, we must also recognize how we can extend these milestones to other domains such as primary care, clinical training, and general lay audiences. As such, our programming has reflected this need for continued advocacy, research, and practice so that our burgeoning field can continue to flourish.

Invited Address. Our invited speaker, Mr. Shaka Senghor, is no stranger to trauma. A trauma survivor himself, he faced a childhood of violence, poverty, and addiction, which ultimately contributed to his 19 years in prison for second-degree murder. He dared to dream beyond those prison walls and, since his release, has written numerous books including his memoir, *Writing My Wrongs: Life, Death, and Redemption in an American Prison*. He is a leading voice for criminal justice reform and is an exemplar in getting the word out on the nature of trauma. Mr. Senghor will be presenting on Friday, August 5, from 4:00 p.m. to 4:50 p.m. in the Denver Sheraton Hotel. The first 50 people in attendance will receive a free copy of his book.

Past Presidential Panel. We are excited to celebrate our 10-year anniversary this year! What better way to celebrate than with all of our past presidents who have paved the way for our Division? They helped us gain solid ground within the APA, as well as within Division 56 as an organization in its own right. Past presidents Drs. Judie Alpert, Robert Geffner, Laura Brown, Christine Courtois, Steven Gold, Terrence Keane, Constance Dalenberg, Kathleen Kendall-Tackett, and Beth Rom-Rymer, along with our current president Dr. Joan Cook, will share their collective wisdom on our Division's greatest accomplishments, ideas for future directions in practice and research, and the lessons learned to strengthen the field. The Presidential Panel will follow Mr. Senghor's presentation from 5:00 p.m. to 5:50 p.m., on Friday, August 5, in the Denver Sheraton Hotel.



Amy E. Ellis, PhD

Social Hour & Awards Ceremony. Join us as we continue to celebrate our 10-year anniversary with hors d'oeuvres, socializing and networking, and the presentation of our various Division awards. Our invited guest, Mr. Shaka Senghor, will also be joining us and will be available to sign books. This fun event will take place on Friday, August 5, from 6:00 p.m. to 7:50 p.m. in the Denver Sheraton Hotel.

Symposia. We are thrilled to announce our listing of hot topics in the field of trauma psychology, with sessions including: "Addressing Trauma Related Issues and Problems in Healthcare Settings," "Trauma and Caregiving: Complicated Situations and Solutions," "Assessment and Treatment of Torture Survivors," "Education and Training in Trauma Psychology: From Undergraduate Through Post-Licensure," "Helping Veterans with Reintegration and Recovery in Community Settings," "World Refugee Trauma: Women, Children, Families, and Social Justice," and "Forensic Practice with Vulnerable Populations: The Victim-Victimizer-Victim Cycle."

Posters. We were astounded to receive not only a high volume of poster submissions this year, but also those of high quality and rigorous standing. We have two poster sessions to showcase some of the latest groundbreaking research in our field. Although there are far too many to name, a few posters center on particularly timely topics related to interventions for trauma-related disorders, understanding trauma-related symptomatology in various cultural and ethnic groups, human trafficking, and positive psychotherapy constructs (e.g., spirituality, hope, and posttraumatic growth).

Suite Programming. We have reserved the Blue Spruce Suite in the Hyatt Regency for division-specific programming. Renowned speakers will deliver informal conversation hours on trauma research publishing tips, working with male sexual assault survivors, trauma-related forensic practice, and Internet interventions. Don't forget to stop by our suite Social & Mixer on Saturday, August 6, from 5 p.m. to 7p.m.!

Amy Ellis, Ph.D. is the 2016 Convention Programming Chair for Division 56. She is also a clinical supervisor and research/statistical consultant in the Trauma Resolution and Integration Program at Nova Southeastern University. She is a licensed psychologist with areas of expertise in attachment theory, complex PTSD, and serious and persistent mental illness.

I am a Syrian refugee

Dr Ani Kalayjian, DrKalayjian@Meaningfulworld.com

I am an Armenian-Syrian
Immigrated in the mid 1970's;
My first week in American high school
I was called a 'dirty immigrant,'
When asked what I was, I responded 'Armenian'
They asked in a demeaning way 'what's that?'

I said Armenia was partially a Republic in Soviet Union
(Independent since 1992)
The other larger part is occupied by Turkey,
They pushed me away claiming I was a 'communist.'
But I told them I was not even born in Armenia; I was
born in Syria,
As my father and his family were forced out of their
home in Anatolia,
After killing a million-and-a-half, and forcing them out
of their homes...

I am a Syrian refugee...'Where is Syria?
You must be a terrorist,' they added!
Do you have refrigerators, how about TV?
Do you ride camels and donkeys?
And continued with their sly remarks
Putting down who I was and where I was from...

It has been five years to the war in Syria,
And it is not only due to a dictator President,
It's because larger countries have made Syria
A battle ground, to sell their arms and ammunitions,
Weaken Syria, which was the only strong Arab country
In the Middle East...

Now in 2015 I hear our congressmen advising to
Only allow Christians and not Syrians to America,
I am shocked in dismay, wondering
Don't you know that Syrians could be all religions?
And what does religion got to do with terrorism?

Why is that I don't feel lucky and happy about being
Christian?

Perhaps because it was a century ago Armenians
Were beheaded by Ottoman Turks,
If they did not convert from Christianity to Islam?
Over 3 million Armenians were subjected into a
A forced march to their death in Arabian deserts...

Shall we exclude all Christians, as terrorists
In Columbus were Christians?
Shall we exclude all Jews, as those terrorizing
Palestinians in Israel are all Jewish?
Shall we exclude all Buddhists, as the terrorists
In Myanmar are Buddhists?
And where do we draw the line of sanity, and stop?

I am a Syrian Refugee, and I am grateful for
The human rights that we enjoy here in USA,

I was tired of being squeezed between two brothers,
Stripped of all of my human rights,
As a girl first and then as a woman,
Subjected to gender stereotyping, and discrimination!

I am grateful of all the opportunities I enjoy here in
USA:

My parents prohibited me from riding a bicycle in Syria,
Here in USA I learned to ride a motorcycle!
We were traumatized of wars all around us in the
Middle East,
Here we are in a bubble; we contribute to conflicts all
around us,
But then attempt to sit pretty, mighty, safe, and big,
While wondering why are certain people targeting USA?

I am grateful of all the opportunities I enjoy here in
USA;
While it should be practiced around the world, as the
UN Universal Declaration of Human Rights states:
"All human beings are born free and equal in dignity and
rights;
Without distinction of any kind, such as race, color,
gender,
Language, religion, political or other opinion, national or
Social origin, property, birth or other status."

I am an Armenian-Syrian refugee now an American
citizen,

I am filled with sadness and disappointment,
As we are subjecting thousands of humans to
unnecessary trauma,

Instead of embracing Syrians with empathy and
compassion,

We are becoming border judges, examining their faith,
Yet no one is asking "what has happened to our faith?"
And how about the Golden Rule:
Do unto others what you wish to be done to you?

I also have much hope and empathy, as I meet strangers
Who express words of empathy to me, they send their
Compassion and condolences for my fallen relatives,
Which filled my heart with peace, instilling a deep sense
of

Hope, and ever-present compassion, the courage to
endure,

The passion to take one day at a time, and the wisdom
To be truly mindful and present.



Dr. Ani Kalayjian

Safety Behavior and PTSD Treatment Outcome: A Call to Arms for Investigators

Hannah C. Levy, MA

Prolonged exposure (PE) is an evidence-based treatment for posttraumatic stress disorder (PTSD; for a review, see Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010), which involves gradual and systematic exposure to feared trauma-related situations and memories. PE is rooted in emotional processing theory (Foa & Kozak, 1986), which proposes that full activation of the “fear structure” is critical to the success of exposure. In other words, individuals undergoing exposure therapy must become sufficiently anxious during the process in order to disconfirm their fears and ultimately achieve successful treatment outcomes. As such, any efforts to reduce anxiety during exposure, such as employing safety behaviors, are likely to undermine the efficacy of the intervention. Safety behaviors are anxiety-control strategies that are used in feared situations to reduce distress and/or prevent feared outcomes (Salkovskis, 1991). Indeed, the most recent edition of the PE treatment manual states, “...it is helpful to look closely at what the client is actually doing during the in vivo exposure exercises...look for subtle avoidance and ‘safety behaviors’...these behaviors interfere with fear reduction by maintaining the client’s perception that she was not harmed only because of the protective measures she took” (Foa, Hembree, & Rothbaum, 2007, p. 114). Until recently, there was little reason to question the notion that safety behaviors interfere with the efficacy of PE. However, emerging literature suggests the use of safety behavior in exposure is not so black and white: in fact, some authors have reported more favorable exposure outcomes, in terms of fear reduction and approach behavior, when safety behaviors were used as compared to when they were withheld (e.g., Milosevic & Radomsky, 2008). In this article, I review the current literature on the effects of safety behavior in exposure therapy, considers the applicability of these findings to individuals with PTSD, and then issues a “call to arms” for investigators to expand the extant literature into PTSD.

Contrary to emotional processing theory (Foa & Kozak, 1986) and cognitive-behavioral theory more generally (Salkovskis, 1991; Salkovskis, Clark, & Gelder, 1996), empirical research on the effects of safety behavior on treatment outcome in exposure therapy has yielded mixed findings. Several studies have demonstrated

that safety behavior undermines the efficacy of exposure therapy for a range of anxiety disorders, including social anxiety disorder (McManus, Sacadura, & Clark, 2008), specific phobia (Sloan & Telch, 2002), and panic disorder with agoraphobia (Salkovskis, Clark, Hackman, Wells, & Gelder, 1999). These studies have shown that participants using safety behavior during exposure had poorer treatment outcomes than those who refrained. By contrast, numerous other studies have failed to find differences in treatment outcome as a function of safety behavior use for many anxiety problems, including specific phobia (Milosevic & Radomsky, 2008) and contamination fear (Rachman, Shafran, Radomsky, & Zysk, 2011). These mixed findings have led to calls for a “reconceptualization” of safety behavior as not *necessarily* detrimental to exposure therapy, and potentially beneficial in some cases (Rachman, Radomsky, & Shafran, 2008). These authors propose that the careful and strategic use of safety behavior in exposure therapy may provide an increased sense of confidence and control, which may in turn facilitate approach behavior and the disconfirmation of feared outcomes. The authors further theorize that using safety behavior in the



Hannah C. Levy, MA

early stages of treatment may reduce refusal and dropout rates, as clients/patients may feel less apprehensive about engaging in exposure exercises if they are permitted to use safety behavior.

To this author’s knowledge, no prior studies have examined whether safety behavior decreases the likelihood of refusal and/or dropout in exposure-based treatments. However, recent research has demonstrated other potentially beneficial effects of safety behavior in exposure therapy, including increased approach behavior towards feared stimuli (Milosevic & Radomsky, 2008), greater change in maladaptive beliefs about feared stimuli (Milosevic & Radomsky, 2013), greater perceived control over distressing emotions when in the presence of feared stimuli (van den Hout, Engelhard, Toffolo, & van Uijen, 2011), and greater treatment acceptability (Levy & Radomsky, 2014; Levy, Senn, & Radomsky, 2014). On the other hand, it is important to note the limitations of these studies. For example, all of the studies were intended as preliminary investigations, and as such employed single-session designs with no long-term follow-up period. Therefore, the long-term effects of using safety behavior in exposure therapy are unknown and must be evaluated in future studies.

There are other important limitations of the extant literature on safety behavior. For instance, there appear to be no prior studies that have examined the effect of safety behavior on exposure outcome among individuals with PTSD. Some research has examined the bivariate association between safety behavior use and PTSD symptom severity (e.g., Dunmore, Clark, & Ehlers, 2001), but no studies have compared treatment outcome as a function of safety behavior use in this population. This represents a significant limitation of the existing literature, as it cannot be assumed that the findings from prior studies necessarily generalize to PTSD. The lack of prior research in this area may come as a surprise to some readers, as current PE guidelines strongly discourage the use of safety behavior during exposure in order to achieve successful outcomes. Indeed, the PE treatment manual (Foa et al., 2007) teaches therapists to discourage clients/patients from using safety behavior during exposure exercises. Therapists are also taught to explicitly instruct clients/patients not to use relaxation training, an anxiety-reduction strategy that is introduced in the first session of PE, during exposure exercises. Interestingly, in a review paper on the efficacy of PE, McLean and Foa (2011) acknowledge the lack of research on safety behavior in PTSD, and recommend that future studies address this gap in the literature.

Given the limitations of prior research in this area, this author encourages investigators to conduct research on safety behavior in PTSD. As described previously, there are theoretical (Foa & Kozak, 1986) and empirical (Dunmore et al., 2001) reasons to believe that safety behavior may undermine the efficacy of PE for PTSD, but no formal studies to support this claim. First, it will be essential to establish a valid and reliable measurement tool for safety behaviors in PTSD. Dunmore and colleagues (1999, 2001) developed the Behaviour After Assault Scale, which contains some items designed to assess safety behavior use, but the psychometric properties of this self-report measure have not been formally assessed. Second, using validated measures, it will be important to examine the impact of safety behavior on the efficacy of PE by comparing outcomes and retention rates among individuals who do and do not employ safety behaviors during exposure exercises. This research may provide the necessary empirical support for current PE treatment guidelines discouraging safety behavior (Foa et al., 2007), or it may demonstrate the benign or potentially facilitative effects of safety behavior that have been shown in prior studies (e.g., Milosevic & Radomsky, 2008, 2013). Third, more research on safety behavior may clarify mixed and inconclusive findings on the effects of safety behavior on exposure therapy outcomes, which will have implications for assessment and treatment of anxiety problems. It is my hope that this “call to arms” will inspire research in this area, with the ultimate goal of improving current treatments for individuals with PTSD and other anxiety-related disorders.

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Mobile Application Review

Constance Dalenberg, PhD and Marie Ardill, MA

Divisions 56 and 46 worked collaboratively to create a Mental Health Mobile Phone Application Review database, which currently includes information on more than 40 apps for iOS and Android systems. The development of the database was funded by a CODAPAR grant submitted by 2013 Division 56 President Constance Dalenberg, with the support of Lilli Friedland from Division 46 and Ray DiGuiseppe from Division 29. The focus of this database is to provide APA members with evaluated tools to augment service delivery. The database is also designed to enhance the potential effectiveness of self-help strategies, thus serving the community and highlighting the role of the APA in championing ethical and empirically based interventions, which are core values of the organization. The project also serves the strategic goal of expanding psychology's role in advancing health through education and creation of what is likely to be a highly accessed database for researchers and professionals.

The mobile applications to be evaluated by the database were narrowed down from an existing list from the Trauma Research Institute of frequently recommended apps, as well as lists generated through searches of online app databases. In this first round of finding relevant apps, the team focused on apps that dealt with stress, trauma, or anxiety. The creation of the database and the rating of the applications took the work of approximately thirty psychologists, mostly from the trauma field. The raters were selected either from targeted requests sent out by the two divisions or by utilizing email addresses associ-

ated with pertinent research findings in the area related to the app. Raters were asked to evaluate between one and three phone applications. Two project managers (Jan Estrellado and Marie Ardill) helped coordinate these ratings.



Constance Dalenberg,
PhD



Marie Ardill, MA

Each rater was contacted by email to participate in the project and was randomly assigned a phone application to review within their area of expertise. The phone applications were "gifted" to each rater, thus making them free to download onto their personal devices. The raters then sent in reviews on the following five different dimensions: 1) easy to download; 2) easy to use; 3) is of benefit to motivated user; 4) is consistent with scientific literature; and, 5) reports efficacy evidence. Each dimension was rated from 1 to 5 with 5 being the highest and 1 the lowest rating. Additionally, reviewers were given the option to write a summary for each phone application to be posted with the review.

The reviews for each phone application were then compiled. Upon completion, Division 56 created a PDF and webpage to display the data from the phone application reviews. The goal was to make the phone applications accessible to the public with easy access in order to display the evidence-based research behind phone applications and the use in the clinical field.

This data base can be expanded over time—both to other areas of psychopathology intervention and to support apps for researchers—and it could be a useful tool for the busy professional.

Check out the full database here: <http://traumapsychnews.com/2016/04/mental-health-mobile-phone-application-review-database/>

International Psychologists

Division 56 is seeking international psychologists to write articles for upcoming editions of *Trauma Psychology News*. Please contact Elizabeth Carll at ecarll@optonline.net for more information or to submit an article.

International Committee Update

Elizabeth Carll, PhD, Chair

For those attending the APA Convention and interested in global issues, please be sure to attend the international symposium addressing the global refugee crisis. During the past decade, the number of forced migrants—including refugees and asylum seekers—has reached crisis proportions. The United Nations High Commission on Refugees (UNHCR) estimates that by the end of 2014, there were 59.9 million forcibly-displaced persons in the world—the largest number since the end of World War II. During their flight from armed conflict, persecution, torture, and human rights abuses, these forced migrants encountered many traumatic stressors, arriving in their host country with complex social, medical, legal, and psychological needs.

“World Refugee Trauma: Women, Children, Families, and Social Justice”, is a two-hour symposium co-sponsored with Division 35. It is scheduled for **Saturday, August 6, 2016 from 11:00 AM to 12:50 PM** in Convention Center Room 405. CE credit is available. Participants include Carl Auerbach, Greg Lewis, Adeyinka Akinsulure-Smith, Cynthia de las Fuentes, Barbara Streets, William Salton, and Elizabeth Carll. Speakers will describe their work addressing the mental health needs of refugees from the Middle East, Caribbean, Central and Latin America, Africa, and Asia.

To encourage participation of international students from developing countries at the APA convention, Division 56 offers a \$500 International Student Travel



Elizabeth Carll, PhD



Christabel Leonce

Stipend and complimentary convention registration to support travel. A free one-year membership in Division 56 is also included. This year's recipient of the 2016 Division 56 Student travel stipend is Christabel Leonce from Trinidad and Tobago. She is a doctoral student in Clinical Psychology at George Fox University. She has been a Volunteer with Trinidad and Tobago Trauma Centre Nature/Nurture Camp for boys and girls, has served as a residential treatment specialist at a children's home, and also worked as a teaching aid at a primary school with the Trinidad and Tobago Ministry of Education. Her presentation at the convention will address the challenges of children with Fetal Alcohol Syndrome Disorders (FASD).

Thank you to Carl Auerbach, Felicitas Kort, and Greg Lewis for serving on the selection subcommittee of the International Committee to determine this year's stipend recipient.

One of the initiatives of the Committee is the series of interviews conducted by student members with trauma psychologists residing in various parts of the world. Previous interviews have been with trauma psychologists from Africa, Asia, Australia, and Europe. If you would like to recommend a trauma psychologist residing outside of the U.S. to be interviewed by a student member of the committee, please contact Elizabeth Carll, PhD at ecarll@optonline.net. These interviews are an opportunity for graduate student interviewers

to connect with international trauma psychologists and simultaneously provide a glimpse into the work of psychologists residing in other parts of the world.

Invitation to Division 56 Fellows

Division 56 lists the names of all of our Fellows on our website. You can see the complete list by clicking on the following link: <http://www.apatraumadivision.org/85/awards-honors.html#fellows>. We are hoping to link more of our Fellows' professional websites to highlight the amazing work you are all doing. As you will see, some of our Fellows have already provided links. If you would like to link your website to the Division 56 page, could you please send the link directly to Tyson Bailey at TDBaileyPsyD@gmail.com.

Employment is Empowerment: The Impact of Domestic Violence on Women's Professional Growth

By: Jonathan Marsh, MA

Researchers in the domestic violence movement have long demonstrated that one out of four women are abused by intimate partners in the United States (Tiaden and Thoennes, 2000). In fact, homicide ranks among the leading causes of death for women (Center for Disease Control and Prevention [CDC], 2010) and is most frequently committed by intimate partners (Catalano et al., 2009). National and local policies, resources, and interventions are continuously developing, intended to reduce and prevent recurring domestic abuse to victims and to further expand options for those who choose to leave the abusive relationship.

Nationally, the Violence Against Women Act was introduced in 1994 to provide special rights to victims and children who have experienced domestic violence. Localized resources that are routinely accessed in communities across the country include safe shelters for battered women, social service programs to assist families of domestic violence, and hotlines and counseling agencies to support women who have been abused and connect them to resources (National Coalition to End Domestic Violence, 2016). However, domestic violence continues to occur at alarming rates (United States Department of Justice, 2006). Research finds that those who later become homicide victims often returned to their abusers due to issues surrounding economic dependency and difficulties in overcoming financial indigence (New York City Domestic Violence Fatality Review Committee, 2012).

This article addresses the concept of economic empowerment, its fundamental importance in a victim's journey to total liberation and safety from the abuser, and policies implemented to address intersections of domestic violence and employment. Attention is directed to how these issues impact women who have survived domestic violence.

Economic empowerment does not simply mean being employed; it requires financial competency and astuteness (Postmus et al., 2013), financial security and confidence (Kim and Gray, 2008), and job skills and potential (Lindhorst, Oxford, and Gillmore, 2007), all of which are jeopardized by an abuser's coercive strategies for maintaining power and control over a victim. Coercive control is a form of abuse that could potentially be overlooked by professionals because the behaviors associated with it are not overtly violent, compared to obvious types of abuse such as threats or physical violence. Coercive controlling behaviors—like restricting resources or transportation, or interfering with the pursuit of employment—can cripple the victim's

chances of ensuring a secure future post-separation (Stark, 2007). Consequently, those who are economically disempowered through coercive control are faced with financial, professional, and practical barriers. It is thus not uncommon for a victim to have little or no access to money, which complicates her ability to effectively or confidently manage personal finances post-separation. Further, the daily obligations required of the responsible and safe parent in the family could hinder her opportunities to work or prepare for employment post-separation. Consider cases of survivors who become displaced homemakers after leaving abusive relationships of many years—research finds that these women struggle to feel self-reliant, sometimes for years following separation (McDonald and Dickerson, 2013).



Jonathan Marsh, MA

Domestic violence-related stalking is strongly correlated with serious assaults including sexual and fatal violence, and should be considered indicative of a dangerous relationship even if the occurrence is isolated or seemingly trifling (Krebs, Breiding, and Browne, 2011). For those employed, the workplace can be a high-risk location for being stalked or harassed by domestic abusers (Versola-Russo and Russo, 2009). Women's work productivity can become impaired (Banyard, Potter, and Turner, 2011), threatening their job security. Some can become frequently late or absent from work as a result of abuse (Baum, Catalano, and

Rand, 2009), threatening their income. Consequentially, survivors struggle not only to achieve economic empowerment, but to maintain it as well.

To address these problems, guidelines on handling domestic violence-related workplace issues have been proposed, and employers are increasingly receiving education and training on domestic violence issues, prevention, and intervention. Laws, policies, and education on issues at the workplace are relatively new and involve forming policies on domestic violence, promoting employee awareness about abuse and the dynamics of abusive relationships, and developing guidelines for safety planning with victim-employees (Katula, 2012). Recommendations are offered at the state level. For example, New York State introduced the State of New York Model Domestic Violence and the Workplace Policy for Private Business, which defines domestic violence as a potential workplace issue and provides guidelines for private employers on how to handle employees' domestic violence situations (New York State Office for the Prevention of Domestic Violence [NYS/OPDV], 2009). The guidelines note the importance of maintaining confidentiality in disclosures, and encourage employers to undergo training by advocates from the NYS/OPDV. A 12-month review of their trainings on over 1,700 employees of state agencies found that 299 domestic violence issues were disclosed by employees within a year, and 301 referrals to service providers were given to

employees. The review noted that agencies were influenced to address some employees' Orders of Protection for the first time. In New Jersey, the New Jersey Security and Financial Empowerment Act was introduced in 2013 to allow a 20-day maximum leave of absence to employees experiencing domestic or sexual violence. The Act offers those fleeing abusive homes, for example, time to attend to extenuating circumstances while maintaining job security.

Other strategies to increase economic empowerment are designed to educate about issues pertaining to financial literacy and domestic violence. For example, The Allstate Foundation offers the *Moving Ahead Through Financial Management* curriculum to improve the financial literacies of survivors (Allstate Foundation, 2016). This curriculum explores financial safety planning, methods to repair an abuser's damage (i.e., ruined credit), and strategies for long-term financial planning. A longitudinal study evaluating the effectiveness of the curriculum demonstrated moderate to large effects compared to a control group over a 14-month period (Postmus, Hetling, and Hoge, 2014), and the curriculum itself is a cogent display of the intricate damages that domestic violence can inflict. One component of economic empowerment largely missing from the array of resources available to survivors, however, is emotional job-readiness training. Research shows that victimization contributes to problems such as depression and posttraumatic stress disorder, as well as drug or alcohol problems (Golding, 1999), which can extend to the workplace. Programs that help survivors cope with anxiety symptoms at the workplace and overcome depression through employment are warranted and could contribute to survivors' economic empowerment. Pennsylvania Women Work is a statewide non-profit organization that seeks to economically empower displaced homemakers and women who are in career transitions or financial crises. The organization offers programs that provide job training to women and address the emotional challenges of entering the workforce. The organization's *New Choices* program, for example, offers job training in addition to group and individual counseling to women who feel anxious about joining the workforce, while the *3 Cups of Coffee* program assigns a peer mentor to meet with a participant at a shop or cafe periodically to explore her goals and career options in a relaxing environment.

As government, private, and non-profit agencies continue to push strong policies to empower survivors financially, mental health professionals are also in positions to help survivors take proactive steps to achieve their financial goals. Those working with survivors should consider employment an integral component of safety planning and goal setting. Employment can strengthen every level of the human hierarchy of needs, suggesting that job-readiness can serve all survivors well—despite circumstantial barriers that might leave one feeling disempowered. It is pertinent that professionals be aware of their clients' strengths, weaknesses, capabilities, and limitations when setting goals, and approach the topic of employment with sensitivity to those who might be hesitant to enter the workforce. It is important for professionals to become well equipped to assist survivors by familiarizing themselves with localized domestic violence resources and understanding how to safely link clients to these resources. It is further paramount to be mindful of the strength, resilience, and agency that is displayed in survivors of domestic violence; the notion being that, with professional support, these qualities can be brought to the

forefront and transferred into types of workplace qualities that only those who have overcome crises like domestic violence can demonstrate.

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Since 2008, **Jonathan Marsh** has worked to address issues pertaining to domestic violence, criminal justice, and women's rights in New Jersey. He co-facilitates weekly groups for men and women impacted by domestic violence as victims, survivors, and perpetrators, and provides non-technical training to law enforcement officers who respond to domestic disturbances. He is also an

adjunct professor of psychology and criminal justice at St. Thomas Aquinas College, where he instructs courses on forensic psychology and psychopathologies of violence. Jonathan is a graduate of John Jay College of Criminal Justice where he earned the Master of Arts in Forensic Psychology. He continues to offer innovative seminars to audiences of students, mental health workers, and legal professionals.

Working with Women of Color Who Have Experienced Sexual and Relational Violence

By: *Elizabeth Geiger, EdM*

One of my most memorable clinical experiences was working in a hospital's oncology department. During this time, I provided free individual and group therapy to primarily ethnic and racial minority clients of low socioeconomic status who were diagnosed with cancer. As this was a specialty department, I thought my work would focus on my clients' cancer diagnoses. To my surprise, this was often not the case; in fact, the majority of my work involved discussing their complex trauma histories and the intersectionality of clients' multiple marginalized identities. As my caseload increased, I began noticing that many of my clients, specifically women of color, reported histories of sexual and/or relational violence. Furthermore, they rarely had access to resources (e.g., legal advice, safety planning, counseling), or felt safe enough to process these experiences. For example, many women were so fearful of not being believed that they chose to maintain silence rather than risk invalidation. The intersectionality of gender and race largely shaped these women's experiences of sexual/relational violence and their coping/help seeking behaviors. Due to the prevalence sexual/relational violence in women of color, I decided to create a workshop for survivors that would focus on the intersectionality of gender and race. This paper will review the relevant history, research, and theory that I found important while developing this workshop.

Relevant History

While women of all races have been victims of sexual/relational violence, the way in which this violence operates and the availability of and access to resources varies drastically when comparing the experiences of White women to women of color (Lee, Thompson, & Mechanic,

2002; Olive, 2012; Women of Color Network, 2006). These differences are rooted in complex histories of racialized violence and maintained through contemporary forms of racism (INCITE, 2015). Sexual violence against Black women, for example, became institutionalized by slavery, which continues to carry a powerful effect today (Crenshaw, 1991b; INCITE, 2015; Olive, 2012; Rawls 1984). Stereotypes rooted in slavery such as "The Jezebel," the belief that Black women are sexually promiscuous, immoral, and lustful, continue to be used as a justification for sexual violence (Donovan & Williams, 2002). During times of slavery, Black women were forced to stand on auction blocks where their bodies were objectified and sold to the slave owner who purchased them (INCITE, 2015). Furthermore, rape by slave owners was used as a tool to reproduce slave labor and was therefore seen as economically profitable (Crenshaw, 1991b; INCITE, 2015). This history has not only reinforced the occurrence of sexual violence against Black women but has also worked to normalize Black women as "unrapable" (Donovan & Williams, 2002). Such normalizations suggest that the rape of Black women is an acceptable sexual act and therefore not considered to be rape at all.



Elizabeth Geiger, EdM

The rape of Native American women also has historical roots (Smith, 2005). Sexual violence against Native American women was a vital tool used by colonists to achieve conquest, which has been documented in *The Trail of Tears* and *The Long Walk* (Amnesty International, 2007). Colonial settlers identified Native American women as innately "dirty" and "promiscuous," using this as a validation for murder and rape (Rawls, 1984). These stereotypes continue to impact Native American women today, as they are 2.5 times more likely to experience sexual assault than women of any other race (Perry, 2004). Immigrant women also have a long history of sexual violence in the United States due to systems

of patriarchy and racism (INCITE, 2015; Olive, 2012). For example, in the late 1800s Chinese women were trafficked into the United States to serve as prostitutes (Takaki, 1998). Chinese women also became known as “naturally inclined” to prostitution, which was later used against them during the Anti-Chinese movement (Bar-kan, 2013).

Application of Theory

Due to this history, women of color are often seen as more “rapable” and less believable when disclosing experiences of sexual/relational violence (INCITE, 2015; Olive, 2012; Smith 2005). Thus, violence against women of color serves to reinforce systems of oppression, such as racism and colonialism. For these reasons, it is imperative that colonialism, race, and gender be included in our understanding of these women’s experiences. To separate these identities not only invalidates the lived reality of women of color, but also serves to reinforce systems of oppression. In working with women of color survivors, Olive (2012) recommends using Intersectionality Theory (Crenshaw, 1995) and Black Feminist Theory (West, 2002). These theories urge mental health professionals to incorporate the intersection of gender and race within the historical context. However, literature on sexual/relational violence has frequently focused solely on gender identity, rather than using an intersectional approach (Bograd, 1999; Sokoloff & Dupont, 2005). Statistically, when compared to White female survivors, women of color are less likely to utilize resources and more likely to drop out of support groups (WOCN, 2006). Research suggests providers’ lack of intersectional lenses when working with women of color survivors contributes to these statistical differences (Bryant-Davis, 2005; Crenshaw, 1991a; Lee, Thompson, & Mechanic, 2002).

Another important area of focus for the workshop was addressing safety within the group context. In *Black Feminist Thought* (1990), Patricia Collins states, “Historically, safe spaces were ‘safe’ because they represented places where Black women could freely examine issues that concerned us. By definition, such spaces become less ‘safe’ if shared with those who were not Black and female” (Collins, 1990, p. 110). I struggled with this, as my intention in creating the workshop was to provide a safe space for the women. Yet, the workshop would be less safe due to the fact that I was White. I decided to ask a colleague who identifies as a woman of color to co-lead the workshop with me. I hoped it would help balance the power dynamics within the room. I also found it important to explore my own identities and how they would impact my role as a leader of the workshop. As a White woman, I needed to know and understand my privileges on both a cognitive and emotional level. Thus, it was important for me to know what specific privileges my Whiteness provided and the emotional reactions evoked from holding such privileges. Lastly, I needed to be ready to talk about these privileges openly and with comfort.

The Women’s Empowerment & Safety Workshop

After reviewing the literature and assessing safety within the workshop, I designed The Women’s Empowerment & Safety Workshop to address the following topics: 1) definition of sexual/relational violence, 2) historical nature of violence against women of color (e.g., colonialism, slavery), 3) intersectionality of gender and race and how these identities impact one’s experiences of violence, 4) internalization of violence and experiences of discrimination, and 5) empowerment, resources, and activism. The workshop was initially held as a one-day event, but continues to be offered each year due to its popularity. On the day of the first workshop, seven people attended, all of whom identified as women of color. The majority of the women identified as Black. Although identification as a survivor was not a requirement to participate in the workshop, all attendees identified as survivors of sexual and/or relational violence.

In the beginning of the workshop, my co-leader and I addressed the racial difference between us and invited the attendees to discuss concerns surrounding this difference. The attendees discussed my Whiteness and the privileges it provided me in various contexts. For example, a common topic was the fact that you have to be “lily-White” to be taken seriously by the cops, social workers, and legal system. In these moments, I was hyperaware of my Whiteness and the emotional and physical safety it provided me. I felt a mixture of sadness, anger, and anxiety. Instead of distancing myself from the discomfort, which is a privileged choice I hold because I am White, I pushed through my emotional reaction and used it to intervene. I validated the members and acknowledged that because I am White, I am more likely to be taken seriously and will be provided with better care. My co-leader then invited the attendees to explore their feelings in relation to this unfortunate reality. The attendees were angry, and for good reason. Although their anger was difficult to sit with, it was essential in building trust with these women. This specific incident demonstrates how clinicians can apply intersectionality informed therapy by addressing their own power and privilege within a therapeutic space.

Throughout the workshop, attendees discussed important experiences that highlighted the intersectionality of race and gender, and addressed how that intersection shaped their understanding of sexual/relational violence, access to resources, and the healing process. In line with historical views that normalize violence against Black women, one member discussed how the women in her family would prepare each generation for this violence. For the women in her family, this violence was not a question – it was a certainty. A discussion on access to resources brought light to the fact that what health providers often consider helpful for survivors (i.e., police, legal, counseling) can actually cause harm (Bryant-Davis, 2005; Bryant-Davis, Chung, & Tillman, 2009). For example, a few members identified the legal system as “off

limits” and suggested that it would likely do more harm than good. Out of the seven workshop attendees, none had chosen to report or disclose their trauma incident to law enforcement, which may be related to how racial stereotypes, such as promiscuity, are often used to place blame back on the victim (Bryant-Davis, 2005; McNair & Neville, 1996). In addition, both historical and recent events (e.g., racial profiling, police shootings) have created and fostered mistrust between people of color and the law. Only two workshop participants had previously sought counseling services, and both prematurely terminated them because they felt their counselor did not understand their experience. For example, the attendees reported that both counselors were White and did not bring the topic of race into the room. In discussing what healing should look like, all attendees agreed that a focus on intersectionality is necessary for posttraumatic growth.

Implications for Practice

Although I was not able to formally assess the attendees’ experiences, positive reactions were verbalized, with attendees reporting high satisfaction, increased knowledge, and appreciation of the supportive environment. Specifically, many spoke about how an intersectionality approach helped them to feel understood and welcomed. As demonstrated by this experience and past research, using an intersectionality framework is a necessary tool for mental health professionals working with women of color survivors. It is important for counselors to put significant time and energy into understanding their own identities, the privileges and biases they hold, and how these identities will impact the therapeutic relationship (Bryant-Davis, 2005; McNair & Neville, 1996). In sharing this experience, my hope is that as a field we can begin to restructure trauma work to encompass an intersectional approach that validates and empowers women of color survivors.

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Elizabeth Geiger is entering her 3rd year in the counseling psychology doctoral program at Teachers College, Columbia University. She is a member of the Laboratory for Oppression, Resilience, and Empowerment, where she conducts research with a focus on the intersectionality of multiple marginalized identities and experiences of discrimination.

Review of *Treatment of Complex Trauma: A Sequenced, Relationship Based Approach*

Courtois, C.A. & Ford, J.D., with foreword by John Briere (2015). *Treatment of Complex Trauma: A Sequenced, Relationship Based Approach*. New York: Guilford Press, 378 pages. ISBN-13: 978-1462524600. ISBN-10: 1462524605.

By Kimberly Kalupa, PhD

As a scientist-practitioner who is trained in exposure-based treatments for Posttraumatic Stress Disorder, Dialectical Behavior Therapy, and Interpersonal Therapy, I can unequivocally state that this book combines the best of these approaches to comprehensively address the many nuances of complex trauma and its effects.

This book is 378 pages in length and is divided into three well-organized sections: 1) The overview of complex traumatic stressors and sequelae; 2) treatment of complex traumatic stress reactions and disorders; and 3) advanced treatment considerations and relational issues. The first section (Chapters 1 & 2) highlights the complexity of various forms of trauma and equally complex stress-related symptoms and disorders. These chapters offer insight into diagnostic issues, as well as key information about the breadth of questions and considerations one should have when assessing for trauma and its impact. These chapters provide unique insight by placing factors within a developmental context throughout the client's lifespan.

Moving into the second section (Chapters 3–7), Chapters 3 and 4 offer practical advice for preparing oneself to work with complex posttraumatic conditions and the clients that present with these conditions. These chapters build on empirically supported work by providing some clearly articulated guidelines and practice tools. The authors do an excellent job of drawing on years of experience working with complex trauma, and offer a great deal of wisdom and practical advice for preparing oneself to best serve the needs of these clients. Chapter 5 discusses the three-stage model of trauma treatment and the importance of Stage I, which involves client safety, education, and engagement. This lays a crucial foundation for continued work by providing clients with several key skills to manage distress and conflict. Chapter 6 builds on this discussion by moving into Stage II: the art of trauma processing within these populations; and Stage III: applying therapy gains to daily life. Chapter 7 highlights how three systems-based approaches can further address varying interpersonal difficulties found in clients with complex trauma. It discusses how group, couples, and family therapy can build on gains achieved in individual work.

The final section of the book (Chapters 8–10), offers more tailored advice for working with trauma-exposed clients, with special consideration being given to relationship issues. Chapter 8 articulates the challenges involved in treating intrapersonal issues that are common in trauma-exposed clients. This chapter offers insight for addressing various manifestations of severe affective dysregulation and dissociation. These factors, when not addressed, can be the very factors that lead to early termination from therapy or suboptimal engagement, which are essential considerations when treating complex trauma. The final chapter approaches the often-neglected topic of therapist “self-care” in a respectful and informed way. This section highlights complicated issues of transference and countertransference associated with working with traumatized populations. It further extends practical advice for establishing healthy therapeutic boundaries as well as attending to personal emotion regulation. It validates the toll that working with trauma-exposed clients can take on providers and offers practical tips to allow practitioners to be their most available, helpful selves.

This book masterfully bridges the gap between cognitive and behaviorally-based approaches and interpersonal or relational factors. This provides a much-needed expansion of more narrowly-focused, seemingly disparate treatments. It provides fundamental insight into how one might relate to trauma survivors and address key intrapersonal and interpersonal factors that are frequently disrupted in response to exposure to trauma. These are the very factors that can so negatively impact quality of life and are frequently ignored in evidenced-based PTSD treatment models. This volume would be an excellent resource for clinicians of all levels who work with traumatized clients. It clearly articulates common pitfalls that might arise when working with these populations and offers clear, practical and evidence-based advice to prevent, identify, and address these pitfalls as they arise. There are thoughtful case examples and vignettes woven into the fabric of this book that bring to life the complex issues that are presented.

Reading this book is akin to taking a master class in the nuances of trauma-informed therapy. While it is written for clinicians who work with complex trauma and those that train others to treat these conditions, the solid research base of this book is a virtual gold mine for researchers in the area of complex trauma and its treatment. Given the high rates at which traumatized clients appear for treatment, and the complex intrapersonal and interpersonal impacts of trauma, more comprehensive approaches are needed. This book provides essential suggestions for optimizing treatment for these clients by

addressing the complex problem of trauma through the sound application of multi-theoretical approaches.

Kimberly Kalupa, Ph.D. is a licensed clinical psychologist with strong interests in health psychology and trauma. She is currently working with medical inpatients on a consultation liaison service through the University of New Mexico Hospital. She also provides donor evaluations for kidney transplant services. After earning a Ph.D. in Medical/Clinical Psychology from the

Uniformed Services University of Health Sciences, she completed an internship in clinical health psychology at the University of Florida and a post-doctoral fellowship in clinical Health Psychology (Minneapolis VA Medical Center). She later developed and coordinated an integrated primary care based mental health program at the Pensacola VA, and has taught as an adjunct for several universities. She has consulted on clinically relevant health psychology research in the area of eating behavior, obesity, and community-based intervention.

Who's Who: Bitra Ghafoori, PhD

What is your current occupation?

I am a professor at California State University, Long Beach (CSULB). I also serve as the Director of the CSULB Long Beach Trauma Recovery Center and the Coordinator of the Master of Science Program in Counseling Psychology, with an emphasis on Marriage and Family Therapy.

Where were you educated?

I completed my undergraduate education (BS in Biological Sciences) at the University of California, Irvine. I received an MS in Counseling Psychology, with an emphasis in Marriage and Family Therapy at Pepperdine University. I also received an MS and PhD in Clinical Psychology at the California School of Professional Psychology. Further, I completed post-doctoral training focused on PTSD treatment at the University of California San Francisco-Fresno Medical Education Program as well as a post-doctoral fellowship in disaster mental health through a special program funded by NIMH and Dartmouth University (Research Education in Disaster Mental Health).

Why did you choose this field?

I did not become interested in the field of psychology until after completing my bachelor's degree. I worked in a Headstart program as a substitute teacher, and I saw the important work the psychologists did with the children and families. I pursued my MS degree in Counseling Psychology, absolutely loved it, and became inspired to become a clinical psychologist. I began my PhD program with the goal of becoming a clinician focused on treating families and children. After completing my PhD, a psychiatrist I worked with suggested I pursue post-doctoral training in trauma psychology since I demonstrated both an interest and competence in working with this population. While I initially entered the field with the desire to implement effective clinical interven-

tions with trauma survivors, my post-doctoral training was research-focused, and I quickly became intrigued with understanding and effectively treating PTSD and other trauma-related disorders in racially and ethnically diverse populations. I was extremely fortunate to receive training and mentorship from leaders in the field of trauma psychology including Larry Palinkas, Fran

Norris, Yuval Neria, and Charles Marmar. The mentorship I received from these individuals and others inspired me to continue my work in trauma psychology. I am extremely passionate about my work in the field of traumatic stress, and I feel very fortunate to have pursued this career path!



Bitra Ghafoori, PhD

What is most rewarding about this work for you?

There are many rewarding aspects of my work. Currently, I find my research focused on understanding and reducing disparities in mental health treatment in diverse, trauma-exposed populations highly rewarding. My research team is investigating the implementation of evidence-based therapies for PTSD in a community mental health setting serving low-income, racially and ethnically diverse clients (the CSULB Long Beach Trauma Recovery Center). Our research is also investigating factors associated with retention and dropout in mental health treatment for traumatic distress as well timing and dosage of treatment. In addition, I have developed a training program for students pursuing a masters degree in Social Work and Marriage and Family Therapy in order to teach graduate student clinicians to become competent trauma therapists. Finally, an extremely rewarding project is the development and leadership of the CSULB Long Beach Trauma Recovery Center (LBTRC). This Center is funded by several grants including a large grant from the State of California, which allows for clinical service, graduate student training, research, and community education and outreach. The LBTRC has served over 800

clients who have experienced crime and/or violence over the last few years at no cost.

What is most frustrating about your work?

The most frustrating aspect of my work is that many clients who have experienced a traumatic event (particularly those who are low-income or ethnically/racially diverse) often do not get safe, effective treatments. I feel sad when I hear of clients who lost hope due to never receiving an appropriate therapeutic intervention. It saddens me when I hear of the many therapists who state that they treat trauma exposure, but fail to use effective, evidence-based therapies with clients and subsequently prolong their pain and suffering.

How do you keep your life in balance (i.e., what are your hobbies)?

I am blessed to have a wonderful husband, two fabulous children, wonderful parents and in-laws, and a good

group of friends. I am very careful about leaving my work at work, and enjoying my time with family and friends when I get home. I also exercise regularly and watch entertaining television shows while exercising. I find these good forms of self-care. Finally, I enjoy traveling with my family, and I usually plan at least one trip (or more) to a new destination per year. The trips are very exciting to plan and experience, and I feel being exposed to new cultures and people provides me with a sense of grounding and joy.

What are your future plans?

I plan on focusing on disseminating my research in the next few years. In addition, I will continue to mentor graduate students and junior faculty, and I hope to foster passion and excitement in new trauma professionals. Finally, I hope to travel with my loved ones to new countries and focus on the beauty of diverse cultures and people.

Division 56 Member News

Compiled by Amy Ellis, PhD

Nora Baladerian, PhD recently published *A Risk Reduction Workbook for Parents and Service Providers to Individuals with Intellectual and Developmental Disabilities*, a book that provides a detailed strategy to reduce the risk and impact of abuse. This versatile workbook can also be used for individuals without disabilities. She also published two articles to *Autism Spectrum News*, one on social media and one on abuse, and recently submitted an invited article for *Autism Notebook* on social media. Dr. Baladerian was invited to write a chapter on abuse of children with disabilities for the STM publishers' new book on child abuse, pending publication. Her report on the results of the 2012 National Survey on Abuse of People with Disabilities is now being quoted at the highest federal levels in reports looking at prevalence and incidence of abuse. She is also working on a program that rolled out on May Day 2016 called "The Rule Out Abuse-Physicians Education Program," which has ambassadors in several states. On June 4, 2016 she presented at the Association for Comprehensive Energy Psychology as part of a panel describing humanitarian teams responding to various world tragedies. She spoke about her experiences bringing three trauma teams to New Orleans after Katrina. The teams worked primarily at Charity Hospital with medical staff, conducting Thought Field Therapy with over 200 survivors, reducing overall SUDS from 8 (scale of 1-10) to .87. She will be presenting in Detroit, MI, in September for the Department of Rehabilitation on "How to Reduce the Risk and Impact of Abuse and Trauma" by using a strategic planning process. She will be presenting in various counties in Ohio to law enforcement, first responders, prosecutors, judges, investigators and protective services professionals: "How to Interview Individuals with Intel-

lectual and Developmental Disabilities" and "How to Improve First Response When Victims Have Intellectual or Developmental Disabilities." To support the training, she will be screening two training DVDs from the U.S. Department of Justice, Office for Victims of Crime: "Victims with Disabilities: The Forensic Interview" and "Victims with Disabilities: Multidisciplinary, Collaborative First Response," both of which she authored. She will be conducting two one-day trainings for APS in California on how to best respond when the potential victim has cognitive and/or communication disabilities. In July, she presented a plenary session to the National Conference of Executives (of the ARC of the United States) on the Risk Reduction Model.

Jen Bakalar, MS defended her dissertation titled "The Association Between Childhood Adverse Life Event History, Eating Disturbance, and Body Mass Index in Active Duty Military Personnel," which she plans to submit for publication. She also had the following manuscript accepted for publication in *Military Psychology*: Bakalar, J. L., Carlin, E. A., Blevins, C. L., & Ghahramanlou-Holloway, M. (in press). Generalizability of evidence-based PTSD psychotherapies to suicidal individuals: A review of the Veterans Administration and Department of Defense Clinical Practice Guidelines.

Laura Barbir, MS successfully defended her dissertation proposal on May 27th titled "Posttraumatic Growth in Combat Veterans: The Roles of Mindfulness and Experiential Avoidance." Her dissertation abstract is as follows: Combat veterans are at risk for developing a host of mental health concerns, especially posttraumatic stress disorder, a defining feature of which is experiential avoidance. However, positive psychological changes can also occur following combat exposure, referred to as

posttraumatic growth (PTG). Evidence highlights that PTG serves as a protective factor, indicating the importance of expanding treatment opportunities to increase PTG among combat veterans. Recent research suggests that mindfulness enhances PTG, but the mechanism through which this occurs is not understood. The current study aims to examine the impact of mindfulness and experiential avoidance on PTG. It is hypothesized that experiential avoidance will mediate the relationship between mindfulness and PTG.

Michael Eigen, PhD's latest book is *Image, Sense, Infinities, and Everyday Life*. You can read about it at: <http://karnacology.com/2015/11/01/image-sense-infinities-and-everyday-life-acts-of-shared-faith-by-michael-eigen/>. He has also published a number of papers and book chapters, including: (1) "Tiger Stripes and Student Voices" in *Teaching Bion: Modes and Approaches*, ed. Meg Harris Williams; (2) "Where is Body?" in *Speaking of Bodies: Embodied Therapeutic Dialogues*, eds. A. R. Ben-Shahar, L. Lipkies, & N. Oster; (3) "O, Orgasm, and Beyond," in *Psychoanalytic Dialogues*; and (4) "Just Beginning," in *New Therapist*.

Melanie Hetzel-Riggin, PhD recently published two manuscripts. The first is: Diamond-Welch, B. K., Hetzel-Riggin, M. D., & Hemingway, J. A. (2016). The willingness of college students to intervene in sexual assault situations: attitude and behavior differences by gender, race, age, and community of origin. *Violence and Gender*, 3(1), 49-54. doi:10.1089/vio.2015.0023. The second publication is: Bonnan-White, J., Hetzel-Riggin, M.D., Diamond-Welch, B.K., & Tollini, C. (in press). "You Blame Me, Therefore I Blame Me:" The importance of first disclosure responses on mental health outcomes after trauma. *Journal of Interpersonal Violence*.

Ani Kalayjian, EdD organized, co-chaired and presented at the United Nations Conference on "Transforming Refugee Crisis: Lessons Learned and Continued Challenges" where over 100 diplomats and members of civil society and academia gathered for an informative conference, followed by a mind-body-eco-spirit festival. Children of PS 10 in District 13 of Brooklyn sang international peace songs, practiced meditation and listened to a musical interlude. Dr. Kalayjian presented on the integrative model for healing the trauma of migration and being a refugee. Dr. Kalayjian also co-chaired a conference on May 19th at the UN as part of CSVGC-NY's working group on Health, Transformation & Spirituality; the title of this presentation was "Migration Crisis:

Sustainable Peace through Arts, Integrative Healing, and Films". Dr. Kalayjian completed a chapter with Dr. Toussaint and Dr. Diakonova on "Trauma, Forgiveness and Meaning-Making: Perspectives from Muslim Survivors: Meaningfulworld's Humanitarian Relief in Muslim and Christian Communities." Dr. Kalayjian also spearheaded a team of experts for Meaningfulworld Humanitarian Mission to Haiti: Empowerment, Compassion, Empathy, EQ, and Meaning-Making, which took place June 17-July 3, 2016. She was recently interviewed on Accuweather.com regarding refugee trauma and made a film on the last humanitarian mission to Haiti: Meaningfulworld Humanitarian Mission to Haiti 2015. You can watch this video here: <https://www.youtube.com/watch?v=mka8-PWn398>. Dr. Kalayjian was recently elected the Chairperson of the Psychology Coalition at the United Nations, and elected Vice Chair for the second time for the UN Committee on Spirituality, Values, and Global Concerns-NY.

Sacha McBain, MS recently defended her dissertation in April 2016. The project is titled "Exploring Provider Gender Preference and Perceptions of Providers in Male and Female Veterans Who Have Experienced Military Sexual Trauma." In collaboration with her dissertation chair, Jessica Turchik, PhD at Palo Alto VA, they were able to recruit a national sample of 618 male veterans and 1,290 female veterans who had experienced MST to complete a survey on barriers to accessing MST-related care within VHA. The aims of her dissertation were to 1) examine provider gender preference when discussing MST and how often veterans were able to discuss MST with the provider gender of their choice, and 2) explore how not receiving the provider of one's gender preference is related to veterans' comfort with VHA providers, the perception of the competency of their provider, and their endorsement of perceived provider barriers when communicating about MST. She found that not receiving the provider gender of preference was significantly related to lower perceived provider competence, greater discomfort with providers, and greater perceived provider barriers.

Walter Penk, PhD recently published a handbook that includes reviews of specialized rehabilitation techniques for those working with military personnel and veterans who have experienced trauma. The reference is: Nathan Ainspan, Craig Bryan, and Walter Penk, (Co-Editors) (2016) *Handbook of Psychosocial Interventions for Veterans and Service Members: A Guide for the Non-Military Health Clinician*. New York: Oxford University Press.

Social Media News

Division 56 is on social media! Please join us to get the latest announcements, news, and events.

The Division of Trauma Psychology—Your Home in APA

The Division of Trauma Psychology adds a psychological voice to the interdisciplinary study of trauma, offering knowledge from science and practice with the goal of enhancing clinical care, research, and education of psychologists.

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Members: Join a community of professionals committed to scientific research, professional and public education, and the exchange of collegial support for professional activities related to psychological trauma.

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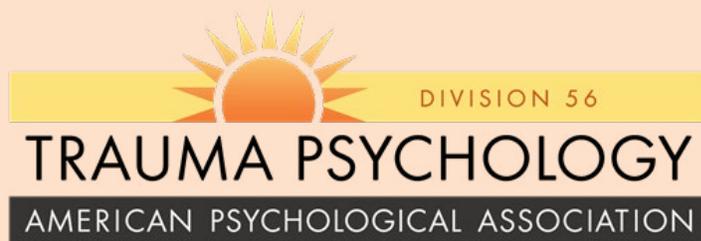
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