



DIVISION 56

# TRAUMA PSYCHOLOGY

## AMERICAN PSYCHOLOGICAL ASSOCIATION

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### PRESIDENTIAL VOICE

## International Perspectives on Trauma

By Elizabeth Carll, PhD

Prior to the last decade, we did not hear about international developments and occurrences on a daily basis in the news. In fact, watching our local TV news channel, the crawler recently reported on incidents in China and the Middle East. Previously these types of stories were found in the sparse international sections of national newspapers and TV stations. Much of the proliferation of international news appears related to the fall-out from the global refugee crisis which has mushroomed in the last few years. This crisis has impacted all aspects of society in many countries around the world, affecting economic, social, and political arenas, as well as concerns for national safety and the threat of terrorism. This global development was the impetus for the APA Refugee Mental Health Resource Network and database, an inter-divisional initiative co-sponsored by Divisions 56, 35, 52, and 55, that you have been hearing



Elizabeth Carll, PhD

about. A database being developed to locate psychologists and mental health professionals, who can provide pro bono support services, especially asylum and related evaluations. Some of you may have attended the series of the four free skills building webinars about working with refugees, migrants, and internally displaced people (IDP), with more planned for the future.

In recognition for the need for additional information concerning how psychologists can be involved in working with refugees, two special programs have been organized for the convention. The Invited Address by internationally renowned psychologist and author, Dr. Kenneth Miller from the Netherlands, should not be missed. Dr. Miller is the senior psychosocial advisor for War Child Holland, a transnational non-profit humanitarian

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organization that provides services for children and families in the wake of conflict. His talk on ***The Refugee Crisis and Civilians Displaced by Armed Conflict*** is scheduled on Saturday, August 5th at 10:00 AM in Room 206 in the Convention Center. He will discuss the transition from a “war-exposure” model to a more comprehensive, ecological framework and overcoming barriers to the development of effective mental health interventions.

Rather than the usual president’s address, we are having a president’s symposium on ***Successful Strategies for Intervening with Refugees in the U.S. and Worldwide***. This event is scheduled for Friday, August 4th at 10:00 AM in Room 152B in the Convention Center. Presenters from North and South America and the Middle East include

Elizabeth Carll, Leonidas Castro Camacho, Brigitte Khoury, George Rhoades, Betsy Gard, and Elaine LeVine, who will discuss their work and interventions with refugees in Jordan, Syria, Lebanon, Germany, Central America, as well as working with survivors of gender based violence in Colombia. Also discussed will be participation in the APA Refugee Mental Health Resource Network database.

Details of the complete Division programming can be found in the convention report in this issue. We look forward to seeing everyone at the ***Division 56 Social Hour and Awards Reception*** taking place at 6:00 PM on Friday, August 4th in the Mint Room of the Marriott Marquis Washington DC Hotel. A great opportunity to network with colleagues and friends.

## Editor’s Note



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

Welcome to the Summer Convention Issue of *Trauma Psychology News*! This issue contains a Special International Section with a Focus on Refugees, which supports Dr. Elizabeth Carll’s Presidential Initiative. Please check out the superb articles written by these prominent voices in International Psychology. We also have a strong student representation, with one article supporting the Special Section on Refugees and the other addressing institutional racism. In addition to the Special Section, there are interviews, a book review, members news, and the announcement of the landmark publication of the two-volume *Handbook of Trauma*.

This issue is a one-stop shop for Division 56 Convention Programming, courtesy of Dr. Jessica Punzo. I’d also like to welcome our new Associate Editor Dr. Jon Cleveland and Editorial Assistant Dr. Wyatt Evans to the *Trauma Psychology News* family. If you would like to know more about Dr. Cleveland, please read the Who’s Who section. As always, I encourage you to come say hello to me at the convention, and if you have any feedback about the Newsletter, I would be grateful to receive it! See you at the convention! Safe travels!

All the Best,

Bryan T. Reuther, PsyD  
Editor-in-Chief



# Convention Programming

By Jessica Punzo, PsyD

We are excited to finally share our amazing line up of programs for this year's APA Convention in Washington D.C.! We have been working hard since last year to deliver an innovative and captivating program for you all this year and hope you enjoy. Below is a brief summary of what we have in store for this August. It has been a great pleasure to be the Program Chair for the convention! As some of you may know, I will unfortunately not be able to attend convention this year, as I am due to have a baby boy on July 30<sup>th</sup>! However, I know I am leaving things in good hands with Robyn Gobin, our Suite Coordinator for this year, and Bryann DeBeer, the incoming Program Chair for next year. I hope you all have a great time this year and I look forward to seeing you all soon!

## Convention Theme

This year's overarching convention theme is international perspectives on trauma psychology with a focus on the plight and support of refugees.

## Invited Address

This year's invited address titled "The Global Refugee Crisis: Addressing Civilian Trauma and Mental Health", will be given by Kenneth Miller, PhD, Senior Psychosocial Advisor for War Child Holland in Amsterdam, the Netherlands. War Child Holland is a non-profit humanitarian organization focused on the impact of conflict on children. The address will occur on *Saturday, August 5th from 10:00-10:50 AM in the Convention Center in Room 206.*

According to Miller, prolonged and devastating wars in the Middle East, Afghanistan, and Africa, as well as drug and gang-related violence in Central America, have led to the highest number of refugees and asylum seekers in 25 years. The level of internal displacement due to armed conflict is at a 50 year high. The so-called "laws of war" have done little to stop the intentional and widespread targeting of civilians by militaries and non-state actors. While Europe and the United States struggle with how best to respond to increasing number of people seeking refugee from organized violence, low and middle income countries adjacent to the war zones are hosting vastly greater numbers, with far fewer resources to address refugees' material and psychological needs.

Research has consistently shown that refugees experience high levels of psychological distress and a height-

ened risk of enduring psychiatric disorders, including depression, trauma, and anxiety, as well as various indigenous idioms of distress. There is, therefore, an urgent need to develop evidenced-based and scalable interventions that can alleviate distress and foster resilience among civilians displaced by war. Recent developments that have led to a shift in how we understand the various sources of stress affecting refugees. This shift has been from a "war-exposure" model to a more comprehensive, ecological framework. The implications of this newer model for the development of effective mental health interventions and strategies for overcoming obstacles will be discussed in his presentation.



Jessica Punzo, PsyD

## President's Invited Symposium

This year's presidential symposium is titled "Successful Strategies for Intervening With Refugees in the United States and Worldwide" which will occur on *Friday, August 4th from 10:00 AM to 11:50 AM in Room 152B of the Convention Center.* The panel includes six distinguished psychologist from across the world. Leonidas Castro-Camacho, PhD from University of Los Andes, Bogotá, Colombia will be presenting on post-conflict in Colombia. Specifically on intervening with victims of armed conflict and sexual violence. Brigitte Khoury, PhD from the American University of Beirut, Lebanon, will

be reviewing on the do's and don'ts of group interventions with male Syrian refugees. George F. Rhoades, Jr., PhD from Ola Hou Clinic, in Aiea, Hawaii, will be presenting on trauma work with Syrian refugees in Jordan, Lebanon and Germany. Betsy A. Gard, PhD from Emory University, will be discussing how to promote mental health and wellness in refugees. Elaine LeVine, PhD from New Mexico State University will be presenting the use of psychotropics with trauma and displaced and refugee populations. And our president, Elizabeth Carll, PhD, will be presenting on the APA Interdivisional Refugee Mental Health Resource Network, as well as chairing the symposium. It is truly a wonderful panel you do not want to miss!

## Symposia

This year have ten fantastic symposia and one discussion hour lined up for you. We are happy to announce that all nine programs that were submitted for CE credits were approved! The topics of these symposia include: posttraumatic growth, attachment trauma, co-occurring PTSD and SUDs, betrayal trauma, dissociation in forensic contexts, emotional resiliency in environmental trauma.



# Division 56 Programming Schedule

(For more details, see Program Summary Sheet)

	Thur 8/3	Fri 8/4	Sat 8/5	Sun 8/6
8-8:50 AM	<p>Addressing the Diverse Mental Health Needs of Individuals with Co-Occurring PTSD and SUDs Convention Center Room 154B</p>		<p>Policing Race, Policing Disorder: The Impacts of Broken Windows Policing (Co-Sponsor with Div. 9) Convention Center Room 103B</p>	<p>Attachment Trauma, Neurobiology, Assessment, and Holistic Intervention Convention Center Room 156</p>
9-9:50 AM	<p><u>Collaborative Programming</u> Innovative Solutions to Preventing and Responding to Intimate Partner Violence and Sexual Assault Convention Center Room 150B</p>		<p>Validation of the Battered Woman Syndrome Questionnaire Convention Center Room 143A</p>	<p>Psychological Care in Trauma Centers-When Opportunity Knocks, Will We Be Prepared to Deliver? Convention Center Room 149B</p>
10-10:50 AM	<p>Poster Session II Convention Center Halls D and E</p>		<p><u>Invited Address</u> The Refugee Crisis: Mental Health Needs of Civilians Displaced by Armed Conflict Convention Center - Room 206</p>	
11-11:50 AM	<p>Betrayal Trauma in the Lives of Children, Ex-Partners, and American Voters Convention Center/Room 158</p>	<p><u>Presidential Symposium</u> Successful Strategies for Intervening with Refugees in the United States and Worldwide Convention Center Room 152B</p>	<p>Healing Trauma with Cultural and Creative Expression Convention Center Room 152B</p>	

# Division 56 Hospitality Suite Schedule – 2017

Washington Marriott Marquis, 901 Massachusetts Ave., 20001

Thursday August 3		Friday August 4	Saturday August 5
10:00 AM	Exploring collaborative opportunities in the study and treatment of human trafficking survivors Maria Espinola, PsyD.	SUITE CLOSED	SUITE CLOSED
10:30 AM			
11:00 AM			Trauma and the LGBTQ+ community: The creation of PRIDE Healing Center Thomas Demaria, PhD & Rachel Egbert, JD
11:30 AM		SUITE CLOSED	
12:00 PM	Answering the call for a more complex model of PTSD: A Systems-Centered Approach (SCTA®) Approach Richard Ganley, Ph.D. and Norma Safransky, M.D.	SUITE CLOSED	Treating interpersonal violence survivors with disabilities Andy J. Johnson, Ph.D. and Emily M. Lund, Ph.D.
12:30 PM			
1:00 PM			
1:30 PM		SUITE CLOSED	
2:00 PM	Is Board Certification in your future? Sylvia A. Marotta-Walters, PhD, ABPP	International research with trauma-affected populations: Practical challenges, ethical considerations, and strategies for successful projects Jessica Lambert, PhD & Felicitas Kort, MA	Political trauma, displacement and disaster: Reflections on working internationally Priscilla Dass-Brailsford, EdD, MPH & Rebecca Thomley, PsyD
2:30 PM			
3:00 PM	Division 56 Membership Committee Meet and Greet Event		APA clinical practice guideline for the treatment of PTSD: Process and product Christine A. Courtois, PhD, ABPP
3:30 PM			
4:00 PM	SUITE CLOSED	Division 56 Business Meeting **Open to ALL Members**	
4:30 PM			

*A diversity of viewpoints will be presented during Division 56 Suite Programming. The views expressed in these presentations are those of the authors and do not necessarily reflect the position or policy of Division 56.*

ma, intimate partner violence and measure validation, cultural and creative expressions to heal trauma, and hospital based secondary prevention of PTSD. We are also co-sponsoring three separate symposia with divisions 44, 12, and 9. The titles of these symposia are: *Understanding the Struggles of Immigrants Seeking Asylum: How Psychologists Can Help*, *The American Election and Political Trauma: The Psychologist's Role in Healing America*, and *Policing Race, Policing Disorder: The Impacts of Broken Windows Policing*. Finally, we are proud to share we are a part of four collaborative programs as well. Program titles are as follows: *A Systematic Intervention to Reduce Sexual Violence on Campus: What Do We Know? How Do We Impact?*, *Innovative Solutions to Preventing and Responding to Intimate Partner Violence and Sexual Assault*, *Promoting Integrated Primary Care Through Interprofessional Education*, and *Sex Trafficking: Human Rights Violations on a Global Scale*. Please refer to the Programming Schedule for more details on these fantastic programs.

## Posters

We were pleased received a great number of rigorous and innovative posters this year. We accepted the maximum allotted, which is 80 in total. They will be up for display on Thursday August 3rd, from 10:00-10:50 AM and Friday August 4th from 2:00-2:50 PM in Hall D and E of the Convention Center. We hope that many of you can stop by and see the hard work that many of our colleagues are doing out in the field.

## Social Hour & Awards

Our ever so popular social hour and awards ceremony will take place on *Friday, August 4th from 6:00-8:00 PM in the Mint Room of the Marriott Marquis Hotel*. We hope you will join us for food, conversation, and celebrating some of the outstanding work our colleagues have done.

## Suite Events

Last, but certainly not least, we are happy to announce another wonderful year of suite programming. We have scheduled eight excellent discussions to happen in our suite this year, which is located in room 2-050 of the *Marriott Marquis Hotel*. Topics for discussions this year include: human trafficking, board certification, systems centered therapy, international research, trauma and LGBTQ+ populations, treating IPV with survivors with disabilities, political trauma, and the APA clinical practice guidelines for the treatment of PTSD.

*Jessica Punzo, PsyD, is a licensed clinical psychologist and Director of the Anti-Violence Project at the Center on Halsted, the Midwest's most comprehensive community center dedicated to securing the well-being of Chicagoland LGBTQ people. The Anti-Violence Project provides support to LGBTQ survivors of violence through counseling and advocacy. Dr. Punzo is also an adjunct faculty member at The Chicago School of Professional Psychology. Her clinical and research interests include aspects of sexuality/sexual functioning that are affected by sexual trauma, the impact of trauma on spirituality, specific needs of bisexual individuals, and the efficacy of evidenced-based trauma therapies within the LGBTQ community.*

## Division 56 Member Services

**Join Division 56:** [www.apa.org/divapp](http://www.apa.org/divapp)

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

**Listserves:** Everyone is added to the announce listserv, [div56announce@lists.apa.org](mailto: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](mailto:div56@lists.apa.org) (where discussion happens; membership is not required), send a note to [listserv@lists.apa.org](mailto: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](http://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](http://www.apatraumadivision.org/207/division-newsletter.html)

**Membership Issues:** Email [division@apa.org](mailto:division@apa.org) or phone 202-336-6013.



# Special International Section with a Focus on Refugees

*Elizabeth Carll, PhD, International Editor*

Research on the experiences and plight of refugees in current and often dangerous circumstances is a difficult task and data are very limited. Most reports are from observation and often focus on demographics. These four articles are atypical and intend to provide a wide spectrum of experiences as opposed to the often demographic reports of refugees living in camps in austere conditions. The first article, by Brigitte Khoury, provides an interesting perspective, as it focuses on a practical intervention of group problem solving (as opposed to focusing directly on mental health issues) to increase well-being and begin to build a sense of community. It is easily



*Elizabeth Carll, PhD*

replicable in other settings. The article on enforced disappearances by Kevin DeJesus focuses on a rarely discussed, but all too common experience among refugees. The article by Ilene Serlin gives a glimpse into Eastern culture and the use of nonverbal expression to communicate emotion, a tool not as frequently used in Western interventions. Interestingly, this last article based on the author's recent visit to China, revealed minimal migration in this region. The article by students Sara Buckingham and Melissa Paiva-Salisbury on enhancing evidence-based interventions for refugees show the excellent work being done by students in innovative internship settings that will provide a foundation for developing specialized skills and learning the benefits of working in multidisciplinary teams.

## A Group Intervention with Female Syrian Refugees in Lebanon

*Brigitte Khoury, PhD*

### Introduction

Since the beginning of the war in Syria in 2011, Lebanon has been facing a major challenge with the influx of Syrian refugees into its territories. The number of registered refugees in the United Nations High Commissioner for Refugees (UNHCR) office has reached over two million at its peak, with 78% of them being women and children. Currently the number has dropped to around one million, since many have tried to reach Europe through Turkey, and some have been able to secure immigration status to other parts of the world. Lebanon's total population counts four million, with refugees currently constituting 25% of its inhabitants. The influx of refugees was at some points uncontrollable, especially at the start of the war. Although a large number have left, the ones remaining have been in Lebanon on average for three

years, living in less than desirable conditions. Most live in border towns in tents, or in rented housing. Various Non-Government Organizations and United Nations (UN) bodies have been providing them with their basic needs, such as food, household items, personal items as well as education for the children. However, refugees are in a great need for basic social health and mental health support. Moreover, these populations have experienced various traumas and significant threats to their safety.

### Aim of the project

Although Lebanon has been frequently exposed to crises such as terrorist attacks, wars, and armed conflicts, there is a significant dearth of health workers who are adequately trained in refugee and crisis management. The lack of well-designed interventions and services targeted to respond to the needs of refugees in times of crises may lead to sporadic and unsustainable programs that do not lead to long-term positive outcomes.



*Brigitte Khoury, PhD*

Thus, given the current situation and the high need for sustainable crisis management interventions the author was contacted by the UNFPA (United Nations Population Fund) to fill such a gap by providing training for health workers encountering female Syrian refugees and Lebanese women in the host community. The focus of the project was on women, since they are the target population with whom this UN agency works, and one of their missions is to promote their rights and empower them.

The aim of the project is to improve the readiness of health workers to respond to the psychological needs of displaced adult female Syrian Refugees who were affected by the civil war in Syria by training them in the delivery of a group psychological intervention aimed at enhancing problem solving skills among female participants (Miller & Rasmussen, 2010). These groups were also offered to Lebanese women from the host community, hence mixing the women in these activities, with the aim of bringing them closer to each other, and from there bringing the two communities closer together.

### **The intervention**

The project consisted of training around 50 professionals working in different community health centers across Lebanon to deliver a psychological group intervention to female Syrian refugees as well as Lebanese women. The group focused on teaching skills in problem solving, an intervention that has been found to be effective at reducing symptoms of common mental disorders such as depression and anxiety (Malouff, Thorsteinsson & Schutte, 2007; Hegel, Barrett & Oxman, 2000).

The intervention in problem solving consists of 12 sessions (90 minutes each) which are semi-structured in content, and delivered weekly over a three-month period. During each session, the participants in the groups can share their experiences, problems and issues they need help with. They can range from personal, familial, social, etc.

The steps for problem solving which were taught to the female participants are:

- Step 1: Identify the problem
- Step 2: Divide problem into smaller parts
- Step 3: Find possible solutions for each part
- Step 4: Implement the solution picked
- Step 5: Evaluate the solution

The support groups were conducted by two social workers working in the centers where the groups were held. The group discussions revolved around issues of concern to the women in the group. There were around 15 women per group and the group format was closed. A collabora-

tive and participatory approach was adopted in order to better respond to the needs of the group members. A project coordinator visited all the centers, observed the groups as they were running and gave feedback to the facilitators. In addition, two sessions of group supervision were planned between the facilitators and the main author in order to supervise any issues which came up during the groups, but also get feedback from the group participants and the facilitators alike about their reactions to the groups, the topics discussed and the current concerns female refugees are facing.

### **Results**

The feedback of the group facilitators suggested excellent results in terms of the female refugees' satisfaction, learning skills (which helped them in their daily life), and improvement in the the relationship between refugees and host communities. They reported that women who attended the groups showed enthusiasm and commitment. They were on time, and rarely missed a session. They expressed their content and pointed out how the weekly meetings were already helping them relax and think rationally about their problems.

Although many participants were hesitant before opening up to the group, and expressed their fear regarding confidentiality and secrecy, by the second or third session all women were comfortable enough to share their stories, no matter how personal they were.

The problems shared among all members were similar, which helped them interact and provide support and guidance for each other. Issues discussed at first were mainly political and financial; the moderators had to shift the focus to more tangible problems that could be solved during the sessions. The topics then revolved around relationship issues, marriage, parenting, violence, stress reactions, and problems with children (young and adult).

One interesting aspect of these discussions is that war related stories, traumas, losses, separations and other themes related to the refugee experiences were almost never mentioned. It is as if it was too soon for them to talk about it, since, as we know, trauma may not fully manifest until a later phase in the person's experience. This is not to say that all or most of them will necessarily suffer pathological trauma. A few may. However, the majority may either be resilient to their situation, or have enough social support and coping skills to overcome their circumstances. Others may have a traumatic stress reaction; a normal reaction to an abnormal situation which they have encountered. While posttraumatic stress reactions were not expressed in the groups it is possible that participants were in fact experiencing disturbed sleep, irritability, anxiety or depression, but chose not to disclose their suffering (Bonanno, 2005; Andrews, Brewin, Philpot & Stewart, 2007).

All facilitators reported changes in the participants, including decreased anxiety, sadness, and isolation, violence towards children, irritability at home and with family members. Some also started relying on themselves and their skills and started working at home to earn some income, whether in cooking, sewing clothes, etc. These were clearly beneficial results in the groups.

As the groups grew closer to the end, the discussion revolved around termination: planning the end of sessions and the resistance of the women to stop the groups and not meet again. They discussed the possibility of meeting socially informally to keep their relationships going and the support they gained from each other.

The feedback of the social workers regarding the training was also very positive. They reported that it was very helpful in their gaining knowledge of a new technique. They felt they learned new skills and became familiar with materials that will help them to provide services to refugees in the future.

### Conclusions and future directions

The success of these groups was clear in the change in behavior and attitudes of the women in the groups from hopeless, negative, anxious and depressed, into more positive, resourceful, and empowered, with feelings of control over the family and their life in general. This shows that using a simple, direct, intervention in a refugee popula-

tion, which does not require specialized skills from staff, can be quite effective and empowering to the participants.

One interesting topic which was brought up by the female refugees was to run similar groups for men, or for couples. This project is being explored and prepared for implementation, knowing that the content and format of the groups may need some adaptation to fit the male population.

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## Enforced Disappearances and the Experiences of Refugees and Internally Displaced Persons

*Kevin M. DeJesus, PhD*

The scope of traumatic experiences that many refugees endure is staggering. The violence displaced persons live through, and the losses they often experience can induce profound psychological trauma. In the broadest terms, refugees and internally displaced persons (IDP) endure ruptures of place and relationships, as circumstances of political violence impel their flight.

Importantly, it must be understood that these psychological, and even physical wounds, are withstood due to

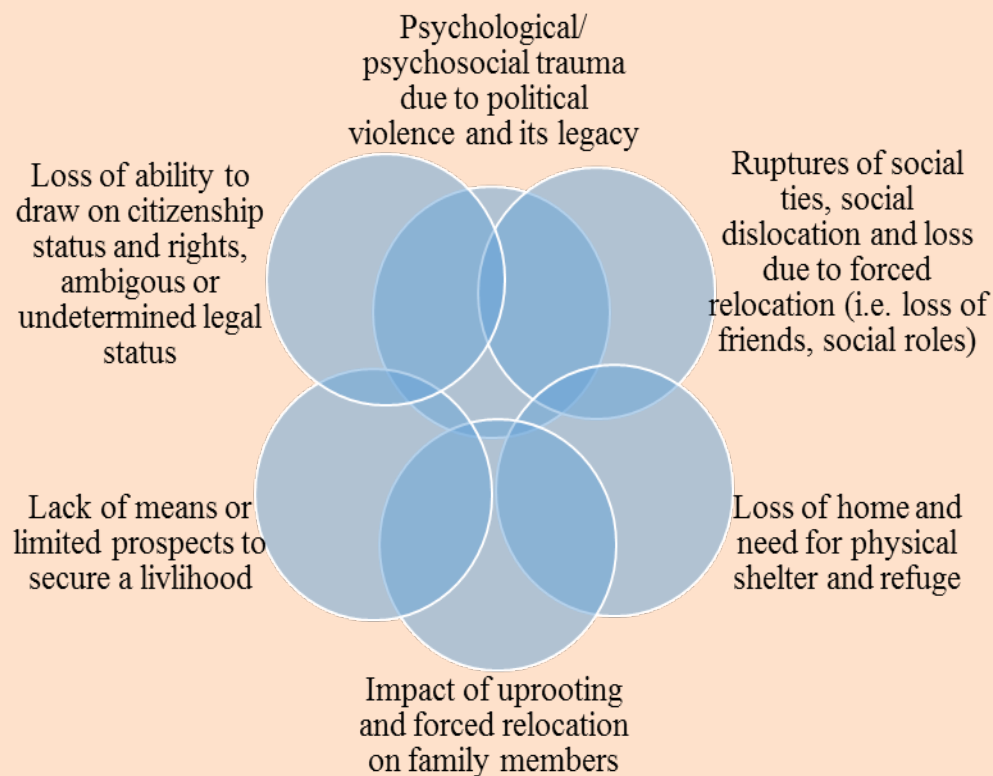


*Kevin M. DeJesus, PhD*

the immense capacities for survival, adaptation and ingenuity in the face of well-founded fear and threat displaced persons face. This article intends to deepen understanding of these complex circumstances displaced persons contend with. The focus on the phenomenon of enforced disappearance as a part of the lived effects of political violence intends to expand the ways in which political violence as a lived phenomenon, and deeply effecting experience that practitioners and researchers will encounter.

To that end, grasping the significances found in the very particularities of





traumatic experiences, such as those suffered by enforced disappearance (e.g., refugees and IDP), a route to understanding the traumatic sequelae that people present with, is to become keenly aware of the sociopolitical contexts, events and complexities of the places from which displaced persons flee, and re-locate to. These contexts reveal the reasoning for particular acts of political violence that seem senseless and beyond comprehension. Grasping this enables the practitioner and/or researcher to develop a deeper sense of the ways in which people are targeted and traumatized. This is critical, as political violence is often manifested through the intentional destruction of people's social, cultural, physical and material means. Enforced disappearance is both a tool of political violence, as well as a common phenomenon that people who are or were displaced live with.

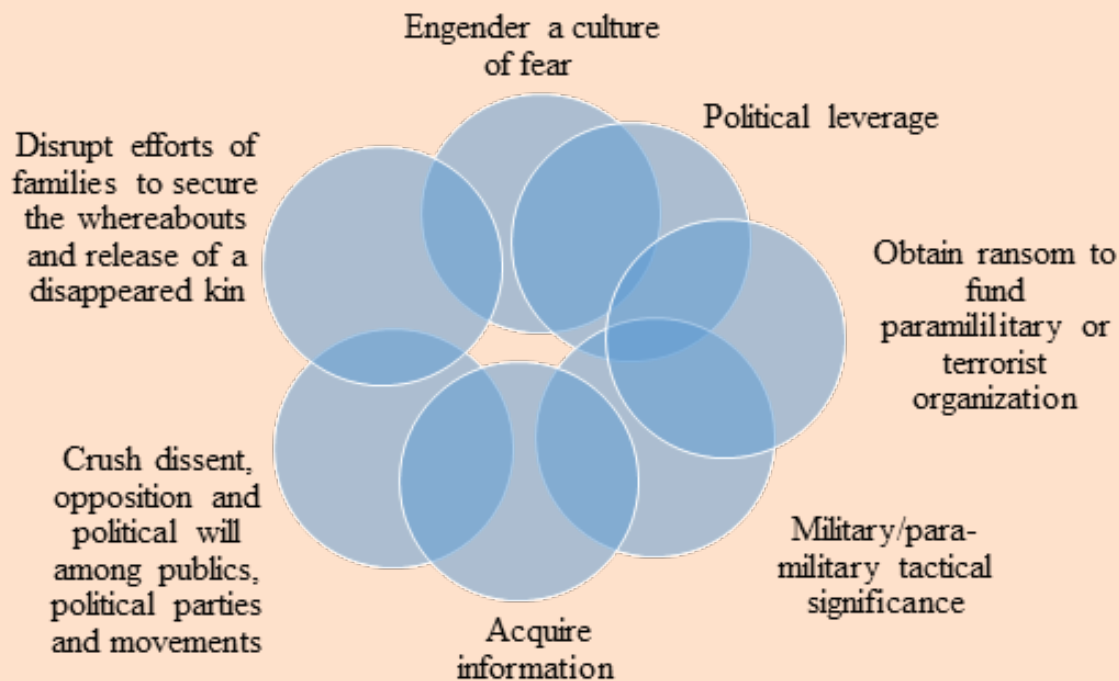
Comprehending the psychosocial effects of living such political violence requires understanding the contexts of these individuals' lives in holistic and relational terms. Such an approach debunks the myth of the mind and mental life as isolated. They are in many respects contingent on our social world and experiences. Leibniz's influential construct of the monad – reducing elements to their singular form, remains a central feature of Western psychological models' social scientific conceptions of how societies work (Leavitt, 2009). However, this approach finds its limits when encountering non-Western cultures and the seemingly intense connectivity and relationality that defines the contours of family life and social relationships. In the many places where refugees and IDP flee, models of social structure, institutions and practices do not fit conceptually and, therefore they do

not fit in practice (see for instance, Joseph, 2008, 1999).

Ironically, the Harvard Trauma Model (H5), in articulating its core intersecting (or overlapping) elements, ironically excludes the role of social relationships – both in terms of those ruptured due to forced migration, as well as in the phases of life lived beyond the initial displacement experience. Across these phases, trauma is either pervasive, or it is managed, transformed, and to varying degrees, accommodated and healed – with social relationships integrally involved in all of these post-trauma outcomes. For our purposes, this model is concerning in two ways: it omits the ways in which political violence is inherently social in its intent, expression and capacity to inflict human damage and suffering (see Scarry, 1985; Nordstrum, 1994; Valentine, 1996; Rejali, 2004, 2000; Humphrey, 2002; Bourgois, 2015). Also, this model in its articulation reduces the significance of social relationships of all types (family, friendship, neighborhood and community, humanitarian staff, religious communities, workplace, etc.) Within the H5 conception, social relationships hold a marginal place amidst the path whereby people cope with, overcome, transcend and manage the trauma, losses and material, and psychological suffering endured as a displaced person (refugee or IDP). The following visual endeavors to conceptualize the dimensions of the human refugee experience in a more holistic manner.

### Dimensions of the Refugee Experience

Following the argument that political violence is not random, but rather adheres to a social logic that deploys the



human social experience as a weapon of war and armed conflict, we need to situate the prevalence of enforced disappearance within a broad conceptualization of the multitude of victimizations and experiences that refugees and internally displaced persons withstand.

Enforced disappearance is defined in Article 2 of the UN Convention Against Enforced Disappearance to be "... the arrest, detention, abduction or any other form of deprivation of liberty by agents of the State or by persons or groups of persons acting with the authorization, support or acquiescence of the State, followed by a refusal to acknowledge the deprivation of liberty or by concealment of the fate or whereabouts of the disappeared person, which place such a person outside the protection of the law."

What this definition proposes is a partial perspective on the actualities of war and terrorism, as it continues unabated in numerous places across the globe. While states are indeed a prime progenitor of acts of disappearance against opposing political actors (Robins, 2010), non-state actors have readily engaged in the practice of politically-motivated abduction, detention and withholding of information about the whereabouts of individuals for decades. As I have written previously (DeJesus, 2015, 2011), the civil war in Lebanon typifies the role of non-state, para-military organizations, terrorist organizations and proxy agents utilizing enforced disappearance as an instrument of armed conflict and political violence.

## 21<sup>st</sup> Century Spaces of Conflict and Terror

As some of the wars and armed conflicts of the 20th century found their end, the present century -however

in its early years still - has been marked by a geography of war that literally, and due in part to technological innovation, takes war, everywhere (Gregory, 2011). Nordstrom's (2004) landmark study of political violence identifies how power and violence are intensified through the sheer ubiquity of armed conflict, compelling an expanded view of where we understand war to be waged by way of the very question, "...where do we find war?" (p. 46). Following Nordstrom and Gregory, it is therefore critical to view the body as a vital site in the making of political violence. From the loss of limbs due to the insidious nature of cluster bombs, to the abduction of an individual and the refusal to provide information about the whereabouts of this body – alive or dead – political violence has spread in and through places we must consider vital to grasping the logics and impacts of how violent political conflict is waged.

The impact of waging war in the most intimate of spaces, deploying the most sacred as sacrificial – a refugee or IDP's own kin, for instance – renders survivors between the vacuous space of loss and fragile possibility. A psychotherapist working with families of the disappeared explains this impact on those survivors of the disappeared, "...ambiguous loss can traumatize and immobilize grief and coping processes, and prevent individuals and families from moving forward with their lives" (Twala, 2016). For refugees who have family members disappear as a political act, the psychological, and sociological complexities they endure are deepened by the uncertainty that defines the legacy of this far too common consequence of political violence and armed conflict. In fact, scores of families in Iraq have endured the disappearance of a loved one due to the brutal tactics of ISIS, where enforced disappearance is a continual tactic of

this terrorizing force (see Hassan, 2016; Center for Victims of Torture, 2017).

### **The Abyss of Uncertain Fate and Uncertain Loss**

The quest to comprehend, define, articulate and respond to the distinct psycho-social impacts of enforced disappearance remains a fluid pursuit. The seminal work of Agger (1994) and Agger & Jensen (1996), published a decade ago, foregrounded how political violence in Pinochet's Chile was intricately social in its intent and manifestations. Indeed, the work of these authors explicated how political violence is deployed through the manipulation or targeting of social relationships, roles, social statuses, families, and communities and is aimed at the cultivation of society-wide terror. It is said that during this period, when enforced disappearance proved a hallmark of Pinochet's Junta, Chile was, in response to these tactics, "dying of fear." (Lechner, 2003). Enforced disappearance is about the establishment of cultures of fear, impunity, and submission and constitutes a tool of power in the making of political violence in our time.

### **Functions of Enforced Disappearance in Armed Conflicts**

According to a relatively recent briefing (2016) from the United Nations Working Group on Enforced or Involuntary Disappearances, the following assessment about the increasing number of cases of enforced disappearance was made public:

"Last year alone, we dealt with 483 urgent actions out of 766 newly reported cases of disappearance in 37 States; more than three times higher than those reflected in our previous year's annual report, they added, highlighting that this number – more than one disappearance per day – is "just the tip of the iceberg."

Emergent and on-going political crises are generating substantial numbers of cases in places such as Mexico, Egypt, Iraq, and Syria, while war and conflict of years past remain a source of indefinite disappearance that families may endure for decades. Countries such as Bosnia, El Salvador, Iraq, Lebanon, and Sri Lanka are tragic examples of places where the disappeared have been whereabouts unknown for decades (ICMP, 2017; Amnesty International, 2015). The trauma and despair associated with these very long-term disappearances ought not be underestimated; families and individuals across generations are impacted by these ambiguous losses.

With its increasingly accessible support for displaced persons and migrants, the practitioner community must engage more widely with information about the prevalence, impact and legacy of enforced disappearance, and those therapeutic approaches that focus on intercultural experience and their interwoven nature within social-psychological processes.



*The view from an IDP camp tent in Iraqi Kurdistan.  
Photo by the author, 2017.*

A recent visit to Iraqi Kurdistan, where scores of internally displaced persons live in IDP and refugee camps, revealed the need to engage issues of enforced disappearance in a more fluid view. A total understanding of the traumatic experiences entailing flight, relocation and self-preservation in IDP or refugee camps, includes accounting for the real possibility that people are also enduring the enforced disappearance of a family member.

Ensuring political rights, along with those rights that are vital to sheer daily survival, such as the right to movement, means that refugees or IDPs can also, if safe circumstances are present, engage with their experience enduring enforced disappearance. With great staff sensitivity, the psychosocial well-being of families of the disappeared may be enhanced through greater dialogue and engagement around these issues.

Accordingly, fostering spaces of dialogue will enable the capacity for people to articulate fears, despair and determination to learn the whereabouts of their kin. Engaging organizations such as the International Committee of the Red Cross and encouraging psychological and social supports to be developed appropriate to the political landscape and security of the family/families of the



disappeared, can be realized.

It must be cautioned that reprisals against family members, and the disappeared persons themselves, depending on contexts, are potentially real risks. Confronting cultures of impunity, un-responsive governments and militias or para-military organizations engaging in the practice of forcibly disappearing those in their midst is complex. In zones of active conflict, these issues must be responded to with great concern for the psychological, physical, social safety and well-being of the refugees and displaced persons who are the disappeared's survivor family. Engaging Non-Government Organizations working in these areas on such issues is a vital step in creating these supports.

The need remains for cross-cultural research in the social sciences focused on the prevalence of enforced disappearance among refugees and IDPs, the coping mechanisms individuals and families employ and the ways in which issues such as encampment or relocation impact the experience of enduring enforced disappearance of a loved one. The role of social relationships and advocacy as mediators of the despair, fear, guilt, and longing that family members experience are also issues of great relevance.

Greater awareness of this phenomenon and its legacies will enable practitioners across the humanitarian and social service spectrum to engage and support persons who live the ordeal of enforced disappearance amidst their often daunting experience as refugees or internally displaced persons.

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# Working with Trauma in China: KinAesthetic Imaging

*Ilene Serlin, PhD*

**L**ike the Chinese proverb: “May you have an interesting life,” this was certainly a most interesting time to be in China. President Xi Jinping had just met with President Trump, and both promised mutual co-operation. On the other hand, tensions in the South China Sea were mounting and North Korea had just tested another missile. President Xi’s daughter had just graduated from Harvard with a degree in psychology, and now the Chinese government was prioritizing the need for mental health services. New requirements mandated that different levels within organizations have counselors available, so training a new crop of counselors was essential.



*Ilene Serlin, PhD*

However, psychology training in China has been primarily academic. Since studies of psychology and sociology were shut down in 1949, there are few resources for clinical training, as well as few internship sites and even fewer standards of practice. With a new interest in Western psychology (I even saw pop psychology magazines at the airport), people are hungry for training and rather indiscriminately consuming some of the latest and most commercial Western imports. Being a “coach” or a “counselor” is unregulated, and people come to classes with a wide range of experience and background.

My experience in China started in 2010 with a conference in Nanjing called: The First International Conference on Existential Psychology. It was described as “An intellectual dialogue between East and West: How to face suffering and create value of life.” More than 40 experts of existential psychology from 10 countries assembled in Nanjing to engage in the mutual exploration and dialogues on the basic themes between existential psychology/psychotherapy and Chinese philosophy/cultural psychology. These conferences have continued every two years with the aim of collaborative exchanges to find commonalities between East and West through presentations, demonstrations, and informal collegial exchanges. My own interest in the cultural exchange came from years of studying and practicing Tibetan Buddhism, mindfulness practices, and existential psychology. Interest in the heritage of indigenous cultures came from years of folk dance, travel and dance therapy.

That year I did a workshop at China Institute of Psychology (CIP) in Beijing. The workshop was about the role of embodiment in psychology. I was curious, since so much of Chinese traditional philosophy and medicine is

based on ancient mind-body practices, about how the workshop participants would respond to a mind/body form of psychology. The participants, in fact, loved the workshop and the directors asked me to start a two-year training program. We are now in our seventh year, and students are already beginning to lead groups under supervision.

From the point of view of traditional Western approaches, psychology has traditionally been concerned with the mind and thinking, and excluded body expression and non-verbal communication from this equation. Thus, such a separation of body-mind begins to create an unnatural mode of expression and perception, cutting out important pathways of understanding and healing. Fortunately, new findings in

research are confirming ancient knowledge about the role of the body and the interconnectedness between the mind and the body.





An appreciation for the body is still visible in everyday China. Seniors cluster in the parks in the early morning to stretch, do Tai Chi or even Tango. People use public space to play ping-pong, sing with karaoke or in groups. The importance of movement for mental and physical health is clearly understood and appreciated.

For the beginning of our training, we began with Kin-Aesthetic Imagining (1996), a process by which the moving body creates meaning through images that can be understood like dream images. We start with the body as instrument, cultivating qualities of embodiment, and kinesthetic intelligence. Participants learn how to ground themselves, how to tune into their own bodies and those of others. They practice creating a safe space (usually a circle), mirroring, picking up movement cues, and supporting the emerging images. They learn a language of movement that describes nonverbal communication in terms of time, weight, space and flow. This language helps them articulate how they are experienced in relationship with others and in their everyday lives. Participants learned to ground themselves, practice relaxation, improvise, growing more at home and confident in their bodies. They understand their movements in terms of archetypal figures and symbols, as well as the group process in terms of the existential dimensions of Freedom and Fate; being Alone vs. Being with others; Life and Death, and Meaning vs. Meaninglessness.

The existential themes seemed to resonate with many members, especially the theme of Freedom and Fate (or constriction). One group developed and performed a dance about Freedom and Fate that told a Chinese version of the story of Romeo and Juliet. Others, finding new freedom, expressed a yearning for authenticity and the need to find meaning in life. Life for many was an effort to balance the Taoist influence of process and flow and individual development with the Confucian influence of strict roles, hierarchies and restraint. One woman shouted: "I'm so tired of being Confucian Good Girl, Good Daughter, Good Mother...I want to be ME! But I have no idea where to start—can you help me?"

Along with the new freedom came more freedom of feeling and expression. With access to romantic Western literature and social media, people were idealizing the perfect relationship. I found a surprising number of divorces in the group, with young people searching for the "right one," self-love, and the chance to give and receive love." Other group members commented:

"I'd like to thank everyone. I was in finance, accustomed to one pattern, now psychology has opened a new window, shown me other ways of viewing life."

"Love yourself is important, and it is important to express that you need love."

"I could not feel the muscles in my back. You told me that that is where the angels grow wings, and that



represents freedom. That is what is most important for me and what I long for."

"I learned that my role in life has been to support and it is difficult to ask for support. It is difficult to receive, and I'd like to take away your love and support."

Another group member wrote this poem:

### Dancing Soul

Go dancing  
Awakening soul  
Even though our feet  
Still trapped in the swamp of ego  
Even our eyes  
Still may be blinded by fear  
Even if our hearts  
Still be kissed by weakness and loneliness

however  
When our soul begins to wake  
The desire to go home  
Firm belief  
Will get our feet into the swamp  
Such as stepping on a massive rock  
Blinded eyes  
As snow like torches  
The weak heart.  
Will be lit by joy





And the soul that has revived  
With all the shackles of fate  
On the way home  
Dance trippingly

China today is also a fascinating study into a mind-bogglingly rapid transition into a modern society. The theme of tradition vs. modernity (and even post-modernity) is evident not only in personal relationships, but in the number of people being uprooted from their villages where generations of family have lived. China has always been a collective society, so the loss of place and group support for many of China's elderly has been traumatic. Whole villages are swept up into modern faceless apartments. Of the 55 ethnic groups still in China, some retain their local identity and culture. In the Yunnan province, we were in a small Bai village where local women, who still folk dance several times a week as part of their recreation, taught us their dances. For me and for the students it was profound to see that cultural roots still survive and can help ground members of the community.

The uprooting, loss of identity and meaning has been traumatic for many Chinese. Hopefully, the new support of social services will provide some assistance.

Curious about what other traumatic situations China was facing and how it was dealing with them, I talked with my translator, Zhou Ming (Grace) from the College

of Arts and Sciences at Beijing Union University, about her own interest in trauma.

She told me of a long history of trauma dating back 4,000 years that stemmed mostly from the transfer of authority. When emperors changed power, lacking a ritual for the transfer of power, they often caused bloody and violent abuses. When the people could not tolerate the abuses of power, they sometimes resorted to means such as a palace revolt ("parent uprising"). The oppressed launched a war against the officials.

Moreover, there were traumas from a series of occupying powers, such as the Manchus, Mongols and Yuan (Genghis Khan) from other regions or nations. The native Han people were originally here, but northern minorities would attack and take away their properties.

The three biggest recent traumas still affecting citizens are the Nanjing Massacre, the Cultural Revolution, and the Tangshan earthquake. In the Nanjing Massacre of 1937-1938, otherwise known as the Rape of Nanjing, about 300,000 soldiers were brutally murdered and civilians raped by the Imperial Japanese Army. According to Grace, people still do not want to talk about it; it was a secret for a long time due to a strong sense of shame. People felt shame because the soldiers did not fight hard enough, because people were tortured, and there were not readily available records of what happened. People lost face. Then the Chinese American author, Iris

Chang, did the research and wrote a book that shocked the world—and then she committed suicide.

During the Cultural Revolution from 1966-1976, the government initially tried to build a new social structure and end corruption. To bring knowledge to the countryside, students and teachers from the universities were sent to build better agricultural systems, and then universities were shut down. Conflicts arose among different officials, social structures broke down, there was a widespread shuffle of power, and many officials were persecuted. Grace's parents, both professors at Beijing University, were sent out to the countryside where Grace was born. Efforts to deal with the psychological aftermath of the Cultural Revolution came quite late and may be skipping a generation. Grace says that she has friends who still suffer from insomnia, and that trauma studies are very needed in China.

The third major group of traumas was from natural disasters. On July 26, 1976, the Tangshan earthquake occurred in which 240,000 people died. That same year, three major political leaders died, and people were feeling especially vulnerable. On May 12, 2008, the Beichuan earthquake occurred in Szechuan, and over 100 people died in the recent crash of the Malaysian plane.

Grace is not aware of any problem with refugees or immigrants, and does not know why they are not coming to China. No other staff members from CIP knew either, but all told me that trauma studies were needed and people are now ready.

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*for discussion among members*

*for child trauma topics*

*for post-traumatic dissociative mechanisms development*

*for early career psychologists networking*

*for student forum*



# Enhancing Evidence-Based Interventions for Refugees

*Sara L. Buckingham, MA  
Melissa Paiva-Salisbury, MA  
Doctoral Clinical Psychology Interns,  
New England Survivors of Torture and Trauma, University of Vermont*

Numerous refugees from diverse nations have resettled in Vermont. New England Survivors of Torture and Trauma (NESTT) provides comprehensive mental health, social work, and legal services to refugees. As doctoral clinical psychology interns, we provide culturally-informed, linguistically-appropriate, evidence-based intervention services. In this article, we detail how efficacious interventions for torture and trauma have been adapted for refugee populations and integrated into multidisciplinary care.

## Displacement and Resettlement

Approximately 65.3 million people worldwide have been forcibly displaced (UNHCR, 2015). Asylum-seekers flee their countries and live as unauthorized residents while navigating the asylum process; refugees are designated by the United Nations and often placed in temporary camps. During this period, refugees and asylum-seekers are not authorized to work and largely live in impoverished, unsafe conditions. In 2016, fewer than 1% of the world's refugees were resettled (UNHCR, 2017). A person spends an average of 17 years in a camp prior to resettlement and 2–6 years in the U.S. as an unauthorized resident after seeking asylum (American Immigration Council, 2016). Approximately 44% of refugees and asylum-seekers in the U.S. are survivors of torture (Higson-Smith, 2015).

Since the 1980s, Vermont has resettled over 7,500 refugees from over 25 countries. Many new Vermonters are refugees from Bhutan. Beginning in the 1970s, the Bhutanese government attempted to create a uniform Drukpa ethnic culture by politically, economically, and culturally excluding the ethnically Nepali community (UNHCR, 2011). Nepali-Bhutanese people were driven out; those who protested were imprisoned and tortured. The government ran effective public relations campaigns to delegitimize claims of expulsion, leading many countries, including the U.S., to not resettle Nepali-Bhutanese refugees until 2008. Through public and private funds, U.S. Committee for Refugees and Immigrants (USCRI) organizations financially support refugees for their first

six months post-resettlement. After that time, refugees are expected to be self-sufficient, despite language barriers, transportation challenges, and education and skill differences, compounded with the possibility of having significant trauma histories.

## Mental Health Treatment with Refugees

Connecting Cultures is a specialty psychological services program through NESTT, housed in a community-based clinic at the University of Vermont's Department of Psychological Science. Connecting Cultures provides intervention services to refugee and asylum-seeking children, adults, and families. Clients present with diverse concerns, including impairing reactions to prolonged trauma related to war, persecution, torture, adverse camp conditions, and resettlement. Evidence-based treatments for trauma include prolonged exposure (Foa, Hembree, & Rothbaum, 2007), cognitive processing therapy (Resick & Schnicke, 1996), trauma-focused cognitive behavioral therapy (Cohen & Mannarino, 2008) and narrative exposure therapy (designed for refugees; Schauer, Neuner, & Elbert, 2005). Many treatments include exposure to traumatic events, which allows clients to learn alternative responses to recalling events and theoretically facilitates extinction of fear reactions and associations. While efficacious, many exposure-based treatments have limitations in their applicability to refugees, given the chronic and ongoing nature of trauma and resettlement stress, and diverse cultural norms and expectations related to mental health.



*Sara L. Buckingham, MA*

At Connecting Cultures, we use the Chronic Traumatic Stress (CTS; Fondacaro & Mazzulla, under review) treatment framework to adapt evidenced-based techniques for the populations we serve. Refugees frequently experience trauma after resettlement, as their families often remain in areas of active war or impoverished, dangerous camps. Additionally, refugees experience post-migration/resettlement stressors, such as unemployment, poverty, discrimination, transportation difficulties, and acculturative stress, which may intensify the effects of trauma (e.g., Schweitzer, Brough, Vromans, & Asic-Kobe, 2011). Moreover, daily stressors impact functioning. Therefore, the CTS treatment framework seeks to unify trauma treatments while supplementing with acceptance and commitment modalities, distress tolerance, mindfulness, grounding, and active coping techniques that are client-centered and culturally-consistent. For

example, we flexibly utilize Image Rehearsal Therapy (IRT; Krakow et al., 2011) to target nightmares by allowing clients to adapt nightmares in culturally relevant ways, and we incorporate clients' indigenous coping strategies, such as prayer, meditation, and singing.

### Expanding Beyond Individual Mental Health Treatment

Because clients have diverse needs and circumstances impacting their mental health, NESTT coordinates psychological, social work, psychiatric, and legal services. In addition to psychological treatment, each client has social work services available to address basic needs, such as assistance with housing, employment, transportation, and language barriers. Therapists receive psychiatric consultation from University of Vermont Medical Center psychiatrists to ensure that clients receive appropriate referrals. The legal arm of NESTT provides refugees access to pro-bono legal services (e.g., asylum, citizenship, family reunification).

We have recognized the necessity of not only serving clients through multidisciplinary teams, but also situating ourselves in the community and partnering with trusted organizations. We literally meet clients "where they are" – in community centers, homes, and schools. For example, Connecting Cultures has a satellite office in a trusted and frequented community center, The Association of Africans Living in Vermont (AALV). We collaborate with and work alongside key stakeholders, allowing relationships to form naturally and building on each organization's strengths. By learning from community partners, positioning ourselves as a resource, and continually conducting informal needs assessments, we are responsive to the community. For example, we created an "alumni group" to help survivors of torture step down from individualized mental health care. However, as clients told of friends who could benefit from the group but were not previously connected with NESTT services, we soon transitioned to a "community engagement" group. Facilitated by doctoral psychology interns with a refugee co-facilitator who also serves as a cultural consultant, this group uses principles of behavioral activation (Lewinsohn, 1975) and sense of community (McMillan & Chavis, 1986) to help isolated members engage with their communities and form connections post-resettlement.

### Case Example

K is a 56-year-old Nepali-Bhutanese man invited by his neighbor, a former Connecting Cultures client, to attend

a community engagement group at AALV. After several groups, K approached the cultural consultant co-facilitator regarding individual mental health treatment. The co-facilitator enabled communication between K and an intern to set up a Connecting Cultures intake.

At his intake, through an in-person interpreter, K reported that he rarely leaves the house, cannot work, and is unable to cook for himself. K described being forced to leave Bhutan when he was 22 with his wife and child.



*Melissa Paiva-Salisbury, MA*

Although illegal to work in Nepal, K reported it was necessary for survival over his 18 years in the refugee camp. On multiple occasions, K was caught by police and beaten severely for leaving camp boundaries for work. While K experienced symptoms consistent with posttraumatic stress, his primary concerns were loneliness, isolation, fears of the community, and dysphoria. Because he was considered an elder, he was not expected to work, cook, or travel alone. During the first therapy sessions, one of K's daughters accompanied him.

Assessment of K's needs revealed limited access to transportation, resulting in an immediate referral to in-clinic social work services. The social worker aided K in qualifying for ride assistance to medical appointments, ensuring

he could attend therapy. Further, the social worker assisted K in learning bus schedules, facilitating his attendance of English classes.

Treatment began by establishing K's sense of safety and identifying some indigenous coping tools. K highlighted the importance of Hinduism, which was incorporated into the CTS framework by including religious practices into his valued activities. Further, as Hinduism employs meditation, K incorporated his own understanding of and relationship to mindfulness as central treatment components. He began mindfully breathing, and coupled with psychoeducation around sleep hygiene, he reported sleep improvements. Additionally, K utilized IRT by changing threatening men in his dream into docile dancers. Throughout treatment, K attended the community engagement group and reported increased connections, ease with leaving home, and participation in valued activities.

As treatment progressed, K expressed interest in processing past traumas. Through a visual life-path activity, K shared moments of his life that brought joy and those that brought pain and fear. Following psychoeducation and development of a hierarchy, K chose to narrate several events in detail, which were used as guides for subsequent imaginal exposures. Throughout exposures, K was prompted to use relaxation and grounding



strategies. K maintained control over the timing and intensity of exposures. His symptoms decreased, his functioning improved, and he increased value-driven actions. K was subsequently discharged from individual mental health services, though he still attended the community engagement group and participated in cooking classes. Later, he sought legal services regarding challenges applying for citizenship.

## Conclusion

Our work as Connecting Cultures therapists through NESTT highlighted unique considerations in trauma treatment with refugees. As psychologists-in-training, we desire to strengthen skills in delivering culturally-informed, evidence-based treatment. However, basic needs are pressing for our clientele, impacting emotional instability; thus, involving social workers is crucial. Even with effective interventions, the chronicity of war trauma and resettlement stress is challenging. It is not uncommon to have a client ready to discharge only to hear that her child recently ‘disappeared’, that a grandchild was murdered, or that reunification of family members has stalled yet again. This begs the question, when does treatment end? We believe it is important to be present in the community, collaborating with organizations to meet pressing needs while not duplicating existing services. Finally, adapting evidence-based treatments to incorporate culturally-consistent strategies is key to serving diverse community members.

**Sara Buckingham** completed her Ph.D. in Clinical and Community & Applied Social Psychology in the Human Services Psychology Program at the University of Maryland, Baltimore County. Her program of research examines how immigrants and their new communities shape the acculturation process and influence well-being. At the time of this writing, Sara Buckingham was completing her APA-accredited internship at the University of Vermont, where she specialized in strengths-based, culturally-informed clinical services for survivors of torture, refugees, and asylum-seekers. Sara Buckingham is extending this line of research and practice as an Assistant Professor at the University of Alaska, Anchorage this coming fall.

**Melissa Paiva-Salisbury** completed her Ph.D. in Clinical Psychology from the University of Vermont, and a Master’s of Arts in Forensic Psychology from Roger Williams University. At the time of this writing, Melissa Paiva-Salisbury was completing her APA-accredited internship at the University of Vermont. Through the Connecting Cultures program at UVM, she incorporated

*Acceptance and Commitment Therapeutic frameworks into evidenced-based behavioral based approaches for survivors of torture, refugees, and asylum-seekers. Clinically, she is keenly interested in forensic assessment, the dissemination of evidenced based approaches, and the incorporation of mindfulness into evidenced based approaches. Her current research interests include the heterogeneity within psychopathy, callous-unemotional traits, and the exploration of construct measurement. Melissa Paiva-Salisbury is joining the Psychology Department at Coastal Carolina University in the Fall of this year.*

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# International Committee

*Elizabeth Carll, PhD, Chair*  
*Vincenzo Teran, PsyD, Co-Chair*

As part of the series of interviews conducted by student members with trauma psychologists from various parts of the world, Laura Captari, a student member of the International Committee interviewed, Dr. Gladys K. Mwiti, a psychologist in Nairobi, Kenya, a clinician who works with children and families. However, she is also a passionate advocate for psychology in Kenya and has worked for many years to advance the field of psychology and is currently advocating for a bill in Parliament for the development of the Kenyan Board of Counseling and Psychology.

The interview series with distinguished trauma psychologists from around the world provides our students with the opportunity to meet psychologist role models from many cultures. The interview article, which is below, provides a window into the work of trauma psychologists globally and enables a better understanding of cultural issues relating to psychology.

To encourage participation of international students from developing countries at the APA convention, the Division approved an annual \$1000 travel stipend to a student who has a trauma related poster or paper accepted for the presentation at the convention. The recipient of 2017 Travel Stipend to the APA Convention in Washington, DC is Elisa Rachel Altafim a doctoral student at the University of São Paulo, Brazil. She will be participating in a symposium on child abuse prevention and will be presenting on the results of the efficacy of the ACT Raising Safe Kids parenting program in Brazilian culture.

It is never too early to begin planning for the next year's convention and we encourage international students from developing countries to consider applying for the 2018 travel stipend.

With the emerging immigration crisis occurring globally, a special initiative was organized and is reported in another section of the newsletter.

## An International Committee Interview with Gladys K. Mwiti, PhD

*By Laura Captari, MA*

Dr. Gladys Mwiti is a clinical psychologist in Nairobi, Kenya, and founder and CEO of Oasis Africa Center for Transformational Psychology and Trauma, a pan-African professional organization shaping the field of psychology in Kenya. In addition to providing trauma-focused therapy and supervision, Dr. Mwiti is heavily involved in advocacy work, collaborating with government offices, community organizations, and churches. She serves as chair of the Kenya Psychological Association, interim chair of the Kenya Society for Traumatic Stress Studies, and chair of Governing Council at the Co-operative University of Kenya. She has just completed two terms as member of the board for the International Society for Traumatic Stress Studies. Dr. Mwiti has authored five books and published in various journals, and is a well-travelled international speaker in many professional forums.



*Elizabeth Carll, PhD*



*Vincenzo Teran, PsyD*

"If you ask a child, 'What's up?' you get many answers—if you listen," Dr. Mwiti shared in our interview. As a high school science teacher in the 1980s, Mwiti noticed that some of her students were struggling with more than physics and chemistry. They looked sad, they couldn't concentrate, and many days, they missed school. Inquiring about their situation, she was not fully prepared for their painful stories. Many of these students were traumatized due to parental neglect, while others lived in a constant state of fear because of domestic violence. Several girls had experienced physical, sexual, or emotional abuse, and a few had been forced into child labor. While Kenyan culture includes many indig-

enous resilience factors, Dr. Mwiti described that, with many families moving into cities for work, community bonds have become increasingly lost, leading to destabilization of home life, more stress, and greater risk of child maltreatment.

"I didn't know what to do," Mwiti remembers. "Although



I taught with diligence and most of my students started excelling in class, I felt helpless to meet the total needs of the child.” There were no counselors or psychologists in the school system, so Dr. Mwiti advocated with the Minister of Education to support the development of school-based services, offering to go back to the university to earn her psychology degree, and head this up.

Unfortunately, Dr. Mwiti’s enthusiasm was not reciprocated. “We don’t need psychologists,” the leadership retorted. “Our need is for teachers with advanced chemistry degrees. You have resisted going abroad for a study leave because you do not want to leave your young family behind, while others do not seem to have a problem with that!” Not to be dissuaded, Dr. Mwiti left her job, and as a mother to four young children, enrolled in United States International University in Nairobi, the only school offering psychology training in the country at the time. There, she earned her undergraduate in psychology and master’s degree in counseling psychology.

Following graduation in 1990, Dr. Mwiti and her husband founded Oasis Africa, beginning to offer counseling, trauma-focused therapy, and crisis intervention. At that time, Mwiti was one of very few psychotherapists in Kenya. There was no ethics code, no training guidelines, no licensure process, and no paid positions available. Mental health was conceptualized almost solely from a medical model. Due to British influence in education curricula, there were a number of psychiatrists trained in the country’s medical school, and the mindset was “a pill for every ill.” With a background of community-based indigenous support systems, Kenyans struggled with the idea of paying to talk with someone. Mwiti joked that many people told her they could just talk with their grandma, and her work was not initially valued, despite the widespread trauma many Kenyans had experienced. Her first patients were students referred by teachers, but over time, parents and other community members began to see the value of psychotherapy as well.

Dr. Mwiti’s work did not stop in the consultation room, as she recognized the dire need for training and development in Kenya and across Africa. Mwiti began to collaborate with humanitarian organizations and faith-based agencies in providing support following disasters.

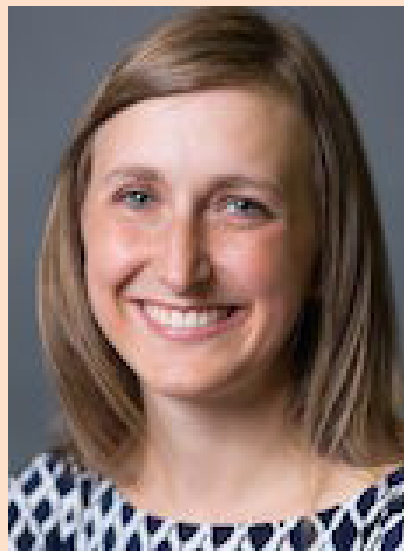
Oasis Africa was the first external professional team in Rwanda following the genocide in 1993, and led in creating a collaborative program to provide support following the 1998 US Embassy bombing in Nairobi. “With every trauma, as psychologists and counselors, we volunteered our services,” Dr. Mwiti shared. She also consulted with agencies to help incorporate mental health within community development programs, particularly in light of the many children orphaned by the HIV/AIDs crisis. I was curious how Dr. Mwiti made ends meet as a psychologist in a developing country. She shared that while much of her work was pro-bono early on, as the public awareness grew surrounding the importance of psychological care, a paradigm shift ensued.



*Gladys K. Mwiti, PhD*

In 1997, the Kenyan Psychological Association (KPA) was founded, and Dr. Mwiti and others used this new platform to both educate the public about the need for mental health services and advocate for recognition of the profession on a national level. KPA developed an ethics code, and began to credential and license mental health

practitioners. Recognizing the need for more training, Mwiti came to the U.S. and completed her doctorate in Clinical Psychology at Fuller Theological Seminary’s Graduate School of Psychology. In light of her holistic trauma treatment focus, Dr. Mwiti described how she had recognized spirituality as a key resilience factor among many of her patients, and thus, aimed to gain advanced training in this area as part of her doctoral work.



*Laura Captari, MA*

Upon her return in 2005, Dr. Mwiti became the chairperson for KPA. Since that time, she has invested a great deal of her energy helping to create a place for psychology in the public sector. Dr. Mwiti speaks often on radio and TV, at schools, universities, and churches, and other public gatherings—providing psycho-education and

raising awareness about trauma and mental health. While psychology programs at Kenyan universities used to be mainly theoretical, Dr. Mwiti has worked with program directors to incorporate assessment and practicum coursework and training hours. Presently, there are at least ten universities in Kenya offering master’s degrees in counseling or clinical psychology, and several doctoral programs.

Dr. Mwiti and several colleagues collaborated with



the Ministry of Health over several years to put together a bill for the development of the Kenyan Board of Counseling and Psychology (KBCP). At the time of our interview, she was excited to share that Parliament is currently reviewing amendments to the bill, which should be enacted in the near future. This bill represents tremendous progress for the field, as psychology will finally be officially recognized as a profession in Kenya. In conjunction with the Ministry of Health, the KBCP will begin to create psychologist and counselor positions in hospitals and other medical settings, where patients have experienced significant trauma, but as of yet, often only have access to medication. Psychological testing and psychotherapy will also be included in patients' treatment plans on a national level. The establishment of the KBCP also serves psychologists by providing an official license, guided by clear ethical guidelines, including core training, competency, and continuing education requirements. Dr. Mwiti pointed out that this is critical as the field continues to develop to ensure that patients receive quality care. The Board will regulate clinical practice, as well as accredit university training programs by ensuring training standards are met.

These advances, Dr. Mwiti points out, are critical for the physical and emotional well-being of Kenyans. Citing the World Health Organization's call for mental health to be taken seriously, Mwiti noted that few African countries have such policies supported by the government. With pride, Dr. Mwiti noted that Kenya is one of the African nations leading the way in this regard. The Kenyan Ministry of Health has adopted a mental health policy, which validates the need for a multidisciplinary treatment approach, including psychiatrists, psychologists, counselors, and related professionals. This new policy allows for a more holistic perspective to trauma treatment (e.g., more than medication) and takes seriously systemic issues that undermine mental health, including abuse, neglect, and violence. Historically, mental illness in Kenya was seen as something chronic and irreversible. However, Dr. Mwiti believes that KBCP will work closely with the Ministry of Health to advocate for mental health funding, citing how psychiatric hospitals are very underserved, many of them with no psychologists on staff. Further, many people admitted to these hospitals need more than restraint and medication—they need substance abuse treatment, rehabilitation, and trauma treatment. She also envisions KBCP's role in advocating for the creation of psychology clinics in every hospital, so that holistic services are more accessible.

Dr. Mwiti's approach to trauma work is systemic and holistic. "You don't just treat—you also look for the causes of mental struggles. We can't just lock mentally ill patients in an institution or send addicts to our few rehabilitation centers. We must ask, how did they get there?" For example, she noted in the case of a depressed adolescent using substances, the underlying cause might be domestic violence, abuse, triangulation or parentification. None of this can be "fixed" solely with medication. With-

out holistic treatment, traumatized adolescents are at risk of growing up to perpetuate violence, either in their families or through radicalization on a community level, as in Boko Haram or Al Shabab. This is the resounding message with which Dr. Mwiti has advocated for psychological care in Kenya over the last three decades. Recently, she addressed two African union leadership forums on the role of untreated trauma in radicalization and violent extremism, in that, if cycles of abuse are not broken, especially in youth and children, the abused can easily identify with the abuser and grow up to become perpetrators themselves.

Mwiti described her approach as two-fold: continually educating the public about the need for psychological help following trauma *and*, through Oasis Africa, providing a clinic to help meet that need through psychotherapy, training, and community-based interventions. As a visionary, Dr. Mwiti recognized early on in her career that the need for trauma care was far beyond what she herself could provide. As such, she set out to create a training model for psychological care, and to supervise and develop trainees. Currently, Oasis Africa has a team of 15 psychologists on staff, as well as practicum/internship students from several local and sometimes, international universities.

Finances are one barrier for many Kenyans in gaining access to psychological care. Previously, insurance companies only covered medical services. However, Dr. Mwiti has been undaunted in advocating that such companies would save tremendous medical costs if they offered reimbursement for psychotherapy, as this prevents people from cascading down into physical illness. "Before, insurance refused to talk to us," Mwiti shared, "but in the last three years, Oasis Africa has had several insurance companies coming to us, asking us to be on their panel of providers. We also work with some international employee wellness service providers."

In our interview, I was struck by Dr. Mwiti's unwavering passion in the long journey from leaving her teaching job to pursue psychological training—to now finally seeing a national board established over thirty years later. The work is far from over, yet Mwiti beamed as she shared about the advances being made, and the doors opening on community and national levels. Men, women, and children in Kenya now have greater access to psychological treatment than ever before, and there is a growing cultural understanding of how trauma impacts the psyche, and the healing that is possible. Seeing the positive impact that psychotherapy and psycho-education makes in people's lives, more and more people are seeking therapy and the medical professions are referring their clients who need the same.

Trauma work is taxing, and Dr. Mwiti cited her faith, self-care, and the support of her husband, children,

*Continued on page 29*

# Voicing Graduate Psychology Students' Experiences with Institutional Racism

By Wyatt R. Evans, PhD, Anna W. Vandevender, MA & Elizabeth Louis, MS  
Student Publications Committee  
Trauma Psychology News

**I**nstitutional racism (IR) is reflected in the policies and practices of organizations, systems, and institutions that perpetuate discrimination and exploitation of people of color (POC; Clair & Denis, 2015). IR perpetrators potentially lack awareness of the impact of their actions while victims often question whether they have been treated unfairly (Ture & Hamilton, 1967). Although researchers have examined the impact of IR on undergraduate students (Ceja & Yasso, 2000), there has been less research and discourse around graduate students' experiences with IR, even within our field of psychology. Presently, this is particularly relevant, as the current sociopolitical climate has been characterized by ongoing racial tensions, discrimination, and violence against POC.

As psychology graduate students ourselves, the authors recognize the impact that IR has on POC within our institutions and the larger psychological discipline. Therefore, we explored the perspectives of our peers to raise awareness and inform initiatives to address IR within psychology graduate programs. This article, directly informed by the lived experiences of graduate students/trainees, will highlight the impact of IR on students' education and lives, will relay their coping approaches, and will summarize their hopes for overcoming IR in higher education and the field of psychology, which aspires to multicultural sensitivity and social justice.

## Methodology

In the service of providing an open venue for participants' (and the authors') voices, we took a qualitative and journalistic approach to gathering and reporting information. The authors devised a 10-question, semi-structured interview to capture participants' experiences with, responses to, and beliefs about IR in their graduate institutions. A total of 21 interviews were completed via video, voice call, or email. All responses were reviewed by at least two authors and are summarized in the areas denoted below.

Participants were predominantly women (81%) in the latter half of their program. Most were working on a doctoral degree (86%) and represented all four major regions of the U.S. Participants identified as Black (8), Asian (3), multiracial (2), White (2), biracial (1), Chinese American (1), African (1), Indian (1), and Middle Eastern (1). Three participants were international students.

## Encounters with IR

As issues of diversity have become a priority of accrediting bodies such as APA, academic institutions have increased discourse around this issue as it relates to both programmatic content and student body composition. However, a substantial proportion of participants described experiencing this shift as occurring more in theoretical conversations about multicultural awareness and sensitivity than in actual attitudes and actions of faculty and students. One participant described this experience as "lip service to diversity." A few participants described how this manifests in coursework – a single course or brief series of courses dedicated to comparing and contrasting racial, ethnic, or other groups based on cultural identities. Other participants described their personal experience as the "token minority" within their program, which often forced them to assume an expert role on the experiences of POC in their courses and personal encounters. Participants described this "token" status as isolating and exhausting.

Perhaps the most striking reports were the experiences of participants who actively sought out graduate institutions who emphasized the value of diversity within the student population, coursework, and training via their marketing materials and program pillars. Multiple participants reported accepting offers at their respective institutions for precisely this reason, only to discover the "lip service" phenomenon, and experience overwhelming disappointment at the lack of actual inclusivity, integrative coursework, and culturally-informed training. To this end, institutions must fulfill their marketing message, by practicing multiculturalism that is meaningful and supportive. It is not enough to extend an invitation to diverse students only to lead them into an atmosphere that stifles their ability to thrive and embrace their true selves.



Wyatt R. Evans, PhD

## Overcoming Obstacles and Coping Approaches

“They’re unwilling to name it” and “...they don’t want to be uncomfortable” were some of the blind spots participants identified at their institutions. Within their programs, intersecting systemic and individual differences hinder fruitful and reflective discussions that promote learning, awareness, and dismantling of IR. Programs fail to recognize how they are microcosms that reflect larger societal issues such as IR. Some of the obstacles participants discussed include systemic perpetuation of microaggressions and ignorance about the existence of IR within the (predominately White) student body and faculty. Participants’ comments included: “People are more concerned about individual well-being, status, and power than social justice for everyone,” “Some people don’t believe IR exists, don’t see it, they don’t want to take the time since it doesn’t affect them,” those regarding reinforcement of stereotypes (e.g., “a bunch of angry Black women”), and tolerance of color blindness (e.g., “self-preservation of White privilege within culture of faculty). The unfair reprimanding of students of color and unethically biased practices of faculty were also obstacles identified by the participants.

Each participant provided meaningful insight into their approach to coping with IR throughout their graduate training. Three broad coping strategies were identified by most participants. The first was sharing emotional support with other students with similar experiences and problem solving to work toward change within their institutions. Of note, participants from small institutions reported having limited access to supportive others. Second, the majority of participants reported seeking support from outside their institutions – including family, friends, religious institutions, workplaces, etc. One participant described this as “balancing” programmatic stress (e.g., IR) with supportive connection outside of the program. Last, several participants described attempts –successful and unsuccessful – to address IR in their institutions. Participants described a range of responses to IR, which varied in degree of assertiveness and directiveness as well as based on the student’s expectations, the outlet/venue for addressing concerns, and the student’s status in the program.

## Looking Forward

In order for programs to recognize opportunities to dismantle IR, experiential encounters are necessary. That is, participants emphasized the need for multicultural training that will dissect privilege, address marginalizing behavior and teachings about race/ethnicity,

raise consciousness and humility, and challenge power struggles between students and faculty. Furthermore, students should be informed about their right to address IR and provided with relevant resources. This information cannot simply be part of a handbook, but should be an ongoing discussion that facilitates interpersonal and

policy changes, creating an environment where all students and faculty of diverse backgrounds are welcome, respected, and visible. Multiple participants highlighted fear of experiencing negative consequences related to raising the issue of IR, and described awareness that faculty or others in power may also fear negative consequences for taking a stand. Along with students, faculty would benefit from appropriate modeling of how to address IR and become allies. Indeed, faculty of color need support in balancing their roles and identities within programs struggling to overcome IR. Additionally, experiential opportunities to learn about advocacy and activism while practicing these forms of social justice with different systems, communities, and educational spaces are paramount in order to fully address IR.



*Anna W. Vandevender, MA*

With regard to the field of psychology, some participants emphasized the discipline has yet to develop testing norms and diagnostic criteria that are considerate of cultural factors, describing the current state of affairs as “culture is an afterthought.” Other participants shared that, when they have conducted research related to diversity and discrimination, they have not received program support and faculty have voiced doubt about the relevance of their work. With regard to the way graduate students relate to APA, one student commented they see APA and its divisions trying to be more “inclusive.” However, others voiced concern the organization remains far from the goal of active inclusivity. Some participants stated they have observed efforts to address IR at various conferences (e.g., APA, National Multicultural Conference and Summit) and commented on the benefit of having a forum to voice concerns and find solidarity.

Looking to the future, many participants shared a troubling perspective that IR is an inevitable part of pursuing a graduate degree in psychology (e.g., “be prepared for disappointment”). However, many noted the path to change is to “acknowledge it and go forward anyway because it won’t change if I don’t.” More collectively, many participants discussed a need for a broader cultural shift within academia and society to make it possible for IR to be addressed. Participants also expressed concern about how race/ethnicity may interact with the next steps of the educational process (e.g., internship) to limit their success. This included frustration with being unable to indicate race and ethnicity on the APPIC application,



begging the question, “How can there be Affirmative Action?” Others shared ongoing training difficulties such as training directors “basing expectations on skin tone and stereotypes,” limited support or guidance during a grievance process, and feeling “left alone to fend for myself.” One participant noted it is necessary to explore “alternative ways” of addressing IR and several participants shared they had created campus groups to give and receive support while challenging IR.

## Conclusions and Reflections

Graduate school is inherently stressful and challenging; when the demands of coursework are coupled with stress due to IR, it creates a situation many participants described as overwhelming, exhausting, and draining, further perpetuating racial/ethnic disparities.

During the process of developing and writing this article, we have had the chance to revisit our own identities – both those contributing to oppression and those providing power and privilege – and to reflect on ways we have seen and ways we may be blind to IR within our own institutions. One author, as an ethnic minority, experienced a sense of relating to many concerns participants consciously raised. Other authors, holding various minority identities, also resonated with the struggles described by the participants while at the same time recognizing the unique and painful consequences of racism and IR.

Within the field of psychology, we strive to create a space for unheard and stifled voices. Within psychology graduate programs, we seek to foster this spirit, imparting knowledge and skills to inform and facilitate social justice and well-being for all. To have these values deemphasized, ignored, or even reprimanded is a deeply impactful form of insidious trauma. We were struck by consistent reports about lip service to diversity, surface level discourse and education on issues of racial/ethnic diversity, and tokenizing of minority students. It was our own experience and observation of these very aspects of IR that spurred us to reach out to others and to write this article.

In sum, and most importantly, we want to express our sincere gratitude to the participants in this project for sharing their experiences and their messages. We are inspired by these students striving to overcome IR and thrive within their institutions, and to use their experi-

ences to support, advocate, research, and serve marginalized people. We hope this article and, more directly, the experiences and hopes shared by the participants will inspire intentional reflection and, even more, active dismantling of IR through aligning practices with the cultural values of graduate programs and the field of psychology.



*Elizabeth Louis, MS*

**Wyatt R. Evans, PhD** recently graduated from the clinical psychology program at Palo Alto University and completed his internship at the Michael E. DeBakey VAMC in Houston, TX in 2017. He is currently a postdoctoral fellow with the STRONG STAR Consortium to Alleviate PTSD in Fort Hood, TX. Wyatt recently transitioned from the TPN Student Subcommittee to join the editorial staff of TPN as the Editorial Assistant.

**Anna W. Vandevender, MS**, is a pre-doctoral intern at the VAMC Huntington. She attends the Radford University Counseling Psychology doctoral program and has served on the Division 56 TPN Student Subcommittee since 2015.

**Elizabeth Louis, MA**, is a rising 4th year doctoral candidate in the Counseling Psychology program at The University of Georgia. She experience engaging in disaster relief work and providing mental health awareness and training in Haiti. Her research interests include trauma, disaster mental health and ethnic minority mental health. She is currently preparing to serve as a Boren Fellow in Haiti for 10 months conducting research and engaging in volunteer work that is related to disaster mental health, trauma and prevention. Elizabeth has been a member of the Trauma Psychology student publication committee for over a year.

*The authors would like to recognize all the members of the TPN Student Publication Subcommittee for their strong collaboration and support in developing this article.*

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# Review of *Psychoanalysis, Trauma, and Community*

**Review of Alpert, J. L., & Goren, E. R., (Eds.). (2017). *Psychoanalysis, Trauma, and Community: History and Contemporary Reappraisals*. New York: Routledge, Taylor & Francis Group.**

Using examples of psychoanalytically-based community and social interventions from the past and present, editors Judie Alpert and Elizabeth Goren have compiled an extremely timely book for this complex and challenging period of history. Their goal in producing *Psychoanalysis, Trauma, and Community: History and Contemporary Reappraisals* is to present psychoanalysis and its practitioners from a different perspective, not only as clinicians who treat individual clients in private practice settings but who also engage in significant social and community outreach efforts both at home and abroad. They have gathered a group of distinguished analysts who describe their work in different settings, ranging from the major wars and political conflicts of this century and their associated atrocities (i.e., the Holocaust, Hiroshima, the disappeared in Argentina, the Palestinian-Israeli conflict) to the devastation that accompanies major disasters, such as the Indonesian Tsunami and Hurricane Katrina, to the aftermath of terrorist attacks such as September 11<sup>th</sup>, to communities beset by chronic poverty, to those in which racism and oppression are endemic. The authors describe how they have used a psychoanalytic lens to understand these traumatic circumstances and psychoanalytic principles and theory to develop responses and services. The innovations included in this text include taking testimony privately and in public settings, documentary filmmaking, social intervention, on-sight interviewing, education and skill-building through workshops, and mediation of ethno-racial and political conflicts. Also discussed are the challenges in implementing such novel interventions and the impact on the practitioner.

The imperative of social justice and the global fight against oppression, violence, poverty and economic disparity (among other issues) pervades this work. The title of the first chapter, written by the co-editors says it all: "Expanding our analytic identity: The inclusion of a larger social perspective." They are careful to note that the appropriateness of social activism on the part of analysts has been controversial and, even today, is not accepted by all. Nevertheless, the authors suggest that the terrorist attack of 9/11 was a major turning point and the catalyst for many contemporary efforts.



*Christine A. Courtois, PhD, ABPP*

As they introduce these efforts, they reach back over the course of this century and credit a number of analysts and other mental health professionals whose work was socially-gearred, important, and unfortunately often under-recognized as to its significance. Here it is given its due as the foundation for the contemporary upsurge. Serving as the "book-ends" of this volume are a chapter by Dr. Dori Laub and an interview conducted by the co-editors of Dr. Robert J. Lifton, among the most notable

of these individuals and pioneers in investigating the social mechanisms of atrocities and their individual and collective impact. The authors also trace the history of the mental health movement in the US to include more social and community awareness: the recognition that mental health is not solely subjective but is profoundly impacted by one's social surround and the development of community-based resources and mental health centers in response to the need for services. Increased acknowledgment of intergenerational and historical trauma and their dynamics also form a backdrop to the book and move the impact of trauma away from only the personal.

Gourguechon (2011), in her recent call for action, listed seven distinct ways that "citizen" analysts can participate for the public good: (1) psychoanalytic social commentary; (2) psychoanalytic social advocacy; (3) psychoanalysis in the community; (4) psychoanalysis of the community; (5) psychoanalytic interpretation in the academy; (6) using data to promote social change; and (7) developing theory of applying psychoanalytic thought to culture. All of these are illustrated in the chapters that make up this volume, including the fact that there is often considerable overlap between the different categories. The co-editors use this listing to organize the book into four parts: (1) Receiving testimony; (2) Therapeutic encounters outside the frame; (3) Facilitating collective mourning; and (4) Psychoanalytic scholarship and activism.

This book is especially pertinent for Division 56 members and anyone involved in social justice efforts on a collective rather than an individual scale. In a sense, it is another call to action, this time by the first president of the Division, Dr. Judie Alpert and her co-editor, Dr. Elizabeth Goren. They were both in NYC during 9/11 and its aftermath and saw firsthand the devastating impact and the lasting consequences, including personal and community resilience. They also shared in the efforts of the community to comfort and care for those directly involved, their loved ones, and the community

at large. As trauma theory and modes of intervention continue to develop, they must move beyond only the treatment of the individual to the community as the context and the focus of more broad-based intervention. Bloom (1995), a psychiatrist social activist wrote about the “germ theory” of trauma and argues for a paradigm shift in mental health, away from the strictly personal and pathological on which the medical model is founded, replaced by one that takes the social context of trauma and its impact into consideration. She writes that the social context of trauma must be addressed in order to begin to eradicate its occurrence. Like the co-editors and the authors included in this book, she decries the loss of the social in mental health, particularly the loss of and social therapeutic milieu emphasis in psychiatry that was “in vogue” when she trained and was overtaken by the biologic/medical emphasis of the past few decades.

Efforts such as those described here are yet another area where Division 56 and its members can take a leadership role and have an impact on the larger society as members work against oppression, violence, and conflict and towards equality and respect for all. As noted by the authors of these chapters, such interventions are complex and require additional planning and training. They might also be best implemented by teams rather than individuals as the personal toll of the work can be challenging and difficult to emotionally metabolize and common group goals, commitment, and support are extremely significant. At present, several of these types of efforts

are underway at home and abroad, led by current leaders of the Division and by other members. It is my hope that these individuals will follow the lead of this book and provide education and training to Division members and others on how to engage at a social and community level, outside of the traditional office setting. The need is enormous and, in today’s contentious times, seems to be growing. Psychoanalysis and the mental health professions have much to offer in alleviating human suffering as the result of traumatic circumstances and atrocities, as this book attests to. Brava to the co-editors!

*Christine A. Courtois, PhD, ABPP*

*Psychologist, Private Practice, Washington, DC, retired Consultant and Trainer, Trauma Psychology and Treatment*

*Author, Healing the Incest Wound, Treatment of Complex Trauma*

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## 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 [TD-BaileyPsyD@gmail.com](mailto:TD-BaileyPsyD@gmail.com).

## INTERNATIONAL COMMITTEE

*Continued from page 24*

and community as “the wind in my wings.” In addition, as Oasis Africa encourages ongoing supervision for all psychologists, she also draws on peer supervision for support. For this psychologist, advocacy is more than a career. It is her calling, a calling she has given her life to. And the ripple effect across Kenya is notable.

**Laura Captari, M.A.**, is a psychology doctoral student at the University of North Texas, where her research investigates the roles of attachment and spirituality in facilitating post-traumatic growth. She is a student member of Division 56’s International Committee.



# Publication of the *APA Handbook of Trauma Psychology*

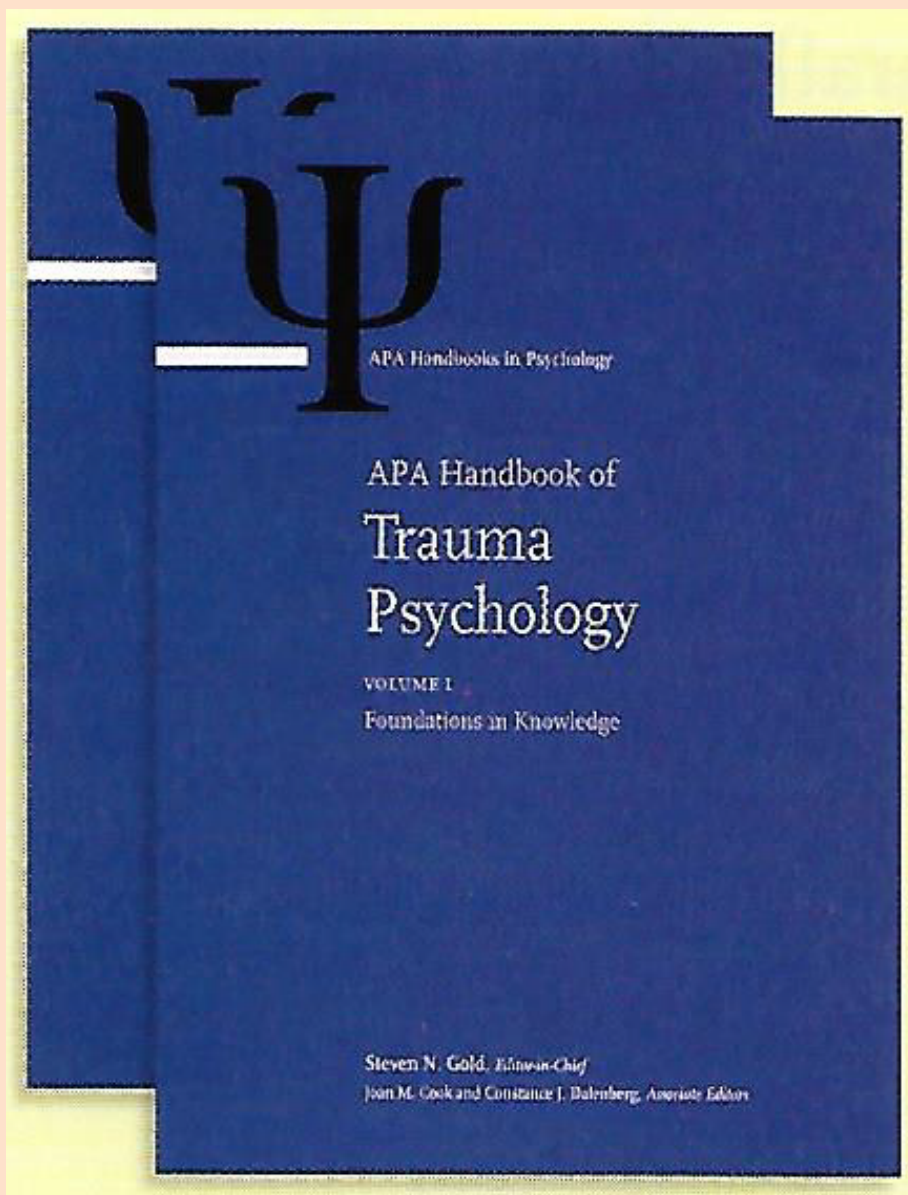
By Steven N. Gold, PhD

On behalf of Associate Editors Constance Dalenberg and Joan Cook, and Editorial Assistant Amy Ellis and myself, I am very excited to announce the publication of the *APA Handbook of Trauma Psychology*. The *Handbook* was a vast undertaking; a little over three years after the project was initiated it is staggering to see the scope of the work in its final form. The finished product consists of two volumes and a total of 57 chapters authored by over 100 nationally and internationally recognized experts in various specialty areas of trauma psychology. Volume 1, *Foundations in Knowledge*, surveys the empirical and theoretical literature in the field. The content addressed in that volume spans wide-ranging territory: defining trauma; methodological and statistical considerations in studying trauma; various major types of traumatic events and their impact; the range of symptom patterns commonly associated with trauma; conceptual approaches to understanding traumatization; and trauma as viewed from the frameworks of various disciplines such as law, philosophy, ethics and religion. In Volume 2, *Trauma Practice*, practical applications of traumatology, including various forms of assessment, a broad array of treatment approaches, and treatment modalities such as family therapy, group therapy, trauma-informed care, and systemic/organizational perspectives are presented. The extensive coverage across chapters and division of the material into specific subjects positions the *Handbook* as an accessible primer on trauma psychology for undergraduate students, a resource work for practitioners, and a valuable reference for researchers.

The two volume *Handbook* is currently available to APA members and affiliate members at a markedly reduced rate. To render the *Handbook* readily adaptable as an educational tool, individual chapters can be accessed digitally. Those at institutions that have purchased the electronic version of the *Handbook* will be able to read individual chapters online via the APA PsycNET platform. Others will be able to purchase access to individual chapters via APA PsycNET Direct (<http://www.apa.org/pubs/databases/access/direct.aspx>). This allows instructors to as-

sign those chapters most relevant to the content of their courses content at an affordable price.

Although the release date of the *Handbook* was in April, 2017, Drs. Cook, Dalenberg, Ellis and I have been gratified to have already received enthusiastic feedback from readers. We believe that this project, which has been branded “the most comprehensive guide and reference work on the subject to date,” is poised to function as a powerful tool to help disseminate awareness of our field to other psychologists, mental health practitioners in general, allied professionals, and researchers. In support of this effort, we encourage members of Division 56 to post reviews of the *Handbook* on amazon.com and elsewhere. We also welcome receiving your comments and feedback directly via email.



# Who's Who: Jonathan M. Cleveland, PhD

## 1) What is your current occupation?

I am a licensed psychologist, working at a group practice in Southwest Ohio where I specialize in treating personality disorders and adults with developmental trauma backgrounds. Most of my clinical work consists individual therapy and facilitating DBT groups, although I sometimes work with couples. In my role as Director of Training, I supervise doctoral-level practicum students and am in the process of developing a predoctoral internship program that will launch this fall. I also teach undergraduate classes, part-time, at the University of Cincinnati, Blue Ash College. Some weekends, I occupy myself with board meetings and outreach events related to the Ohio Psychological Association, where I serve as a regional representative, and the Dayton Area Psychological Association, where I am President-Elect.

## 2) Where were you educated?

I completed my undergraduate coursework at Kent State University, then completed a year of master's-level coursework the University of Dayton, before transferring to Nova Southeastern University where I earned my PhD in clinical psychology. I stayed in South Florida for my predoctoral internship year, rotating through inpatient and outpatient facilities at Henderson Behavioral Health. After graduation, I moved back to my home state of Ohio to complete a residency at Cordell & Associates, the practice where I now serve as director of training.

## 3) Why did you choose this field?

I was looking for a career in which I would be able recline in a comfortable chair for long stretches of time. Just kidding. I was hooked on psychology from the first week of my undergraduate studies. Early on, I was a research assistant in Dr. David Riccio's animal learning laboratories at Kent State. While it was a very valuable experience, after a couple of semesters I realized I would probably not be a happy person were I to devote to decades running aversive learning trials. For the remainder of my undergraduate years, I worked in Dr. Nancy Docherty's labs, where I transcribed and coded audio recordings of individuals experiencing psychosis. It was fascinating work, and propelled me toward a career in which I would be able to help individuals with serious mental illness find the meaning in their lives. At the graduate level, I was lucky enough to be a member

of Dr. Steve Gold's T.R.I.P. research team at Nova Southeastern University. It was here that my interest and energy began to focus in the realm of trauma psychology.

## 4) What is most rewarding about this work for you?

More than once, at the termination of treatment, I have told a client who has made great strides that I too have grown as a result of the treatment process. I genuinely mean this; it is wonderful to be in a profession that perpetually challenges me to expand my awareness and reconsider my assumptions. The varieties of subjective experience seem to be infinite; exploring consciousness is endlessly fascinating to me.

## 5) What is most frustrating about your work?

In my region, we do not have nearly enough therapists who are trained and willing to treat complex trauma and dissociative disorders. It would be excellent if more graduate programs would increase the emphasis placed on educating students in the principles and techniques of trauma-informed care.

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

This is such an excellent question. As a psychotherapist, I often find myself helping individuals to move toward productive and emotionally fulfilling lives, without overextending themselves. In my own life, I have found that scheduling "unscheduled time" is absolutely essential. To be sure, there are a lot of 12-14 hour days as an early career psychologist, but I am pretty good about carving out one day per weekend where I can recharge my batteries (it happens *most* weeks!). In my down time, I enjoy going on daytrips with my wife, getting creative in the kitchen, and making music with friends.

## 7) What are your future plans?

I am very excited to be joining the staff of Trauma Psychology News as the Associate Editor. In the future, I am looking forward to developing the predoctoral internship program at my practice, continuing research efforts in the area of nonpathological dissociation, and (hopefully) securing a tenure-track teaching position.



*Jonathan M. Cleveland, PhD*

## Division 56 Member News

Compiled by Ilene Serlin, PhD

**Ani Kalayjian, PhD**, completed her signature Soul-Surfing, energy balancing DVD, with movements, affirmations, color consciousness, electromagnetic field balancing techniques, with deep diaphragmatic breaths and visualization. Those interested to obtain a copy could write to her. In April she spearheaded a 4 member humanitarian team to Armenia to help educate the survivors in transforming trauma into meaning, transform horizontal violence as well as generational trauma, help the Syrian refugees in their healing process, and launch a suicide prevention hotline. In May she made a presentation at the Armenian American Health Professionals Board Meeting on the need of suicide prevention hotline in Armenia. An all day workshop on Conscious and Mindful Leadership and Forgiveness occurred in May, when Dr. Kalayjian chaired the PCUN meeting at the United Nations. From 16 June to 1 July, 12th Dr. Kalayjian led a team of 3 integrative healers on a Humanitarian Mission to Haiti.

**Lynne H. Harris, MPH, LPC, LMHC**, a specialist in treating complex trauma and dissociative disorders, presented at three recent conferences in 2017. At the annual ISSTD Conference in Washington, DC on April 3, Lynne presented a workshop titled “The Hidden Epidemic of Multigenerational Sexual Abuse and Trauma in Small Town America: Effective Treatment and Policy Implica-

tions.” Also in April, Lynne presented a similar topic - “The Hidden Epidemic of Multigenerational Sexual Abuse and Trauma in Rural Communities: Resilience Among Survivors and Treatment Implications” - in a new interactive 20x20 format at ResilienceCon 2017 in Nashville, TN April 17-19. Finally, she will be speaking at the annual APA Conference in Washington, DC on August 3 as part of the panel presentation - “Core Neurobiological Issues in Treating Patients With Trauma: Why Trauma and Addiction Co-Occur” <http://l.core-apps.com/apa2017/event?event=6767e6cd8adaf92ab92dd088d741fa08>

Lynne is in private practice in the Southern Coastal region with offices in Ponte Vedra Beach, FL and St. Marys, GA. [www.lynneharrisipc.com](http://www.lynneharrisipc.com)

**Robert Stolorow, PhD**, along with George Atwood, PhD, recently published the paper “The Phenomenology of Language and the Metaphysicalizing of the Real” in the Journal *Language and Psychoanalysis*.

**Ilene Serlin, PhD**, will be presenting again and doing trainings at the 6th Annual *International Conference on Transgenerational Trauma: Communal Wounds and Victim Identities* hosted by the Common Bond Institute in Jordan in October, 2017. To attend this conference, please find details here: [www.cbiworld.org/conferences/tt/](http://www.cbiworld.org/conferences/tt/)

### Social Media News

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





## Division 56 Trauma Psychology

The Division of Trauma Psychology of the American Psychological Association (APA) 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.

### Who We Are

Members of Division 56 include long-time practitioners and researchers, early career professionals, students, and professional affiliates from other disciplines who share a common interest in understanding the etiology, effects and treatment of psychological trauma.

### Connect

Division 56 is a prime source for networking with hundreds of other trauma-focused mental health professionals. Our annual conference provides opportunities to meet and discuss challenges and innovations in the field and make connections that can last a lifetime.

### Stay Informed

Being a member of Division 56 means a reduced rate for *Psychological Trauma: Theory, Research, Practice, and Policy*, one of the premiere research journals in the field of trauma. Members also gain access to the division's newsletter and list-serves to increase their knowledge of the current state of the field.

### Get Involved

Members are eligible to run for elected positions and participate in division elections. We invite you to participate in task forces that conduct important activities at the national and global level. Areas of action include medical trauma, child trauma, Veterans' needs, complex trauma, and training and education.

### Join Division 56 Today!

Register online at: [www.apa.org/divapp](http://www.apa.org/divapp)

or mail this form to:

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750 First Street NE  
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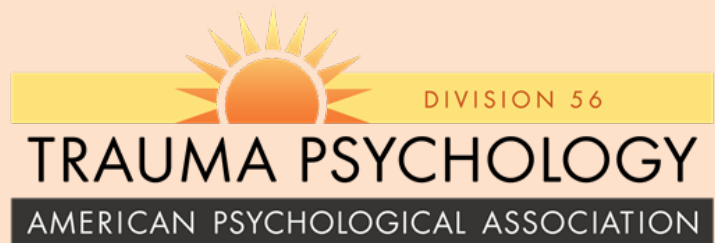
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The **TRAUMA PSYCHOLOGY NEWS** is a membership publication of the Division of Trauma Psychology, Division 56, of the American Psychological Association and, currently, produced three times a year. The newsletter provides a forum for sharing news and advances in practice, policy, and research, as well as information about professional activities and opportunities, within the field of trauma psychology.

The **TRAUMA PSYCHOLOGY NEWS** is distributed to the complete membership of Division 56 and includes academics, clinicians, students, and affiliates who share a common interest in trauma psychology. Unless otherwise stated, opinions expressed by authors, contributors, and advertisers are their own and not necessarily those of APA, Division 56, the editorial staff, or any member of the editorial advisory board.

Editorial correspondence and submissions (< 3,000 words) are welcomed and appreciated. Please submit articles and references in APA style and send, via e-mail, as an attachment in Word format, to the Editor exactly as you wish it to appear. With their submissions, authors should also include a brief author statement, contact info, and photo at 300 dpi or at least 600 pixels wide by 900 pixels high.

**PUBLICATION SCHEDULE**

<u>Issue</u>	<u>Submission Deadline</u>	<u>Publication Date</u>
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Summer	June 1	July
Fall	October 1	November

**ACCURACY OF CONTENT AND COPY INFORMATION**

In an effort to minimize the publication of erroneous information, each chair of a committee/advisory section is responsible for getting correct facts to us on anything related to their committee. The newsletter Editors and the Division's Web Master will only accept materials coming from those chairs. Anything else will be sent back to the chair in question for fact checking. Authors of independent articles and submissions are responsible for their own fact checking; this will not be the responsibility of the editorial staff.

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