



DIVISION 56

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

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PRESIDENTIAL VOICE

Attend the 2018 APA Convention

By Diane Castillo, PhD

Hi Everyone. As President of Division 56, Trauma Psychology, I'm excited to invite you to attend the 2018 APA Convention in San Francisco this year. As you might know my presidential initiative for this year was to focus on the intersection of Diversity and Trauma and to highlight the increases in traumatic experiences and PTSD diagnoses in individuals from diverse backgrounds.

We have interesting, informative programming this year with 20 hours of regular Division 56 programming, 13 hours of collaborative programming, 7.5 hours programming in our Hospitality Suite, 2 Poster Sessions, and 2 Social Hours, one with our Awards Ceremony. Several of our sessions offer CEUs (5), which fulfill diversity training for licensure.

To give you a flavor of what's to come, we will have the Presidential Address highlighting our initiative, and an invited panel of esteemed speakers (Drs. Terry Keane, Paula Schnurr, Patricia Resick, and John

Fairbank) to talk about the Evolution of PTSD. Several sessions on Diversity range from a theoretical understanding in the "Multicultural Framework" symposium by Drs.

Moore and Ruglass to practice by Dr. Workman and her colleagues in "Diversity and Evidence-Based Practice---Applications to Trauma." Diversity is defined broadly and represented in our talks to include women, Native Americans, Puerto Ricans in Hurricane Maria, military, Veterans, children, and people of color, just to name a few.



Diane Castillo, PhD

Tremendous thanks go out to Bryann DeBeer,

Program Chair, for all her hard work and many hours in pulling together such a great program and assuring our success as a Division. Also thanks go to Delishia Pittman, Hospitality Suite Program Chair, for organizing and managing the Suite Programming and Hospitality Suite.

Please drop by our Hospitality Suite for programming or to kick your shoes off, have a refreshment, and network with your colleagues. We will be conveniently located in the Marriott Marquis.

Elected Positions by the Division**President**

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Convention and Beyond



*Jonathan Cleveland, PhD
Editor-in-Chief*

Stepping into the role of editor-in-chief of *Trauma Psychology News*, I feel lucky to have benefitted from the direction provided by Drs. Bryan Reuther and Tyson Bailey over the past year. In the dozen years since its inception, TPN has grown into an increasingly strong publication. It strikes me that this growth is probably attributable both to the guidance provided by long-established supporters as well as to the energy and enthusiasm infused by newer members of the division.

Beginning this issue, Dr. Wyatt Evans moves into the role of associate editor and Dr. Jessica Berndt assumes the duties of editorial assistant. During our first meeting this past month, the editorial team engaged in generating ideas around improving organizational efficiency and garnering an increased variety and volume of submissions. We are excited to begin our efforts toward creating future special issues. Be on the lookout in the coming year for an issue devoted to current theory and research in the domain of dissociation.

In the current issue you will find a helpful directory of Division 56 convention programming as well as a schedule of events for the hospitality suite, created by Dr. Delishia Pittman. Also, Dr. Elizabeth Carll, our past president, has sent an update on the Refugee Mental Health Network. Later in the issue, we have included an urgently important piece on sex trafficking, written by early career psychologist, Dr. Althea Stephens. In addition, be sure to visit this issue's Who's Who section to learn about Dr. Blair Wisco from the University of North Carolina at Greensboro.

The editorial team at *TPN* looks forward to continuing to provide interesting and informative content to Division members in the coming year. We hope to see you at the conference!

-Jon

Jonathan Cleveland, Ph.D.
Editor-in-Chief

Division 56 Member Services

Join Division 56: www.apa.org/divapp

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

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

Website: www.apatraumadivision.org

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

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

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

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

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

Division 56 Programming at a Glance

	Thursday 8/9	Friday 8/10	Saturday 8/11	Sunday 8/12
8-8:50 AM	<i>Skills Building Session: Diversity and Evidence-Based Practice – Applications to Trauma</i> Rm 208 CE Credits Available	<i>Symposium: Navigating Unsupportive and Oppressive Spaces – Experiences of Racial/Ethnic Minority Students in Predominantly White Institutions</i> Rms 20 and 21	<i>Symposium: The Psychological Aftermath of Hurricane Maria on Puerto Ricans and the Diaspora</i> Rm 105 CE Credits Available	<i>Symposium: Effect of Trauma on Future Stress, Coping, and Well-Being – An Examination of Potential Mechanism</i> Rm 2022
9-9:50 AM	Presidential Address Rm 2011	<i>Symposium: Healing Models and Empirically Supported Interventions of American Indian and Veteran Populations</i> Rm 3006	<i>Symposium: Racial Trauma – Identity-Based Traumatic Incidents and Intersectionality in Communities of Color</i> Rm 2010	
10-10:50 AM	<i>Symposium: Effectiveness and Implementation of Evidence-Based Psychotherapies for Trauma and PTSD</i> Rm 2009	<i>Symposium: Cognitive and Emotional Creativity Fosters Posttraumatic Growth for Various Traumatized Populations</i> Rm 2004	<i>Symposium: Using a Multicultural Framework in Trauma Psychology – Theory, Research, and Practice</i> Rm 314 CE Credits Available	<i>Symposium: Culturally Responsive Support for Youth of Color Amidst Traumatic Experiences</i> Rm 2011
11-11:50 AM	<i>Symposium: Assessment and Treatment of Military-Related Moral Injury</i> Rm 159 CE Credits Available	<i>Skill-Building Session: Beyond the Binary – Understanding the Intersection of Gender Identity and Mental Health</i> Rm 208 CE Credits Available	<i>Symposium: Clinical Factors in the Treatment of Posttraumatic Stress Disorder</i> Rm 2008	
12-12:50 PM		Poster Session II Halls ABC		
1-1:50 PM	<i>Symposium: Understanding and Communicating Trauma in Diverse Populations: The Role of Language and Identity</i> Rm 3002	Poster Session I Halls ABC		
3-3:50 PM	<i>Symposium: Propelling Diverse Trauma Research Forward: Illuminating Mediators and Moderators of Poor Outcomes</i> Rm 314			
4-4:50 PM	<i>Division 56 Business Meeting</i> Hospitality Suite, Marriott Marquis	<i>Symposium: Achieving Optimal Quality of Life in Veterans with PTSD and/or TBI – the Role of Health Promotion</i> Rm 154	<i>Symposium: Trauma Across Contexts – Intergenerational Transmission, Resilience, and Allostatic Load</i> Rm 2003 <i>Symposium: Trauma Among Girls and women – Recognizing Intersectionality and Promoting Resilience</i> Rm 104	<i>Symposium: Human Trafficking – Unrecognized Vulnerabilities and Victims – Race, Culture, and Being Male</i> Rm 157
5-5:50 PM	<i>Division 56 Social Hour</i> Hospitality Suite, Marriott Marquis	<i>Division 56 Social Hour and Awards Ceremony</i> Marriott Marquis, Golden Gate C1		
6-6:50 PM				
7-7:50 PM				

Notes: No programming from 2-2:50pm on any days; all programming in the Moscone Center unless otherwise noted; collaborative programming noted by red highlights.

DIV 56 Hospitality Suite Schedule					
	Thursday 8/9	Friday 8/10	Saturday 8/11	Sunday 8/12	
		Student Breakfast	Suite Closed		
8:00-8:50 AM	Suite Closed	Trauma-Informed Higher Education Curriculum Stephen DiDonato, PhD		Addressing trauma among recent Latinx immigrants during an anti- immigrant climate Martha Hernandez, PhD	
9:00-9:50 AM					
	Understanding Trauma within a Cross-Cultural Context: The Experiences of Middle Eastern Women Aly Savala, M.Ed. & Xinling Liu, M.A.		Difficulties in Emotion Regulation: Measurement, Trauma Dynamics, Treatment, and Physiology Vanessa Wu, MA		
10:00-10:50 AM					
	Conducting Psychological Evaluations for Asylum Seekers Daniela Kantorova, PsyD, Monica Noriega, MA, & Abigail Rich, JD				
11:00-11:50 AM					
12:00-12:50 PM		Suite Closed			
1:00-1:50 PM	Nuts and bolts of completing forensic evaluations for Immigration court Claudia Antuna, PhD				
2:00-2:50 PM					
3:00-3:50 PM					
4:00-4:50 PM	Div 56 Business Meeting *open to all members*	ECP Social Hour			
5:00-5:50 PM					
6:00-6:50 PM	Div 56 Social				

Sex Trafficking: A Modern Day Dilemma

By: *Althea Stephens, Psy.D.*

Sex trafficking, viewed as the modern day form of slavery is a worldwide problem with significant frequency in the U.S. The United Nations estimates that sex trafficking is the third largest source of organized crime behind arms and drugs (Ernewein & Nieves, 2015). Many would be surprised to learn that the U.S. remains the second largest consumer of sex trafficking in the world, with transit points occurring around trafficking hubs such as California, Texas, Florida, North Carolina and New York. Although it is estimated that approximately 200,000 American children are sexually trafficked annually (Ernewein & Nieves, 2015), the actual prevalence and incidence rate remain unknown due to lack of uniformity in data collection and the small amount of research addressing this issue. Victims of sex trafficking face numerous challenges due to the stigma, complexity of the problem, and lack of awareness by mental health professionals and community members. However, the drastic increase in victims and the violent nature of the problem requires intervention by mental health professionals.

In 2000, the U.S. passed the Trafficking Victims Protection Reauthorization Act which defined sex trafficking as “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.” Minors under the age of 18 are considered victims, regardless of whether the sex trafficking involved coercion, force or fraud (Polaris Project, 2014). Despite legal protection at the federal and national levels, the number of victims continues to increase across the United States. Between January 1, 2015, and December 31, 2015, the National Human Trafficking Hotline (NHTH) received 5,545 reports of potential human trafficking cases in the United States. 1,630 of these cases (29.4%) involved minor victims, who may have been recruited as young as 12 years old (Gerassi, 2015). While sex trafficking affects individuals from diverse backgrounds and income levels, women and children are at an increased risk because of their marginalized and economic status (Basil, 2009). Other risks include inadequate education, physical and sexual abuse, physical disabilities, substance abuse, family disruption, and/or poor family support and supervision. No specific profile of traffickers exists, as they may be family

members, a family acquaintance, an intimate partner or stranger. They may promise love and wealth to victims whose families are experiencing financial difficulties. Some children are runaways or cast out by their own families. Regardless, once lured, traffickers coerce victims through violence, threats, lies, or debt bondage to engage in sex against their will. Victims live a life of continual violence and physical abuse such as burns, broken and fractured bones, and forms of torture such as having boiling water forced into their mouth (Cecchet & Thoburn, 2014). Victims are viewed as commodities. If they survive they are thrown away onto the street to survive on their own without adequate resources (Barnitz, 2001). They may resort to alcohol or drugs in order to cope with the psychological trauma and repeated abuse plaguing their life.



Althea Stephens, Psy.D.

Clinical Implications

Over the years of being trafficked, victims are often arrested, exposed and ostracized, while the purchaser and trafficker are typically inadequately punished and may continue their operations (Basil, 2009). As a result, victims may experience negative impact on their mental, emotional, behavioral and physical functioning, thereby requiring an increased need for healthcare, continued education, and training, as well as mental health services. Following their re-entry into society, victims often experience feelings of low self-esteem, anxiety, anger, dissociation, suicidal ideation, addiction and elevated symptoms of trauma (Gerassi, 2015). Similarly, their limited access to healthcare may result in an increased risk for somatic problems, HIV/AIDS, other STI's and unwanted pregnancy (Ernewein & Nieves, 2015). Typically, problems are compounded by social stigma, misidentification and limited understanding of the issues facing victims. The lack of social support and stigmatization by friends, family, and social institutions can exacerbate victims' mental health difficulties (Office for Victims of Crime, 1998). Therefore, it is imperative that mental health providers increase their capacity to identify victims of sex trafficking while providing services in a culturally sensitive and safe environment. Research aimed at addressing trauma shows that a single incident of trauma can have long-term psychological effects (Gerassi, 2015). The effects of sex trafficking are even more detrimental for victims who have experienced years of repeated and violent abuse. Research indicates that mental health providers often fail to recognize victims of sex trafficking. Treatment provided by mental health clinicians should be premised on recognizing the signs and understanding trauma-related issues as they present themselves in victims. It is

crucial to a victim's recovery to address concerns related to family dynamics, housing instability and lack of financial resources (Gerassi, 2015), in order to prevent further victimization and exploitation (Ernewein & Nieves, 2015). Banks (2006) proposed that psychotherapists recognize the importance of rapport in changing the brain structures and functions responsible for mental illness. Psychotherapists must also acknowledge that their work ideally exists in collaboration with other providers to assist with housing, finances, vocational and workforce skills development [American Psychological Association (APA), 2014].

As a community, we can assist in combating sex trafficking by engaging in projects which bring education and awareness to the global problem of sex trafficking. Beyond education, community-based approaches include media campaigns aimed at teenagers and young adults to publically raise awareness (APA, 2014). Similar to many other businesses, sex trafficking is market-driven. Women and children continue to be trafficked because of solicitors who demand services, which increase the need for traffickers to supply and reap the financial profit. However, the "Swedish model" focuses on criminalizing the solicitor of sex trafficking but not the sexually exploited victim (APA, 2014). In Sweden, the approach has proven to be effective in reducing sex trafficking on the street level as well as the demand. The U.S. and other countries should develop similar programs which aggressively work to eradicate sex trafficking and the exploitation of women and children. As a parent or guardian, you can help by talking to your child about healthy relationships. The internet allows children access into the seamy and sordid side of the world; parents have to get involved in teaching children online safety, restricting access to sites and monitoring their use. Finally, parents should learn to recognize the "red flags" of sex trafficking, which may include an older boy/girlfriend, unexplained changes in behavior or attitude, unexplained money or clothing, being secretive about who they meeting and isolation from family and friends (Love146).

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- National Human Trafficking Hotline. Retrieved from: www.humantraffickinghotline.org.

Dr. Althea Stephens is a post-doctoral resident at The Woodlands Behavioral Health & Wellness and Houston C.O.P.E.S. She provides clinical services to children and adolescents who have experienced trauma as well as those who display mood and behavioral concerns. She also conducts psychological assessments and provides supervision to Masters-level students. Her passion involves complex trauma, multicultural issues and empowerment for victims of sexual abuse.

Division 56 Listservs

Anyone who belongs to Division 56 is added to **div56announce@lists.apa.org** listserv, for news and announcements. Join any of the following lists by sending an email to listserv@lists.apa.org and typing the following in the body of the note: subscribe name (where name is the part before the @, for example, subscribe div56stu):

div56@lists.apa.org
div56childtrauma@lists.apa.org
div56dissociation@lists.apa.org
div56ecpn@lists.apa.org
div56stu@lists.apa.org

for discussion among members
 for child trauma topics
 for post-traumatic dissociative mechanisms development
 for early career psychologists networking
 for student forum

The Refugee Mental Health Resource Network: An APA Interdivisional Project

Elizabeth Carll, PhD, Chair

There has been a growing urgency to address the global migration problem impacting many nations including the U.S. The recent crisis resulting from the separation of children from their parents and families when attempting to seek refuge in the U.S at the Texas border has catapulted the issue to the front pages of news outlets. Complying with U.S. laws and international agreements, while adhering to current government policies on immigration has resulted in much public concern as to the human rights of the families and the children and how to best support them. It is anticipated that many of the unaccompanied and separated children may be relocated to other states in the U.S. Immigration policies vary by country, whereas refugee rights were enshrined in the 1951 Refugee Convention, the key legal document ratified by the UN which defined the term “refugee” and outlined the rights of the displaced, as well as the legal obligations of countries to protect them.

More recently, due to the concern for missing children, in 2017 the European Commission published a series of recommendations outlining priority actions for the protection of migrant and refugee children, including the appointment of a guardian upon arrival in Europe; the guarantee of legal assistance; healthcare; psychosocial support and education; and reliable and non-invasive procedures to assess the age of young-asylum seekers, among others. The Council of Europe published the Action Plan on protecting refugee and migrant children which was adopted by the EU member states. The Action Plan focuses on ensuring access to rights and child-friendly procedures, providing effective protection, and enhancing the integration of children who would remain in Europe. Currently, a **Global Compact for Migration** is being negotiated by the 193 member states of the United Nations.

Recognizing that there will be a growing need for mental health expertise to work with refugees and immigrants and that there was no organized initiative to address this need was the impetus for the development Refugee Mental Health Resource Network. The project which began being developed in 2016 as the Division 56 presidential initiative of Elizabeth Carll was quickly expanded upon realization that the success of the project would require a broader APA involvement as well as international

involvement and for that reason a decision was made to apply for a CODAPAR grant which was received in 2017. The grant enabled underwriting the cost of developing the searchable database of volunteers and beginning the development of webinars to train psychologists.



Elizabeth Carll, PhD

The webinars were important, as working with refugees, including asylum evaluations, are not areas of training in most universities.

This APA interdivisional grant was spearheaded by Division 56 and co-sponsored by Divisions 35, 52, and 55. However, other Divisions and some state psychological associations are now also collaborating and others are in process and international volunteers are also being included. The initiative includes a database of close to 400 volunteers interested in working with refugees, immigrants, and internally displaced people (IDPs).

Since 2017, there have been 8 webinars organized and conducted for those interested in volunteering with refugees, immigrants and IDPs. Division 56 is approved to provide APA CE credits and we have recently been approved for home study CE, so prior and upcoming webinars will be available on demand for those interested in working with refugees, immigrants, and IDPs (as well as other Division webinars). A website was also developed to be able to search the skills of volunteers who are registered in the database. The database includes licensed practitioners, researchers, as well as students. It was decided to include students as there was much interest, in some instances they may be able to participate in certain activities, and many would also benefit from the webinars.

We will be populating the website with resources, so please send articles and resources you find helpful to refmhresnetwk2@optimum.net. The focus has been on developing the volunteer database and connecting with agencies, as there are excellent resources already published which are being added.

If you are interested in volunteering, please go to www.refugeementalhealthnet.org and sign up and join the Network. Volunteering to help others will be a rewarding experience.

The Refugee Mental Health Resource Network Steering Committee consists of Elizabeth Carll, chair; Betsy Gard, vice-chair; Brigitte Khoury, Elaine LeVine, Diana Prescott, and George Rhoades.

Who's Who: Blair Wisco

1) What is your current occupation?

I'm an assistant professor in the clinical psychology doctoral program at the University of North Carolina at Greensboro. I maintain an active research lab, teach and mentor students, and provide clinical supervision in our doctoral training clinic.

2) Where were you educated?

I completed my undergraduate degree at the University of Pennsylvania and my doctoral training at Yale University under the mentorship of Susan Nolen-Hoeksema. My training in traumatic stress research started during my postdoctoral fellowship. I completed Terry Keane's NIMH-T32 fellowship at the National Center for PTSD-Behavioral Sciences Division, where Brian Marx served as my primary mentor.

3) Why did you choose this field?

I've always been interested in why people do what they do. As I planned a career, it was important to me to be in a helping profession, but I've also always been a big nerd and enjoyed learning new things. Clinical science really appealed to me because I would be able to generate new knowledge that would (hopefully) help others. I became interested in traumatic stress, specifically, during my clinical internship at the Boston VA, where I was treating veterans in a specialty PTSD clinic. I saw parallels between the depression research I was doing at the time and clinical issues that came up in the PTSD clinic, and decided to focus on traumatic stress during my postdoctoral fellowship.



Blair Wisco, PhD

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

I enjoy all aspects of my work, but I find mentoring graduate students to be one of the most rewarding parts of my job. I have been fortunate to have exceptionally generous mentors during my training, and I'm glad for the opportunity to "pay it forward" to my students.

5) What is most frustrating about your work?

There is never enough time to do everything you'd like to do!

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

Outside of work, I enjoy spending time with friends and family, cooking, hiking, skiing, and exercising.

7) What are your future plans?

I plan to continue my research program focusing on the classification, assessment, and treatment of posttraumatic stress disorder and on cognitive and emotion regulation processes that cut across diagnostic categories. I also plan to continue mentoring, teaching, and supervising students. I've found that it's hard to predict where exactly your career may take you, particularly when new opportunities arise that

you've never considered before. So I'm also excited to see what the future holds!

Invitation to Division 56 Fellows

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

Be Part of the Conversation

Division 56 was founded to keep trauma and its effects at the forefront of the conversation within the American Psychological Association. We are focused on bringing together clinicians, researchers, educators, and policy makers to ensure this goal is met across all domains of practice. Join us and contribute to this conversation by submitting to one of our publications, posting on social media, participating in one of our committees, or running for a leadership position.

Join Us

You can become a part of the Division of Trauma Psychology today by registering online at:

www.apa.org/divapp

*APA membership not required

Join Division 56 Today!


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*Professional Affiliate Membership is offered to individuals who are not members of APA. Applicants must submit a description of professional training in trauma psychology or a related field, a c.v., and the name of a current member willing to provide a brief statement of endorsement. These materials should be submitted to the Membership Chair at division56membership@gmail.com

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An Official Publication of Division 56 of the
American Psychological Association

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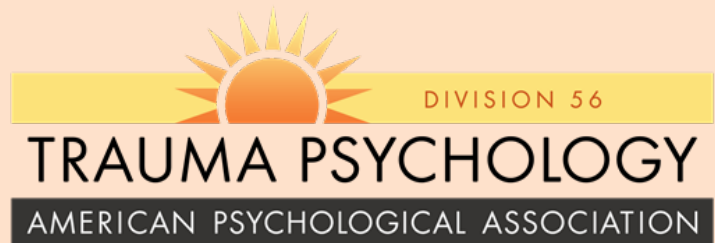
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The **TRAUMA PSYCHOLOGY NEWS** is distributed to the complete membership of Division 56 and includes academics, clinicians, students, and affiliates who share a common interest in trauma psychology. Unless otherwise stated, opinions expressed by authors, 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.

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PUBLICATION SCHEDULE

Issue	Submission Deadline	Publication Date
Spring	March 4	Late April
Summer	June 3	Late July
Fall	September 10	Late October

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