



DIVISION 56

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

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PRESIDENTIAL VOICE

Trauma Psychology in Times of Great Change

By Elizabeth Carll, PhD

The global community is experiencing unprecedented changes in recent times, most notably in 2017. On the global level, the United Nations (UN) elected a new Secretary General, Antonio Guterres to lead the 187 member nations of the UN. He succeeded Secretary General Ban Ki Moon who had served for the previous decade. Mr. Guterres had previously served as the United Nations High Commissioner for Refugees for a decade during some of the most serious world-wide forced displacement crises in many years. His experience will serve him well given the migration crisis of our times.



Elizabeth Carll, PhD

presidential races in recent times. He follows former President Obama who served for eight years. The changes occurring in the previously long established leadership of these three powerful offices may potentially define the focus of the next decade on a global level.

On the local level, APA has a new CEO, Dr. Arthur C. Evans, as well as new staff members, following one of the most difficult times in the history of APA. Change is all around us. Our colleagues and our patients are coping with these unprecedented changes, especially the enormous changes occurring this year

How can psychologists help the public cope with these major global events?

The refugee and migration crisis was the impetus to undertake as my presidential initiative, the development of the Refugee Mental Health Resource Network as an

The World Health Organization will be electing a new Director General in May of this year. Currently, Dr. Margaret Chan has led the WHO for the past decade and her second term comes to an end. The U.S. elected a new president, Donald Trump, in one of the most contentious and close

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opportunity for psychologists to contribute to help ameliorate the trauma occurring on a global scale and also impacting the US. The inspiration for this project was similar to the development of the Disaster/Crisis Response Network that I established within the New York State Psychological Association in 1990. That was a time of community trauma with school shootings, local and national disasters that began being reported in the media. The few of us who were working with our local Red Cross chapters at that time, recognized the need for mental health services not only for the Red Cross volunteers, but the public as well, much like the small group of psychologists who are currently doing asylum evaluations and support with local refugee agencies. However, these efforts were few and fragmented and depended on the interests of those who had been volunteering with local Red Cross chapters as well as the interests of the staff of the Red Cross chapters.

Some background and parallels

In 1990, there was little interest by organized psychology to develop statewide and national trauma intervention projects as many did not think there was a need to do so and whether resources should be used in that way. However, as I was president of our county psychological association at the time, I was able to be included on the agenda to discuss the possibility with NYSPA.

While there was some interest, the vote for a statewide disaster response task force, did not pass. As I was leaving the meeting, one of the members of the executive council followed me out and stated that a group thought it was an excellent idea and if I would be willing to return again to discuss the proposal, she would work behind the scenes with colleagues to have it pass on a second vote. I returned and learned how influential Dr. Ruth Ochroch was, as what she said came about and I was appointed the chair of NYSPA's volunteer Disaster/Crisis Response Network. In the years following that serendipitous meeting, I observed how effective she was in getting things done in New York as we worked together on various initiatives. Dr. Ochroch has since passed away, but her accomplishments live on. NYSPA became the first state psychological association to develop a truly statewide network of volunteer psychologists in 1990 with 9 regional coordinators covering the state, each with a response team. Within a couple of months the first Persian Gulf Crisis broke out and we were barely organized and we were off and running working with the ARC and local hospitals. Responding to the first World Trade Center bombing, Long Island Railroad shootings and the Oklahoma City bombing, which were first of a kind types of violence that shocked communities and the precursors of what was to be the all too common violence occurring today.

In 1991, after discussions with the APA Practice Directorate, it was decided to create a National Disaster Response Task Force, with five of us participating

from different regions of the country. Little did we know we would end up serving for 7 years, just as I had never imagined chairing New York's DRN for 10 years. In 1992, the APA became the first mental health organization to signed an MOU with the American Red Cross to provide volunteer mental health services for their staff and to develop a mental health module for volunteers. Over the years, a number of us were invited to conduct training internationally and this ongoing evolution contributed to the recognition of trauma psychology as a specialty within psychology.

There are similar parallels with developing a Refugee Mental Health Network and database of volunteers to work with refugee organizations to provide mental health services. While the interest was limited as we began discussing the need in 2015 for psychologists to work with refugees, it has been growing and has been fueled by the unprecedented numbers of forced migration and internal displacement of people worldwide. Working with refugees and migration will likely become another specialty area within psychology with programs eventually offered at universities.

Migration for all reasons including economic and environmental/climate factors is a global phenomenon with approximately 244 million international migrants in 2014 according to the UN Dept. of Economic and Social Affairs. This large scale global migration is anticipated to continue for many years. This number does not reflect the many internally displaced individuals within their own countries.

Mental health/psychosocial response are increasingly important components of programs for crisis affected migrants seeking asylum and refugee resettlement. There is a great need for these services and often the demand far exceeds the supply of mental health professionals. This prompted the development of a Refugee Mental Health Resource Network to develop a database of volunteer psychologists, within the US and globally. The APA interdivisional grant which includes Divisions 56, 35, 52, and 55 supports the development of the database and provided the seed funds to launch this initiative.

It takes a village

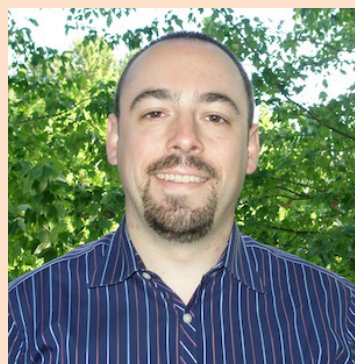
All this would not be possible without the committed efforts of people who comprise the Steering Committee. These include Drs. Carl Auerbach and Betsy Gard, who also serve as vice-chairs of the Refugee Mental Health Resource Network, as well as Drs. Brigitte Khoury, Elaine LeVine, and George Rhoades, who is also the Division 56 Webinar and CE Committee chair, and will be coordinating both the regular Division 56 webinars and the Refugee Mental Health Resource Network webinars, which will continue as a separate track.

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Thank You



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



*Tyson Bailey, PsyD
Associate Editor*

Division 56 has been my home since the moment I became an APA member. Having the opportunity to be part of one of the Division's publications has been an exciting and humbling experience. Working with the editorial members and authors over the past three years has been provided numerous opportunities for growth and much appreciation for the passion and brilliance of those in our field. Unfortunately, it is time for me to say goodbye to the TPN crew and focus my attention on other endeavors.

I would like to give particular thanks to Renu Aldrich, who gave me the opportunity to become part of the newsletter team. I'm also thankful for Bryan Reuther's guidance, leadership, and friendship, TPN is in excellent hands with him at the helm. We would not be where we are without Keith Cooke, always ready to support the Division in all its endeavors. Kathy Kendall-Tackett for her belief in me as an editor and support at many points over the past three years. I would also like to thank all EC members, past, present, and future, for their support of the newsletter, and their service to the field of trauma psychology. While I am sad to be leaving TPN, I am comforted knowing that it will continue to be a stellar publication for years to come. Finally, my most sincere appreciations for all those who read and provide feedback about the newsletter.

Although I'm saying goodbye to TPN, I will continue to serve as the web editor and associate journal editor for Division 56. I am looking forward to continuing my journey as a trauma practitioner, author, and editor within the welcoming home of Division 56. Looking forward to seeing everyone at convention and other conferences throughout the year.

Tyson Bailey, PsyD

Division 56 Member Services

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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).

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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.

Trauma and Latina/o Immigration

By Sylvia A. Marotta-Walters, PhD

Today's news focuses on building walls and securing borders in order to "Make America Great Again." This begs the question: How does walling off anything lead to building greatness? An essential question for trauma psychologists becomes: What are the potentially traumatic experiences (PTE) that immigrants who cross borders without documents bring with them? In 2015, the American Psychological Association (APA) approved guidelines for education and training in trauma. Among these aspirational guidelines, known as the New Haven Competencies, are those addressing the need for culturally competent assessments and interventions. Two of the guidelines, which are cross-cutting and foundational, are presented here. These guidelines provide the framework for the complexities psychologists should keep in mind as the broader society raises questions about immigrants in the United States.

The Stereotypical Andrés

To illustrate the complexities of the assessment and treatment of Latina/o immigrants, let us hypothesize first that Andrés, an individual from El Salvador, is forced to leave his country because his life is threatened by drug cartels. He makes his way into Mexico and eventually finds himself in Brownsville, Texas. His destination is Houston, where he has friends who made the journey before him and who can help him find work. Employers in Houston are known to look the other way when hiring construction workers, as this allows the employer to successfully underbid those whose workers are legal. The journey itself is fraught with PTEs, from the initial fear for his life, to fears of theft from the guide he has paid to help him cross, and fears of being imprisoned by Immigration and Customs Enforcement officers. Andrés proves to be resilient, finds stable (if hard) work, and makes meaning from his PTEs with the help of his support system in Houston. As a result, he may never seek out any form of psychological treatment. If Andrés does eventually seek treatment, the focus of assessment may not be the immigration-related PTEs, but could instead be about attachment injuries stemming from his early childhood having unfolded in the chaos of poverty and crime.

The Shadow Andrés

There is, however, a large proportion of immigrants with PTEs who are not like Andrés at all. These Latina/o

Latino immigrants came to the United States on tourist or student visas (Pew Hispanic Center, 2006), outstaying their legal time, and melting into the shadows of life as undocumented workers. The Shadow Andrés is more common than the Stereotypical Andrés. These shadow immigrants live with a different kind of fear though they may work side by side with immigrants like Andrés. Their fear tends to increase with time; the longer such an immigrant is here, the more their social isolation might grow and contribute to overall psychological distress. This kind of fear may not meet criteria for

posttraumatic stress disorder, but it does contribute to existential crises that may evolve into other forms of mental disorders.

The shadow immigrant may also choose specific areas of the country to live in for reasons of anonymity, though anonymity may result in further isolation (Documet, et al., 2015). Documet and colleagues (2015) call these communities "new growth communities" and psychologists who work in them may not have been previously exposed to Latina/o immigrants in their work settings. In fact, the southern region of the United States is the one that experienced the most growth in Latina/o populations from 1990–2000 (Marotta & Garcia, 2003), with North Carolina being one of the states with the greatest

increase. The dominant population must accommodate an influx of people who are not like themselves and who choose to live in group housing, in part to replicate some of the support systems they have left behind. These group houses depart from the United States custom of one household per family, though they are culturally congruent to Latina/os.

New growth communities often do not have the infrastructure to support physical and mental health service delivery for new immigrants. Immigrants' jobs are unlikely to provide health insurance so that access to services that are scarce to begin with is further impaired. The exposure criterion of a posttraumatic stress disorder diagnosis requires actual or threatened death or serious injury, which for the shadow immigrant may arise from a crime-infested neighborhood or from white Americans who threaten anyone who is a cultural "other" with bodily harm. Indeed, some of these threats could be coming from co-workers, thus creating daily exposure to danger. A culturally sensitive psychologist must be able to parse the individual differences that immigrants such as Andrés and his shadow counterpart bring to treatment, even though the two may share



Sylvia A. Marotta-Walters, PhD

a country of origin and a similar developmental age. Clearly, assessments and interventions need to be tailored to the differences that each Latina/o presents.

From Research to Practice

Tailoring competencies to any cultural group requires translating what is known from research into practical applications. Thus, the knowledge, skills, and attitudes comprising a set of competencies must be adapted to the cultural context in which the practitioner works. This kind of tailoring is a combination of science and art. To illustrate the tailoring process in the case of immigrants like both versions of Andrés, the focus of this article shifts to the cross-cutting competencies that bridge the specific competencies outlined in the APA document. Two of these cross-cutting competencies are lifespan awareness and practitioner self-awareness.

Lifespan Awareness

Both Stereotypical Andrés and his shadow counterpart are adults who, though they may be of similar age at the time they present for treatment, may have significant differences in PTEs and in the developmental stages at which these were experienced. Early separations from primary caregivers sometimes are necessitated by dangerous neighborhoods, with Latina/o parents being willing to separate from their children in order to keep them safe. Stereotypical Andrés might have been sent away from his family at an early age, even before the necessity for emigration arose. His development may have been disrupted and his ability to trust could have been compromised. Conversely, Shadow Andrés may have been considered a self-sacrificing pioneer who was willing to leave his family in order to come to the United States. He leaves his country with a secure attachment. Thus, his and his family's motivations can affect subjective appraisals of what happens to him subsequently. Shadow Andrés may have "hero" status in that he sends money home to his family and is considered successful for having found steady employment.

Developmentally, Shadow Andrés has a foundation of ego strength, which may be lacking in Stereotypical Andrés. Trauma psychologists know that early exposure to deficient environments or adverse experiences in childhood can be risk factors in the later development of psychological and even physical distress. Such an awareness of the implications of developmental trajectories on a presenting concern is a cross-cutting competency. Part of a developmentally aware assessment involves factoring in strengths that treatments can build upon as PTEs are metabolizing in treatment. Strengths- such as the capacity to trust or to be confident in one's identity, while not traditionally considered essential to the diagnostic process, are nonetheless important to include from a culturally competent approach to assessment and intervention

(Marotta, Choi, & Shaine, 2015).

Practitioner Self-Awareness

The second cross-cutting competency that influences psychologists' assessment of Latina/o immigrants is an awareness of how one's own life experiences and implicit biases may play a role in service delivery. Implicit biases are a human characteristic to which we are all subject. Psychologists are encouraged to use stereotypes as a foundation for generating hypotheses that can aid in clinical decision-making. This is sometimes termed an etic approach, defined as an outsider looking in to a culture that is not one's own. For example, resources such as Ethnicity and Family Therapy (McGoldrick, Giordano, & Garcia-Preto, 2005) provide information about cultural groups that clinicians can use to check whether values and beliefs ascribed to Latina/o cultures are applicable to the specific person in the office. This can help the practitioner recognize and develop particular risk and protective factors to be considered in treatment planning.

The challenge in using a purely etic approach is that implicit biases on the part of the psychologist may create an us/them mentality that impairs the development of an effective working relationship with the client. In today's politically charged discourse about Latina/o immigrants, such implicit biases can be presumed to be even more difficult to bring to conscious awareness, as psychologists are inundated with messages about Latinos as criminals, as people unable to adapt to United States culture, or simply as "other." This negative cognitive overload makes an etic approach especially problematic as it could widen the gap between the psychologist and her or his Latina/o client on an unconscious level.

The United States cultural value of independence may also unwittingly reinforce the difference between the self of the psychologist and the client as other (Sparks, Cunningham, & Kritikos, 2016). Brown (2009) attempts to address this gap by suggesting that in trauma-focused work, an emic approach may be more effective, wherein we as humans participate in traumatic experiences together and thus can assume a we/us stance in working with those from other cultures. Our common experience is that the majority of the population is exposed to PTEs (APA, 2015). To be consciously aware of our biases means to engage in a dialectic of self-examination and exploration of the cultural messages we absorb from our social milieu. This dialectic is an iterative process that is repeated throughout the course of assessment and treatment.

Conclusion

Becoming a culturally competent trauma psychologist in the middle of today's divisive national conversations about immigration is a timely consideration for all

of us. It requires all psychologists to re-focus on the foundational competence of diversity, and for those trauma psychologists who live and work in geographic centers for migrants, it is an essential exercise in professional development.

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Most recently, Marotta-Walters published on combat veterans and resilience, and on the psychospiritual development of individuals with a history of clergy-perpetrated sexual abuse. In 2015, she was invited to speak at a conference on terrorism in Madrid. The conference was held at the Universidad de Complutense, one of the oldest academic institutions in Spain. Marotta-Walters continues to collaborate with faculty there. Marotta-Walters is an associate editor for *Psychological Trauma: Theory, Research, Practice, and Policy*, and previously served on its editorial board. Additionally, she has served as an associate editor for the *Journal of Counseling & Development*.

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.

Social Media News

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

Top Trauma Books and Resources:

A Brief Report from a Survey of Traumatic Stress Experts

By Joan M. Cook, Vanessa Simiola, Elana Newman, and Richard Thompson

Psychological trauma and its consequences have been recognized by multiple agencies as a significant concern requiring specialized training for mental health professionals working with survivors (Institute of Medicine, 2014; Substance Abuse and Mental Health Services Administration, 2014). However, despite recent advances and the broad scope of knowledge about traumatic stress, most psychologists appear to have only a cursory understanding of this area (Cook, Dinnen, Rehman, Bufka & Courtois, 2011; DePrince, & Newman, 2011). This is not surprising because trauma is not typically covered in the standard curricula in graduate level education in psychology (Champion, Shipman, Bonner, Hensley, & Howe, 2003; Courtois & Gold, 2009).

In order to identify minimal expectations for training a trauma-informed mental health workforce, 60 experts participated in a national consensus conference delineating broad competencies in the areas of trauma-focused and trauma-informed knowledge, skills, and attitudes (Cook, Newman, & the New Haven Trauma Competency Group, 2014). The resulting comprehensive descriptive model of empirically-informed trauma competencies, dubbed the New Haven Competencies, have been approved by the American Psychological Association (APA) as part of their official policy as guidelines for education and training for practice in the United States (APA, 2015). Although it would be helpful for educators to develop training curricula based on the consensus competencies, it is first important to determine agreed upon sources of information for this endeavor. Previous examinations of authors and specific articles and books that influence the fields of psychology and psychotherapy have been conducted (e.g., Cook, Biyanova, & Coyne,

2009; Heesacker, Heppner, & Rogers, 1982; Heyduk & Fenigstein, 1984; Smith, 1982; Wehmeyer, & Wehmeyer, 1999). However to date, none of these investigations were specific to prominent resources in the traumatic stress field.



Joan M. Cook

Recent assessment of information regarding one type of traumatic experience, child maltreatment, in abnormal psychology and introductory psychology textbooks found that most had inaccuracies, inconsistencies and/or overemphasized sensational and controversial topics (Kissee, Isaacson, & Miller-Perrin, 2014; Wilgus, Packer, Lile-King, Miller-Perrin, & Brand, 2016). It is unclear if this is the case for other forms of traumatic exposure or in books for graduate level or continuing education. Carello and Butler (2014) argued the need for trauma-informed practices in the education of trauma across higher education in both clinical and non-clinical courses. Indeed, when exploring ways in which trauma material was presented within various curricula, Carello and Butler (2014)

uncovered how non-trauma informed books might result in both retraumatization and secondary traumatization of students. Previous survey research indicates that practicing psychotherapists are influenced by books considerably more so than peer-reviewed empirical research articles (Beutler, Williams & Wakefield, 1993; Cook, Schnurr, Biyanova, & Coyne, 2009); thus, it seems important to understand how books influence training and education practice as they are the cornerstones to teaching.



Vanessa Simiola

This study had two specific aims. The first was to survey published traumatic stress experts to ascertain their top recommended books and resources across five mental health competency domains (i.e. scientific knowledge about trauma; psychological trauma-focused assessment; trauma-focused psychological interventions; trauma-informed professionalism; trauma-informed relational and systems). The second was to ascertain if there were sociodemographic

and practice setting differences in endorsement of top books. Information gathered in this study can be used to assist mental health professionals and trainees expand their knowledge of trauma mental health issues through shared knowledge of experts in the field.

Method

Participants and Procedure

Published traumatic stress experts were invited to participate in a survey to help inform the development of trauma competencies in five domains: scientific knowledge, psychosocial assessment, psychosocial intervention, professionalism, and relational and systems (Cook et al., 2014). At the end of the survey, participants were specifically asked to answer a set of questions giving their top three recommendations of reading material within each domain. These results regarding top book and resource suggestions are presented here.

Membership lists of the International Society for Traumatic Stress Studies (ISTSS) and APA's Division (56) of Trauma Psychology were obtained. Bibliographic literature searches were conducted on each member using PsychInfo and PubMed. Publication of at least five peer-reviewed publications was used as a proxy for expertise in traumatic stress. Up to three email requests were sent to 376 members of ISTSS and/or Division 56. In addition, all 60 conference participants were sent multiple requests to participate.

In total, 217 experts responded to the survey. Of these, 162 people completed the entire survey and 58 completed a portion of the survey. Only 106 (48.8%) provided any responses to the question on recommended books or resources. These 106 are the focus of this brief report.

Measure

One purpose of the survey was to generate a list of recommended readings and other resources for practitioners who were interested in building or augmenting competencies in trauma mental health. Specifically, the survey item read, "Please list the most important book or resource for each of the following competencies: Scientific knowledge about trauma, psychological trauma-focused

assessment, trauma-focused psychological intervention, trauma informed professionalism, and trauma-informed relational and systems."

Results

There were no significant differences between those who provided recommendations and those who did not based on demographic or professional variables, with one exception. Those who provided recommendations were significantly younger than those who did not, $t(213) = 2.37, p = .02$. The sociodemographic information on the sample is provided in **Table 1**. As can be seen, the sample was predominantly female, psychologists, and had academic doctoral degrees. More than half of the sample currently worked in academic settings.

In total, 696 books or resources were recommended by the participants. The mean number of endorsements per title was 2.1 and the median and mode were 1. However, only seven different books and one website was recommended by at least ten percent of the sample. The domains where resources were most often recommended were scientific knowledge and psychosocial intervention ($n = 202$, each). As can be seen in **Table 2**, two books were recommended by more than a 30% of the recommending sample: Friedman, Keane, and Resick's (2007) *Handbook of PTSD: Science and Practice* and Foa, Keane, Friedman, and Cohen's (2009) *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. These were predominantly in the domains of scientific knowledge and psychosocial intervention, respectively. Only one website was widely recommended in the domains of scientific knowledge and psychosocial assessment, the Department of Veterans Affairs' National Center for PTSD. With the exception of the books listed in **Table 2**, there was limited overlap in recommendations.

The relationships between professional characteristics and recommendations are presented in **Table 3**. Time since degree awarded was inversely related to the likelihood of recommending *Handbook of PTSD*, *Effective Treatments for PTSD*, and *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences-Therapist Guide*. There was no



Elana Newman



Richard Thompson

Table 1: Demographics of Traumatic Stress Experts Surveyed

	Total Sample (N = 217)	
	N	%
Gender		
Female	143	65.9
Male	74	34.1
Ethnicity ^a		
White	198	91.2
Black	4	1.8
Hispanic	9	4.1
Other	13	5.9
Primary Discipline		
Psychologist	169	77.9
Social Worker	10	4.6
Psychiatrist	16	7.4
Other	22	10.1
Most advanced professional degree		
Ph.D./Psy.D./Ed.D.	190	87.6
M.D.	18	8.3
Other	9	4.1
Work Setting		
College/University	109	50.2
Outpatient psychiatric/Mental health care	27	12.5
Research institute	20	9.2
Other	61	28.1
	M	SD
Age	51.52	11.75
Years in clinical practice	20.20	11.62

^a Participants were able to provide more than one response.

relationship between highest professional degree and recommendations. No professional characteristics were related to recommendations of Herman’s (1997) *Trauma and Recovery* or the National Center for PTSD website.

Discussion

The goal of this paper was to report on the top trauma mental health books and resources based on the recommendation of experts in traumatic stress. Three recommendations were made within the domains of scientific knowledge and psychosocial intervention and two for psychosocial assessment. Given the available research supporting the influence of books on psychotherapists’ knowledge (Beutler et al., 1993; Cook

et al., 2009), this list may be used to help professionals increase their training in trauma psychology. Indeed, in a sample of over 2,400 North American psychotherapists, books were one of the most influential factors on one’s current practice (Cook et al., 2009). Thus, one way to increase availability of trauma training is to create and disseminate information about evidence-informed trauma mental health books.

A few investigations have examined the content of available trauma resources used for training and education of trauma psychology. For example, Wilgus and colleagues (2016) reviewed ten undergraduate abnormal psychology textbooks to determine the coverage of child maltreatment and found that the majority lacked key information on child maltreatment, overly focused on controversies and did not present information consistent with available research findings. In another review of introductory psychology textbooks, Letourneau and Lewis (2009) found similar results in that most textbooks reviewed made unsupported claims or overgeneralizations when discussing memory issues related to childhood sexual assault, and less than half covered prevalence rates and psychological consequences to childhood sexual assault. Finally, a third study examined undergraduate and graduate level coursework in trauma and concluded that students are being misinformed regarding many important issues in psychology (Gleaves, 2007). Namely, much of the undergraduate coursework on childhood sexual abuse focuses on false memories, rather than the lifetime effects of abuse, such that graduate students have become trained to respond first with disbelief towards clients.

One way to rectify the potential misinformation about trauma available in undergraduate and graduate coursework such as these is to use evidence-informed knowledge when teaching about trauma. While there was great diversity in many of the recommendations made by participants in the current study, there was also consensus by over ten percent of the sample regarding a handful of books and resources.

The number of citations a resource receives is widely accepted as an objective measure of the impact and potential quality of the material (Garfield, 1972). Although the list of resources compiled in this study were not determined based on the number of citations in published works, the same principles were applied. Participants in this study were identified through their affiliation with one of two professional trauma organizations, suggesting expertise or interest in traumatic stress studies. Out of the 696 recommended resources only those that were endorsed by at least ten percent of the sample were retained and presented here.

In a discussion of her development of a specialized graduate course in trauma, Newman (2011) noted that she uses three primary texts: *Trauma and Recovery*

Table 2: Top Resources

	<i>N</i>	<i>%</i>
Scientific Knowledge		
Friedman, M. J., Keane, T. M., & Resick, P. (Eds.). (2007). <i>Handbook of PTSD: Science and practice</i> . Guilford Press.	37	35.2
National Center for PTSD [www.ptsd.va.gov] including PILOTS database	16	15.2
Herman, J. L. (1997). <i>Trauma and recovery: The aftermath of violence-from domestic abuse to political terror</i> . New York: Basic Books.	14	13.3
Psychosocial Assessment		
Wilson, J. J. P., & Keane, T. M. (2004). <i>Assessing psychological trauma and PTSD</i> . New York: The Guilford Press.	20	19.0
National Center for PTSD [www.ptsd.va.gov]	18	17.1
Psychosocial Intervention		
Foa, Keane, Friedman, & Cohen. (2009). <i>Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies</i> . New York, NY: Guilford Publication.	40	38.1
Foa, E., Hembree, E., & Rothbaum, B. O. (2007). <i>Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide</i> . New York, NY: Oxford University Press.	23	21.9
Resick, P. A., & Schnicke, M. (1993). <i>Cognitive processing therapy for rape victims: A treatment manual</i> (Vol. 4). Thousand Oaks, CA: SAGE Publications, Incorporated.	20	19.0

(Herman, 1992); *Handbook of PTSD: Science and Practice* (Friedman et al., 2007); and *Principles of Trauma Therapy* (Briere & Scott, 2006). Two of these were also identified by the trauma experts in this sample.

Two of the recommended readings concerned EBPs for PTSD: PE and CPT. Most mental health providers (such as psychologists, psychiatrists, and social workers) do not have formal training in, and do not utilize, evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) regularly, if at all (e.g., Gray, Elhai, & Schmidt, 2007; Sprang et al., 2008). Encouraging the review of these books may help providers recognize the importance of these EBPs.

Given that training in trauma at the graduate level is inconsistent, disseminating resources such as this list of top resources identified by traumatic stress experts, can help improve standardization of training materials. Educators and clinicians can use information presented here to increase trauma-informed practices in both classroom and clinical settings.

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Table 3: Differences between Experts' Recommendations Based on Sociodemographic Characteristics

	Time Since Degree			Highest Degree Ph.D.		
	Yes	No	<i>t</i>	Yes	No	χ^2
Scientific Knowledge						
Friedman, M. J., Keane, T. M., & Resick, P. (Eds.). (2007). <i>Handbook of PTSD: Science and practice</i> . Guilford Press.	17.79 (10.12)	23.90 (12.77)	2.42*	87.9% (29)	84.9% (62)	0.16
National Center for PTSD [www.ptsd.va.gov] including PILOTS database	19.64 (10.35)	22.34 (12.57)	0.76	85.7% (12)	85.9% (79)	0.00
Herman, J. L. (1997). <i>Trauma and recovery: The aftermath of violence—from domestic abuse to political terror</i> . New York: Basic Books.	25.85 (9.96)	21.43 (12.53)	1.21	84.6% (11)	86.0% (80)	0.02
Psychosocial Assessment						
Wilson, J. J. P., & Keane, T. M. (2004). <i>Assessing psychological trauma and PTSD</i> . New York: The Guilford Press.	21.95 (10.93)	21.99 (12.65)	0.01	90.0% (18)	84.9% (73)	0.35
National Center for PTSD [www.ncpstd.org]	20.00 (11.07)	22.34 (12.52)	0.70	93.8% (15)	84.4% (76)	0.97
Psychosocial Intervention						
Foa, Keane, Friedman, & Cohen. (2009). <i>Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies</i> . New York, NY: Guilford Publication.	18.27 (9.61)	23.68 (13.05)	2.13*	87.9% (29)	84.9% (62)	0.16
Foa, E., Hembree, E., & Rothbaum, B. O. (2007). <i>Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide</i> . New York, NY: Oxford University Press.	15.43 (10.40)	23.82 (12.21)	3.00*	87.0% (20)	85.5% (71)	0.03
Resick, P. A., & Schnicke, M. (1993). <i>Cognitive processing therapy for rape victims: A treatment manual</i> (Vol. 4). Thousand Oaks, CA: SAGE Publications, Incorporated.	17.00 (10.63)	23.01 (12.41)	1.91	88.9% (16)	85.2% (75)	0.17

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Vanessa Simiola, PsyD, is currently completing her post-doctoral residency at VA Pacific Islands Healthcare System and the National Center for PTSD. She is affiliated with Yale University and her interests are evidence based care for posttraumatic stress disorder (PTSD) and dissemination and implementation research. In addition, Vanessa has committed to advancing the practice of trauma psychology by investing in trauma-specific

training and competencies through her involvement in the development of the New Haven Trauma Competencies as well as two national studies of trauma training at the doctoral and internship level. She served as the Hospitality Suite Chair for Division 56 in 2016 and is Co-Chairing the Division 56 Task Force on Developing Web-Based Trauma Psychology Resources. Vanessa has also been an active member of the International Society for Traumatic Stress Studies and served on the Membership Committee for two years.

Elana Newman, PhD, is the McFarlin Professor of Psychology at the University of Tulsa and has conducted

research on a variety of topics regarding the psychological and physical response to traumatic life events, assessment of PTSD in children and adults, journalism and trauma, and understanding the impact of participating in trauma-related research from the trauma survivor's perspective.

Richard Thompson, PhD is an Assistant Professor of Pediatrics at the Texas Children's Hospital, in the Public Health Pediatrics section. He has published more than 100 articles on trauma outcomes and correlates in vulnerable populations, as well as on access to mental health services.

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for student forum

Healing Intergenerational Trauma with Dance Movement Therapy

By Ilene Serlin

Dance movement therapy (DMT) is a relatively new form of mind/body psychotherapy that builds on the use of nonverbal communication and symbolic movement (Serlin, 2010). Although it has been used in psychiatric and medical settings, its use with challenges of cultural dislocation and trauma is relatively new. DMT can be an effective method to treat trauma. Working with the body as well as the mind can reduce compassion fatigue, build resilience and posttraumatic growth, and increase self-care. This article will describe its use with Syrian refugees in Amman, Jordan, first describing the setting within a conference on Intergenerational Trauma in Amman, and then presenting vignettes of the work with widows and children in a refugee center.

At the opening of the 5th Annual International Conference on Transgenerational Trauma in Amman, Jordan on October 26, 2016, Dr. Haythem Bany Salameh, Director of the Queen Rania Center for Jordanian Studies and Community Service at Yarmouk University, shared that there were over 1,000,000 Syrian refugees currently living in Jordan. Psychology and social work students in Jordan primarily focus on academics, with rare internship opportunities for students to learn hands-on clinical work.

Steve Olweean of Common Bond Institute (CBI) and its partner organization, the International Humanistic Psychology Association (IHPA), has been working since 2012 with Dr. Myron Eshowsky of the Social Health Care (SHC) treatment and training program to ensure the development of a locally-based, growing, and sustainable psychosocial service system in Jordan. Local partners include the department of social work at Yarmouk University, the International Federation of Medical Students Association - Jordan (IFMSA-Jordan), the Collateral Repair Project (CRP), and the Center for Victims of Torture (CVT).

Our site for this trip was an apartment building with 40 apartments, housing widows and children. There are currently 112 people, 33 families and approximately 45 children at this site. The staff members are all Syrian refugees themselves. The large majority of refugee families outside of Syria are now headed by a woman or the older children, most of whom have little experience

working outside the home to support their families and so are increasingly vulnerable to exploitation and abuse. In addition to war violence and displacement-based trauma, domestic violence has also been fueled by heavy and continual stresses on the family and community.



Ilene Serlin

While the children go to school, funds for tuition run out periodically so that education is sporadic and uncertain. Tuition at this school is partially funded by Syrians living in Saudi Arabia, and it has between 90 and 100 students. Trauma symptoms among the students include difficulty sleeping, missing their fathers, bedwetting, thumb-sucking, regression, withdrawal, aggression, and nightmares (Eshowsky, personal communication, 2016). One boy, who saw his father die in front of him, exhibits “strange behaviors.”

On October 16 of this year I came with a graduate student in psychology, Xiaorui Wen, to join a group of volunteers and medical and social work students to work in the clinic, and

then participate in the conference on Transgenerational Trauma. Upon arrival, we went to an apartment (**photo #1**) where we met Dr. Ayad, an assistant professor of social work at Yarmouk University (**photo #2**). The modern building was clean and the government provided food and supplies.

We first met with Dr. Ghalia, Dr. Ayad, and two medical student translators in the women’s group. There were about 12 women and children in our circle. We began to build trust by introducing ourselves, and explaining that the purpose of the group was to use words and body movements to help them express and cope with emotions. Movement warm-up exercises helped to energize and connect participants.

We asked them what problems they faced. Many talked about problems with stress, anger, and taking it out on their children. One had such anxiety that she couldn’t stop shaking. One after another, other members reported problems including sadness, communication difficulties, abusive husbands, and having too many children. They expressed:

- Need to help myself first
- Mood changes, two personalities
- Pretending to be strong, inside is a volcano
- Trying not to be affected by outside



Clockwise from top: 1. Upon arrival, we went to an apartment. 2. Dr. Ayad, an assistant professor of social work at Yarmouk University. 3. One of the women held her bear the entire group. 4. For the second meeting of the women's group, we introduced music and dance.

- Not knowing how to help my children
- Hitting the children, then regretting it
- Sometimes I cry after hitting them as I know they don't deserve that
- My 10-year-old child is laboring to support the family

Using a light rubber ball, we invited group members to throw it on the ground to help express and relieve anger. Participants expressed relief at moving, saying it helped express emotions safely.

When asked what their wishes were, they responded:

- All God(s)!
- That's enough!
- I want to go to America!
- Germany!
- Clear mind!
- I want to have a weekend!
- Peace for the world!
- Rejoin with family and children!
- Salem!
- Continue study!

When asked what they wanted to study, they said:

- Learn a better language
- Journalism – want to study in Germany, was studying economics before the war
- Study English and German
- English as the language of the world
- Computer

They explained that they wanted their children to be mainstream, and that education was good for both mother and child.

When invited to share their dreams, they said:

- Good wishes for the children
- Good education for the children
- One 37-year-old participant wanted to be a lawyer: My own dream has ended, now is time for my children
- Want to help people
- Be happy
- Love English, French is too hard to pronounce
- I want to go back to Syria
- My home in the countryside, outside of Damascus, it was very beautiful
- Home was heaven, beautiful, with simplicity
- The hills, small population

When asked what vegetation they grew at home, they described:

- Everything: flowers, tomatoes, cotton, olives, grapes, vegetables, legumes,
- eggplants

- Every house grows jasmine, the scents of jasmine and rose

We brought ten teddy bears with us, donated by Shulamit Sofia, and one of the women held her bear the entire group (**photo #3**). Dr. Ghalia uses these teddy bears in her parenting skills classes and each of the partnership groups were given one.

I then introduced a relaxation exercise, using soft music and guided imagery.

The participants shared their experiences during the relaxation session:

- I am screaming from inside. When I cannot scream, I cry.
- I wish I could stay in the place I imagined. I was lying on the beach in Hawaii

Dr. Ghalia then asked group members how they felt and what they visualized for the “safe space.” She was concerned that some would visualize their homes, perhaps be re-traumatized, and she wanted to help them face the reality that they may not see their homes again—and move on.

When invited to share their feelings at the end of the session, participants responded:

- We need actual peace
- We usually have kids around so we cannot relax
- I think about the past and the problems I face
- Even when I am relaxed I still cannot help thinking
- My reality is way too complex
- I really need to practice this; it is very helpful
- I need to get 15 minutes every day just for myself like this
- Listening to the holy book recordings is helpful
- Being Muslim, religion is helpful

One participant expressed her curiosity about the soul:

- Is there exercise for the soul to leave the body?
- But I am afraid the soul cannot come back to the body

I then met with one of the women (S) who was highly anxious, had benefited from the relaxation exercise, and had requested an individual session. S told us that she had been in Jordan for four years and had spent two years in the apartment house. She is a single mother, age 28, with three children, ages 10, 8, and 6. She described her main problem as losing control of herself with her children. Life had been unstable for her even before the war, and she moved around a lot. Her parents divorced when she was six, and she had to take care of her stepfather (who beat her), his five children, and her siblings. S is very anxious, has migraines, and is worried about the increasing needs of the children and financial

worries. She is worried that she takes this out on her children and feels awful after she hits them. She shared that she cannot get any time alone to calm down. The children cling to her even when she is in the shower, and she cannot take time for self-care, cannot exercise or go for a walk. S also described attachment problems. She said that since she was six when her parents divorced, she is only comfortable with her children until they are six. After six, she does not know how to relate to them and feels like a bad mother. She shared she grew up without a mother and doesn't know how to be a mother. We practiced the relaxation exercises together, then we copied the music for her and gave it to her to practice for five minutes, twice a day.

For the second meeting of the women's group, we introduced music and dance (**photo #4**). The most powerful moment came when the women took off their scarves and robes and all of us belly-danced together as women, laughing and full of energy. Three women took leadership roles, introducing the music and doing most of the dancing. The other women participated and were supportive. After the group, I asked the three leaders if they would like to continue to lead a dance group, and suggested that they meet every week on the same day and time. They were willing to do this. Later, two female medical students who wanted to train in dance therapy agreed to facilitate this group, and will continue to meet with the women while receiving supervision by Skype.

Finally, we conducted a staff training for the medical and social work students, so they can provide continuity of care for these support groups. Plans are being made to continue supervision by Skype.

All the people we have met were extremely gracious, grateful, and open. They invited us to come to Syria for a visit, and added "when there is peace". We hope to meet again next year, again bringing students and volunteers

with us. For further information, contact: <http://www.cbiworld.org/home/conferences>.

Please enjoy this article recently published by Ilene Serlin and her students from Istanbul on using movement to work with the earthquake-related trauma: <https://goo.gl/uPMYWn>

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Ilene A. Serlin, PhD, BC-DMT is a licensed psychologist and registered dance/movement therapist in practice in San Francisco and Marin county. She is the past president of the San Francisco Psychological Association, a Fellow of the American Psychological Association, past-president of the Division of Humanistic Psychology. Ilene Serlin is Associated Distinguished Professor of Psychology at the California Institute of Integral Studies, has taught at Saybrook University, Lesley University, UCLA, the NY Gestalt Institute and the C.G. Jung Institute in Zurich. She is the editor of *Whole Person Healthcare* (2007, 3 vol., Praeger), over 100 chapters and articles on body, art and psychotherapy, and is on the editorial boards of *PsycCritiques*, the *American Dance Therapy Journal*, the *Journal of Humanistic Psychology*, *Arts & Health: An International Journal of Research, Policy and Practice*, *Journal of Applied Arts and Health*, and *The Humanistic Psychologist*.

APA Division 56 International Student Travel Assistance Stipend to 2017 APA Convention

To encourage international participation, the APA Trauma Psychology Division (56) is providing a travel stipend to attend the 2017 APA Convention for international students who are citizens of developing countries and enrolled in a graduate psychology program in their home country, or enrolled in a graduate psychology program in the U.S. Eligible students must be presenting a trauma-related poster, paper, or be a participant in a symposium or panel at the 2017 APA Convention in Washington, DC.

The travel assistance stipend consists of \$1000 for travel expenses to the 2017 APA Convention. Also included is a one year free membership in the Trauma Psychology

Division. This stipend is intended as partial support and matching grants or additional support from other institutions and organizations is also encouraged.

Deadline for submission: May 15, 2017

Please send a copy of your CV and proposal abstract that was accepted for the APA convention to both:

Elizabeth Carll, Ph.D. (ecarll@optonline.net) and Vincenzo Teran, Ph.D. (vincenzo.teran@gmail.com).

Division 56 International Committee

Caregiver Support in Treating Child Trauma: Illustrations from a Child Advocacy Center

By Elizabeth Leuthold, MEd and Alejandra Sequeira, MEd

Access to mental health services for children with traumatic experiences is a longstanding challenge (Burns et al., 2004). Children, defined as youth under age 18, are a vulnerable population (U.S. Department of Health and Human Services [HHS], 2016). In 2014 alone, Child Protective Services (CPS) received an estimated 3.6 million reports of suspected child abuse, which resulted in the identification of 702,000 child abuse victims (HHS, 2016). More broadly, Copeland, Keeler, Angold, and Costello (2007) reported 68% of all children in the United States have experienced at least one potentially traumatic event (e.g., violent or life-threatening situations, natural disasters) and half of these children have experienced multiple traumatic events.

Experiencing childhood trauma can have a severe impact on development (Finkelhor, Ormrod, & Turner, 2009). Childhood traumas are strongly correlated with an increased likelihood of poor mental health throughout the lifespan (van der Kolk, 2005), and traumatized children may exhibit numerous emotional and behavioral problems (Price et al., 2013). Children can struggle with a wide range of reactions to trauma including fear, anxiety, difficulties trusting others, and sexual maladjustment (Finkelhor et al., 2009). These responses may be reflected in a child's over-controlled behaviors such as rigid, inflexible rituals, or, conversely, under-controlled behaviors such as aggression, self-injury, and avoidance reactions (Price et al., 2013). As such, successfully treating survivors of child abuse is an important goal. The current paper aims to present caregiver involvement in therapy as a beneficial way to enhance trauma work with child clients. The authors will provide case examples to illustrate the importance of such involvement as well as offer practical suggestions for clinicians to foster such involvement.

Caregiver Involvement in Therapy

Children are not islands to themselves; rather, they exist within their family systems. For this reason, active caregiver involvement from non-perpetrator caregivers should be included in any child-focused treatment (Kazdin & Weiss, 1998). Research suggests that children

whose caregivers are actively involved tend to exhibit behaviors that include homework completion, efforts outside of treatment, and progression towards goals (Gopalan et al., 2010). Apart from caregiver training or family therapy, however, caregiver involvement in child-focused therapies has been largely ignored (Duhig et al., 2002).



Elizabeth Leuthold, MEd

Premature termination from psychotherapy with children is common, with 40-60% of families missing appointments and terminating services before the course of treatment is completed (Gopalan et al., 2010; Nock & Ferriter, 2005). Reasons for premature termination include caregivers' lack of faith in the therapeutic process (Nock & Kazdin, 2001), and caregivers' attitudes, emotions, and beliefs—specifically guilt and self-blaming (Clements, 2004). Other barriers to parental involvement in their child's treatment include distance from treatment facility, lack of resources, poor interactions with staff, limited opportunities for involvement, and lack of knowledge of ways to become involved (Kruzich, Jivanjee, Robinson, & Friesen, 2014). These

findings suggest there are changes needed within the field in order to increase rates of caregiver involvement.

Caregiver involvement is crucial as the success of children's treatments largely depends on their caregivers' belief in the therapeutic process (Radunovich & Wiens, 2012). Child-focused treatments could benefit from making the caregiver the agent of change (Kruzich et al., 2014; Nock & Ferriter, 2005). Modifying caregivers' expectancies about their child's treatment can help caregivers to become more involved, which can increase attendance and treatment adherence (Nock & Kazdin, 2001). For example, Stolberg and Mahler (1994) found that caregiver ratings of their child's therapeutic gains are associated with level of involvement in treatment. Involved caregivers knew more intimate details about their child's treatment and could provide more accurate information about their child's internal state than those who were uninvolved (Stolberg & Mahler, 1994).

One way clinicians can begin incorporating caregivers is through collaboration to foster participation in the therapeutic process (Gopalan et al., 2010). Discussed below are two examples of how one author of the current

paper provided trauma-focused cognitive behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) to two clients at a Child Advocacy Center. TF-CBT includes parental participation, and studies show that parental support throughout TF-CBT treatment is associated with more positive outcomes (Cohen, Mannarino, & Murry, 2011). Regrettably, caregiver involvement is not always possible, as demonstrated in these cases. A personal reflection of working with these two different families is also included.

Case Examples: A Contrast of Two Clients

Kate, a 14-year-old girl and survivor of child sexual abuse, was raised by a single mother. Her mother was invested in Kate's counseling and treatment. She sat in the waiting room while Kate attended weekly counseling sessions, and developed a friendly rapport with Kate's counselor. She often visited with her daughter's counselor before and after session to check on Kate's progress. Her belief in the therapeutic process benefitted her daughter, as she encouraged Kate to continue treatment despite difficulties surrounding trauma processing. As Kate went through the TF-CBT, she became increasingly interested in sharing her trauma narrative with her mother. She expressed that, while it would be difficult, it was an important part of her healing process. Kate and her mom had a joint counseling session in which Kate shared her trauma narrative with her mother, expressed her emotions, and formed a collaborative treatment plan. Kate successfully finished TF-CBT and her counselor believed that she terminated with the security of a wonderful support system to empower her beyond her treatment.

Unfortunately, not every family is like Kate's. Madison is a 15-year old girl who lives with her aunt and uncle. CPS placed her in their care after confirming reports of physical and sexual abuse by Madison's grandfather. Her aunt and uncle attended the intake session, but subsequently relied on the family's babysitter to transport Madison to treatment. They were not involved in her therapy and had no relationship with her counselor. Madison struggled to attend therapy on a regular basis and would sometimes miss appointments when her babysitter and aunt did not coordinate schedules. This created a treatment obstacle and made it difficult to maintain rapport with her counselor.

Madison's counselor attempted to engage her family by calling her aunt regularly to discuss treatment progression. Madison elected not to share her trauma narrative with her aunt and uncle, preferring to keep it private. While Madison did eventually finish the course of her TF-CBT treatment, her counselor was concerned

Madison would not be comfortable discussing her emotions and reactions to trauma with her aunt or uncle in the future. While her counselor suggested continued therapy sessions to address future safety concerns and plans, her aunt opted to terminate due to upcoming school commitments. The counselor was left wondering what would have helped Madison feel more comfortable sharing her story with her caregivers.

Benefits of Parental Involvement In Case Examples

Reflecting on Kate's story, it feels inspiring to see caregivers become a part of a child's recovery, working in tandem to help a child recover from a traumatic event. Conversely, it is heartbreaking to consider cases

like Madison's in which children meet basic therapy milestones but do not flourish in treatment. A strong sense of caregiver involvement and support could potentially remedy such situations. These case examples illustrate that while engaging caregivers is difficult, it is an incredibly vital part of therapy.

Counselors can include caregivers in various ways. For instance, Madison's counselor contacted her caregiver regularly via telephone to update her on treatment. In Kate's case, the counselor established rapport with Kate's mother

visiting before sessions and checking on Kate's progress. It is essential that clinicians invest in a relationship with caregivers and inform the child client why this relationship is important. For example, discussing the importance of active parental involvement and limits of confidentiality with the youth client can help them understand why parental involvement is essential, which can help clinicians overcome any reluctance the youth has regarding this process. If clinically appropriate, meeting separately with caregivers to discuss therapeutic processes, gains, and risks before therapy even begins can set a foundation for a positive working relationship between the caregivers and counselor. Having regular discussions with caregivers at the beginning of each session can maintain the relationship. When caregivers trust the therapist and have a personal connection, they may become more invested in the process. Clinicians could spend more time detailing a child's therapeutic progress, as measured by assessments, with caregivers to demonstrate the impact of therapy. Also, joint meetings with the caregivers and the child can help facilitate familial discussions about therapy, coping, and recovery.

With a therapeutic relationship in place, clinicians can train caregivers on how to best support their children. Similarly, caregiver psychoeducation groups can illustrate caregivers' crucial role in their child's treatment and give them practical suggestions on how to become involved. As one size does not fit all,



Alejandra Sequeira, MEd

clinicians should tailor their caregiver involvement interventions to each specific child and situation (Gopalan et al., 2010). For instance, including Kate's mother in a joint counseling session for Kate to discuss her trauma narrative matched Kate's need for her mother to understand her experience as part of her healing process. This same technique was not a good fit for Madison and her therapeutic needs, as she was uncomfortable sharing with her caregivers. Clinician efforts to develop a relationship with caregivers and establish "buy-in" for their children's treatment can ensure caregiver commitment to participate in therapy. It can also help establish a foundation from which clinicians can teach parents effective ways to engage with their children outside of session to further their therapy goals.

When clinicians strive to incorporate caregivers, they include the child's support system in treatment and increase the potential for success (Nock & Ferriter, 2005). Trained counselors can make a world of difference by providing a safe environment and evidence-based interventions to children who have experienced trauma; these efforts can be enhanced and have more influential effects when caregivers further therapeutic growth outside the therapy room.

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Elizabeth Leuthold has a Master's degree in Educational Psychology and is currently pursuing her doctorate in Counseling Psychology at Texas A&M University. She has experience working with PTSD with both child and adult populations, including veterans as well as children who have experienced physical and sexual abuse. Her main clinical and research interests include childhood trauma and PTSD, especially in addressing health disparities with this population in rural, underserved areas.

Alejandra Sequeira is a fifth year counseling psychology doctoral candidate at Texas A&M University. She has her Masters of Education in Educational Psychology from Texas A&M University. She is currently completing an APA accredited pre-doctoral internship at the Cherokee Health Systems.

Presidential Voice

Continued from page 3

Also appreciation to members with new positions within the Division including our Membership Committee co-chairs, Drs. Ilene Serlin and Lesia Ruglass who will be focusing on increasing our international membership, as well as Drs. Jessica Punzo, 2017 Convention Program chair, Robyn Gobin, Suite Program coordinator, Vincenzo Teran, co-chair of the International Committee, Kathy Kendall Tackett and Sandra Mattar serving as co-chairs of the Awards Committee, and newly elected to the executive committee, Divya Kannan, member-at-large. In addition, appreciation to the ongoing members of the executive committee and the many chairs and co-chairs who are continuing their positions from last year, and your presidential trio which includes Drs. Diane Castillo, president-elect and Joan Cook, past president. We look forward to continuing our work on behalf of the Division.

Who's Who: Christopher DeCou

1) What is your current occupation?

I am a pre-doctoral psychology intern at the University of Washington: School of Medicine in Seattle, Washington.

2) Where were you educated?

I completed my graduate coursework at Idaho State University, and will be graduating from the PhD program in Clinical Psychology this summer. Prior to graduate school, I was professionally trained and certified as a police officer and firefighter/EMT, and also completed a Bachelor's degree in Psychology with a minor in Emergency Services at the University of Alaska Fairbanks.

3) Why did you choose this field?

My experiences as a first responder played a large role in my decision to enter the field of clinical psychology and to specialize in the study and prevention of violence and suicidality. That is, as a police officer I witnessed firsthand how limited access to mental health treatment contributed to and maintained ongoing patterns of interpersonal violence, alcohol- and drug-related emergencies, and suicidal crises in the rural community in which I worked. Although I enjoyed my work as a police officer, I was also unsatisfied by the ineffectiveness of arrest and detention in changing problematic behaviors. To make a difference, I left law enforcement to contribute to what is known about the psychosocial antecedents of complex public health issues like violence and suicide. I also wanted to help identify effective ways of assisting underserved and understudied individuals and communities in preventing the tragic outcomes that result from these types of incidents.

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

The most rewarding part of my work in the field of trauma psychology has been the opportunity to give

voice to the experiences of trauma survivors from underserved and understudied communities and to highlight the treatment needs of trauma survivors who experience disproportionate rates of attempted and completed suicide. I am hopeful that identifying and reporting these disparities will contribute to an evidence-base that might promote trauma-informed care and trauma-informed policies for marginalized and underserved populations of trauma survivors.



Christopher DeCou

5) What is most frustrating about your work?

In my clinical work, I am often very humbled by the ways that broader issues of access to resources (e.g., housing, employment, nutrition, health insurance) can thwart clients' motivation, desire, and ability to address longstanding symptoms and patterns via psychotherapy. I am most frustrated by the limited resources that exist for addressing clients' material needs as they are seeking to engage in psychotherapy to improve their overall level of functioning.

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

Spending as much time as possible with my partner and our daughter is the most important thing I do to keep things in balance. In addition to time with my family, I enjoy reading obscure books, gardening, and wild fermentation (e.g., making kimchi).

7) What are your future plans?

I will be starting a 2-year postdoctoral fellowship in pediatric injury prevention research beginning this July at the University of Washington, Harborview Injury Prevention and Research Center. I am looking forward to this opportunity to understand further the mechanisms that underlie the association between trauma exposure, violence, and suicidality. I also look forward to learning how to conduct intervention trials related to suicide and violence prevention among underserved and understudied populations.

Division 56 Member News

Compiled by Ilene Serlin and Lesia M. Ruglass

Amy Ai, PhD is a new fellow. She will lead an interdisciplinary delegate to a university in Shanghai to help establish their institute for research on disaster and trauma in May.

Judith Alpert, PhD and **Elizabeth R. Goren, PhD** co-edited a book entitled: *Psychoanalysis, Trauma, and Community: History and Contemporary Reappraisals*. It was published by Routledge.

Jamie Aten, PhD is a new member to Division 56. He was one of 11 individuals to receive an Individual and Community Preparedness Award by the Federal Emergency Management Agency (FEMA) for outstanding efforts to prepare communities for emergencies at a White House awards ceremony in September, 2016. Aten is an associate professor of psychology, as well as the founder and executive director of the Humanitarian Disaster Institute (HDI) at Wheaton College (IL). His work through HDI—the first social science research center in the United States devoted to the study of faith and disasters—prepares churches and faith-based organizations (FBOs) for disaster and emergency response and recovery in their communities. In 2016, HDI put on a four-day Disaster Ministry Conference, an event equipping leaders of FBOs for effective disaster ministries, on the theme of “Resilience.” FEMA Regional Administrator Andrew Velasquez III said, “FEMA is proud to honor Dr. Aten’s innovative work in making our country safer, stronger, and more resilient to disasters.” Aten was honored in the award category for Community Preparedness Champions. Articles on the award can be found: <http://www.churchlawandtax.com/blog/2016/september/disaster-ministry-expert-receives-fema-award.html> and <http://wheaton.edu/Media-Center/News/2016/09/FEMA-to-Honor-Wheaton-College-Disaster-Expert-with-Award-at-the-White-House>.

Kathleen carterMartinez, EdD’s new book *Permission Granted: The Journey from Trauma to Healing from Rape, Sexual Assault and Emotional Abuse* was released on May 14, 2017. *Permission Granted* is particularly timely and relevant given the current social turmoil with respect to sexual assault and sexual harassment within the political and social media communities. It speaks to the aftermath of trauma and healing journey to recovery. The release of *Permission Granted* also is the starting point of opening the CheyWind Center for Trauma and Healing. This center is currently the topic of a GoFundMe campaign to help raise funds to do so.

Kathy Dardeck, EdD is a long time Div 56 member, and core faculty in clinical psychology at Walden University. She is the former Disaster Response Network (DRN) coordinator of the Massachusetts Psychological Association (co-chaired & then chaired that committee for 17 years

before retiring from that post a few years ago), served appointed terms of the Governor’s committee for disaster mental health in Massachusetts, served as the Massachusetts liaison to APA DRN for 16 years, and have been involved in disaster response work and research in multiple capacities for several decades. She received two different APA Presidential Citations for her disaster work and leadership in the early 2000s. In addition, she, along with her former student Nuriel Mor, PhD recently published an article entitled “Mitigation of Posttraumatic Stress Symptoms From Chronic Terror Attacks on Southern Israel” in the *Journal of Social, Behavioral, and Health Sciences*. <http://scholarworks.waldenu.edu/jsbhs/vol11/iss1/2>

Michael Eigen, PhD will be part of a Schreberthon scheduled for May 20. An evening dedicated to Judge Paul Schreber, his madness, creativity, and challenges. He will amplify parts of his chapter on Schreber in *The Psychotic Core*. The event is sponsored by Unbehagen in Manhattan. Many people will perform and speak simultaneously. Mike’s talk will be about 10-15 minutes. He will be giving a longer solo talk June 2 on *Aspects of Pain* and his new book *Under the Totem: In Search of a Path*. It will be at NPAP, 40 W 13th Street 7-9 PM. You can read his recent graduation talk by going to npap.org and scrolling down.

Richard B. Gartner, PhD edited three books, which are due out in 2017. They are all being published by Routledge as part of its *Psychoanalysis in a New Key* series. *Trauma and Countertrauma*, *Resilience and Counter-resilience: Insights from Psychoanalysts and Trauma Experts* are a series of essays by trauma experts and senior psychoanalysts in the field about how working with trauma has affected their personal lives. The contributors include Sandra Bloom, Christine Courtois, Sheldon Itzkowitz, Rich Chefetz, Elizabeth Howell, Judith Alpert, Karen Saakvitne, Karen Hopenwasser, Steve Gold, Phil Kinsler, and Kathy Steele, among others. The other two books, *Understanding the Sexual Betrayal of Boys and Men: The Trauma of Sexual Abuse and Healing Sexually Betrayed Men and Boys: Treatment for Sexual Abuse, Assault, and Trauma* are companion books that together constitute a 20-year follow-up to his 1999 book *Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men*. When he wrote that book, the field of male sexual victimization was barely nascent. He is proud to say that by now the field has developed to a point where there a number of subspecialties. He has asked experts in these areas to write about their fields. The result is a wide-ranging book that covers such diverse topics as rape of adult men; treatment of sexually abused boys; treatment of Veterans assaulted in the military; sex trafficking of boys; working with couples where one partner is a man with a sexual abuse history; experiences of female therapists working with male survivors; covert seduction of boys by parents; sexual addictions and substance abuse treatment of male survivors; profiling predators; treatment and countertransference

issues related to men who were victims and have gone on to offend; treating male survivors in therapeutic communities; body awareness work; neurobiology and brain circuitry; research; socioeconomic and cultural considerations; sexual and orientation aftereffects and concerns; male survivors' relationships with their physicians; and so on. Richard is also going to be speaking to all these topics at the spring symposium of the IITAP (International Institute of Trauma and Addiction Professionals), where he will be a Keynote Speaker in May 2017.

Ani Kalayjian, PhD received the Distinguished Lecturer Medal for her lecture at Fordham University on 9/16/2016, on "15 years later: What is the legacy of 9/11?" A wonderful group of students, faculty, and community members gathered, and a lively Q&A followed. She also published an article with her research team: Toussaint, L. L., Kalayjian, A., Herman, K., Hein, A., Maseko, N., & Diakonova-Curtis, D. in September 2016 called "Traumatic Stress Symptoms, Forgiveness, and Meaning in Life in Four Traumatized Regions of the World" in *International Perspectives in Psychology: Research, Practice, Consultation*. Dr. Kalayjian is in Armenia on a Meaningfulworld Humanitarian Mission working with Syrian refugees, some Iraqi refugees and Karapagh refugees. The preliminary findings show a severe trauma symptoms in Syrian refugees, a lot of hopelessness, and economic hardship, no housing, no employment, psychosomatic severe symptoms. The 7-step Integrative Model has been a miracle sent.

Ibrahim Kira, PhD co-authored an article with H. Shuwiekh, I.A. Kira, & J.S. Ashby called "What Are the Personality and Trauma Dynamics That Contribute to Posttraumatic Growth?" in *International Journal of Stress Management*.

Katy Maher, PhD is the new psychologist for the Trauma Surgery department at the Virginia Commonwealth University Trauma Surgery and Evans-Haynes Burn Center. She was hired in November to provide support to Trauma and Burn Surgery inpatients post trauma. She is currently seeing patients inpatient but looking towards building an outpatient clinic for post discharge referrals for mental health support, including PTSD treatment. She looks forward to being a bigger part of this division in the future!

Madelyn Milchman, PhD gave a recent presentation on trauma called "Parental Alienation and Child Sexual Abuse Allegations" at the Institute on Violence, Abuse, and Trauma in San Diego in August of 2016 and had a recent publication entitled "Forensic implications of changes in DSM-5 criteria for responses to trauma and stress" in *International Journal of Law and Psychiatry*.

Maureen O'Reilly-Landry, PhD is the Co-chair of Div. 39 (Psychoanalysis)'s Committee on Psychoanalysis and Healthcare and will be presented a paper entitled "Psychological Trauma in the Medical Setting" at the Div. 39 Annual Spring Meeting in April. On the same panel,

they invited a physician from Columbia University to present psychologically/behaviorally challenging cases from her practice to be discussed by a medically-knowledgeable (former nurse) psychologist/psychoanalyst. This panel is important because it brings a useful, but often neglected, modern Psychoanalytic perspective to medical trauma and also breaks down the academic silos between psychology and medicine by involving an MD and PhD/PsyDs in the same clinical discussion. The title of the panel is "A Meeting of Minds...And Bodies." She will also conducted an APA-sponsored webinar for dialysis patients on strategies for coping with (the trauma of) chronic dialysis on May 11.

Sereta Robinson, PhD announced her retirement on April 27th after nearly 40 years of service.

Ilene Serlin, PhD just returned from a 2-day training in Beijing, and a 5-day training in Yunnan province, China. At APA in August she will be on a Div. 56 panel with Drs. Lillian Comas-Diaz, Thema S Bryant-Davis, Ani Kalayjian, and Nadine Kaslow called Healing Trauma with Cultural and Creative Expression. On May 20, she will do a training for students at Palo Alto University on The Arts and Trauma. She has edited three volumes published by Praeger called Whole Person Healthcare.

Anne Speckhard, PhD in 2015 formed the International Center for the Study of Violent Extremism (ICSVE), a nonprofit research org, and started the Breaking the ISIS Brand -- the ISIS Defectors Interviews Project. Since then she (along with other ICSVE staff) have interviewed 45 ISIS defectors/returnees and prisoners from Syria, Iraq, Western Europe, Central Asia and the Balkans, 12 European parents of those who went to ISIS, and two terrorist ideologues. Most of the interviews were recorded on video. The ICSVE team has been editing the videos of defectors denouncing the group into short video clips to upload on the Internet to fight ISIS's online recruiting. The video clips are subtitled in the 21 languages ISIS recruits in and have been focus tested with success in Central Asia, the Balkans, Western Europe, Jordan and the US. Our research fellows are currently focus testing them for prevention and intervention purposes, specifically with ISIS endorsers, promoters and followers on Facebook and in Telegram chat rooms. ICSVE is dedicated to breaking the ISIS brand and flooding the Internet with counter narratives to fight with what ISIS is saying about the ISIS "Caliphate" and introducing alternatives to the narratives employed by the terrorist group to attract recruiters. The project has been lauded by the White House, the US Senate, US State Department and many foreign governments as well as been covered by the Washington Post, Time magazine and in many other news networks and print outlets. ICSVE currently trains police and NGO's globally to fight ISIS. Anne Speckhard, Director of ICSVE has over the past 15+ years interviewed nearly 500 terrorists, extremists, their family members, close associates and even hostages—studying terrorist trajectories into and out of terrorism and motivations for

being involved. The Breaking the ISIS Brand counter-narrative project is being used in multiple countries to fight extremist recruitment in youth and adults—in targeted interventions with foreign fighter returnees and to monitor drivers of radicalization. Its hope is to offer a powerful tool to delegitimize terrorists groups and their ideologies and diminish social support for them globally. Dr. Speckhard is currently an Adjunct Associate Professor of Psychiatry at Georgetown University School of Medicine and can be reached at AnneSpeckhard@icsve.org. Her papers can be found at <https://georgetown.academia.edu/AnneSpeckhard>.

Serena Wadhwa, PsyD edited two volumes entitled: *Stress in the Modern World: Understanding Science and Society* (Greenwood Press). The books can be found at https://www.amazon.com/Stress-Modern-World-volumes-Understanding/dp/1610696069/ref=sr_1_2?ie=UTF8&qid=1492858030&sr=8-2&keywords=stress+and+the+modern+world.

Meredith Weber, PhD, NCSP co-authored a book with Erica Burgoon, PhD entitled *Disruptive Behavior Disorders in Children* (published by Momentum Press). Here is a link to the publication: <http://www.momentumpress.net/books/disruptive-behavior-disorders-children>. She will also be presented two “mini skills workshops” at the

National Association of School Psychologists convention in February 2017 in San Antonio. One workshop is titled “Let’s Talk Safety: Managing Child Sexual Behavior Problems in Schools” along with a student and another presenter. The other workshop is titled “Increasing Capacity to Report Child Abuse.”

Carolyn Yeager, MS is a relatively new member of Division 56 and is currently a PhD student in Clinical Psychology at the University of Colorado, Colorado Springs. She is also a computer scientist, and is interested in developing effective eHealth interventions for trauma recovery. Recently, she was awarded the Frank W. Putnam Research Award at the 2016 International Society for Traumatic Stress Studies (ISTSS) annual meeting. Recipients of the award are selected based on a research proposal deemed to have the potential to make the greatest contribution to the field of traumatic stress. Her proposal aims to further understand how individuals engage in eHealth interventions for Posttraumatic Stress Disorder (PTSD). In particular, She is interested in identifying how PTSD symptom clusters might predict how individuals differentially engage in eHealth interventions. The goal of this proposal is to understand what mechanisms would help providers tailor unique interventions for clients based on their symptom presentation. She may be reached at cyeager@uccs.edu



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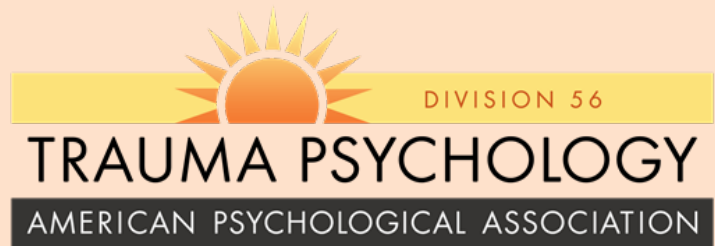
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