

## Pre-Meeting Institutes Wednesday, November 4

To register for an ISTSS Pre-Meeting Institute held on November 4, indicate which session(s) you wish to attend on the registration form and include the proper payment. Only those holding tickets for specific sessions will be admitted. Discounts are available if you register for more than one half-day Pre-Meeting Institute.

**Note:** Presenters are underlined. Technical Level is *italicized* and Potential for Participant Distress is **bold**. Discussants are *italicized*.

## Pre-Meeting Institutes Wednesday, November 4

### Full Day

8:30 a.m. – Noon and 1:30 p.m. – 5:00 p.m.

### 1 **Maximizing PTSD Treatment by Incorporating Significant Others\*** (Abstract #1058)

(Clin Res, Practice)

International C - 6th Floor

*Technical Level: Advanced*

Monson, Candice, PhD<sup>1</sup>; Stevens, Susan, PsyD<sup>2</sup>

<sup>1</sup>National Center for PTSD, Boston, Massachusetts, USA

<sup>2</sup>National Center for PTSD, White River Junction, Vermont, USA

PTSD is one of the mental health disorders most strongly associated with relationship problems. These problems can maintain or aggravate its course and interfere with successful treatment delivery. Conversely, they can be a key ingredient to improving therapy adherence, efficacy, and long-term maintenance of gains. In this workshop, we will present a model for incorporating significant others into assessment and evidence-based treatment for PTSD. Specifically, we will describe our three-stage Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD, a time-limited and problem-focused treatment designed to simultaneously improve PTSD and intimate relationship functioning, and discuss use of the three stages of the interventions. We will provide case examples, including videotaped therapy sessions, demonstrating the interventions. In addition, we will discuss the application of the therapy to different types of couples (e.g., same sex, dually traumatized) with different types of traumatic experiences, as well as specific issues that might arise in the delivery of the therapy or in incorporating significant others in assessment and treatment more generally (e.g., intimate partner aggression, substance abuse).

\* A Learning Collaborative model of consultation in this treatment will be available in 2010 to interested participants. See page 52 for details.

### 2 **Trauma and the Body: Implications for Treatment**

(Abstract #837)

(Res Meth, Clin Res)

International D - 6th Floor

*Technical Level: Intermediate*

van der Kolk, Bessel, MD<sup>1</sup>; Ogden, Pat, PhD<sup>2</sup>

<sup>1</sup>Boston University School of Medicine, Boston, Massachusetts, USA

<sup>2</sup>Sensorimotor Psychotherapy Institute, Boulder, Colorado, USA

Until the formulation of PTSD in the *DSM III* the human response to trauma always was defined as a "physioneurosis" - a reaction of the entire organism. Contemporary research amply supports that notion - trauma affects movement, perception, sensory integration, immune function, somatic functioning, heart rate variability and numerous other measures of physical regulation. Sadly, these dimensions tend to be ignored in most clinicians' training. The authors of this whole day pre-conference workshop are funded by NIH, the Center for Disease Control, the Hamilton Fish Foundation, the ANS Foundation and the Cummings Foundation to demonstrate the effectiveness of body-based techniques, including sensorimotor therapy, theater groups, yoga and sensory integration. This experiential and didactic workshop will demonstrate these evidence-based treatments and engage participants in various experiential exercises that are used in the application of these interventions to traumatized populations.

### 3 **Implementing CBT for PTSD in Clinical Practice: The Case Formulation Approach**

(Abstract #181)

(Practice, Clin Res)

International E - 6th Floor

*Technical Level: Intermediate*

Zayfert, Claudia, PhD<sup>1</sup>; DeViva, Jason, PhD<sup>2</sup>

<sup>1</sup>Dartmouth University Medical School, Lebanon, New Hampshire, USA

<sup>2</sup>VA Connecticut Health Care System, Newington, Connecticut, USA

Cognitive-Behavioral Therapy (CBT) is widely recognized as an effective treatment for posttraumatic stress disorder (PTSD). Yet clinicians often encounter challenges when implementing CBT for PTSD patients with multiple problems. As a result, some therapists question the clinical utility of CBT and are reluctant to use it for many of their PTSD patients. The goal of this institute is to enhance comfort and confidence in flexibly applying evidenced-based methods for treatment of PTSD in clinical practice with complicated patients. Participants will learn the latest findings, case conceptualization methods, and clinical tools that will help them implement CBT and optimize clinical outcomes. Participants will learn how to use a case formulation approach to conceptualize the array of difficulties faced by patients with complicated posttraumatic presentations and to develop a treatment plan tailored for each patient's problems drawing from available evidence-based strategies. We will discuss the challenges of designing treatment to address multiple problems, including whether to deliver treatments simultaneously or sequentially, using assessment data to guide treatment decisions at various stages, and revising the case formulation when treatment does not proceed according to plan. The approach to

clinical decision-making is systematic yet respectful of both the individuality of the patient and the creativity of the clinician. We will cover the fundamentals of cognitive-behavioral assessment and treatment, including the “whats,” “whys,” and “how-tos” of core CBT components. For example, clinicians will learn how to use exposure principals to guide decision making in treatment, prepare patients for exposure, select useful and appropriate stimuli for exposure, construct useful hierarchies, implement exposure, titrate anxiety, facilitate engagement and habituation, target hot spots, and integrate imaginal and in vivo exposure. We will demonstrate how to weave together therapy methods and adapt them for patients with varying trauma histories, comorbidity, and complicating life circumstances. We will guide participants through the therapy process with complex cases and offer troubleshooting suggestions and clinical tools. Case examples and sample dialogues will illustrate ways to overcome frequently encountered hurdles. We also will help therapists examine their own ambivalence about therapy procedures and prepare them to conduct treatment that is both compassionate and effective. Finally, we will discuss terminating treatment or transitioning from PTSD treatment to other goals, including determining and prioritizing treatment needs, planning for generalization and maintenance, tapering medications, and ending treatment.

**Potential for Participant Distress:** This Institute will involve frank discussion of specifics of traumatic events in patients’ lives, including graphic descriptions to illustrate therapy procedures. In addition, clinicians will be encouraged to attend to and examine sources of their own discomfort with conducting trauma-focused therapy.

### 4 **Effective Treatment for Complex PTSD Related to Childhood Abuse and Multiple Traumatization\***

(Abstract #1140)

(Practice, Clin Res)

International G - 6th Floor

*Technical Level: Intermediate*

**Cloitre, Marylène, PhD**

*New York University Child Study Center, New York, New York, USA*

This workshop will present a flexibly-applied, evidence-based 16 session treatment for adults who have complex forms of PTSD related to childhood abuse and multiple life traumas. This sequential, two-phase treatment is based in a developmental model which is sensitive to the disturbances in attachment, emotion regulation and interpersonal functioning that survivors of childhood or chronic interpersonal violence often bring to treatment. Phase 1, Skills Training in Affective and Interpersonal Regulation (STAIR) enhances day-to-day functioning by building emotion regulation capacities and interpersonal skills and provides a window of opportunity for client and therapist to develop a strong therapeutic alliance. The second phase of treatment is a modified version of prolonged exposure (MPE). After the exposure work is completed, emotions arising from the narrative are identified and modulated through grounding techniques. In addition, client and therapist review the taped narratives for interpersonal schemas about self-and-others regarding themes of rejection, betrayal, shame, failure and loss. Principles and strategies for maintaining a positive and effective working relationship with the client throughout the treatment will be discussed. STAIR/MPE has been shown to provide improvement in emotion regulation self-efficacy, anger expression, interpersonal problems, and perceptions of social support. Relapse prevention strategies which emphasize the acceptance-based emotion regulation interventions learned during the skills training will be included.

\* A Learning Collaborative model of consultation in this treatment will be available in 2010 to interested participants. See page 52 for details.

## Pre-Meeting Institutes Wednesday, November 4

Half Day

8:30 a.m. – Noon

### 5 Parent-Child Interaction Therapy: An Evidenced Based Intervention for Children With a Trauma History\*

(Abstract #145)

(Clin Res, Child)

International F - 6th Floor

**Technical Level: Intermediate**

**Gurwitch, Robin, PhD**

*Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA*

Parent-Child Interaction Therapy (PCIT) is an evidenced based treatment for young children with significant behavior problems. Recently, the Kauffman Best Practices Report cited PCIT as one of the three best treatments in the field of child abuse and neglect. Although originally developed to address externalizing problems in young children, PCIT is now being successfully used with children in foster care, adoptive and stepfamilies, and co-occurring problems like children from homes characterized by domestic violence and/or substance abuse. Behavior problems, the leading reason for child referrals to mental health services, often occur in children from these high-risk populations. The combination of behavior problems and child history impacts children's safety, physical health, and mental health; the majority of children become involved in the child welfare system. As children enter the system, they often experience additional trauma with multiple moves, as the presenting behavior problems are listed as the top reason for failed placements. Reunification may also fail as parents are ill-equipped to manage the behavioral difficulties of their children. PCIT is a relatively short-term intervention (average of 14 sessions) that involves the caregivers and the child. It consists of two phases. The first phase focuses on enhancing the parent-child relationship with other goals including: improved self-esteem, increased frustration tolerance, improved attention and concentration, and improved anger management. The second phase of PCIT addresses the implementation of a positive and effective discipline program such that minding increases while non-compliant behaviors are significantly reduced. With several decades of empirical research, PCIT has been shown to maintain gains made for over six years (longest study to date), generalize to the school setting, and generalize to untreated siblings. Measures of parenting stress, maternal depression, and child behavior problems are shown to move from the clinically significant range to the normal range by the end of treatment. In a landmark study involving PCIT with children and parents with an adjudicated history of child maltreatment, outcomes showed improved survival rates in families receiving PCIT-alone when compared with standard of care, family preservation services, and wrap-around services plus including PCIT. This workshop will provide an overview of PCIT and its use with children with trauma history. Through didactics, video-clips, and brief experiential exercises, participants will learn how PCIT can be effectively implemented to improve the outcomes in the lives of these children. The workshop will also include issues related to successful implementation of this treatment.

\* Video recording of this session will be available post-conference. See page 7 for details.

### 6 Therapeutic Applications of Meditation and Mindfulness

(Abstract #258)

(Clin Res, Practice)

International H - 6th Floor

**Technical Level: Introductory**

**Waelde, Lynn, PhD**

*Pacific Graduate School of Psychology, Redwood City, California, USA*

Meditation and mindfulness interventions have become increasingly popular in clinical settings because they are safe, feasible, and effective and may avoid the stigma associated with mental health treatment. There are indications that meditation may be beneficial for PTSD because meditation practice may directly address hyperarousal and avoidance (Waelde, 2004a, 2008). This workshop will introduce participants to the theory, research, techniques, and clinical applications of meditation and mindfulness for traumatized persons. Participants will be introduced to a Inner Resources (Waelde, 2004b, 2005), a manualized meditation intervention that has been tested for its effects on PTSD, depression, anxiety, diurnal cortisol slope, and quality of life variables in a series of clinical trials (Butler et al., 2008; Waelde, Thompson, & Gallagher-Thompson, 2004; Waelde, Thompson, & Gallagher-Thompson, 2008; Waelde, Uddo et al., 2008). We will also address considerations for implementing meditation in ethnically diverse groups and the use of meditation for therapist self-care. Participants will have the opportunity to practice the meditation and mindfulness techniques used in Inner Resources and discuss their own experiences using meditation therapeutically.

### 7 Delivery of Prolonged Exposure for PTSD: An Introduction

(Abstract #330)

(Clin Res, Practice)

Vinings I - 6th Floor

**Technical Level: Introductory**

**Foa, Edna, PhD<sup>1</sup>; Feeny, Norah, PhD<sup>2</sup>**

<sup>1</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

Posttraumatic stress disorder (PTSD) is a debilitating and chronic mental illness with lifetime rates ranging from 8%-14% of the U.S. population and 12-month prevalence rates of approximately 4%. Several psychotherapies have been shown to be effective in reducing symptoms of PTSD. Of these therapies, the efficacy of prolonged exposure therapy (PE), a cognitive behavioral therapy using both in-vivo and imaginal exposure, has been strongly replicated, and shown to be effective for various types of traumas and for men and women. Further, in comparison to other active treatment modalities, PE has consistently shown equivalent, if not greater, efficacy. Although there have been advances in disseminating PE to the community (e.g., VAs), there is still significant progress to be made. The purpose of this PMI is to provide an introduction to the rationale for and implementation of PE. We will briefly review the empirical evidence for PE, provide a general overview of PE, and focus on in vivo and imaginal exposure. To illustrate aspects of the intervention, we will show videotapes of PE in practice with real patients. Overall, we hope that this workshop will encourage practitioners to begin to incorporate this evidence-based therapy in their work with patients with PTSD and to seek more advanced training in its delivery.

**Potential for Participant Distress:** We will show video examples of treatment techniques that may be distressing to some participants.

## 8 Ethical Issues in the Daily Practice of Trauma Treatment: An Interactive Workshop

(Abstract #228)

(Soc Ethic, Res Meth)

Vinings II- 6th Floor

**Technical Level: Intermediate**

**Williams, Mary Beth, PhD, LCSW, CTS, MB<sup>1</sup>; Garrick, Jacqueline, LCSW-C, BCETS<sup>2</sup>**

<sup>1</sup>Trauma Recovery Education and Counseling Center, Warrenton, Virginia, USA

<sup>2</sup>United States Congress, Silver Springs, Maryland, USA

In order to provide the most helpful treatment to trauma survivors, practitioners of all disciplines need to be aware of the ethical issues and dilemmas relevant to the trauma field. Participants in this workshop will have the opportunity to examine their own ethical stances and value systems through a values exercise, discussion, and lecture. This workshop will examine the role of iatrogenic harm in provision of services, discuss issues of competence, identify what constitutes competent practice, allow participants to formulate and resolve ethical dilemmas that they have encountered, as well as examine the need for self care from a Constructivist Self Development Theory perspective. The primary presenter of the workshop was a member of the Ethics Task Force for ISTSS.

**Potential for Participant Distress:** The values exercised in this workshop may have a potential for minimal distress.

## 9 Preventing Psychological Distress by Advising People in a Situation of Ongoing Life Threat

(Abstract #322)

(Prev EI, Soc Ethic)

Augusta I - 7th Floor

**Technical Level: Intermediate**

**Gersons, Berthold, P.R.<sup>1</sup>; Nijdam, Mirjam J., MSC<sup>2</sup>; Friedman, Merle, PhD<sup>3</sup>; McFarlane, Alexander, MBBS (Hons) MDFRANZCP<sup>4</sup>**

<sup>1</sup>AMC University of Amsterdam, Amsterdam, Netherlands

<sup>2</sup>Academic Medical Center, Amsterdam, Netherlands

<sup>3</sup>SAITS, Johannesburg, South Africa

<sup>4</sup>University of Adelaide, Adelaide, South Australia, Australia

This PMI will focus on ways to prevent psychological distress in people who are confronted with an ongoing life-threatening situation. Our guideline for discussing this topic will be recent research on terrorist threats and close protection in politicians in the Netherlands. Following two political murders in the Netherlands, politicians under terrorist threat have been confronted with increasingly stringent security measures. Both the life threat in itself and the protective measures that are taken can influence the lives of the politicians being protected, especially if the threat level requires that close protection is introduced. Based on well-established theories of stress, trauma and coping, the psychosocial effects of terrorist threat and protection are described. Interviews with politicians show

that they can suffer from symptoms, some of which bear a resemblance to the symptoms of posttraumatic stress disorder. Furthermore, the threat and close protection may disrupt their daily functioning and that of their family and social environment. Some politicians will be more cautious to express their opinion on sensitive topics, while others may have the tendency to express stronger opinions on a specific issue. On the basis of the results of this study, Dutch politicians under threat are currently advised by mental health professionals, aimed at preventing distress and coping in the best possible way with their specific situation. This PMI will offer relevant perspectives for mental health professionals dealing with people who are in a situation of ongoing life threat. Emphasis will also be placed on recognizing distress in protection officers and other professionals whose work situation is characterized by ongoing threatening events. Also, the new role of the mental health professional as an adviser instead of a therapist will be focused on. Illustrative case examples will be presented and possible approaches for giving advice will be discussed.

**Potential for Participant Distress:** This presentation includes pictures of victims of terrorist attacks that may be distressing to some participants.

## 10 Building Effective, Self Sustaining Programs for Traumatized Children and Families

(Abstract #1087)

(Commun, Child)

Augusta II & III - 7th Floor

**Technical Level: Intermediate**

**Tombs, Anthony<sup>1</sup>; Baldwin, Heather, PhD<sup>2</sup>; Ellis, B. Heidi, PhD<sup>3</sup>; Saxe, Glenn, MD<sup>3</sup>; Gross, Steven, MSW<sup>4</sup>; Hidalgo, Jose, MD<sup>5</sup>; Beck, James, MD, PhD<sup>2</sup>; Kilkenny, Robert, EdD<sup>6</sup>**

<sup>1</sup>The Trauma Center, Allston, Massachusetts, USA

<sup>2</sup>Harvard Medical School, Boston, Massachusetts, USA

<sup>3</sup>Children's Hospital Boston, Boston, Massachusetts, USA

<sup>4</sup>Project Joy, Boston, Massachusetts, USA

<sup>5</sup>Latin American Health Institute, Boston, Massachusetts, USA

<sup>6</sup>Alliance for Inclusion and Prevention, Boston, Massachusetts, USA

Organizational biases toward psychopathology can be barriers to the creation of effective, sustainable programs serving traumatized children and their families. This type of focus often results in: 1) loss of attention to the person-as-a-whole, 2) missed opportunities for engagement, and 3) failure to integrate strength-based interventions. We present an innovative program designed to build resiliency and strength within the care of traumatized children and the organizations that serve them. We use our experience developing and implementing a model of care within the most challenging of clinical environments to teach how our approach may broadly apply to organizations that work with traumatized children. The Office of Refugee and Resettlement commissioned José Hidalgo of Latin American Health Institute to develop trauma-informed services for unaccompanied minors. The program involves the integration of two compelling and complementary models of trauma-informed care: Project Joy, developed by Steven Gross and his team, and Trauma Systems Therapy, developed by Glenn Saxe and his team at Children's Hospital Boston. Trauma Systems Therapy (TST) was developed to tackle the developmental consequences of trauma in individual children and the environmental problems that get in the way of

helping affected children regulate emotions. Even the best of interventions will be ineffective if environmental factors are not taken into account. TST has a strong systemic and organizational framework and is used by a variety of organizations across the United States. Project Joy has been developing interventions to promote playfulness in front-line providers and in the children they serve. In this model, a state of playfulness in the staff and the children they serve is the highest priority and an end in itself; playful engagement is essential in building therapeutic relationships and can serve as a powerful antidote to trauma. During Project Joy's exuberant physical play activities, staff and children safely connect, problem-solve, practice effective action and discover innate capacities for joy and creativity - factors which promote positive outcomes in the face of adversity. These two interventions take as their foci different, but complimentary, aspects of trauma. Project Joy fosters the inherent abilities to heal, while TST uses a clinical framework to target and address barriers to healing. Through the integration of these two models, a more holistic approach to addressing trauma is achieved. The trainers will share candidly their experience of "thinking outside the box" while developing this novel approach, and discuss implications for conceptualization, practice, teaching, dissemination, and evaluation.

### **NEW FOR 2009!**

ISTSS is dedicated to adding more value and opportunity to the Annual Meeting. As the field of traumatic stress continues to grow and change, so does the needs of our meeting attendees. This year, we are offering several new initiatives:

#### **Learning Collaboratives**

Extend your educational opportunities beyond the Annual Meeting. This year, two Pre-Meeting Institutes will be linked to Learning Collaboratives. These collaboratives involve follow-up group consultations via teleconference and ISTSS listserv to the PMI faculty and colleagues.

#### **Distance Learning Opportunities**

For the first time in ISTSS history, ISTSS will be capturing two Pre-Meeting Institutes on video. These will be available for purchase. Earn up to 7 CE credits!

#### **Audio Recordings**

ISTSS is going Green! We are once again producing audio recordings of every education session. This year, the recordings will be available online for download, rather than on CD-ROMs, making it easier to access and preserving resources!

Information on these new initiatives is available on Page 6.

## Pre-Meeting Institutes Wednesday, November 4

Half Day

1:30 p.m. – 5:00 p.m.

### 11 **Doing It Well and Doing It Right: An Ethics Workshop for Trauma Specialists\*** (Abstract #671)

**(Practice, Assess Dx) International F - 6th Floor**

**Technical Level: Intermediate**

**Dalenberg, Constance, PhD<sup>1</sup>; Berliner, Lucy, MSW<sup>2</sup>**

<sup>1</sup>Alliant Intern University, San Diego, California, USA

<sup>2</sup>Harborview Center for Sexual Assault & Traumatic Stress, Seattle, Washington, USA

This workshop is designed to meet the guidelines for mandated ethics training for psychologists, social workers and counselors in their work with traumatized populations. The workshop will be highly interactive, but participants' level of disclosure will be at their discretion. Each subsection of the workshop will be discussed as it applies to the treader of the child and the adult victim. The foci for the workshop will center on four areas. Competence: The concept of ethical professional behavior is intimately tied to the concept of competent practice, as all major guidelines state (including the ISTSS Best Practice Parameters, which will be a centerpiece of this workshop). But what do we believe forms the foundation of agreed-upon competent treatment? Does it mean that all must use CBT, or minimally, some form of empirically-based treatment? How broadly does one construe "empirically-based" in such a mandate? Where is the line that would define that one is not meeting this ethical requirement? Boundaries: The concept of boundaries will be defined in 3 ways, as protections for the frame of therapy that allow it to work, as historical guidelines for defining what is and is not therapy, and as personal limitations that allow a particular professional or patient to be comfortable engaging in therapeutic work. Within these definitions, boundary dilemmas and their ethical resolution will be discussed. Countertransference: The powerful connection that is formed by intimate connection with an individual in great personal distress has been honored in much of the classic literature of our own and prior centuries. The pull of this connection is great, and compassionate and reasonable therapists therefore will at times make what they believe later to be mistakes. The countertransference research literature shows that self-awareness combined with theoretical understanding of the process of countertransference can have a positive impact in protecting against those mistakes. We hope to provide some measure of the latter, and well as some ideas about pursuit of the former. Forensic ethics: The above areas become more contentious and more complicated as professionals battle out their disagreements in forensic arenas. Here the workshop participants will discuss ethical behavior in the evaluative and forensic arena. Time will be taken throughout the workshop and at the end of the workshop to discuss specific ethical dilemmas experienced by the participants.

\*Video recording of this session will be available post-conference. See page 7 for details.

### 12 **SAFETY FUNCTION ACTION for Disaster Responders: A Coach-Supported Disaster Health Training Program** (Abstract #985)

**(Disaster, Prev EI)**

**International H - 6th Floor**

**Technical Level: Introductory**

**Shultz, James, PhD<sup>1</sup>; Allen, Andrea, PhD<sup>2</sup>**

<sup>1</sup>University of Miami School of Medicine, Sunny Isles Beach, Florida, USA

<sup>2</sup>Barry University, Miami, Florida, USA

This PMI presents SAFETY FUNCTION ACTION for Disaster Responders, a disaster health training program for public health, public safety, healthcare, and mental health professionals. Features that distinguish this curriculum are: 1) training focused on "disaster health" (concept introduced in Homeland Security Presidential Directive 21); 2) integration of disaster behavioral health with public health and medical preparedness; 3) strong emphasis on practical and psychosocial support for responders; 4) parallel 6-strategy framework for use with disaster responders and survivors; 5) applicability during daily operations and disaster duty; 6) dual training on responder resiliency and survivor psychological support; and 7) structure designed for evaluation. During spring 2009, this program is being delivered to 800 public health, hospital, and first responder professionals throughout the State of Florida who agree to serve as facilitators. DEEP Center staff provides coaching support for these facilitators as they return to their worksites to immediately begin implementing the training program with members of their respective work units. Progress of facilitators and their co-workers along the SAFETY FUNCTION ACTION "pathway" of modules and activities is tracked and verified. The PMI will present an overview of the course structure and rationale. PMI participants will be introduced to the conceptualization of disaster health and review the training modules in five blocks: 1) Overview and disaster behavioral health integration; 2) PREPARE SKILLS SET, 3) SAFETY FUNCTION ACTION strategies for responders; 4) RESPOND SKILLS SET; and 5) SAFETY FUNCTION ACTION strategies for survivors. Results from the spring 2009 Florida trainings will be presented in relation to 1) facilitator evaluations of training, 2) documentation of facilitator training at worksites, 3) progress of facilitators and co-workers along the "pathway" activities, and 4) self-reported outcome measures of willingness to serve in a variety of disaster scenarios. Participants will discuss targeted applications of SAFETY FUNCTION ACTION training.

## 13 Family Systems Approaches to Trauma: Theory and Techniques for Working With Couples and Families

(Abstract #56)

(Practice, Soc Ethic)

Vinings I - 6th Floor

*Technical Level: Introductory*

**Nelson-Goff, Briana, PhD<sup>1</sup>; Schwerdtfeger, Kami, PhD<sup>2</sup>**

<sup>1</sup>Kansas State University, Manhattan, Kansas, USA

<sup>2</sup>Oklahoma State University, Stillwater, Oklahoma, USA

Couple and family problems are frequently reported by trauma survivors, both in empirical studies and clinical services. Problems reported by trauma survivors and their family members include communication, intimacy, secrecy, conflict/violence, and attachment. Despite the widespread impact of trauma on relationships, family system approaches to trauma have traditionally been viewed as an adjunct treatment. Much training has focused on individual treatments for PTSD (e.g., CBT, PE), with little training for clinicians to develop clinical skills for working directly with couple and family systems impacted by trauma. This workshop will review theoretical and clinical approaches to working with couple and family systems. Clinicians will be provided foundational skills to actively engage partners and family members in the treatment protocol, not as an adjunct treatment, but as a complementary treatment venue for working with individual trauma survivors. The presenters will describe a model of systemic trauma, based on current theories, research, and clinical experience. The Couple Adjustment to Traumatic Stress (CATS) Model includes components related to individual levels of functioning for both partners (primary and secondary trauma) and interpersonal functioning factors (e.g., marital satisfaction, power, conflict), as well as predisposing factors and resources that impact the intrapersonal and relational systems. The presentation will disseminate information regarding the presented model, the primary issues faced by traumatized systems, and methods to apply the model to empirical study of and clinical approaches with traumatized systems. In addition, the presenters will describe results from a current model-based, three-phase research project that focuses on the impact of trauma history on current relationship functioning in couples. Quantitative and qualitative data from couples with various trauma experiences indicate both positive and negative effects on the couple relationship, as well as specific mechanisms that may be unique to trauma-exposed couple and family systems.

## 14 “Listen, Protect and Connect”: Psychological First Aid for Children: Train the Trainer Course

(Abstract #527)

(Disaster, Child)

Vinings II - 6th Floor

*Technical Level: Intermediate*

**Schreiber, Merritt, PhD<sup>1</sup>; Gurwitsch, Robin, PhD<sup>2</sup>**

<sup>1</sup>UCLA CPHD/CHS, Laguna Niguel, California, USA

<sup>2</sup>Cincinnati Children's Medical Center, Cincinnati, Ohio, USA

This session provides an overview of the impact of disasters on children and families and provides the entry level “train the trainer” course for the “Listen, protect and connect” Psychological First Aid For Children program. “Listen, protect and connect” is the only Psychological First Aid strategy designed specifically for use with children. Unlike other psychological first aid strategies, “Listen, protect and connect” uses natural supports including parents, teachers, and primary care providers as the first line implementers of basic psychosocial support to children in disasters. The “LPC” PFA model also incorporates the evidence based PsySTART rapid mental health triage tag to help parents and others triage high risk children to definitive mental health care when indicated. “LPC” is featured on the US Department of Homeland Security “ready.gov” website and was sent to US school districts by the US Department of Education. “Listen, protect and connect” includes parent, teacher and health care provider versions. This “train the trainer” session enables participants to implement the model in their communities and “disaster systems of care” using the basic trainer content and related materials.

## 15 Skills for Psychological Recovery: An Evidence-Informed Intervention for Disaster/Mass Violence

(Abstract #1051)

(Disaster, Prev EI)

Augusta I - 7th Floor

*Technical Level: Intermediate*

**Watson, Patricia, PhD<sup>1</sup>; Brymer, Melissa, PhD, PsyD<sup>2</sup>; Ruzek, Josef, PhD<sup>3</sup>; Berkowitz, Steven, MD<sup>4</sup>; Vernberg, Eric, PhD<sup>5</sup>; Jacobs, Anne, PhD<sup>6</sup>; Macy, Robert, PhD<sup>7</sup>; Layne, Christopher, PhD<sup>8</sup>**

<sup>1</sup>VA Regional Medical Center, White River Junction, Vermont, USA

<sup>2</sup>UCLA, Torrance, California, USA

<sup>3</sup>VA Palo Alto Health Care System, Menlo Park, California, USA

<sup>4</sup>Yale University School of Medicine, New Haven, Connecticut, USA

<sup>5</sup>University of Kansas, Lawrence, Kansas, USA

<sup>6</sup>Terrorism & Disaster Center, Edmond, Oklahoma, USA

<sup>7</sup>CDR, Beverly Farms, Massachusetts, USA

<sup>8</sup>UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA

This PMI will offer a practical training of the Skills for Psychological Recovery Field Guide, developed by the National Child Traumatic Stress Network and the National Center for PTSD. Skills for Psychological Recovery (SPR) is an evidence-informed modular approach to help children, adolescents, adults, and families in the weeks and months after disasters and terrorism, after the period where Psychological First Aid is utilized. Skills for Psychological Recovery is a skills-training model designed to accelerate recovery and increase

self-efficacy, rather than a mental health model. This PMI will include instruction on six core empirically-derived skill sets that have been shown to help with a variety of post-trauma issues. The skill sets are meant to be used in a flexible, pragmatic manner, based on information gathered about ongoing needs and priorities. The interventions include such actions as Information Gathering and Prioritizing Assistance, Building Problem-Solving Skills, Promoting Positive Activities, Managing Reactions to Stress and Reminders, Promoting Helpful Thinking, Written Processing for PTSD/Complicated Grief, and Identifying and Maintaining Healthy Connections. Each action has been used in a number of empirically supported protocols for post-trauma intervention. This workshop will offer in-depth review and examples of each intervention, with video examples, case scenarios, role play, and practice.

### 16 **The Importance of Organizational-Level Factors in the Delivery of Trauma-Informed Interventions**

(Abstract #995)

(Practice, Child)

Augusta II & III - 7th Floor

*Technical Level: Intermediate*

**Navalta, Carryl, PhD<sup>1</sup>; Saxe, Glenn, MD<sup>1</sup>; Brown, Adam, PsyD<sup>2</sup>; Ellis, B. Heidi, PhD<sup>1</sup>; Kilkenny, Robert, EdD<sup>3</sup>; Hansen, Susan, LCSW-R, RPT-S<sup>4</sup>**

<sup>1</sup>Children's Hospital Boston, Boston, Massachusetts, USA

<sup>2</sup>Children's Village, Dobbs Ferry, New York, USA

<sup>3</sup>Alliance for Inclusion and Prevention, Roslindale, Massachusetts, USA

<sup>4</sup>Ulster County Mental Health Department, Kingston, New York, USA

The success of organizations that provide community-based mental health services is partly dictated by such higher-order factors as federal and state regulations, funding, and collaborations among service systems. A lower-order (but just as important) factor associated with success is the organization's establishment of a social context of shared clinicians' expectations, perceptions, and attitudes – key attributes that are predicted to influence the adoption of empirically-supported treatments, treatment fidelity, the relationships between clinicians and clients, as well as the availability, responsiveness, and continuity of services provided by the organization. Consistent with the socio-technical model of organizational effectiveness, we believe that a successful implementation strategy is largely dependent on the 'fit' between an organization's social context and the trauma-informed intervention that is to be delivered. To that end, this pre-meeting institute will highlight the diffusion of an innovative, empirically-supported treatment model, Trauma Systems Therapy (TST), to meet the mental health needs of children and youth exposed to traumatic events. Presenters from disparate types of organizations (i.e., academic health center, county mental health department, residential facility, school-based agency) will discuss how unique aspects of their organizations influenced (positively and negatively) the initiation, maintenance, and ultimate long-term sustainability of a TST program. Such factors will include organizations' infrastructure, culture, connections with community stakeholders, finances, and interagency collaborations. In sum, the discussion will illuminate that any trauma-informed intervention is effective only if the intersection of the treatment itself and the organization that provides the treatment is successfully navigated.

**Stay for the Saturday Evening 25th Anniversary Celebration and Saturday Afternoon Master Clinician Demonstrations!**