

THHC Researchers Investigate the Impact of Wildfires on California Residents

By Margaret "Mimi" Morison

In December 2017, residents of Santa Barbara and Ventura County were evacuated due to the incoming Thomas fire, which destroyed 1,063 structures, and became the largest wildfire in modern California history. Many of the 104,607 residents evacuated more than once. In early 2018, southern Californians experienced deadly mudslides in Montecito, which killed 23 people and left many without homes. To examine the impact of these environmental disasters on how individuals cope, UCCS's Dr. Charles Benight, in conjunction with University of California Santa Barbara's Dr. Erika Felix, is utilizing innovative, technology-based assessments from affected California residents.

In this National Science Foundation funded study, individual adults and parent-child dyads from the affected areas are asked to take part in completing a variety of self-reports regarding their experiences during the disaster, their perceived coping abilities (i.e., coping self-efficacy), sleep quality, stress, family

functioning, and posttraumatic growth. Participants complete self-reports at baseline, six week, and six month timepoints, as well as daily throughout the first month of the study via a smart phone app. They are given the option to allow the app to unobtrusively capture smartphone sensor data (e.g. gps, phone call length, number of texts, ambient light, etc.) Participants also have the option to record themselves in a video if they find themselves having a particularly difficult day, further elaborating on how their symptoms post-disaster are affecting their lives.

This study allows researchers to evaluate how disaster survivors are coping across time. The hope is that this information will provide more detailed understanding in order to develop effective support for those in need.

Indeed, the current approach to disaster mental health is coordi-

nated primarily from the Substance Abuse and Mental Health Services Agency (SAMHSA) as a subsidiary of FEMA. The crisis response that is typically conducted provides resources outreach to the effected community in order to offer them opportunities to get help. SAMHSA is very clear that they do not provide mental health counseling or therapy as part of this process. There is often coordination between local mental health providers and this process when available in order to facilitate linkages to on-going care if needed. The current study that is being conducted may provide a way to determine who is in more need earlier and perhaps what would be good to target in offering them help. But this remains to be seen until the data are crunched!



Special points of interest:

- Innovative THHC technology aids trauma recovery from California Wildfires
- UCCS honors Janet Fritz
- Director's Corner: The Impact of Sexual Assault

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Janet Fritz, VHTC Business Services Program Manager

VHTC's Janet Fritz awarded Employee of the Quarter distinction

By Lori Bryan, PhD

We are so pleased to share that the Veterans Health & Trauma Clinic's own Janet Fritz was selected as UCCS Employee of the Quarter for April-June 2018. Janet's official title is business services program manager, but every day she goes above and beyond that role for her co-workers and for the veterans seeking care at the VHTC.

Janet's dedication to VHTC clients is apparent in her tireless efforts to make sure clients understand their insurance benefits. She spends hours connecting with insurance companies to

ensure that ongoing clients continue to receive coverage for the specialized trauma mental health services offered at the VHTC.

Janet always has a smile and helps create a warm, welcoming environment for clients, community partners and her fellow co-workers.

Janet's accomplishment was highlighted in a recent issue of the UCCS Communique (click [here](#) for article).

Congratulations, Janet! We are very fortunate to have you on our team.

Trauma Psychology PhD Program Welcomes New Class

By Lori Bryan, PhD

The UCCS Trauma Psychology PhD Program welcomed its fourth incoming class this Fall, 2018. Sophie Brickman, Danielle Correll, and Julie Hurd were selected from a pool of 175 applicants.



Sophie Brickman completed her BA in psychology and Health, Science, Society and Policy from Brandeis University. Prior to her UCCS graduate studies, she was a research assistant at McLean Hospital and the Israel Center for the Treatment of Psychotrauma. Sophie will be

mentored by Dr. Kristin Samuelson and her interests include emotion regulation and post-traumatic growth after both war/terrorism and interpersonal trauma.

Danielle Correll completed her BS in psychology at Idaho State University and received her MA in clinical psychology with an emphasis in



trauma from UCCS. Dani is entering the program as a third year PhD candidate and is currently working with Dr. Kristin Samuelson with research interests involving chronic pain, trauma, and neuropsychological functioning, with broader interests encompassing mind-body relations after trauma.

Originally from Marshalltown, IA, Julie Hurd received her BA in Psychology from the University of Northern Iowa and her MS in Psychology from Arizona State University. She has worked with a number of trauma populations including military, sexual/domestic assault, human trafficking, and asylum seekers overseas. She hopes to continue this work with her mentor Charles Benight, specifically with individualization of trauma treatment; understanding unique shifts or qualities contributing to recovery.

Welcome Sophie, Dani, and Julie!



Evidence-based treatments for Posttraumatic Stress Disorder

By McKenzie Lockett

Most people have either heard about or read about PTSD in today's popular culture. What many people do not know is what specific interventions are available for helping someone with PTSD. In this short article, I first review what PTSD is exactly followed by a short excursion into the primary treatments for this significant challenge that many trauma survivors face.

Posttraumatic Stress Disorder (PTSD) is a psychological disorder that can develop after a person experiences a life-threatening or seriously harmful event. PTSD symptoms include intrusive memories, avoidance of trauma-related reminders, experiencing negative beliefs and emotions, and increased anxiety and arousal. PTSD is often associated with depression, impaired social functioning, and a variety of health problems, including heart disease.

Because of the seriousness and breadth of PTSD's impact on functioning, a great deal of research has focused on identifying successful treatments. These treatments are called *evidence-based treatments*, which refers to interventions that have been rigorously studied and determined to be effective at reducing PTSD symptoms and helping people to recover. The Department of Veteran Affairs have recommended three psychotherapies as treatments for PTSD: Prolonged Exposure Therapy, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing (EMDR).

Prolonged Exposure aims specifically to help traumatized individuals "process" the difficult and intense memories and emotions they experience when they are reminded of their trauma. Patients confront their traumatic memories in two ways – by discussing it with their therapist and by facing real-life reminders of their traumatic memories. By addressing reminders and memories of one's trauma safely (when there is no real possibility of harm and danger), intense and difficult emotions associated with the traumatic memories can be managed, which then decreases PTSD symptoms. In essence we would refer to this as habituating to the memories and emotions in a specified way.

Cognitive Processing Therapy targets negative beliefs and thoughts regarding someone's traumatic experience that might be promoting PTSD symptoms and interfering with recovery. Survivors identify the ways that their traumatic experiences have affected their thoughts and beliefs, and how this has affected their behavior and emotions. These problematic thoughts and beliefs are challenged and modified through thinking exercises, writing exercises, and worksheets. Cognitive Processing Therapy can include an exposure to the trauma memory similar to the prolonged exposure described above.

EMDR is another evidence-based treatment for PTSD that focuses on the emotions and beliefs associated with traumatic experiences. During EMDR a patient works with the therapist to identify a set of memories or intense emotions that relate to the traumatic experience and then works through the experience.

While focusing on specific, distressing aspects of their traumatic experiences, patients engage in *bilateral stimulation*, a technique that involves some kind of movement or stimulus occurring in a rhythmic, side-to-side pattern. This technique helps survivors process their traumatic memories and gain a new perspective on what happened to them.

Though there is strong research evidence for each of these therapies, more remains to be understood about PTSD and its treatment. Current research aims to understand how these treatments might help some people with PTSD more than others. For some survivors, these types of therapies are difficult to stick with, resulting in about a 25% to 30% dropout rate.

New and exciting innovative therapies are currently being evaluated such as Narrative Therapy, Acceptance and Commitment Therapy, Skills Training for Affective and Interpersonal Regulation Therapy, to name a few. Lastly, novel technology based treatments for PTSD have also received good evidence for enhancing recovery. Collectively, the take home message is that several well studied and supported therapies exist to help trauma survivors.

Director's Corner

By Charles C. "Chip" Benight, PhD

This Director's Corner was supposed to be about our deployment of the My Disaster Recovery website to help the Sonoma County wildfire recovery. Yet, the recent gut-wrenching testimony by Dr. Blasey Ford detailing her sexual assault, and the subsequent outpouring of pain by other survivors convinced me that the most important thing I can do with this space is share important information about the impact of sexual assault.

Sexual assault is much more common than most people realize. Why is this? Because admitting to oneself or, even more daunting, to the world that you have been physically violated is extremely hard to do. The President of the American Psychological Association, Jessica Henderson Daniel, PhD, recently stated "Sexual assault is likely the most under-reported crime in the United States. About two-thirds of female sexual assault victims do not report to the police, and many victims do not tell anyone. Sexual assault is a terrifying and humiliating experience. Women choose not to report for a variety of reasons — fear for their safety, being in shock, fear of not being believed, feeling embarrassed or ashamed, or expecting to be blamed."

I wish, just for one moment, that all of us could just take a moment to breathe and think about what it must be like to go through such an ordeal. One day you wake up and everything is normal. You go out on a date with someone you trust (indeed most rape is perpetrated by individuals the survivors know). A few hours later your life is completely turned upside down. Your most basic belief that your body is your own and others will respect that is completely shattered. Someone has taken that away from you. On top of that, if you do share this with others, the probability is quite high that your own actions will be called into question. Were you drinking? Were you leading him on? Etc. What would you do?

Shame, humiliation, and fear are very strong emotions that envelope many survivors adding to the already intense traumatic stress reactions such as extremely intense intrusive thoughts about what happened, hyper-arousal, etc. You want nothing more than to rewind your life and have things as they were before this happened. But, you cannot rewind. You must find the strength to move forward. Indeed, what I think is missing from this entire discussion is the incredible strength that these survivors demonstrate by moving on with their lives becoming wives, mothers, grandmothers and all the while shouldering the weight of this experience.

Someone said after the testimony last week by Dr. Blasey Ford that it wasn't that many don't believe her (although some will say this), but that they simply don't care. Having treated survivors of sexual abuse and sexual assault in my career these survivors do not want sympathy, they want respect. All trauma survivors need support from the culture around them in the form of respect and willingness to witness their stories. When this happens, people will heal. When it does not, people often suffer in silence.

Judith Herman wrote elegantly about this in her book *Trauma and Recovery* (1992). She stated: "To study psychological trauma means bearing witness to horrible events. When the traumatic events are of human design, those who bear witness are caught in the conflict between the victim and the perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides. It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear and speak no evil. The victim, on the contrary asks the bystander to share the burden or pain. The victim demands action, engagement and remembering. After every atrocity one can expect to hear the same predictable apologies: it never happened, the victim lies, the victim exaggerates, the victim brought it on herself and in any case there is time to forget the past and move on. The more powerful the perpetrator the greater is his prerogative to name and define reality and the more completely his arguments prevail. In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation and denial are phenomena of a social as well as individual consciousness".

I couldn't have stated this better myself. Those of us who work in the field of trauma work to bear witness to survivors' pain, struggle, and resilience. As a society it is time for all of us to stop the denial of the reality of sexual assault. We cannot repress the pain that we directly observed in Dr. Blasey Ford's words. We must let survivors know we are not forgetting them! We do care.



Dr. Benight is the Director of the Trauma, Health & Hazards Center, Chair of Veteran Health & Trauma, and Professor of Psychology.