

Program Abstracts and Information about Authors

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בית הספר לעבודה סוציאלית ולרווחה חברתית ע"ש פאול ברזוואלד באוניברסיטת העברית בירושלים
Paul Baerwald School of Social Work and Social Welfare at the Hebrew University of Jerusalem
مدرسة الخدمة والرعاية الاجتماعية على اسم بول بروالد الجامعة العبرية في القدس

Herzog
The Israel Center
for the Treatment of
Psychotrauma
הרצוג
המרכז הישראלי
לטיפול
בפסיכטראומה

international conference focusing on

**Trauma through the
Life Cycle from a
Strengths-Based Perspective**

טראומה במעגלי חיים

الصدمة النفسية في مراحل الحياة



8-10 January 2012

The conference will be held at Mt. Scopus Campus,
Hebrew University of Jerusalem

<http://traumaconference.huji.ac.il>

Program Abstracts

First Day: Sunday, January 8, 2012

Keynote Speaker: Dr. S. Lala Ashenberg Straussner, Professor and Director, Post-Master's Program in the Clinical Approaches to Addictions, Silver School of Social Work, New York University. Presentation Title: "Trauma through the Life Cycle."

Trauma is pervasive in the world today and its effects are experienced by many communities, families and millions of individuals ranging from those in utero to the elderly. The wide scope of traumatic events ranges from single event individual, family, group and community traumas, such as natural and human-caused disasters, to ongoing complex traumas including interpersonal violence, ongoing wars and terrorism. This presentation will provide an overview of the impact of trauma utilizing a life cycle view and focusing on traumas commonly encountered during childhood, adolescence, adulthood and late life. In light of the theme of this conference, the issue of resilience or strength-based perspective will be explored and its implications to clinical practice with traumatized populations will be discussed.

(i) **The Impact of Traumatic Events on the Family**

(a) **"The Effects of Traumatic Events on Couples: A New Perspective."**

Rachel Dekel, School of Social Work, Bar-Ilan University, Ramat-Gan, 9500, Israel,

Rachel.dekel@biu.ac.il; Michal Shamai, School of Social Work University of Haifa Mount Carmel, Haifa, 31905, Israel, michals@research.haifa.ac.il

Existing studies on the effects of traumatic events on couples have focused mainly on understanding the effects on each of couple as individuals. This is true whether only one partner has been exposed to the traumatic event, as well as, both partners have shared the actual event. Relatively few researchers, however, have investigated how partners cope with the stressors they face as a couple, or how the coping efforts of each mutually influence the other.

The aim of the current symposium is to explore the effects of traumatic events on processes of dyadic coping and adjustment. The importance of taking into account the couple's perspective will be reviewed. In addition, the presenters will share results from several studies, exploring dyadic coping and adjustment in the aftermath of various traumatic events that have taken place in recent years in Israel: The Second Lebanon war, the relocation from the Gaza Strip and the Kassam missile attacks in the south of Israel. Finally, each presenter will relate to the unique challenges in conducting research with couples and analyzing qualitative and quantitative dyadic data. We suggest that applying a couple's perspective is imperative to a better understanding of the mechanisms of individual adjustment after a traumatic event.

Professor Rachel Dekel will present results from several quantitative studies which have been conducted with various colleagues regarding the adjustment of couples after the Second Lebanon war and the relocation from the Gaza Strip. Applying dyadic data analyses, these studies explore the interdependence and mutual influences among partners with regard to their level of adjustment as well as their coping efforts and resources.

Professor Michal Shamai will focus on the effects on couples of continuous traumatic exposure, following the exit of troops from Lebanon or the Kassam missile attacks in the south of Israel. These qualitative and quantitative studies, provide an understanding of the effects on the adjustment of each of the partners, both at the individual level and the couple's level, and even at the parental level.

(b) **"The Chronological Map of Trauma in Families."**

Alan J. Flashman, Adjunct Faculty, Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Israel, aflashman@gmail.com

A traumatic event sets the emotional clock of a family in two ways. First, the present meaning of the trauma is determined by the emotional and systemic issues with which the family is coping at the time the trauma is sustained. Second, these meanings will then determine future emotional and systemic crossroads at which these meanings will be reopened for further growth. The goal of this paper is to present Bowen theory regarding changes in level of differentiation in families as a useful framework for understanding and predicting points of vulnerability and opportunities for growth during the family life cycle. Trauma will be approached both as a burden to sustaining differentiation and as an opportunity for forward development. Post-trauma treatment strategies will be examined with regard to their attention to and impact, knowing and unknowing, on differentiation. Changes in differentiation will be correlated with regulatory and inter-subjective foci of interaction within families. Clinical note will be made of the many stages in trauma treatment, often stressing regulation but requiring attention to renewed inter-subjective activity over time.

The author draws upon clinical and social experiences with Holocaust survivors and their families, Israeli and Palestinian families traumatized in the Mideast conflict, and in community work with survivors of motor vehicle accidents. Attention will be given to the teaching and supervision of trauma treatment, including the cognitive and emotional obstacles to achieving recognition of the life-cycle-long chronology of the impact of trauma and its meanings.

(c) **"Playing with Fire: An Empirically Supported Play Intervention for Toddlers and Families under Rocket Fire."**

Esther Cohen, Hebrew University School of Education, msest@mscc.huji.ac.il; Ruth Pat-Horenczyk, Herzog Hospital's Israel Center for the Treatment of Psychotrauma in Jerusalem and the Hebrew University, School of Social Work and Social Welfare, mshoren@gmail.com

Playful interactions with significant adults and symbolic play help in healing children's trauma. However, trauma often sabotages the ability of children to engage in imaginary play and the ability of parents to partake in playful interactions.

This panel will focus on an innovative preventive intervention NAMAL (Hebrew acronym for Let's Make Room for Play) designed for traumatized families and implemented with mothers and toddlers living under the chronic stress of recurrent missile attacks in the area of Sderot. Theory and research relevant to the phenomena of "play" and "playfulness" will be presented examining their role in the development of resilience, providing the rationale for the intervention. The challenges in designing the format and content, and the process of recruiting and conducting the 10-session group intervention programs will be discussed.

Project objectives include:

Provide opportunities for mutual enjoyment in parent-child multi-modal interactions as respite from stressful daily life.

Raise parental awareness to their central role in building the child's sense of security, uniqueness, trust and self-reliance.

Educate about the importance of supporting the expression and regulation of emotions; teach reflection and soothing skills.

Sensitize parents to their role in supporting child's curiosity, creativity and imagination through play and playfulness.

Help process feelings related to traumatic events, create a coherent and empowering narrative and increase the sense of competence.

Special program features will be discussed including "Playing with Sayings"- The themes and activities of each session are organized around one or two sayings (proverbs) that carry a relational or developmental message, applying symbolic communication and playfulness

The project is accompanied by Research and Evaluation tools administered before and after the intervention.

Initial Findings:

Significant associations between mothers' PTSD symptoms, parenting stress and toddler's behavior problem. High levels of mothers' satisfaction and reports on changes in parent-child interaction.

Participation in the group program enhances feelings of parenting satisfaction and efficacy (no change in stress). The level of behavior problems (including PTSD symptoms) in the toddlers decreases significantly following the intervention

Implications:

For building resilience in young children through bolstering playfulness in parent child relationships will be discussed as well as new adaptations of the model to other at-risk populations.

(ii) Effects of Prolonged Exposure to Acts of Political Violence Across Culture

(a) "Social Work Education in Trauma Following Political Conflict: Learning from Service Users, Social Workers and Faculty."

Joe Duffy, Queen's University, Belfast Northern Ireland, joe.duffy@qub.ac.uk; Orit Nuttman-Shwartz, School of Social Work Sapir College, Hof Ashkelon, Israel, orits@sapir.ac.il; Itzhak Lander, Sapir College, Hof Ashkelon, Israel, Larrie@zahav.net.il

The contemporary world is characterized by ongoing terror, wars, and ethnic conflicts that primarily harm civilian populations. These situations raise huge challenges for social workers to be prepared to deal with traumatic situations before, during and after the events.

The current panel proposal wants further to explore the role of the social work education process in preparing young professionals to deal with the challenges accompanying the social work role in supporting victims and survivors of trauma. Firstly, Mr. Joe Duffy will outline the findings from research he conducted in Northern Ireland in 2006 which initially made recommendations about the contributions that service users and carers could make to helping social work students understand the impact of political conflict through the sharing of their lived experiences in the social work curriculum. He will then discuss the recent 2011 findings from the evaluation of a European Union PEACE III funded initiative in Queen's University, Belfast, where victims and survivors of Northern Ireland's political conflict, bereaved or traumatized through violence, have been working alongside social work academics in teaching social work students about the skills, knowledge and insights that they need when in the role of providing support and intervention to service users and carers who have been directly/indirectly impacted by conflict.

In addition, Professor Orit Nuttman-Shwartz will present a teaching model, based on research she has undertaken in Israel, in which she examines the issues involved in working in a shared traumatic situation where the service users and the social workers are exposed to the same threats. The final contribution in this panel will involve Dr. Itzhak Lander sharing his innovative work on forgiveness education and forgiveness practice and the contribution of such approaches in helping especially to deal with the trauma aftermath and in enabling reconciliation.

(b) "Safe Haven: Coping with Losing One's Home Through Demolition in a Conflictual Multicultural Context."

Dina Ben Ezra, dinaben2002@yahoo.it; Michal Gatenio-Kalush, micaahlgak@gmail.com; Laieth Gayousi, laieth.gayousi@mail.huji.ac.il; Ibtisam Marey Sarwan, ibtisam.marey@mail.huji.ac.il; Hebrew University, the Safe Heaven Team; Nadera Shalhoub-Kevorkian, Hebrew University School of Social Work and Social Welfare and Faculty of Law, Department of Criminology, msnadera@mscc.huji.ac.il

Presentation and Research Background:

The panel we propose deals with three cases of home demolition: the Gaza Strip settlers (two presentations), the Bedouin villages in the Neguev, and the case of home damaging in Palestinian towns in the Northern Israel during the Second Lebanon War. Four students, Michal Gatenio- Kalush, Laieth Gayousi, Ibtisam Marey Sarwan, and Dina Ben Ezra will present their researches, being Dr. Nadera Shalhoub-Kevorkian the discussant of the panel.

Loss and Demolition of the Jewish settlers' homes in Gush Katif

During the Israeli disengagement from the Gaza strip in August 2005, about 1.800 Jewish families were obliged to leave their personal and social life spheres. The families had to cope with significant simultaneous losses: the destruction of their homes; the loss of the geographic and historical space of their families and communities; the loss of employment and income; the loss of the community network; the loss of social legitimacy, trust in and feeling of belongingness to the Israeli state and its institutions.

Michal Gatenio- Kalush researched Gush Katif's settlers' children in early childhood who were evacuated from their homes. In her presentation, she focuses on the peculiar meaning given by the young children to their home, voices the experiences of the loss, and sheds light on the coping strategies, including the sources of strength and resilience.

Dina Ben Ezra researched settlers' adults from Gush Katif. In her presentation she makes a link between the meaning attributed to the concept of home, the experience of its loss, its narrative, and the coping strategies adopted by the settlers, showing that wide range of coping strategies which culminate in post-traumatic growth.

Home demolition in the unrecognized Bedouin villages in the Neguev area

Laieth Gayousi researched Bedouin adolescents from 32 unrecognized villages in the Naqab area. In his presentations he points out the factors that were associated with higher levels of PTSD, the coping strategies and sources of support that were used by the adolescents, as well as occurrences of post-traumatic growth.

Home damaging in Palestinian towns in Northern Israel during the Second Lebanon War

Ibtisam Marey Sarwan researched Israeli Palestinian citizens whose houses were damaged by Hezbollah attacks in Northern Israel during the Second Lebanon War in 2006. In her presentation she shows how the political-historical background of Israeli Palestinians has an impact on the meaning attributed to home, the experience of its demolition, and the following coping strategies.

(iii) Trauma and Psychological Distress

(a) "Resilience and Vulnerability after Seven Years of Continuous Rocket Fire: A Comparative Study of Four Communities."

Gelkopf Marc, Department of Community Mental Health, University of Haifa, emgelkopf@013.net.il; Rony Berger, Department of Emergency Medicine and PREPARED center for Emergency response Research; Ben-Gurion University of the Negev, Beer-Sheba, Israel, riberger@netvision.net.il; Roxane Cohen Silver, Department of Psychology and Social Behavior and Department of Medicine, University of California, rsilver@uci.edu

Many communities across the world are chronically exposed to extreme violence. Responses of residents from a city and rural community in Southern Israel, both exposed to 7 years of daily mortar fire, were compared to residents from demographically, socioeconomically and geographically comparable non-exposed control samples to examine predictors of resilience and vulnerability to chronic war-related attacks. Samples from a highly exposed city (EC, Sderot) and a highly exposed rural community region (ERC, Otef Aza), along with a demographically comparable comparison non-exposed city (NEC, Ofakim) and non-exposed rural community region (NERC, Hevel Lachish), were obtained using Random Digit Dialing (RDD). In total, 740 individuals (81.8% participation rate) were interviewed about trauma exposure, mental health, functioning and health service utilization. In the EC of Sderot, 97.8% of residents had been in close proximity to falling rockets; in the ERC of Otef Aza, 95.5% were similarly exposed. Despite exposure to chronic violence, residents in the exposed rural community region demonstrated high levels of resilience: only one person (1.5%) reported symptoms consistent with probable PTSD. In contrast, posttraumatic stress (PTS), distress, poor functioning and medical utilization were substantially higher in the EC of Sderot than the other three communities. Lack of resources was associated with increased vulnerability among city residents; predictors of PTS across all samples included being female, older, directly exposed to rockets, history of trauma, suffering economic loss, and lacking social support. Increased community solidarity, sense of belonging and confidence in authorities may have served a protective function for residents of rural communities, despite the chronic attacks to which they were exposed. Clinical and policy-related implications will be discussed.

(b) "Expanding the Bio-Psycho-Social Model of Care to Include Spiritual Care in Face of Trauma through the Life Cycle."

Elisheva Flamm-Oren, UJA Federation of New York, Israel Office, Flamm-Orene@ujafedny.org.il; Dvora Corn, Life's Door- Tishkofet, Israel, pcorn@netvision.net.il; Adi Samson, Avi Hayishuv Rabbinic Training Program and Israel Spiritual Care Network, a_samson@netvision.net.il

Over the past six years, UJA-Federation of New York has launched and shaped pioneering work in the field of Jewish Spiritual Care (JSC) through twenty Israeli providers. Through this initiative, we have introduced over ten thousand health and human service professionals and recipients to Spiritual Care training and care. This initiative has aimed to expand the traditional bio-pycho-social model of care to include a spiritual component, recognizing that individuals facing naturally occurring life cycle transitions as well as traumatic events can gain tremendous benefits from a more holistic approach. This has been accomplished by developing training for a cadre of professional spiritual care providers to join existing multi-disciplinary teams offering care in a variety of settings, as well as providing exposure and basic tools to teams of social workers and other helping professionals to expand their own language and tool kit to include spiritual care components. With support from the Federation, the agencies have come

together to establish the Israeli Jewish Spiritual Care Network (IJSCN), a platform for national and bi-national interagency collaboration. Beyond the primary benefit of enhancing training and providing service, the Network has created a compelling mechanism for dialogue among Israelis and between Israelis and North American organizations that is looking at advancing professional advancement and accreditation, empirical research and practice guidelines. This session will shed light on expanding the models of trauma care throughout the life cycle, as well as the networking process- its multiple layers and the unique relevance to transatlantic partnerships.

(c) "Is it Adaptive to Forget the Impact of the Trauma? Examining Modifications in Trauma-Memory in PTSD."

Sharon Dekel, Bob Shapell School of Social Work, Tel-Aviv University, dekel.sharon@gmail.com; Zahava Solomon, Bob Shapell School of Social Work, Tel-Aviv University, solomon@post.tau.ac.il; George Bonanno, Teachers College, Columbia University, New York, mct27@columbia.edu

The autobiographical memory for the trauma is a hallmark in PTSD. Recent studies show that memory for ordinary events undergoes ongoing re-consolidation nevertheless, how trauma-memory changes over time remains unclear. We examined trauma recollections of a sample of high exposure survivors of the September 11th terrorism attacks (N=65), 7 and 18 months post 9/11(study I), and recollections of a sample of Yom-Kippur Israeli former prisoners of war (N= 164), 18 and 35 years following the war (study II). Participants completed self-report questionnaires and generated narrative accounts of their experiences. Results indicated that negative recollections of the traumatic event predicted subsequent PTSD above and beyond the initial presence of PTSD symptoms. Moreover, changes in the memory over time were a stronger predictor of PTSD than initial recollections. While individuals with chronic PTSD recalled their experiences as increasingly more negative, those exhibiting a resilient-recovered trajectory created more benign accounts over time. The findings underscore the pathogenic effects that the memory for the trauma has in the maintenance of PTSD. Modifications in the memory seen in spontaneous recovery should be implemented in psychological and pharmacological treatment interventions for PTSD.

(d) "The Half Full /Half Empty Cup: Vulnerability and Resiliency One Year after a War."

Shaul Kimhi, Department of Psychology at the Tel Hai College in Upper Galilee, Israel, Shaul@shamir.org.il

Much research seems to indicate that there are two major perspectives of the impact of stress on human beings: (a) The vulnerability perspective or the half empty cup referred to also as the diathesis-stress model. (b) The resiliency perspective or the half full cup. The current paper mainly contends that in most cases of human coping with potentially traumatic events, it is possible to identify both resiliency as well as vulnerability. The question of which one is more salient is left open to the readers as well as to the writer.

The current paper exemplifies the above contention based on a large scale research project that took place in the Israeli town of Kiryat Shemona, situated near the Lebanese border. Two large groups were studied: (a) School students (n = 820) (b) Adults (n = 870). We measured two possible war outcomes (level of return to normal daily life and stress symptoms), sense of coherence as well as three indirect antecedent variables (gender, exposure to stress and economic conditions). Analysis of our data indicated that one year after the end of the war both resiliency and vulnerability perspectives could be

supported without mutual exclusivity. Each of the two perspectives represents a different interpretation of the same data. These different perspectives are the focus of the current paper.

(iv) Interventions with Grieving and Traumatized Children

(a) "When the Worst is Happening": Treatment for Children Who Lost Both of their Parents During a Car Accident."

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The death of both parents unexpectedly during a car accident, is considered as a traumatic event that is very difficult to deal with. The affects of the death of both parents continues over a long time and includes the children who survive and the related family who takes the children under its supervision. Our clinic received, to psychological- rehabilitation treatment, four different families of children aged between two and nine years old, who lost both of their parents during car accidents. All the children were present during the accidents and most of them were also injured.

The children and their foster parents, who in these cases are relatives of the deceased parents, go through difficult and complex crises which include, at the same time, bereavement reactions, post traumatic symptoms, rehabilitation from injuries and adaptation problems with the other family members.

Researches have emphasized the affects of one parent's death on children and the whole family, and found that this traumatic event can bring serious psychological and social distress to bereaved children and their families (Dowdney, 2000). But in the literature there are few studies that discuss such a difficult trauma and its implication on children in the short and long term.

During our lecture we will present the literature about children's traumatic grief processing following the death of one parent and both parents. Also we will present the clinical work in our clinic which will include overviews on the treatment starting from the evaluation stage through the psychological processing. We will refer to many conflicts that arose during the processing, such as: Are we capable of helping? Do they need help? Who is the client for treatment? Where to treat them and for how long? Can we evaluate the results of the treatment in the short and long time?. And we will describe the type of intervention and their effectiveness in the different aspects from individual, family, school, community and the media influences.

(b) "The Long-Term Effects of a Present-Absent Father on the Children of POWs."

Smadar Ben-Asher, Mandel Leadership Institute in the Negev, and Ben-Gurion University, Israel, bsmadar@gmail.com; Ronit Shalev, Center for Academic Studies, Or Yehuda, Israel

The captivity period has been described, as have the effects of captivity on the soldiers and their families, with a focus on the stress that followed. Only recently has a new voice begun to be heard: that of the POWs' children who grew up during their father's absence, which influenced their personal and interpersonal development and their world-view, following the period in which they grew up in the shadow of their present-absent father.

The present study employed in-depth interviews with 14 children of POW's whose fathers were taken prisoner and remained in captivity in Egypt from 1969 to 1973. A joint meeting was then held

using the focus group method. The individual interviews and the meeting of the focus group were all recorded and transcribed.

Six main themes emerged from the qualitative material obtained, which form the continuum on which the experience of the father's absence is examined: (1) The moment the world changed - when the announcement was received; (2) The captivity period; (3) The mother's growth and empowerment during the captivity period; (4) The father's return - from the dream to the reality of the adjustment crisis; (5) Growing up in the shadow of the heroism myth and the paradox of failure; and (6) The silence concerning the captivity period after the father's return.

The study's findings indicate long-term effects of the captivity on the children of POWs, and that an inner formative experience associated with the period of the father's absence remains despite his return. The findings are explained by means of ambiguous loss theories (Boss, 1999, 2004, 2006), and some by loss and bereavement theories, such as the Two-Track Model of Bereavement (Malkinson & Rubin, 2007).

Recommendations emerge from the study for ambiguous loss to be recognized as a stress situation, and for professional and social assistance to be provided for the family in building a life routine that does not freeze, but continues during the father's absence and after his return.

(c) **"Cross-Cultural Comparison of Community Violence Exposure and Posttraumatic Stress Disorder in Adolescents in Israel."**

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Background and Purpose:

Youth community violence exposure (CVE) includes victimization, perpetration, witnessing, or possessing knowledge of others' victimization in community settings (Guterman & Cameron, 1998). Youth CVE has been shown to be a problem in many national contexts (e.g. Ward et al., 2001; Vermeiren et al., 2003) and is linked to negative internalizing and externalizing symptoms (e.g. depression and anxiety) and mental disorders (e.g. post-traumatic stress disorder, PTSD) (Buka et al., 2001). Recent research shows that rates of CVE and mental health sequelae differ by race/ethnicity (e.g. Chen, 2010), yet cross-national and cross-cultural comparisons of youth CVE and PTSD are lacking. This study examines the relationship between CVE and PTSD cross-culturally, while controlling for socio-demographic variables (e.g. age, gender, father education), in sample of Arab and Jewish adolescents in Israel.

Methods:

In school surveys were completed by 1573 Arab (n = 751) and Jewish (n = 822) high school students in their first language (N=1835). Surveys included an adapted version of the My Exposure to Violence Scale (MyETV) measuring self-reported life-time exposure and exposure over the last year to community violence, and the UCLA PTSD Index assessing PTSD symptoms. To compare rates of CVE and PTSD scores cross-culturally, chi-square and one-way ANOVAs analyses were conducted.

To explore the strengths of bivariate relationships between CVE, PTSD, and socio-demographic variables for Arab and Jewish adolescences, Pearson-r correlations were conducted. To assess ethnicity as a predictor of PTSD while controlling for socio-demographic factors and CVE, multiple ordinary least-squares regression equations were analyzed for 1) the total sample, 2) the Arab sub-sample, and the 3) Jewish sub-sample.

Results:

High rates of CVE were reported: 93% of Jewish and 87% of Arab youth report witnessing CVE and 52% of Arab and 39% of Jewish youth report victimization through CVE. Multiple regression analyses reveal that race/ethnicity significantly predicts PTSD when controlling for socio-demographic variables and CVE.

Victimization through CVE accounts for a greater amount of the explained variance in PTSD symptoms for Jewish adolescents (9%) than Arab adolescents (4%). When victimization is not included in the regression model, witnessing CVE is a significant predictor for Jewish, but not Arab adolescents ($p < .01$). Also, gender is a significant predictor of PTSD for Arab, but not Jewish adolescents ($p < .05$).

Conclusions and Implications:

The high rates of CVE and PTSD endorsed by adolescents in Israel and variations observed cross-culturally suggest the need for developing and evaluating prevention strategies that target CVE and psychological sequelae for Jewish and Arab adolescents. The observed differences in rates of PTSD as related to witnessing and victimization through CVE between Arab and Jewish adolescents suggest that psychological responses may differ between the two groups.

Understanding cross-cultural differences in youth CVE and psychosocial responses provides an opportunity to expand on CVE traditional approaches (e.g. age-based or individual treatment) to prevention models that are driven by cultural-specific beliefs about CVE and tailored for communities, schools, and families.

(v) WORKSHOP: "It's Everyone's Trauma: How to Use Expressive Arts Therapy to Address Trauma in a Multicultural World."

Tamar Einstein, Expressive Arts Therapist, and artist practicing in Jerusalem, tretamar@yahoo.com; Orna Glass, The Musrara School of Phototherapy, Jerusalem, ornaglass@gmail.com

For the past twenty years both Orna Glass and Tamar Einstein have worked as Expressive Arts therapists in Israel with diverse cultures. In the first portion of the session the experience of working with both Jews and Arabs will be shared and reflected upon. In the second portion, participants will be invited to explore and express their own tales of culture and trauma work through art making, photographs, and writing. NO PRIOR EXPERIENCE IN ART IS NEEDED. Therapists working with trauma victims often carry images and stories from this potent work around with them for years. This is a chance to explore these images, discuss culture and trauma, and witness and respond to other colleague's experiences.

(vi) Posters

#1 "The Prevalence of Full and Partial PTSD among People with Severe Mental Illness in Israel."

Ilanit Hasson-Ohayon, Department of Psychology Bar Ilan University, Ramat Gan, Israel, ilanithasson@gmail.com; David Roe, droe@univ.haifa.ac.il; Marc Gelkopf, emgelkopf@013.net; Nomi Werbeloff, nwerbeloff@gmail.com, Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel; Kim. T. Mueser, Departments of Psychiatry and of Community and Family Medicine, Dartmouth Medical School, Dartmouth Psychiatric Research Center, USA, Kim.T.Mueser@Dartmouth.EDU; Asaf Caspi, acaspi@netvision.net.il; Mark Weiser, mweiser@netvision.net.il, Department of Psychiatry, Sheba Medical Center, Tel-Hashomer, Israel

Previous studies have shown higher rates of trauma exposure among people with severe mental illnesses (SMI), such as schizophrenia, bipolar disorder, and treatment-refractory major depression, compared to the general population. Trauma exposure among people with SMI is associated with a range of negative outcomes, including the exacerbation of symptoms (Schenkel, Spaulding, DiLillo & Silverstein, 2005), recurring hospitalizations (Briere, Woo, McRae, Foltz, & Sitzman, 1997), and poorer levels of functioning (Lysaker, Beattie, Strasburger, & Davis, 2005; Spence et al, 2006). The current study aimed to assess the prevalence of traumatic events, full and partial PTSD among people with SMI and their associations with trauma-related cognitions and depressive symptoms. 122 persons with SMI were assessed for trauma exposure and PTSD. A subsample of 40 participants half with PTSD and half without PTSD were randomly selected and their posttraumatic cognitions and depressive symptoms assessed. Results showed that prevalence of traumatic events was 90%, and 19% met full diagnostic criteria for PTSD and 20% had partial PTSD. People with PTSD had higher depressive symptoms and negative cognitions. The present study reveals that traumatic experiences are quite common among Israeli people with SMI consuming outpatient psychiatric services, often leading to PTSD which is very rarely documented in their medical charts. Consistent with previous research, we found higher rates of negative cognitions about the self and the world, as depression among persons who had PTSD in addition to SMI, suggesting that trauma-related beliefs may be an important target for PTSD-relevant therapeutic interventions.

#2 "The Relationship Between Coping Resources and PTSD: A Test of the BASIC-PH Model in the Context of War."

Moshe Farchi, Stress & Trauma Studies Program (STSP), School of Social Work, Tel Hai College, Israel, moshefar@adm.telhai.ac.il

Literature describes coping resources as a person's resilience. Adaptive coping resources may also be protective against the development of acute stress disorder and posttraumatic stress disorder (Aspinwall and Taylor, 1997; Ayalon and Lahad, 2000; Hobfoll, 1998; Hobfoll et al, 1991; Bandura, 1997). This study examines the relationship between the Basic-PH model (Lahad 1993, Lahad & Cohen, 1996) and PTSD in the context of war. The Basic-ph model relates to the six major characteristics or dimensions that are believed to be at the core of the individual's coping style, as summarized in the major theories: **B**elief and values, **A**ffect and emotion, **S**ocial, **I**magination, **C**ognition and thought, and **P**hysiology and activities.

Lahad named this model BASIC Ph and stated that this integrative multi-modal model relates to the individual's coping style as a combination of all six dimensions .

The study sample included 290 male students who participated as active soldiers during the second Lebanon war between Israel and the Hizbulla, South of Lebanon and 120 female students who volunteered mainly in child care during the war .

All students were given the Basic-ph questionnaire (Carlaton, 1996) and a PTSD questionnaire (Foa, 1996). Results indicated a positive strong correlation between the coping resources and PTSD for example: Male: The relation between arousal and affect: $r=.22$, $p<.005$, Female: The relation between intrusion and physical : $r=.321$, $p<.000$.

Linear multiple regression indicated that avoidance and numbing were the main predictors of using the most of the Basic-ph clusters among males and arousal and numbing in females. This positive relation is assumed to demonstrate that traumatic events encourage the elicitation of coping resources after the traumatic event. Coping resources might exist on a low level before the trauma but the traumatic event enables them to emerge and be useful for the coping person.

This study demonstrates the ability to empower and recruit coping resources – NOT in advance of traumatic event but also during and after the traumatic event.

#3 "Effect of Post Traumatic Growth on Sustainability Function and Organization of Frontline Community Hospital."

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Background:

Low intensity war of terrorism has become a worldwide problem. When terror becomes a daily problem, community hospitals at areas of conflict are demanded to allocate resources for trauma management at such a proportion that may compromise their functional capacity in serving their communities. In order to evaluate the influence of this problem on the activity profile of such a hospital a study of two periods was conducted:

1.1997-2003: By comparing surgical activity when the case load of injured patients was reduced to a period when the hospital has been more heavily involved with care of patients injured in hostile activities.

2. Activity during 2nd Lebanon war, summer 2006.

Venue: "Ziv" government hospital, a 300 bed community facility serving 150,000 civilians. Until May 2000 the hospital cared for 1\3 of severely wounded and 2\3 of moderate to mild wounded IDF soldiers in northern Israel. It served also as a referral center for UN forces posted in northern Israel and for local hospitals in southern Lebanon.

Methods:

Data from hospital archives/registry and the national Central Bureau of Statistics for the 3 years prior to and after IDF troops withdrawal from Lebanon in May 2000, were collected. Data on rockets attacks was found on internet sites of Israeli Police and Home Front Command. It also provided protocols of Knesset investigational committees headed by Parliament members Ayalon and Litzman. Surgical team meetings records during the war and personal observations completed the picture.

Results:

1st period: 90-120 patients were admitted annually to the emergency department as a result of hostile activities. 3000 annual emergency department admissions resulting from road accidents occurred at that period. Frontline hostile activity victims' number dropped >90% since Israel withdrawal from southern Lebanon in May 2000. A concurrent increase in hospital activity occurred, both generally and in surgery in particular.

2nd period: "ZIV" cared for casualties from the military confrontation with Hezbollah in Lebanon and those of the home front attacked by rockets. The situation was complicated by attacks on the medical and logistic back in the city Haifa. 1500 war casualties, 700 civilians and 800 soldiers were admitted at "Ziv" emergency department. The hospital, serving only 7% of the population of the region attacked, treated 26% of the war casualties, including 26% of severely wounded and 37% of those moderately wounded. Regular general surgical service continued, including clinics, emergency operations, oncologic surgery and operations for benign conditions.

Conclusion:

Similarity exists between an individual and an organization coping with prolonged exposure to traumatic experiences. Post traumatic growth occurred at Ziv along with the withdrawal from Lebanon and resilience improved. Like caring for a critical patient, the key to success is proper definition of the situation evolving and adequate response to known and hypothesized threats. Programs to preserve sustainability of trauma centers and minimize vulnerability to organizational damage are better designed and exercised in advance.

#5 "Fathers Facing Fire: Does Security Threat Affect Fatherhood?"

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Background:

Fatherhood, and specifically father involvement in child rearing under security threat, is a subject hardly recognized in the literature. Though existing research has shown that fathers exposed to security threat may experience distress due to feelings of responsibility and protectiveness towards their family, the paternal aspects associated with this unique context, which may enhance or reduce father involvement, remain unclear.

Objective:

The current study examined the relationship between fathers' parental characteristics: parenting self-efficacy and parenting style - and father involvement in the context of security threat. The main research hypotheses were that fathers exposed to security threat will report lower parenting self-efficacy and more authoritarian parenting style. Respectively, these fathers will be less involved in their children's rearing. It was also hypothesized that both objective and subjective exposure to security threat will moderate the association between father characteristics and father involvement.

Method: The sample included 293 fathers, divided into three groups according to level of exposure to security threat in their place of residence: chronic exposure (n=88), acute exposure due to operation "Oferet Yetzuka" (n=106), and a control group (n=99). Data collection was completed between February-March 2009. Objective exposure was examined through the fathers' place of residence and subjective exposure was examined through the fathers' reported sense of safety. Fathers also reported their level of involvement in child rearing, and their perceived parenting self-efficacy and parenting style.

Results:

Fathers exposed to security threat in their place of residence reported a higher sense of parenting self-efficacy regarding their coping with the situation, as compared to the control group. While no differences were found between the groups in levels of father involvement, both objective and subjective exposure to threat moderated the association between father characteristics and father involvement.

Conclusion:

Though acute exposure to threat and a high sense of danger seem to jeopardize the relationship between parental characteristics and father involvement, the overall findings suggest that fathers are resilient to security threat and have acquired new skills due to the security situation, which may contribute to their families' sense of safety.

#6 "Type 2 Diabetes Patients Exposed to Continuous Missile Attacks: The Impact on Self-Management and Glycemic Control."

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Background:

Exposure to stress has been linked consistently to the onset of Diabetes in adults (Type 2 diabetes). However, the effects of exposure to extreme chronic stress on health outcomes and health behaviour (diabetes self-management) of diabetic patients have rarely been studied.

Aims:

To examine the impact of continuous exposure to missile attacks on diabetes self-management and on glycemic control.

Methodology:

A comparative study of 378 type 2 diabetes patients (197 from an exposed region— Sderot and rural villages surrounding the Gaza Strip, 181 from a non-exposed region in central Israel), who were interviewed in 2010. Measures: background and socio-economic variables; independent variables - exposure to missile attacks (closeness, number of attacks); mediating /moderating variables- injury (personal or close others), social support, depression, PTSD; dependent variables - diabetes self-management (a total score of adherence to diabetes-specific diet, physical activity, intake of medications, testing of blood glucose, foot check-up, smoking), and glycemic control (HbA1c) values at three time periods (2008, 1-3/2009 - Cast Lead war, and 2010) which were retrieved from medical records.

Findings:

Patients residing in the exposed region, compared to those from the non-exposed region, reported higher levels of PTSD ($p < 0.001$), poorer diabetes self-management ($p < 0.01$), and poorer glycemic control (marginally significant in 2008, n.s. in 2009, and significant at $p < 0.05$ in 2010). Similarly, the level of exposure was related to PTSD ($r = 0.284$, $p < 0.001$), and to glycemic control in 2010 ($r = 0.114$, $p < 0.05$) but was not related to self-management. Higher PTSD levels were significantly related to poorer self-management behaviours, but not to glycemic control. In multivariate analyses, the bivariate associations with the dependent variables became non-significant. None of the variables were related to diabetes self-management, and glycemic control was explained by a socio-economic factor and by an interaction between exposure and personally knowing someone injured by missiles.

Implications:

The findings suggest that exposure to extreme chronic stress affects diabetes-related behaviours and glycemic control, but indirectly via other factors, and by variables not measured in the current study. A larger sample size is required in future studies. Nevertheless, there is an indication that patients most exposed to missile attacks and personally knowing someone injured by missiles are at highest risk for poor glycemic control. They should be targeted for specific multidisciplinary interventions.

#7 **"The Dissociative Bond."**

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Dissociation leaves a psychic void and a lingering sense of psychic absence. How do two people bond while they are both suffering from dissociation? The author explores the notion of a dissociative bond that occurs in the aftermath of trauma – a bond that holds at its core an understanding and shared detachment from the self. Such a bond is confined to unspoken terms that are established in the relational unconscious. The author proposes understanding the dissociative bond as a transitional space, which may not lead to full integration of dissociated knowledge, yet offers some healing. This is exemplified by Prince's clinical case study. A relational perspective is adopted, focusing on the intersubjective aspects of a dyadic relationship. In the dissociative bond, recognition of the need to experience mutual dissociation can accommodate a psychic state that yearns for relationship when the psyche cannot fully confront past wounds. Such a bond speaks to the need to reestablish a sense of human relatedness and connection while both parties in the relationship suffer from disconnection. This bond is bound to a silence which becomes both a means of protection against the horror of traumatic memory and a way to convey unspoken gestures towards the other.

#9 **"A Qualitative Analysis of Dance/Movement Therapy to Treat Posttraumatic Stress Disorder in Women: Exploring Emergent Themes from Interviews with Dance/Movement Therapists."**

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Background:

Traumatic events can significantly impact an individual's way of life physically, psychologically, and neurologically. Posttraumatic stress disorder (PTSD) is a psychological condition that occurs as the result of experiencing and or witnessing a traumatic event. Of note, women have a higher risk of PTSD than men. PTSD can increase the risk of suicidal behavior, homicidal behavior, and general violence both in the community and in the home.

PTSD can be intransigent to treat when treatment focuses on only one system. Recent findings from the literature of interpersonal neurobiology consider treatment of the body as an essential component, on par with treatment of the mind. Engaging the body as part of the treatment of trauma in addition to talk therapy may shorten the length of treatment and make treatment more effective and long lasting.

Aims:

The current study uses qualitative research methodology rooted in content and thematic analysis to explore DMT as an intervention for women with PTSD.

Current manualized treatment modalities for PTSD that are being used for women are limited in that they do not comprehensively address the body, brain, and mind triune leaving clients to cope with symptoms for longer periods and to often re-experience symptoms once treatment has terminated. New methods for treating PTSD that consider all three systems (body, mind, and brain) must be examined more vigorously. One such method is dance/movement therapy (DMT). Movement activates all three systems and provides an integrative function that may be vital for treating women with PTSD.

Methods:

The sample was composed of 15 certified dance movement therapists in the United States. Semi-structured interviews were conducted by phone at a convenient time for the participants. Content

analysis of the digitally transcribed interviews was conducted using NVivo9 software to examine emergent themes in therapists' perceptions of DMT as an intervention for women with PTSD.

Results:

The following were the emergent themes as related to the use of DMT with women with PTSD: 1) conditions; 2) interactions; 3) intervention; and 4) outcomes. A taxonomy of themes, which is represented in a series of categories arranged in a treelike structure (nodes), connects text for analysis.

Conclusion:

Findings from the present study suggest that integrating the body into the treatment process is effective in alleviating many of the symptoms of PTSD. DMT is a well-developed, albeit small, field in its own right. It is a field that requires specific training and has its own accreditation. As a result, DMT may not be as widely available to clients as are social work services. Therefore to make DMT more available in the treatment of PTSD, one of the goals of the present work is to develop a "Body-Oriented Intervention" manual for social workers to use in the treatment of clients with PTSD.

#10 "Trans- and Gay-Friendly Therapy Using EMDR."

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It is well known that the GLBT community has higher rates of depression, anxiety, suicide and substance abuse. However sexual orientation and gender identity are not the cause of those mental health conditions – they are correlated as the mediating parameters are internal and external homophobia and transphobia. This homophobia and transphobia can be conceptualized as trauma. In this context treating this trauma with trauma focused therapy as EMDR can be most effective.

By using actual case studies and field experience the participants will gain knowledge in how to conceptualize homophobia as trauma, how to build a trauma focused work plan in dealing with homophobia, how to use EMDR as a trauma focused therapy to develop resilience, and how to raise awareness to the most common mistakes when treating GLBT people: ignoring the GLBT context and *overstating it*.

#12 "Uncovering Traumatic Events in a Mutual Aid Support Group for People Over 50 with Permanent Disabilities Residing in a Long Term Care Setting."

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This paper examines how traumatic events in early life are revealed from a mutual aid support group of older adults with permanent disabilities residing in a long term care facility. Traumatic events include interpersonal violence, physical and sexual assault, unexpected or sudden death of a loved one, combat exposure, or a serious accident. Research has established that older adults who have been exposed to traumatic events as children and young adults have significant disruptions in daily living, cause emotional distress and result in mental disorders. It may also produce extreme fear or resistance to improving coping skills for older adults with recently diagnosed permanent disabilities. Consequentially, it can give rise to substance abuse, suicidality, mental illness, and have further detrimental effects on their physical health.

A 20 week mutual aid support group using a combination of solution oriented and reminiscence therapeutic techniques for older adults with permanent disabilities helped them face serious life crises and early life trauma as a disabled person. Permanent physical disabilities of the clients in a long term care facility were caused by a range of illnesses such as; multiple sclerosis, cancer, stroke, and traumatic

brain injury, to name a few. This paper discusses and demonstrates how reminiscence therapy allows the participants to remember past trauma and how it impacts their present quality of life. While solution oriented techniques assists the participants with problem solving skills to make concrete decisions about improving their future quality of life.

#13 "Helping Individuals and Families in the Wake of a Community Trauma."

Chaya Possick, School of Social Work, Ariel University Center, Israel, chayap@ariel.ac.il

On Friday night, March 11, 2011, two Palestinians armed with knives climbed over the security fence surrounding the settlement of Itamar. They entered a family's home and stabbed both parents and three of the children to death. The oldest child, aged 12, returned from a group activity to discover the atrocity that had taken place in her home. Two other siblings were wandering dazed in the home. The three surviving children are now being raised by their maternal grandparents in Jerusalem. The oldest daughter completed the school year in Itamar.

From the moment the news of the disaster broke until the present, a multidisciplinary team of psycho-social and educational professionals from the Shomron Regional Council together with local community leaders intervened on various levels—community, school, group, family and individual. A unique aspect of this traumatic event is the multiple and often interlocking circles or levels of exposure/vulnerability: For example, those who were directly exposed to the sight of the atrocity—the bodies, the site of the attack, the surviving children with bloodied clothes; and the entire community who was instructed to barricade themselves at home immediately following the attack, since the terrorists might still have been at large.

This presentation will focus on the post-trauma treatment of adults, children, and families within the context of these multiple circles of vulnerability. Case examples will illustrate the practical application of principles of family intervention following trauma, coping with anxiety in the face of continuing threat, secondary traumatization, community trauma and resilience, meaning construction following loss, and spiritual resources.

#14 "Empowerment Model for Community Disaster (EMCD)."

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The earthquake in Haiti and its consequences highlighted the need to enhance knowledge and skills for community intervention in situations of disaster and acute trauma. The large number of homeless people concentrated in enormous refugee camps has made such an investigation possible. In the lecture, we will present a model for empowerment intervention with victims of community disasters. The model is based on analyses of three cases in which psychosocial interventions were conducted by the investigators: the Tsunami in Sri Lanka, work at refugee camps in Georgia, and the earthquake in Haiti.

Principles of the Model

- The more extensive the casualties are, the less relevant individual intervention will be.
- Entering an unfamiliar culture requires collaborative professional work with local residents.
- Intervention in a large-scale disaster needs to be based on an interdisciplinary perspective in terms of planning, preparation, and implementation.

- It is assumed that the intervention will be short-term, and a specific length of time is allocated for therapeutic agents to provide assistance. This approach was adopted in light of the limited resources at our disposal, and in an attempt to minimize dependence in the relationships between the therapeutic agents and the victims.
- An attempt is made to enhance efficacy for effective coping with changing needs that emerge in the wake of the disaster.
- An attempt is made to prevent CPTSD, which can inhibit the functioning of the community residents.

We will present these principles and describe how they were implemented in community intervention at two refugee camps in Haiti following the earthquake there, and at a refugee camp in Georgia.

#15 "Community Emergency Teams (CET) at the Carmel Forest Fire (December 2010): Lessons and Recognition."

Javier Simonovich, Faculty of Human Services Emek Yezreel Academic College, Israel, javiers@yvc.ac.il

In December 2010 a big fire broke up in the Carmel Forest next to the city of Haifa. The fire expanded throughout the settlements of the Carmel Seashore Regional Council located in the southwest area of the Carmel.

The tragic consequences of the fire left forty four human casualties and thousands of burned square km of the forest. A lot was written and will be written concerning the lack of preparation to deal with such a mega disaster by Governmental factors such as the Ministry of Interior and the Fire Fighters Department. Also, a lot is yet to be said by the Government Controller regarding the judgment mistakes and professional errors committed by the official forces during the fire.

Nevertheless, this paper describes the effective performance of Community Emergency Teams (CET) established and trained during the previous year by the Carmel Seashore Regional Council Welfare Department and the Security Department. The main objective was to create a team of trained volunteers in each kibbutz or moshav to be able to react properly and locally in any community emergency, security situation or natural disaster. The CE Teams are organized according to a community preparedness model developed by the Community Work Service of the Ministry of Welfare in the year 2002 and updated in December 2006 after the lessons learned at the Second Lebanon War regarding the panic reaction registered in several cities, towns and neighborhoods. According to the model, EC Teams should be ready at any time to give an immediate local response to any crisis situation assuring the proper response of the community until official forces arrive to the site.

At the Carmel Forest fire several EC Teams operated during all stages of the fire. They alerted and enlisted the citizens; provided information on possible settlement evacuation; guided the citizens on any issue whenever it was needed; took care of private and public property of evacuated settlements; and some teams even participated in fighting the fire to prevent from it to arrive to their houses.

The relative success of these teams is due to three identified stages: First, the training and preparation of volunteers of the EC Teams to gain personal and community resilience through a relatively intense course. Second, their cohesive action during the four days the fire lasted. Third, the recognition and resiliency reinforcement gained at the community level. Positive conclusions were raised by the different teams that participated in the fire in an organized and synchronized way. The citizens and specially the volunteers came out more confident and succeed to increase the personal and community resiliency.

It is suggested that the model will be applied to as many communities as possible for a fast suited reaction against any type of emergency situation expected in Israel.

#17 "The Boat is Sailing" – a Rehabilitative-Therapeutic Program for Post Traumatic Veterans-of-War Through Sailing-Related Adventure-Therapy."

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"The boat is sailing" is initiated and managed by Yoav Ben-David, himself a post traumatic ex-captive, and is held by 'Etgarim' NPO in cooperation with the Ministry of Defense.

The program is based on the tenets of the strength perspective on trauma, which sees the post trauma as a disability for life, and the person as coping with it.

We offer a rehabilitative-therapeutic model that integrates four concepts: self help community; the nautical challenge as a rehabilitation tool; the group as a therapeutic space; and the strength model. Brief Description of the Program:

Participants meet on a regular weekly basis at marinas in Tel Aviv, Ashdod, Haifa or Herzlyia in an 'Anchor groups' setting to work on their physical, social and mental skills, in Yachts and sonars, granting participants with a sense of tenure and belonging they usually lack; in addition the program includes: cross-communal workshops; training tracks for skippers [level 3, 4 and international certifications]; instruction courses including both contents of group facilitators and of nautical instructors; interventions at the family-level dealing with secondary traumatization; and national and international sail-pasts integrating participants in the wider nautical community.

As a self-help community, the program is managed by the participants, and is assisted by external professionals for clinical and nautical supervision.

Research:

Research carried out (2009) by the Ministry of Defense in cooperation with the Department of Community Mental Health in Haifa University, proves the program's achievements unequivocally: participants showed a significant decrease in severity of post traumatic symptoms (avoidance and dissociation) and depression, while a significant increase was observed in measures of hedonism, hopefulness and self-esteem, sense of control over symptoms and emotional and social well being. A major finding of the present study is that challenge sailing can significantly reduce the symptoms among people with post traumatic syndrome.

Achievements:

The project got underway in March 2006. Today 'the Boat is sailing' operates eight groups of 55 participants. Insofar it has trained 10 certified skippers who are now engaged in leadership roles in the community and just recently graduated their training for professional skippers; 12 participants are presently trained. The program's preservation rates are extremely high (80%). Recently, the participants are contributing to the community by leading sailing activities with disabled children, within Etgarim.

#18 "The Meaning of Personal Sacrifice and its Impact on Combat Trauma Recovery of Iraq/Afghanistan Veterans."

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Combat veterans are prepared to leave the war behind them, only to be confronted by an emotional battleground when they return home. Shattered self-images, spiritual crises, moral afflictions and interpersonal dysfunction are common manifestations of combat trauma. The on-going wars in Iraq and

Afghanistan are creating another generation of young men and women suffering with the psychological wounds of war. But for these veterans, the wars they fought in are not yet over- continued media coverage of US Service members deployed overseas serves as a constant reminder that the individual sacrifice of the Iraq/Afghanistan veteran remains in an indeterminate state, as these wars have yet to produce a tangible outcome which they can measure their sacrifice against. In the following, the meaning that veterans assign to their suffering will be discussed as a mitigating effect on the lifecycle of their combat trauma. The psychological effects of modern combat on the veteran will be examined through the lens of existential meaning, exploring how a veteran's beliefs about his own personal sacrifice and the sacrifice of his comrades correspond to the sense of purpose he has regarding his participation in war. A discussion of the current literature and an exploration of anecdotal evidence will demonstrate the mitigating effects that meaning has on the lifecycle of combat trauma. Clinical strategies and interventions to help Iraq and Afghanistan veterans navigate the intricate course of their combat trauma lifecycle will be discussed in an effort to help social workers more effectively engage this population.

#19 "Teaching Future Teachers to Incorporate Center for Mind-Body Medicine Techniques (CMBM) in Teaching Students Who Have Experienced Trauma in the Classroom: The Incorporation of CMBM (Center for Mind-Body Medicine) Techniques."

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Background and Rational:

CMBM is an American-based organization that strives to teach health professionals and educators a scientifically proven mind-body approach which focuses on the interactions between mind and body. The training includes demonstrations of the use of meditation, guided imagery, biofeedback, verbalization, drawings and group support which aim at helping the educator/healthcare person and/or his students/clients. Evaluative research conducted on CMBM programs have shown that health professionals who had attended the Center for Mind-Body Medicine's training program were incorporating mind-body skills into their professional and/or personal practices and they experienced a greater sense of life satisfaction (Staples, 2004)

CMBM Techniques in the Classroom:

The structure of each teaching module follows the CMBM model: Each module starts with a short meditation, next a "check in" session, a period of learning CMBM tools, a final "check in" session, and a concluding meditation. In the "check in" sessions each participant is given the opportunity to share, if they so chose, whatever they were feeling and whatever had come to mind during the meditation or the following training. The rules of the workshop are that everybody listens, nobody judges, no one tries to offer advice, and all try to focus on the 'here and now'. In the workshops the students are taught how to use biofeedback, family drawings, meditation, autogenic tools, movement exercises, writing exercises and guided imagery. Taking into consideration the multicultural fabric of their college, the presenters, an Arab and a Jew, chose to co-lead a CMBM teaching modules which consisted of students from diverse ethnic, national and religious backgrounds. In the workshop, the presenters will demonstrate at least one technique from the CMBM toolbox.

#20 "They could not Believe that a 65-Year-Old Man Would Still Beat His Wife': Professionals' Perspectives on Addressing Abuse and Neglect among Older Adults Living in the Rural South."

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This research assesses professionals' perspectives on addressing abuse and neglect among older adults living in rural southwest Virginia. Four focus groups in this region were held, with a total of 44 participants. Results were viewed within the context of the family health perspective which employs systems and ecosystems theories, among others. The participants identified five major needs encountered in their struggle to provide professional services to address elder abuse and neglect. Professionals identified the following needs: educating the public to confront stereotypes relating to violence and older adults; providing training and continuing education opportunities to professionals; finding funding for training and continuing education; identifying, investing in, and developing personal and community resources; and, addressing the special needs of rural communities. Participants then provided ideas and strategies for addressing these needs. Furthermore, results indicate that professionals operate continually from a standpoint of resourcefulness and proactive problem-solving. This study highlights the contributions of an interdisciplinary team approach in addressing abuse and neglect among vulnerable older adults. Implications for future research, policy, and practice are discussed.

#21 "From Surviving Trauma to Becoming Agents of Change for Social Justice: A Testimony of a Multi-Level Intervention in a Community Based Organization for Gay, Lesbian, Bisexual, Transgender and Gender Non-Conforming Immigrants Seeking Asylum."

Andres Hoyos, New York University, Silver School of Social Work, andres.hoyos@nyu.edu

Members of oppressed communities have historically migrated and immigrated to find safe haven. This process is triggered frequently by direct exposure to trauma, vicarious trauma and a series of micro-traumas members of oppressed communities experienced throughout their lives. This is not the exception for gay, lesbian, bisexual transgender and gender non-conforming individuals. Over 70 countries around the world still consider adult consensual same-sex relationships a criminal act and five of those countries currently sanction it with a death penalty.

Last month, June 2011, the United Nations passed a resolution recognizing the rights of lesbian, gay, bisexual and transgender people for the first time. However, many Muslims and African countries voted against the resolution. Many other countries now offer asylum for those who suffer persecution based on their sexual orientation and gender identity or expression, however; the process itself can be cumbersome and even traumatic. Asylum seekers-Immigrants are expected to navigate government systems in a foreign country while facing challenges related to literacy, culture, and a history of mistrust of public systems responsible for abuse in the past. These challenges are added to other barriers - difficulties commonly experienced by migrants and immigrants whose focus is placed on covering basic needs like shelter, food, income, employment, physical health, among many others needs. A focus on basic needs can lead to neglecting mental health and emotional needs and, the timelines and legal requirements for asylum.

I will present the 5 year experience of the "Support Services for Immigrants" program at the Lesbian, Gay, Bisexual & Transgender Community Center in New York City. As funder of the program and the first immigrant to be sponsor for residency in the states by the agency, I am thrilled to see the accomplishments we have had. We currently see clients from over 52 different countries and have

supported over 300 immigrants to get their asylum granted. The program includes walk-in and face-to-face assessments and referrals, psychosocial evaluations, support groups, capacity building, community events and advocacy.

This presentation aims to raise awareness of the specific challenges, needs and strengths of this population and effective ways to respond as social service providers; at the same time that participants expand their national and international networks to optimize resources and learn from each others' experiences.

#22 "The Commercial Sexual Exploitation of Children in New York: An Investigative Look."

Yvonne Mbewe-Palmer, African Services Committee, New York, yvonnem@africanservices.org

Individuals that are provided with viable and credible options to deal with deprecating situations are more likely to transition into critical thinkers and empowered beings. For many young adults exiting the commercial sex trade, options to understand and process the level of traumatic events they experienced with the hopes of moving towards living a life of relative normalcy are quite literally the breaking point between mental well being and decompensation. This author became interested in the sexual exploitation of minors after working at Girls Educational and Mentoring Services (GEMS) in New York City, a social service agency dedicated to working with girls ages 10-21 that have been victims of commercial sexual exploitation. The purpose of this paper is to explore the policies that are expected to support and protect victims of commercial sexual exploitation (specifically girls) with mention of the Runaway and Homeless Youth Act (RHYA) and the New York State Safe Harbor for Exploited Youth Act. The first half of the paper will define commercial sexual exploitation of children (CSEC), the pathways of entry, and the mental and physical side effects of involvement in sex trade. The second half will look at the policies and offer suggestions for what could be done to better improve service delivery.

Campagna (1988) defines the Commercial Sexual Exploitation of Children (CSEC) as the sexual abuse/molestation, provision of goods, money, services to the child or a third party for the purposes of sexual exploitation of the child. CSEC involves prostitution, pornography, stripping/dancing in clubs, sex tourism, phone sex, and trading sex for food, clothes, and shelter. The economic exchanges involved may be monetary or nonmonetary but in every case involves maximum benefits to the exploiter and a denial of the basic rights, physical and mental well-being of the child involved. While the figures are debatable it has been argued that there are approximately 500,000 child prostitutes in America. Twill, Green, & Traylor (2010) cite a more modest figure at 293,000 youth who are sexually exploited and the average age of entry being 12. The authors state there is not enough credible research on juvenile prostitution due to several factors. These include: the hidden nature of sex work, complexities of juvenile courts/law enforcements regarding whether to treat the young adult as a perpetrator of a crime or a victim, unwillingness of young girls to reveal their activities due to being judged, family shame/embarrassment, and lack of services to address the needs of this population resulting in girls being shuffled through numerous social service agencies that are not equipped to handle the youth's needs.

Micro level problems such as poor self-esteem, drug abuse, family violence & exploitation, inability to concentrate in school, or being targeted by recruiters are all crucial indicators of potentially getting involved in sex work. However, the research would be flawed if one did not address the macro level issues such as rampant poverty, sexist attitudes towards women, racism, homophobia, and lack of community resources that filter numerous aspects of social life. Policies that target these systemic issues are needed to adequately assist not only children but adults who are often making flawed decisions due to structural injustices. While a needs analysis is important to garner national attention to this social issue what is also needed are more concrete policies and the active implementation of laws to ensure

that children are protected. Both the federal law Runaway and Homeless Youth Act and the New York State Safe Harbor for Exploited Youth Act fall short of completing their obligations to keep children in United States safe from trauma. The remainder of the presentation will describe each policy and lack of support to implement the critical components of the laws followed by the author's recommendations on how to better support this population.

23 "The Unique Role of Clinical Social Work in the Training of Trauma Practitioners: Values, Knowledge Base and Practice Wisdom."

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Aims:

The focus of this paper is to argue that teaching trauma theory and practice must be part of the curriculum of every MSW program, and that it must be taught as a clinical course. Included in the paper is a teaching case that illustrates the value of the clinical expertise of instructors in their role as educators. The authors will show that the unifying principles of treating trauma (Herman, 1994) are consistent with the unifying principles of clinical social work practice (Goldstein, 2006, Simpson, Williams & Segall, 2006) and relational social work (Tosone, 2004). Therefore, social work is particularly well positioned to train practitioners who are highly skilled in responding to survivors of trauma. As a result, social work clinicians and educators have an important role to play in the training of trauma practitioners and in developing effective methods of teaching trauma theory and practice.

Significance:

There is evidence that the teaching of clinical skills in MSW programs is in a state of crisis (Goldstein, 2006). Trauma theory offers the clinician a framework within which to understand the developmental, neurobiological and spiritual (biopsychosocial) costs of traumatic experiences. The leap from theory to practice, however, is as complex as the subjective experience of each trauma survivor. The authors offer an approach to training MSW students in trauma treatment that is clinically focused, utilizing the field experiences of students and instructors in order to highlight the particular relational challenges in treating trauma survivors. This paper is a call to action to include clinical teaching in MSW programs, especially in the field of trauma. Moreover, it is intended to highlight the fit in terms of values and knowledge base between clinical social work and trauma treatment as well as the value of clinical expertise among social work educators.

Methodology:

The authors use the literature, their experience as teachers and clinicians and a case presentation to describe a methodology for teaching trauma theory and practice with a clinical emphasis to MSW students. They outline key considerations in the creation of a safe classroom space and include student comments on the instructor's case to further illustrate its value as a teaching tool. The authors chose the case as an ideal teaching case because of the particular challenges it presented to the therapist. The patient was a 32-year-old Libyan asylum seeker who experienced severe trauma before immigrating to the U.S. and continued to be traumatized as she attempted to rebuild her life in her new country. The case clearly conveys the centrality of the relationship in trauma treatment and highlights the therapist's cultural competence, strengths perspective and thoughtful flexibility in terms of boundaries. The therapist demonstrates the use of self that is both essential in the treatment of trauma survivors and the bedrock of relational clinical social work practice. The case serves as a vivid example for social work students of the application of theory to practice.

(vii) Understanding the Impact of Trauma

(a) "The Psycho-Historic Testimony of War and Terrorism-Related Trauma Victims at NATAL."

Juditf Dor, NATAL, Israel; Rivka Tuval-Mashiach, NATAL and Bar-Ilan University, tuvalmr@gmail.com; Keren Friedman-Peleg, Tel Aviv University, pelegi@012.net.il; Marc Gelkopf, Haifa University and NATAL, emgelkopf@013.net; Itamar Barnea, the chief psychologist of Natal

Trauma involves the experience of meeting with that which is inconceivable and impossible - facing a threat whose mark on the psyche is a "black hole", a place where words and emotions cannot exist and flow together, a place which is the concentration of the meeting of life and death, a place with which reconciliation and resignation are extremely difficult, maybe impossible.

The dilemma of whether to testify or not is the dilemma between speaking up and remaining silent. Silence is a mechanism of psychological survival, a function that preserves but at the same time limits interpersonal relationships and life, as opposed to the possibility of telling the narrative in the presence of a witness, as part of a process of acceptance and healing of the trauma and its repercussions on the psyche.

Our theoretical assumption is that for the traumatized person the capacity to bear witness to oneself has been lost. One does not know one's self anymore, as the self seems foreign and different, unclear, threatened. The possibility of meeting one's self again through the intermediary of an external witness arouses hope and inner connectedness, but is also threatening.

In the proposed panel, we present the trauma testimony project led by NATAL (The Israel trauma center for victims of terror and war), describe its purposes and the testimony process, and discuss different aspects of the testimony process and outcome.

In the testimony process, we attempt to reclaim inner testimony; reclaim the ability to bear witness to one's self, even if it is only partial and even if whole and complete inner witnessing may never be possible again.

The process of reclaiming psycho-historic inner testimony is carried out by specifically trained mental health professionals. The process of testifying consists of several stages - preparation, actual testimony, completion and closure, and personal and research follow-up.

The resulting testimony that is saved and passed on to future generations is part of the person's process of re-remembering - putting the parts of the psyche back together - as partial as this process may at times be. It allows the individual to acknowledge the wholeness of his existence while accepting the possible and the impossible within him.

Dr. itamar Barnea (the chief psychologist of Natal), will chair the panel. Yehudit Dor, who coordinates the trauma testimonies project in NATAL will present the protocol of the trauma testimony process, and will focus on the impact of narration on the listener, including aspects of counter-transference. **Dr Rivka Tuval-Mashiach**, (Natal and Bar-Ilan University) will present findings the on psychological and narrative processes in the trauma testimonies; Dr Keren Friedman-Peleg, (Tel Aviv university) will present on the cultural and social aspects of testifying; and Professor Mark Gelkof, (Natal and Haifa University) will present findings concerning the possible therapeutic effects of giving testimony.

(b) **"Shared Traumatic Stress and the Social Work Clinician: Post-Disaster Practice in New York and New Orleans."**

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Increasingly, clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. This is especially relevant for clinicians in Israel who have been exposed to chronic acts of terrorism since the country's inception, as well as clinicians in New York who have experienced the 9/11 terrorist attack, and those in New Orleans who are practicing in a post-Hurricane Katrina environment with potential for future natural disasters.

Existing concepts such as compassion fatigue, secondary traumatization and vicarious trauma do not adequately convey the profound impact that collective catastrophic events can have on the lives of clinicians who experience trauma primarily as citizens and secondarily through the narratives of their clients. The terms Shared Traumatic Stress, Shared Trauma, and Shared Traumatic Reality have been found increasingly in the theoretical and clinical literature to describe situations in which the clinician and client have lived or are living through the same traumatic event. The clinician functions in a dual capacity, as fellow victim and professional, which potentially leads to a blurring of personal and professional boundaries.

This presentation compares the results of the Post 9/11 Quality of Professional Practice Survey (N=481) and the Post Hurricane Katrina Quality of Professional Practice Survey (N=242), both of which examined potential predictors of, and protective factors for shared traumatic stress. Specifically, contributing factors include clinician attachment style, life events and 9/11-related personal and professional experiences; potential protective factors include resilience, compassion satisfaction, and training characteristics. Shared traumatic stress was operationalized as the mean scores of the Posttraumatic Checklist-Civilian Version and the Professional Quality of Life Compassion Fatigue/Secondary Traumatic Stress Subscale.

While the subjects did not differ significantly in terms of the demographic variables of gender or marital status, New York respondents were older, more professionally experienced, and had a greater income than those from New Orleans (all $p < .0001$). In comparing the means of selected variables mentioned above, New Orleans subjects evinced greater shared traumatic stress, resiliency, insecure attachment (ambivalent and avoidant attachment), and a history of traumatic life events (all $p < .0001$). In a comparison of regression models predicting shared trauma, lower levels of resiliency were associated with the development of shared trauma in the New Orleans respondents ($p < .0001$) than the New York ones ($p < .01$), and avoidant attachment was significantly associated with the development of shared trauma in both groups ($p < .0001$).

The findings have potential theoretical, clinical, and training implications. On a theoretical level, the findings underscore the link between attachment and the development of trauma, as well as the relational nature of trauma. On a clinical level, it suggests the need to redefine professional boundaries and the acceptability of self-disclosure under these circumstances. In terms of training, the study affirms the need to include trauma training as a core part of the curriculum.

(c) "Early Telephone Cognitive Behavior Therapy (ET-CBT): A Novel Approach to Preventing PTSD."

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Background:

Studies have shown that interventions using Cognitive Behavior Therapy (CBT) early after traumatic events can help prevent the development of PTSD. However, significant barriers to treatment exist: studies indicate that even with systematic outreach and treatment provided free of charge, many patients never start treatment. A recent paper (Kazdin & Blase, 2011) highlighted the importance of developing interventions that are not presented in conventional settings, in order to better reach those who need treatment.

Methodology:

This project examines the effect of early CBT delivered by telephone (ET-CBT), following a five week intervention protocol. The study is a randomized controlled trial, comparing ET-CBT with a waitlist control. Patients are recruited after an ER visit following a traumatic event, and are assessed by telephone. Patients suffering from PTSD at two weeks post trauma, are invited to participate in the trial. Treatment begins within one month following the traumatic event. All patients who are symptomatic at the end of treatment or waitlist are offered face-to-face Cognitive Behavior treatment (Prolonged Exposure). Patients are assessed before and after the intervention, as well as at follow up, by a team blind to treatment allocation.

Findings:

Preliminary results indicate that the provision of ET-CBT is feasible, with good treatment uptake. Tentative findings regarding the effectiveness of the treatment, both short and long term, will be presented. In addition, the effect of adding face-to-face treatment to non-successful telephone treatment will be evaluated.

Significance:

Should the study show that early telephone treatment is both acceptable and results in significant decrease in long term PTSD, this will potentially allow many more individuals in the initial aftermath of a traumatic event to receive appropriate intervention, reducing long term mental health costs.

(viii) Art Treatments for Addressing Trauma and Grief

(a) Documentary Commemorative Films – Cinematic Narrative and Coping with Bereavement."

Bilha Bachrach, Hebrew University Paul Baerwald School of Social Work and Social Welfare, bilhabac@mssc.huji.ac.il

This presentation will shed light on the world of parents who lost a child in battle or in a terror attack in Israel.

New theories of loss and bereavement have led to a transition from the concept of "closure" or "letting go" to the concept of "continuing the bond" with the deceased. Reconstruction theories and the practice of narrative therapy offer narrative reconstruction as a way of dealing with loss and with the concept of "continuing the bond".

Personal-documentary commemorative films are a new film genre that is unique to the Israeli society. Through the cinematic narrative, by choosing different representations and organizing the structure of their story, the bereaved parents can change the narrative of loss into a narrative facilitating life.

The film medium can serve also as a framework for creating a dialogue between the narrator and the audience. The bereaved parents' life stories are testimonies to traumatic events, the audiences viewing the film are audience to these testimonies. Audience also constitutes a framework for expressing social solidarity, and as such, it implicitly supports the bereaved parents. The research presented here is based on an analysis of 20 personal documentary commemorative films, using qualitative-constructivist methodology. The films were an average of 20 minutes long, which meant an analysis of approximately 400 minutes of film. They were meticulously transcribed to written text via a complex, systematic procedure to preserve authenticity. A precise thematic analysis was performed regarding each scene in all of the films. The interpretive-qualitative analysis of the films was a circular, dynamic process, in which themes were exposed, unified, separated and reunified by the two researchers as the research progressed until agreement was achieved.

The research findings unveil the bereaved parent's reconstruction of the life story, which is essentially a narrative of "continuing the bond" with the loved one. An examination of the themes in the films shows how this reconstruction occurs. Chronology is one of the foundation stones for constructing a story, and is thus essential for the narrative reconstruction of the "life story" in the films. In my presentation I will present the second chapter in the chronology sequence named "The break". I will demonstrate, using scenes from the films, the themes that facilitates the process of building a "Bridge" over the "Gap" in order to "pitch" the "before traumatic event" and "after traumatic event" in the bereaved parents life story.

This study contributes enforcement for known ideas; offers new insights into patterns of coping with loss; new avenues for therapy and a new understanding of the potential contribution of using film in narrative therapy.

But most of all it brings the voice of the survivors. Sheds light on how bereaved parents re-author their life in a way that makes the loss bearable and life worth living.

(b) **"Noise of Battle and Therapy Sounds – Group Music Therapy with Post-Traumatized Soldiers."**

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Music therapy is a process in which three agents participate: patient, therapist and music. The connections established between the therapist and the patient and the use to which they put the music elements lead to the desired changes and to better health. The therapist is required to have appropriate personality traits: the ability to empathize and listen, creativity and sensitivity. Because of stress, crises, physical, mental, behavioral, social or spiritual difficulties, the patient is in search of help (Amir, 1999). The purpose of this study is qualitatively and quantitatively to examine the effectiveness and the process of 16 group music therapy sessions with 8 post-traumatized Israeli soldiers. Data was collected from digital cameras used to film the sessions and from open-ended, in-depth interviews. The data was analyzed through content analysis of interviews and the sessions; by measuring the duration each instrument was played during the sessions and by measuring the effect that relaxing music had on the patients. Results indicate that in the process of healing from PTSD, the therapy included 4 stages which may be described as movements from exposure to relaxation. Overall, the stages of the treatment tended towards a decrease in the patients' engagement in traumatic aspects. These results are discussed in light of Levine's (1997) pendulation theory.

(c) **"Utilization of Energy Therapies with Strengths Perspective to Heal Trauma through the Life Cycle."**

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The Goals of this Presentation Include:

1. Recognize, reconstruct, and strengthen the Traditional Chinese Medicine (TCM) and other folk medicine's empirical knowledge, and historical practice through modeling-building of Energy Therapies for trauma throughout the life cycle;
2. Understand and integrate the differential effects of trauma and recovery in relation to gender, culture, type of events, and personal and communal history;
3. Describe the role of and practice guidelines for trauma therapies for social workers and other helping professionals in various traumatic situations;
4. Present Energy Therapies as International Advanced Generalist Model for trauma to facilitate researchers and clinicians interested in working on topics of trauma. This workshop topic has significance in terms of its theoretical development, practice and policy implication for trauma therapies.

Methodology of Energy Therapies for trauma will be presented. Types, sources and treatment methods of trauma will be described based on surveys of two earthquakes in Taiwan (1999), China (2008) and 9/11 in the USA (2001). A case study of "shock therapy" will be presented. Folk treatments for trauma from China and Taiwan will be summarized and compared to Western approaches for understanding their therapeutic process and impact. Various worldviews from multiple traditions (Buddhist, Confucian, Christian, Taoist etc.) will be presented to explain their interventions for trauma. Ancient Chinese Taoists as naturalists believe Tao (Ultimate) to be the cosmic, mysterious, and ultimate principle underlying form, substance, being, and change, encompassing everything. It can be used to understand the universe and nature as well as the human body (microcosms). One yin and one yang are considered to be Tao, the fundamental component of any system. The balance of Yin Yang energy becomes a guide for trauma therapy. Its extended theories: Five Elements and Pa-Kua Theories will be described to demonstrate the systems balance. These Chinese ancient physical, chemical, biological, mathematical, psychological, and political theories and laws was reorganized and interpreted into a Life Science Theory to serve not only as a Chinese culturally competent and evidence-based practice model but also for a universal Advanced Generalist Trauma Healing and Recovering Theory and practice. The concepts and facts about theoretical related terms regarding trauma are described and explained and its theoretical assumptions are studied and listed. Its working principles are summarized for operationalization. The presenters' published books of Qigong Therapies, Energy Therapies, and Chinese Social Work in 21st Century and how their parts relate to trauma therapies will be discussed.

Findings and Implications:

Theoretical framework and guidelines in trauma, health and social development will be explained. The worldview and the core of Chinese (universal) values are reflected in this model building strength-based approach for trauma therapy, personal and social development theories and practice. This integrated theory of energy therapies for trauma has been practiced for thousands of years by the Chinese but needs to be tested for universal application in the Advanced Generalist Model. Implications of folk therapies for trauma will be discussed.

(d) **"Narrative Writing: A Powerful Tool in Coping with Post-Trauma and a Severe Brain Injury: The Injured Person's Perspective."**

Yoram Eshet, Department of Education, The Open University, Tel-Aviv, Israel, yorames@openu.ac.il

The multi-dimensional characteristics of severe traumatic brain injuries are usually associated with shattering most of the basic assumptions of the injured people about their cognitive, emotional and social capabilities and with dramatic changes in self-perception. Coping with such traumatic experiences requires an effective construction of new narratives, assuming that in the process of identity construction, people thrive for creating narratives that help them find meaning in their traumatic experiences.

Most of the cognitive and sociological damages caused by brain injuries are not obvious "at first glance", to both the injured and to the medical staff. In order to cope with such ambiguous situation, the injured person must "launch" a lifetime odyssey of self-study, in order to map, identify, and define the trauma's scope and to develop strategies that help coping with its consequences and in constructing personal viewpoints towards the trauma— an act which requires a high level of introspective capabilities. Unfortunately, the brain-damage paradox lies with the fact that in most severe brain injuries, the introspective and self-awareness capabilities are damaged, a fact that poses major hurdles to the ability of the injured person in dealing effectively with the traumatic experience. Therefore, there is great importance for narratives of people that went through severe traumatic brain damage experiences, narratives which can improve our understanding of rehabilitation and reconstruction processes that follow such traumas.

These processes will be discussed in the present lecture, from the author's personal perspective. The author suffers from a severe brain injury and PTSD from the Yom Kippur War. Besides PTSD, the injury caused paralysis and partial blindness, but a most significant damage lies in the loss of a wide range of cognitive capabilities (e.g. loss of spatial orientation, erasing parts of the memory and losing the ability to read and to make basic math calculations). The lecture is a "summary" of a 38-years self-study of the author's post-traumatic experience. It is based on the analysis of post trauma processes and of memory, cognition and identity reconstruction, as described in the author's recent book "A Man Walks Home" (Keter Publishers, 2010). The book portrays a psychological journey into the depths of post-trauma, brain injury and of gaining ownership on post traumatic experiences with the aid of narrative writing tools. The lecture is based on the Interpretative-Phenomenological methodology, and its goal is to examine narrative patterns which are typical of identity and meaning reconstruction processes after severe traumatic experiences. Narrative writing is presented as a powerful mechanism in making post-traumas psychologically-accessible and in regaining control on the life of the injured person.

(ix) WORKSHOP: "Trauma, Theology, Faith and Reconciliation: An Exploration of the Role of Different Theologies and Belief Systems in Coping with Trauma."

Shlomo Einstein, Israel, editor of "Substance Use & Misuse", eincert@gmail.com; *Fr. Eamon Kelly*, Ireland, a priest, Vice Chargé of the Pontifical Institute Notre Dame of Jerusalem Center, ekelly@legionaries.org; *Yehuda Levy-Aldema*, artist, photographer, curator, senior museologist, museum director, y.levyaldema@gmail.com; *Rav Adin Steinsaltz*, teacher, philosopher, spiritual mentor, social critic, international lecturer, developer of a network of schools and educational institutions in Israel and the former Soviet Union, steinsaltz@milta.co.il

This workshop will explore, in words and images, the roles that a number of theologies and belief systems (Judaism and Christianity, among others) have played, over time, globally, with regard to "natural" caused and man-made traumas with regard to the traumatized, as well as the traumatizers, particularly in terms of necessary conditions for recovery and reconciliation for individuals, families and communities. Relevant materials from the Holy books of each faith may be distributed as source materials.

(x) WORKSHOP: "Enhancing Clinical Reasoning and Applying Core Concepts for Understanding Trauma Responses in Children and Adolescents: A Problem-Based Learning."

Howard Robinson, Fordham University Graduate School of Social Service, New York, hrobinson@fordham.edu; *Virginia Strand*, National Center for Social Work Trauma Education and Workforce Development, Fordham University, New York, strand@fordham.edu; *Robert Abramovitz*, National Center for Social Work Trauma Education and Workforce Development, Hunter College, New York, r.abramovitz@gmail.com

The National Center for Social Work Trauma Education and Workforce Development, co-lead by The Silberman School of Social Work at Hunter College and the Fordham University Graduate School of Social Service, disseminates an innovative course on developmentally oriented, trauma-informed clinical reasoning and case formulation to graduate schools of social work within the United States. The course is an adaptation of a curriculum developed by the National Child Traumatic Stress Network (NCTSN). The course consists of five fully realized cases that introduce students to 12 core concepts for understanding child traumatic stress responses. It uses a problem-based learning approach to help students assimilate the core concepts and apply them to children, adolescents, caretakers, and community systems as a means of promoting trauma-informed clinical reasoning and treatment planning.

This experiential workshop will utilize one of the cases to engage participants in a demonstration of the problem-based learning approach. Workshop leaders will facilitate teams of participants in processing case material that simulates how knowledge about cases develops in actual practice. Participants will encounter the challenges inherent in making trauma assessments when symptoms mirror a range of diagnostic possibilities, and they will determine the steps necessary to explore and validate clinical hypotheses using an evidence-based format. Participants will apply one of the core concepts regarding the "complexity of the traumatic response" by making a "moment-to-moment" analysis to a trauma narrative and identifying trauma triggers. They will learn how to think more broadly about the importance of social environments in trauma treatment using concepts from trauma systems therapy. We will focus on one case for the workshop involving a 10 year old Somali refugee who experiences the traumatic stress of riding on a bus that falls to the river bank when a

bridge suddenly collapses beneath it. This case will enable participants to explore the role of culture, social migration, minority status, community systems, family role, individual and family strengths, resiliency factors, and developmental age in relation to the assessment of traumatic stress and clinical intervention.

(xi) **WORKSHOP: "From a Helpless Victim to a Coping Survivor: Innovative Mental Health Intervention Methods during Crises and Emergencies."**

Moshe Farchi, Stress & Trauma Studies Program (STSP), School of Social Work, Tel Hai College, Israel, moshefar@adm.telhai.ac.il

Crisis, disasters, terror attacks or any other traumatic event may cause among the survivors acute stress reaction (ASR). The major symptoms are: disorientation, regressive and un-adaptable behaviors, psychosomatic pain, uncertainty, lack of clarity about further threat, fear for loved ones, and disconnection from their familiar support system. (ICD-10).

The main goal of the first responder in terms of mental health in the acute phase is to provide the victim the very basic support that will enable him to regain the needed coping resources and re-establish the sense of control and safety (Kutz & Bleich, 2005). This process encourages the shift of the victim's perspective: *From a helpless victim to a coping survivor.*

The emergency mental health interventions are divided by the location:

Location 1: The event's location:

- Pacing & Leading using varied communications channels.
- Re-establishing sequences of contingency.
- Regaining sense of control.
- Using the cognitive communication channel.
- Yes-set sequences.

Location 2: Emergency rooms or Traumatic Stress First Aid Centers (TSFAC)

- Stress symptoms reduction using suggestive techniques
- Memory Structure Intervention (MSI).
- Psychological Inoculation (PI).
- Group interventions.
- Basic deferential diagnosis: ASR-PTSD
- Patent release decision making.

The general principles for intervention by non-professionals, adopted by the Israel Ministry of Health (2002), are: (a). Establish personal contact with the survivors and provide words of comfort or supportive touch; (b). Encourage survivors to verbalize their experiences; (c). Provide orienting information about what happened and what is about to happen in the hospital; (d) Ensure physical needs such as hydration, food, and rest when appropriate; (e). Enable contact with any significant other as soon as possible through phone or personal contact.

During the workshop the above subjects will be elaborated and demonstrated by case studies ,short videos and hands on training.

Keynote Speaker: Dr. Edna B. Foa, Professor of Clinical Psychology in Psychiatry at the University of Pennsylvania and Director of the Center for the Treatment and Study of Anxiety.
Presentation Title: "**The Theory and Practice of Prolonged Exposure Therapy for PTSD.**"

During the first part of the lecture I will discuss the diagnosis and clinical picture of PTSD. I will then briefly present emotional processing theory to help understand the factors that explain why some traumatized individuals recover and others develop chronic disorders and how we can conceptualize the PE within this theory. Next, I will provide an overview of the efficacy of different cognitive behavioral programs that have been found helpful in ameliorating PTSD symptoms, with a special emphasize on PE. Finally, I will discuss the dissemination of PE into clinical practices in the community in the US, Israel, and other countries.

Evening Event: Sunday, January 8, 2012

"Interplay between Phototherapy – and Exhibition"

Gorali-Turel Tali, Musrara phototherapy graduate, goralita@netvision.net.il

"...the camera, like a seeing eye, choosing and documenting images, serves to convey the individual's unique point of view and reflect his emotional state. The camera's language is familiar and accessible; through it, defense mechanisms can be evaded, non-vocal communication created, and creativity-inspiring feedback attained. Photography therapy offers methods of observation and expression, opening channels to creating dialogue between the individual's internal and external reality. Experiential and emotional work takes place around the engagement in photography during the therapy process – experienced jointly by the therapist and the patient – leading to adaptation and insight." <http://www.musrara.co.il>



I lost my husband in a war. I lost our daughter in a terrorist attack. I lost my first family. For Decades I could not get close to the "red zones" of pain. During the last 3 years I deal with the demons inside - using phototherapy treatment. After the process in the room ended - I wanted to share. I wanted to get the testimony out: from darkness to light. Thus a photograph exhibition was born.

Phototherapy facilitated a spiritual process, my therapy with the therapist – through photographed images. I concealed my complex, sometimes perplexed, mainly misunderstood world, in these images. The photographs revealed the distress, goaded the pain to dare to be seen. I know that sometimes my soul is actually there, in the photograph lying on the table between us: the therapist on one side, and I, the patient, on the other.

Thus began the spirit's work: in that first step towards the potential space and within it. That place where I wove an attachment with the therapist, the all-encompassing benefactor, Between her and myself the playing space where the album, the picture, the passing of real time, could be taken apart into postponed particles, gradually came into being. It was an exploration of distress, wonderment or trepidation, and their exchange with a possible, bearable reality.

The art of photography as art therapy: Both of them demand precision, direction, focused intensity of emotion, a search after something that is sublime by definition. But insofar as the first wants the one, perfect, artistic image – the other wants the productive, inspiring image with healing qualities. The first demands the final product, the other – remains willingly within the process, and relates to the product, whatever it may be, as an integral part of itself.

Therefore, from necessity, the encounter between phototherapy and photography as art – is complex and conflicting: After all, I present to a wide audience images that were revealed in therapy and intended for four eyes only.

The works that are presented in this exhibition are those that remained in the “sieve” after the therapy was sifted away. This is the core of the complexity embedded in “An Exhibition of Phototherapy”: The viewer sees the “photo” after the “therapy” is concealed”.

Second Day: Monday, January 9, 2012

Keynote Speaker: Dr. Faye Mishna, Professor and Dean, Factor Inwentash Faculty of Social Work and Department of Psychiatry, University of Toronto, Canada. Presentation Title: "Addressing the Trauma of Bullying Experiences."

This presentation will offer a frame through which traumatic experiences of bullying can be understood and addressed therapeutically. An overview of the effects of bullying will be presented, demonstrating the far-reaching impact both for children who are victimized and for those who bully. Bullying is a complex phenomenon that is a relationship problem (Pepler, Craig, Connolly, Yuile, McMaster, & Jiang, 2006), characterized by the assertion of power through overt or indirect aggression (Pepler & Craig, 2000).

A systemic-ecological framework takes into account factors that affect children and youth's vulnerability to involvement in bullying at multiple levels, including cognitive and emotional development, family engagement, peer interactions and cultural and societal conditions (Bronfenbrenner, 1992; Germain & Bloom, 1999). The terms "techno-subsystem" (Johnson & Pupilampu, 2008) and "techno-microsystem" (Johnson, 2010) have been proposed as modifications to the systemic-ecological framework, extending a child's social ecology of home, school and community environments to include the cyber world, which interacts with all other levels to influence development (Johnson & MacEwan, 2010).

Being a victim of bullying can be experienced as traumatic. van der Kolk, McFarlane, and Weisaeth (1996) referred to psychological trauma as any critical incident (such as repeated emotional and verbal abuse and neglect) that results in individuals experiencing uncharacteristically strong emotional reactions that cause psychological changes and that may affect their functioning at work, at home, or in other areas of their lives. According to Stolorow and Atwood (1992), who emphasized the relational context in which trauma occurs, "pain is not pathology. It is the absence of adequate attunement and responsiveness to the child's painful emotional reactions that renders them unendurable and thus a source of traumatic states and psychology" (p. 54). This conceptualization pertains both to dramatic and discrete traumatic events as well as to more subtle forms of traumatic injuries. Although not all children or youth experience their bullying victimization as traumatic, it is crucial to recognize the potentially devastating effects of peer victimization. Effects can include social, emotional, academic, and psychiatric problems, which may persist into adulthood (Fekkes, Pijpers, Fredriks, Vogels, & Verloove-Vanhorick, 2006; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001; Olweus, 1993).

Regardless of the nature or perceived severity of the bullying, a child can feel traumatized if adults do not listen, respond, or intervene appropriately. If adults blame or do not believe or validate the child's experience of victimization, the child could feel further victimized (Astor, 1995). The relationship problem that is bullying calls for a perspective that accounts for the inherent complexities involved—the individual, the social, and the environmental context.

Peer victimization can also have a traumatic effect on bystanders (Janson & Hazler, 2004). Indeed, it has been documented that bystanders can experience traumatic reactions similar to those of the victimized children or youth (Boney-McCoy & Finkelhor, 1995).

Clinical examples will illustrate concepts and strategies including the role of the therapist, the nature of the therapeutic relationship, and the therapeutic process and interventions.

(xii) **Building Family and Community Resilience: Israel Perspective** (Presentations will be provided in Hebrew)

(a) **"Innovative Treatment for Clients with Panic Attack Following Exposure to Acts of Terrorism."**

Osnat Cohen, Unit for the Treatment of Victims of Political Violence, Israel National Security, osnatc@nioi.gov.il; Tali Levanon, Israel Trauma Coalition, Taly.Levanon@itc-office.org.il

מבוא:

על פי חוק התגמולים לנפגעי פעולות איבה כל הוצאות הריפוי הקשורות לפגיעת האיבה ממומנות על ידי המוסד לביטוח לאומי המטפל בנפגעים כתוצאה מאירוע איבה .
הטיפול הרפואי ניתן בעין – הנפגע מקבל את הטיפול באמצעות בתי החולים הציבוריים וקופות החולים והמוסד לביטוח לאומי מממן את עלותו .

פגיעת איבה כמשמעותה בחוק הביטוח הלאומי היא פגיעה שאושרה על ידי הרשות המאשרת במשרד הביטחון. הרשות המאשרת בודקת

1. אם האירוע הוא אירוע איבה כמשמעותו בחוק

2. אם לנפגע נותר נזק כתוצאה מפגיעת האיבה

לפיכך מימון הטיפול הרפואי יהיה רק אם אושרה הפגיעה כפגיעת איבה

המצב הקודם:

נפגע חרדה כתוצאה מפגיעת האיבה נדרש להגיש תביעה להכרה כנפגע פעולות איבה , רק לאחר אישור הרשות המאשרת ניתן היה לממן את הטיפול הרפואי בגין הפגיעה , על פי הנהלים התביעה הייתה הנבדקת לאחר כ- 3 חדשים על ידי ביצוע מבחן נירור פסיכולוגי לבדוק אם נותר לנפגע נזק כתוצאה מפגיעת האיבה. יוצא איפה כי מיום הפגיעה ועד לאחר שלושה חדשים הנפגע לכאורה לא קיבל טיפול רפואי כתוצאה מחשיפה לאירוע טראומתי, על פי חוק בריאות ממלכתי הטיפול הנפשי אינו בסל הבריאות לכן קופות החולים אינן נושאות בעלויות מאחר והן אינן מחויבות או אמורות לממן את הטיפול הנפשי לאחר החשיפה לאירוע .

נוצר מצב בו מי שנחשף לאירוע איבה לא קיבל את הטיפול הרפואי בזמן והטיפול אישור או דחייה של תביעה נמשך בין 3-8 חדשים , מה גם שלא ניתן היה לקבל מידע ותיעוד רפואי מתאים על מצבו של הנפגע בסמוך לפגיעה מאחר ולא טופל ואין לגביו כל תיעוד רפואי בזמן אמת , רק לאחר ההכרה בתביעה ניתן היה להפנותו לטיפול רפואי לעיתים זה היה מאוחר מדי.

הטיפול החדשני:

במלחמת לבנון השנייה יזם המוסד לביטוח לאומי נוהל חדשני לטיפול בנפגעי החרדה שהיו חשופים לאירועים בצפון .

אזרחים רבים הגיעו לבתי החולים ולאתרי הדחק שפתח משרד הבריאות (כ- 4000 איש) בטענה לסימפטומים של חרדה (כ- 4000 איש)

מתוך ראיית הנולד והשלכות האירועים על אוכלוסיית הצפון עלה הצורך בשינוי הנהלים וקיצור תהליכי הטיפול הרציונאל לתהליך הטיפול המוצע מושתת על הצורך הדחוף לטפל בנפגעי חרדה תוך מספר שבועות מיום האירוע במטרה למנוע תסמונת פוסט טראומטית כרונית העלולה לחבל במהלך החיים התקין .

המוסד מימן באישור משרד האוצר טיפול נפשי מיידי, על עקרון של הפרדה בין פיצוי לטיפול, כאשר כל מי שהגיע בתלונה זו לבית החולים או לאתר הדחק, היה זכאי לקבל טיפול נפשי ללא צורך בהגשת תביעה ובהמתנה להכרה על ידי הרשות המאשרת במשרד הביטחון ובטרם הוכרה הפגיעה כפגיעת איבה. המשמעות מניעת ביוקרטיה ומתן טיפול בזמן .

הנושא תואם עם משרד הבריאות ומשרד החינוך על ידי שיתוף פעולה ואיגום משאבים הטיפול הנפשי ניתן על ידי צוותים מקצועיים במרפאות הפסיכיאטריות בבתי החולים בצפון ובאחריות משרד הבריאות ואשר כלל :

1. ראיון טלפוני מובנה - (של דר' אילן קוץ מבית חולים מאיר בכפר סבא)

2. אינטייק - על ידי צוות מקצועי שהתמחה בטיפול קצר מועד ,

3. 12 טיפולים פרטניים - למי שנזקק להמשך התערבות ללא צורך בהגשת התביעה

יישום הנוהל:

מאז יולי 2006 הנוהל החדשני הופעל בצפון לכלל האוכלוסייה הנזקקת בשיתוף משרד הבריאות, באוקטובר 2006 החלנו לממן את הטיפולים לאוכלוסייה בעוטף עזה ושדרות במהלך התקופה צורפו גם מרכזי החוסן בדרום במועצות האיזוריות ובשדרות.

באיזור הדרום במיוחד בשדרות עלה הצורך במימון הטיפולים גם לילדים ואכן הרחבנו את המימון לאוכלוסייה זו על פי החלטת המועצה לבריאות הנפש הנוהל מופעל בעת חרום או באירוע איבה המוני, ואכן אם יש אירוע בו יש צורך במתן טיפול מידי אנו מפעילים את הנוהל כדוגמת הפיגועים בירושלים – מרכז הרב, פיגועי הטרקטור

(b) "Developing Community Resilience in a Continuum Emergency Routine Environment."

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פיתוח חוסן קהילתי בשגרת חירום מתמשך במ.א. שער הנגב 11 יישובים (מושב אחד ו-10 קיבוצים) הנמצאים בתהליכי הפרטה וצמ"ד שונים. מונה כ- 6500 נפש.

מזה 10 שנים מצוי האזור במצב חירום מתמשך שמתבטא בתקופות ארוכות בירי טילים ומרגמות לעבר בתי הספר המכללה והיישובים השוכנים על גדר המערכת הגובלת לעזה, חדירה של מחבלים לעבר יישובי הגדר וחפירת המנהרות. ירי הטיל לעבר אוטובוס ילדים שהיה בדרכו מנחל עוז ב- 7/4/11, בו נפגע נהג האוטובוס ונהרג הילד שהיה עימו סימל הסלמה ברמת האיום. חלק מהתושבים נדרשים שעות רבות לשהות במרחבים מוגנים שאינם מותאמים לשהות ממושכת. אנו עדים בימים מסוימים לחזרת מצב שגרת החירום כפי שהייתה לפני עופרת יצוקה, מצב זה מעלה מאוד את רמת החרדה והתגובות הפוסט טראומטיות של התושבים וילדיהם בכלל ובקרב אוכלוסיות הקשישים, המשפחות ובעלי הצרכים המיוחדים בפרט.

מרכז החוסן הינו יחידה בתוך המחלקה לשירותים חברתיים המהווה כלי מקצועי-ארגוני המאפשר לרשות המקומית להיערך לספק מענה לקהילה בשעת חירום, ובמקביל לחזק את חוסנה בתקופת רגיעה.

ברשויות ב"עוטף עזה" 5 מרכזי חוסן, ובהם זה של "שער הנגב".

מרכז החוסן נותן מענים שונים ב"שגרת החירום", באירועי חירום, ובשיקום לאחריהם עד החזרה לשגרה, זאת באמצעות איגום שירותי תמיכה וסיוע רב מקצועיים קיימים, ופיתוח מענים לצורכי הנפגעים בפרט והציבור בכלל, בכל תחומי החיים.

מטרות המרכז כוללות: (1) זיהוי פערים בתחום הפסיכו-טראומה (חירום או שגרה) ופיתוח וקידום תכניות סיוע ברמה הפרטנית, משפחתית וקהילתית; (2) הקמת תשתית מוכנות לעיתות חירום ברמה יישובית, אזורית; (3) חיזוק החוסן הקהילתי ברשות. – יצירת מנגנוני פעולה המבוססים על כוחות מקומיים והעצמתם מנהיגות מקומית ושירותים מקצועיים בתחומי חברה, חינוך בריאות ורווחה.

עיקרי התפיסה מקצועית:

1. בניית החוסן הקהילתי נעשית באופן שוטף, כאשר תוצאות העבודה באות לידי ביטוי בשגרה ובחירום דרך העמידות של הקהילות והפרטים והיכולת לעבור את המצבים הקשים ללא שבר.
2. אנשי המקצוע, ובמרכזם עובדי המחלקה לשירותים חברתיים, מהווים מודל של ערכי החוסן בעצמם. המדובר באנשי מקצוע המכירים את הקהילה ואנשיה, מקיימים קשר רציף של נוכחות גם בשעת קושי וחירום ויודעים כיצד להפעיל את הכוחות המקומיים.
3. מרכיבי החוסן שעוסקים בהם:
 - א. תחושת השייכות לשוב ולאזור.
 - ב. תחושת הלכידות, התמיכה והסולידריות.
 - ג. תחושת ההובלה והשליטה. [מנהיגות]
 - ד. האמונה בכוח הפנימי וביכולות להתמודד. [חוללות עצמית]
4. אין תחליף לכוחות מקומיים יישוביים: ככל שמנגנוני ההובלה והשליטה אצלם, קיים סיכוי רב יותר לתחושת חוסן של התושבים.

בהצגה שלנו נציג דילמות שעלו במשך השנים וגם היום, בתקופה של שקט יחסי: מהי מידת המעורבות של הגוף המרכזי בפיתוח החוסן היישובי? "הפרה והעגל" היכן לשים את הדגש (ישוב מול אזור)?

(c) **"Community Resilience."**

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לנוכח ההתמודדות של קהילות ברחבי הארץ עם מצבי משבר וחירום פותחה תפיסת החוסן הקהילתי הרב מימדי, כדי לסייע לקהילות השונות לפתח משאבים ותכניות להתמודדות עם ההיבטים: ביטחוניים, כלכליים, חברתיים וקהילתיים של משברים, וזהות במצבים אלה את האתגרים וההזדמנויות לבניית וחיזוק חוסנה של הקהילה והרשות המקומית.

התכניות, והמענים ברמה הקהילתית מפתוחים בזמן שיגרה בגישה מערכתית ובינתחומית. פיתוח המדיניות והתפיסה של החוסן הקהילתי התבצעה ברמת מטה על ידי השירות לעבודה קהילתית במשרד הרווחה והשירותים החברתיים, ויושמה באמצעות המחלקות לשירותים חברתיים ברשויות המקומיות, על ידי עובדים סוציאליים קהילתיים, עובדים סוציאליים פרטניים ובשיתוף עם עמיתים מפרופסיות נוספות, ארגונים מהחברה האזרחית, מנהיגויות קהילתיות, פעילים ומתנדבים בקהילה.

המענים והכלים שפותחו כוללים בין השאר: (א) הפעלת תכנית לשיפור חוסן קהילתי (שח"ק) בישובי קו העימות בצפון; (ב) הקמת והפעלת שמונה מרכזי חוסן קהילתי ביהודה ושומרון ובישובי עוטף עזה; (ג) הקמה והפעלת כ-500 צוותי חוסן וחירום יישוביים (צח"י) בישובים קהילתיים, וצוותי חוסן וחירום שכונתיים (צח"ש) ב-46 ישובים עירוניים, ביהודה ושומרון, בצפון, בקו התפר, בישובי עוטף עזה ובדרום הארץ; (ד) פיתוח מדד לחוסן קהילתי של רשויות מקומיות, שנבדק ברשויות מקומיות בצפון בעקבות מלחמת לבנון השנייה, וברשויות מקומיות בדרום בעקבות מבצע "עופרת יצוקה"; (ה) הקמת מערך, המבוסס על תפיסת החוסן הקהילתי, שעסק בהכנות קראת תכנית ההתנתקות, ובקליטת המתיישבים שפנו לאחר ההתנתקות ברשויות המקומיות.

כיום שם משרד הרווחה והשירותים החברתיים את הדגש בפעילותו על חוסן קהילתי בקרב קהילות פונקציונליות ואוכלוסיות מודרות ומוחלשות, והזיקה ביניהן לבין כלל הקהילה כמסייעת ותומכת בזמני משבר וחירום. לשם כך מתעתד המשרד, באמצעות השירות לעבודה קהילתית והמחלקות לשירותים חברתיים ברשויות המקומיות לפתח תפיסת הפעלה בקהילות המקומיות המתבססת על הפעלת שיטות עבודה הכוללות: פיתוח רשתות חברתיות תומכות, קבוצות לעזרה עצמית והדדית ופיתוח תמיכה משפחתית-קהילתית.

(xiii) **Building Family and Community Resilience: International Perspectives**

(a) **"Enhancing Risk Communication and Effective Response in the Event of Disaster."**

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Background and Purpose:

Local officials and community leaders serve a critical role before, during and after a community disaster. In the past ten years numerous disasters and public health emergencies have occurred throughout the world, during which community leaders and public health officials have to provide information, education, access to services and mental health resources in the midst of overwhelming fear, chaos and uncertainty. Although this is an expected role of community leaders, it is a rarely a fully anticipated role and often poorly planned. In recent disasters, such as September 11 in the United States, leaders are caught of guard and pulled between their public role while simultaneously trying to care for themselves and their families. This tension brings uncertainty and a less than optimal performance during times of need. Anticipatory training and planning for community leaders as they embrace their public and private roles are key to a successful management of disasters.

In this paper we present the findings from a program funded by the New York City Department of Health and Mental Hygiene (NYC DOHMH) to design and evaluate a preventive training for city government,

community, and spiritual leaders who would be called upon to take leadership in the event of a disaster or related emergency.

Methods:

This evaluation project involved three steps using triangulated methods. Step 1 was formative, using focus group methodology with 20 government leaders and 20 community/spiritual leaders to develop a collaborative plan. Step 2 focused on the development of a preventive training model to address awareness, fear, communication, and disaster preparation among city and local leaders, with ongoing input from city and community leaders involved in Step 1. In Step 3 we recruited and trained 60 government, community, and spiritual leaders across NYC, representing individuals from a range of ethnic backgrounds to document short term impact using quantitative and qualitative process and outcome evaluation data.

Results:

Through the initial focus groups we identified 1) barriers to involvement including fear, denial, urgent "daily" disasters at the community level (e.g. poverty, homelessness, chronic stress) and limited knowledge regarding the multifaceted impact of a public health emergency, 2) strategies for building alliance between city decision makers and community leaders to promote communication and access to resources and 3) strategies to maximize preparedness and risk communication systems and skills for DOHMH leaders, and between and among DOHMH, community leaders and their constituencies, 4) both common and unique needs across systems and cultures and tension between the duality of public and private demands during disaster. Findings from the outcome evaluation among city and community trainees showed strong satisfaction with the training (94% high or very high satisfaction), a close to significant trend increase in knowledge regarding disaster management and risk communication from pre to post test, and suggestions for addressing the diverse needs of a city where 120 languages are represented with a language other than English spoken in 47.6 percent of homes.

Conclusions and Implications:

This project provided a platform to increase knowledge and awareness of public health issues related to the possibility of a pandemic or other major health-related disaster, while simultaneously identifying mental health issues that aim to reduce the emotional impact of disaster both in the short term and over time, by promoting prevention and building awareness. Under such emergency circumstances local leaders and decision makers must rapidly confront and overcome overt and hidden disparities that exist as a result of racial, cultural and other embedded inequities if fear and impact are to be addressed and contained. Using a social work perspective that incorporates principles of social justice, the implications for broad based disaster preparedness, developed in full collaboration with local city and community leaders, will be discussed.

(b) **"The Effects of Prolonged Exposure of Terror: Lessons Learned from Different Cohorts."**

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Since 2001, the southern region of Israel has been the target of Qassam rockets. Qassams are fired at all hours, and have led to considerable uncertainty and anxiety in the lives of the residents of this area. Earlier studies of the population in this area have revealed a variety of adverse responses. Despite these emotional reactions, many residents of this area have maintained their usual routine and have somehow succeeded in adapting themselves to this situation.

The current presentation aims to explore the role of personal and community resources among sub-groups of this population: adolescents, students, and adults who have been exposed to this specific

kind of extensive and prolonged terror. We believe that it will specifically enrich the knowledge on the contribution of risk and resilience factors to adjustment. Resources which will be presented will include both personal and community variables. We will present the findings of a study conducted together with Prof. Orit Nuttman-Shwartz. The research, examined 1000 children and youth in elementary schools, junior high schools, and high schools in Sderot and the Gaza area. Measures of adjustment included post-traumatic symptoms, anxiety, and depression, as well as levels of violent behavior in school, and dimensions of personal well-being and academic functioning. Sense of belonging to the school and the community were examined as resources which contribute to adjustment.

(c) "Transformation Born of Suffering: A Qualitative Study of Political Extremists and Ex-Gang Members Who Have Chosen the Anti-Violence Path."

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Introduction:

Stanley Milgram's (1963,1974) obedience studies and Zimbardo's Stanford Prison Experiment (Zimbardo, 2007) are arguably the most well-known social psychological research that impacted the field of psychology but also steered public debate regarding the nature of human beings. While much of the debate has centered on the issue of "how good people turn evil", the fact that a small minority of subjects resisted imposing harm on others was somewhat ignored (Elms, 2009). Who were the defiant subjects that showed empathy toward the learners? What allowed them to break the norm and become what Zimbardo's termed "ordinary heroes"? The aims of the presentation and its significance:

- 1) To report the preliminary results of a study that explores the impact of dispositional factors (temperaments, personality characteristics), childhood patterns (nature of attachments, family structure, family values and norms, family ethos) and situational factors (significant events, identity formation styles, personal and collective values and norms, exposure to other world views) on denouncing violence and adopting an anti-violence position.
- 2) To examine the role of traumatic experiences in facilitating a process of transformation from extremism into peaceful anti-violence activity.
- 3) To suggest, based on these findings, anti-radicalization programs aim to prevent youth involvement in violent activities and to promote co-existence, reconciliation and tolerance among groups in conflict

Methodology:

80 former extremists, 40 Palestinians and Israelis from organizations such as The Bereaved Cycle, Combatants for Peace and Wounded Crossing Border and ex-gangs were from California, were given depth interviews exploring personality characteristics, family history & dynamics, personal, political attitudes as well as inspirational figures, traumatic experience and other situational factors that may have impacted their transformational process.

Additionally, at the end of the interview subjects were self-administered a 108-item questionnaire that was built from the following seven validated questionnaires: The Interpersonal Reactivity Index, Heartland Forgiveness Scale, PTSD – PCL, PTG Scale and Sense of Coherence Scale.

Findings and Implications:

It appears that both early childhood patterns and more current situational factors such as traumatic experiences and personal crises played role in the transformational process. These findings were interpreted utilizing the concepts of Kugalski's "quest for significance" and Staub's "altruism born of suffering". Implication regarding community-based programs geared to prevent youth involvement in violent activities and to promote reconciliation and tolerance among groups in conflict were suggested.

(xiv) Trauma and Psychological Distress: Issues for Parents and Children

(a) "The Traumatic Experience of Giving Birth Prematurely to a Very-Low-Weight Baby."

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The Aim of the Presentation and its Significance:

When medical technology and postpartum care first made it possible to keep very-low-birth-weight (VLBW) premature babies alive, a fair body of research has been carried out on the mothers of these babies. Most of the studies are quantitative examinations of various manifestations of the mothers' distress and/or of variables that ameliorate or exacerbate it. The result is that it is impossible to know how much the mothers' distress is rooted in the premature delivery and how much it is rooted in the infant's condition. There are very few qualitative studies on mothers of VLBW babies.

Method:

The study presented in this talk is a qualitative examination of 30 mothers of VLBW babies. We collected the data by means of face-to-face, in-depth, semi-structured interviews between 3-9 weeks after the delivery, when the experience of the delivery is still in the forefront of the mothers' recollections. The interviewees participated voluntarily. All the interviews were tape-recorded and transcribed. In line with the phenomenological method, two coders independently performed a cross-case thematic content analysis, identifying and coding themes across the cases.

Findings:

Virtually all the women described the premature delivery as a traumatic event. Most of the women asked themselves why they gave birth prematurely, and most of them saw the premature birth as an untoward event. About two thirds of them sought to explain it by attributing blame, either to themselves or someone else. In contrast, about a third of the interviewees viewed the premature delivery as something that saved their child's life and credited themselves, their bodies, or God with having had the sense to get to the hospital and rescue the baby from otherwise certain death. A fair number of interviewees reported a lack of psychological readiness to be mothers. They attributed their lack of readiness to either or both of two sources. One was the truncated pregnancy, which did not leave them enough time to go through the necessary psychological process of becoming a mother, or the surprise rapid delivery under anesthesia. Together, these experiences combined to create the sense of "no longer pregnant, not yet a mother".

Contribution and Implications:

The present study adds to the knowledge provided by previous studies by revealing the nature and components of the mothers' traumatic experience following the birth of their VLBW babies, with special attention to the traumatic aspects of the delivery. It also provides detailed information about the mothers' specific ways of coping with various challenges posed by their experiences. The study findings have practical implications concerning hospital policy toward women who deliver prematurely.

(b) **"The Delivery of Bad News and Recipient's Trauma."**

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Background:

In 2010 Hadassah University Hospital became the first Israeli Hospital to have a social worker in the Department of Clinical Genetics. Prior to assuming this position I was the social worker in the Neonatal Unit in Hadassah, Ein Kerem.

In these positions I coordinate the Hospital appointed committee to inform parents if their newborn has a suspected disability or condition that will cause developmental delays.

For the seven years prior to my joining the Hadassah staff I worked at the "Me and My Mommy" program at Shalva with the parents of developmentally delayed newborns.

This background has given me the unique perspective of both being part of the team that delivers bad news and part of the team that worked with parents who had just recently received bad news.

Issues:

One of the most sought after experiences in the natural life cycle is the birth of a healthy baby. In modern times it is a medical event, with pregnant woman undergoing a battery of tests, and receiving constant updates as to the state of their fetus. Unlike other medical situations, the pregnant woman entertains only the possibility of a healthy baby. Either during the course of the pregnancy or immediately after the birth medical personnel may have to share with a couple the assessment of a child's medical condition such as Down Syndrome. The delivery of this news is a traumatic event. The hopes and expectations that accompanied the pregnancy have been challenged. What do we, as professionals in the hospital bring to this setting, how can we do it better; can we examine our part in the trauma and adapt our behavior?

Lessons Learned:

In working with 300 mothers of Down Syndrome newborns over 7 years in Shalva I developed many theories on how bad news was being delivered and on how to improve the situation. In the last 4 years of coordinating the team that notifies mothers upon the birth of a suspected Down Syndrome baby, I now believe differently. Conversations with parents after the news has been delivered frequently do not match the way the hospital staffs have delivered the news.

What does this mean? How are the professionals and the parents leaving this experience with different "eyewitness" versions? How can staff lessen the trauma of delivering bad news? Is it possible that the very nature of delivery, has already set the groundwork for the trauma the patient reports?

I will explore the Spikes model of delivering bad news and discuss the impact we have on the immediate state the parent is in. The question remains what is said and what is heard- how do we bridge the gap?

(c) **"Stress and Coping in Various Cultural Groups of Adolescents: The Fire on Mount Carmel."**

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Background and Aims:

The salutogenic theory considers sense of coherence (SOC) as a cross cultural concept (Antonovsky, 1987), meaning that in all cultures and at all of stages of coping with a stressor, a person with a strong SOC is at an advantage in preventing tension from being transformed into stress. However, in seeking to understand how the SOC works, it is culture which defines which resources and what strategies are appropriate. The aim of this presentation is to examine this theoretical assumption of Antonovsky. We

will compare personal and community SOC, as well as stress reactions in three various cultures: Jewish, Muslim, and Druze. We will further attempt to find out how resources of personal and community SOC function as protective factors according to cultural norms.

Methodology:

Data were gathered a few weeks after the fire on Mount Carmel (Jan.-Feb. 2011) from 1609 adolescents aged 12-18 ($M=15.87$ $SD=1.10$). Participants belong to three different cultural groups. Jews accounted for 48.4%, Muslims for 20.5%, and Druze for 31.1% of the sample. Adolescents filled out self reported questionnaires investigating personal and community SOC as well as demographics such as gender, age and parents' education.

Results:

Significant differences among the three groups were found. While Jews reported the highest personal SOC, Druze reported the highest community SOC compared to their counterparts. On both personal and community SOC, Muslim adolescents were the lowest. As for the different stress reactions, the highest level of state anxiety was reported by Muslims. Anger and SPD were lowest among Jews. Differences were also noticed between Muslims and Druze, with Druze reporting fewer symptoms of anxiety and SPD.

Further investigation revealed that the coping resource of community SOC operated differently as a protective factor for stress in the different cultural groups. While the personal SOC was significant in explaining stress in all three cultures (Jewish, Muslim, Druze), community SOC was significant in explaining stress only for the Druze group.

Discussion: These results will be discussed in the theoretical framework of the salutogenesis and against the cultural background of the various cultural groups.

(d) **"Experiencing Processes of Growth: Coping and PTG amongst Mothers who were Exposed to Rocket Attacks."**

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The paper presents processes of coping and Post Traumatic Growth as elicited both from open-ended questionnaire as well as in-depth interviews conducted with 50 mothers, following a long term period exposure to threat in the form of rocket attacks on their homes in the west Negev, Israel. Coping methods as well as Post traumatic growth processes will be presented using quotes from the mother's interviews.

Concurrently, because of the parental decision to live in an area exposed to missile attacks, the mothers expressed guilt feelings towards their children, fearing for their mental well-being. The outcomes for women living under long period of threat in the Israeli society will be discussed and possible applications for mental health professionals working with such populations will be suggested.

(xv) Trauma and Psychological Distress: Issues for Adults in Late Life

(a) "Cumulative Adversity and Mental Health: Considering Time of Occurrence and Primary Focus of Adversity."

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The study addressed the association between lifetime cumulative adversity and mental health. More specifically, we examined two aspects of adversity: its time of occurrence across the lifespan and whether it primarily targeted the individual or other people around the individual.

Data of 1,130 participants aged 50+ were drawn from the Israeli component of the Survey of Health, Ageing and Retirement in Europe (SHARE).

We found that adversity reported to have occurred early in life was positively related to mental health, while adversity reported to occur in late life was negatively related. Additional analyses showed that the positive association between early-life adversity and mental health was mainly restricted to adversity in which the primary harm was to another person (other-oriented adversity). In contrast, the negative association between late-life adversity and mental health was mainly restricted to adversity in which the primary harm was to the self (self-oriented adversity).

This study suggests that the differential effects of cumulative adversity are best captured when accounting for both time of occurrence and primary focus of adversity.

(b) "Family Dynamics, the Nazi Holocaust, and Mental Health Treatment: A Shift in Paradigm."

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This presentation will describe survivors' family dynamics before, during and after the Nazi Holocaust. This is part of a larger study titled "Forgiveness, Resiliency, and Survivorship Among Holocaust Survivors" funded by the John Templeton Foundation that presents quantitative and qualitative data illustrating how survivors describe their family dynamics before, during, and after the Nazi Holocaust. Survivors first responded to the Danieli Questionnaire, which ascertained their modes of adaptation after World War II. The researcher then constructed a family resilience model synthesizing ecological, family systems, and risk and resilience to establish the family resilience template. This template guided the analysis of transcripts of interviews with 35 survivors. The survivors' own words became the vehicle for illustrating themes of family and family-like interactions. The major themes that emerged from the present study include the ideas that survivors often lived in a middle- to upper-middle-class family during their early years; experienced early expressions of love; survived the war in family dyads; formed surrogate family networks; traced their lineages and losses; set priorities in life, including having a family and career; attended to traditions and beliefs; and self-healed and transcended adversity.

(c) **"Post Traumatic Stress Disorder among Three Generations Families in Times of War: A Comparison between Israeli Jews and Arabs after the Second Lebanon War (2006) and Cast Lead Operation (2008)."**

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Background:

While the effects of war on individuals, age groups, and communities have been thoroughly studied, there has been relatively little mention in the literature regarding its differential effects on adult children and their parents and their elderly grandparents.

Methods:

338 participants, 167 elderly parents, 171 adult offspring and 171 adult grandchildren living in the northern and southern regions of Israel were interviewed after the Second Lebanon War (2006) and the Casting Lead Operation (2008). The participants were sampled by a cluster sampling.

Findings:

Elderly parents experience higher levels of PTSD symptoms than their adult children or their adult grandchildren do. Women experience higher levels of PTSD symptoms than men and Israeli Arabs and Druze more than Israeli Jews in all three generations.

Conclusions:

A policy should be enacted among the local authorities and the governmental offices that would ensure accessibility to and the ability to provide proper care especially for the elderly population during times of war or terror events. In addition, it is important to set up local teams in every local community, to deal with the level of mental and emotional preparedness of the home front and its inhabitants, in case the latter should again become part of the human casualties of the wars and terrorist events that occur in Israel.

(d) **"Post Traumatic Stress Disorder (PTSD) in Late-Life: PTSD Effects on Brain Aging and Dementia."**

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Aims:

"Premature aging" and "organic phase" late in the course of PTSD were described 20 years ago but were neglected by clinicians and researchers. Only recently new research showing that PTSD significantly increases the risk for dementia in later life has come to light. Older USA veterans with PTSD had nearly a 2-fold increased risk for dementia compared with their counterparts without PTSD. Veterans with PTSD developed new cases of dementia at a rate of 10.6% over 7 years of follow-up, versus 6.6% of those without PTSD. In addition, PTSD did not appear to be associated with a particular dementia type but rather had an "across-the-board effect" for all dementias, including vascular dementia and Alzheimer's disease. This retrospective cohort study included 181,093 veterans aged 55 years and older without dementia at baseline and compared rates of newly diagnosed dementia or cognitive impairment in 53,155 subjects with a diagnosis of PTSD and 127,938 subjects without PTSD. Subjects' mean age at baseline was 68.8 years, and the great majority were male. After adjustment for demographics and medical and psychiatric comorbidities, PTSD patients were still nearly twice as likely to develop incident dementia (HR, 1.77; 95% CI, 1.7 – 1.9). The results were similar when investigators excluded subjects with a history of traumatic brain injury, substance abuse, or depression. Thus, clinical observations noted twenty years ago have become a major issue for researchers and clinicians treating the elderly as

modern research underlines the need to clarify the complex association between PTSD and the risk of dementia.

Process:

Given the neurochemical, neurological, and neuropsychological impairments that appear to accompany PTSD, several investigators have suggested that severe and prolonged trauma or a history of PTSD may place aging individuals at increased risk of cognitive decline and inception of dementia. It has been observed that former prisoners of war and survivors of Nazi concentration camps may demonstrate concomitant neuropsychological disorders decades after the traumatic experience, with a possible increase in rate of cognitive decline and risk of dementia. The Traumatic Stress Studies Program, Mount Sinai School of Medicine, New York, research group has reported memory changes in PTSD in late life not previously observed in young trauma survivors. Both Holocaust survivors and elderly combat veterans show reductions in performance on performance and total learning in contrast to younger participants with PTSD. The similarity in deficits between combat veterans and Holocaust survivors taken together with a more pronounced negative correlation between age and learning deficits in Holocaust survivors with PTSD may be viewed as supporting evidence for an accelerated age-related decline in aging trauma survivors with PTSD.

Findings:

There are a number of plausible explanations for the association besides the obvious one of head trauma causing both PTSD and vulnerability to subsequent cognitive impairment. Many of the protective factors we acquire during development are not available to victims of mass violence, prolonged war or Holocaust survivors while they accumulate risk factors. The lack of education, severe hunger, exposure to CNS infections, elevated homocysteine levels, chronic activation of glucocorticoids secretion are all involved in the excessive risk. As these victims of massive trauma become adults and then age many "acquire" so-called "secondary" risk factors for dementia such as diabetes, cardiovascular disease, nicotine and alcohol abuse, depression and reduced social networks.

Smaller hippocampal volume has been observed in young and middle-aged adults with chronic PTSD. These alterations may put trauma survivors with PTSD at greater risk for cognitive decline in later life. One postmortem and one MRI study support this contention.

Implications:

With an aging population that will continue to live longer, greater clinical knowledge and more research into all aspects of PTSD in the aging population is urgently needed and overdue. There is a need to create a comprehensive network of mental health professionals that will cooperate and share experience and data to define the association between PTSD and dementia.

(xvi) WORKSHOP: "Interventions Based on Splitting and Emotional Regulation for Victims and Perpetrators of Family Violence."

Judith P. Siegel, Silver School of Social Work, New York University, js13@nyu.edu

Partner or intimate violence is a serious social problem that creates trauma for the adults involved as well as children who witness. While all interventions need to pay utmost respect to dynamics of power and safety, there is a need to consider new approaches.

Children who witness domestic violence or are the direct victims of family violence typically struggle with emotional sequelae. There is a sizeable body of research that documents the changes in neural development following trauma exposure that contribute to difficulty comprehending and modulating emotions, repeated relationship problems and the propensity to self-medicate with drugs or alcohol (De Zulueta, 2006; Solomon & Siegel, 2003). The vast majority of adults in relationships with intimate violence were exposed to family violence at some point in their childhood, either as witness or

recipient. Theory and preliminary research indicate the defense mechanism of splitting appears to play an important part in the resolution of trauma exposure, and with the problems with emotional regulation that persist. Splitting predicts specific relationship dynamics that appear in populations with partner violence and contributes to the cycle of violence through the way that situations are cognitively processed (Siegel & Forero, 2011). Distortions in processing, interpreting and drawing conclusions are directly related to emotional regulation, (Lewis, 2007).

This workshop will present interventions based on reduction of splitting and emotional dysregulation. The presenter will review the neuropsychology of trauma, focusing on the interplay of beliefs and unregulated emotions. Triggers such as criticism, envy, rejection and lack of control will be briefly discussed. Theory will be used to describe the nature of splitting and its role in cognition and judgment. The ways this manifests in intimate violence will also be discussed and supported with research findings and case material. The presenter will then offer interventions that include psychoeducation, exercises to promote awareness of emotions and splitting, and strategies to restore emotional equilibrium. These practice interventions may be useful for social workers and other helping professionals who work with victims of family violence and other trauma populations.

(xvii) Impact of Trauma at Home

(a) "'Suddenly I Just Knew that I Was Going to Survive": Domestic Violence Victims' Discoveries of Personal Strength."

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The aim of this presentation is to highlight the discoveries of personal strengths from a sample of domestic violence survivors. These realizations are important as they provide social workers crucial information from which to draw when assisting violence victims.

This presentation features data from an empirical qualitative study of women survivors of intimate partner violence from a conservative faith community. The data includes 40 in-depth interviews that lasted from two to six hours in length. Using an open-ended interview guide, researchers audiotaped women survivors as they shared their experiences of abusive relationships.

The data were analyzed from a grounded theory perspective using the constant comparative method. QDA Miner software assisted in the coding process. The sample consisted of women whose ages ranged from 20 to over 62 and who lived in the continental United States and Canada at the time of interview. Women from varying ethnic backgrounds participated in the study, including African American, Hispanic, and Native American.

The findings note a variety of survival strategies and reveal particular moments in time when women recognized their own strength to survive and escape their traumatic lives. Coping mechanisms included the use of prayer, inspirational reading, tangible resources, hobbies, and family support. Women expressed surprise as they recounted their occasionally ingenious approaches to living in and eventually leaving their abusive relationships.

Social workers often advocate using a strengths perspective. However, when working with individuals caught in the complex cycle of abuse, it is easy to become overwhelmed and absorbed in the problem. When helpers become problem focused rather than strengths seeking, victims remain trapped in the cycle of abuse without hope of freedom, health, and a sense of wellbeing. With the increased

evidence of the widespread devastation that accompanies domestic violence in terms of the effects of children witnessing abuse and perpetuating the cycle of abuse, increased health care costs, and overall economic impacts to society, it is clear that social workers must stay strengths focused and use every resource to end violent relationships.

(b) "Cumulative Exposure to Family Violence and the Development of Post-Traumatic Stress among Palestinian University Students."

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Extensive research has been conducted in recent decades on the mental health consequences of children's exposure to family violence. The available research has focused either on the impact of witnessing interparental violence (especially father-to-mother violence) or on experiencing parental abuse and violence. However, available research has rarely examined the effects of exposure to the co-occurrence of both patterns of family violence (i.e., witnessing violence and experiencing violence). In addition, existing research has been conducted mostly among samples known to health and mental health services, i.e., among clinical samples of children who have been exposed to severe patterns of family violence. However, research has rarely been conducted among community samples, which could include participants who have been exposed to a wide range of frequencies and severities of family violence. Furthermore, there is a serious dearth of research on cumulative exposure to family violence, where most available research has examined the effects of this exposure during childhood and/or adolescence, with special focus on the recent year of the occurrence of family violence. Hence, available research ignored the possible effects of this exposure during early adulthood and the effects of cumulative exposure during childhood, adolescence, and young adulthood.

The study presented here was conducted among a convenience sample of 1,969 Palestinian university students (36% males, and 64% females). Data were obtained through a self administered questionnaire. Different versions of the Conflict Tactics Scales (CTS) developed by Straus (1979) were used to measure witnessing and experiencing the following patterns of psychological aggression and physical violence in the family: father-to-mother, mother-to-father, parents-to-siblings, as well as father-mother- and siblings-to-participant, during childhood, adolescence, and young adulthood. The Crime-Related Post-Traumatic Stress Disorder (CRPTSD) scale developed by Saunders, Mandoki-Arata, and Kilpatrick (1990) was used to measure post-traumatic stress (PTS). The results revealed that high percentages of participants had been exposed to different patterns of psychological aggression and physical violence in their families of-origin during each of the above-mentioned periods of their lives. In addition, the results revealed significant relationships among all the above-mentioned patterns of witnessing and experiencing family violence, during all of the periods of life examined in the study. Furthermore, a significant and large amount of the variance in the participants' levels of PTS could be explained by their exposure to most of the above-mentioned patterns of witnessing and experiencing family violence, over and above the variance that could be attributed to several socio-demographic characteristics (e.g., age, gender, parents' level of education, quality of housing conditions, and locality of residence). The implications of the results for future research on the cycle of family violence and its mental health consequences will also be discussed in detail.

(c) **"The Way to Recovery: Financing the Loss Following a Murder Case."**

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Most trauma related research focuses on its severe mental health and psychological implications. However, it is essential to help the victims of the trauma deal with few other related challenges that have practical implications for survival.

My research focuses on fifteen families whose loved ones were murdered. The research questions relates to the different financial costs and expenditures that the family incurred as a result of the victimization.

Needless to say that most respondents found this a fair and important question, never been asked before. Their response to this question also opened a door to discussing a broad range of worries, needs, predicaments and expectations that reflected the traumatic outcome(s) of their tragedy, and the way that they, as individuals and families, wish to deal, cope with its psycho-social, short and long term implication. For example, as part of dealing with their trauma, some respondents wish to bring the 'past' to a fair closure by paying all debts made by the deceased. Others were looking for significant, yet somehow unique ways to commemorate their loved one. Looking after the survivors of the murdered person was another way to soften the blow – and overcome it. Exploring these routes was made possible by discussing their costs.

Indeed, some respondents discussed purchasing professional psychological counselling and therapeutic guidance, but others adopted other individual spiritual and religious means to overcome the trauma that they all shared.

Analysing the responses it became clear that the 'costs' reflected ways to deal with the trauma, reduce pain and suffering hoping to return to some individual, personal level of balance in everyday life and achieve a renewed 'normality' if only possible.

Initial research finding were published in (2005) 68 ביטחון סוציאלי but I maintain, keep ongoing contact with those families ever since.

(d) **"Investigative Interviews with Children: Much More Than Just a Step in the Legal Process."**

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When children are asked to testify, it is usually about maltreatment; a body of knowledge about children`s testimony largely exists because a shocking number of children around the world do not live in safe and secure circumstances. Accurate identification of child maltreatment and its victims is crucial if we wish to end victimization, protect children, and provide children, families, and, potentially, perpetrators with appropriate services and treatment. This is particularly important given that maltreatment can profoundly affect children`s cognitive, socio-emotional, and even physical, development. Early identification is often difficult because child maltreatment is a crime that is extremely difficult to investigate. Because corroborative evidence is often absent, especially when sexual abuse is involved, suspected victims may often be the sole sources of information about their experiences. For this reason, investigative interviews have vital roles in the investigation of child maltreatment. Information originating from investigative interviews may powerfully affect legal and administrative decisions that may profoundly affect the lives of children, families, and suspects, so it is imperative that children`s reports are clear, consistent, detailed and accurate.

The legal impact of the investigative interviews with children is the main concern for researchers, who have been trying in the last decades to find ways in which they can facilitate effective participation from children in the legal context. However, the participation of children in the legal context, especially when they are being interviewed about an alleged abuse, can be experienced as a very distressing event; to talk and to feel the abuse all over again, to being questioned again and again on humiliate experiences, remembering the perpetrators, their touch, their smile, their words. Despite the traumatic potential of the investigative interview, little if not at all attention was addressed towards the way in which investigative interview can become not only a part of the legal process but an important stage in the children`s recovery process.

The main aim of the current presentation is to present field studies of investigative interviews with children, alleged victims of abuse, which aimed to empower the children in these forensic interviews. The presentation will include the main results of the studies, while integrating the children`s drawings, narratives and testimonies.

(xviii) Trauma and its Impact on Mental Health and/or Substance Abuse

(a) "Creating Bridges between Syringe Exchanges and Drug Abuse Treatment: Effects on Exposure to New Traumatic Events."

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Syringe exchange programs (SEPs) engage populations of injection drug users with extremely high rates of substance use and lifetime trauma exposure (Kidorf & King, 2008; Peirce et al., in press). While SEPs are associated with reductions in high-risk drug injection behaviors and lower incidence of HIV seroconversion (Wodak & Cooney, 2006), participation in these programs has limited effect on rates of drug use. SEP participants that continue to use drugs remain at elevated risk for re-exposure to new traumatic events, which is strongly associated with exacerbation of psychiatric distress and drug use, and progression to Posttraumatic Stress Disorder (Breslau et al., 2008).

Methadone maintenance treatment is an effective intervention for opioid-dependent injection drug users, and its effect on reducing drug use holds strong potential for facilitating collateral reductions in traumatic event re-exposures. We will present data on the efficacy of a novel intervention designed to motivate methadone maintenance enrollment among syringe exchangers, and the effects of treatment participation on rates of drug use and prospective exposure to new traumatic events. Opioid dependent study participants (n = 281) referred by an SEP completed an assessment battery that included a self-report measure of drug use and the Traumatic Lifetime Exposure Questionnaire (Kubany et al., 2000), and were randomly assigned to one of three treatment referral conditions: 1) motivational enhancement counseling sessions (Motivated Referral Condition -- MRC), 2) MRC with monetary incentives for attending sessions and enrolling in treatment -- MRC+I), or 3) a standard referral condition (SRC).

Measures of treatment enrollment, self-report drug use, and trauma exposure (TLEQ modified for past-month exposure) were administered monthly for 16-months. Participants at baseline reported using heroin on average 28 days per month, and over 90% reported lifetime exposure to at least one traumatic event (> 70% reported adult physical assault exposure). Results showed that MRC+I participants were much more likely to enroll in methadone maintenance than MRC or SRC participants (MRC+I: 40%; MRC: 20%; SRC: 16%; p < .001), and that high rates of heroin use (\bar{M} = 24 days / month) and traumatic event exposure (27% reported re-exposure to at least one event per month) persisted

throughout the study (Kidorf et al., 2009; Peirce et al., in press). Women were over twice as likely as men to report any traumatic event re-exposure. Nevertheless, methadone maintenance participation was associated with sharp reductions in opioid use (Kidorf et al., 2011). Preliminary analyses further demonstrated that methadone maintenance participation was associated with reductions in both average number of traumatic event re-exposures and portion of the sample re-exposed over time.

Additional analyses will examine drug use as a moderator of the relationship between treatment participation and reduction in select categories of trauma re-exposure (e.g., interpersonal violence vs. other harms), and whether these relationships differ by gender. These results suggest that the public health benefits of SEPs can be improved by using these settings to facilitate treatment enrollment, and that among the many benefits of treatment participation are reductions in both drug use and exposure to new traumatic events.

(b) "Crisis intervention in a Methadone Clinic in South Israel during the War with Hamas in Gaza: Lessons from Systematic Monitoring."

Shabtay Levit, Methadone Maintenance Treatment Program in Jerusalem and Ashdod, and Paul Baerwald School of Social Work and Social Welfare, Hebrew University, Jerusalem, and Ariel University Center of Samaria, School of Social Work, shabtaylevit284@gmail.com

Background:

Methadone Maintenance Treatment Program (MMTP) patients in Israel share, like other Israelis, stressful and traumatic events related to political violence in Israel and surrounding areas. This presentation focuses on MMTP staff crisis intervention during the war in Gaza. Specifically, from late December to mid January, 2008, during the war in Gaza, more than 600 rockets were launched towards Southern Israel. Ashdod, one of the largest cities in the attacked area, houses a large Methadone maintenance clinic.

Intervention:

During the attacks, all social and health services had to change their modes of operation and adjust to the emergency needs of clients and staff, while adhering to instructions of the authorities, which stipulated that work places can operate only if they provide their staff and clients with adequate shelter. The clinic was forced to organize quickly and find a way dispense Methadone and provide services to 220 clients. Based on the experience of MMTPs in north Israel during the 2006 war with Lebanon, all patients attended the clinic only once a week and received weekly take-homes doses. As of the 2nd week of the war effort was made to conduct a brief psychosocial intervention (mainly by phone) with all patients. As part of the monitoring process of patients needs during the war we administered (by phone) structured questionnaire to patients and staff that addressed: patients level of exposure to war, their anxiety level, their specific needs and seeking help behavior.

Findings:

84.6% of the patients were in a place of fallen missiles. More than two thirds were in shelters. Anxiety level was higher with greater exposure to the war events. 14 of the 23 patients (60.9%) who were directly exposed to the missiles (they or their family were hurt) received brief psychosocial intervention. Most Social Workers preferred providing intervention by phone than home-visitation. Moreover, social workers preferred talking to clients whom they have already established therapeutic relationships prior war, rather than clients who were in greater needs due to exposure to war events.

Conclusion:

While Israel has developed many manuals and guidelines on how to act in case of emergencies to the general population, those manuals has never been taught to methadone staff nor were they examined for their efficacy with such population. A state plan in case of national emergency for methadone patients should be developed.

(c) **"Trauma and Mental Health Sequelae of Migration of Mexican Refugees to the United States."**

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During the past three years, Mexico has undergone a breakdown in civil society and experienced a huge increase in homicide, kidnapping and violence associated with wars among competing drug cartels and the rise of gang-related crime and violence known as "La Violencia." The carnage, violence and civil unrest have been particularly acute in the northern border region, including Tijuana, Reynosa and most keenly in Ciudad Juarez. As a result, thousands of Mexican refugees have fled the border region south to the interior of Mexico. Large numbers have also fled for safety to the United States, most notably to El Paso, Texas. Interviews with Mexican refugees at a non-profit community counseling agency that serves low income clients regardless of immigration documentation status indicates that the refugees have experienced enormous trauma and are seeking treatment for conditions associated with their distress, including anxiety disorders, post-traumatic stress disorder and depression. This group is living at the margins of society, under potential threat of deportation by US authorities, with limited social and family support and the continuing fear of further trauma from threats in Mexico. This is an important population for study to determine the degree and sources of trauma and to seek out paths to resiliency and recovery.

In depth interviews are being conducted with a convenience sample of ~25 Mexican refugees who have fled "La Violencia" in Mexico and who now reside in the greater El Paso region. The refugees are selected based on their decision to flee Mexico for fear for their safety and well being. The in-depth interview includes questions about the decision to leave Mexico, the experience of migration to the United States, subjective experiences associated with being a refugee, life changes associated with migration flight, traumatic experiences, and support systems. In addition, refugees are administered the PTSD Checklist (PCL-C), the Spanish Beck Depression Inventory, and the Harvard Trauma Questionnaire. Qualitative analysis of the interviews will reveal 'emerging themes' which describe the experience of exposure to violence, threat and intimidation in Ciudad Juarez and the northern Mexico border region. The scores on mental health indices will be summarized and correlated with demographic and historical data to assess the links between the traumatic experiences in Mexico and the psycho-social sequelae.

Initial findings indicate that most refugees experience post-traumatic or acute stress disorder and depression. They also report loneliness and fear of deportation. Overwhelmingly, they fear returning to Mexico for fear of murder, kidnapping and extortion. Interviews also indicate that refugees have made successful adaptation to life in the United States, have found safety and housing, have a network of family and friends, and are making a successful transition to normalcy. Factors associated with their resilience and adaptation include extended families, social networks and social engagement.

(xix) WORKSHOP: "A Short Empirically Supported Psychotherapy Model for War Traumatized Parent-Child Dyads."

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This presentation presents empirical evidence for the efficacy of "The Mother-Child Father-Child Psychotherapy" ("dyadic therapy"), in short term intervention with traumatized young children and their parents. The Practice Parameters of the AACAP (2010) strongly recommend treating traumatized

children together with their parents. Parents are an important factor in determining the impact and meaning of the traumatic event to the child. The dyadic therapy model emphasizes the joint treatment of parent and child and regards their relationship as the focus of intervention, and mentalization as the main therapeutic factor. The model integrates an intra-psycho and an interpersonal approach. The therapist attends to, and addresses the inner world as well as the participants' interaction of each dyad.

We assume that children develop specific types of relationships with each parent and with the parenting couple. Thus the same therapist meets with the mother-child, father-child dyads on a weekly basis, along with regular meetings with the parental dyad. The child's active and different participation with each parent is observed and reflected upon. The child uses mainly the medium of play to express his/her needs and to mobilize the parent's and the therapist's help. Play is known as an effective mean for young children to cope with trauma and an optimal context for the development of mentalizing skills. The therapist supports the co-construction of new and different behavior patterns and the co-creation of additional meanings and representations. The model is best suited for treating traumatized children due to its unique characteristics: the parent and child are treated together while the therapist helps the parent to help the child, implicit themes are enacted and addressed, gains are easily generalized to real life since the parent and child are together, and affect regulation is enhanced as a necessary step towards mentalization. In order to adapt the dyadic therapy model for traumatized children we added two modules: (a) the "exposure" to the traumatic event in the secure therapeutic setting, in the presence of the parent and (b) the co-construction of a trauma narrative. Clinical experience shows the model's efficacy in treating young children, and specifically traumatized children.

The presentation will include a short description of a child's therapy to demonstrate the model's application. Following the massive missile attacks on Israel in 2005-2006 and 2007-2008 a study was initiated, in order to empirically test the model. 44 traumatized parent-child dyads took part in this study. 22 treated dyads were compared with 22 untreated dyads on PTSD, (Scheeringa, PDS), parental Depression (CES-D) and child's adaptation (CBCL), before and after therapy. Preliminary research findings will be presented and discussed, as well as the study's limitations.

WORKSHOP: "Addressing the Trauma of Parental Substance Abuse: The Value of Mentalization-Based Treatment."

Christine H. Fewell, Silver School of Social Work New York University, christine.fewell@nyu.edu

Significance of Presentation:

It is estimated that 27 million children in the United States live with a parent who abuses or is dependent upon alcohol or illicit drugs (Substance Abuse and Mental Health Services Administration ([SAMHSA], 2008). Van de Kolk and colleagues at the National Child Traumatic Stress Network DSM-V task force have proposed that children who undergo developmental derailments due to early familial trauma be categorized as having Developmental Trauma Disorder (van der Kolk, 2005). One such chronic trauma is living with parental alcohol and drug abuse where parents are often preoccupied by cyclical mood swings related to intoxication and its aftermath. Adverse childhood experiences were found to predict significant negative health consequences, including early death, as well as significant negative emotional consequences, including alcoholism, drug abuse, or marrying someone who has alcohol or drug abuse, thus perpetuating the cycle.

Early social environmental influences shape the infant's brain and result in patterns of attachment that allow children to process information about how to interact with others and how to regulate their emotions. While securely attached children learn how to describe their emotions and how to think about the minds and intentions of others, those whose parents do not know how to meet their children's distress often develop insecure patterns of attachment. Insecure attachment interferes with

the ability to understand their own minds and those of others and to self-regulate their emotions. This capacity to mentalize, or to understand behavior in terms of underlying mental states and intentions is acquired early in childhood in the context of a secure attachment relationship. Alcohol and drug abuse has been found to greatly influence parenting behaviors and limit emotional availability, often resulting in insecurely attached children.

Research has established that attachment patterns are passed from one generation to another. Recent studies have identified a parent's ability to mentalize about the mind of his or her child as the process by which attachment patterns are transmitted intergenerationally and through which it is believed they can be altered. Mentalization-based treatment (MBT) has received empirical validation as a way to help people learn to regulate affects in the face of intense affect arousal (Allen & Fonagy, 2006) and is now being expanded to programs for helping parents mentalize about their children.

Aims of Presentation:

1. Review the results of recent research about attachment and parenting dynamics in substance abusing families and their effects on children.
2. Discuss the concept of Mentalization as an important skill for emotion regulation and how it is impaired by substance abuse
3. Describe Mentalization-Based Treatment interventions and programs for helping substance-abusing parents increase their mentalizing ability.

Process of Workshop Presentation:

1. Didactic lecture using PowerPoint
2. Structured small group exercises using written vignette for identifying levels of mentalizing

WORKSHOP: "Solution-Focused Therapy with Parents and Children: Utilizing Strengths in Co-Creating Solutions for Trauma."

Aviva Suskin-Holmqvist, HILIT AB, Hörby, Sweden, aviva@hilit.se; Keren Chansky Suberri, Hopeful Futures Center for the Family and Educational Psychological Service, Tel-Aviv, Israel, HopefulFutures@gmail.com

Goal:

To offer the participants an alternative way of thinking about and working with individuals of all ages who have experienced trauma.

Learning Objectives:

Participants will learn the difference between problem solving and solution building approaches to therapy and counseling.

1. Participants will learn the difference between solution-focused conversations and *solution-forced* conversations.
2. Participants will learn ten Basic Assumptions of Solution-Focused Therapy
3. Participants will learn how Solution-Focused Therapy is similar to and differs from cutting edge theories and approaches to psychotherapy, eg. TF-CBT, Positive Psychology, Hope Theory, Broaden and Build, and Resilience.
4. Participants will become familiar with the evidence-base of Solution Focused Therapy.

Methodology/Process:

Solution-Focused Therapy has been variously described by critics as a radical, simplistic or naïve approach to therapy. In reality, Solution-Focused Therapy is a strengths-based, goal-directed, collaborative approach to therapy and counseling that focuses on wellness and contentment, rather than on pathology.

Solution-focused therapists focus on uncovering individuals' skills and past successes that may have been overlooked or previously thought of as irrelevant to the solution of their current problem. An unproven assumption in most approaches to psychotherapy and counseling is that in order to solve a problem, we need to find out very specifically the cause, triggers and roots of the problem. Solution-focused therapists believe that problems can be solved more effectively and more efficiently when we zero in on defining the specifics of the *solution*, rather than the specifics of the problem.

Basic tenets of Solution-Focused Therapy:

- People are competent.
- People have resources that may not be easily apparent to themselves or to others.
- People are the best experts on themselves.
- Personality and behavior are dynamic and ever-evolving.
- One person's way of looking at a given situation is no more valid than another's.
- Suffering is inevitable and has the potential for being an opportunity for growth.
- People are constantly in the process of trying to make sense of their lives.
- No (hu)man is an island. Individuals don't live and exist in social vacuums.
- The only thing that is constant in life is change.
- We can't change our past, but we can influence our present and future and change the way we perceive our past.

The workshop will include didactic presentation, video clip review and collegial discussion with workshop participants.

The workshop will be presented in English and Hebrew, as participants' needs dictate. Both presenters are bilingual Hebrew/English. Aviva Suskin-Holmqvist is also fluent in Swedish. The presenters have been practicing and teaching Solution-Focused Therapy for more than 20 years. They have provided assistance to children, teens, adults and families, who have experienced various types of trauma, including: physical abuse, sexual abuse, domestic violence, community and school violence, medical trauma, and terrorism. They each have extensive personal experiences in coping with secondary traumatic stress.

(xxiii) Domestic and Community Violence: Multi-Cultural Perspective

- (a) **"Adolescent Refugees and Immigrants with Separation Trauma: A Content Analysis of Nine Case Studies."**

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Aims of the Presentation and its Significance:

Though the Danish State grants universal mental health and social services for all citizens and residents, refugee and immigrant adolescents are not always being offered relevant help. Some of those adolescents exhibit antisocial or criminal behavior that brings them to the attention of the Danish social authorities, but this behavior is most often attributed to their foreign culture. The purpose of this study was to examine psychosocial factors associated with antisocial and criminal behavior in adolescent refugee and immigrant adolescents living in Denmark in order to gain insight into access and barriers to care.

Methodology of the Project:

Data was drawn from in-depth case studies of 13-17 years old refugee and immigrant adolescents referred for psychological examination by Danish social authorities. All the adolescents had previously

been separated from their parents for longer or shorter periods during the families escape or emigration from the native country in the ages of 2-12 years and many of them were traumatized by that separation. I systematically reviewed psychosocial and psychiatric histories of the adolescents and their families, and conducted semi-structured interviews to reveal psychosocial factors associated with separation trauma. Clinical psychologists, trained in the technique of Otto Kernbergs Structural Interviewing, conducted the interviews. I then analyzed the transcribed interviews following principles of emergent coding of the content. The data was then compared to quantitative and qualitative studies of psychological consequences of separation trauma.

Findings and Implications:

The data revealed that refugee and immigrant adolescents with a history of separation who exhibit antisocial or criminal behavior have similar psychosocial circumstances such as parental neglect, use of corporal punishment, and unemployment, divorce, psychiatric illness and substance abuse among parents. Furthermore, the psychological interview found that many of the adolescents had more severe psychopathology than had previously been assessed by Danish social authorities.

Although the Danish State grants universal social and mental health services for all citizens and residents, refugee and immigrant adolescents are not always being offered relevant help, because their antisocial or criminal behavior is erroneously attributed to their foreign culture, not to the mentioned psychosocial factors by Danish social authorities. The consequences are that authorities fail to notice the seriousness of behavioral and emotional problems experienced by those adolescents. I found that ignorance in relation to refugee and immigrant languages and culture, fear of accusation of racism and excessive tolerance of foreign cultures may confuse Danish social workers when working with refugee and immigrant adolescents. But children's personality development depend on basal psychological conditions common to all human cultures and I advice authorities to focus less on cultural differences and more on psychological similarities between ethnical Danish and refugee or immigrant adolescents when making decisions on helping them.

(b) **"Repressed Memory VS False Memory."**

Patricia Zipris, Lev Hasharon Mental Health Center, Netanya, Israel, zipris@bezeqint.net

Is it possible for traumatic memories to be repressed for many years and sink to the depths of oblivion until they erupt following a trigger?

If so, is the repressed memory kept in its "pure form" free of distortions and falsifications? Or are "tricks of memory" the outcome of external "implants" or self-induced erroneous reconstructions that create false memories?

Discussion of this issue has therapeutic, social and legal implications. On the one hand, we, as therapists must extend our understanding of the subject in order to appropriately and effectively treat the victims. On the other hand, society seeks a just trial, as the judge (to distinguish from the therapist) investigates factual truth.

The case presented illustrates the complexity of adult testimony concerning incest that occurred during childhood. Testimony is many years after the incidents took place, under the assertion of awakened repressed traumatic memories.

This case was tried in the Supreme Court in Israel in 2010. A 26 year-old woman, filed suit against her father, whom she claimed indecently assaulted and raped her from age four until age ten. The father stood trial and was convicted. The accused appealed to the Supreme Court, and was acquitted based on reasonable doubt.

(c) **"A Community Sample of Older African Americans and Caribbean Blacks' Exposure to Early Life Traumatic Events and Associated Factors."**

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Objective:

This paper will examine the prevalence of traumatic events and associated factors among older African Americans and Caribbean Blacks living in an urban area. It is well documented that older African Americans experience stressful life events, economic hardships, and are exposed to more trauma related experiences than Whites (Angel & Angel, 1997; Diala, Muntaner, Walrath, Nickrson, LaVeist, & Leaf, 2000; Lincoln, Chatters, & Taylor, 2005; Mills, 2000). In contrast to normative stressful life events (e.g., financial problems), traumatic events are major unanticipated and uncontrollable events (e.g., rape, war; Petkus, Gum, King-Kallimanis, & Wetherell, 2009). Studies indicate that, unlike Whites, African Americans tend to experience multiple traumatic events in their lifetime (e.g., Lincoln et al., 2005). However, there are very few studies that examine traumatic history in African Americans, and especially lacking are studies of lifetime trauma in older African Americans. The few extant studies of lifetime trauma in African Americans (e.g., Lincoln et al., 2005; Petkus et al., 2009) reveal that experiencing a traumatic event during one's lifetime is a risk factor for declines in physical and cognitive functioning. Exposure to trauma can often increase the likelihood of depression and anxiety disorders (Cohen, Maggai, Yaffee, & Walcott-Brown, 2006).

Methods:

Persons aged 55 years and over (296 African Americans, 568 Caribbean Blacks) living in Brooklyn, New York, between 1996-1999 were interviewed in randomly selected block groups. Weiner (1980) Attribution theory model was used to investigate the origin of behavior/action, and whether the cause was within or not in the person's control. Trauma was measured by the Trauma and Victimization Scale (Cohen, Ramirez, Teresi, Gallenger, & Sokolovsky, 1997), a 12-item scale identifying traumatic events whose scores range from 1 or higher to indicate an experience of a lifetime trauma with a Cronbach alpha of $\alpha = .68$.

Results:

The prevalence of early life traumatic events was 90% for older African (286) Americans and Caribbean Blacks (560). With multiple regression analysis, persons with co morbid depression or anxiety showed significant evidence of early life traumatic experience. More results will be revealed at the presentation.

Conclusion:

The majority of older adults have experienced a traumatic event in their life time and it has impacted on depressive and anxiety disorders.

(xxiv) Interventions with Traumatized Individuals

(a) **"Young Traumatized Children, Therapy and God Talk."**

Elizabeth Kooperkamp, Harlem Success Academies, New York, ebkooperkamp@gmail.com

Background:

Young children growing up in poor inner city neighborhoods in New York City who experience traumatic events often invoke God in their desire to understand what has happened to them. Trauma, such as violent death of a parent, sudden abandonment, foster care and abuse, frequently occur on top of already emotionally impoverished lives marked by many and accumulated daily traumas over the course

of their young lives. During my work, I have become more vocal about working on children's understanding of God, and how this "talk" provides relief to their suffering. Furthermore, I have discovered that children are open to exploring questions about God's relationship to the world, and issues around causality (does God allow suffering, is God teaching a lesson, do we come out better if we are tried by God). By opening the therapeutic dialog to include these ideas, traumatized children appear able to develop more effective coping mechanisms and positive interactions with their environment, thus allowing for resolution and recovery from the trauma.

Aim:

To provide clinicians with tools to work with young traumatized children and to explore the use of God language in therapy. I will use examples from my own work to illustrate ways in which children approach trauma in therapy.. Particular attention will be paid to religious questions and how an understanding of a relationship to God provides children with critical support. The workshop will discuss questions of therapeutic disclosure of the therapist own relationship to God, and as such explore the traditional divide between religion and analysis. Participants are encouraged to share case material.

Conclusion:

The presentation will provide clinicians with an expanded view of children's relationship to God in treating young traumatized children. By beginning with the child's understanding of self both physically and emotionally, the clinician is better able to address concerns that are integral to the child's functioning. Religious belief systems are often woven into a child's world and can be an essential source of support if the clinician is able to embrace this critical material.

(b) "Experimental and Qualitative Research to Determine the Effectiveness of a Manualized Group Trauma Intervention for Children, Adolescents and Parents."

Melvyn C. Raider, Wayne State University School of Social Work, Detroit, Michigan, aa1982@wayne.edu

This paper presents an overview of two randomized controlled studies designed to assess the efficacy of "Structured Sensory Intervention for Traumatized Children, Adolescents and Parents" (SITCAP). A third qualitative study sought to examine variables which differentiated children who demonstrated the most improvement from those who made the least improvement.

SITCAP is based on structured sensory therapy, integrating sensory-based activities and cognitive-reframing strategies. The approach is grounded in the understanding that trauma is a sensory experience; traumatic memories are experienced at a sensory level and must be reactivated in a safe environment in order to be moderated and tolerated with a sense of power and feeling of safety. The program provides structured activities for externalizing these traumatic memories in concrete and narrative forms. Discussions about the traumatic experience, along with sensory-based activities such as drawing, imagery, and relaxation, enable the adolescent to create language (called a trauma narrative) for his or her experience. Cognitive reframing strategies are then used to improve resiliency and help the child or adolescent begin to manage and make sense of the traumatic experience. Offered in outpatient residential and school settings, SITCAP is manualized and consists of 10 or 11 individual and group sessions. These 75-minute sessions are typically delivered over 10-12 weeks.

The first study, conducted in Ohio evaluated structured group therapy for traumatized adjudicated adolescents in residential treatment. Youth were randomly assigned to a trauma intervention (SITCAP) or to a waitlist comparison group. Standardized trauma and mental health measures were used. Study participants demonstrated statistically significant reductions in trauma symptoms, depression, rule breaking behaviors, aggressive behaviors and other mental health problems. Based upon a review of this research SITCAP-ART has been listed by the U.S. Department of Health and

Human Services, Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices:

The second randomized controlled study assessed the efficacy of structured group therapy (SITCAP) for traumatized children in three elementary schools in Taylor, Michigan. Children were randomly assigned to an intervention group (SITCAP) or to a waitlist/comparison group. Standardized trauma and mental health measures were used. Children were followed-up three and six months after completion of the SITCAP Program. Children demonstrated statistically significant reductions in trauma symptoms and psychological, emotional and behavioral problems. Gains were maintained during the follow-up period. Focus groups with children, parents, and school social workers were held six months after completion of elementary school (SITCAP) research study. Children who demonstrated the greatest gains tended to have stable, nurturing connections with parents and extended family as well as social supports in school and community.

(c) **"Secondary Traumatic Stress in Clinicians: An Investigation of Attachment Styles."**

Mark McGrosky, Silver School of Social Work, New York University, mm3730@nyu.edu

Secondary traumatic stress (STS) is a behavioral and emotional condition experienced by clinicians as a consequence of their work with trauma survivors (Figley, 1995b; Stamm, 1995; 1999). Exploration of risk and protective factors for clinicians have primarily focused on extrinsic variables, with minimal attention given to those factors related to clinicians' personal characteristics (Kadambi & Truscott, 2004).

One individual characteristic that has been investigated in a number of studies in regard to its relationship with the development of trauma symptomatology is an individual's attachment style (Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2010; Declercq & Willemsen, 2006). The attachment style of clinicians who work with trauma clients has also recently become an area of investigation regarding whether a clinician's attachment style is associated with traumatic stress due to their work with trauma survivors (Brandon, 1999; Marmaras, 2000; Racanelli, 2005; Tosone, Bettmann, Minami, & Jaspersen, 2010). Yet questions remain. The current study continues in this vein of inquiry and investigates anxious/ambivalent and avoidant attachment styles of social work clinicians in relation to the development of STS.

The study is a doctoral dissertation. The dissertation proposal has been defended and reviewed by a subcommittee of the University Committee on Activities Involving Human Subjects at New York University (07/01/2011). The current study is a secondary analysis of data collected by the Post 9/11/01 Quality of Professional Practice Survey (PQPPS). The study uses multiple regression analysis to explore the relationship between secondary traumatic stress and attachment dimensions of female and male social work clinicians who work with trauma clients in a variety of trauma related areas. Predictor variables, based on the data collected in the PQPPS and supported by the literature on secondary traumatic stress, include a clinician's age, amount of clinical experience, whether a clinician is in treatment, whether a clinician is in supervision/consultation, gender, and the type of trauma population a clinician works with. Understanding more about protective and vulnerability factors associated with STS and how certain characteristics of clinical social workers are related to these matters serves to benefit the social work community, a community in the front line of trauma work (Bride, 2007). With a better understanding of these factors the profession can be better equipped to address matters related to STS through educational programming, and appropriate direction for policy, supervision, and training.

(xxv) Domestic Violence: Meanings and Rituals

(a) "The Healing Circle as a Therapeutic Response to Domestic Violence in the Orthodox Jewish Community: Empirical Reflections on Trauma and Recovery."

S. Faye Zakheim, fayephd@aol.com; Briana Barocas, briana.barocas@nyu.edu, NYU Center on Violence and Recovery; April Naturale, Disaster Services, Mental Health Association, New York City, ANaturale@aol.com

Significance:

Domestic violence is underreported in all demographics. But for victims of domestic violence in the tight-knit world of Orthodox Jews, too often the 'cure' seems worse than the 'disease,' reducing the rate of intervention even further. A call for help sets in motion an unstoppable process that many find unthinkable: arrest, breakup of the family, feelings of guilt and shame over the collapse of *shalom bayis* (peace in the home), financial burdens, fear of bringing *busha* (shame) to the Jewish community in the sight of the world, worries about *shidduchim* (arranged marriages for the children), and countless uncertainties about what lies ahead. Tragically, for many victims, it almost seems better to endure the abuse than to risk getting help. One-size-fits-all legal processes ignore the unique needs of the Jewish family, often exacerbating the negative effects of trauma instead of bringing healing to those who have suffered.

Against this backdrop, Healing Circles offer unprecedented hope. Though not specifically developed for the Jewish community, Healing Circles have proven to be remarkably well suited to the lifestyle and needs of Orthodox Jews—with promising outcomes.

Methodology:

This panel discussion will explore the groundbreaking work done by NYU fellow Dr. Faye Zakheim with Healing Circles among Orthodox Jews experiencing the trauma of domestic violence. Dr. Zakheim will rely on case studies to illustrate how this culturally sensitive method is implemented in the Orthodox Jewish community and how its effectiveness compares to that of more traditional interventions.

Because the justice system plays an indispensable role in dealing with domestic violence, no approach to abuse can be fully effective if it does not work hand-in-hand with that system. Drawing on her experience with Circles of Peace in Arizona and Utah, Dr. Briana Barocas will reflect on the natural reticence members of insular communities have about contacting the justice system in the wake of abuse, and why a restorative justice method—like the Healing Circle—promises a success that more traditional approaches cannot. Because of this hands-on experience, Dr. Barocas is uniquely qualified to discuss the challenges therapists face as they seek to interface with the justice system, along with the keys to fostering an openness to such an approach on the part of law enforcement authorities.

While the fundamental response to traumatic events is remarkably similar among people of widely divergent demographics, Dr. April Naturale's work with victims of trauma shows that recovery trajectories are significantly impacted by sensitivity to the ways in which specific cultures perceive and respond to their traumas. Dr. Naturale will examine how Healing Circles allow the therapist to enter the Orthodox Jewish community—a community typically resistant to the intervention of mental health and justice services—and bring hope for healing where none may have existed before.

Findings and Implications:

Drawing on the empirical and theoretical studies of these three researchers, participants will be introduced to the Healing Circle method and the reasons for its promising success among Orthodox Jews, paving the way for the growth of this method in a community that might otherwise suffer in silence.

(b) **"Fathers' Exposure to Trauma and its Impact on their Parenting among Low Income Fathers."**

Helen O'Brien, School of Social Work Monmouth University, NJ, USA, hobrien@monmouth.edu

Parenting, as a timeless process, continues to be extensively written about and debated. Regardless of the debate, it has been widely accepted that from the context of this critical relationship a child's early development ensues. A majority of studies have focused on white middle class mothers and their parenting styles which suggest that parenting that is marked by warmth and support has been associated with higher educational achievement, better psychosocial development, and a lower rate of deviant behaviors in children (Baumrind, 1991; Dornbusch, Titter, Leiderman, Roberts & Fraleigh, 1987; Maccoby & Martin, 1983). However, the data on low income fathers is less developed and the focus of this study.

This study also explored how the incidence and complexity of traumatic experiences during the parents' development impact their ability to a parent. This focus is particularly critical to assess when one considers the data that an individual's personal trauma history is rarely "only a single traumatic event but rather are likely to have experiences several episodes of traumatic exposure" (Cloitre, Stolbach, Herman, van der Kolk, Pynoos, Wang, Petkova, 2009, p. 300).

The paper presentation will present findings from a recent study of father's who attended a Fathering Empowerment Program in Asbury Park, NJ. The paper will identify the multifactorial (including incidences and types of developmental trauma) and intergenerational dimensions that influence their individual parenting styles.

KEYNOTES: Dr. Miriam Schiff, Paul Baerwald School of Social Work and Social Welfare, Hebrew University, Jerusalem msschiff@mscc.huji.ac.il; Dr. Ruth Pat-Horenczyk mshoren@gmail.com; and Dr. Danny Brom, dbrom@netvision.net.il Herzog Hospital's Israel Center for the Treatment of Psychotrauma in Jerusalem and the Hebrew University Paul Baerwald School of Social Work and Social Welfare; Dr. Naomi Baum, naomi.baum@gmail.com Herzog Hospital's Israel Center for the Treatment of Psychotrauma in Jerusalem. **"Trauma & Violence in Early Childhood: From Research To Practice, And What's Next?"**

Violent behavior in Israel has been recognized as a major societal concern. Investigations have been focused on adults and youth, but have overlooked young children. However, evidence shows that young children may also respond to exposure to violence with heightened aggressive behavior. Research suggests that aggressive behavior is linked to exposure to violence and the resulting trauma and that violent behavior exhibited in later childhood and adolescence has its origin in early childhood.

We will present the preliminary results of a landmark epidemiological study based on a representative national sample (N=900) on the impact of political violence on young children and their parents. This is the first time such a study has been conducted in Israel, and we expect that it will provide both the professional community and policy makers with a wealth of information on the effect of young children's exposure to trauma and its connection to violence. We assessed exposure to violence (including community, domestic and school violence); posttraumatic distress (including post traumatic symptoms, anxiety, functional impairment, aggression, and anger); help seeking behavior; and risk and protective factors that affect the development of anger and aggression. Pat-Horenczyk will discuss theory and previous findings, Schiff will present preliminary findings and future analyses, and Baum will discuss practice implications. Future steps, including longitudinal studies and the

transformation of the findings to stakeholder buy-in will be discussed. This study will both guide the development of policy and services for early childhood trauma as well as serve as a benchmark to evaluate future programs for young children exposed to trauma and violence.

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I received my master's degree in social work (M.S.W.) from Columbia University in 1989. I received training in Family Therapy from the Albert Einstein College of Medicine and earned a Ph.D. from New York University (2007). My dissertation topic was the intergenerational influences on parenting styles of Irish immigrant mothers. My clinical practice from 1989-2008 was primarily in: HIV/AIDS, college counseling, mental health in both in and out-patient settings with children and their families. I recently completed a certificate program on International Trauma Studies Program, through Columbia University. I joined Monmouth University's School of Social Work in the Fall of 2008. I teach in the clinical program on the graduate and in the undergraduate program.

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