



## COURSE DESCRIPTIONS AND LEARNING OBJECTIVES

### **Countering the Historical Context for Present-Day Trauma: The Role of Identity and Hope**

Frank Worrell, Ph.D.

Enduring legacies of the sociohistorical context of the United States include disparities in education and health care outcomes among ethnic-racial groups, resulting in disproportionate levels of distress and trauma in some marginalized populations. The COVID-19 pandemic had profound impacts on every aspect of our society and exacerbated existing disparities. And although the pandemic itself had profound negative impacts on mental wellbeing, these impacts were further affected by several factors, including (a) the murder of George Floyd and the advent of a second Civil Rights movement in the US, (b) an insurrection in Washington, DC in an attempt to prevent the peaceful transfer of power, (c) the ongoing effects of climate change in the US and abroad, and (d) a war in Europe whose effects on inflation have resulted in increased economic strain on many Americans and increased fears about a third world war. How should society respond to these crises, all of which are having substantial effects on the society with greater impacts on the most vulnerable populations? After reviewing these data, Dr. Worrell will argue for the importance of cultural identities, hope, and positive attitudes toward the future as protective factors that promote resilience in individuals, including those in historically marginalized groups. He will review data showing the positive outcomes associated with specific identity, hope, and time attitude profiles in adolescent and adult populations and suggest that educators and clinicians consider how they can use these constructs in their work with individuals in distress.

1. Participants will learn about the historical circumstances that relate to mental distress in individuals from marginalized backgrounds.

2. Participants will learn about differences in levels of distress in students, teachers, and the general public prior to the advent of COVID-19 and the current levels of distress that are being experienced by these groups.
3. Participants will learn about cultural identity and hope profiles that have been shown to be empirically related to mental distress and mental well-being.

### **Enhancing Cultural Competency When Serving the Disabled Community: Implementing Effective, Fair, and Ethical Assessment and Interventions of Trauma and Abuse**

Alette Coble-Temple, Ph.D.

Disability is the one contextual variable intersecting all diversity components. While the Americans with Disability Act (ADA) was signed into law in 1990, the field of psychology continues to lag behind in delivering culturally responsive assessment, treatment, and intervention to the disabled community. One in four people are classified as disabled according to the Centers for Disease Control (CDC; 2023). According to the American Psychological Association (2014), 80% of people with disabilities will experience some type of abuse/trauma over the course of their lifetime. Thus, psychologists need to understand the presentation of abuse within the disability community and learn how to effectively intersect the ethical mandates of abuse in the state of California with the intricacies of a disabled person's lived reality.

This dynamic and experiential workshop will lead participants in structured learning and interactive activities (i.e. case vignette and current evidence-based practice guidelines) to shift methods of assessment and effective intervention strategies to meet the needs of clients with disabilities experiencing trauma/abuse. Specifically, a clinical case vignette connected to underlying issues of abuse and trauma will be utilized to expose participants to the complex, often non-traditional markers of abuse and trauma that may present in a clinical setting (APA, 2014; APA, 2022; Mitra et al., 2015; Plummer & Findley, 2012). Participants will learn how to identify the ways in which disability intersects and influences the expression and treatment of disabled people (Miron et al., 2021). The presenter will highlight research limitations including gaps in the current body of literature and the impact this has on providing ethical and effective trauma informed care. Participants will be exposed to how ableism can impede trauma informed services (Andrews, 2020).

1. Identify the three main types of abuse impacting the disability community;
2. Recognize how trauma may present differently in the context of disability;
3. Apply APA Guidelines for Assessment and Intervention with Persons with Disabilities to clinical practice;
4. Identify appropriate interventions for disabled clients experiencing trauma or abuse.

### **Harm Reduction and Social Justice: A Trauma Informed Approach to Substance Use**

Seema Clifasefi, Ph.D.

These days, harm reduction includes a broad set of compassionate and pragmatic approaches that aim to reduce substance-related harm and improve quality of life. Harm reduction started as a series of grass-roots community-led movements to advocate for equal rights to healthcare and housing for people who have been most impacted and marginalized by substance-related harm and HIV. Leaders of these movements over the past 4 decades have comprised a diverse group of people who use substances, communities of color and the LGBTQIA2+ communities. In this training, attendees will be

introduced to the history of harm reduction and how its principles are based in racial, gender and social justice. Attendees will also learn how to embody the principles of social justice in their work with clients and patients and how to engage in trauma-informed care. A central focus of this work is building awareness of the prevalence of trauma, how trauma (including intergenerational/historical and secondary trauma) presents, and obtaining skills needed to address trauma in our work.

1. Recognize and demonstrate understanding of barriers that face underserved populations.
2. Formulate collaborative interventions that contribute to resilience and agency, build on individual and community strengths, and avoid pathologizing narratives about the people who consult us.
3. Provide culturally responsive interventions and ideas clinicians can adapt to fit the needs of the people who consult them, therefore improving care for historically underserved communities.

### **Psychometric and Psychophysiological Predictors of Posttraumatic Stress in Police**

Nnamdi Pole, Ph.D.

A national conversation about policing has emphasized racial bias as an explanation for the excessive force exhibited by police officers in widely-circulated videos. Yet, the possible role of trauma exposure and posttraumatic stress (PTS) in police misconduct has been neglected. Policing can involve not only the perpetration of unsettling violence but also receiving violence from perpetrators and exposure to other potentially traumatic events. Such events can elevate risk for PTS and posttraumatic stress disorder (PTSD). Moreover, because many police officers function in a paramilitary culture that discourages the disclosure of vulnerability and distress, officers may be unlikely to acknowledge PTS either publicly or privately, contributing to the lack of discourse on this problem. This presentation will review a program of research aimed at identifying risk and resilience factors for PTS in police officers. It will present: (a) cross-sectional data from approximately 800 active duty-officers, (b) prospective data on approximately 500 police cadets who were followed over a five-year period, and (c) retrospective data from approximately 100 retired police officers. Variables under consideration will include: gender, ethnicity, non-traumatic work stressors (e.g., discrimination), childhood trauma, duty-related trauma exposure, peritraumatic distress and dissociation, coping, and social support. A major part of the presentation will focus on the results of a series of studies examining officers' psychophysiological responses to startling sounds under three levels of threat (low, medium, and high). Results revealed that officers with heightened PTS over-reacted to low levels of threat and also were more likely to make mistakes resulting in the injury or death of bystanders. Findings will be discussed in terms of specific implications for preventive police interventions and also possible generalizations to other first responders, military, and civilian populations. The presentation will thus inform clinicians treating military or paramilitary personnel.

1. Participants will be able to describe the prevalence of trauma exposure and posttraumatic stress disorder (PTSD) symptoms in urban police.
2. Participants will be able to describe correlates of risk and resilience for PTSD in police officers.
3. Participants will be able to describe how exaggerated startle responding may identify officers at risk for over-reacting to duty-related stressors.

## **Disenfranchising Trauma in Immigrants and Their Loved Ones: What Mental Health Professionals Should Know**

Mariela Shibley, Psy.D.

According to an analysis by the Pew Research Center, the nation's immigrant population (with and without lawful status) reached a record high of almost 45 million in 2018, and immigrants comprise 14 percent of the nation's total population. More than seven percent of all children living in the United States have at least one immigrant parent, and nearly 80 percent of these children are U.S.-born citizens. Little focus is placed on how immigration policies affect mixed-status families, such as U.S. citizens married to an immigrant, or children born in the United States to foreign-born parents. This presentation will shed light on the adversities immigrants and their loved ones face, how their mental health is impacted, and the often disenfranchising nature of their trauma.

Through the use of de-identified and composite case examples, this presentation will explain the distinctive hardships immigrants typically experience and how their mental health is affected. In addition to learning from the presenter's years of experience working with foreign nationals and mixed-status families, attendees will watch some videos that show first-hand the impact of witnessing a loved one's forced removal from the United States and the pervasive state of fear under which many of these families live. Particular focus will be placed on how immigrants and their loved ones experience and process their trauma and some of the barriers they face in seeking adequate treatment. The presentation will conclude with an overview of how psychologists and other mental health professionals can provide psychological support to this often-underserved population, emphasizing the need for cultural humility when working with marginalized individuals. Attendees will be invited to ask questions and join in a lively discussion.

1. List at least two adversities immigrants and their loved ones often face in the United States due to their immigration status.
2. Describe the prevalence of disenfranchising trauma faced by immigrant families.
3. Explain what it means to provide a culturally sensitive approach when working with an immigrant population or their loved ones, particularly when dealing with trauma.