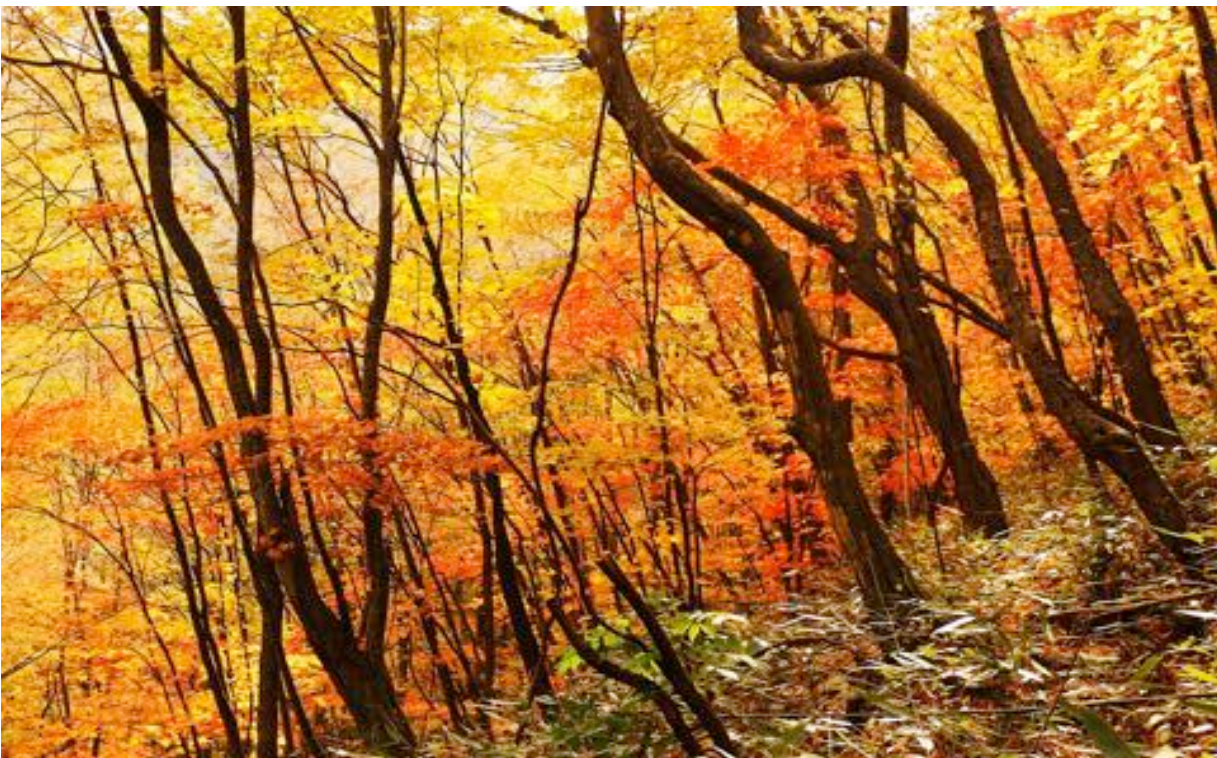


The Clinical and Community Psychology

A Publication of the Division 6 of the
International Association of Applied
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CONNECTING MEMBERS: SURVEY

The main purpose of this website is to promote activities and services to our members and to get know each other across the world. To start with, in this section we have a proposal in which we would like to involve you as soon as possible...

Connecting members across the world!!



Because our organization has more than four hundred members worldwide, the first aim of this website will be to connect us, to know where our colleagues are working in the aim topics of Clinical and Applied Community Psychology, their diverse functions and different areas of expertise, and the world centres where we are performing psychological interventions and research. We ask you to complete this questionnaire that will permit us to build a database and to give you information about which members of the Division are close to you, their areas of expertise, and the psychological centres where they are working.

We think this information will be useful to support you in many professional situations, for instance, when you are preparing a professional trip, when you need collaboration to develop some research programmes in any part of the world, and so on.



Please, complete the questionnaire and send it to mpgvera@psi.ucm.es

IAAP Division 6 Survey

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Most relevant publications (500 words max)

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List of topics

- | | |
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| 2. ADHD | 28. Health education |
| 3. Aging | 29. HIV & AIDS |
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EXPERTS ACROSS THE WORLD

In this section you can find articles and interviews from *experts across the world*, with the aim of presenting experiences and professional challenges from the diverse countries.

ARTICLES

This is a menu to share articles about professional topics, experiences, up-to-date topics, etc., with experts from diverse countries.

Why victims of terrorism may need psychological follow-up and care after a terrorist attack? Four questions and four answersⁱ

Garcia-Vera, M.P., Sanz, J., Gesteira, C. y Moran, N. ⁱⁱ

The aim of this paper is to describe the current state of the research on the psychopathological consequences of terrorist attacks in adult victims and their treatment. From the results of narrative and meta-analytic reviews of this research and the most recent empirical studies, especially those carried out with victims in Spain, conclusions are extracted on the number of adult victims that develop psychological disorders, the psychological disorders that are most common, the course of these psychological disorders, the types of victims that are most affected, and the most appropriate treatment for their disorders. These conclusions converge to suggest that, after a terrorist attack, both direct and indirect victims (and among the latter, especially the relatives of those killed and wounded in the attack), will need psychological follow-up and care in the short, medium, long and very long term.

Terrorism has become one of the most harrowing and disturbing problems worldwide. In 2015, a total of 11,774 terrorist attacks were committed, resulting in more than 28,300 deaths, 35,300 people injured and 12,100 kidnappings (National Consortium for the Study of Terrorism and Responses to Terrorism, 2016).

The last narrative and meta-analytic reviews on the presence of psychological disorders derived from terrorism and on the efficacy of psychological treatments designed to cope with them (e. g. DiMaggio & Galea, 2006, DiMaggio, Galea & Li, 2009; Garcia-Vera & Sanz, 2010; Garcia-Vera & Sanz, 2016; Garcia-Vera

et al., 2015; Gutierrez Camacho, 2015; Salguero, Fernández-Berrocal, Iruarrizaga, Cano-Vindel & Galea, 2011) allow to answer to four specific questions: (1) What is the prevalence of psychological disorders after a terrorist attack? (2) Which specific groups of victims are typically affected by these disorders? (3) What is the course of psychopathology? (4) Do we have appropriate psychological treatments?

This paper aims to describe the state-of-the-art in the research field of both psychopathological consequences of having suffered a terrorist attack and psychological interventions, paying special attention to the four concrete issues mentioned before in order to explain why victims of terrorism may need psychological follow-up and care after a terrorist attack.

1) What is the prevalence of psychological disorders after a terrorist attack?

Although the majority of people won't develop any psychological disorder in the aftermath of a terrorist attack, systematic reviews on the topic indicate that 18-40% of adults victims of terrorism will develop PTSD (DiMaggio & Galea, 2006; Garcia-Vera & Sanz, 2016; Gutierrez Camacho, 2015) and/or other disorders, such as

major depressive disorder (MDD; approximately 20-30% of direct victims in Garcia-Vera & Sanz, 2010; Gutierrez Camacho, 2015; Salguero et al., 2011), anxiety disorders (e.g. 7% of generalized anxiety disorder and 6% panic disorder in direct victims, according to Garcia-Vera & Sanz, 2010), or alcohol abuse (7.3% in all types of victim, according to DiMaggio et al., 2009).

Additionally, the comorbidity between disorders is very high, specially between PTSD and MDD (Miguel-Tobal, Cano-Vindel, Iruarrizaga, Gonzalez-Ordi & Galea, 2004), a combination specially important since it predicts higher symptom severity, worst daily functioning, chronicity and impairment (Kessler, Chiu, Demler & Walters, 2005; Shalev et al., 1998).



2) Which specific groups of victims are typically affected by these disorders?

Psychological disorders may appear in both direct and indirect victims (the relatives of those killed or injured in the attacks, emergency, rescue and recovery personnel, and residents of the areas or cities affected by the attacks). However, the prevalence is higher among direct victims and the relatives of those killed and wounded (Sanz & Garcia-Vera, 2016; Gutierrez Camacho, 2015).

3) What is the course of psychopathology?

Psychopathological consequences of having suffered a terrorist attack tend to decrease over the time as a part of a natural process. However, this natural recovery not always takes place, especially in direct victims and relatives of those injured or killed (DiMaggio & Galea, 2006; Garcia-Vera & Sanz, 2010; Garcia-Vera & Sanz, 2016; Salguero et al., 2011).

A review of the studies that consider terrorist attacks committed between 1 and 10 years before, found that nearly 28% of direct victims suffered from PTSD and 10% suffered from MDD (Gutierrez Camacho, 2015). A recent study, in collaboration with the Association of Victims of Terrorism

(AVT) of Spain, with 507 direct and indirect victims (family members of those killed and injured), found that, in a very long term (after 21 years on average from the terrorist attack), still 27% of victims continue suffering PTSD, 18% MDD and 37% anxiety disorders (Gutierrez Camacho, 2015).

4) Do we have appropriate psychological treatments?

Trauma focused cognitive-behavioural treatment (TF-CBT), an evidence-based psychological intervention that includes exposure to avoided stimulus and memories related to trauma in addition to other cognitive-behavioural strategies, has proven its effectiveness not only for trauma in general, but for victims of terrorism in particular (Garcia-Vera et al., 2015). Therefore, TF-CBT would be the therapeutic option of choice for victims of terrorism, at least until more studies and more favourable results on the efficacy of other therapies (psychological and/or pharmacological) are published.

Three empirical studies recently conducted by the Complutense University of Madrid and the AVT tested the efficacy and the clinical utility of a TF-CBT for adults victims of terrorism with a longstanding history of

PTSD and/or other depressive and anxiety disorders (Cobos Redondo, 2016; Gesteira Santos, 2016; Moreno et al., 2016). This 16-sessions intervention was based on prolonged exposure (Foa, Hembree and Rothbaum, 2007), with added cognitive techniques for trauma and cognitive-behavioural strategies specifically related to other anxiety and depressive disorders that victims of terrorism may suffer alone or concurrently. The results of these pieces of research indicate that:

a) TF-CBT is effective and clinically useful not only for victims of terrorism who suffer PTSD but also MDD and a variety of anxiety conditions that could appear concurrently or alone.

b) TF-CBT is also effective and clinically useful for victims of terrorism who suffer PTSD, MDD and/or anxiety disorders in a very long-term, specifically an average of 18-20 years after having suffered the attack.

c) TF-CBT is efficacious and clinically useful not only in a short-term but also in a long-term. A year after the end of the treatment, according to Cobos Redondo (2016), none of the participants continue suffering PTSD and only 3.5% had MDD.

CONCLUSIONS

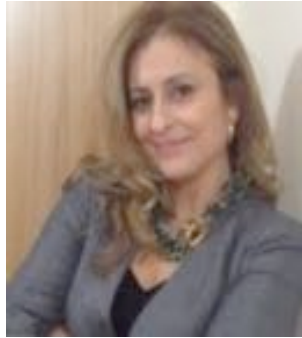
The results of different narrative and meta-analytic reviews examined in this paper suggest that, after a terrorist attack, both direct and indirect victims (relatives of those killed and wounded in the attack) will need psychological follow-up and care in the short, medium, long and very long term. Fortunately, currently there are psychological therapies, particularly trauma-focused cognitive behavioural therapy (TF-CBT), that have been proven as effective and useful for victims of terrorism who have PTSD but also depressive and anxiety disorders, even in a very long term (20 years after the attacks).

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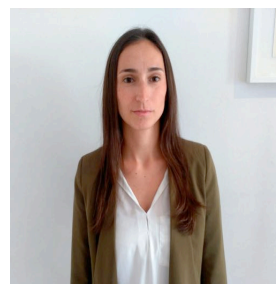
Maria Paz Garcia-Vera



Jesus Sanz Fernandez



Clara Gesteira Santos



Noelia Moran Rodriguez

¹ This work has been entirely published in *Papeles del Psicólogo* (<http://www.papelesdelpsicologo.es/english/2776.pdf>), an open access review that is the Official Review of the Spanish Psychological Association.

¹ Maria Paz Garcia-Vera is President of Division 6 & Chair of the Task Force on Terrorism of the IAAP. Jesus Sanz Fernandez is Member of Division 6 of the IAAP. Both are Professors in the Complutense University of Madrid. Clara Gesteira Santos and Noelia Moran Rodriguez, are Division 6 Web Editor of the IAAP and Researchers Staff in the Complutense University of Madrid.

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IAAP Task Force on Terrorism

Garcia-Vera, Maria Paz, Gesteira, Clara and Moran, N.

Terrorism has become one of the most harrowing and disturbing problems worldwide. Despite the fact that the majority of terrorist attacks committed in the last year 2015 occurred in only a few countries (Iraq, Afghanistan, Pakistan, India, and Nigeria), this threat that terrorism supposes is extended all over the world, including regions where terrorism used not to be so much frequent.

Nevertheless, not only is terrorism a risk factor for life but also for mental health. Systematic reviews on the presence of psychological disorders derived from terrorism indicate that a significant percentage of people who have suffered a terrorist attack will develop PTSD as the most prevalent mental pathology (e. g between 33%- 39% of the direct victims and 17%- 29% of the relatives of injured or who have died in terrorists attacks, according to Garcia-Vera, Sanz, & Gutierrez, 2016). However, although the PTSD is the most common mental disorder among victims of terrorism, the reviews show that after a terrorist attack a wide variety of psychopathological symptoms and mental disorders that can be diagnosed, concomitantly or not, such as the major depressive disorder (MDD) or anxiety disorders can appear (García-Vera & Sanz, 2010; Gutiérrez Camacho, 2016; Salguero, Fernández-Berrocal, Iruarrizaga, Cano-Vindel, & Galea, 2011).

Treatments based on Cognitive Behavioral Therapy (CBT) focused on trauma are demonstrated to be effective for adult victims of terrorism with PTSD and other psychological disorders (García-Vera et al., 2015). Although evidence-based treatments for victims of terrorism are, therefore, available, they are not taken into account by public institutions and national health plans, especially in developing countries, where, paradoxically, the majority of terrorist attacks have been carried out.

Furthermore, in so many traumatic events, such as massive disasters, for example, it seems unlikely that individual trauma-focused therapy could be mobilized to deal with the great number of trauma survivors, for instance, because of lack of trained therapists, lack of resources, and lack of mental health care infrastructure. Therefore, organizations such as the World Health Organization (WHO) increasingly advocate for larger scale

programs in post-conflict regions, targeting whole communities or whole societies. Although some of these community treatments already exist (Maercker, Heim, Hecker, & Thoma, 2016) very little is yet known about their effectiveness. The reason is because they are frequently implemented during a crisis in a region, in circumstances where the use of scientifically rigorous methods is impossible.

But not only Psychology plays an essential role in the treatment of psychological consequences of terrorism, but also in the prevention. Violent radicalization has been considered as the most important risk factor for terrorism. In spite of its importance, systematic and evidence-based de-radicalization programs for terrorists are almost inexistent, above all in the countries where terrorism is routine.

Psychology should be a key component in the counter-terrorism plans. Nevertheless, these counter-terrorism strategies are mostly based on anti-criminal, political or even economical topics.

A scientific understanding of what spurs violence and terrorism in today's world is needed to develop more effective approaches to thwart terrorism and its consequences in the world.

IAAP task force on terrorism will try to provide that scientific knowledge reporting the



specific contributions of psychological research to the understanding of psychological dimensions of terrorism. This work group will also provide research and policy recommendations for psychological science, and will propose actions that IAAP could or should take to assist psychologists' engagement with the issue of terrorism. Lastly, the IAAP task force on terrorism will

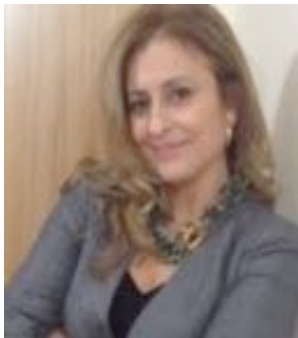
pursue as its main objective the engagement of psychology community (teachers, researchers, practitioners, and students) in the issue of terrorism. This would further

contribute to the application of research in a non-academic sector and in the context of community-based programs.

In order to fulfill the aforementioned objectives, the Tak Force will address the following tasks:

1. Summarize research illustrating a psychologically informed understanding of terrorism in terms of its causes, impacts and remedies;
2. Formulate research and policy recommendations for psychological science to address the issues of terrorism;
3. Make recommendations to the IAAP Board of Directors as to what actions IAAP should take to enlist psychologists in the fight against terrorism and play an enduring and expanding role in helping humanity to find a path to peace.

In words of IAAP president, our association was created “to promote the science and practice of applied psychology and to facilitate interaction and communication among applied psychologists around the world”. As a leading international organization in the field of applied psychology, this organization is in a superb position to contribute to the fight against one of the biggest challenge our society is currently confronting: terrorism.



Maria Paz Garcia-Vera



Clara Gesteira Santos



Noelia Moran Rodriguez

SHARING RESOURCES

Psychological First Aid Guidelines

Psychological First Aid constitute a set of strategies aimed at reducing stress and addressing the basic needs of individuals after traumatic events, through eight basic principles (Brymer et al., 2006):

- 1) Contact people in a non-intrusive way
- 2) Provide immediate security in addition to physical and emotional support
- 3) Stabilize (if necessary) survivors who are emotionally overwhelmed
- 4) Gather information to determine the immediate needs of each person
- 5) Provide practical assistance to survivors
- 6) Connect survivors with their social networks
- 7) Provide information on typical stress reactions and coping mechanisms
- 8) Link survivors with appropriate services

Since the evidence underlying this intervention is rather general, relative to its components, and not to the whole

process, it can not be considered to be fully evidence-based but evidence-informed. Anyway, the most important guidelines of good clinical practices for Posttraumatic Stress Disorder (e.g. American Psychiatric Association-APA, 2004; Australian Centre for Posttraumatic Mental Health-ACPMH, 2013; National Institute for Health and Clinical Excellence-NICE, 2005) implicitly or explicitly allude to this psychological first aid in order to explain how to manage the aftermath of different traumatic situations.

Therefore, in this section, we present some suggested Psychological First Aid, frequently used in an international context, as follows:

- World Health Organization (WHO), War Trauma Foundation & World Vision International (2011) Psychological first aid: Guide for field workers. Retrieved March 13th, 2016 from http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205_eng.pdf

Developed in collaborative effort between WHO and NGOs. Endorsed by 24 UN/NGO international agencies. This guide was developed in order to have widely agreed upon psychological first aid materials for use in low and middle income countries. Available in numerous languages.

- Muñoz, Ausín & Pérez-Santos (2007). *Primeros Auxilios Psicológicos: Protocolo ACERCARSE. Psicología Conductual*, 15, 3, 2007, 479-505: Group of early, brief psychological interventions and practices aimed to mitigate and prevent short, medium and long term psychological effects after traumatic events. Spanish resource.
- Australian Red Cross & Australian Psychological Society (APS) (2013). *Psychological First Aid: An Australian Guide to Supporting People Affected by disaster*. Retrieved March 13th, 2016 from http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf. This psychological first aid guide is for people working in disaster preparedness, response and recovery. It provides an overview of

best practice in psychological first aid following disasters and traumatic events.

- Medecines sans frontieres (2011). *Psychosocial and Mental Health: a Community-based Approach*. Retrieved March 13th, 2016 from http://www.msf.org/sites/msf.org/files/old-cms/source/mentalhealth/guidelines/MSF_mentalhealthguidelines.pdf These guidelines focus on manmade rather than natural disasters. The guidelines help people in coordination positions (medical and programme management) to strategise, plan, supervise, and to coach a psychosocial or mental health programme component.
- National Child Traumatic Stress Network & National Center for PTSD (2006) *Psychological First Aid—Field Operations Manual- 2nd Edition*. Retrieved March 13th, 2016 from http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf Psychological First Aid for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism.

Additional references:

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ACTIVITIES



September

- 10-12 September 2016: 3rd World Conference on Psychology Sciences, Bali, Indonesia, Asia. wc=psy.org
- 18-22 September 2016: The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) 22st World Congress, Calgary, Canada. iacapap2016.org
- 23-24 September 2016: The Third International Interdisciplinary Conference: Health and Mental Resilience, Krakow, Poland, Europe. resilience-conf.wzks.uj.edu.pl
- 23-25 September 2016: X Congreso Iberoamericano de Psicología y III Congreso Nacional. Antigua, Guatemala. <http://www.congresofiapguatemala2016.org.gt/index.php/es/>

- 26-28 September 2016: International Marcé Society Biennial Scientific Conference 2016, 'Frontiers in Perinatal Mental Health – looking to the future', Melbourne, Australia. marce2016.com
- 26-28 September 2016: JENGA III: A 3-day International Training Workshop on Using Expressive Arts in Mental Health and Psycho-social Support, Nairobi, Kenya, Africa. Mail to Brinda Wachs brindawachs@gmail.com
- 28-30 September 2016: 3rd International and 5th Indian Psychological Science Congress- 2016, Panjab, India, Asia. napsindia.org

October

- 6-7 October 2016: 2nd Asia Pacific Conference and Meeting on Mental Health, Singapore, Asia. silverribbonsingapore.com
- 7-8 October 2016: 2016 Fall Global Symposium for Psychology Professionals, Los Angeles, United States of America. uofriverside.com
- 7-9 October 2016: 2016 International Symposium on Education and Psychology, Fall session, Taipei, Taiwan, Asia. <http://tw-knowledge.org/isepfall/home>
- 10 October 2016: World Mental Health Day 2016, theme: Dignity in Mental Health, Psychological and Mental Health First Aid for All, International. wfmh.com
- 13-15 October 2016: Conference Trauma and Trust: Peacebuilding in Ruptured Social Systems, University of Denver, Denver, USA. du.edu/conflictresolution
- 17-19 October 2016: World Federation for Mental Health International Conference 2016, Cairns, Australia.
- 17-22 October 2016: 3rd Mental Health and Well-being Conference of Ghana with the theme 'Dignity in Mental Health, Psychological and Mental Health First Aid', Accra, Ghana, Africa. mhfgh.org

- 21-22 October 2016: International Psychology Conference Dubai 2016, Dubai, United Arab Emirates, Middle East. psych-me.com

November

- 1-3 November 2016: International Conference on the Urgency, Methods, and Benefits of Building Personal and Psychosocial Resilience for Climate Change, Chicago, USA. nationalresilienceinstitute.org
- 3-4 November 2016: 1st International Conference on Building Personal and Psychosocial Resilience for Climate Change, Washington, USA. theresourceinnovationgroup.org
- 7-9 November 2016: 2016 International Conference on Education, Psychology, and Learning-Fall Session (ICEPL-Fall 2016), Seoul, Korea (south), Asia. iainst.org
- 9-10 November 2016: 7th Culture and International Mental Health conference, Manchester, UK. via eventbrite.co.uk
- 10-12 November 2016: International Society for Traumatic Stress Studies 32nd Annual Meeting, Dallas, USA. istss.org
- 13-18 November 2016: 2nd National Congress of Psychology Kenya, Mombasa, Kenya. psyske.org
- 14-17 November 2016: 5th International Workshop on Psychological Intervention After Disasters, Manila, Philippines, Asia. via mhps.net
- 28-29 November 2016: MindCare Conference, where technological, psychiatric and psychological disciplines meet, Barcelona, Spain, Europe. mindcaresymposium.org
- November 28- December 1 2016: Global Network of Peace Researchers (IPRA) 2016 Peace Conference. Freetown, Sierra Leone

December

- 2-3 December 2016: Asia Mental Health Conference 2016, Hong Kong, Asia. sowk.hkbu.edu.hk

- 2-4 December 2016: I Congreso Nacional de Terapia Cognitivo Conductual: Atención a la Salud, una perspectiva integral de tratamiento. México. MEXICO. <https://www.congresotcc.com/>
- 5-9 December 2016: 10th IRCT Scientific Symposium and General Assembly : Delivering on the Promise of the Right to Rehabilitation, Mexico city, Mexico, Middle America. irct.org
- 7-10 December 2016: International Congress of Behavioural Medicine December. Melbourne, Victoria, Australia
- 8-9 December 2016: Alcoholism, Sexoholism and other addictions, International Interdisciplinary Conference, Krakow, Poland, Europe. alcoholaddiction.ug.edu.pl
- 10-11 December 2016: Sangath conference, Innovations in Mental Health Care India, Goa, India, Asia. sangathconference.com



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