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CONTENTS

EXECUTIVE COMMITTEE

CONNECTING MEMBERS: SURVEY

EXPERTS ACROSS THE WORLD:

- I. Article: Overview of Mexican Counsellor's Function
- II. Interview: Sylvia Marotta-Walters

SHARING RESOURCES:

- I. Violence Towards Parents Psychological Intervention (Spain)

ACTIVITIES:

- I. Events from January 2014 to June 2014

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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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List of topics

- | | |
|-------------------------------------|---|
| 1. Addictions | 27. Family planning |
| 2. ADHD | 28. Health education |
| 3. Aging | 29. HIV & AIDS |
| 4. Alzheimer's and dementias | 30. Human Rights |
| 5. Anger | 31. Hypnosis |
| 6. Anxiety | 32. Immigration |
| 7. Assessment | 33. Intelligence |
| 8. Autism | 34. Interpersonal therapy |
| 9. Affective disorders | 35. Kids & the Media |
| 10. Biofeedback | 36. Law & Psychology |
| 11. Bullying | 37. Learning & Memory |
| 12. Burnout | 38. Military |
| 13. Cancer | 39. Natural Disasters |
| 14. Children | 40. Obesity |
| 15. Cognitive-behavioral treatments | 41. Psychology and Health |
| 16. Couples | 42. Psychophysiological disorders |
| 17. Death & Dying | 43. Parenting |
| 18. Diagnosis | 44. Personality |
| 19. Disability | 45. Prevention |
| 20. Eating Disorders | 46. Psychoanalysis |
| 21. EMDR | 47. Terrorism |
| 22. Emergencies | 48. Trauma / Post-traumatic Stress Disorder |
| 23. Emotional Health | 49. Psychosis |
| 24. Environment | 50. Sexual Abuse |
| 25. Ethics | 51. Sexuality |
| 26. Evidenced-based treatments | 52. Sleep |
| | |
| 53. Sport and Exercise | 57. Teens |
| 54. Stress | 58. Violence |
| 55. Suicide | 59. Women & Men |
| 56. Systemic therapy | 60. Workplace Issues |

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.

ARTICLE

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

Overview of Mexican Counsellor's Functions

Catalina Rodríguez Pichardo

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KEYWORDS: counselling, degree, psychology

The counselling was developed in Mexico at the beginning of the XX Century. In the years 1930-1940 the Psychological Department of the National Pedagogical Institute (Instituto Nacional de Pedagogía) works with some psychological issues. It had the objective of helping the Mexican children to develop mental and physical health (Caldera, 2007). In the XXI Century, the counselling has been growing in Mexico and many private and public universities offers this major at different levels (bachelor, master and doctorate). Nowadays, the counsellors works at school settings, clinical

settings, private consultation, and vocational institutes. In the 2013, the author did some research related to the main functions of the counsellors in Mexico. The participants have different academic background such as psychology, counselling, marriage and family therapy, clinical therapy, psychopedagogy, education, and guidance, but all of them work as counsellor. They work in different settings such as schools, private consultation, psychological clinics, human resources, and vocational institutes. A random sample of counsellors was used from different

Mexican counties. The total of the participants were 60 people. In order to get some information related to main functions as counsellors, a semi-structured interview was used, the inquiries were related to sociodemographic aspects, population with whom work, main functions as counsellors, and their identified needs as counsellors. Next, the results are

presented. During the interviews, the participants answered some questions related to their sociodemographic aspects such as gender, nationality, academic degree, and years of experience in counselling field. Some sociodemographic results are showed below (see table 1).

Table 1. Sociodemographic Data

Gender		Nationality	Degree (psychology, guidance, education, therapy, counseling, psychological)		Years of experience		
Female	Male	Mexican	Bachelor level	Master level	< 9 years	10-19 years	20 or more years
75%	25%	100%	38%	62%	31%	56%	13%

This table reveals that most of the counsellors are female, got master degree, have between 10 to 19 years of experience in the field, and all of them are Mexican.

The participants work with different populations like children, teenagers and adults. Most of them, worked in school settings at different school level: elementary school, middle school, high school, and college level. Few of them, worked as counsellor with adult population.

The counsellors, who work with children between 6 to 11 years old, explain their main functions as counsellors are:

- To support children who have psychological necessities.

- To help children to increase their academics skills.

- To diagnose, advise, and follow up the cases which experience psychological difficulties.

- To work with problematic children's parents, custodian or teachers.

- To monitor the kids progress.

- To give advice to children with behaviour problems.

- To counsel children those are referred by a teacher.

- To offer treatment for children with learning disabilities.

- To address specific necessities of students who face barriers to learning.

-To observe the referred children in their school or problematic context.

-To offer psychological assessment (projective and psychometric tests).

-To explain of the psychometric results to parents or custodian.

-To work on psychoeducational programs.

-To promote children success.

-To follow-up cases.

-To practice universal values.

The counsellors who work with the puberty population explain that their main functions as counsellors are:

-To track the academic progress.

-To offer academic, social and psychological guidance to students.

-Work some psychoeducational topics with parents.

-To offer teachers some pedagogical and social orientation.

-To develop strategies for academic improvement.

-To develop and monitor strategies for students with social or learning disabilities.

-To refer to specialists and follow up the cases.

-To mediate between parents and teachers.

-To facilitate conflict resolution between students or students and teachers.

-To counsel people with behaviour problems, poor academic performance, constant delays, and constant faults.

-To offer academic and psychosocial advice to student.

-To use file-tracking of the students with academic and behavioural problems.

-To counsel students, parents, and teachers.

-To help with the high school's admission tests.

-To help the student with their adjustment process to the school

-To assist people in the social, emotional and academic areas.

-To organize events and conferences for parenting class.

-To offer continuing education for teachers.

-To show the genuine interest of helping people.

The counsellors who work with adolescents explain that their main functions as counsellors are:

-To work on the holistic formation of the teenagers.

-To help with the parenting training.

- To refer special cases like psychopathological issues to the specialists.
- To work on synergy with teachers, students and parents.
- To tutor people.
- To track students with low academic achievement.
- To monitor the academic performance of students.
- To monitor program progress of teachers.
- To design and coordinate activities such as conferences, seminars and workshops about life skills for parents, teachers, and students.
- To offer counselling sessions to students.
- To support the Discipline Team.
- To offer vocational guidance.
- To implement drug, depression, and eating disorder prevention programs.
- To offer psychological treatment for adolescents.
- To offer psychological testing.
- To practice the patience and the honesty.

The counsellors who work with young adult explain that their main functions as counsellors are:

- To counsel about psychosocial skills.
- To tutor people.
- To coach for academic and personal success.
- To perform psychological testing.
- To offer academic advice.
- To offer vocational guidance.
- To refer to psychiatric when present major psychological disorders.
- To plan, design, develop, and coordinate activities related to career guidance.
- To help people to develop leaderships.
- To attend to trainings and conferences related to psychological wellness.
- To offer respect.

The counsellors who work with young adults explain that their main functions as counsellors are:

- To provide individuals and families with intake evaluations, assessments, and treatment.
- To provide treatment to families and couples dealing with life transitions (i.e. death, divorce, separations, job changes, gender issues, etc.).
- To provide case management services.

- To link clients to local community resources.
- To provide intake evaluations and individual assessments including diagnosis and treatment of mental health disorders.
- To provide counselling services to individuals and families utilizing the Brief Therapy model.
- To provide group therapy and psycho-educational groups.
- To apply ethics principles.

According to previous results, each age group requires from

According to the table 2, more

counsellors certain skills, role, attitudes and values that made their job very special. Also, there are certain areas that have in common such as: diagnosis, guidance, support, planning, evaluation, and working in synergy. The 60 counsellors that were interviewed, mentioned some needs as counsellors. Some of these needs are cluster in 5 sections: human resources, holistic formation, recognition of counselling service and technology used in counselling service. These results are shown in the table 2.

recognition of counselling services. It is

Table 2. Counselor's needs

Human resources		Holistic formation	Recognition of counseling service		Technology used in counseling service		
Lack of counselors	Lack of specialization for counselors	Needs to work more on holistic formation	Lack of recognition as counselors	Lack of cooperation from teachers and parents during the counseling process	Do not use	Sometimes	Frequently
65%	35%	100%	60%	40%	23%	17%	60%

counsellors are needed in Mexico because there is a lot demand of people who needs psychological attention in different settings. Also, the counsellors necessities to specialize more in psychology and marriage and family therapy. All of participants mentioned the needs to work more on holistic formation with students, parents, teachers and custodians. Most of participants said the need of more

important to highlights that in Mexico, still exists the prejudice that counsellors, psychologists, therapists and psychiatrist work with “crazy people”. Since the globalization, it is important that counsellors become familiar with the technology and use it more in their jobs.

This article shows the main functions of Mexican counsellors at different ages population and the main

needs of the Mexican counsellors. Finally, it is helpful to remember a famous Carl Rogers's advice: "The relationship which I have found helpful is characterized by a sort of transparency on my part, in which my real feelings are evident; by an acceptance of this other person as a separate person with value in his own right; and by a deep empathic

understanding which enables me to see his private world through his eyes."

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In this part of the section, interviews to professionals of the clinical psychology will be shared. The aim of this section is to provide the reader a deepest understanding of our profession and its development through the eyes of the psychologist who are currently at the forefront of the clinical psychology.

Professor Sylvia Marotta-Walters

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1. As an expert on the field, can you briefly explain what is a complex trauma and what are its differential characteristics compared with non-complex trauma?

Complex trauma does not currently exist as a diagnostic category in the DSM system though it is in the ICD. It is a term that is used to encompass chronic or long term trauma that develops over a period of time and/or at an early stage of life, rather than a single extreme exposure. It is also called developmental or attachment-related trauma. Historically it evolved from what was called DESNOS, or disorders of extreme stress not otherwise specified. When comparing complex trauma to posttraumatic stress disorder, there are some overlaps and some distinct features. For example, there can be re-

experiencing or avoidant phenomena, but in addition there are also alterations in the ability to self-regulate emotions, alterations in attention, and alterations of meanings. Complex trauma is also increasingly associated with chronic and unexplained medical conditions.

2. In the last APA manual of psychiatric diagnostics (DSM-5), complex trauma has not been recognized as a category on its own right. Do you agree with this decision? Do you think this resolution has any implication in the treatment of these patients?

The DSM is a living system that depends on data derived from the field. One of the reasons why the numbering system changed from Roman to Arabic was so that it could be continuously updated. While complex trauma itself

was not recognized, in DSM-5 there is recognition of a dissociative subtype of posttraumatic stress disorder, which in my mind shows that eventually, as the data accumulate, there will be a category for complexity. There is currently a privately funded field project to explore developmental trauma in children. The primary implication that I see in terms of treatment is that people with complex trauma are frequently treated for co-morbid disorders such as anxiety or depression, which then delays the focus of treatment on the underlying etiologies of these if they are trauma or neglect focused.

3. A paradigmatic example of complex trauma is the one of children having suffered repeatedly sexual abuse. What kind of consequences does this continued abuse have on development and on the configuration of the final structure of these children personality?

Depending on the age at which the repeated trauma or sexual abuse develops, we now know that there are actual anatomical and physiological changes to the brain that affect things such as emotional regulation and memory. Disrupted attachments, when sexual abuse happens within the family,

can result in boundary problems with subsequent interpersonal relationship difficulties. The lack of mirroring of appropriate self-regulatory strategies from parents who are deficient due to their own mental health issues also disrupts the capacities of the self, such as consistency of self image, and the ability to take initiative on one's own behalf. With better imaging technology, we are able to measure some of these changes to brain structure and function but it is still too early to know specifically the linkages between such changes and future behaviour. One important aspect of psychoneurophysiology is that we now know how incredibly plastic the human brain is, and from a treatment perspective we also know that children's response to trauma treatment can be amazingly quick. Human beings are still very adaptive to all kinds of environmental pressures.



4. Some other paradigmatic example of this complex trauma concept makes reference to refugees or victims of torture. Have they got some special characteristics?

Traumatologists have long known that there are more difficult consequences of exposure to trauma when those trauma experiences are caused by other human beings as opposed to natural occurrences. That situation results in the special characteristic of refugees and/or victims of torture having to change their entire worldview based on such terrible experiences. Additionally, when one loses one's cultural identity and in the case of refugees, even their country of origin, there is the natural human need for adequate food, shelter, and safe living conditions. All of these are disrupted for refugees, and sometimes for torture victims those very natural needs are manipulated to cause further pain and suffering.

5. Manuals of good clinical practice recommend treating this kind of patients with the same well-established treatments usually employed with non-complex trauma (for example, psychological treatment focused on trauma), only

adding, if necessary, more sessions to cope with extra symptoms such as emotional deregulation or risky behaviour. Could you precise more which kind of techniques or strategies it is important to take into account in the treatment of complex trauma?

I think every clinician should have training in one of the evidence based treatments for trauma. There are several models, such as trauma-informed CBT, EMDR, prolonged exposure, cognitive processing therapy. All of these can be used within a phase based treatment strategy, with a primary consideration being an ongoing assessment of how the individual is tolerating the treatment. There is a window of tolerance that the clinician needs to monitor, being sure that safety and stabilization are present during the trauma reprocessing phases of treatment. I don't think of adding sessions so much as I think of ensuring that there is a collaborative process with the patient, during which timing, pacing, and reconsolidation of traumatic material all have an active role.

6. More specifically, what should they be the specific strategies to intervene with children with complex trauma? Do parents or

main carers have to participate in treatment?

I don't treat children directly so I'm probably not the best person to answer that question. However, many of the adults I treat are exhibiting the knowledge and skill deficits that one would expect of children precisely because of those deficient early childhood environments we were talking about before. It is not unusual for a 40ish person to have the emotional coping skills of a teenager, and that is why ongoing assessment is so important for the trauma therapist to do. In order to teach an anger management skill, for example, one has to assess whether the patient can identify an anger response at all. Regarding parents in treatment, I do know of some trauma narrative approaches that have good success with parents narrating the traumatic experience for their child under the guidance of a therapist, while providing a secure base for the child during the therapy. I also think it is important to provide training in trauma informed care strategies for people in positions where they work with children in non-therapy settings.

7. Do you identify distinctive abilities that therapists should have in their

approach to people with complex trauma?

Several years ago I wrote about refugees and their specific treatment needs and I coined the term 'unflinching empathy' then. I think it's important for therapists who work with people who have experienced trauma to know themselves and their own cultural biases, to maintain a supportive neutrality in terms of their boundaries and those of their patients, and most of all, to be fully present to those with whom they work. It is in the re-telling of a trauma story to someone who won't flinch from the pain of the story, that one finds the foundation of healing.

8. If you consider necessary, please, add whatever extra commentary to specify, complete or explain some of the previous points or some other new.

The last thought I will leave with you is that human beings remain the most adaptable, and therefore the most resilient, of organisms in our world. While many people get exposed to trauma, the vast majority of people will heal.

THANK YOU SO MUCH!

SHARING RESOURCES

PAP Guide: Educative and therapeutic psychological treatment program for child to parent violence

Violence toward parents or child to parent violence is a great healthy and social problem because of its prevalence and the negative consequences that adolescent's aggressive behaviours produces on parents and on the family. Nonetheless the therapist may not have the skills or resources to work appropriately with these families in order to help them to get over the violence and improves the family relationship quality. So is really important to access to specific psychological approaches and treatments to this family problem. Thus we propose a Spanish integrative and multimodal CBT treatment specialized on violence toward parents: the Program for adolescents who assault their parents (PAP). It includes an extensive work with adolescents and their parents based on the basic principles of individualization and motivation of patients, the program also includes a psychological work on violence thoughts, justifications, anger,

hostility, and in order to improve communication skills and problem solution skills with both, children and parents. Therefore the PAP program is revealed as a specific treatment option and is valid in the field of child-to-parent violence.

Full content to the *PAP Guide* is freely accessible on: <https://www.ucm.es/data/cont/docs/39-2014-02-10-Programa%20de%20tratamiento%20educativos%20y%20terap%C3%A9utico%20por%20maltrato%20familiar%20ascendente.pdf>

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ACTIVITIES

EVENTS

Check here, next international congress of clinical and applied psychology.



April, 2014

- **VII Congreso de Psicología y Educación/I Congreso INFAD.** April 9th-13th, Badajoz, Spain. <http://www.viicongresopsicologiayeducacion.com/>

May, 2014

- **II Congreso Nacional de Psicología Positiva.** May 8th-10th, Castellón, Spain. <http://www.sepsicologiapositiva.es/>



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