

# **The Clinical and Community Psychology**

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International Association of Applied  
Psychology (IAAP)

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of the ***IAAP!!***

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**ACKNOWLEDGMENTS.**

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## EXECUTIVE COMMITTEE

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**Life doesn't require that we be the best,  
only that we try our best**

H. Jackson Brown Jr.

## CONNECTING MEMBERS: SURVEY

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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 colleges 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](mailto:mpgvera@psi.ucm.es)





# IAAP Division 6 Survey

## Personal Information

Reset

Submit

Name: \_\_\_\_\_

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Gender:  Male  Female

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Academic degree: \_\_\_\_\_

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## Specialization area

(list a maximum of 6 choices in order of preference by selecting the number of the correspondig topic. You can add other 2 topics if you want)

Topics: \_\_\_\_\_

Others: \_\_\_\_\_

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(check up a maximum of 6 choices in order of preference by selecting the number of the correspondig topic. You can add other 2 topics if you want)

Topics: \_\_\_\_\_

Others: \_\_\_\_\_

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## Work

Current job position: \_\_\_\_\_

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Current institutions or workplaces (enter up to 3):

\_\_\_\_\_  
\_\_\_\_\_

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Workplace address: \_\_\_\_\_

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Fax: \_\_\_\_\_

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Email address: \_\_\_\_\_

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Website: \_\_\_\_\_

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**Career resumes (500 words max):**

"Please, mark the following box if you agree to share this information with other IAAP members"

**Most relevant publications (500 words max)**

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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

## *INTERVIEW*

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 Chris Brewin Interview**

**Professor of Clinical Psychology Clinical, Edu & Hlth Psychology Div of Psychology & Lang Sciences. Joined University College London (UCL).**

1. Nowadays, sadly, traumatic events are common news in our daily life. Moreover, terrorist attacks seem to be a constant in the last years. Media coverage also has greatly increased, even broadcasting live from the hotspot. We know that BBC has an ethics code about what images can be showed, especially in news about violence and terrorism. In fact, images of the 7th July 2005 attacks in London were carefully selected in order not to show directly crude violence and sensationalism. However, in the recent attacks in London and Manchester, we have seen very explicit images. How do you explain that change? Has something changed in that respect, or is it that those images were broadcast only outside UK? In your opinion and after all your experience, how can the media coverage affect the public and, furthermore, the victims?

Media outlets have been very slow to appreciate the impact of distressing images. Many of the lessons of the past, for example the impact that

watching these images can have on mental health, are soon forgotten. In some ways things are worse now than in 2004-5 because of the advent of rolling 24-hour news channels that keep repeating any picture content over and over again. Governments could do more to issue guidance to media outlets and to warn people about the risk of exposure to these images.

2. Dr. Brewin, you also were directly involved in the aftermath of the London attacks in 2005. How can the most common symptomatology be explained to the victims? In that sense, do you consider important family involvement in the first stages of the process?

The public are generally very understanding of the idea that some distress, including symptoms of PTSD, is normal after being involved in a major incident, and that most people will recover naturally. This message is much more accepted now than in 2004-5. The difficult part is still locating and advising those whose

symptoms persist. In this respect family involvement can play a crucial role in recognizing abnormal symptoms and persuading the person to seek help.

3. After those attacks, you started a very successful program of psychological aid for the victims. It was the first to directly contact them. How was your experience? Which difficulties did you find in this pioneer process?

There was a high level of agreement among trauma specialists about what to do and a high level of cooperation. From the clinical perspective the intervention was welcome and effective. A major difficulty was with data protection legislation being incorrectly interpreted and preventing us from finding out who had been affected. Another difficulty arose because the funding and organization of mental health services assume a stable local population and a stable level of need. There is no provision for unexpected events, or for the need for people to sometimes be referred to specialist units outside the area where they live. Finally, there was no organization that kept a central register of all those affected. Unfortunately despite these lessons things are not very much better now. Governments have a major role to play in setting up more responsive services that anticipate these well-known issues.

4. After the 7th July attacks, the majority of the participants in the study you led received CBT. However, there was another smaller group of patients who received other kind of treatments such as EMDR. Which were the criteria for choosing each treatment? What is your opinion about EMDR?

Treatment was provided by specialist centres in London some of whom offered EMDR. Patients were not selected to receive EMDR, but could sometimes choose to receive EMDR or trauma-focussed CBT. EMDR is accepted by the UK National Institute for Health and Care Excellence as an effective, evidence-based treatment. I agree with this, but think that we still understand very little about the reasons why it is effective.

5. You have done a meta-analysis on the risk factors for developing PTSD. Do you think there is any especial condition related to the specific population of victims of terrorism in comparison with other kind of victims of trauma?

I have not read anything to suggest that the risk factors for PTSD are different in victims of terrorism than in other trauma victims. Because of where and when terrorist attacks happen, however, the specific population may be unlike those typically seen in mental health services. For example, victims of the 7<sup>th</sup> July attacks, which happened during the morning rush hour, were much more likely to be of working age and employed, and had a higher than average income



Prof. Chris Brewin

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



### ECPA Congress: Finding more effective approaches to respond to terrorism and its consequences in the era of globalization

During the 15th European Congress of Psychology, Janel Gauthier, IAAP President, presented an invited symposium entitled *Finding more effective approaches to respond to terrorism and its consequences in the era of globalization*.

Introducing the symposium, **Janel Gauthier** highlighted that, nowadays, a day hardly goes by when we do not hear of another violent terrorist attack somewhere in the world. Some are widely covered by media, but many go unnoticed. He mentioned that, according to the data of the National Consortium for the Study of Terrorism and Responses to Terrorism (2015) of the United States, during 2014, 13,463 terrorist attacks occurred

worldwide, which provoked 32,727 deaths, 34,791 injured victims, and 9,428 kidnappings, and of these attacks, 561 caused 10 or more mortalities. These data alone clearly indicate that, in recent years, terrorism has become one of the most severe and concerning problems worldwide. In July 2016, during the 31<sup>st</sup> International Congress of Psychology in Yokohama, the International Association of Applied Psychology (IAAP) created a task force to engage members of the psychology community on the issue of terrorism. Janel Gauthier explained that the purpose of this invited symposium was to provide the IAAP Task Force on Terrorism an opportunity to report on the contributions of psychological research to



the understanding of terrorism and reflect on the strategies used to thwart violence and terror in the world.



As Janel Gauthier also detailed, this Symposium brought together four representatives from the IAAP Task Force on Terrorism, four speakers from four different countries, Maria Paz Garcia-Vera, from Spain, James Kagaari, from Uganda, Daniel Dodgen, from the U.S.A., and himself, from Canada. And they each addressed one of the following topics(1) the long-term consequences of terrorist attacks on the mental health of victims of terrorism; (2) the need for human resources, expertise, training, funds, equipment, mortuaries, hospital beds, and national policies to provide a better psychosocial response to terrorism; (3) the planning tools and other resources available online that can be used and modified for the needs of different nations and communities to prepare for the psychological aftermath of a terrorist attack; and (4) the research on the psychosocial determinants of violence and terrorism in today's world and the

approaches to preventing violence and promoting peace around the world. Each presenter provided an example of actions that psychology can take to move the agenda forward and help build a better world for all.



**Maria Paz Garcia-Vera** started her presentation, entitled *After many years: The long-term prevalence of psychological disorders in victims of terrorist attacks* (and coauthored by Sara Gutierrez, Clara Gesteira, Noelia Morán, and Jesús Sanz), with a brief state-of-the-art review on research results on the psychopathological repercussions of terrorist attacks. She emphasized that previous research on this issue has focused on the consequences at short term or at medium term, but their true magnitude in the long term, after 5, 15, 25 years, or more, was unknown. Consequently, she showed the results of a study aimed to examine the long-term prevalence of posttraumatic stress disorder (PTSD), anxiety disorders, and



depressive disorders in victims of terrorism. In this study, The Association of Victims of Terrorism of Spain assisted in obtaining a sample of 507 adults who had suffered a terrorist attack or who were direct relatives of someone who had died or had been injured in a terrorist attack. Terrorist attacks had occurred between 6 and 39 years ago. She explained that all participants completed the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I CV). Finally, results revealed that, after an average of 22 years since the terrorist attacks, 50.3% of victims showed a mental disorder. But as with other traumatic situations, after a terrorist attack, a great variety of diagnosable mental disorders may emerge, and they may persist even at very long term, that is, even after a mean of 22 years since the terrorist attacks occurred. At long term and very long term, results showed that posttraumatic stress disorder is still the most frequent mental disorder among terrorism victims. But depressive disorders and anxiety disorders (panic, GAD, specific phobias, agoraphobia) may also be very frequent. Maria Paz García-Vera concluded that, with the passage of years, the psychopathological repercussions of terrorist attacks will decrease. However, in those injured in the attacks or in relatives of the dead, they will not have decreased to the point where one could consider them "recovered".

In fact, the results emphasized the fact that, even after a mean of 22 years since the terrorist attacks occurred, it seems that the percentages of terrorism victims with PTSD, depressive disorders or anxiety disorders, are much higher than the prevalence of such disorders in the general population. In addition, binary logistic regression analyses revealed that the time elapsed since the attack and the type of attack (massive versus non-massive) did not seem to influence the presence of disorders after 22 years since terrorist attacks.

The results showed that the presence of psychological disorders is more frequent in direct victims (in comparison to relatives), in women (in comparison to men) and in younger victims (in comparison to older ones).

Consequently, Maria Paz García-Vera highlighted the fact that after a terrorist attack, victims of terrorism may need psychological follow-ups and assistance at short and medium term, but also at long and very long term. The wide literature on resilience in human beings has led many professionals, scientists, managers, and politicians to expect natural recovery among most people. However, it can also lead to a serious danger: that adequate psychological treatments are not administered (and maintained) to people who need them.



From left to right: James Kagaari, Daniel Dodgen,, Janel Gauthier and Maria Paz Garcia-Vera. Participants in the symposium at the 15th European Congress of Psychology.



**James Kagaari**, from Kyambogo University, Kampala, started his presentation entitled *Global terrorism: The twin bombings in Uganda's capital city, Kampala* underlining that the African continent shares problems derived from global terrorism. In 2014, the African continent experienced a peak of 16,840 attacks (Institute for Economics & Peace, 2015: 37-46). However, terrorism in Africa became a reality in 1998 with the bombings of the United States embassies in Dar es Salaam (Tanzania) and Nairobi (Kenya), in which over 16 Americans and 200 Africans were killed (Nwolise, 2005). James Kagaari underlined that his presentation explained a case of the terrorist attack in Kampala, Uganda. During the FIFA cup finals in 2010, Uganda was woken up with twin bombings at two locations in the capital city, Kampala. One bombing occurred at Kabalagala-Kansanga, in a restaurant popularly known as the "Ethiopian village", and another at Lugogo Rugby play grounds, leaving 64 dead and 70 injured.

Counseling psychologists felt an impulsive need to intervene and visited hospitals. At the National referral hospital administration-Mulago Hospital, counseling psychologists convened to

answer a professional calling. Multidisciplinary teams were deployed to key hospitals in Kampala where victims had been admitted.

James Kagaari detailed how the psychosocial intervention team organized a debriefing session for Mulago Hospital emergency workers after 14 days: The psychologists organized a debriefing session on the anniversary of the critical incident for survivors, family, and media, public. Unfortunately, a follow up of the survivors from the psychosocial team remains unknown.



**Daniel Dodgen**, from U.S. Department of Health and Human Services, Washington DC, U.S.A. presented *Tools for a Mental Health Response to Terrorism: Uses in the United States and in Other Nations*. Daniel Dodgen explained that, in most mass casualty events, the mental health consequences are significant and pervasive. However, planning often focuses primarily on acute medical care and law enforcement concerns. He highlighted that in the United States, more attention has been given in recent

years to planning for the mental health consequences of terrorism and other mass casualty events. During his presentation, Daniel Dodgen focused on planning tools and other resources that are available online and can be used to prepare for psychological needs in such events. Some of these tools have been used in the United States in recent events, such as the Orlando Pulse nightclub shooting. During his presentation, he suggested how these tools might be adapted for use in other nations to address psychological needs following a terrorist attack. The focus was on four tools: the Disaster Behavioral Health Concept of Operations, the Disaster Mental Health Coalition Guidance, the Community Self-Assessment for Disaster Behavioral Health Capacity, and the Rad Resilient City project (a tool for local planning for a nuclear detonation). Daniel Dodgen discussed the purpose and development of each tool by considering how the resources can be used or modified for the needs of different nations and communities.

Finally, Janel Gauthier, from Laval University, Quebec, Canada, presented *Globalization and terrorism: Finding more effective approaches to preventing violence and promoting peace around the world*. The purpose of this presentation was to provide a brief critical overview of the psychological literature on terrorism and reflect on approaches to defeating and preventing terrorism around the world. Violence and terrorism are profoundly changing the world we live in, affecting our effectiveness, security, and well-being. Janel Gauthier emphasized how complex political, economic, social, and psychological factors have combined in the context of globalization to create circumstances in which many communities around the world feel threatened in their culture, beliefs, values, identities, and ways of life. Some of these communities also feel that they live in a world that sees

them negatively and does not have sufficient respect for them. He also highlighted that research shows that serious threats to basic psychological needs for identity and respect can result in defensive reactions, including violent and destructive ones intended to harm others. Yet, governments continue to respond to terrorism as if it was possible to defeat terrorism with war. In this presentation, reflections based on psychological research were offered regarding what spurs violence and terrorism in today's world and how to more effectively address what has now become a global threat. Janel Gauthier also argued that hopes for a better world for all require not only a better psychological understanding of human nature but also a renewed emphasis on the promotion of respect and social justice for persons and peoples as a foundation for peace and harmony.

At the end of the presentations, the audience participated very actively asking questions and suggesting approaches that we thanked a lot, and that contributed to enrich the symposium.

Today as then we continue listening to the suggestions of the audience. Therefore, anyone wanting to contribute is encouraged to get in contact with us (see contact information below). If IAAP can contribute in any way to solve the problem of terrorism, future generations of IAAP members will be proud of us. Thank you very much for your interest.



María Paz García-Vera  
Chair of the Task Force on Terrorism  
Published at IAAP bulletin



# SHARING RESOURCES

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## *Recommended Bibliography*

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The Phd Clara Gesteira and Rocío Fausor, has shared and summarized some of the recommended guides for first aid.

Psychological First Aid (PFA) is defined as a group of short, practical and early psychological interventions oriented to relieve and prevent the psychological effects of traumatic events in the short, middle or long term. PFA is useful to offer psychological support in the medium or moderate stressful life events as well as in great intensity ones. The main objectives of PFA are the person emotional stabilization, their connection with the natural social support networks and the decision of the derivation to mental health services



## *ACERCARSE Protocol (Muñoz, Ausín y Pérez-Santos, 2007)*

ACERCARSE protocol is a guide for Psychological First Aid (PFA). The authors has summarized and revised the basic principles and the protocols of PFA and their common characteristics to build this guide.

### *Psychological First Aid: Guide for Field Workers (OMS, 2012)*

This facilitator's guide is designed to orient helpers to offer psychological first aid to people following a serious crisis event. PFA involves humane, supportive and practical assistance for people who are distressed, in ways that respect their dignity, culture and abilities.

This facilitator's guide is to be used together with the following publication and slideshow:

[www.searo.who.int/srilanka/documents/psychological\\_first\\_aid\\_guide\\_for\\_field\\_workers.pdf](http://www.searo.who.int/srilanka/documents/psychological_first_aid_guide_for_field_workers.pdf)

### *The Johns Hopkins Guide to Psychological First Aid. (George S. Everly Jr., Jeffrey M. Lating)*

In this guide, the authors explain the history of PFA and persuasively demonstrate its powerful versatility. Mental health practitioners can apply PFA in all settings. It can also be used as a public-health tool to address mental health needs following critical incidents and as a means for building community resilience.

The authors provide a step-by-step approach and include a key point summary to emphasize essential elements.



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# ACTIVITIES

## *Division 6 members activities*

In this section we will summarize the activities that members of division 6 have done. As all members know Division 6 works to spread knowledge and the initiatives on psychology and we would like to invite our members to share with all of us what are they doing in community and clinical psychology.

- We have published a document on how to support victims of terrorism and we spread it every time there is a terrorist attack on the world. The channels that we use are our website of the IAAP and the social networks. In these networks, "We call your attention to this *communiqué*, where you can find a brief guide offering counseling for the usual reactions after a terrorist attack. The Communiqué is available on <http://iaapsy.org/divisions/div-6-clinical-community/communiques>.
- Division 6 members had the opportunity to show Division 6 activities in the XI Annual National Congress of the Spanish Psychology Student Association (CEP-PIE). Clara Gesteira, Noelia Morán, Rocio Fausor & Pedro Algungy, Division 6 web editors and members of the Division 6 participate in the students congress at Complutense University of Madrid between April 3 and 5th with an oral presentation entitle **"How can I participate in the creation of the tomorrow's psychology? Challenges and participation opportunities in IAAP (Divisions 6 &15)**. They explained to the assistants the work that our Division 6 is doing, the free resources and news that we share in our website, and they were talking about the current and the future of psychologist who want to have an active role in the development of our field. They also encouraged the students to participate in the Student Division 15. <http://www.iaapsy.org/divisions/division6>.
- Division 6 members has participated in the ongoing congresses: III National Congress of Psychology in Oviedo (Spain), 3-7 July, Spain;
- Division 6 members has participated in the 5th European Congress of Psychology (ECP2017), Amsterdam, 11-14 July 2017; Our contributions will cover advances in research about psychological consequences and treatments on victims of terrorism. The communications were the following:
  - Participation in the invited symposium: Finding more effective approaches to respond to terrorism and its consequences in the era of globalization. Chair: Janel Gauthier. Presentation of the Division 6 members:
    1. *After many years: The long-term prevalence of psychological disorders in victims of terrorist attacks.* Authors: Maria Paz Garcia-Vera, Sara Gutierrez, Clara Gesteira, Noelia Moran, & Jesus Sanz.



2. *Tools for a Mental Health Response to Terrorism: Uses in the United States and in Other Nations*. Author: Daniel Dodgen.
  3. *Long-term effectiveness of cognitive-behavioral therapy with victims of terrorism who suffer PTSD, major depressive disorder and/or anxiety disorders many years after terrorist attacks*. Authors: Jesús Sanz, Beatriz Cobos, María Paz García-Vera, Noelia Moran, Sara Gutiérrez, & Roberto Navarro
- Participation in the invited symposium EFPA22 Improving Psychological Science in Europe. Chair: Daryl O'Connor. Presentation of the Division 6 member
    1. *Breaking Fitt's Law in personality psychology: "Always replicate a successful experiment" and other good research practices*. Author: Jesus Sanz
- Division 6 members had the opportunity to show Division 6 activities in the XI Annual National Congress of the Spanish Psychology Student
  - Division 6 members will participate in the ongoing congresses: III National Congress of Psychology in Oviedo (Spain), 3-7 July, Spain; 5th European Congress of Psychology (ECP2017), Amsterdam, 11-14 July 2017; Our contributions will cover advances in research about psychological consequences and treatments on victims of terrorism
  - Media activity. We keep working on Twitter and Facebook. Please, Follow us @IAAP\_Division6.





From left to right: Pedro Altungy, Rocío Fausor, Noelia Moran and Clara Gesteira (Division 6 editors team) in the XI Annual National Congress of the Spanish Psychology Student.



From left to right: Sara Gutiérrez, Clara Gesteira, Noelia Moran (members of IAAP Division 6).



## 15th European Congress of Psychology



From left to right: Daniel Dodgen (member of the Task Force on Terrorism and Division 6 President-Elect) and María Paz García-Vera (member of the Task Force on Terrorism and Division 6 President).



From left to right: Judy Kuriansky (adjunct faculty member in the Department of Counseling and Clinical Psychology at Teacher's College Columbia University and in the Department of Psychiatry at Columbia Medical School) and María Paz García-Vera (member of the Task Force on Terrorism and Division 6 President).



From left to right: Telmo Mourinho Baptista (President of EFPA), Janel Gauthier (President of IAAP), Judy Kuriansky (adjunct faculty member in the Department of Counseling and Clinical Psychology at Teacher's College Columbia University and in the Department of Psychiatry at Columbia Medical School)





From left to right Jesús Sanz (Professor at Complutense University) and Michael Duffy (Professor at Queen's University Belfast) during his conference at the course.



Jesús Sanz Sanz (Professor at Complutense University) with some of the students of the course.



From left to right: Jesús Sanz (Professor at Complutense University, Azucena Palacios (Professor at Jaime I de Castelló University) and Francisco Estupiñá (Professor at Complutense University).



From left to right: Jesús Sanz Sanz (Professor at Complutense University), Alfonso Sánchez (president of AVT), Professor Maria Paz Garcia-Vera Sanz (Professor at Complutense University) and Miguel Folguera (president of APAD).



From left to right: Professor Ignacio Pérez Macías (Professor at Carlos III de Madrid University), María Paz García Vera Sanz (Professor at Complutense University), José Manuel Rodríguez Uribe and Felix Vaca (Professors at Carlos III de Madrid University).





Keep in touch with us  
and let us know what is your  
expertise area and what are your  
interests on Clinical and Community  
psychology.

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YOU COULD FIND US ON



@IAAP\_Division6

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## January – June 2017

- National Institute on the Teaching of Psychology (NITOP). 39th Annual Conference. January 03-06, 2017. St. Pete Beach, Florida, USA.
- Society for Personality and Social Psychology (SPSP) Annual Convention 2017. January 19-21, 2017. San Antonio, Texas, USA.
- 4th Global Conference on Psychology Researches (GCPR). March 16-18, 2017. Antalya, Turkey.
- Positive Psychology Interventions that Work: Applying the Science of Happiness. March 22, 2017. Nashville, Tennessee, USA.
- 19th International Conference on Adolescent Psychiatry and Psychology (ICAPP). April 03-04, 2017. Brisbane, Australia.
- 5th International Congress on Clinical and Counselling Psychology (CPSYC). April 26-28, 2017. Bari, Italy.
- Western Psychological Association (WPA) 97th Annual Convention. April 27-30, 2017. Los Angeles, California, USA.
- 17th World Summit on Positive Psychology and Psychotherapy. May 01-03, 2017, Toronto, Canada.
- 18th International Congress on Applied Psychology and Psychiatry. May 15-16, 2017. Munich, Germany.
- 13th International Conference on Psychology and Behavioural Sciences (ICPBS). May 24-25, 2017. Lisbon, Portugal.
- 19th International Conference on Applied Psychology (ICAP). May 26-27, 2017. Barcelona, Spain.
- 19th International Conference on Psychology and Pharmacology (ICPP). May 26-27, 2017. Barcelona, Spain.
- 18th International Conference on Psychology and Behavioural Sciences (ICPBS). June 08-09, 2017. Roma, Italy. (APA) Summit on National Assessment of Psychology. June 21-25. Green Bay, Wisconsin (USA).



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