

October  
2016



AMERICAN  
PSYCHOTHERAPY  
ASSOCIATION®

## Annals of Psychotherapy

Dear Member,

In this issue, Dr. Marie C. Gray, PhD, NCP, LPC, FAAET, FNCCM, BCETS, BCCP, BCPC, BC PTSD, CEO of Cornerstone Counseling & Consulting Specialists, LLC, Dallas, Pennsylvania, and the Department of Psychology, Touro University Worldwide, presents an article discussing trauma-specific approaches to treating post-traumatic stress disorder (PTSD) as identified in *DSM-5*.

Member Spotlight for October is Dr. John R. Muniz, the Dean of Programa Blend at Pillar College, Newark, New Jersey.

Also, Congratulations are in order for our own Dr. Robert O'Block, who has been awarded The Golden Wings of Patriotism. Job well done.

Introducing five new staff members at the Center of National Threat Assessment.

### In This Issue

[Post-Traumatic Stress Disorder:  
Trauma Specific Treatment DSM - 5  
and Beyond](#)

[Member Spotlight](#)

[Dr. O'Block in the News](#)

[New Team Members at CNTA](#)

[Featured Certifications](#)

### Member Spotlight

Dr. Muñiz is currently the Dean of Programa BLEND at Pillar College, Newark, New Jersey. He the head of a unique program where Spanish speaking students begin their academic degree in Spanish while studying English as second language (ESL). Before that, Dr. Muñiz was the division director of a major manufacturing operation

## Post-Traumatic Stress Disorder: Trauma Specific Treatment DSM-5 and Beyond

**Dr. Marie C. Gray,  
PhD, NCP, LPC, FAAET, FNCCM, BCETS,  
BCCP, BCPC, BC PTSD**

### Abstract

This article discusses trauma-specific approaches to treating post-traumatic stress disorder (PTSD) as identified in *DSM-5* (APA, 2013) with discussions respective to suggestions on included and excluded criteria definitions such as Complex PTSD and Disorders of Extreme Stress, Not Otherwise Specified (DESNOS). Additionally, this article explores different models and conceptualized frameworks to suggest future research based on current evidence based best practices which are strengths-based, culturally competent, and build upon or that enhances resilience.

### DSM-5 PTSD Criteria, Inclusion, and

### Exclusion

The diagnostic criteria for posttraumatic



for the State of  
New Jersey  
Department of  
Corrections  
business unit  
known as  
DEPTCOR.

Dr. Muñiz  
belongs to the  
New York

Guard, 88th Brigade, New York State Division of Military and Naval Affairs and serves as the Brigade Chaplain (Captain). Captain Muñiz is also a member of the CERF team, and Homeland Security Response Force which is part of Region II known as HRF. He has an extensive background in Pastoral counseling and chaplaincy. He is currently completing another unit of Clinical Pastoral Education (CPE) and will be evaluated for a supervisory board certification.

In addition, he has been the Senior Pastor and Teacher at Second Reformed Church, Jersey City, New Jersey, for 25 years. He has run a theological school for over five years, teaching Biblical Languages, at the church where he is currently teaching Biblical Hebrew to local area pastors, elders, deacons and lay leaders. Dr. Muñiz has taught and lectured at Seton Hall University, New York Theological Seminary,

stress disorder (PTSD) was significantly revised, as now presented in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013)*. With the revision of *DSM-IV* (APA, 1994), Criterion C specifically related to the symptom of "avoidance" which was identified and further clarified. The recognition regarding the need for the revision of Criterion C was motivated by the factor analytic studies which found this symptom cluster to include two separate factors, sometimes referred to as "active avoidance" [two symptoms] and "numbing" [five symptoms] (Friedman, Resnik, Bryant & Brewin, 2011). PTSD diagnostic criteria as described in *DSM-5*, separates avoidance and numbing into two newly formed symptom clusters: C [active avoidance] and D [negative alterations in mood and cognition] (Cox, Resnick & Kilpatrick, 2014).

Despite non-inclusion in *DSM-5*, Complex post-traumatic stress disorder (CPTSD)

Fairleigh Dickinson University, and Metropolitan College of New York (formerly Audrey Cohen College), and has taught courses in Programa BLEND at Pillar College.

His passion is to teach and empower people. He believes that anything is possible if we only trust in God and work hard. He also believes that education is key in order to change one's circumstances. His desire is to influence his community, especially the young people. He would like young people to attain higher education and/or learn a vocational trade.

The Reverend Doctor John R. Muñiz is a graduate of New York Theological Seminary where he obtained his Doctor of Ministry degree. He holds a Master of Divinity from New Brunswick Theological Seminary, a Master of Business Administration degree from Fairleigh Dickinson University, and a Master of Public Administration degree from New York Metropolitan College (formerly known as Audrey Cohen College). Dr. Muñiz obtained his Bachelor of Science degree from Nyack College and his Bachelor of Arts degree from Golden State University. Dr. Muñiz was inducted to the Pi Alpha Alpha

continues to demonstrate considerable support as a formulation within evidence based best practice literature and research. Its inclusion in future revisions or modifications of the DSM remain to be plausible, based on advocacy and further exploration of reframing criteria in the description. CPTSD captures the impact of prolonged, enduring exposure to a traumatic setting in which multiple or repetitive events occurred (Eagle & Kaminer, 2015). Many models of post-trauma psychological sequelae highlight the importance of post-trauma beliefs that the self is incompetent or defective, other individuals are not trustworthy, and that the world is dangerous, as identified by Foa and Rigges (1993) as cited in Cox, Resnick & Kilpatrick (2014). The perceived or actual threat or associated belief system must be identified, validated, deconstructed and reframed to assist the patient to achieve a level of safety and later, autonomy by connecting into his or her sense of self-awareness and resilience factors (Gray, Pabon, Donoto-Popko, 2007a, 2007b).

Honor Society in 2007.

He is married, has three grown daughters and two grandchildren. He lives in Jersey City, New Jersey.

### **O'Block Receives Golden Wings Patriotism Award**



Dr. Robert L. O'Block, PhD., founder of the Center for National Threat Assessment in Springfield, is the recipient of the Golden Wings Patriotism Award in appreciation for his service to the United States Armed Forces veterans, and for his contributions to the Honor Flight of the Ozarks. The plaque presented to O'Block includes a portion of a camouflage parachute which was recovered in Sainte Mere L'Eglise, France, on D-Day, June 6, 1944.

The Honor Flight of the Ozarks recognizes and honors the sacrifices veterans have made by giving veterans the opportunity to embark on a memorable trip to visit their own particular memorial in Washington, D.C., in a VIP manner befitting their hero status. O'Block has donated well over \$30,000 in office space, furniture, utilities, computers, office equipment and upkeep for the

If the changes incorporated into *DSM-5* better capture the cognitive complexity of post-trauma changes in belief, it will be important to better understand what factors are most strongly associated with these newly formulated criteria (Cox, Resnick & Kilpatrick, 2014).

Hermann (1992), related the complexity of the impact of multi-layers of trauma on changes in belief systems as being significantly different to traumatization which relates to symptoms that result from a single incident exposure with survivors. Multi-layers of trauma confirm that the elements of complexity are as described or indicated in CPTSD. Thus, these individuals present with somatic conditions, dissociative symptomology, a propensity toward substance use, misuse, or abuse, as well as identity related difficulties in conjunction with relational disruptions; the latter is linked to repetition of abusive relational dynamics. Normalization has served as a viable measure to validate one's experience, as it relates to varying levels and layers of trauma. Still, it may also serve to

Honor Flight of the Ozarks and is grateful for the opportunity to do so.

New-Leader Staff. (August 14, 2016). O'Block receives Golden Wings Patriotism Award. *Sunday News-Leader*

## APA 2016 Editorial Board

**Andrews, Edward Michael**, MEd, LPC, NCC, BCPC, DAPA

**Barnes, Diana Lynn**, PsyD, LMFT, FAPA

**Cooke, John**, PhD, LCDC, FAPA

**Croan, Clifton D.**, MA, LPC, FAPA, BCPC

**Forshee, Danielle**, PsyD

**Griffin, Richard A.**, EdD, PhD, ThD, FAPA

**Hillman, Mark E.**, PhD, FAPA, BCPC

**Kledaras, C.G.**, PhD, ACSW, LCSW, DSW, FAPA

**Prather, Joel G.**, PhD, MS, BCPC, DAPA

**Rady, Ahmed**, MD, MBChB, MSc, CRS, BCPC, FABMPP, FAPA, WCPC

**Roy, Arlin**, MSW, LCSW, DAPA

## New Team Members at CNTA

**JJ Goulbourne - Director of  
Training**

JJ is the Center for National Threat

minimize and invalidate the degree of the traumatogenic experiences of those who exist on the more severe continuum of exposure, vulnerabilities, and victimization (Gray, Pabon, Donoto-Popko, 2007a, 2007b). This is supported by Freyd (1996) whose work focused on the extent that relational betrayal and the evolution of shame based belief systems manifests its own level of complex trauma; particularly for those whose injuries began at early developmental stages, including but not limited to, critical developmental periods inflicted by significant relational others who were caregivers and primary figures of attachment.

### **Trauma Specific vs. Trauma Informed Treatment**

Evidence based trauma treatment approaches for PTSD continue to develop and evolve across populations consisting of young children (2-6), children (7-10), pre-adolescents (11-12), adolescents (13-21), adults, families, couples, and older adults. Similarly, treatment must pinpoint cultural variables to identify barriers to treatment, gender differences, sexuality and

Assessment's new Director of Training. His focus is on development of training programs and training of members for the different certification programs.



JJ was the Information Technology (IT) Manager for the Barry Lawrence Regional Library and has been

with the Lawrence County Sheriff's Office for the past ten years. Prior to that, he was with the Christian County Prosecutor's Office as an investigator and system administrator. He worked for the Greene County Prosecutor's Office for five years as system administrator and one of three investigators, and a reserve deputy with the Greene County Sheriff's Office assigned to the Training Division as a firearms instructor.

JJ spent four years as an IT technician with the Greene County Information Systems Department. He has a total of 23 years of law enforcement experience, as well as 16 years of Military service.

JJ has several law enforcement certifications that include: Generalist Instructor (Missouri Sheriffs Training Academy), Firearms Instructor, SWAT Officer certification through the North American SWAT Training Association. Additionally, he serves as Website Administrator for the Missouri Law Enforcement Funeral Assistance Team and the Missouri State Investigators Association.

### **About JJ**

JJ is married with children. JJ

identity aspects, and significantly identifiable factors related to violence or witnessing violence. Specific recognizable examples remain to be those exposed to environmental violence, including but not limited to, military experiences which may show different degrees of personal harm or damage. This can be attributed to the experience of both military personnel, as well as to civilian individuals who reside in occupied areas or areas where a strong military presence exists and to those who become captives, prisoners of war, or subjected to internment.

Additionally, ambiguous aspects more related to grief and loss, as identified by Boss (2006) need to be considered. These factors may include a loss of income or loss of autonomy (e.g., an older person who is no longer able to drive). Another example might represent sudden change that impacts one's life, such as, an adolescent who moves from his or her community to a different community or school during a critical period, forced to leave friends, community, or and identity-related social status behind (e.g., member of a sports team, class leader, or social group member). It

is all about family, security, and community service.

### **Bob Lynch - Director of Education**

In 1999, Bob joined the United States Army. While in the Army, Bob was assigned as an infantryman, telecommunication operator, and mechanic. Bob assisted in writing and editing material for soldier training manuals. Bob served in the United



States Army for six years, and used his GI Bill to attend college after mustering out of the Army. While earning his undergraduate degree in English,

Bob was hired as a writing tutor for one of the local colleges. As a tutor, Bob increased and honed his verbal communication skills.

After earning his undergraduate degree, Bob became a technical writer for Jack Henry & Associates (JHA), a banking-software firm. He worked for JHA until he completed his Master of Arts in Teaching degree. Once he earned his graduate degree, Bob received teaching positions at Missouri State University, Ozarks Technical College, and Reeds Spring High School.

Bob left his teaching positions when he was recruited by Apple Inc. to be a data analyst in the company's European

could be postulated that a more specific example of such ambiguous loss for an adolescent would manifest if these changes occurred during one's senior year in high school, for example. Other related populations include individuals with varying degrees of physical, developmental and cognitive disabilities. Still, there remains a gap between evidence-based trauma-informed treatment models versus trauma-specific models. The latter considers strong theoretical and empirical grounds for the contention that those with PTSD, post-trauma, develop an array of changes in belief about the self, others, and the world, and in addition to developing distorted beliefs about blame (Cox, Resnick & Kilpatrick, 2014).

Also, trauma-specific treatment targets those within the realm of CPTSD and dissociative disorders. The generalized nature of many of the identified evidenced-based best practices approaches warrants more specification to the population and needs of the individual who was

Headquarters in Cork, Ireland. Before long, Bob was the lead data analyst for the US, Canadian, and French markets.

Bob's contract with Apple ended in good standing on June 3, 2016. After he returned to the states, he accepted the position of Director of Education for the Center for National Threat Assessment. Bob is currently finishing his dissertation to earn his Doctorate of Education in Instructional Leadership - Higher Education Administration. Bob expects to graduate with his Doctorate of Education degree in December, 2016.

#### About Bob

Bob has been married for 10 years. He has two children, a boy and a girl. Bob enjoys solving crossword puzzles, as well as any other cerebral activity. Bob is the Director of Education at CNTA.

#### **Angela Stanley - Technical Writer/Editor**

Angela came late to the party. Most of her thirty plus years of business experience was in the purchasing and logistics arena. In 2011, after being downsized by the Danish firm for which she had worked for many years, she decided to treat herself to an education.

psychiatrically injured.

In recent years, the mental health community has moved from a medical model to a recovery oriented approach for the treatment of complex trauma. More recently, this paradigm shift has expanded to integrate the concept of resiliency as a standard for best practice (Gray, Pabon, Donoto-Popko, 2007a, 2007 b) as well as to utilize more patient centered approaches to treatment, which may better close the gaps that contribute to patient non-adherence to therapy (Watts, Schnurr, Zayed, Young-Xu, Stender, Llewellyn-Thomas, 2015), formerly referred to as "treatment failures." As such, individually based patient centered approaches remain essential in trauma specific treatment. This approach builds on inherent resiliency and assists in creating resilience if the patient, client, or consumer remains unaware or unable to connect to his or her strengths. This manifests the ability to identify and diffuse triggers, manage symptoms, and create or reestablish safety when posed with a potential or realistic threat.

#### **Effective Treatments and Focus**

Effective treatments for PTSD are well-established and include several first-line treatments including several types of cognitive behavior therapy (CBT). Some examples include: prolonged exposure (PE), cognitive

Angela received her bachelor's degree in professional writing in 2014, and her master's degree in writing, technical/professional track, in 2015.



Angela free-lanced for several months as a writing consultant, eventually landing at CNTA as technical writer/editor on September 12, 2016.

#### **About Angela**

Angela lives on the family farm close to her parents. Angela believes in service to the community and continuing education.

## **Featured Certifications**

### **Board Certified PTSD Clinician®**

In Julie Rovner's article in the Kaiser Health News, she talks about how and why a small group of medical professionals have banded together to ensure that in the future, doctors will be aware of the possible medical problems (i.e., PTSD and brain injury) of former military and recognize the potential for missing important health issues.

[Read Article Here](#)

The American Psychotherapy Association® recognizes the treatment of post-traumatic stress disorder (PTSD) and stress/trauma related disorders as an important, emerging

processing therapy (CPT)with and without exposure, and eye movement desensitization and reprocessing (EMDR) (Dorrepaal, Thomaes, Hoogendoorn, Veltman, Draijer, and van Balkom, 2014). However, these same authors note and agree that to date there remains only sparse evidence for effective treatments in child abuse (CA) related CPTSD, revealing an area of gaps in treatment which would warrant development of evidence based practices specific to this area. Practitioners have a responsibility to select efficacious treatments that are culturally responsive and developmentally appropriate (Lenz, Henesy, & Callender, 2016). Generic application of a technique can be ineffective, potentially harmful and warrant more individualized specific modifications to meet the consumer, client, or patient in his or her world and assisting to meet his or her needs.

Treatment for individuals manifesting PTSD can remain complicated by symptomology associated with co-occurring substance use and

field of psychotherapeutic and clinical practice. Improved understanding and treatment of these disorders will play an increasingly significant role in maintaining mental and emotional well-being across all strata of American society. The American Psychotherapy Association<sup>®</sup> recognizes the important role which its members can and must play in ensuring that more clinicians, in all psychotherapeutic disciplines, become equipped with the advanced knowledge base required to deal with the challenges posed by trauma-stress based illnesses.

[Get Certified](#)

### **Board Certified Professional Counselor, BCPC<sup>®</sup>**

The mission of the American Board of Professional Counselors, (ABPC) program is to be the nation's leading advocate for counselors. ABPC champions counselors' right to practice.

Becoming a Board Certified Professional Counselor, BCPC<sup>®</sup> will provide you with resources, low or no cost continuing education opportunities, and a forum to network with your fellow professional counselors.

By becoming a Board Certified Professional Counselor, BCPC<sup>®</sup>, you become a member of a community of counselors dedicated to working together not only to better serve your clients, but also to support each other in your own professional development.

[Get Certified](#)

### **Looking to Hire Someone?**

The American Psychotherapy

abuse disorders (Ullman, Relyea, Peter-Hagene, & Vasquez, 2013; Walsh, et.al., 2014). Najavits' (2002), *Seeking Safety* model is an empirical-based, manualized cognitive behavioral and psycho-educational program designed for the treatment of individuals with co-occurring PTSD and substance use and abuse symptoms. This model has been successful in identifying PTSD triggers and symptomology across multiple populations which include people with disabilities (Anderson & Najavits, 2014), adult survivors of childhood sexual abuse (Ghee, Bolling, & Johnson, 2009), incarcerated women (Lynch, Heath, Mathews, & Cepeda, 2012), adolescent females (Najavits, Gallop, & Weiss, 2006), and military veterans (Boden et al., 2011; Desai, Harpaz-Rotem, Najavits, & Rosencheck, 2008). The versatility of the evidence-based success of the application of the theoretical constructs of this model across populations of sufferers of PTSD demonstrates an example of a viable trauma specific treatment intervention for PTSD and

Association<sup>®</sup> is always looking to help their members find qualified help in building their practice or business. Send the editor a description of the professional you are seeking to hire and the American Psychotherapy Association<sup>®</sup> will put the announcement in its newsletter.

Please specify if you prefer your potential hires to hold the Board Certified PTSD Clinician<sup>®</sup>, Board Certified PTSD Counselor<sup>®</sup>, Board Certified Professional Counselor, BCPC<sup>®</sup> and/or the Board Certified Relationship Specialist, CRS<sup>®</sup>.

Contact us at:

[editor@americanpsychotherapy.com](mailto:editor@americanpsychotherapy.com)

## Be a Dual Member and Save!

Become a Dual Member of the [American Association of Integrative Medicine<sup>®</sup>](#) and you can join a new membership for only \$125. You will also have the opportunity to apply for either [Board Certified in Integrative Medicine, \(BCIM\)<sup>®</sup>](#) or [Board Certified in Integrative Health, \(BCIH\)<sup>®</sup>](#) certifications based on your qualifications.

## Article Submission

If you would like to contribute to our electronic newsletter, please send us any of the following:

- Articles or Case Studies you would like considered for publication.
- Photo and a short biography to be highlighted in one of our

substance abuse comorbidity.

Military veterans with PTSD struggle to remain in treatment. It has been suggested that therapeutic interventions have not been patient-centered and as stated, trauma specific treatment evidences a need to meet the patient or consumer in his or her world in order to manifest outcome indicators of improvement in resolution of symptomology as well as with strengthening the resolve to continue treatment.

Patient centeredness utilizes patient decision aids which are "evidence-based tools designed to prepare people to participate in making explicit and deliberated choice among healthcare options...which augment (rather than replace) clinical staff's input and guidance about options,"(Watts, Schnurr, Zayed, Young-Xu, Stender, & Llewellyn-Thomas, 2015). This is present in a variety of different formats including websites, interactive videos, booklets, audiotapes, blogs, and decision boards. The authors further indicate that well designed decision aids have several essential elements

monthly Member Profile columns.

- Hot topics that you want to ask our panel of experts.

See our [submission guidelines here](#).

Email any questions to: [editor@americanpsychotherapy.com](mailto:editor@americanpsychotherapy.com).



*Would you like to:*

1. Increase your awareness of your client's evidence based treatment?
2. Differentiate your treatment services from the competition?
3. Monitor medications remotely?
4. Receive a discount for being an APA member?

If so, [click here](#)



## Recertification Policies

Recertification policies are being strengthened for all American Psychotherapy Association® certifications. All new and current American Psychotherapy Association® certifications will be valid for a three (3) year period. To maintain your certification during this period, you must be current with your annual

that describes a condition and its prognosis. It explains the availability of treatment options while discussing each option, includes the treatment protocol, and notes potential risks and probable benefits based on current literature demonstrating empirical evidence-based best practices.

Reviews on PTSD which resulted from various trauma types, not specifically related to child abuse, concluded that active treatments for PTSD are highly effective and superior to generalized mental health services that omit or sidestep the issue or present as "trauma-informed," as opposed to "trauma-specific." Cox, Resnik & Kilpatrick (2014) agreed that future research is needed to examine how the cognitive component criteria of PTSD are related to other aspects of PTSD symptoms, course, and treatment response. Regarding treatment, some studies have found that "treatments with a cognitive focus are especially strong at addressing disorder-related, distorted cognitions" (Resnick, Nishith, Weaver, Astin &

dues and submit 30 approved continuing education units (CEUs) by the end of your certification period to re-certify for another three (3) years. You must also uphold the American Psychotherapy Association<sup>®</sup> code of conduct.

If you have any questions please feel free to contact us at 800-205-9165.

## Maintenance and Membership Fee Discount

The American Psychotherapy Association<sup>®</sup> is asking for nominations of new members that you believe would benefit from being a part of the association. Who better to understand the type of professionals that would add to the growing network of your association than YOU, our current members!

- The American Psychotherapy Association<sup>®</sup> is asking for each member to nominate 3 new potential members. For these nominations, we are offering 5 member bucks for total of \$15 in member bucks.
- If one of your nominations accepts membership, the American Psychotherapy Association<sup>®</sup> will give you an additional \$25 in member bucks.
- If all 3 of your nominations accept membership, we will pay for your next year's membership, a value of \$165.

You can also sign up for automatic dues and receive a 10% discount towards your yearly maintenance and membership fees.

Feuer, 2002) and PTSD more generally (Bryant et al., 2008, p. 305). As such, PTSD often remains neglected in the areas of treatment based on the specificity of comorbid symptomology which may overlap or present more forward to clinicians rather than said practitioner possessing adequate understanding respective to the levels and depth of trauma. At the same time, other studies have found that the addition of cognitive components to exposure-based treatments did not improve treatment efficacy with regard to PTSD remission or with regard to distorted cognitions; exposure may not be evident as a "safe" manner to process and desensitize the impact of the trauma and could potentially be harmful.

Immersion into one's trauma must be carefully considered and evaluated as well as e-evaluated for safety as it pertains to the specific individual. Future research is needed to clarify these conflicting findings and other issues related to the more cognitively complex phenomena now included in the *DSM-5* criteria

#### Instructions to start receiving discounts:

- You can email us a list of colleagues to contact at: [judy@americanpsychotherapy.com](mailto:judy@americanpsychotherapy.com).
- Call us to sign up at: 800-205-9165.
- Fax the list to: 417-823-9959 please include your information in the fax.

[Download Nomination Form](#)

### Disclaimer

The American Psychotherapy Association® does not endorse, guarantee, or warrant the credentials, work, or opinions of any individual member. The opinions and views expressed by the authors, publishers, or presenters are their sole separate views and opinions and do not necessarily reflect those of the American Psychotherapy Association®, nor does the American Psychotherapy Association® adopt such opinions or views as its own. The American Psychotherapy Association® does not assume any responsibility or liability with respect to the opinions, views, and factual statements of such authors, publishers, or presenters, nor with respect to any actions, qualifications, or representations of its members or subscriber's efforts in connection with the application or use of any information, suggestions, or recommendations made by the American Psychotherapy Association® or any of its boards, committees, publications, resources, or activities thereof.



for PTSD.

In addition to CPTSD, many authors suggest the continuum of conditions related to traumatic stress expanding to include various types of complicated trauma which needs to be included within the criteria for PTSD. Some examples include, but are not limited to, historical trauma, inter-generational trauma, identity related trauma, traumatization that addresses aspects of discrimination, marginalization, oppression, war and genocide, trauma related to managing chronic illness and pain or illness with impending fatality, and trauma that manifests from complicated grief and loss. Eagle and Kaminer (2014) describe this well as "complicated traumatic stress" which has been referred to as "ongoing traumatic exposure" (OTE) or "continuous traumatic stress" (CTS) which also includes traumatic stressors in such contexts that are currently active and are realistically anticipated to be ongoing into the future as opposed to past trauma as typically identified in PTSD as threat and danger are

present and safety not established.

A question remains: will these aspects be included under the auspices of potential future inclusion of CPTSD and/or perhaps the diagnostic criteria for DESNOS? Inclusion of such criteria would validate the extent of psychiatric injury that encompasses the magnitude of the theoretical framework and concept of trauma and traumatic stress itself and better assist clinicians and researchers on formulating better evidence-based approaches to integrate treatment modalities which will demonstrate more effective outcomes with individuals, families, and groups.

#### Conclusion

Interventions derived from culturally oriented strengths based patient, consumer or client centered approaches which focus on safety, psycho-education, self-awareness, cognitive restructuring and relational connection with regard and respect to the complicated nature of PTSD not currently included in the definition or criteria presented in *DSM-5* warrants further

exploration and research. This will bring about more effective patient, consumer or client outcomes, and demonstrate individual and societal improvement. It will also remain cost effective by reducing multiple treatment failures or by decreasing the need for crisis intervention, inpatient hospitalization and suicidality by improving collaboration and cooperation of patients with therapists who are both competent and confident in approaching therapy through trauma-specific approaches that implement patient, consumer, or client friendly decision aids and associated resources.

### **References**

American Psychological Association (2013).

Diagnostic and statistical manual of mental disorders, 5th Edition. Arlington, VA: American Psychological Association.

Anderson, M.L. & Najavits, L.M. (2014). Does Seeking Safety reduce PTSD symptoms in women receiving physical disability compensation? *Rehabilitation Psychology, 59*,

349-353.

Boden, M.T., Kimerling, R., Jacobs-Lentz, J., Bowman, D., Weaver, C., Carney, D., ...Trafton, J.A. (2011). Seeking Safety treatment for male veterans with a substance use disorder and post-traumatic stress disorder symptomology. *Addiction Research Report, 107*, 578-586. doi: 10.1111/j.1360-0443.2011.03658.x.

Boss, P. (2006). *Loss, trauma and resilience: therapeutic work with ambiguous loss*. New York: Norton.

Bryant, R.A., Moulds, M.L., Guthrie, R.M., Dang, S.T., Mastrodomenico, J., Nixon, R.D.v., Creamer, M. (2008). A randomized controlled trial of exposure therapy and cognitive restructuring for post-traumatic stress disorder. *Journal of Consulting and Clinical Psychology, 76*, 695-703. doi: 10.1037/a0012616.

Cox, K.S., Resnick, H.S., & Kilpatrick, D.G. (2014). Prevalence and correlates of posttrauma distorted beliefs: evaluating *DSM-5* PTSD expanded cognitive symptoms in a national sample. *Journal of Traumatic Stress*, 27, 299-306. doi: 10.1002/jts.21925.

Desai, R., Harpaz-Rotem, I., Najavits, L., & Rosenheck, R. (2008). Impact of the Seeking Safety program on clinical outcomes among homeless female veterans with psychiatric disorders. *Psychiatric Services*, 59, 996-1003.

Dorrepaal, E., Thomaes, K., Hoogendoorn, A.W., Veltman, D.J., Draijer, N., & van Balkom, A.J.L.M. (2014). Evidence-based treatment for adult women with child abuse-related complex PTSD: a quantitative review. *European Journal of Psychotraumatology*, 5: 23613. Retrieved from: <http://dx.doi.org/10.3402/ejpt.v5.23613>.

Engle, G.T. & Kaminer, D. (2015). Traumatic stress: established knowledge, current debates and new horizons. *South African Journal of Psychology, 45(1)*, 22-35.

doi: 10.1177/0081246314547124.

Foa, E.B., & Riggs, D.S. (1993). Posttraumatic stress disorder in rape victims. In J.M. Odham, M.B. Riba, & A. Tasman (Eds.). *Annual review of psychiatry* (pp. 273-303).

Washington, DC: American Psychiatric Association.

Friedman, M.J., Resick, P.A., Bryant, R.A., & Brewin, C.R. (2011). Considering PTSD for *DSM-5*. *Depression and Anxiety, 28*, 750-769. doi:10.1002/da.20767

Freyd, J. J. (1996). *Betrayal trauma: the logic of forgetting childhood abuse*. Massachusetts: Harvard University Press.

Ghee, A.C., Bolling, L.C., & Johnson, C.S.,

(2009). The efficacy of a condensed Seeking Safety intervention for women in residential chemical dependence treatment at 30 days post-treatment. *Journal of Child Sexual Abuse*, 18, 475-488.

Gray, M., Pabon, A., Donato-Popko, J. (2007a). At the crossroads vsic©: an exploratory model for complex trauma specific treatment. *Trauma Response; Journal of the American Academy of Experts in Traumatic Stress*.

Gray, M., Pabon, A., Donato-Popko, J. (2007b). At the crossroads vsic©: an exploratory model for complex trauma specific treatment. Dallas, Pa: Cornerstone Counseling & Consulting Specialists, LLC. Retrieved from: <http://www.cornerstonecounselingnepa.com>.

Herman, J. L. (1992). Trauma and recovery: the aftermath of violence from domestic abuse to political terror. New York: Basic Books.

Lenz, S.A., Henesy, R., & Callender, K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance abuse. *Journal of Counseling & Development, 94*, 51-61. doi: 10.1002/jcad.12061.

Lynch, S.M., Heath, N.M., Mathews, K.C., & Cepeda, G.J. (2012). Seeking Safety: An intervention for trauma-exposed incarcerated women? *Journal of Trauma & Dissociation, 13*, 88-101.

Najavits, L.M. (2002). *Seeking Safety: a treatment manual for PTSD and substance abuse*. New York: Guildford Press.

Najavits, L.M., Gallop, R.J., & Weiss, R.D. (2006). Seeking Safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial. *Journal of Behavioral Health Services & Research, 33*, 453-463.

Resnick, P.A., Nishith, P., Weaver, T.L., Astin, M.C., & Feuer, C.A. (2002). A comparison of cognitive processing therapy, prolonged exposure and a waiting condition for the treatment of post-traumatic stress disorder in female rape victims. *Journal of Consulting and Clinical Psychology, 70*, 867-879. doi: 10.1037/0022-006X.70.4.867.

Ullman, S.E., Relyea, M., Peter-Hagene, L., & Vasquez, A.L. (2013). Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behavior, 38*, 2219-2223. doi: 10.1016/j.addbeh.2013.01.027.

Walsh, K., Resnick, H.S., Danielson, C., McCauley, J.L., Saunders, B.E., & Kilpatrick, D.G. (2014). Patterns of drug and alcohol use associated with lifetime sexual re-victimization and current post-traumatic stress disorder among three national samples of adolescent, college, and household-residing women.

Addictive Behaviors, 39. 684-689.

doi:10.1016/j.addbeh.2013.12.006.

Watts, B.V., Schnurr, P.P., Zayed, M., Young-Xu, Y., Stender, P., Llewellyn-Thomas, H.

(2015). A randomized controlled clinical trial of patient decision aid for posttraumatic stress disorder. *Psychiatric Services*, 66 (2), 149-154.

Retrieved From:

<http://dx.doi.org.proxy1.calsouther.edu/10.1176/appi.ps.2014000062>.

### **About the Author**



Dr. Marie C. Gray entered the field of Mental Health in 1999 when she re-located to

Pennsylvania after years of

teaching in the New Jersey Public Schools system during the period of 1983-1999. She holds a doctorate in clinical psychology and is a respected specialist in treating LGBTQI issues as a founding member of PALGBIC, PRIDE of

NEPA, and The Rainbow Alliance. Dr. Gray had been sought out as a plenary speaker on the topic of trauma, has participated in numerous expert interviews, panel discussions, news appearances and commentaries specific to critical incidents, trauma, developmental psychology, psychopathology and other aspects associated with her vast array of knowledge, as well as providing clinical supervision for community mental health agencies and specialized training using the VSI © Treatment Model in State Hospitals within Pennsylvania.

Call Judy Simpson, Director of the American Psychotherapy Association® for membership and certification inquiries at 800.205.9165 or email at [judy@americanpsychotherapy.com](mailto:judy@americanpsychotherapy.com).

Sincerely,  
American Psychotherapy Association® Team

Email: [editor@americanpsychotherapy.com](mailto:editor@americanpsychotherapy.com)

Our office hours are:  
8:00 a.m. to 5:00 p.m. Central Standard Time, UTC-6  
Live answering service available outside office hours.  
Call: 800-205-9165  
Fax: 417-823-9959  
Mail: 2750 E. Sunshine St., Springfield, MO 65804

Copyright © 2016 AmericanPsychotherapy.com - All Rights Reserved.

American Psychotherapy Association®, Inc, 2750 East Sunshine, Springfield, MO 65804

[SafeUnsubscribe™ mgrayphd03@aol.com](#)

[Forward this email](#) | [About our service provider](#)

Sent by [editor@americanpsychotherapy.com](mailto:editor@americanpsychotherapy.com)