

Los Angeles Harbor College

LIFE SKILLS CENTER

LSC Newsletter, Volume 9, No. 1, Fall 2010



Autumn News!

DR. BONNIE BURSTEIN
LIFE SKILLS CENTER, CLINICAL DIRECTOR

Dear Colleagues:

Welcome back! We hope you had a great summer and are looking forward to a good new year.

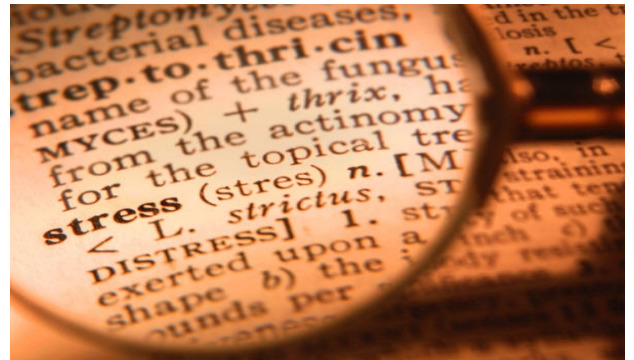
The theme of our Newsletter this fall is "Trauma, Post-Traumatic Stress, and Recovery". Some of us spent last summer gearing up for Veterans to join us at the College. Life Skills Center staff wanted to share our current knowledge and some of what we learned as we prepared to intensively treat those exposed to trauma.

In this edition, you'll learn about what it takes to survive and recover from a traumatic event; some notable treatments available for those suffering from various degrees of trauma including recommended medications; and how the trauma people experience as a result of natural disasters differs from that of terrorist threats.

We'll also make recommendations about how to learn more about the condition of trauma and recovery and where to go for help.

If you or someone you know is a survivor of trauma and would like assistance, the Life Skills Center staff is available to you every morning of the week on a walk-in basis in the Health Center-Café 110 and by appointment, including evenings and Saturdays.

Call: (310) 233-4586 for more information.



In This Issue . . .

News about:

- Different Types of PTSD
- Treatment Options for PTSD
- Medication for PTSD
- How to Survive PTSD

**LSC 2010-2011 Intern:
Bios, Schedules &
Specializations**

Latina Leadership Network

LSC Workshops for Fall 2010

Please note our current crop of advanced doctoral and masters student interns. Mini-biographies and their schedules and specialties are included in this newsletter issue as well. See pages 6-7.

Cheers!

Dr. Bonnie

Trauma from Natural Disasters and Terrorist Threats by Jerry Wilson, M.F.T.

Terrorism and natural disasters affect the lives of individuals and communities by disrupting our expectation that we have control over the events in our lives.

Communities are able to recover from the emotional effects of natural disasters more quickly than they do from the deliberate acts of violence seen in terrorism. When violence is deliberate it is common for individuals to feel anger, frustration, helplessness, fear, and even a desire for revenge. And, although common responses, the feelings of anger and the desire for revenge can lead to a greater sense of anger, guilt, and distress.

Research has shown that there is a greater likelihood that both communities and individuals generally demonstrate resilience and healing in the face of such threats and disasters. The normal symptoms of trauma (fear, anxiety, and hyper-arousal) will gradually improve over time. But some individuals will fare better than others.

There are two groups that are most effected by exposure to a traumatic event. The first is the victims and families who were directly involved. The second group is the rescue workers who may have direct relationships with or indirect exposure to those who are missing or killed. This second group has increased difficulty because they are dealing with their own losses and the demands of the rescue mission.

Much has been learned about the effects of terrorism since the attacks of 9/11. It is now understood that most individuals are likely to be resilient and show signs of healing from trauma over time. Those who are most directly exposed to a traumatic event are at higher risk of developing Post Traumatic Stress Disorder (PTSD). This means that

those who are closer to the attack, injured, and those who know someone who was killed or injured are the most likely candidates to exhibit anxiety, depression, and become involved in substance abuse. Additionally, there may be similar residual effects present in those who watch more media coverage of the event.

In measuring the impact of 9/11 the following results were discovered. While 44% of Americans reported at least one symptom of PTSD in the first 3-5 days, only 4% demonstrated possible PTSD within 1-2 months following the attack. And the prevalence of PTSD in New York City was down to only 11%. The initial widespread impact is known to have been a result of the extensive media coverage, while those from NYC with ongoing evidence of PTSD were affected by their physical closeness to the Twin Towers buildings. Finally, 6 months following the disaster the number of individuals reporting symptoms of PTSD continued to decrease but depression and substance use remained high.

In conclusion, for those not direct victims of trauma it is best to avoid media coverage. For those who are victims, family members, or rescue workers, depending upon exposure, symptoms will most likely decrease with time. If the symptoms of PTSD persist over time it is important that individuals seek help from a qualified mental health professional.

Treatment of Posttraumatic Stress Disorder by Cris Bruzzone, M.A.

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that may result from exposure to one or more traumatic experiences.

Symptoms of PTSD (immediate, intermittent or over time) may include:

- bad dreams
- feelings of fear

- avoidant behaviors
- recurring thoughts or flashbacks of the trauma.

The accepted traditional treatments for PTSD are:

- psychotherapy (talk therapy)
- psychopharmacology (medication).

Cognitive behavioral therapy (CBT), in particular, *trauma focused CBT*, is an approach used by many psychologists to treat PTSD. Psychiatrists may prescribe from a variety of medications to treat PTSD; chief among them are serotonin selective reuptake inhibitors (SSRIs), which balance the serotonin levels in your brain. Less common PTSD treatment programs include exposure therapy (ET) as well as an emergent version incorporating Virtual Reality (VR)¹. In addition, eye movement desensitization and reprocessing therapy (EMDR), group therapy, brief psychodynamic psychotherapy and family therapy (<http://www.mentalhealth.va.gov>)² are also available.

- **Cognitive Behavioral Therapy (CBT):** The goal of CBT is to identify distressing thoughts about the trauma and replace them with ones that cause less distress. In addition, coping skills are taught that can be used to displace feelings of anger, guilt, and fear. Learning how to acknowledge that one is *not to blame for the traumatic event* is a key element of CBT therapy.
- **Pharmacotherapy (Medication):** SSRI's are the most common antidepressants prescribed to treat PTSD and include Lexapro, Prozac and Zoloft³.
- **Exposure Therapy (ET):** Reducing the fear about traumatic memories is the goal of ET by focusing on memories that are less upsetting before discussing worse ones (*desensitization*) or remembering a lot of bad memories at the same time (*flooding*). One is also taught ways to relax during this process.
- **Eye Movement Desensitization and Reprocessing (EMDR):** By distracting a person with eye movements, hand taps

or sounds during the recall of a trauma, a change in the reaction to the memory is learned.

- **Group Therapy:** Sharing your story and building relationships with others who have had similar experiences helps a person with PTSD to deal with emotions such as guilt, anger, rage, etc. while building self-confidence and trust. Focusing on the present rather than the past is a key element.
- **Brief Psychodynamic Psychotherapy:** In a limited number of sessions, one learns to identify trauma triggers, builds coping skills, and increases awareness of thoughts and feelings thus modifying reactions to them while building self-esteem.
- **Family Therapy:** Better communication and understanding of how PTSD affects a loved one's behavior may be achieved through family therapy during which each person may express their feelings and concerns in a safe, supportive environment.
- **Web-based PTSD Therapy:** Therapist-assisted self-management techniques may potentially become an effective way to deliver treatment to large numbers of PTSD sufferers⁴ and warrants additional research.

References:

- ¹Difede, J.A., Cukor, J., Jayasinghe, N., Patt, I., Jedel, S., Spielman, L., Giosan, C., & Hoffman, H.G. (2007). Virtual reality exposure therapy for the treatment of Posttraumatic Stress Disorder following September 11, 2001. *Journal of Clinical Psychiatry*, 68(11), 1639-1647.
- ²United States Department of Veterans Affairs, General Treatment for PTSD, retrieved 10-30-08 from http://www.mentalhealth.va.gov/MENTALHEALTH/ptsd/fs_treatmentforptsd.asp
- ³Albucher, R.C. & Liberzon, I. (2002). Psychopharmacological treatment in PTSD: a critical review. *Journal of Psychiatric Research* 36, 355-367.
- ⁴Litz, B.T., Engle, C.C., Bryant, R.A., & Papa, A. (2007). A randomized, controlled proof-of-concept trial of an Internet-based, therapist-assisted self-management treatment for

Posttraumatic Stress Disorder. *American Journal of Psychiatry*, 164, 1676-1683.

Medications for PTSD by Emin Gharibian, M.A.

PTSD is a moral, social, and spiritual injury. It also has a biological component. PTSD causes long-lasting changes to one's brain chemistry and it is unknown whether or not these changes are permanent or can be reversed solely through psychological and social healing. There are a few existing medications that can be used in conjunction with psychological and social healing to help reduce the symptoms typically associated with PTSD. However, before one can consider taking medication for their PTSD, it is important that they have a basic understanding of the benefits and side-effects associated with PTSD medications.

It is important to remember that every drug has a main effect as well as unwanted side-effects and that each effect unfolds over time. For example, the medication's side-effect can hit immediately and the main effect may develop several weeks later. The opposite can also occur where the main effect develops immediately and the side-effects follow soon thereafter. When one begins to take PTSD medications their body starts to adjust itself to the presence of the medication. This is known as tolerance. How much tolerance one develops to each drug varies from drug to drug and from person to person. For example, someone might rapidly develop a tolerance to a side effect such as dizziness. This means that the person's body has adapted to this particular side effect and it does not cause the person distress. If one develops a tolerance to a certain drug and they suddenly stop taking the drug, they may experience withdrawal symptoms. This occurs because the body has adjusted to the presence of the drug. Because of this, an individual must slowly ease off the drug to avoid feeling withdrawal effects. These effects are typically the "mirror image" of the original effects of the drug. For example, the withdrawal effects of sedating drugs such as Valium or Xanax include over-excitement, seizures, or hallucinations.

There are several characteristics of good drugs for PTSD. A good drug must:

- make something better for the individual

- does not lead to tolerance
- does not lead to abuse
- does not require blood tests (time-consuming)
- causes few but bearable side-effects.

Here are some names of common drugs prescribed to help with symptoms of PTSD:

- Prozac
- Zoloft
- Paxil

These are the most common Selective Serotonin Reuptake Inhibitors (SSRI's) which are used to treat PTSD. Prozac is especially effective for treating anger related issues. These drugs also usually take several weeks to kick in. Like with any drug, these medications do have side effects such as depression or suicidal ideation. It is important that these drugs are prescribed in conjunction with support from family, other survivors, and therapists.

Here are some others:

- Buspar is an anti-anxiety drug that has few side-effects and it takes effect gradually.
- Beta-Blockers such as Inderal, Corgard, and Tenormin help control the release of adrenaline and are effective in treating anger and rage reactions which are common among many individuals with PTSD.
- Low doses of Lithium can also be effective in treating explosive violence or other PTSD symptoms if drugs such as Prozac have been ineffective.

The key to good medication assistance is a good relationship with a trusted physician along with a counselor and social support from family, friends and other survivors for maximum benefit. Don't be afraid to ask questions and speak up about side-effects. Be patient with the process until you find the right combination that is *RIGHT FOR YOU!*

**Surviving a Traumatic Event
by Dr. Sandra Eberhardt**

Sadly, each of us will experience some kind of traumatic event during our lifetime. A **traumatic event** is an event, or a series of events, that causes moderate to severe stress reactions. It can be characterized by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect survivors, rescue workers, and friends and relatives of victims who have been directly involved. It can also affect people who witness the event either firsthand or on television. No matter how or when the event occurred, you can heal from it and move on with your life.

Common responses to a traumatic event include:

- **Cognitive:** Poor concentration, confusion, indecisiveness, shortened attention span, memory loss, disorientation, unwanted memories, difficulty making decisions.
- **Emotional:** Shock, numbness, feeling overwhelmed, depression, feeling lost, fear of harm to self and /or loved ones, feeling nothing, and feeling abandoned, uncertainty of feelings, volatile emotions.
- **Physical:** Nausea, lightheadedness, dizziness, gastro-intestinal problems, rapid heart rate, tremors, headaches, grinding of teeth, fatigue, poor sleep, pain, hyperarousal, jumpiness.
- **Behavioral:** Suspicion, irritability, arguments with friends and loved ones, withdrawal, excessive silence, inappropriate humor, increased/decreased eating, change in sexual desire or functioning, increased smoking, increased substance use or abuse.

Stress reactions immediately following a traumatic event are very common and may be normal. Most reactions will resolve within 10 days. If you are still experiencing stress reactions for a prolonged amount of time, you should seek help from a mental health professional. It is important to seek help, because prolonged stress reactions put you at risk for Post Traumatic Stress Disorder (PTSD), depression and/or generalized anxiety.

Where should you go for help?

At the Harbor College Campus, you can go to the Life Skills Center, in Café 110, the Health Center, every morning of the week to receive psychological assistance.

There are also various mental health facilities in the LA area; you can find them by calling 211, the LA County-funded Health and Human Resources locator. Psychological counseling may also be available through your medical insurance provider. You can also find a support group for your particular issue either online or by again, calling 211.

What kind of help can be provided by a mental health professional?

A caring mental health professional should listen and encourage you to talk about your reactions, at your pace and comfort level. They should also validate your emotional reactions, as they can be intense and painful. In addition, your mental health professional will encourage you to:

- Identify your immediate needs
- Get back to your normal routine
- Teach you relaxation methods
- Help you face situations, people and places that remind you of the event
- Resolve day-to-day conflicts so they do not build up and add to your stress
- Identify sources of support including family and friends
- Encourage you to talk about your experiences and feelings with friends, family or other support networks
- Help you find the resources you need for your specific trauma, including finding another therapist who specializes in trauma if necessary

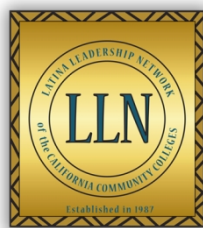
Most people will recover after going through the common reactions to trauma. If you feel you are not recovering well after experiencing a trauma, you should not hesitate to get help, for there are many resources available to assist you.

More information:

http://www.helpguide.org/mental/emotional_psychological_trauma.htm

Reference:

Department of Health & Human Services, USA,
Centers for Disease Control, Injury Prevention:
Helping Patients Cope with a Traumatic Event
http://www.cdc.gov/masstrauma/factsheets/professionals/coping_professional.pdf

LATINA LEADERSHIP NETWORK

The Latina Leadership Network (LLN) and the Life Skills Center at Los Angeles Harbor College united for a joint venture to support the missions and goals of each group. The mission of LLN is to provide mutual support, advocacy, and organization committed to providing effective opportunities to develop innovative approaches to increase the participation of Latinas in leadership roles. It also promotes and maintains “la cultural Latina” and non-sexist familial values. The Life Skills Center’s mission is to provide services that enable students to meet personal challenges and environmental pressures and help them to succeed in school and in life. In addition to promoting the mission and goals of each group, the ultimate purpose of the LLN Women’s Circle is to provide its members with a supportive circle in which their cultural values are embraced and celebrated, and they are encouraged to excel in their academic pursuits. Further, psycho-educational topics are discussed to address the various personal issues that can become roadblocks to completing educational goals, and that can interfere with everyday life.

**WHO'S WHO:
2010-2011 LSC
INTERNS**

**Azeb Bhutia, Ph.D.**

just completed her doctorate in Clinical Psychology at Saybrook University. Her particular interest is in Buddhism and Clinical Psychology. Her professional experience prior to graduate school includes work in management, sales, consulting and fundraising for private and nonprofit organizations. She has worked as a counselor, teaching and research assistant at California State University, Dominguez Hills. Currently, she works as an executive marketing strategist for Ed Hardy Beverages, LLC and prepares for her licensing exam.

Sandra Eberhardt, Ph.D.

finished her doctorate at Saybrook University a year ago. She completed her master’s in Clinical Psychology from California State University, Dominguez Hills, and is also an alumna of Harbor College. She has lived in San Pedro for many years, where she has raised her three children and worked for a marine surveying company as an office manager. She started the first student chapter of the Latina Leadership Network at LAHC providing emotional and educational support for close to 100 students on campus. She is currently working toward licensure and wants to help other returning adult students meet their educational/ career goals.

Joe Excnowski, M.A. is a graduate of the University of Santa Monica in spiritual Psychology and is completing his master’s degree in counseling psychology at Pacifica Graduate Institute. Joe’s goal as a therapist is to help clients uncover their inherent strengths and discover the truth of who they are. A former local community college student, Joe has also been a yoga instructor, a martial arts instructor and a plumbing contractor for 30 years in the South Bay. Joe has two adult sons and lives in Redondo Beach with his wife.

Sima Kazimi will start her second year in the Clinical Psychology Doctorate Program at Phillips Graduate Institute in Fall 2010. She has a B.A. in Design from California State University, Los Angeles. She hopes to use her background in Art in the field of Psychology. During her teaching in a college, she learned a lot from her students who were struggling with poverty and crime. She appreciates this opportunity to participate in the LAHC practicum program.

Patricia Martucci is working towards her Master's Degree in Psychology in Marriage and Family Therapy at Saybrook University. She earned her B.A. in Communication from Seton Hall University and has worked as a Marketing Coordinator at the Global Maritime and Transportation school. She also studied at The Fashion Institute of Technology in New York City and has worked as a fashion merchandiser for Bloomingdales and a creative assistant for Avon. She is interested in International Relations and spent time studying French at Le Sorbonne while living in Paris. Her graduate work includes an internship at a private eating disorder intensive out-patient center for adolescent and adult females along with an internship at a prison alternative in-patient substance abuse program, as a counselor and group facilitator at both sites.

Daniel K. Raker is completing his doctorate at the American School of Professional Psychology at Argosy University. Before graduate school, he worked in strategic marketing at large corporations and his own firm. Currently pursuing graduate research work on trauma treatment, his other interests include Motivational Interviewing and Client Empowerment. He has worked as a counselor with the chronically-mentally ill and as an assessment specialist with college students and adult learners.

Manny Sandoval is currently a second year doctoral student in clinical psychology at Phillips Graduate Institute. His interest is in motivation and change. Prior to graduate school he was a professional conservator for the elderly and financial planner specializing in socially responsible investments. He also worked with various city programs placing people into their first home. He also taught courses in financial planning and mortgage banking.

Michelle Stevens, M.A. is completing her doctorate in Clinical Psychology at Saybrook University where she also received her master's. She holds a B.F.A. in writing from New York University, as well as a teaching credential from California State University, Northridge. Michelle began her career as a professional writer. Later, she became a high school English teacher, as well as a counselor in a transitional living facility. Her interests include creativity, achieving one's full potential, psychological trauma and gay/lesbian/bisexual/transgender issues.

LIFE SKILLS CENTER HOURS OF OPERATION

Appointments with LSC staff can be made any time between the hours of 8AM— 8PM, Monday through Thursday; 8AM— 4PM on Fridays; and Saturdays by appointment.

WALK-IN HOURS-NO APPOINTMENT NEEDED

- ◆ Monday & Friday: 10 am to 12 Noon
- ◆ Tues., Wed. & Thurs.: 11 am to 1 pm
- ◆ Tues. & Wed.: 5 pm to 7 pm by appointment
- ◆ Saturday: 8 am to 12 Noon by appointment

CRISIS INTERVENTION SERVICES ARE AVAILABLE ANY TIME DURING OFFICE HOURS. AFTER-HOURS: DIAL 911

Call to schedule a Non-Emergency Appointment: (310) 233-4586. *A staff member will return the call within 48 hours.*

WHERE IS LSC LOCATED?

Walk-In Hours: Health Center - Caf  110
Workshops & Appointments: LRC 129
 (accessed through Library) & SPS Annex Bldg.
Administration: Caf  108

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LOS ANGELES HARBOR COLLEGE
Life Skills Center
Psychology Interns and Trainees - Fall 2010

Crisis coverage every day in the Health Center – Caf  110
Interns by appointment: Weekdays 8:00-8:00 pm and Saturdays

MONDAY	10:00 am-12:00 pm	Daniel Raker & Sima Kazimi
TUESDAY	11:00 am-1:00 pm	Patricia Martucci
TUESDAY	Eve's by appt.	Sandra Eberhardt, Ph.D.
WEDNESDAY	11:00 am-1:00 pm	Manny Sandoval
WEDNESDAY	Eve's by appt.	Sandra Eberhardt, Ph.D.
THURSDAY	11:00 am-1:00 pm	Michelle Stevens, M.A.
FRIDAY	10:00 am-12:00 pm	Joe Exnowski
SATURDAY	By appointment	Azeb Bhutia, Ph.D.

In addition to general issues, the interns have specialties and some have multiple languages:

Azeb	Mind-body practices, meditation [<i>Italian, Russian, Amharic</i>]
Daniel	Study skills, communication, stress reduction
Joe	Meditation, serious emotional challenges
Manny	Financial literacy, veterans, motivational interview
Michelle	Mood disorders, substance abuse, effects of trauma
Patricia	Addictions, eating disorders, diversity, transferring [<i>French</i>]
Sandra	Women's issues, life transitions, educational & career success, health psychology

BONNIE BURSTEIN, PhD. Clinical Director - (310) 233-4586
On Campus: Mondays, Tuesdays and Thursdays