

TSS GROUP NEWS

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December News Highlights

Anne P. DePrince, Ph.D.

TSS Group Director

Happy holidays from the Traumatic Stress Studies Group!

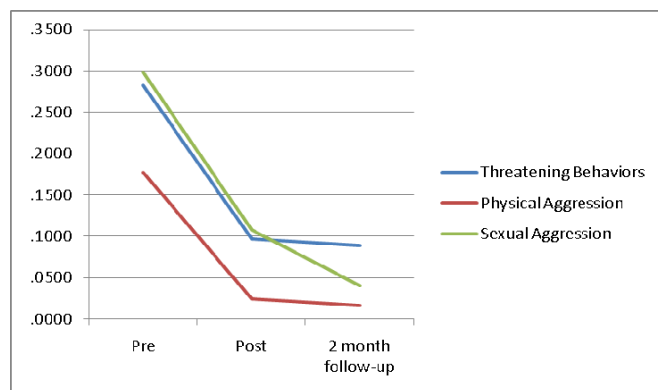
We have many reasons to be grateful this holiday season, including the invaluable partnership many of you have offered in 2011.

Because of your partnership, we are in the end zone (so to speak) for recruiting young women into the Healthy Adolescent Relationships Project (HARP).

To date, you have helped us reach out to and enroll **162** young women, ages 12 to 19, who have come to the attention of the child welfare system.

Young women enrolled in the HARP study are invited to participate in one of two 12-week classes that focus on revictimization risk. Preliminary peeks at participants' reports after the groups suggest very good news.

First, girls report declines in experiences of dating aggression after the class...and these gains last for at least two months.



Second, girls report declines in depression and other trauma-related symptoms as well as gains in positive

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behaviors, such as attention.

We are trying to enroll just **18** more young women in time to start a final round of classes at the end of January.

Thank you for helping us get the word out about HARP to teens who might be interested in participating in this final round of HARP classes.

We look forward to sharing findings from HARP with you in 2012. We think this will turn out to be a very important project in terms of understanding young women's experiences of revictimization in adolescence as well as how to develop empirically-guided prevention programs.

As always, we also look forward to finding ways to work with you. Thank you for the work you do on behalf of victims and survivors. **I hope 2012 brings you peace and joy...and lots of research!**

Anne P. DePrince, Ph.D.

Director, TSS Group

Associate Professor, University of Denver



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ARTICLES FROM THE TSS GROUP
WEBSITE. VISIT US AT

[HTTP://MYSITE.DU.EDU/~ADEPRINC/PUB.HTML](http://mysite.du.edu/~adeprinc/pub.html)



2011 ISTSS Meeting: Reporting Back on Compassion Therapy for Shame-based Flashbacks

Becca Babcock, 2nd Year Graduate Student

This November, several members of the TSS group attended the International Society for Traumatic Stress Studies (ISTSS) 2011 Annual Meeting. The title of the conference was "Social Bonds and Trauma Through the Life Span." Along with this theme of social bonds, several presentations highlighted the importance of addressing trauma survivors' appraisal processes in treatment, especially feelings of shame. The TSS group has a history of incorporating trauma appraisals into our research by administering to participants the Trauma Appraisal Questionnaire (TAQ; DePrince, Zurbriggen, Chu, & Smart, 2010). I was especially interested in learning more about therapeutic techniques practitioners could use to help alleviate survivors' feelings of shame during therapy; thus, I attended a Master Clinician presentation by Dr. Debra Lee of the UK, entitled "Compassion Therapy for Shame-based Flashbacks."

During the presentation Dr. Lee began by defining shame as it relates to traumatic experiences. She emphasized that shame is a common response to interpersonal trauma since evolutionarily speaking, we as humans are social beings that operate based on belonging and support from other people. The response of shame can be seen as a reaction to the breakdown of trust, social support, and/or isolation that results from traumatic experience. Compassion therapy conceptualizes shame as a fear-based response or social threat. More specifically, the response of shame is marked by a fear of being rejected by others or how the trauma survivor exists in the mind of others. Shame is also defined as an emotional state in addition to a cognitive post-traumatic state. Similar to other fear-based flashbacks, shame-based flashbacks are linked to affect regulation systems in the brain. Shame-based flashbacks can arise from external cues or stimuli that elicit feelings of shame in the environment as well as from internal cues, like shame-related thoughts about the trauma. Just as the initial traumatic experience/s may have elicited self-criticism about what occurred, shame-based flashbacks produce the same emotional response in the brain.

Next, Dr. Lee discussed how the practitioner's demonstration of compassion towards the survivor is used to alleviate shame-based flashbacks in treatment. Since the experience of shame arises from the fear of eliciting negative reactions from others, compassion therapy posits that survivors experiencing shame will not respond well to judgment during treatment. Compassion therapy takes a different approach to cognitive restructuring trauma appraisals of shame. According to compassion therapy, previous traumatic experiences can result in conditioned responses from having a "threat-based" brain. Such conditioned responses are referred to as "red zone" responses, which include anger, anxiety or disgust; blue zone responses include drive, excitability, and vitality; and green zone responses include compassion, connection, and safety. Since shame also has an emotional component, compassion therapy presumes that survivors cannot merely "think" their way out of shame. Instead, the goal of compassion therapy is to encourage trauma survivors to move from a brain that is focused in the red zone (of fear or anger) to a brain that is focused in the green zone (of compassion and safety). In order to accomplish this task, the therapist encourages the survivor client to discuss his or her feelings of shame and pain related to the trauma, while also attempting to access emotional memories of safeness, connection, and self-soothing that may work to counteract the client's negative self-concept. Throughout this process, the therapist continues to guide the client in developing compassion and esteem for him/herself by emphasizing that the trauma was not the survivor's fault, but that recovery is still the survivor's responsibility.

Compassion therapy is a unique example of how appraisals like shame can be targeted as a crucial component of trauma therapy. Such therapeutic techniques are important in addressing survivors' desire to alleviate isolation and self-criticism that can result from trauma, and help survivors to redevelop positive social connections and self-compassion.

Reference: DePrince, A.P., Zurbriggen, E.L., Chu, A.T., & Smart, L. (2010). [Development of the Trauma Appraisal Questionnaire](#). *Journal of Aggression, Maltreatment, & Trauma*, 19, 275-299.



TSS Group Achievements

Denver-area trauma research was well represented in November at the Annual Meeting of the International Society for Traumatic Stress Studies in Baltimore MD. Here are a few of the papers and posters presented:

- Matlow, R. B. & DePrince, A. P. (2011). The impact of appraisal processes on readiness to leave an abusive relationship.
- Mitchell, C., DePrince, A. P., & Gover, A. (2011). The influence of dependency on reporting intimate partner abuse to the police.
- Martin, C.G., Cromer, L., DePrince, A. P., & Freyd, J. J. (November). Is all trauma equal? The role of betrayal in understanding trauma symptomatology.
- Babcock, R. & DePrince, A. P. (2011). Self-Blame appraisals and ongoing victimization among women with histories of childhood betrayal trauma.
- Sundermann, J., DePrince, A. P., & Chu, A. T. (2011). Linking childhood maltreatment characteristics to mental health symptoms in adolescence: the role of emotion regulation difficulties.

Anne DePrince received an award from the Denver Domestic Violence Coordinating Council. Thank you!

Anne DePrince, in partnership with **Steve Siegel and the Denver DA's Office**, received a "Scholarship of Engagement" grant from Colorado Campus Compact. This grant will support a small pilot project designed to assess the health needs of adult victims of human trafficking in Denver.



Jane Sundermann presents data on links between violence exposure and emotion regulation difficulties from HARP. ISTSS Annual Meeting, Baltimore MD.



Courtney Mitchell presents findings from the Denver Triage Project. ISTSS Annual Meeting, Baltimore MD.

Information on the Healthy Adolescent Relationships Project (HARP)

We are pleased to invite teen girls (ages 12–19) who have come to the attention of the child welfare system to participate in the HARP study.

What are the potential benefits for teens who participate in this study?

- Teens participate in a prevention group at no cost.
- Food will be provided during group meetings.

Are teens compensated for their time?

- Teens receive \$40/research evaluation for up to 4 research evaluations (up to \$160 total).

What about transportation?

- Study activities take place at DU. DU is accessible by light rail and multiple bus routes (e.g., 21, 24).
- Teens receive \$10/appointment to offset transportation costs.

For more information:

- Call 303.871.4103 or email harp@du.edu.
- To download study flyers, please visit: <http://mysite.du.edu/~adeprinc/study.html>

Study Flyer: The Healthy Adolescent Relationships Project (HARP)

Helping Teen Girls Learn about Healthy Relationships

Project Director: Anne P. DePrince, Ph.D.

Funded by the National Institute of Justice and DU, HARP tests two programs designed to help **teen girls (ages 12-19) who have come to the attention of the child welfare system** learn about healthy relationships. Program 1 teaches teen girls about: power in relationship violence; skills to build healthy relationships; and social influences on violence (e.g., media messages). Program 2 teaches teen girls about: safety in relationships, including how to recognize and respond to internal (e.g., her own emotions) and external (e.g., emotions, behaviors in others) signals about safety. Both programs are delivered in small groups and led by two graduate-level facilitators.

What is participating in the study like for teens?

- Teens receive 12 sessions of a prevention group at no cost.
- Teens receive \$40/research evaluation for up to 4 research evaluations (up to \$160 total).
- Food will be provided during group meetings.

What about transportation? Teens receive \$10/appointment to offset transportation costs (up to \$190 total).

The following teen-friendly flyer is available at:
<http://mysite.du.edu/~adeprinc/Teenflyer.pdf>

Sure, we know lots of **facts and figures** about violence against girls and women, like...



Fact: Women ages 16-24 are more likely to experience violence from a dating partner than women at any other age.

Fact: Violence against girls and women is never deserved.

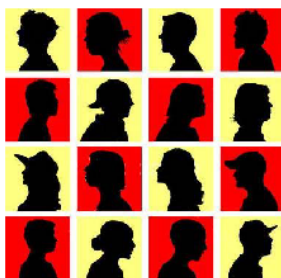
But, what can you and other teens do with all those facts and figures?

We want to bring teen girls and women together to figure out stuff about ***healthy dating relationships, like...***

... what you want & don't want
 ... what's safe & what's not
 ... what to do when things aren't going right

The Healthy Adolescent Relationship Project

HARP



HARP is for teen girls and women, ages 12-19.

We're LISTENING.

FILL US IN! What's it like to deal with relationships? What things would help teens build healthy relationships? What advice would you give to other teens?

In HARP, we'll ask you to tell us what works and what doesn't work when talking to teens about relationships...that way, you can **MAKE A DIFFERENCE** down the road.

HARP is paid for by grants from the National Institute of Justice and DU. The research was approved by the University of Denver Institutional Review Board.

What's it like to be part of HARP?

What does the project involve?

First, we check to make sure the project is a good fit. We'll ask you to come to an interview to learn more about you. If HARP is a good fit, teens will participate in a group with 6-7 other teens. Groups will meet once a week for 12 weeks. Everyone will be invited to do 3 more interviews later on.

What's in it for me?

Teens receive **cash** for participation

- Teens receive \$40 for completing research interviews (up to \$160 total for 4 interviews).
- Teens receive \$10 per visit for up to 12 group meetings and 4 interviews (up to \$160 total) for transportation.

We hope **you'll** learn some new things about relationships – and new skills! And we hope **we'll** learn lots from you about what to do about those **facts and figures**.

Interested?

Talk to your caseworker!

** Being in HARP is completely voluntary and does not affect any services at Human Services.*



Questions? Contact the study director, Dr. Anne DePrince, at 303.871.4103 or harp@du.edu