

# TSS GROUP NEWS

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## February News Highlights

By Anne P. DePrince, Ph.D.  
TSS Group Director

Though the weather outside is cold, our offices are hopping! On any given morning, you may find one of our talented staff braving the cold as we wait outside to meet participants for several exciting projects!

We recently completed recruitment for the **Women's Coping Study**, a research project designed to identify risk factors for revictimization. We send our sincere thanks to many system- and community-based partners who were extremely generous in helping us get the word out about the study. A special thanks to **Scott Snow and the Denver Police Department's Victim Assistance Unit** for their help on this project. We are now inviting women back for a 4-month follow-up session. We hope to share new findings from this study with you soon!

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In our last issue, we reported on funding from NIJ to collaborate with system- and community-based agencies who serve victims and survivors of domestic violence. This new research is in full swing. We are also working on new ways to incorporate community partnerships into classes; we look forward to reporting on these pilot efforts in the coming months!

We look forward to finding new ways to work with you this year! Thank you for all of the work you do on behalf of victims and survivors.

*Anne P. DePrince, Ph.D.*

Director, TSS Group  
Assistant Professor, University of Denver

## Electronic Resource Update

By Anne P. DePrince, Ph.D.

In each newsletter, we provide links to electronic resources that we hope will be of use to professionals working with survivors of trauma and violence. These links are also published on our Denver Trauma Pages, a website dedicated to disseminating trauma-related research to system- and community-based professionals ([www.du.edu/psychology/traumapages.html](http://www.du.edu/psychology/traumapages.html)).

### The Clinician's Trauma Update Online Newsletter

([http://www.ncptsd.va.gov/ncmain/publications/publications/ctu\\_online.jsp](http://www.ncptsd.va.gov/ncmain/publications/publications/ctu_online.jsp)). Edited by Dr. Paula Schnurr, the CTU-Online offers updates on "the latest clinically relevant research" 6 times per year. Newsletter subscribers

receive Abstracts for clinically-relevant research and ID numbers to locate research in the **PILOTS database** (<http://www.ncptsd.va.gov/ncmain/publications/pilots/index.html>).

The PILOTS database offers an index of the literature on mental-health consequences of exposure to traumatic events. Produced by the National Center for PTSD, PILOTS is free and available to the public. Although sponsored by the U.S. Department of Veterans Affairs, the PILOTS database is not limited to literature on PTSD among veterans.

We are also pleased to highlight websites that relate to two articles in this issue on memory and refugees.

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## A New TSS Group Team Member

*By Rheena Pineda, M.A.  
3<sup>rd</sup> year graduate student*

*Rheena Pineda helps us get to know one of our new TSS Group members, Courtney Mitchell. Courtney works with Drs. Daniel McIntosh ([www.du.edu/~dmcintos/eclab.htm](http://www.du.edu/~dmcintos/eclab.htm)) and Anne DePrince.*

### **Q: Tell me about yourself.**

I came to Denver after working in Cairo, Egypt with a Legal Aid organization, AMERA ([http://www.amera-uk.org/egypt/index\\_eg.html](http://www.amera-uk.org/egypt/index_eg.html)), to conduct psychological assessments for asylum seekers. I also taught at the American University in Cairo. I am a Master's-level licensed professional counselor (LPC) having graduated in 1997 from UNM. I began international work in 1998 as a Peace Corps Volunteer in Nepal coordinating street outreach programs for homeless youth and later joined the United Nations working in refugee camps in Nepal and Tanzania. Through it all, I became increasingly interested in research, teaching and training in traumatic stress and memory, especially as relates to refugees and other war victims. However, I began to realize that there was a huge gap in my previous education. I decided to go back to school and obtain a Ph.D. in a research based psychology program with a neuroscience emphasis. After moving to Denver in

the summer of 2006, and before starting DU, I worked in county jails and halfway houses conducting psychological assessments and providing group therapy with a local organization, Correctional Psychology Associates (CPA).

### **Q: What are your current research interests?**

I am interested broadly in the impact of traumatic stress on memory. Currently I am developing a research project to investigate how cognitive restructuring processes in the aftermath of trauma may influence the level of detail in autobiographical memories. I am also interested in environmental and sociocultural influences on various coping processes, particularly in the aftermath of collective trauma.



*COURTNEY MITCHELL  
NEW TSS GROUP MEMBER*

### **Q: What drew you to the TSS Group?**

I was in Egypt struggling to find resources to help attorneys build appeal cases for rejected asylum applicants. I stumbled upon Dr. DePrince's research

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## Seeking a Safe Refuge

*By Courtney Mitchell, M.A., LPC  
1<sup>st</sup> year Graduate Student*

Last October, the Colorado Women's Health Advocacy Coalition (CWHAC) sponsored an important conference, *Seeking a Safe and Healthy Refuge: A Forum for Refugee Women's Health*.

The TSS Lab's Courtney Mitchell, M.A., LPC, spoke about individuals who are denied asylum due to

immigration officials' perceptions of *lack of credibility*. Drawing on her experiences providing psychological affidavits for asylum applicants (Cairo, Egypt) and working for several years in refugee camps (Nepal and Tanzania), Courtney shared concerns that the asylum application process is often biased against trauma survivors. She spoke about the lack of understanding among many immigration officials of prevalence rates of

*Seeking Safe Refuge, continued p. 4*



## Autobiographical memory impairment for trauma

By Melody Combs, M.A.

Advanced graduate student

The nature of memory – or lack thereof – for trauma has long garnered research interest and controversy. This article briefly highlights emerging data and theory on traumatic memories. The information in this article is expanded upon in a chapter under review for publication by Melody D. Combs and Anne P. DePrince.

### Are memories for trauma special?

Do memories for trauma events differ from memories for non-traumatic events in one's life, such as high school graduation?

In a recent review of the literature, Brewin (2007) concluded that, at least for individuals with PTSD, involuntary memories for trauma appear to be special. Involuntary memories include experiences such as flashbacks, during which the individual did not try to call up memories; rather, the memories intruded upon their awareness. In general, involuntary traumatic memories tend to be more vivid, involve a greater degree of sensory experience, and are likely to be re-experienced as happening in the present compared to non-traumatic memories.

In his review, Brewin called for more research on voluntary memories – that is, memories that one consciously tries to call up. Preliminary evidence suggests that voluntary traumatic memories tend to be less clear, less detailed, and less well remembered than non-traumatic voluntary autobiographical memories (Brewin, 2007).

### How could memory impairment for trauma happen?

A range of research methods has consistently demonstrated that a minority of trauma survivors

report some period of time during which memories for the trauma were impaired. In one of the most widely cited studies, 38% of women with previously documented reports of sexual abuse in childhood reported no memory for the abuse (Williams, 1994).

Researchers have proposed three ways in which memory impairments for trauma could occur: 1.) compromises to brain regions involved in memory; 2.) cognitive processes; and 3.) interactions with posttraumatic symptoms.

*Brain regions involved in memory.* The hippocampus is a region of the brain that plays a critical role in autobiographical memory formation. Smaller hippocampus volume has been associated with PTSD (e.g., Bremner et al., 1997), leading some researchers to speculate that functional problems with the hippocampus may contribute to disruptions in memory. Researchers have also speculated that the interplay between the hippocampus and amygdala may have an impact on memory. The amygdala, a neighboring brain region to the hippocampus, is responsible for processing emotional information, including fear. Nadel and Jacobs (1998) suggest that the interplay between the hippocampus and amygdala may help us understand how people can report enhanced fear to traumatic information *and* impaired recall specific details of a traumatic event.

*Cognitive mechanisms.* Basic cognitive processes may also contribute to autobiographical memory impairments for trauma. For example, survivors may not talk about the trauma. The memory, therefore, may not be as well rehearsed as non-traumatic memories, leading to memory problems. Alternatively, survivors may distract themselves from traumatic information in order to keep threatening information from awareness, especially in cases in

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and became especially enthusiastic about her work on forgetting trauma stimuli, dissociation, and divided attention. I also became aware of Dr. McIntosh's work shortly thereafter and felt that his Social Psychology perspective examining religion as schema, meaning making and coping in the aftermath of collective traumatic events (such as Columbine and September 11<sup>th</sup>) was very creative and exciting. I am lucky enough to have both Dr.

McIntosh and Dr. DePrince as research advisors.

***Q: What do you hope to accomplish in the TSS group?***

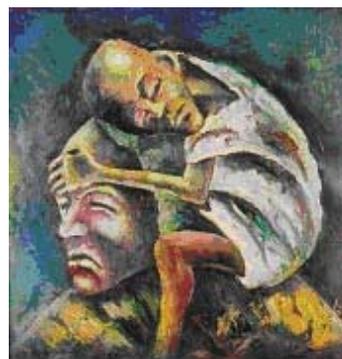
I hope to continue to participate in research that will have immediate and tangible benefits for community members who have experienced traumatic events. I also look forward to refining my research skills through working with more experienced lab members. The TSS Group includes many talented and encouraging role models!

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PTSD and potential autobiographical memory deficits that may result in gaps or inconsistencies in testimony provided over several interviews. She reviewed relevant research on traumatic stress and memory, and emphasized the need for such research to reach immigration authorities and asylum policy makers. Courtney called on researchers to speak directly with immigration authorities in countries with large populations of asylum seekers.

Barbara J. Shultz, RN, BSN, who manages the Refugee Preventative Health Screening Program (described the challenges faced by more than 35,000 refugees seeking health care in Colorado, including limited access to health and mental health services related to Medicaid, language, cultural, and transportation barriers. She argued that further training is needed for health/mental health providers to address the unique concerns of refugees from diverse cultural backgrounds, many of whom have complicated health needs after exposure to a wide range of traumas during wartime.

Laura Konsella (Office on Women's Health) spoke about human trafficking. The U.S. State Department estimates that almost 18,000 persons are trafficked to the U.S. annually. Under the Trafficking Victims



**PAINTING BY ANONYMOUS  
SUDANESE REFUGEE.**

Reprinted with permission,  
Sudanese refugee artists'  
group, Cairo.

Protection Act (TVPA) of 2000, the USA T visa was established to protect victims of human trafficking, allowing them to become residents of the U.S. For more on human trafficking visit [www.acf.hhs.gov/trafficking](http://www.acf.hhs.gov/trafficking).

Slavica Park (Dean, Language Learning Center, Emily Griffith Opportunity School), came to the U.S. 10 years ago from the former Yugoslavia. Recognized by the *Denver Business Journal* as one of Denver's "40 under 40" outstanding emerging leaders, Ms. Park offered attendees a moving account of her experiences during the war and efforts to adjust to life in the U.S.

In sum, this conference highlighted the need for ongoing training and dialogue about the issues facing refugees. As she noted during her talk at the conference, Courtney hopes that an international conference on trauma and memory geared towards immigration officials will one day become a reality.

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which conscious awareness of abuse by a trusted other may be harmful (see Betrayal Trauma Theory; Freyd, 1996; Freyd, DePrince, & Gleaves, 2007). Distraction could also impair memories. Further, survivors may use “active inhibition”, which occurs when an individual repeatedly inhibits, or blocks out, retrieval cues for a traumatic event. The more cues about the event one inhibits, the more difficult retrieving the memory becomes (see Anderson, 2001).

*Posttraumatic Symptoms.* PTSD and dissociation symptoms may alter normal memory functioning, thereby making memory retrieval more difficult. More research is sorely needed in this area.

**Summary**

We have much to learn about the nature of traumatic memories and the mechanisms by which unawareness for traumatic events occurs. We hope that future research will make clear 1.) the qualitative differences between traumatic and non-traumatic memories; 2.) the mechanisms by which memories might be impaired.



ACCESS FULL-TEXT RESEARCH ARTICLES FROM THE TSS GROUP WEBSITE. VISIT US AT [WWW.DU.EDU~ADEPRINC](http://WWW.DU.EDU~ADEPRINC).

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*Electronic Resource Update* from page 1**Websites concerned with trauma and memory**

Betrayal Trauma Theory (Dr. Jennifer Freyd):

<http://dynamic.uoregon.edu/~jif/>

The Recovered Memory Project (Professor Ross Cheit, Brown University):

[http://www.brown.edu/Departments/Taubman\\_Center/Rcovmem/Archive.html](http://www.brown.edu/Departments/Taubman_Center/Rcovmem/Archive.html)

Memories of Child Abuse (Dr Jim Hopper, the Trauma Center): <http://www.jimhopper.com/memory>

The Leadership Council on Child Abuse & Interpersonal Violence:

<http://www.leadershipcouncil.org/iolence>

**Websites concerned with refugees**

Visit UNHCR for a 1951 Geneva Convention definition of a refugee and an overview of worldwide refugee populations:

<http://www.unhcr.org/cgi-bin/texis/vtx/home>

**Websites concerned with health issues in CO**

For electronic updates on local health issues through Colorado Consumer Health Initiative (CCHI) visit:

[http://qa3.org/co\\_health\\_initiative/join.html?r=LdejCvKqYae1E](http://qa3.org/co_health_initiative/join.html?r=LdejCvKqYae1E)