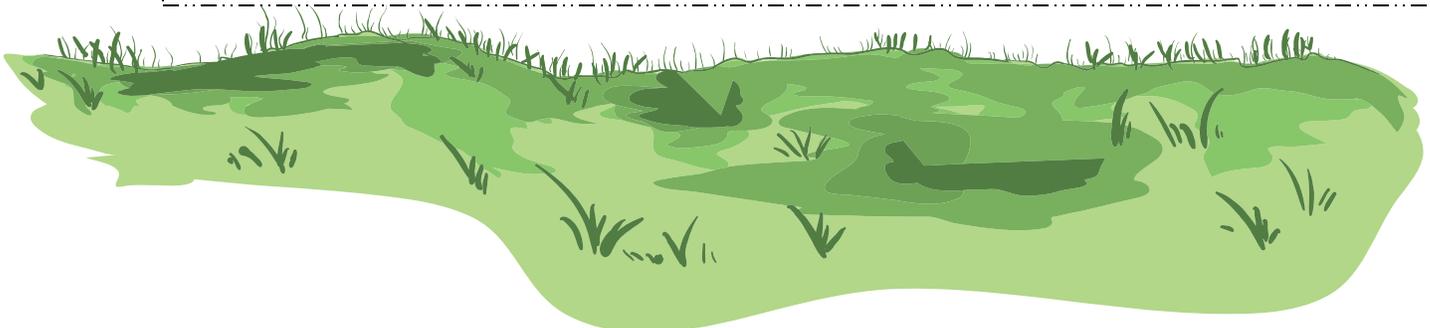




# FPA Palm Chapter Newsletter: Summer 2018 Edition

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# *President's Message*

- Marni L. Jacob, Ph.D.



**Hello Palm Chapter members!**

**Welcome to the FPA Palm Chapter Newsletter - Summer 2018 Edition!**

**As we transition into the summer months, I would like to express my excitement for our chapter. We have had several great events so far this year, and have many more exciting happenings on the horizon!**

**We had an outstanding turnout of over 100 Psychologists, at the Southeastern Regional Conference (SERC) 2018, which was held on April 6-7, 2018 at Holy Cross Hospital in Ft. Lauderdale, FL. We had presenters come from all over the state, who gave informative and interesting presentations on a variety of topics, including the Mandatory CE's required for licensure. It was also a great opportunity to connect with other Psychologists in the community, and the weekend provided great networking for those present. A special thank you to Dr. Blanche Freund and Dr. Ana Kelton-Brand, who served as Palm Chapter representatives, along with myself, to the SERC 2018 Planning Committee (see below for a group pic of us, plus committee members from the Broward and Miami-Dade-Monroe Chapters).**

**To help in my role as President of Palm Chapter, I am always interested in obtaining feedback from chapter members about what types of things we can do as your Palm Chapter Board. Accordingly, I sent out an anonymous survey to Palm Chapter members in March 2018 to obtain such feedback, and I would like to thank all of the members who responded.**

## *President's Message (continued)*

The Palm Chapter of FPA was incredibly saddened to hear about the tragedy that occurred earlier this year at Marjory Stoneman Douglas High School in Parkland, FL. This tragic event affected many people in our community, and I was proud to see so many Palm Chapter members step up to offer help, support, and mental health services in the aftermath of this horrible event. I hope that we can continue to be there for each other, and our community, throughout the recovery process. With the goal of providing some practical recommendations and resources for our chapter members in response to this tragedy, we have included a written interview with the National Center for PTSD, on how Psychologists can best help those affected by trauma. We also have a write-up by one of our Palm Chapter members, with a focus in trauma, on the local response after this event. We hope that these columns are informative to our chapter members.

The 2018 Palm Chapter board is a group of fervent, enthusiastic members who are looking to better our chapter with excellent CE programming, social/networking events, legislative efforts, and more! I want to thank our FPA Board members, and chapter volunteers for their service, dedication, and efforts to help make the Palm Chapter better and better! We are always looking for Palm Chapter members to get involved, whether it is by taking on a Board Member position or volunteering in another way, such as helping to put on an event. If you are interested, please let me know, or feel free to come to one of our Board Meetings.

Thank you for your involvement in FPA Palm Chapter, and I look forward to more to come in the rest of 2018! I hope that this newsletter can continue to serve as an avenue to communicate important information to FPA members in our area. We welcome suggestions, feedback, and ideas for the newsletter. Please feel free to contact me at [drmarnijacob@gmail.com](mailto:drmarnijacob@gmail.com) if you have any questions. I hope you have a wonderful summer!

Enjoy reading!

Best Regards,

Marni L. Jacob, Ph.D.  
FPA Palm Chapter President



## 2018 Palm Chapter Member Survey Feedback

In effort to encourage input from members, and to help guide chapter programming, I sent out an anonymous survey to Palm Chapter members between March-April 2018. We thank those of you who took the time to complete the survey. Approximate completion time for the survey was 6 minutes. We obtained excellent feedback through this survey, yet we would have liked a greater response rate, as we received 18 responses out of approximately 117 Palm Chapter members, which is approximately a 15% response rate. We hope that Palm Chapter members will take the time to complete any future surveys, as this is a great way to help us determine the interests and priorities of chapter members.

I have included the survey questions below for those interested, as well as graphs that were created from data for a few of the questions. If you have not yet completed the survey and would like to do so, the survey is still available at the link below.

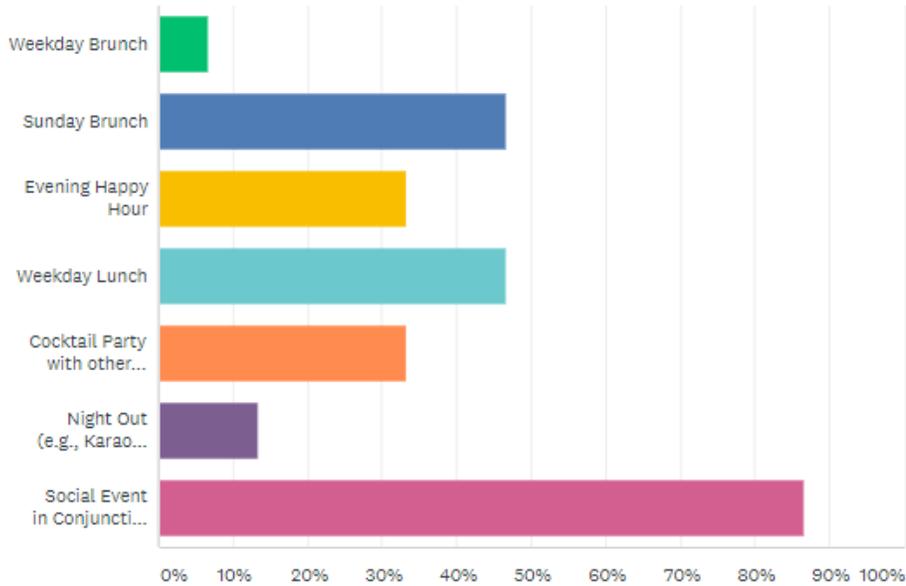
<https://www.surveymonkey.com/r/RM58YMR>

### Survey Questions

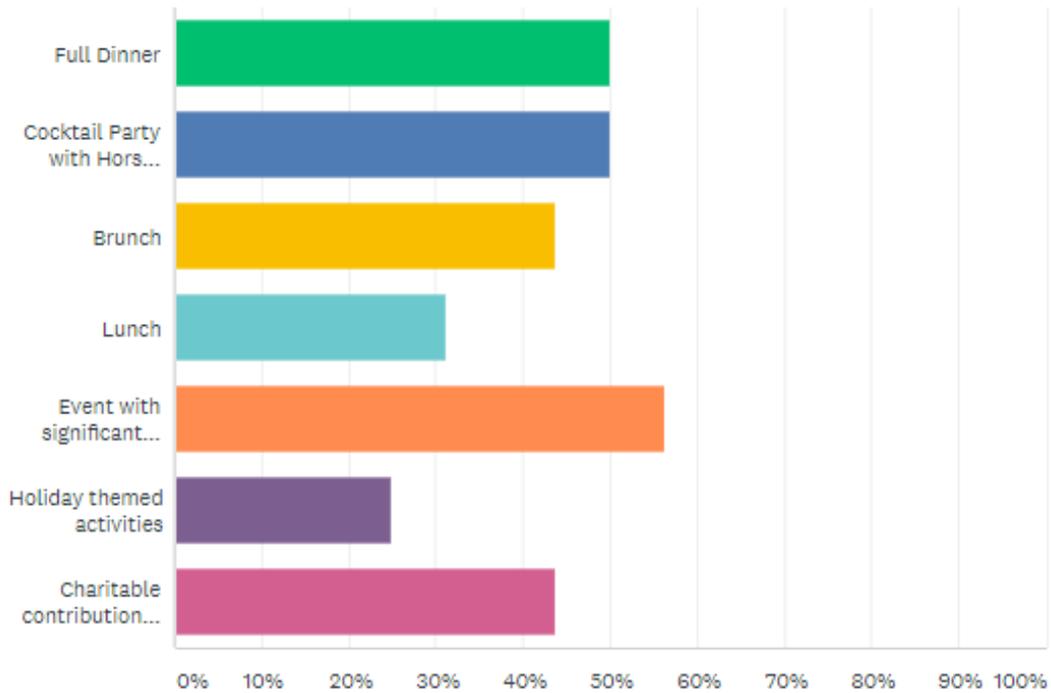
1. *What do you value most about being in Palm Chapter and/or FPA?*
2. *What social/networking events would you like to see FPA Palm Chapter put on? Please check all that apply. (If you have other ideas, please include them in the comment box).*
3. *Continuing Education (CE) Events*
  - 3a) *What kinds of Continuing Education (CE) events and CE topics are you interested in FPA Palm Chapter putting on?*
  - 3b) *What days/times do you prefer for CE events?*
  - 3c) *Do you have any recommendations for venues that could host our chapter for CE events (free venues with audiovisual capabilities are best)?*
  - 3d) *Also, if you are interested in presenting a CE event yourself, you may also list your name/contact information/CE topic if you would like).*
4. *In which of the following cities/locations would you be willing to attend events? Please check all that apply.*
5. *What are you looking for in our Palm Chapter Holiday Party? Please check all that apply.*
6. *What were your expectations upon joining FPA Palm Chapter? Is there anything that you have not gotten out of your membership in FPA Palm Chapter that you would like to get?*
7. *What do you think are the strengths of FPA Palm Chapter?*
8. *What do you think are the weaknesses of FPA Palm Chapter?*
9. *Is there anything that we could do differently to improve FPA Palm Chapter?*
10. *Please list any new ideas you have for Palm Chapter, or any other feedback you would like to share.*

**Graphed Data from 2018 Palm Chapter Member Survey**

*What social/networking events would you like to see FPA Palm Chapter put on? Please check all that apply.*

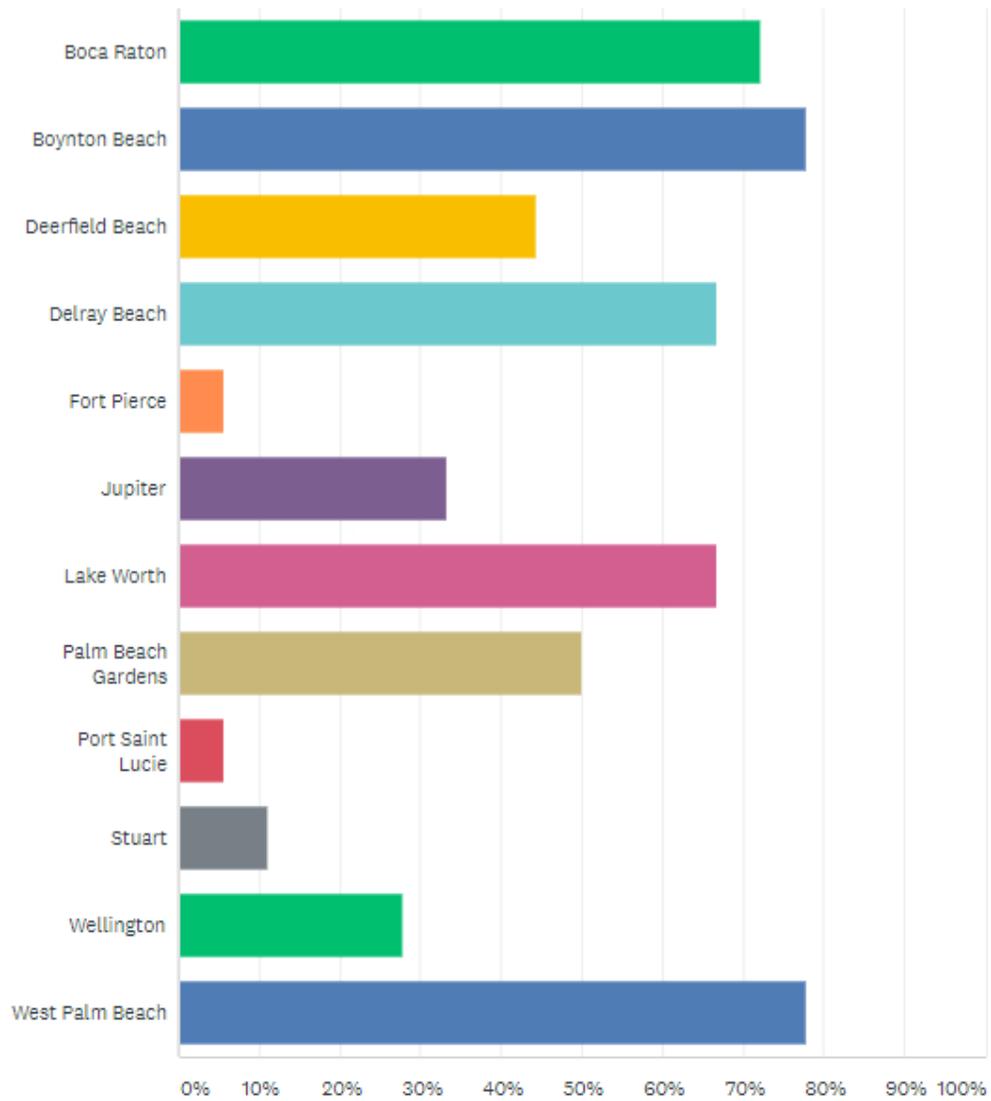


*What are you looking for in our Palm Chapter Holiday Party? Please check all that apply.*



### Graphed Data from 2018 Palm Chapter Member Survey

In which of the following cities/locations would you be willing to attend events? Please check all that apply.



# Continuing Education Events

- Edan M. Alcalay, Psy.D.

## Recent Past CE Events

### Name: Complex Presentations in the Treatment of Obsessive-Compulsive Disorder

Description: In collaboration with **OCD Central and South Florida (OCD CSFL): An Affiliate of the International OCD Foundation**, this presentation was a 2-part workshop which: 1) Introduced the integration of faith as it relates to someone affected by OCD, and 2) Reviewed best practices and evidence-supported treatments (EST's) in diagnosing and treating OCD with co-morbid conditions. Illustrated by case examples, the presenters covered diagnosing and treating co-morbidities and complexities in OCD, and managing its intricacies from case formulation to dealing with accommodating behaviors from significant others.

Date: March 16, 2018

Location: Children's Services Council of Palm Beach County

Presenters: Connie L. Ingram, Ph.D., LMHC

E. Katia Moritz, Ph.D., ABPP

25 attendants

Response: The overall feedback was positive. The presenters all provided a comprehensive approach and understanding within their respective areas of specialization. To quote a participant "The program was excellent – clearly knowledgeable speakers and lots of hard work went into this program. If you weren't there, you really missed something!"



## Continuing Education Events (cont.)

- Edan M. Alcalay, Psy.D.

### Recent Past CE Events

#### **Name: Gold-Standard Treatment for Post-Traumatic Stress Disorder: Empirical Support and Clinical Guidelines for the Use of Cognitive Processing Therapy (CPT)**

Description: In this training, participants learned how to properly assess different types of trauma exposure and PTSD using the DSM-V criteria. Participants became knowledgeable about Cognitive Processing Therapy (CPT), one of the gold-standard evidence-based therapies for PTSD, and were provided practical treatment strategies to help clients recover from trauma and overcome PTSD.

Date: April 27<sup>th</sup>, 2018

Location: Faulk Center for Counseling

Presenters: Stephanie A. Sacks, Ph.D.

16 attendants

Response: Dr. Sacks a trainer and consultant for National Cognitive Processing Therapy for PTSD, provided an excellent overview of CPT as well as the underpinnings of PTSD. The participants enjoyed how well organized and competent the presenter was and the applicability of the material towards their individual practice for those suffering from trauma related symptoms.



## **Future CE Events**



### **August 10<sup>th</sup>, 2018: Trauma Responding Psychologists at Children Services Council**

Presenters: Ann Monis, Psy.D. and Ricardo Buitrago, Psy.D.

Location: Children's Services Council of Palm Beach County

Description: This training is designed specifically for Licensed Psychologists working with victims of mass trauma to assist them in identifying the psychosocial stressors and mental health issues that impact/trigger such incidents. The training focuses on enhancing understanding the environments under which such stressors and triggers take place in order to clinically maximize the delivery of interventions for trauma victims and respond appropriately to their immediate needs.

### **Sept 28<sup>th</sup>, 2018: LGBT- No Longer One Size Fits All**

Presenter: David Wohlsifer, Ph.D., LCSW

Location: Children's Services Council of Palm Beach County

Description: Taking a retrospective perspective, this workshop will examine the relationship between the mental health profession and the LGBT community over the past 50 years. Time will be spent discussing the influences of social change, legislation, research, and policy and its impact on clinical practice with LGBT clients. This workshop will then give attention to current trends and cultural shifts in the LGBT community and examine how psychologist can best meet the needs of the community and be aware of the latest research related treating LGBT clients.

### **Fall 2018: CE on Transcranial Magnetic Stimulation (TMS) - Psychiatrist, Gil Lichstein, M.D.**

TBD

### **WISC- V Advanced**

Note: This event was originally scheduled on May 10<sup>th</sup>, 2018, at the Mental Health Association of Palm Beach County. This event was cancelled due to low registration, and we hope to reschedule it in the future.

Presenter: Gloria Maccow, Ph.D (Pearson Clinical Rep.)

Location: Mental Health Association of Palm Beach County, Inc.

Description: The presenter will describe interpretation of the WISC-V primary, ancillary, and complementary indexes and will use sample data to illustrate the interpretive process

*\*All events are FREE to FPA members, \$30 for non-FPA member , & 3 CE credits.*

Register Online at <http://www.flapsych.com>

Contact Edan Alcalay, Psy.D. at [doctoralcalay@gmail.com](mailto:doctoralcalay@gmail.com) with questions.

## Interview with Dr. Patricia Watson, National Center for PTSD

We asked Dr. Patricia Watson, a Clinical Psychologist and Consultant in the [PTSD Consultation Program](#) at the National Center for PTSD to answer some questions about responding to natural disasters and mass violence. You can read her responses and find links to some resources and a list of references below. If you have additional questions, Dr. Watson and the team of expert clinicians in the PTSD Consultation Program are available to help. Their free one-on-one consultation services, usually available to providers treating veterans, are temporarily available to support providers whose clients were impacted by the Parkland shooting or other similar mass violence events and natural disasters. You can reach them at [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov) or 866-948-7880. They can help with information, educational resources, assessment, treatment, referral options, or any other questions related to helping patients with the psychological effects of these events. No question is too big or too small.

### **1. What would you recommend as the initial, point-of-contact response (e.g., ~24 hours to 1-week after the event) by a Psychologist who comes into contact with someone who has experienced a traumatic event, such as a natural disaster, a terrorist attack, or a school or public shooting?**

The initial point of contact response in the hours and days after traumatic events generally involves the use of [Psychological First Aid](#) actions. In the first contact, the following points should be highlighted:

1. Let affected individuals know that your primary goal is to help and support them.
2. Ask if there is anything you can do for them *right now*.
3. Informally assess the person's stress reactions, focused on the person's immediate needs and goals.
4. Determine if any assistance is needed, such as linking them with sources of information, work relief, or community resources.
5. Provide support, empathy, and normalization for potential reactions as needed. For instance, if a person says: "I'm just all over the place, I just can't seem to rest," normalize what they are experiencing, let them know they're not "crazy," and tell them some of the other coping actions those who have been through similar situations have employed.
6. Provide brief, supportive education about effective coping actions, as needed.
7. Facilitate peer / family support.
8. Offer to check back in in a few days to see how they are doing.

A lot of your response will have to do with the setting you're working in, and what your role is in that setting. Developmental age and exposure level will also play a role in how you work with disaster survivors. But a general rule of thumb is that *all contact should be extremely person-centered and focused on current needs, concerns, and goals*.

Disaster psychosocial service delivery differs in significant ways from traditional mental health intervention. For example, services are often rendered in atypical "counseling" environments. You can find yourself working in large noisy rooms where survivors are congregated (relief centers, shelters, auditoriums, gymnasiums, tent cities). In general:

- Make an effort to support existing strength and foster resilience, and avoid assigning diagnostic labels
- Make interventions brief, and focus on pragmatic assistance with immediate problems and management of stress reactions
- Contact is often informal, and requires you to quickly make a connection with the person, to speak simply and clearly, to normalize their reactions
- Timing is important. Therefore, avoid intensive questions about the event, or questions about prior trauma. If the person requests to talk about those things you may follow their lead if the situation allows for that level of intensity and you have the time to engage in that kind of discussion. However, your aim is more likely to be to stabilize and move people forward, rather than offering deep intensive psychotherapy in the immediate aftermath of an event, which may overwhelm and/or destabilize the person.

In the early phases after event, it is recommended that you help survivors to a) feel more of a sense of safety, b) feel more calm, c) feel that they have the ability to get through whatever is facing them, d) get connected to positive social support, and e) feel more of a sense of hope. For instance, for teachers and staff involved in a traumatic event, you can help the administrators / leaders convey the following points:

- **Safety:** “Here is what we’re doing to keep you all safe...” Give your best understanding of timelines and advise of any specific variables.
- **Calm:** “How are you doing? What do you need? How can we help?” Allow them to tell you whatever they wish to tell you about the event, their reactions, and their concerns.
- **Connect:** “Who do you need to reach? Do you need to use my phone?” Encourage them to consider contacting those important to them, both to let them know that they’re okay and to touch their sources of support and connection.
- **Self-Efficacy:** “You have lots of resources to help you through. A (EAP counselor, peer, volunteer) will be contacting you to ensure that you get all the help you need.”
- **Hope:** “We’ll make it through this together. We value you and the work you do.”

Along these lines, education for those who are distressed can include:

- Reminding yourself that stress reactions after disaster are common, rather than feeling “weak” or guilty for feeling distressed
- Acknowledging those people, values, and goals in your life that the disaster highlighted as most important to you
- Realizing that you may not be able to function as effectively, and getting help with tasks and problems you’re facing
- Spending time with, or helping others
- Finding a way to honor losses
- Taking time outs and channeling your energy productively, if you’re feeling angry
- Checking your thoughts and looking for ways to change them or distract yourself from them, if they are contributing to you feeling worse about yourself or the world
- In general, taking an active, problem-solving approach to ongoing problems created by the events
- Reducing the amount of media viewing you are engaging in if it is increasing your distress or interfering with your functioning
- Shifting your expectations about what is a “good day”
- Creating specific routines for day-to-day living, which can lessen worries beyond those routines

- Proceeding with life's necessities, which can help develop and maintain a continued engagement in life

For more information on these principles, see the [Psychological First Aid Field Operations Guide](#) which has handouts related to how to have simple conversations with people based on their age and their particular stress reactions.

**2. *Many kids have expressed increased anxiety associated with school attendance, due to worries that the horrible tragedy that occurred in Parkland, FL, could happen again. How should we, as Psychologists, help our patients deal with such fears?***

Many children directly exposed to mass violence will have traumatic stress reactions, and such reactions may occur off and on, even years later. These reactions should not necessarily be regarded as pathological responses or even as precursors of subsequent disorder. Nevertheless, they may be experienced with great distress, and require community support, and at times clinical intervention. There has been good controlled research on treatment conducted with terrorism survivors who have fears of future violence (Bryant et al, 2011). This research indicates that it is important to review all the ways that the person is safe, and highlight how they can have some control over their circumstances, including control in plans, activities, thoughts, priorities, and how they choose to focus their attention. For instance, you may discuss the importance of continuing with their priorities and important tasks of living, helping them not to overgeneralize their fears, and helping them create plans and structures within which to continue with their life. You may also acknowledge that they have to accept a certain level of risk in order to proceed with daily life, and help them move forward even in the face of ongoing threat and ongoing fears. You can help them plan a number of simple ways to manage their stress reactions in moments when they are activated, including simple breathing techniques, listening to music, connecting with friends, getting social support, talking to themselves differently, and focusing on what attracts them in life, as well as their goals and priorities.

**3. *How should we talk to kids about why we need lockdown drills and security at schools?***

Children can be informed that one of the most important jobs that school administrators have is keeping children safe. They need to know that the drills and security at the school are necessary, given increased threats in our country. They also need to know that the likelihood of these events is low, and reminded that while the events are terrible and intense, the vast majority of people will never be exposed to school shootings, an especially more than once. Let them know that the school is putting into place multiple strategies for helping children and school officials respond in the likelihood of any threat occurring in their school. Younger children will need a very simplified version of this explanation, which focuses primarily on how important it is to school officials to keep them safe, and how they are doing that, even if the risk for future events is low.

Older children and adolescents can hear more detail about how the school makes its decisions and how top priority is always on safety. It is also helpful to get feedback from older elementary school children and adolescents. This feedback can be gathered in smaller classroom meetings, regarding what they are experiencing, and what they feel would be most helpful moving forward. Make an effort to incorporate this feedback into an overall school response as much as possible, given the constraints of school policies. This gives them a sense of self-efficacy, and a feeling that they can have control over aspects of their lives.

**4. Due to increased concerns about school shootings, are there any warning signs that students should look out for in their peers, to see if they are having a traumatic stress response after a traumatic event?**

The warning signs that students should look for in their peers will vary depending on the developmental age of the child. Below is a list of common stress reactions:

**Avoidance and withdrawal reactions**

Strong, rigid reactions of avoidance, including:

- Avoidance of talking, thinking, and having feelings about the traumatic event
- Avoiding reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities

**Intrusive reactions**

- Uncontrollable distressing thoughts or images of the event while awake or dreaming
- Uncontrollable upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“a flashback”)

**Physical arousal reactions**

- Constantly being "on the lookout" for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling "on edge"
- Difficulty falling or staying asleep, problems concentrating or paying attention, accident proneness
- Recurrent, uncontrollable headaches, stomachaches, fatigue, and other aches and pains

More information about common reactions at different developmental ages can be found in the handouts in the appendices of the [Psychological First Aid Field Operations Guide](#).

***If concerns are noted, how would you recommend such concerns be handled by the students, parents/guardians, and/or school staff?***

Concerns should be handled differently per each situation, depending on a number of variables, including how much trust the student has in the person who is talking with them, how old the student is, and what resources are available.

In general, students who have concerns about a friend should be advised to bring their concerns to a trusted adult, and it doesn't matter if that adult is within that school staff or is a parent/guardian or other adult in their life. Trust is the most important factor.

Parents, local leaders, all school staff, and community partners should be given simple tools and guidelines about how to manage student stress.

For instance, the handouts in the *Psychological First Aid* and *Skills for Psychological Recovery* field guides offer simple strategies that may help, such as:

- Talking to another person for support or spending time with others. Being with family, friends, or others in your community may help reduce your sense of isolation, rebuild trust in others, and provide an opportunity to contribute to others' well-being.
- Reminiscing about or finding ways to honor a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Engaging in positive distracting activities (sports, hobbies, reading)
- Reminding yourself that stress reactions are common. Know that you're not alone, weak, or "crazy"
- Getting adequate rest and eating healthy meals
- Taking breaks
- Trying to maintain a normal schedule
- Scheduling positive, fun, or meaningful activities
- Avoiding using alcohol or drugs to cope with stress reactions. Alcohol and other drugs—while seeming to help in the short-term—always make things worse in the long-term
- Calling a counselor for help. If your reactions continue or increase, contact this or another program for further assistance.
- Practicing calming strategies, such as breathing exercises, writing about feelings and thoughts, meditation, exercise, stretching, yoga, prayer, listening to quiet music, or spending time in nature. These activities can improve your mood and reduce your anxiety. Make a plan for coping with stressful situations or triggers to make you feel more in control of your reactions.
- Participating in a support group
- Exercising in moderation
- Keeping a journal or making art
- Seeking counseling
- Check out your thoughts. They are like having a helpful or unhelpful coach in your head. Are they negative and unhelpful? If so, they may be causing you to be stuck in upset feelings. Develop a plan to substitute helpful thoughts. For example, if you find yourself thinking, "I can't do it," put a positive coach in your head by challenging yourself with questions such as:
  - "Is it true that you can't do it?"
  - "Is it ALWAYS true?"
  - "Under what circumstances could I do it?"
  - "Could I do it if I had some help?"
 Then you can deliberately substitute a helpful thought. In this case, you might say to yourself, "With the right help, I can get through this."

More information about helpful actions for children at different developmental ages can be found in the handouts in the appendices of the [Psychological First Aid Field Operations Guide](#).

**5. What empirically-supported treatments are clinically indicated for children and adults who have experienced a significant trauma? When would such treatments be appropriate to implement, and for what age groups?**

There are a number of supported treatments for children and adults who have experienced significant trauma, generally offered in the weeks, months, or years following a disaster. Timing of these treatments depends on the number of factors, including the intensity of the threat that the person is

feeling, the training of local counselors and therapists, the age of the individual, and in the case of children, in the ability of parents and/or schools to participate in such treatments.

In children and adolescents affected by disasters, cognitive behavioral treatments are structured treatments that work with both behaviors and thought processes. They typically teach stress management and emotional regulation, help the child make sense of the events, help them with reminders and triggers, help them with their thoughts about the disaster, and work with caregivers to support the skills taught. These types of treatments have been shown to be effective in reducing depression, anxiety, and PTSD symptoms. Studies using this model have highlighted the importance of providing services in convenient locations (i.e., schools, primary care clinics, youth programs, shelters), at convenient times, and with grieving populations (e.g., Pfefferbaum & North, 2016; Fu & Underwood 2015; de Roos et al, 2012; Wolmer, Hamiel, & Laor, 2011). Family involvement is also recommended.

Family-focused interventions usually aim to:

- Strengthen existing family-level strengths
- Facilitate ongoing family support
- Foster positive and rewarding family activities
- Facilitate shared family problem solving and planning, including the child's perspective and input
- Create a shared narrative whereby the caregiver gains a greater understanding of the child's behavior, which may initially be experienced by the caregiver as willful disobedience or manipulation rather than as a developmentally appropriate expression of post-disaster reactions.
- Help caregivers to:
  - Manage their own reactions so that they can be more responsive to their children.
  - Recognize their child's unique symptoms of emotional distress
  - Reassure children that, in the short-term, it is understandable and expected that they are distressed
  - Allow children to be upset within limits
  - Show by example that they do not believe there to be any current danger
  - Give praise and attention for settled behaviors
  - Communicate to children that while the world is a place where dangerous things can happen, the world is not always a dangerous place

School-based programs that are conducted after disasters have resulted in positive outcomes in reducing post-traumatic stress symptoms in children and adolescents, although the average effect for PTSD change among interventions was found to be small in a recent meta-analysis (Lai et al., 2016). Most programs use psycho-education and cognitive-behavioral techniques, as well as reconstruction of trauma experiences and stress management skills. Many incorporate creative expressions, such as art therapy and cooperative play through socio-drama, or movement/dance and group cohesion activities. Some conduct body-oriented strategies: stress reduction and relaxation, body and emotional awareness, and meditative practices and bio-energetic exercises (Fu & Underwood, 2015).

Cognitive behavioral treatment has also shown positive outcomes following disasters for disaster-affected adults and first responders (e.g., Jarero et al., 2013; Fu & Underwood, 2015; Bryant et al., 2011; Difede et al., 2007). Disaster-related adaptations to standard CBT models have shown greater treatment engagement as well as significant reduction of stress reactions. Some examples include:

- Skills for Psychological Recovery (SPR) and Problem Management Plus (PM+), which are evidence-informed, flexible, modular, skill-building interventions that can be delivered by

paraprofessionals (Berkowitz et al., 2010; Sijbrandij et al., 2015). They were designed to help disaster-affected individuals function better and manage their distress

- *Cognitive Behavioral Therapy for Postdisaster Distress* (CBT-PD), which uses psychoeducation and cognitive restructuring for a range of post-disaster reactions (Hamblen et al., 2009)
- *Skills Training in Affective and Interpersonal Regulation/Modified Prolonged Exposure* (STAIR/MPE), which includes a focus on social and emotional regulation skills in addition to prolonged exposure (Levitt Malta, Martin, Davis, & Cloitre, 2007)
- *A brief CBT disaster intervention*, a culturally-adapted treatment to effectively target PTSD, traumatic grief, and anticipatory anxiety in those enduring ongoing terrorist threat (Bryant et al, 2011).

If a client is still having symptoms a month or more after the event, [assessment for PTSD](#), depression, and other common posttraumatic problems followed by [effective treatment](#) is warranted.

## **6. What resources are there for Psychologists to use in becoming better trained in working with individuals who have been affected by a traumatic event?**

There are a number of online resources for psychologists:

### [Psychological First Aid \(PFA\) Field Operations Guide \(2nd Edition\)](#)

This PFA field guide was developed jointly by the National Center for PTSD (NCPTSD) and the National Child Traumatic Stress Network (NCTSN)

### [PFA Manual Adaptations and Versions](#)

The National Child Traumatic Stress Network website offers translations of the PFA manual in Spanish, Japanese, Chinese, and Norwegian. This webpage also includes a number of adaptations of PFA for different settings and provider types, including: PFA for Schools; PFA for community religious professionals; PFA for Medical Reserve Corps personnel; and PFA for youth and families experiencing homelessness.

### [Psychological First Aid \(PFA\) Online](#)

PFA Online is 6-hour interactive course that teaches the core principles of the PFA model. It includes interactive activities, video demonstrations and mentor tips, and offers free CEUs.

### [PFA Mobile App](#)

The PFA Mobile allows responders to review the Psychological First Aid guidelines and listen to mentoring tips to put PFA into practice in the field.

### [SAMHSA Behavioral Health Disaster Response Mobile App](#)

The Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Disaster Response App is behavioral health responders. The app provides access to evidence-based mental health and substance use information, tools, and resources for use in the field.

### [Skills for Psychological Recovery Field Operations Guide](#)

The Skills for Psychological Recovery (SPR) was developed by the National Center for PTSD and the National Child Traumatic Stress Network. It is an intervention that is designed to be delivered in the weeks and months after disasters and mass violence events. It aims to help affected individuals manage

distress and cope with post-disaster stress and adversity using skills-building components that have been found helpful in a variety of post-trauma situations.

### [The PTSD Consultation Program](#)

Although the usual mission of the PTSD Consultation Program is to serve providers who treat veterans (including providers outside of VA), they are temporarily able to provide consultation to providers whose clients (Veteran or non-Veteran) were impacted by the Parkland School shooting. Healthcare providers treating such patients can email ([PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)) or call (866-948-7880) for free consultation on educational resources, assessment, treatment, referral options, or any other questions related to helping patients with the psychological effects of these events. No question is too big or too small.

### [The National Center for PTSD](#)

The National Center for PTSD has a number of webpages that have relevant information:

- [Resources for Survivors and the Public Following Disaster and Mass Violence](#)
- [Resources for Providers: Responding to Disaster and Mass Violence](#)

National Child Traumatic Stress Network (NCTSN) has a number of other resources for working with children following disasters, including:

- [The 3R's of School Crises and Disasters: Readiness, Response, and Recovery](#)
- [Help Kids Cope Mobile App](#)

## **7. When tragedy occurs, many Psychologists feel an inherent need to help. What is the best way for psychologists to provide such help?**

When a tragedy occurs, it is often best to contact local authorities, and ask them what would be most helpful, rather than rushing to the scene of a traumatic event to offer assistance. Working with local psychological associations to collaborate with community responders and disaster response agencies is another way to contribute to public health approaches to disasters. Providing free or low-cost treatments for disaster survivors can be very helpful, but generally not until weeks or months after traumatic events.

Volunteering for Red Cross, Medical Reserve Corps, or working with local disaster response agencies ahead of disasters is another effective way to become involved.

### [American Red Cross \(ARC\)](#)

The American Red Cross (ARC) is one of several community organizations that works to respond to disasters. In the broadest definition, the function of the American Red Cross disaster volunteer is to provide comfort and reduce emotional distress among disaster-affected individuals.

### [Medical Reserve Corps \(MRC\)](#)

The Medical Reserve Corps (MRC) is a national network of medical, healthcare and public health professional volunteers, organized locally to strengthen local public health, improve emergency response capabilities, and build community resiliency. MRC local chapters prepare for and respond to disasters and other emergencies affecting public health, such as disease outbreaks.

### [FEMA Community Emergency Response Teams \(CERT\)](#)

CERT teams are composed of volunteers who help their local communities take care of themselves in the aftermath of a major disaster when first responders are overwhelmed or unable to respond because of communication or transportation difficulties. They also improve their community preparedness and response capability.

#### [Give an Hour](#)

Give an Hour is a non-profit organization with a national network of volunteer professionals (including psychologists) who offer services to veterans as well as survivors of tragedies, including the Parkland shooting.

### **8. *Is there anything that we, as Psychologists, should be careful NOT to do when working with individuals who have been affected by a trauma?***

In general, you should be careful not to push people to process the traumatic event prior to their being ready to discuss and or engage in effective treatments. Rather than traditional diagnosis and clinical treatment, the majority of people are more likely to need support and provision of resources, assistance in maintaining or reestablishing their sense of identity and values, support to respond flexibly to the demands of a changed world, and encouragement to engage in their life as much as is possible. These types of Psychological First Aid actions are a good way to start in the early phases after disasters, and then move into supportive counseling and skills-based interventions such as Skills for Psychological Recovery actions for those who need more assistance. Taking each intervention step-by-step and building up a person's resources and skills is an important way to proceed prior to engaging in more intensive exposure-based treatment.

The small percentage of people who will need more intensive treatment should be treated with evidence-based interventions that have been shown to be helpful for traumatic stress and loss.

### **9. *What other tips or recommendations do you have to help Psychologists in helping others who have been affected by an unexpected traumatic event?***

It's a good idea to get communities, schools, and families together to determine how they would like to proceed and what strategies they would find most helpful in moving forward after the event. Outreach to other service providers and systems (including spiritual leaders, school personnel, first responders, public health and health professionals, employee assistance programs, and volunteers), can help you make larger impacts on communities. This will also help you tailor interventions based on community and ethnocultural factors (Bryant et al., 2011; Marsella et al., 2007; Rosen, 2010). Providing free services, bringing services into the community, recruiting indigenous community members as counselors, and using normalizing and non-pathologizing language are also recommended (Rosen et al., 2010).

Finally, due to the intensity of the work, be aware that you may be at increased risk for developing acute stress reactions, depression, and even PTSD (Strohmeier & Scholte, 2015; Berger, Abu-Raiya, & Benatov, 2016; Iyamuremye & Brysiewicz, 2015; Budosan et al., 2016). Therefore, self-care is a necessary preventive measure and begins before you even enter the scene. Some preparatory measures include tending to your own general wellbeing, practicing daily self-care, partnering with other providers to support each other, reflecting on any personal issues that may arise, and participating in ongoing case consultation, education and training. In addition, managerial support, and organizational commitment

to psychosocial support and personal/professional development of staff and volunteers are critical, because many disaster mental health providers have a difficult time setting limits and boundaries when the perceived need of affected individuals is so strong (Quevillon et al., 2016).

For more information about self-care, see the NCPTSD [Provider Self-Care Toolkit](#). In this toolkit you will find assessment tools, strategies, and resources to help you care for yourself while working with those who have experienced trauma or have posttraumatic stress disorder (PTSD).

**Patricia Watson, Ph.D.** is a clinical psychologist and is a Senior Educational Specialist for the National Center for PTSD. Prior to joining the National Center for PTSD in 1998, Dr. Watson was an active-duty Navy psychologist for



eight years, working with adults for four years, and children and families for four years. Dr. Watson has specialized in disaster response work since 1999. As part of those efforts she is a co-author of the Psychological First Aid (PFA) Field Guide and the Skills for Psychological Recovery (SPR) Manual, designed to intervene in the immediate and intermediate phases after disasters and terrorism. She has co-edited three books on disaster behavioral health interventions, as well as numerous articles, guidance documents, courses, and chapters on disaster mental health. She has also specialized in combat and operational stress, military culture, early intervention, and resilience. She is a co-author of the Combat Operational Stress First Aid (COSFA) peer support intervention, and Stress First Aid for Firefighters and Emergency Services Personnel and Curbside Manner (a public facing version of Stress First Aid), as well as creating versions of Stress First Aid for law enforcement professionals, forest firefighters, nurses, and rail workers. She is a co-author of toolkits and courses related

to burnout and secondary traumatic stress, provider resilience, disaster mental health, police, chaplains, assessment of PTSD, military culture, anger management, and sleep management courses. Her education includes a doctoral degree in clinical psychology from Catholic University, and a postgraduate fellowship in pediatric psychology at Harvard Medical School.

**- Written interview conducted by Marni L. Jacob, Ph.D.**

**\*Special thanks to Todd McKee, Program Manager, National Center for PTSD, for coordination of this interview.**

*Disclaimer: The views and opinions expressed in this article are those of the author and do not represent those of the FPA Palm Chapter.*

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POSTTRAUMATIC STRESS DISORDER

## Highlight On the Aftermath of Parkland

- Blanche Freund, Ph.D.

As many of you know, after the shooting at Marjory Stoneman Douglas High School in Parkland, FL on February 14, 2018, there were immediate responses from professionals wanting to help. Trained in Trauma interventions, I was one of them. Within a few days after the shooting, Melissa Kornhaus, LMHC had started the process of putting together a spreadsheet of professionals who would offer pro bono sessions in the Parkland and the tri-county area, who considered themselves trained in trauma and grief. She got the word out via Facebook. Ms. Kornhaus organized a pro bono/low fee organization for referrals, called Professionals United for Parkland ([www.PU4P.org](http://www.PU4P.org)). Another professional, Dr. Judith Aronson Ramos, a local seasoned pediatrician, began the process of organizing an Advisory board for a non-profit professional organization, which is now called Parkland Cares (<https://parklandcares.org/>). WLRN describes that the idea of Parkland Cares was to create an umbrella organization that could provide immediate and long-term therapy.

One of the therapies that was recommended to get the seriously affected by traumatic events was the use of Eye Movement Desensitization and Reprocessing (EMDR). A team of Israeli trauma professionals spent a few days at Parkland and also recommended quick interventions to reduce some of the initial and potential long term effects of PTSD. Much of the early intervention research has come out of Israel and has been implemented world-wide right after a disastrous event (Haiti earthquake, presently Syrian Refugees). Many of you trained in EMDR know the power of implementing it with long-term survivors of traumatic childhood, rape, and crime, and it is considered an evidenced based therapy. In the recent literature and in several worldwide research projects, which are in progress, it has been established that as early as the emergency room or ambulance, an abbreviated method of EMDR can be implemented and reduce painful symptomatology. A trauma takes some time to consolidate in the memory, but pieces of it or hot spots dealt with immediately can reduce some of the early emotional disturbances that affect the long term recovery.

## Highlight On the Aftermath of Parkland (continued)

Along with the beginnings of PU4P, a Southeast Florida Trauma Recovery Network (TRN), which is part of EMDR Humanitarian Assistance Programs (HAP), has been organized and coordinated by Brian Gong LMHC ([southeastfloridatrnrn@emdrhap.org](mailto:southeastfloridatrnrn@emdrhap.org)). Its aim is to create trained EMDR professionals who will offer 5 sessions of pro bono therapy, who are trained in the shortened EMDR method. The method was co-created by Dr. Elan Shapiro and Brurit Laub over 10 years ago, and called Recent-Traumatic Episode Protocol (R-TEP)/ Group-Traumatic Episode Protocol (G-TEP). TEP is traumatic episode protocol in individual and group format. There are too numerous references to report here but several have been presented in the Journal of EMDR Practice and Research (2009, 2011, 2015) and the European Journal of Applied Psychology. R-TEP is manualized, provides screening and stabilization with the 4 elements and a safe place. Thereafter if it was determined the person will benefit, a scanning for hot spots and then doing tapping bilaterally (BLS) till SUDS are reduced. Perhaps in another session or two they are scanned for hot spots and BLS. A very brief overview. G-Tep has a different manual and protocol.

In conclusion, since Parkland, many professionals have united, and several local trainings have been offered to trained EMDR therapists in 2 days, with reduced cost, and with training in the Shapiro early intervention method. There are Orlando trainings coming up for basic EMDR and other R-TEP trainings scheduled in the near future. So get started, Palm Chapter professionals, by getting yourself trained up in EMDR and early trauma interventions. Any questions or references needed, please email me directly at [freunddrblanche@aol.com](mailto:freunddrblanche@aol.com). I am curious who the EMDR trained therapists in the Palm Chapter are and if they would be interested in a TRN R-TEP training in the future. Or, are you ready to join the Southeast TRN?

*Disclaimer: The views and opinions expressed in this article are those of the author and do not represent those of the FPA Palm Chapter.*

# Legislative News

## **Cynthia Silverman, Psy.D., Chapter Representative:**

I am a board member and one of two Palm chapter representatives to FPA. I've recently been nominated as President-elect of the Child and Adolescent division of FPA I am looking for people who would be interested in working with me. I take office January 1st as president. I would invite people from the division to back channel me and we can start a survey through Survey Monkey to find out what board members are specifically looking for in terms of changes/ additions to their membership benefits. [drcynthiasilverman@gmail.com](mailto:drcynthiasilverman@gmail.com)

## **Russell Bourne, Ph.D., LAPPB Representative:**

No new news from LAPPB to report.

## **Stephen A. Ragusea, Psy.D., ABPP:**

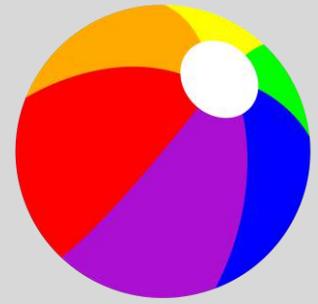
It is our expectation that the next major push for the RxP bill will commence this summer in preparation for the next legislative session, as per the wishes of our primary sponsor. Keep getting letters of endorsement for RXP practice.

## **License Renewal Survey:**

All of us had to take the survey on our practice and telehealth. It will be interesting to get the results and certainly will help with legislative data needed!!!



# Social Events Update



## Holly S. Katz, Ph.D. - Social Chair

The Publix Apron cooking class has been postponed until the fall. In order to reserve a date, we needed to provide Publix with a large nonrefundable deposit to hold the evening. Though several members indicated interest, we did not have enough definitive “will attend” responses to secure the date. To run this event, we will probably need to collect deposits from members and will discuss at the next Board meeting how and if to proceed with plans for the class. Also, plans are underway for a fall cocktail party hosted by our Palm Chapter ECP and Social Chairs. Stay tuned for more details!

## New Member Spotlight!

***WELCOME TO THE PALM CHAPTER!! PLEASE REACH OUT TO OUR NEW MEMBERS!***

**Dr. Celine Paillot** is ABPP certified in Clinical Psychology. She offers Forensic, Psychological & Neuropsychological Evaluations and Psychotherapy. She specializes in CBT, DBT and ACT. She is part of the South Florida DBT Network, a comprehensive Dialectical Behavior Therapy program for Adolescents and Adults. She offers services in French and English and supervision.

Her office is located at 7700 W Camino Real Suite #402 in Boca Raton, FL.



# 2018 Palm Chapter Board Meeting Schedule

## *Upcoming Meeting Dates*

**Friday, June 8th, 2018, 12:00pm-2:00pm**

The Grille on Congress

5101 Congress Avenue, Boca Raton, FL 33487

**Friday, August 17th, 2018, 12:00pm-2:00pm**

Brio Tuscan Grille, West Palm Beach, FL - City Place

550 S Rosemary Ave Suite 148, West Palm Beach, FL 33401

**Friday, September 21st, 2018, 12:00pm-2:00pm**

**Friday, November 16th, 2018, 12:00pm-2:00pm**

**FPA Palm Chapter Holiday Party, December 2018, Date: TBD**

Locations of Meetings will be throughout the Palm Chapter catchment area and will be determined in advance. All FPA members and potential members are invited to attend. If you are interested in attending a board meeting, please RSVP to Marni L. Jacob, Ph.D. at [drmarnijacob@gmail.com](mailto:drmarnijacob@gmail.com) to indicate that you will be attending.



# **PALM CHAPTER ANNOUNCEMENTS**



## **Get Involved! Open Palm Chapter Board Positions**

**President-Elect (January 2018-December 2019)**

**Palm Chapter Representative to FPA Diversity Committee (Immediate Opening)**

For more information about this position, please contact:

Gary Howell, Psy.D.  
FPA Diversity Committee Chair  
[garyhowellpsyd@gmail.com](mailto:garyhowellpsyd@gmail.com)

*Board involvement is a great way to demonstrate your leadership skills, give back to your community, advocate for our profession, and have a voice in FPA programming!*

Please contact Marni L. Jacob, Ph.D. (President) at [drmarnijacob@gmail.com](mailto:drmarnijacob@gmail.com) if you are interested in any of the above positions or would like more information.

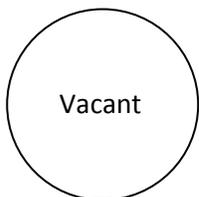
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## Southeastern Regional Conference (SERC) Committee

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