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**Tending the Helper’s Flame: Providing Psychosocial Support to Humanitarian Aid Workers**

*By John H. Ehrenreich, PhD, State University of New York, College at Old Westbury*

Natural disasters, epidemics, famines, wars, and ethnic cleansing focus attention on the need for humanitarian assistance. While many psychologists conceptualize assistance in terms of providing direct services to individual survivors, the far-reaching “psychosocial” interventions for most survivors of catastrophic events may be assistance rebuilding communities, facilitation of pre-existing individual and community modes of responding to calamity, and support for political reconciliation and economic recovery. (See the papers prepared by the Psychosocial Working Group, on-line at www.forcedmigration.org/psychosocial/papers/PWGpapers.htm, for more on this perspective). Thus, first responders, those who come later to help administer shelters and refugee camps or help reunite families or provide direct health or mental health services, those who work on less crisis-driven, longer-term development” projects, and human rights workers who document human rights abuses and assist in setting up ‘transitional justice’ processes can all be seen as providers of “psychosocial” assistance.

All kinds of humanitarian aid work, however, are highly stressful. Every year, many aid workers are killed, assaulted, kidnapped, or otherwise injured. Aid workers in many areas face chronic fear and uncertainty. They are repeatedly exposed to tales of traumatization and personal tragedy or to gruesome scenes and they may, themselves, have horrific experiences. They live and work in physically demanding and/or unpleasant conditions and experience excessive work loads, long hours, chronic fatigue, and lack of privacy and personal space. They are often separated from their family for extended periods. Both anecdotal accounts and a growing number of empirical studies have documented the emotional consequences on aid workers of chronic and acute exposure to these stressors. Common responses include “burnout,” “compassion fatigue,” “vicarious” or “secondary” traumatization, direct post-traumatic stress syndromes (resulting from direct exposure to or witnessing traumatizing experiences), depression, pathological grief reactions, anxiety, “over-involvement” or “over-identification” with beneficiary populations, self-destructive behaviors such as drinking and dangerous driving, and interpersonal conflict with coworkers or with family members.

Although stress takes its toll most directly on the humanitarian workers themselves, it also has a negative impact on their ability to carry out their agency’s mission and, consequently, it has an adverse effect on the people the agencies are trying to help. Workers suffering from the effects of stress are less efficient and less effective in carrying out their assigned tasks. They become poor decision makers and they may behave in ways that place themselves or other members of the team at risk or disrupt the effective functioning of the team. From the standpoint of the humanitarian aid agency, staff stress and burnout may impede recruitment and retention of qualified staff, and increases absenteeism and health care utilization and costs. **Thus, providing psychosocial support for staff of humanitarian agencies is a “psychological” intervention with direct positive effects on the staff members but equally, profound positive effects on the health, mental health, and the material well being beneficiaries of their services.**

Most psychologists are familiar with the techniques of stress management by individuals, and several recent publications adapt these techniques to the specific circumstances of humanitarian aid workers. (See Print Resources at the end of the article). However, stress-reduction activities carried out by individual humanitarian workers may account for less of the variability in psychological outcome than leadership and work team factors. The latter are, to a greater or lesser degree, under the control of the agencies that employ humanitarian workers. Consequently, mental health professionals concerned with aid worker stress have increasingly focused on generating and disseminating information about agency practices.

*With respect to knowledge generation, existing empirical research on stress among staff of humanitarian aid agencies has been largely cross-sectional. A multinational team of researchers, including psychologists and psychiatrists assembled by the Amsterdam-based Antares Foundation (with funding from the U.S. Center for Disease Control) is currently collecting data for a multi-site longitudinal study of risk and protective factors with respect to stress in staff of international aid agencies. Focusing more on “practice wisdom,” several recent invitational conferences (in Amsterdam, convened by the Antares Foundation with support from the U.S. Centers for Disease Control; in Melbourne, Australia, sponsored by the Directorate of Social Issues of the Australian Psychological Society and the International Conflict Resolution Centre at the University of Melbourne; and in South Bend, Indiana, sponsored by Action Without Borders/ Idealist.org) have addressed strategies for reducing stress in staff of humanitarian agencies. The Indiana conference spawned smaller working groups, made up of...*
interested NGO human resources directors, safety and security staff, stress management consultants, and academics, that continue to meet on a regular basis in Washington and, less regularly, in New York City.

*With respect to knowledge dissemination,* the state of current “best practices” is summarized in *Guidelines for Good Practice in the Management of Stress in Humanitarian Aid Worker* (Amsterdam: Antares Foundation, 2005, available online at http://www.antaresfoundation.org). Prepared by a panel of experts, the *Guidelines* address the issue of stress in both national and expatriate staff of both small and large NGOs. They are expected to evolve as more experience is gained using them and as new results from ongoing research appear.

A wide range of resources for managing stress in staff of humanitarian agencies can be found in several recently established websites addressed both to individual humanitarian workers and to agency managers. The most comprehensive of these, [www.psychosocial.org](http://www.psychosocial.org), developed by Idealist.com/Action Without Borders, includes links to a wide range of print and Internet resources for both individual aid workers, project supervisors, and NGO managers. A link to Idealist.com’s consultants list provides, under the heading “Stress Management and Mental Health,” a directory of psychologists and agencies that offer expertise in stress management for humanitarian workers (including consultation to NGOs as well as services to individuals). A link to “Community” includes information on joining a list serve intended to connect people in the field of humanitarian worker support. The website of the Pasadena-based Headington Institute, [www.headington-institute.org](http://www.headington-institute.org), provides additional links to a variety of resources and offers Continuing Education credits for mental health professionals for a program on “Helping the Helpers: Understanding, Assessing and Treating Humanitarian Workers Experiencing Acute Stress Reactions.” The Geneva-based Centre for Humanitarian Psychology (www.humanitarian-psy.org) has developed a CD-ROM based self-study course, “Stress Management in Insecure Environments,” on managing stress in humanitarian workers.

John Ehrenreich, PhD (jehrenreich@hotmail.com) is Professor of Psychology at the State University of New York, College at Old Westbury.

**MANAGING STRESS IN HUMANITARIAN AID WORKERS: PRINT RESOURCES**


**Feeling as Good as Gold: Emotion, Sport, and Peak Performance**

*By Kimberlee Bethany and Gershon Tenenbaum*

*How do the world’s elite athletes handle the stress of international competition and the pressure to excel? Psychologists suggest that mental training, as much as physical training, may determine who and who does not make a trip to the medal podium. In this article, authors Bethany and Tenenbaum write that the athlete who has trained his or her mind to maintain focus and concentration in spite of distraction is the one best able to make use of his or her physical abilities.*

Although only a few elite athletes ever have the opportunity to compete at the Olympic level, event outcomes affect many individuals. The build-up of anticipation over a four-year cycle heightens the Olympic experience, leading spectators and athletes to feel a level of arousal and excitement that exceeds other athletic events. Overall, Olympic emotions and their management have implications for daily life in the years between games.

**AFFILIATION AS IDENTITY**

Research has shown that fans of athletic activities often feel a strong sense of affiliation with their favorite team or competitor. For some spectators, self-esteem and sense of identity may even be invested in the outcome of athletic competitions, with positive outcomes increasing self-esteem and decreasing stress levels. At the Olympic level, this sense of affiliation can be especially profound, since athletes compete as representatives of their countries. For many fans, the integration of patriotism and athletic affiliation can be a powerful combination leading to intense emotional investment.
EMOTIONS IN COMPETITIVE PERFORMANCE

Among the athletes themselves, Olympic competition leads to conflicting emotions. On the one hand, research indicates that sustained practice of athletic activity improves mental health, reducing depression and anxiety, and improving an individual's ability to cope with stressors. On the other hand, the pressure inherent in elite athletic performance may lead to anxiety and depression and increase the number of stressors with which the individual must cope. Because Olympians represent not just themselves but also their countries, the pressures to excel are magnified.

Some of this stress is good for performance. The Individual Zone of Optimal Functioning (IZOF) refers to the relationship between physiological arousal and performance. Generally speaking, as arousal increases, so does performance, up to a certain point. After that point, (when arousal in interpreted as "anxiety") further increases in arousal cause performance to disintegrate. The relationship can be depicted as an inverted-U, and around the top of the U is the ideal level of arousal which will lead to maximal performance. That desired level of arousal (the IZOF) is individualized, because it depends on the person and on the activity. Fine motor skills require lower levels of arousal for optimal performance, while gross motor skills need high levels of arousal for success; for instance, an athlete taking a shot with his rifle in the biathlon needs a much lower level of arousal than does a hockey player flying down the ice toward the goal. Years of deliberate practice and familiarity with stressful competitive events help the elite athletes to cope with pressures, stressors, negative emotions, and external and environmental factors. So why do many of them choke under pressure? The most common explanation is that the linkage of emotion-cognition-motor performance is of a unique nature, and when this linkage is "broken" performance declines. In other words, pressure causes elite athlete to shift attention from an automated action into a "step-by-step" process, which prevents their motor system from acting automatically — and they act like novices. Thus, coping and self-regulation have a major role in determining how athletes, no matter how talented, perform in "anxiety-loaded" events such as the Olympic games.

MANAGING EMOTIONS: LESSONS FROM THE OLYMPICS FOR EVERYDAY LIFE

Because Olympic success depends largely on achieving optimal emotional level, Olympians must train their psychological abilities in addition to their physical abilities. In a speed event such as speed skating, the difference between gold and silver, and the difference between podium and nothing, can be a thousandth of a second. The physical differences between these highly trained athletes may be so minute as to be irrelevant — on the day of the competition, the difference may boil down to who has received better mental training. The athlete who has trained his mind to maintain focus and concentration in spite of distraction is the one who will best be able to use his physical abilities to their maximal level. The athlete who knows her IZOF, and knows how to achieve it, is the athlete who will represent her country in gold.

Increasingly, coaches and team managers recognize this; while the U.S. Olympic committee took only two sport psychology consultants to Lillehammer in 1994, they took 11 to Salt Lake in 2002. Likewise, Canada had seven in Salt Lake but took 12 to Turin. The skills Olympians employ for managing arousal and emotions are beneficial for all athletes, and indeed, for all individuals, even outside of sport. Acceptance and use of performance enhancement techniques by Olympians — in many cases, celebrities — may help more individuals to feel comfortable employing psychological services to enhance performance.

Performance is affected by emotions regardless of the domain. Strategies for regulating arousal are useful for applications in diverse domains such as business, music, medicine, and the military. A program for regulating arousal involves two components: (1) it addresses the cognitions and perceptions that cause the arousal, and (2) it employs physical and behavioral techniques, which reduce or increase the arousal.

First, an individual must address the thoughts and feelings that are causing the stress, challenging irrational thoughts, and helping to reframe perspective into a more useful structure. Second, the individual must implement stress management techniques — such as progressive relaxation, visualization, and meditation — to reduce arousal (or increase) and regain a sense of internal control.

It is important, however, that the psychological and physiological strategies used to manage stress be employed on a regular basis. Mental skills require as much training and practice as do physical skills. While skill training is a familiar part of an Olympian's routine, the lay-user of sport psychology services may have to work at cultivating a habit of mental training. Still, the work of learning how to implement mental training, and the effort of mental training itself, are worthwhile. For Olympians, a road paved with self-control techniques and practices may well lead to gold. For the rest of us, mental training may not lead to the podium, but it will lead to peak performance in whatever domain we enter.

Kimberlee Bethany is a doctoral candidate at Florida State University. She conducts research on the impact of yoga on psychological health and also undertakes sport psychology consultancy with university and other athletes. She is certified as a fitness instructor, personal trainer, and yoga instructor and has taught yoga, meditation, and stress management workshops for over ten years.

Gershon Tenenbaum, PhD, is Benjamin S. Bloom Professor of Sport and Exercise Psychology at the Department of Educational Psychology and Learning Systems, Florida State University. He is a past President of the International Society of Sport Psychology and currently Editor of the International Journal of Sport and Exercise Psychology. He has published extensively in the areas of emotion, cognition, and expertise.
Danger at the UN: Can We Protect Those Who Protect?

By Neal Rubin, PhD, APA Representative to the United Nations

In recent years the lives of UN staff, agency personnel, and peacekeepers have been jeopardized as never before. Psychology and psychologists have an important role in addressing how this historical shift affects individual well-being and institutional effectiveness.

In this article, Neal Rubin, APA UN team representative, discusses a proposed UN program to respond to education and training needs of UN personnel who are deployed outside of headquarters, often in conflict or disaster areas. This program addresses the uniqueness of life at duty stations, the impact of extended separation on individuals and their families and the needs of individuals and families pre- and post-deployment.

Recent history documents a tragic irony. Humanitarian workers, peacekeepers, and others who are dedicated to protecting the most vulnerable among us find their own safety and emotional well being increasingly endangered. The challenge before us is to find ways to provide for their security and well being as they address the needs of devastated populations worldwide.

This challenge is of particular urgency at the United Nations. The Department of Peacekeeping Operations (DPKO) at the UN reports that since the first peacekeeping operation in 1948, over 2,150 peacekeepers (known as the ‘blue helmets’) died in the line of duty. In addition to these peacekeepers, the losses of life and threats to the well being of other personnel have also been documented. For example, from 1992 to June 2001, over 200 UN field mission staff were killed and another 242 were taken hostage or kidnapped. In 1999 alone, 292 cases of robbery, rape and physical assault were reported. The bombing of UN headquarters in Baghdad in 2003 led to the loss of life of twenty-four UN personnel including Sergio Vieira de Mello of Brazil who, in the view of many at the UN, was poised to become the next Secretary General. Compelling personal stories of the dangers of mission life have been portrayed in both books and in film.

The professional and spiritual satisfaction associated with peacekeeping has been eroded by an atmosphere of danger. Locals are less likely to implicitly trust outsiders; reciprocally, workers in the field are also uncertain whom they can trust. As the risks of mission life have changed, new concerns have emerged regarding the psychological effects of fieldwork. Awareness of increased peril to their own safety, along with continual exposure to the traumatic circumstances of refugees and those displaced by conflict, disaster, and famine threaten the emotional well being of humanitarian personnel. These circumstances have been shown to evoke post-traumatic symptoms, or vicarious traumatization, in those attempting to heal trauma victims. Failure to address the suffering of personnel may lead to the proliferation of other behavioral problems at duty stations, for example, substance abuse, unprotected sex, etc. Symptomatic outcomes for humanitarian personnel may diminish their job effectiveness and may potentially lead to compromising the success of their missions.

At the United Nations, these issues have garnered attention at every level of the organization. Since the end of the Cold War, peacekeeping operations and other missions have increased dramatically adding to the urgency for determined efforts to provide for the safety and security of personnel. UN officials, Member states and non-governmental organizations (NGO’s) have recognized that the United Nations has provided insufficient resources to address these concerns. Stress Counselors have been hired in the UN Security Coordinator’s Office (UNSECOORD), in the DPKO, the Secretariat and among some U.N. agencies, including the United Nations Children’s Fund (UNICEF) and the World Food Program (WFP). Stress Counselors have made impressive progress in crafting meaningful interventions as they travel extensively to duty stations to address crises on missions as they occur. However, it is widely recognized that in spite of these additional staff, available resources simply fall short of the extensive needs of personnel at headquarters and around the world.

Available resources that might add additional expertise to the efforts of Stress Counselors are members of civil society. The United Nations, led by Secretary General Kofi Annan and the General Assembly, has sought to extend its partnership with civil society. There are more than 2,500 NGO’s within the UN system. A partnership between the U.N. and interested NGO’s might contribute to diminishing the gap between the needs for counselors and available resources.

The author has been connected with just such an initiative forwarded at the UN. A partnership called the Trauma Stress Support Group has been proposed consisting of two NGOs – Disaster Psychiatry Outreach and the International Psychoanalytic Association – and in conjunction with senior officials in the Department of Public Information (DPI) and UNSECOORD. This partnership has been designed to offer
pre-deployment, mission and post-mission training, education, and counseling. This three-point proposal derives from extensive consultation with UNSECOORD and DPKO staff, Stress Counselors, and others, some of whom assisted UN personnel following the attack on UN Headquarters in Baghdad and others who were involved with establishing the UN mission in Kabul, Afghanistan.

The first component of this plan is to provide pre-assignment mission training. In conjunction with the UN’s own briefing program, NGO health professionals would provide education and training for staff and their families to prepare for their adjustment to protracted absence (the majority of duty stations do not allow family to accompany staff). Mission staff needs to be informed of the dangers they may encounter, including risks to their mental health. The development of senior staff from among the mission staff is also proposed in order to have managers who are alert to identifying behavioral problems as they occur. Second, the Trauma Stress Support Group will organize a resource of mental health experts with international emergency experience and with a particular emphasis on post-traumatic stress. This resource would include volunteers available to assist UN staff in the field. Special attention would be given to those professionals with field experience and those who demonstrate a commitment to cultural sensitivity. Third, post-mission support services would be available to assist the re-entry process. The roster of volunteers around the world, mentioned above, will be available to counsel staff and their families who are adjusting to life post-deployment, since peacekeeping staff often find this adjustment complex and confusing. Mission life can be arduous and dangerous, but it can also be extremely intense and rewarding. Staff functioning under these conditions form meaningful bonds, including intimate relationships. Thus, reconnecting with family may also involve mourning the loss of mission relationships and the sense of the urgency of everyday life.

This is a very brief description of a program that, in conjunction with the UN’s own mission readiness training, might contribute to enhancing the safety and well being of humanitarian personnel. It is time we protect the protectors – and provide care for those who care for the most vulnerable among us. ψ

The author gratefully acknowledges Mr. Paul Hoeffel, Chief DPI/NGO Section of the UN, and Afaf Mahfouz, MD, of the International Psychoanalytic Association, whose work is foundational to the Trauma Stress Support Group.

ACT Against Violence Program Joins Global Partnership of Prevention Programs

By APA Office of International Affairs

The World Day for the Prevention of Child Abuse will be observed on November 19, 2006. The American Psychological Association (APA) has joined an international coalition of more than a hundred other non-governmental organizations to mark the Day with public campaigns and prevention education. The ACT—Adults and Children Together—Against Violence program is APA’s national initiative on violence prevention focused on educating adults and communities to create safe and healthy environments for children.

ACT Against Violence was developed by APA in collaboration with the National Association for the Education of Young Children (NAEYC), emphasizing the importance of early prevention and the role of adults in providing a learning environment for young children that helps to protect them from violence and injury.

The ACT Program builds on research from social learning theory, based on the principle that “people are not born with preformed repertoires of aggressive behavior. They must learn them” (Bandura, 1983). The major premise is that children learn through observation of others and from experience, and behavior is often modeled after prior experiences of the individual. Research has also indicated that children who witness or experience violence or abuse in their home and community are more likely to grow up and become aggressive and violent (Eron, Gentry, Schlegel, 1994). Children who do not learn alternatives to violent behaviors may also grow up to become violent.
Based on the categories outlined in the Centers for Disease Control and Prevention (CDC) publication *Best Practices of Youth Violence Prevention* (Thornton, Craft, Dahlberg, Lynch, 2000), the ACT Training Program is a social-cognitive intervention that is based on the assumptions that (1) Violence results in part from an individual’s lack of the problem-solving and social skills needed to deal with conflicts; (2) Children learn by observing and imitating adults and others; (3) If children learn social skills, they can improve their ability to avoid becoming involved in aggressive and violent situations; and, (4) Adults can learn to model and teach social skills that will help children deal with their social relationships in a non-aggressive way.

There is evidence that families can be a powerful protective factor when using positive discipline, monitoring and supervising children’s actions, having a healthy relationship with their children and modeling positive social skills. In focusing on the early years, the ACT program underscores two critical strategies: the importance of having early intervention/primary prevention as part of interventions, and strengthening parenting skills as a way to influence children’s behaviors and prevent violence.

As a result of this body of research, ACT is designed to address violence prevention in early childhood through a unique approach: focus on the adults who are the most influential people in young children’s lives: parents, other family members, teachers, and other caregivers. The program accomplishes its goals through a media campaign that includes TV and radio public service announcements, billboards, a web site, toll-free number, and publications; and an ACT National Training Program, which is delivered through national workshops and replicated at local communities by ACT-trained professionals and their organizations.

The program is directed by Dr. Julia Silva, Director, ACT/Violence Prevention Program, American Psychological Association. For more information, visit [www.actagainstviolence.org](http://www.actagainstviolence.org).

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**Researching Terrorism and Terrorists: From Boston to a Global Perspective and the Society for Terrorism Research**

*By Alice LoCicero, PhD, ABPP, MBA, Suffolk University, and Samuel J. Sinclair, MEd, PhD*

The 9/11 hijackers departed from an airport just a few miles from our campus, took over the controls of commercial airliners, and destroyed the world trade towers, along with Americans’ sense of security and safety on our soil. We wanted to know who they were and why they had chosen to terrify Americans and, by extension, the western world. We were searching for a theory and knowledge that would allow us to tie this event up in a manageable intellectual package. Like many of our peers, we hoped we could tentatively diagnose the hijackers and name their actions, and then at least feel some mastery. But they defied diagnosis and we found no adequate name in our psychological vocabulary for their actions.

**UNDERSTANDING TERRORISTS**

“The challenge for psychologists all over the world is to contribute to the collective understanding of what has happened and what we can offer in the development of preventive measures to make our world a safer place.” ~Ray Fowler, 2001

Although we were aware that we would eventually need to go beyond American psychology, and probably beyond psychology altogether, we needed, at least at the start, to stay grounded in what we knew. We began by asking how we might understand Osama bin Laden, drawing on published reports and his taped messages. A life span developmental approach applied to bin Laden’s proclamations and professed adherence to what he defined as Islam, as well as his low level regard for human life suggested a rudimentary cognitive level, reflecting only partially logical, thought, and suggested a self-centered and authoritarian leadership style. Yet the same approach applied to the 9/11 planning and execution and the development of Al Qaeda, a multinational, decentralized, self-sustaining, highly effective organization, as well as bin Laden’s earlier military and infrastructure achievements in Afghanistan, reflected a much higher level of competence.

We searched for a theory that would allow for serious discrepancies in developmental level in different domains. We looked to Michael Commons’ Hierarchical Complexity Scoring System (HCSS), a research-based mathematical system that tracks development in specific domains based on the complexity of the tasks that can be mastered in that domain. Commons had demonstrated that individuals sometimes functioned at highly discrepant levels in different domains. To explore the utility of this approach in understanding bin Laden, we began a collaboration with Commons, and with his colleague, Sara Ross.

In this collaboration we used developmental theory to approach an understanding of those who become martyrs or suicide bombers, and of the communities that support terrorist actions. These efforts required us to plunge into international perspectives, and our learning curve has been steep. Since we were especially interested in youthful terrorists, we have found...
ourselves immersed in literature on child soldiers, abductions, torture, and forced violence, as well as on questions of youthful volunteers, of persuasion, and of adolescent decision-making. We have found much more literature than we anticipated, literature that poses urgent psychological questions, but has not seemed to reach mainstream psychology journals.

UNDERSTANDING THE EFFECTS OF TERRORISM

Simultaneous with our work on bin Laden, and on martyr/terrorists, we studied Americans’ reactions to terrorism, and developed and normed a measure of fear of future terrorism, called the Terrorism Catastrophizing Scale (TCS). This work was rooted in the fact that, although most research to date has shown that rates of psychopathology related to 9/11 have returned to baseline, there still remains a heightened sense of fear and we believe that people have changed their lives drastically, as a result of this fear. The TCS measures three scales, which include Ruminating, Magnifying, and experiencing Helplessness as a result of the threat of future terrorism. Data were collected on a representative US population sample, and results showed that most Americans fear future terrorism to some degree, and high levels of this fear predict being more prone to experiencing symptoms of depression, anxiety, and physiological stress, and to altering their daily activities more as a result of these fears (e.g., less socializing with people from different racial & ethnic groups, reduced use of public transportation, less flying, reluctance to live or work in a city, etc.). Several papers summarizing the development and validation of the TCS, as well as a clinician’s guide for interpretation, are currently in review, and the scale itself is currently available for use (please email Samuel Sinclair at jsincl@post.harvard.edu for details).

THE SOCIETY FOR TERRORISM RESEARCH (STR)

After various presentations on the psychology of terrorism at conferences such as the International Society for Political Psychology, APA, APS, and the Society for Research in Adult Development, where terrorism was a sub-theme, we realized that, in this new age, terrorism needs its own organization of interdisciplinary research and analysis. During 2006, we began to coordinate the various facets of our work with the work of other researchers in the behavioral sciences, and we formed the Society for Terrorism Research (STR).

As listed on our website (www.societyforterrorismresearch.org), the Society for Terrorism Research (STR) is an international, multi-disciplinary organization of theoretical and empirical researchers in such behavioral sciences as anthropology, biology, economics, political science, psychology and sociology. Its mission is to enhance knowledge and understanding of terrorism through promoting research that includes and integrates theoretical frameworks and findings from multiple disciplines. The goals are to support the development of more effective policies worldwide that reflect diverse models of complex causation. A new generation of research and analysis requires a forum to support efforts to coherently communicate substantive additions to knowledge of terrorism. STR also plans to launch a Journal of Terrorism Research (JTR) which will publish empirical and theoretical papers focused on the study of terrorism. Our commitment is to an organization and knowledge base built on research and established theory. We recently sent out an announcement and call for papers (see below) for the first-ever STR conference, which will be held in Madrid, Spain in September 2007 in collaboration with Dr. Martin Ramirez (a professor of medicine at Madrid University and the International Colloquium on Conflict and Aggression (CICA)). The conference will be a forum for behavioral science researchers from around the globe to present their work on this topic.

We believe that an international organization like STR is necessary in addressing the ongoing problem of terrorism, in its various forms and definitions, across the globe. Although our research interest in terrorism was aroused in us following the September 11, 2001, attacks on New York, Washington, and Pennsylvania, terrorism has been an ongoing problem for quite some time, affecting many groups of people across the world. Our goal is to encourage social scientists to collaborate internationally to address this problem. We invite people to learn more about STR, the conference, and the upcoming journal from our website: www.societyforterrorismresearch.org.

REFERENCES


Volunteering Abroad, NGO Style

By Amena Hassan, APA Office of International Affairs

Many psychologists, in seeking to “give psychology away” look for ways to volunteer their services. A growing number are seeking to do that work internationally – by operating with those non-governmental organizations (NGOs) that provide humanitarian aid, education, training and other activities in support of global well being. Psychologists who wish to volunteer may be interested to know of organizations that serve as a bridge to the world of international NGOs. Two examples of such organizations are SalusWorld and NGOabroad. Each serves to match psychologists with appropriate NGOs, and offers information and guidance about preparing for international NGO work.

SalusWorld matches mental health professionals with international NGOs in need of psychosocial workers. They
also provide pre-departure training for volunteers, and conduct workshops and support for those returning from international work. In addition, SalusWorld develops psychosocial projects in support of international humanitarian organizations, provides trauma training for mental health professionals, and offers mental health consultation.

Elaine D. Hanson, a licensed clinical psychologist, attorney, and executive director of SalusWorld came to her position after working in war-torn Bosnia and Herzegovina and South Africa. When in those countries, she supervised psychology students working with NGOs and developed the seeds of SalusWorld’s training and support programs. Currently a lecturer at the University of Colorado in Boulder, CO, Hanson described how SalusWorld came about:

“We are a group of clinical psychologists who had experience working with victims of war here in the United States and became seriously concerned about the current status of affairs,” said Hanson. “War is a situation where civilians become significantly impacted and we attempt to help those underserved victims who are affected by it. We’ve become a global society.” Hanson stresses that it is the local authorities or locally based NGOs who are the experts in international contexts. Her group helps volunteers get involved in those situations only with their assistance. “To think that we’re not impacted by what happens to people in other countries is naïve, but we must also understand that we can’t go over there and help out as the ‘mighty experts,’ ” she emphasizes.

One of the objectives of SalusWorld is to match volunteers with smaller NGOs that usually cannot afford additional staff. SalusWorld attempts to nurture a more personal contact between an NGO and the individuals traveling to that area. Volunteers begin establishing a relationship with the NGO before they even leave the ground (through SKYPE for online, low-cost teleconferences). To accommodate volunteers who cannot leave their careers or income for a lengthy period of time, SalusWorld assignments are generally short, ranging from four to eight weeks.

Hanson has also accompanied fourth and fifth year psychology doctoral students as they have applied their skills abroad. She notes that these experiences have given them knowledge far beyond the classroom and changes lives. “It’s not until they get on the ground and see [the situation] for themselves that they start developing a sense of meaning for what they do. Psychologists are really needed and respected in these instances. I think the students come home more compassionate people, after being out of their comfort zones, with an improved sense of empathy. What they go through is a true immersion program, rather than a tour. They experience everything from learning how a water system works to not really grasping the language. It creates a real sense of self-awareness and a respect for cultural diversity. The experience working with underserved populations in countries torn by war, natural disasters or epidemics, allows a psychologist to witness the meaning of trauma to the citizens of these nations. In the process, people also establish life-long friends and become citizens of the global community.”

Another group facilitating involvement with international volunteer work is NGOabroad. This organization matches skills to international needs and assists professionals and other volunteers to enter international work. Ann McLaughlin, Founder and Director of NGOabroad, is a social worker with 27 years of experience. She turned to international humanitarian work in the early 1990’s in an effort to combine her expertise and a concern for a rapidly changing world environment. McLaughlin leads the effort to match volunteers with projects that encompass everything from working with traumatized refugees to helping women who have been victims of sex trafficking, domestic violence, and sexual abuse.

“We are looking for people with work and life experience and they don’t have to be professionals, though most of them are,” she states. “In working with AIDS orphans or mentoring street kids, I’m happy to have parents and grandparents who are just good with kids.” Her non-traditional approach encourages people to apply from a variety of backgrounds although she also stresses the need for people with skills in psychology, counseling, drama and art therapy. “There are a growing number of initiatives within counseling but they have to be adapted to a country and culture and that’s actually what’s exciting. Some countries may not even believe in talk therapy so how you help them move on makes all the difference. We’re much more focused on the grassroots efforts within a country because that’s really where the rubber meets the road.”

According to McLaughlin, the trend within countries has been leaning towards bottom-up, grassroots activities to solve problems and create much needed social service structures such as schools and hospitals. “When I began my whole examination of what was going on in the world, I noticed how there has been a tremendous trend toward citizens’ taking the initiative, whether that was in Indonesia or Bolivia. You can now see those changes happening from the bottom up where the citizens themselves see something going on and want to do something about it. Every volunteer program that we have was started by the people and was not something that the governments decreed.”

To find out more or for additional information on how to volunteer through these organizations, please visit www.salusworld.com or www.ngoabroad.com.
Stepping onto New Terrain: Organizations that Help Give Globally

By Amena Hassan, APA Office of International Affairs

In our last issue of Psychology International, we compared two non-governmental organizations that help psychologists apply their skills in emergencies around the globe. In this issue we’ll look at two additional groups doing similar work and using unique approaches to training their volunteers: PsyCorps and Psychology Beyond Borders.

PSYCORPS

John Thoburn, PhD, joined PsyCorps in 2005 as the clinical director and now works as a clinical consultant. After the devastating tsunami hit the shores of Indonesia in 2004, PsyCorp’s Seattle based co-founder and neuropyschologist, Glen Goodwin paired up with Thoburn, looking for a way to help. Thoburn, who had already worked for over two decades in the field of trauma psychology, had been gradually developing an idea for psychological first-aid teams in areas prone to chronic disaster.

“We are really looking for areas where there is the likelihood that acute disaster will occur,” Thoburn stated. “Aid is secondary to setting up indigenous teams that can help their own people. When you’re talking about mental health issues you’re talking about real nuances in culture and belief and this led us to the thought that no one can help better than the people themselves.” The organization operates on the “community resource model” and has local psychological first-aid teams operate in areas prone to natural or man-made disasters, while providing care for the caregivers. With an aim to provide psychological first-aid and not psychotherapy, the training of PsyCorp’s volunteer teams primarily involves a networking paired with assistance from mental health professionals.

Teams are designed in derived from groups of 32 people who are then broken up into 4-person teams. Volunteers are trained to work with government and civil agencies and tackle both major disasters in a given region and more specific disasters such as airplane crashes and fires. As they labor toward relieving a disaster, operating through a country’s maze of political upheaval can pose additional challenges.

Currently, the organization is preparing to send volunteers to Sri Lanka. “There’s an ongoing civil war in Sri Lanka between the Tamils that’s been continuing for 25 years,” Thoburn noted. “Several people have been injured, mostly by mines, and Red Cross workers have been kidnapped and killed there in recent months. There’s a lot of acrimony about the aid that came into Sri Lanka and the Tamils were upset that the government was keeping it from them due to their refusal to recognize them. This eventually creates a violent cycle.”

In its work around the globe, PsyCorps implements Flexible Psychological First Aid, which incorporates training from both the International Critical Incident Stress Foundation and the Red Cross. The Red Cross training is used for particular populations whereas the ICISF method goes further into the emotional life of affected people. Thoburn feels there are benefits to using both types in many situations. “What we’re doing is training our teams to work with first responders via ICISF and then using the Red Cross model to go out into the communities. We recognize that there's a problem with cross- over so we've trained teams to work with both.”

PSYCHOLOGY BEYOND BORDERS

Psychology Beyond Borders is evolving into an organization with a solid foundation in disaster relief. Psychologist Roxanne Silver, PhD, a founding member, sees the group at a significant point in its relatively early history of implementing a three pronged approach of intervention, research and policy. When the organization began in 2003, the founding members included psychologists, psychiatrists and social workers who met to discuss dealing with the effects of trauma from attacks in a post-9/11 atmosphere.

“Mental health services were underrepresented in recovery or disaster relief organizations and essentially our board of directors helped to form a nonprofit that represented psychology, psychiatry and social work.” Silver explained how one of the main aims of Psychology Without Borders was to respond to areas that had been subject to terrorist attacks, as well as natural disasters. “If there is a terrorist attack in Indonesia, then our trained individuals would go in. We would send them to any of those areas. We’ve had a few reconnaissance missions where we’ve sent someone to go into Pakistan for earthquake relief and another volunteer to help with the situation in Liberia with the child soldiers. Our goal is to have a cadre of volunteers who would work in both intervention and research.”
At the moment, PBB is requesting proposals for the Psychology Beyond Borders Mission Awards, an initiative to find projects that will substantially contribute to their mission of alleviating psychological suffering and enhancing knowledge that can benefit future survivors of terror or disaster. “We really see our role as coming in after all of the initial aid organizations pull out of a location,” said Silver. “What we’re doing right now is fundraising, forming an international advisory, and exploring places where we might go in. We want to be thoughtful in our approach and not duplicate the efforts of other organizations.”

For more information on these organizations please visit www.psycorps.us or www.psychologybeyondborders.org.

**Finding International Potential in Early Childhood Development**

*By Amena Hassan, APA Office of International Affairs*

Earlier this year, the British journal The Lancet published a series of three papers addressing child development in developing countries, focusing specifically on children under the age of 5. The first paper found that over 200 million children across the world do not reach their development potential in the first 5 years of their life, while the second paper addressed the risks underlying the developmental loss, including nutritional deficiencies chronic and substantial enough to cause stunting, iron and iodine deficiencies, inadequate cognitive stimulation, maternal depression, violence exposure, and diseases such as malaria. In the third paper, the authors reviewed strategies to promote child development and prevent developmental loss. They provided guidelines, based on effective early child development programs that had been implemented at scale in developing countries.

One of the authors of the papers, Maureen Black, a pediatric psychologist and APA member from the University of Maryland, gave insight into what the authors were striving to achieve in tackling the questions surrounding global child development. Black, along with two other APA members, Patrice Engle of Cal Poly State University and Ted Wachs of Purdue University, worked with an interdisciplinary steering committee, to organize and write the papers. One of the primary aims was to promote early child development as a critical method to meet the objectives put forth by the United Nation’s Millennium Development Goals to reduce poverty throughout the world. The steering committee approached The Lancet after the journal had published other series on the subjects of child survival and neonatal health and child mortality. The Lancet decided that a series of articles is an effective method of addressing important issues, since this technique attracts more attention than a single paper.

“We assembled three interdisciplinary writing teams of approximately 20 colleagues to write the papers, including economists, nutritionists, psychologists, educators, public health professionals, physicians, anthropologists, and statisticians from universities and international agencies in developing and developed countries,” said Black. “The nature and importance of the conclusions we came to in these papers would not have happened if we were all from one discipline because the product would have been too narrow. Finding a common language among colleagues from multiple disciplines comes with its tensions, but there is also a synergy that emerges from interdisciplinary work. Also, the contributions of colleagues from differing countries increased the validity and the appeal of the papers.”

The group functioned through email, conference calls, and meetings in New York and at the Innocenti Center in Florence, Italy with the support of the United Nations Children’s Fund (UNICEF) and the Bernard van Leer Foundation. After the papers were published, the group was involved in launches held in London (at the University College London’s Institute for Child Health), Bangladesh, and professional meetings, including the Society for Research in Child Development in Boston, the Pediatric Academic Societies in Toronto, and the Micronutrient Initiative in Istanbul.

The authors’ next initiative will take place at a conference in Bellagio, Italy supported by the Rockefeller Foundation. At the conference, the main focus will be on the third published paper, which spells out guidelines for program implementation and the further research that is needed for adopting early childhood development plans. A specialist in international priority setting from Croatia will also work with the group, while the Society for Research in Child Development (SRCD) will work with the authors to put together an upcoming social policy report.

“Early implementation plans have an impact in a relatively controlled setting, but to move to a more local or regional implementation involves a whole separate set of issues,” said Black. “We have representatives from UNICEF, the World Health Organization (WHO) and the World Bank, because they actually have the power to do something.” She noted that
there are also similarities with issues within the United States and in other countries. “We focused on children under the age of 5 because there is so much potential and vulnerability during the early years when brain development is occurring rapidly and nutritional demands are high and 89% of the world’s children under age 5 live in developing countries, with only 3% in the United States. However, there are commonalities between issues in the United States and in developing countries. In the United States, we have children starting school who are already behind in both cognitive and social-emotional development and children who are exposed to micronutrient deficiencies, maternal depression, violence, and few opportunities for early learning. The recommendations we have in the third paper could apply to any of the poorer areas in the U.S., such as urban Baltimore or other rural areas. They could apply internationally as well as domestically. It’s important to think broadly.” Black also referred to the long-term benefits of early home-based intervention trials conducted among undernourished children in Jamaica by two members of the Steering Committee, Sally Grantham-McGregor and Susan P. Walker. Recent publications in The Lancet and the British Medical Journal have shown beneficial effects of early home-based intervention on cognitive and educational performance and measures of attention, anxiety, depression, and self-esteem.

Presently the largest problem areas for obstacles in child development are in sub-Saharan Africa and South Asia, both of which have some of the largest numbers of disadvantaged children. Extreme poverty partnered with complications from HIV and AIDS in Africa have resulted in scant resources for children. Lack of food, lack of opportunities for early learning, and the ever present existence of infectious diseases are large factors in what Black calls the “derailment” of children in South Asia. Black urges that a broader approach is needed to create a dent in the problem and says that during the implementation of programs it is important to think comprehensively instead of compartmentally.

“In the papers we talked about insuring that children have adequate nutrition and learning opportunities. Often the health system is the only system that reaches children under the age of 3. There are innovative examples from Turkey of incorporating early child development activities into primary health care. In the first 2 to 3 years, early child development programs are primarily home based, and in the later years programs are focused in preschools. In the papers we looked for examples of early child development programs that were integrated into the health and educational sectors, and ensured that children had access to nutrition and learning opportunities early in life. If we can promote early child development, we can prevent developmental loss and enable children to benefit from educational opportunities and to become productive citizens in the future.”

The Art of Building Peace

By Amena Hassan, APA Office of International Affairs

The following is an interview with Zachary Metz, Director and Chief of Peace Building at Consensus, a consulting firm that provides research based advice and training in conflict resolution, peace building, and negotiation advocacy. Prior to joining Consensus, Zachary was the Director of Education & Training for Columbia University’s Center for International Conflict Resolution where he was responsible for the educational elements of CICR’s international and domestic programs and projects. He continues to teach The Applied Workshop in International Conflict Resolution at Columbia’s School of International and Public Affairs (SIPA). Throughout his career, Zachary has consulted to United Nations agencies and to a wide variety of international political and civil society leaders. He began his career with a focus in domestic conflict resolution, working as a mediator, trainer, and program director with the Northwest Institute for Restorative Justice and the Dispute Resolution Center.

While peace building and conflict resolution may appear to be intangible concepts to some, Zachary Metz has made them his life work. As a mediator, professor, trainer and program director, Metz has worked for various agencies throughout the United States, with local and domestic programs, and at many international sites. His current work at the consulting firm Consensus, in New York City, is based on providing practical tools and techniques of mediation to individuals, groups and organizations in practical ways.

It was during his early experiences in Northern Ireland on a peace studies program, that Metz became interested in international conflict resolution. He then went on to do similar work in Jerusalem to study what he terms “identity based” conflict. “In Jerusalem and Northern Ireland, I think the similarities are along identity lines. I think there’s a sense that what ‘our group’ does is seen as in pursuit of a normal life, peace and justice, whereas anything that ‘their group’ does is seen as a violation of what ‘we’ see as right, and so they are not to be trusted,” explained Metz. “Both conflicts have changed quite a bit since the nineties. Northern Ireland has moved towards a state of peace and the problems are now more economical, which is a major shift from the former identity issues. However, in Israel and Palestine the conflict has become only more complicated.”
Metz, who also teaches at the Columbia University School of International and Public Affairs (SIPA), describes identity based conflict as a dispute that is framed not primarily over resources—although it may be also be about access over resources—but as cutting through a society along identity lines. “Generally experienced, historical disputes have been expressed through identity and there is a lot of social psychology that is involved in trying to understand that,” he said. “The distinctions between us and them becomes stronger and then may eventually appear as intractable. In such cases, language identity and ethnicity becomes more powerful than economic issues.”

Heads of non-governmental organizations, political leaders and international faith based groups regularly invite Metz and other members of the Consensus team to develop and deliver unique mechanisms that can effectively help those involved in the conflict to work through long standing societal disagreements. While each project is designed so that the design fits the need of the context, he stresses that the most effective means is through helping societies use their own tools. It is also important to build the relationship around trust, including the use of open ended questions, after defining and assessing the core needs of the group. The training backdrop is also a favorable environment for building this added trust.

“It’s best if you can create a super ordinate experience where everyone from groups A and B are involved in a training and it is not packaged and pitched as a mediation, which is very threatening to both the individual and the identity. Training is a lot less threatening this way, since who’s against education? It’s a very neutral modality and groups can use it to gently open the conversation in a slightly oblique way.” In his experience it is in this type of setting when groups in conflict begin to openly talk about the issues that they are facing.

“What we try to do in our work is find those mechanisms that groups have used in the past and help to strengthen that. It could be culture, tradition, religion, or a market that is functioning across enemy lines as relevant ways that can help withstand a flare up,” Metz states. “When conflict has come up within two villages we can help by learning from the lived experiences that the community has had in the past of resolving conflict so they can develop tools for the future.”

Metz often helps bring in real life situations during trainings so trainees can discuss how they handled similar cases. “They could bring up an example between a goat herder and a land holder. My job is to see whether they can use that implicit knowledge and learned experience for other conflicts. It’s also important to remind groups of moments of peace, of heroes of peace, and symbols that have to be authentic for that group. Groups can forget that there were these moments or people. Part of change can simply be reminding.”

It is also essential, in Metz’s opinion, for peace builders to not rush into an already volatile situation. “Because deep conflict tends to be long term I’m not a big believer in rapid intervention that is emergency-driven. I don’t think that is all that effective.” Metz says his job is to create a network and to facilitate capacity building over long periods of time and more urgent situations require other types of involvement. “In an emergency situation people need a different kind of intervention, such as food or shelter. When people are shooting at each other we need to stop that before we can do other work. It’s very difficult in a moment of acute violence. Psychologically these individuals are at their most escalated state and to intervene you have to get them off the cycle of violence.”

With a background in international affairs, Metz states his work is heavily influenced by social psychology. It is through psychology, Metz says, that he is able to identify the dynamics at work and clarity on how to handle them. “Social psychology teaches us about the phenomenon of how conflict happens and the meaning people make of it. Columbia University social psychologists and colleagues Morton Deutsch and Peter Coleman are leaders in the field. Conflict resolution comes into the picture when we are seeing what’s happening between groups—over who has access over water or historical colonial stratification in North Africa, for example. It could be about language and access to schooling in Algeria and access to multi-lingual education (French and Arabic).” Metz feels Morton Deutsch’s work is a seminal authority within the field of conflict resolution, touching on subjects such as violence, trust, attribution, and intractability. “Intractability means we experience the conflict as never ending; as historical and as comprehensive, meaning everything is infused with a sense of otherness. It has a tendency to creep backwards in history.”

For psychologists interested in the field of conflict resolution, Metz suggests they begin by attending trainings that gives individuals a window to the practice. One effective framework has been developed by the Public Conversations Project (PCP) at www.publicconversations.org. To learn more about the innovative work of Consensus visit at consensusgroup.com or contact Zachary Metz at zmetz@consensusgroup.com.
The Challenge of Travel

By Tasha Howe, PhD, Humboldt State University

My suitcases were still piled up around my living room ten days after my return from my Fulbright experience in Cyprus. It’s amazing how a mere 5 months in a foreign country can physically and mentally exhaust you! But if applying for a Fulbright is even remotely on your radar, I can give you a whole-hearted, 100% affirmative assurance that all of the exhaustion is, indeed, well worth it. But before that, any kind of academic or intellectual experience in a foreign country will greatly prepare you for the intense work of a Fulbright.

I think it’s always been in my personality to travel. I’ve traveled abroad almost every year of my adult life. As I became an academic, I realized that I could travel and the experience could be more than just a tourist’s adventure with foreign foods, restaurants, and accents. I started investigating how international travel could be integrated with my work in developmental psychology. I initially participated in a program with the Kentucky Institute of International Studies, where I took students to Europe for summer classes. I arranged all kinds of great experiences for the students (but mainly for myself!), like a feminist tour guide who took us on a walking tour for a re-interpretive look at Victorian Vienna for my history of psychology course. Then there was the trip by my child development class to L’Archives Jean Piaget where we got to see his original protocols, like the 3 mountain goats task, that helped him develop his theories.

But even before I started traveling for work, the seeds were sown during my college years. When I studied developmental psychology in college at U.C. Santa Barbara, I did field work at a preschool for faculty and student children. I had the opportunity to design behavioral intervention plans where I started learning more about child development in general. Also, when I was in graduate school one of the professors had received a grant to work with abused children in residential treatment and I ended up working with those kids, which I absolutely loved. What was interesting was that they seemed so normal and were going through the same developmental stages as other children. Overall, they seemed happy, even though their parents had done horrible things to them and they had behavioral and emotional challenges. This made me look at the parallels between normal and atypical development. I realized other people were writing and doing research about the same thing—this new field called developmental psychopathology. They emphasized the importance of culture and context in human development.

I took these messages to heart when I studied child welfare services in Northern Ireland or observed computer programs for Street Children in Brazil. The best learning takes place outside of the ivory tower (provided, of course, you’ve learned what the tower-folk wanted you to learn and you can then apply it). As a professor myself, I try to get my students out in the community, interviewing folks, observing children, working with non-profits, tutoring homeless kids, etc. And I always involve my students in my work with violence prevention trainings and parenting classes, using the ACT Against Violence program (www.actagainstviolence.org).

This has all culminated in me spending my sabbatical on a Fulbright Scholarship in Cyprus where I taught classes in both the Greek and Turkish Cypriot communities. I also gave a large public lecture for community leaders and citizens, as well as presenting at conferences. I chose Cyprus as my Fulbright country for both intellectual and practical reasons. When you look through the Fulbright possibilities, every country has a specified need. Cyprus specifically mentioned domestic violence. I went through all of the literature and the more I read about the history of Cyprus, and how it became divided, the more I wanted to work there. Like my work in Northern Ireland, in Cyprus I was very interested in looking at how living in a divided society affects family relations, views of discipline and parenting, and especially, how social policy regarding family violence was developed and implemented. On a more practical level, the support they provided for accompanying family members made the decision very easy for my family of four.

During my stay, I worked in the Greek Cypriot community at The European University of Cyprus. The South is more developed, as it has recently become part of the European Union. In the Northern part of the island, the Turkish Cypriot Community, due to the military intervention of Turkey in 1974, most countries do not recognize the area and so it has more of a “developing” feel. The two groups have lived separately since the 1974 war, but even before that, Turkish Cypriots were being sent to live in smaller enclaves as tensions escalated. However, the borders are now open...
and I was pleased to see so many bi-communal friendships, work, and play activities taking place.

In terms of family violence, in the Republic of Cyprus I was able to train 30 Greek Cypriot social workers in the ACT program, as well as having a police officer from the domestic violence unit and two social workers come and speak to my child abuse class. I was struck by the concentrated sincerity I saw in every worker, and an intense caring for the children in their community. They have very few opportunities for formal training in evidence-based practices or research-based approaches and they were so thankful for the experience. They work hard to help children, despite there being no real established foster care system or social programs to aid them.

In the Turkish Cypriot community of Northern Cyprus, English fluency was a bit more of a challenge so I wasn’t able to be part of the community as much as I would have liked. I was teaching at Near East University, though, and got to work with both undergraduate psychology majors and graduate students in clinical psychology. I taught a developmental psychopathology class for the graduate students and it was such a great learning experience for all of us. I also had the opportunity to observe a residential treatment center managed through the Austrian-based organization, SOS Kinderdorf. The center showed quite a keen understanding of the needs of abused and neglected children, all of whom go to public school there, and also receive individual therapy. The center also provides guidance on hygiene and sexual issues, and even helps them get apartments and job training once they become adults. To see this in a developing area was remarkable.

The main challenges for all Cypriots include the development of a more structured foster care system. Both communities still keep much family business private so they really don’t have a system where people unrelated to the children can take care of them. Of course, the other thing that would be wonderful is for more clinicians and scholars to go to Cyprus to train nurses, psychologists, and others in social welfare on the latest evidence-based practices, as well as helping them with fundraising and program development. I saw all segments of society open to this kind of assistance.

For my family and myself, the experience in Cyprus was life-changing. We all learned a little Turkish and some Greek. We were immersed in a rich and complex history that was endlessly fascinating. We worked daily on tolerance, flexibility, and really listening to people’s stories. I studied the research that had already been done there on family violence and then made myself available to help develop a bi-communal child abuse prevalence study. We traveled to every corner of the island and tried new foods, new religious experiences, new holidays, and were there for the historic opening of another part of the “border” crossing between north and south, the new Ledra Street checkpoint. Professionally, this experience will enhance my teaching of cultural and contextual issues in child and family development. It gives me a new lens through which to formulate research questions. I have made friends across the world, who welcome us back to their homes any time. And for my children, the importance of anti-racism is foremost in their minds as they went to an international school with children from over 70 different countries and experienced what it was like to be a cultural minority.

Addressing Mental Health and Psychosocial Well-being in Post-conflict Settings

By Inka Weissbecker, PhD, NGO Representative of the International Union of Psychological Science to the United Nations and MPH Candidate, Harvard University, School of Public Health

The screen showed a sad young girl in her teenage years wearing a traditional Nepali dress, with the Himalayas and the blue sky in the background. She looked down onto the ground as she described how she had been affected by the ten-year civil war. “I don’t feel like doing anything anymore” she said in a quiet voice, “I have nightmares and I’m afraid that people think I’m crazy…” Her story is part of a documentary by Kunda Dixit, a soft-spoken journalist from Nepal, who is shedding light on the human cost of the recent conflict between the Maoist movement and the government. After the abolition of the monarchy and the signing of the Comprehensive Peace Agreement, many challenges remain. Several Nepalis have lost friends and family members who have been killed, abducted, or forcefully conscripted. As the new Nepal emerges, individuals on both sides are reconciling, and former combatants are returning to their communities.

As I was watching Dixit’s documentary, I could not help but wonder about the toll that the war had taken on the civilian population. In order to learn more about these issues, I had decided to travel to Nepal as part of a Harvard School of Public Health field study course on post-conflict peacebuilding. Our group met with government officials, UN agencies and NGOs involved in the peacebuilding process. I was the only psychologist in the course, and the one who kept raising her hand during meetings to ask about psychological aspects of peacebuilding and mental health.

Over the last few years, I have started to apply my knowledge of psychology to global issues such as conflict, humanitarian crises, and development. I also realized that I needed to know more about the workings of the international community if I wanted to effectively utilize empirical
approaches in addressing real world problems. I decided to get my Masters in Public Health at Harvard University, which enabled me to take classes on human rights, post-conflict policies, the role of gender in conflict, political philosophy, and global health. To my knowledge, I am the only clinical psychologist among my entering class of over 400. Most are medical doctors, a few of them psychiatrists. However, I think that psychologists can bring valuable expertise to aspects of humanitarian crises and development.

Although mental health and psychosocial issues have been cited as integral to peacebuilding and reconciliation after conflict, there is little resource allocation by state governments or international organizations. However, various key documents have recently been released to guide the work of psychologists in those areas. The “IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings” (www.humanitarianinfo.org) provide guidance for including psychological issues within various humanitarian sectors, and the WHO recently launched the Mental Health Gap Action Program which suggests ways of addressing mental health problems in low-resource settings (www.who.int/mental_health/mhGAP/en).

During my time in Nepal, I was curious about ways in which organizations were addressing mental health and psychosocial concerns. I organized a meeting with the Center for Mental Health and Counseling (CMC, www.cmcnepal.org.np) in Kathmandu, a small local NGO which is accomplishing a lot with the few resources they have. They train paraprofessional healthcare workers and local community groups in psychological first aid and in recognizing mental health problems. They also work with children who have been affected by the conflict and train teachers in positive behavior management techniques and in refraining from corporal punishment. CMC is also working with the Transcultural Psychological Organization (TPO) on implementing the IASC guidelines in collaboration with organizations such as UNICEF, WHO, and the IRC. TPO is another organization which is not only involved in clinical work, but also in relevant empirical research. They developed “Child Led Indicators” for children involved in armed groups, for example. These indicators are based on the ways in which children themselves define psychological well-being and distress. During my work in Nepal, I have learned how much can be gained with more participatory approaches and how important it is to actively involve local communities in planning and evaluating interventions. Back in the US, I am part of a working group on mental health of the Humanitarian Action Summit (http://hhi.harvard.edu/ events/humanitarian-action-summit), which is identifying ethical issues and best practices for collecting mental health and psychosocial data in humanitarian contexts. I also serve as an NGO representative of the International Union of Psychological Science to the United Nations in New York.

In the future, I hope to shed light on ways of helping communities recover from conflict, and to develop interventions that build on existing local structures and strengths. I also think that psychologists can play an important role in evaluating outcomes and increasing accountability of organizations involved in humanitarian and development work. Health, including mental health as an outcome in turn, can help guide policy and programming decisions. However, it is up to psychologists to demonstrate their expertise and to join the international community in taking on issues of global relevance.

I always love to hear from people who would like to learn more or get involved in global psychology work. Do not hesitate to email me at: inka.weissbecker@gmail.com.

Child Trafficking From Prevention to Protection: Community Based Collaboration

By Rita Chi-Ying Chung, PhD, George Mason University

As a result of the Japanese bombing of Southern China during World War II, both my parents became separated and vulnerable children. They wandered, following groups of displaced people looking for their parents and family members and scavenged for food while trying to ensure their own safety. Eventually they found their way to New Zealand where I was born and raised. Being a child of refugees and growing up in a British colony, it became evident to me that immigrants and refugees encountered numerous psychosocial adjustment challenges. Living in the Chinese community in New Zealand, I became a cultural broker and advocate assisting Chinese immigrants with language translation and educating them about accessing service systems. My research interest in immigrants and refugees was rooted in these experiences, and naturally evolved into the focus of my professional career. Recently, my research has focused on Asian children trafficked for commercial sex work.
Although human trafficking for sexual exploitation is not a new phenomenon, it has dramatically increased so that the number of individuals involved is now 10 times greater than those victimized by the trans-Atlantic slave trade in the 19th century. This is a lucrative global business generating large profits for traffickers and organized crime syndicates. Estimates of approximately $9.5 billion per year globally spent on trafficking (O’Neil, 2000) make it the fastest-growing source of profit for organized criminal enterprises worldwide. Every region of the world is affected by some form of human trafficking. According to the United Nations (2006), 700,000 to 2,000,000 women and children are being trafficked yearly worldwide, which equates to approximately 2,000 to 6,000 women and children being trafficked on a daily basis. Within Southeast Asia, over 225,000 people are trafficked. It is estimated that in the past 30 years over 30 million women and children in Asia have been victims of trafficking for sexual exploitation (Chung, 2006) and that 80% of trafficking victims are women and girls with up to 50% of them being minors (USDS, 2008).

Working with complex and multidimensional issues such as child trafficking, it is necessary to collaborate with researchers in other disciplines. Working with anthropologists, economists, historians, demographers, international lawyers, sociologists, public health specialists, etc. has provided me with a macro understanding of child trafficking. Working with multiple disciplines and in multiple countries has also underscored my long-held questioning of the applicability of western, anglo-based theories, models, and interventions, as well as the use of western empirical research methodologies in this work. Growing up in a traditional Chinese culture, what I learned in my studies in psychology did not make a lot of sense to me, since I found it difficult to directly apply these Western methods, theories, models, interventions and skills to the Chinese culture. Furthermore, although psychology gave me an excellent foundation and understanding of psychosocial issues, it did not provide me with a wider scope of knowledge and understanding of the complex variables that impact individuals, families, and communities. I view psychological issues intertwined with other perspectives/disciplines. Hence, all my research has focused on examining psychosocial issues from cross-cultural and interdisciplinary perspectives.

Because my research focuses on human rights and social justice, the core of my research is community based. Building and working in partnerships and collaborating with community and spiritual leaders, and community members are critical. After all, who knows more about these issues, the person studying the situation or those living in the situation? Obviously it is the latter. Therefore, working in collaboration with the community is pivotal to my work and helps gain a holistic understanding across disciplines.

Working on issues such as forced migration and human trafficking, one naturally collaborates with professionals from other disciplines. However, collaborating is not always easy. The psychological perspective in forced migration and human trafficking is often not perceived as a critical stand alone issue. When I have mentioned the psychosocial issues to my colleagues from other disciplines there is a quick response “yes, we always think of the psychosocial”, however, when one explores further it becomes obvious that the psychosocial is seen as a secondary issue, and often not fully understood as a key element. The result is a continual struggle to include the psychological concerns as a major consideration.

I realized that it is impossible to completely stop trafficking due to the complexity and the multidimensionality of issues that includes the interrelationship between poverty and culture. When I talk to children about trafficking and to trafficking returnees and survivors, I am humbled by this experience. Their willingness to share with a stranger their pain and shame, and yet at the same time, display incredible strength and resilience is profound. I have come to accept the fact that there is a high probability that many of the children I talk with will be trafficked and some will become sex workers. I am not there to judge, but to provide assistance in a collaborative manner, to the trafficking survivors and potential trafficking victims. Therefore, I have moved to incorporate both prevention and protection in my work, oftentimes in very poor communities talking with community members about safe migration rather the unrealistic goal of preventing trafficking. At the same time, as a psychologist, I must be proactive in advocacy work related to prevention and intervention of potential human rights issues from regional, national, and global levels.
I was fortunate to be invited by an INGO to work in Asia on human trafficking as an outcome of my international presentations and my publications. I believe that to be change agents and advocates for the populations you work with, it is important to publish, present, and disseminate your work. In addition, it is essential to attain the skill of respectfully communicating, negotiating, and educating various individuals and organizations ranging from government officials, NGOs, aid workers, spiritual leaders, community members, and trafficking survivors. Although I may not agree with governmental policies, I remain respectful and open during my discussions, because my goal in doing this work is to form true partnerships and collaboration with communities and other disciplines in both preventing trafficking and ensuring safe migration. 

The Value of a Study Abroad Program for Graduate Students in Psychology

By Sarah Halawani Montes, Mike Karakashian, Chrisann Schiro-Geist, PhD, Emer Broadbent, JD, PhD, and Jennifer A. Drabowicz

INTRODUCTION

Few would question the value of a Study Abroad experience for undergraduate students, especially as a motivator for retention and persistence, and its function as a life-changing event. When it comes to graduate education, however, the utility of such academic efforts for future psychologists is usually seen as limited. Why? If undergraduates can learn and grow from such experiences it seems reasonable that a structured experience of learning from a culturally diverse perspective about human issues and behavior would enhance the learning of graduate students in psychology.

Doctoral students looking to enhance their understanding multiculturalism, participated in a program at the University of Memphis (UM), called Social Equity and Global Diversity, that brought them to a new understanding of persons from another country. The issue of time needed to pursue such an educational experience for busy doctoral students was addressed by disconnecting the travel time from the course credit. The students at UM made the trip over Spring Break, and then took time the next semester to do the “study” and take the credit. The issue of cost was addressed by exploration of Study Abroad subsidies for doctoral candidates. Such subsidies are available at UM for graduate as well as undergraduate students, but it was found that doctoral students rarely apply for them. Our doctoral students applied and received generous support for their trip.

A goal of APA is to promote international understanding among psychologists. A Study Abroad experience immerses our doctoral students in such experiences. It promotes their interest in participating in international congresses and presentations in the future. Those who participate share their learning with those who choose not to go. The experience at UM encouraged our Diversity Committee to promote the Study Abroad experience as a regular feature of the graduate program here. Here is what happened, as told by the doctoral students themselves.
THE EXPERIENCE

During the week of spring break of 2008, doctoral students in counseling psychology participated in the Social Equity and Global Diversity Program, a study abroad program that took place in Ireland, hoping to gain a distinctive experience from studying in a foreign country. As doctoral students, we face a more demanding and a less flexible schedule, especially when pursuing anything not directly involved with our counseling psychology major. It is often hard to find any suitable time to participate in such valuable study abroad opportunities. As a result, we felt fortunate that the timing was very appropriate for participation. Furthermore, this brief but intense trip allowed us graduate credit for the invaluable opportunity to study abroad while ensuring no adverse interruption to our required formal studies.

Another significant part of the program involved lectures and discussions with local people. We were very privileged to meet with Tommy McKearney, an Irish Republican, socialist, former hunger striker, and a volunteer with the Provisional Irish Republican Army. In short, McKearney spent a total of 53 days on hunger strike in the early 1980’s, and, according to a doctor at the time, had only a few hours left to live when the strike was called off (McKearney, 2008). It was very interesting to hear his perspective on Ireland’s history and to know about the physiological, emotional, and psychological effects that the hunger strike had on him. In one of his recent articles, McKearney stated: “…people again ask me what type of men offered themselves for such a desperate undertaking. My answer is not to answer. Most have made their minds up already. The real question is what type of conditions brought young men to that degree of uncompromising desperation. Answer that and you’ll understand more than the Northern Irish conflict” (McKearney, 2008).

Through university contacts, we were also able to meet Senator Noel Coonan, a member of Oireachtas, the Irish National Parliament. Senator Coonan walked us through the parliament’s history and recounted some of the country’s politics. In addition, we were provided the opportunity to meet with Dr. Alan Bruce, Director of Universal Learning Systems, who discussed the importance of incorporating equality and cultural diversity training in different fields, including the Irish national police force.

One of the most memorable parts of our visit to Ireland was the tour of Kilmainham Gaol, a former prison in Dublin which has since been converted into a museum. The building and tour provided an exceptional experience and insight into how life was 150 to 200 years ago for the prisoners. Offenses that commonly led to incarceration ranged from murder, larceny, and rape to stealing bread, turnips or a coat (Lyden, 2008). During the Potato Famine, life in prison was marginally better than life outside (Lyden, 2008). We learned that minor offenses were often committed purely to have guaranteed

The Social Equity and Global Diversity Program examined human rights, political, social, and economic issues when dealing with the disadvantaged and special needs individuals from a global perspective. The program’s focus added value to our academic experience and to our future work as counseling psychologists. Counseling psychology is a field that facilitates interpersonal functioning across the life span with a focus on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. It also encompasses sensitivity to multicultural issues. The growing demands of the 21st century necessitate that a psychologist be equipped to effectively understand, interact with, and advocate for individuals from culturally diverse backgrounds. This involves, among other things, an in-depth exposure to the implications of social parity and cross-cultural relationship from the global perspective. Lectures, tours and discussion with local people gave us understanding of the native history and its impact on social and individual psychology. Our encounters enabled us to deeply consider the social and psychological implications of historical and systemic agents on Irish and American cultural development.

Part of the program emphasized learning about Ireland’s historical events firsthand. A critical chapter of Ireland’s rich history was the Potato Famine which spanned a little more than a century from 1845 to 1947. More than one million people died of starvation or emigrated and an additional 50,000 people succumbed to diseases such as typhus, scurvy, and dysentery (Irish Potato Famine and Trade History, 1996). In an attempt to flee the oppression, starvation, and disease that gripped Ireland, the Irish people became the country’s greatest export. Within a decade, the population of Ireland plummeted from over eight million to less than six million (Irish Potato Famine and Trade History, 1996). The overpopulated subsistence farmers of Ireland were forced to export corn, wheat, barley, and oats to Great Britain, leaving the potato as the sole dietary staple for both the people and their animals (Irish Potato Famine and Trade History, 1996). While other regions such as the United States, Southern Canada, and Western Europe were able to turn to alternative food sources, the Irish were dependent solely on the potato resulting in the progressively disastrous blight and famine for the people of Ireland.
shelter and food while imprisoned. The visit to Kilmainham Gaol was nothing short of eye-opening concerning the history of Ireland and its people. The combined experiences of attending tours and lectures, meeting political activists and locals, and actually living with an Irish family enhanced a more comprehensive understanding of how contemporary culture and issues surfaced in Ireland, why some people hold particular perspectives and opinions, and why there is enormous national pride inherent in the people of Ireland.

SUMMARY

Study abroad in Ireland was an incredible experience. It somehow feels trivial to try to describe in words the enormous benefit gained from this endeavor because so much of its potency was derived from the encounter itself. The week-long trip served to supplement our graduate education in a way no classroom course or practicum could have. We experienced an immense appreciation for the Irish cultural perspective on our venture. This exposure to an alternative cultural point of view heightened our awareness to the significant influence of systems on human psychology.

Although our programs of study provide some of the critical components to achieve this end, there is no better way to explore the depth of these important issues than in a foreign country. Exposure to foreign cultural norms and values enables us to look at the psychological ramifications from a cross-cultural perspective. We are better able to examine our own culturally-relevant psychological influences after being immersed in another society.

It is becoming ever more imperative to have multicultural competencies in order to serve as an ethical professional in our field. Graduate study abroad served to strengthen our faculties in this important area. Ireland was an ideal place to examine these vital issues because it has experienced the tragic implications of social inequality and cultural misunderstanding. This opportunity afforded us the privilege of learning first-hand about the psychology of these concerns and provided unique perspectives on the human condition. The availability of an increased number of study abroad opportunities will help students to further deepen the already rich training available in graduate psychology. Study abroad can expose psychologists-in-training to a broader world view, thereby allowing for further understanding of ourselves and the diverse people we work with in our careers. 

REFERENCES


Assessment and Intervention Tools for Victims of Piracy

By Merry Bullock, PhD, APA Office of International Affairs

APA member Michael Garfinkle, PhD is beginning a project to understand high-seas piracy and to develop guidelines for those affected by it.

We have all read the news headlines about piracy on the high seas. APA member Michael Garfinkle, PhD is doing more - he is delving into the effects of piracy on its victims in a project that is a collaboration among shippers, insurers, mental health workers, and others. The project is housed in the Seamen’s Church Institute, a service organization dedicated to caring for the needs of mariners around the world.

“Piracy,” says Garfinkle, “is a particularly intriguing phenomenon on many levels; being a victim of piracy or even traveling through piracy zones has important health consequences for sailors and for their families.” The victims of piracy are typically on large commercial vessels that are hijacked for the ransom they bring. The crews on such vessels are held hostage during negotiations for the vessels’ release that may take months to complete. And in some regards, piracy is unique among traumatic events because, victims have, in one way of looking at it, put themselves voluntarily in harm’s way and

Michael Garfinkle, PhD at the Seamen’s Church Institute
To understand piracy, and to work toward the goal of developing assessment and intervention tools as part of a trained response to piracy, Garfinkle is leading the first-ever psychological study of the effects of piracy on seafarers. The project, a collaboration between the Center for Seafarers’ Rights (CSR) at the Seaman's Church Institute, the New York Psychoanalytic Society & Institute, and the Mt. Sinai Disater Psychiatry Outreach group, seeks to lead to the development of recommendations to the private and public sectors on how best to safeguard the welfare of those affected by piracy. “My plan,” says Garfinkle, “is to integrate the experiences of seafarers, the interests of the maritime industry, and the knowledge base from psychology and psychiatry to develop a practical assessment and intervention package.” To do this Garfinkle will interview crew who have been victims of piracy, as well as mental health and health professionals who have intervened on ships released from captivity. He will also compare piracy survivors with a control group of seafarers longitudinally to track health effects, family effects and work effects. Garfinkle notes that it is important to take a multifaceted approach to the phenomenon, because the experience of piracy and its effect on victims and their families most likely vary widely according to seafarers’ culture of origin and present community. The research, and the ultimate development of assessment and intervention tools will need to recognize that crews come from many countries, generally have lower levels of resources, and are mobile, making immediate and long-term followup especially difficult.

In December, the Seaman's Church Institute sponsored a roundtable discussion (see www.seamenschurch.org) with representatives from a broad group, including trade unions, crew management companies, maritime security companies, maritime law firms, and mental health professionals. The group stressed the importance of adopting a broad program including preparation, planning, and interventions with both crew and their families. For further information see www.seamenschurch.org/article/preliminary-guidelines-post-piracy-care.

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Finding the Key That Fits: A Young Man’s Path to Psychology

By Seth A. Shaffer, MA

A graduate student in psychology recounts how volunteering in India changed his career path.

There are many different reasons why people choose to enroll in graduate school. Some wish to obtain a degree that they think will lead to a successful career, while others are unsure what they want to do with their lives and seek higher education in hopes of discovering what career path they want to follow. This article is a story about my journey as a 23-year-old young man from Chevy Chase, Maryland and my mission to create harmony through education. Currently, I am a fourth year doctor of psychology candidate at the American School of Professional Psychology at Argosy University in Washington, D.C. I did not study psychology as an undergraduate at Hobart and William Smith Colleges or living in Brooklyn while attending the New School University in Manhattan. I transferred to the New School because I wanted to start an independent record company and produce music. After three years of running Catch Records, I became dissatisfied with this career choice and, like many young adults, decided to use some time to reflect on what would provide a deeper satisfaction for my life’s work. My curiosity about other cultures and study of Buddhist philosophy brought me to an old British hill station in the foothills of the Himalayas when I decided to apply to graduate school and become a psychologist. Many people have such transformative experiences that help to determine their life course. For me, it was working with special needs children in India in the summer of 2006.

I grew up in Chevy Chase, Maryland, went on to college at Hobart and William Smith Colleges in upstate New York before transferring to the New School in New York City. I transferred to the New School because I wanted to start an independent record company and produce music. After three years of running Catch Records, I became dissatisfied with this career choice and, like many young adults, decided to use some time to reflect on what would provide a deeper satisfaction for my life’s work. My curiosity about other cultures and study of Buddhist philosophy brought me to an old British hill station in the foothills of the Himalayas called, Dharamsala; home of the 14th Dalai Lama and 10,000 Tibetan refugees as well as local Indian merchants, where I decided to serve as a volunteer for five months.
There, I taught English to Tibetan refugees. I also worked with five special-needs Indian children. The children suffered from various challenges: mental retardation, cerebral palsy, and/or autism. Having no professional skills, I used life experience, common sense, and Indian cultural cues to try to help the children and their families reduce maladaptive behaviors, while improving speech, language skills, and motor skills. This transformative experience provided me with the foundation for a professional career, and the desire to go to graduate school to learn the necessary skills and secure a license to practice them. I also decided to create an organization that would help special-needs children in developing countries.

In 2008, my newly created organization, Harmony Through Education (www.HarmonyThroughEducation.org), opened its first school in India. The Harmony School serves 19 special-needs Indian and Nepalese children and their families, providing remedial education and training, parenting skills, and healthcare support. Harmony employs local Indian professionals full-time and utilizes culturally appropriate methods. The school has received support from the local Indian government as well as the Dalai Lama, who named the school, “Illuminating Loving-Kindness” School.

For the past four years, I have managed to be a full-time graduate student, raise funds to open and sustain the Harmony School, and return to India every summer to work at the school. I am able to do this because I love what I do. I decided to enroll in a graduate program because it would allow me to serve others in a way that would fulfill my professional goals and give me joy. My experience is similar to many other young adults across the United States. I started in one direction and because of a leap of faith, I pursued another career path. Sometimes it takes an experience outside of your comfort zone, without any preconceptions about where the journey will lead, to find your passion. The “take home” message is that it is not a problem to be dissatisfied with your first, second or third career choice; what is important is having the courage to take that leap of faith until you find the key that fits. Ultimately, I learned that serving others is what leads to a fulfilling life. This may not be the case for everyone, or the motivation that drives your choice, but you should be encouraged to experiment and learn what gives your life meaning.

Mental Health in Nepal: The Voices of Koshish

By Matrika Devkota, Founder & Chair of Koshish

Matrika Devkota is a mental health advocate who lives in Kathmandu, Nepal. After experiencing the discriminatory attitudes toward mental illness and the lack of mental health resources in his country, Matrika founded Koshish as a “self help” organization where those with mental disorders are given a voice and an opportunity to advocate on their own behalf.

Nepal is a country full of different cultures and traditions; but when it comes to mental illness, each of these cultures shares the same concepts. In Nepal, most of the people think that suffering from mental illness is the same as being mad, becoming unfit to remain in society and the family due to loss of control over self, or even being possessed by a holy spirit or a black magic. Individuals with severe mental disorders, as well as their family members, are targets of stigma and discrimination to the point where they hesitate to come forward for appropriate treatment. Even patients with neurotic disorders do not like to consult mental health professionals because of the stigma of mental disease. Although Nepal's constitution regards health as a basic human right, the system's definition of health and its exclusion of psychological care has led to a faulty understanding of this right, and the Nepali Health Care System neglects this aspect of people's health care treatments.
In terms of financing, less than 1% of healthcare expenditures by the government are directed toward mental health. Although as yet there is no separate mental health legislation, a final draft of mental health legislation has been prepared and under review in the ministry of health. The law in Nepal continues to define mental illness as a madness. In the civil code, the legal definition of mental illness is not clarified, but the language of the legislation refers to someone with a broken mind. As noted above, this attitude is reflected in everyday practice.

The number of mental health care professionals in Nepal is low. According to a report by the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS 2006), the breakdown according to profession is:

- 32 Psychiatrists (0.129 per 100,000 population),
- 6 Psychologists (0.024 per 100,000 population),
- 16 Other medical doctors, unspecialized in psychiatry (0.0645 per 100,000 population),
- 68 Nurses (0.274 per 100,000 population),
- No social workers, No occupational therapists.

STRENGTHS:

Despite its challenges, attention to mental health in Nepal is increasing. The country has a national mental health policy, and human resource development is gradually taking place. In addition, there is a network within the general health service system where mental health can be integrated. There is a gradual increase in awareness of mental health in the general population, and the number of people seeking treatment in the mental health institution has increased. Psychotropic drugs are widely available, and are included up to the primary health center in the “essential drug” list.

CHALLENGES:

Although increased awareness of mental health and mental disorders is to be welcomed, there are important challenges in access to mental health care in Nepal. These include:

- Lack of adequate mental health professionals and treatment facilities. There is only one mental health hospital in the country, and mental health services are not easily available in rural and remote areas.
- Mental health infrastructure is poor and human resources are not sufficient to meet the need. At present, most psychiatric wards are staffed and run by general nursing staff without specialized training in mental health or disorder.
- Governmental structures to address mental health are not yet in place. Although legislation is planned, there is presently no division for mental health under the Ministry of Health, and there is not an adequate budget for mental health services. There are no consumer or professional organizations that advocate for mental health issues given the lack of services and medical infrastructure, non-governmental organizations (NGOs) have been working to provide mental health and other services. One such organization is Koshish Nepal.

ABOUT KOSHISH

Koshish is a non-governmental organization registered in the District of Kathmandu, with the approval of Nepal Social Welfare Council in 2008. The organization evolved from the commitment of a few people who used mental health services in Nepal and recognized the need for improved systems and reduced stigma. The word “koshish” means “making an effort” in Nepalese, and this new organization decided to make an effort to mainstream mental health and psychosocial disability. These efforts began in 2004 by providing support for homeless persons with mental illness. Koshish is a pioneer mental health self-help organization working with a rights-based perspective for persons with mental disability in Nepal. The organization is lobbying to get public and policy attention for persons with mental disability and has been involved in the rehabilitation of dozens of people affected by mental illness. One case story, repeated here with permission of those involved, will help illustrate Koshish’s activities.

SETI’S STORY

Seti’s reintegration in the family is one of the successful case stories. Seti is a 43-year-old woman who lives in the western part of Nepal. Three years ago, her husband—who worked as an agent for foreign companies seeking employees—passed away, and Seti entered a prolonged period of mental disorder. She traveled to Kathmandu, where she lived on the streets for 3 months. Having lost her memory, she left her family and moved to Kathmandu. She faced an extreme mental distress after the death of her husband.

With the rehabilitative assistance of Koshish, Seti was able to regain her memory and was reunited with her family. A recovered Seti with her son.
Seti was rescued from the street in October 2010 with the support of police. With the support of Koshish and police, she was taken to a private rehabilitation center. For more than one month, Seti still suffered from her mental disarray. She didn't know who she was and didn't like to wear clothes or sandals. Over the next months, her health showed gradual improvement. She regained her memories, and her illusions and hallucinations were gone. She realized the importance of taking medicine and started behaving normally. Seti shared information about her family, and Koshish was able to find her relatives. Seti's son came to take her home and was given consultations on his mother's care so that possible relapse could be avoided.

This story, and others like it, are important to illustrate in Nepal and to the local population. To learn more about the work and mission of Koshish, please visit the website at www.koshishnepal.org.

APA Behavioral & Social Science Volunteer Program Reaches Out to Community Organizations in the U.S. Virgin Islands

By Edna Davis-Brown, MPH, BSSV Program Director, APA Public Interest Directorate

During the week of September 12-16, 2011, APA’s Behavioral and Social Science Volunteer (BSSV) Program hosted two capacity-building assistance (CBA) activities in the U.S. Virgin Islands. These activities included a half-day seminar providing HIV prevention services and evidenced-based interventions for community-based organizations (CBOs) on the islands of St. Croix and St. Thomas. The seminar included program evaluation and monitoring; needs assessments; and planning, implementing, and adapting evidence-based HIV/AIDS interventions for new settings and populations. Also discussed was the integration of mental health and substance abuse services into HIV prevention. In addition to hosting this seminar, the BSSV program offered more intensive CBA for individual staff members who requested assistance.

The full-day seminars were facilitated by two of the BSSV program volunteers: Dr. Tamarah Moss-Knight of Miami, Florida and Dr. Javier Parga of Puerto Rico. Following these seminars, Drs. Moss-Knight and Parga also provided technical assistance to the Virgin Islands Community AIDS Resource & Education Inc. (VICARE) on the island of St. Croix. This support focused on developing a needs assessment tool for the organization to better clarify the problems it encounters and identify appropriate interventions. On the island of St. Thomas, Drs. Moss-Knight and Parga also provided support to HOPE (Helping Others in a Positive Environment), assisting them in adapting evidenced-based interventions for the area.

The BSSV program is a national HIV prevention initiative directed by the APA Office on AIDS. Funded by the Centers for Disease Control and Prevention (CDC), this program has recruited, trained, and mobilized a network of behavioral and social science volunteers to provide ongoing and no-cost capacity-building assistance to community-based organizations that want to implement cutting edge prevention strategies within their communities. There are over 300 behavioral scientists across the United States and U.S. Territories who volunteer for this program—including psychologists, sociologists, anthropologists, public health experts, and social workers. These volunteers have committed their time and skills to delivering localized technical assistance.

The goal of the BSSV Program services is to improve the ability of community organizations to effectively select, adapt, implement and evaluate HIV prevention strategies and behavioral interventions. Improving the capacity of community organizations will help them become more effective in promoting healthy behaviors and reducing the spread of HIV and sexually transmitted diseases within their communities. To read about some of the evidence-based interventions for which the BSSV Program provides CBA, see www.effectiveinterventions.org. More information on the BSSV Program is available at www.apa.org/pi/aids/programs/bssv.
ABOUT THE VOLUNTEERS

Francisco Javier Parga, PhD, received his doctorate in Clinical Psychology from the University of Puerto Rico and maintains a private psychotherapy practice in San Juan, Puerto Rico. He is a certified HIV trainer by APA's HIV Office for Professional Education in the areas of general psychology and HIV, drug use and HIV, the severely and persistently mentally ill and HIV, and ethics. He remains an active consultant in the BSSV Program.

Tamarah Moss-Knight, PhD, MPH, MSW, is a member of the BSSV Program’s Intensive Capacity Leadership Team. Currently an independent consultant, Dr. Moss-Knight has extensive experience working on public health and social service projects in the U.S., Africa, Latin America, and the Caribbean, in addition to volunteering with local HIV/AIDS organizations in prevention education and advocacy. She has done training and consultation work for the Advocates for Youth, the Grenadines Partnership Fund, U.S. Agency for International Development, and the UN Population Fund's Global Youth Partners Program. She received a PhD in Social Work from Howard University in Washington D.C.

Reentry Trauma: The Shock of Returning Home

By Gwen Vogel, PsyD, Justin Stiebel, JD, MA, and Rachele Vogel, MA, members of SalusWorld with domestic and international programs in Colorado, Northern Thailand, Burma, & South Africa.

SalusWorld is an international NGO focused on healing the scars caused by human rights violations worldwide. We provide education, training, and conduct research focusing on trauma, PTSD, depression, anxiety, and responses to stress, trauma and torture. We partner with community based organizations, working together to implement mental health treatment services in a culturally appropriate manner. In addition to training and capacity building initiatives, we are an NGO for NGOs, recognizing the effects of vicarious trauma on humanitarian workers and the need for debriefing for healthy reintegration.

The hardest part about reentry is that people seemingly do not care how my life had been transformed and reconciling that with the people and things that had remained the same at home ~ Aid Worker, Uganda

Humanitarian aid workers respond to isolated and protracted instances of disasters in unpredictable environments. The cycle of cultural adjustment begins with a plan to work internationally and continues through return home. Culture shock and reentry shock are not isolated events but rather part of the total adjustment process that stretches from pre-departure to reintegration at home.

Research suggests there are evident secondary effects of working with traumatized populations. This secondary effect has been referred to with a myriad of names, but the most common referent is “vicarious traumatization” (McCann & Pearlman, 1990). While the prevalence of Posttraumatic stress disorder in aid workers is similar to that of the general population, this fails to display to full extent of working with traumatized populations in global humanitarian disasters (Kessler, Sonnega, Bromet E, Hughes, & Nelson, 1995).

Aid workers often show signs of vicarious trauma at subclinical levels in a manner similar to emergency personal who suffered exposure to a disaster or other work trauma (Marmar, Weiss, Metzler, Ronfedlt, & Foreman, 1996). They also deal with unique layers of stress as professionals accustomed to western comforts: the change to living in a foreign environment is quite shocking. Suddenly, workers become the living face of their organization 24-7, their behavior directly impacts the reputation of their organization, and every move they make is subject to intense scrutiny. This claustrophobic environment is further magnified by location restrictions due to security risks.

Following the end of an overseas contract, aid workers return home exhausted from the strain and stress of working abroad and uncertain of what to do with the new profound and unsettling knowledge that human beings and Mother Nature often do not act humanely. A need for “down time” is complicated by the myriad of issues that must be faced upon returning home, these changes are often misunderstood or ignored at home.

International aid workers often feel guilt upon leaving their treatment locale and have few avenues to discuss and process the work performed abroad (Hearns & Deeny, 2007). Reintegration processes need to be established to best support the psychological health of an individual returning from abroad. These processes need to address changes in an individual’s altruistic identity that occur in working on a humanitarian mission and the personal vacuum that is created upon leaving that environment (McCormack, Joseph, & Haggar, 2009). Returning workers often report feeling that seeking help would show personal weakness (Kaur, 1996) or trivialize the plight of the populations they worked with (Grant, 1995).
As the end of a contract draws near, workers often feel a variety of mixed emotions. Aid workers want to have helped, to be missed, to stay longer, to depart gracefully, to be told their work was valued, and, upon return, to be able to effectively communicate how their work changed them. One returnee explained, “Living and working abroad has a deep, profound effect on a person - an effect one doesn’t realize until they return home and find themselves desperately hanging on to what they have left behind.” (Aid Worker, Liberia) However, at home, behavioral changes are often more readily apparent than inner transformation.

The environmental change of returning home can result in odd behaviors. “It’s so tough to return to your own ‘reality’ and realize that you don’t necessarily agree with your life or your culture or the values underlying it.” (Aid Worker, Sudan). Returning aid workers have refused to buy furniture for their apartment because the communities left behind could not afford it, slept in hammocks outside because of a need for space, or slept in a sleeping bag atop a western mattress after weeks of doing so outdoors. These changes are often tied to personal struggles with frustration and guilt over the large number choices they have for everything while the communities they left have few resources.

Organizations need to be accountable to their aid workers in the same manner they are accountable to their target populations. A return protocol might include debriefing, psychological assessment, psychosocial rehabilitation with family, community, and workplace, and psycho-educational sessions for both the aid worker and family members. While many of the structures needed to manage vicarious traumatization are provided within the structure of the organization, individual fears often prevent successful implementation, requiring the outsourcing of interventions. These interventions will need to target the sense of belonging, control, social support, and altruistic identity effected by the return home (McCormack, Joseph, & Haggar, 2009). Utilizing new technology with well-trained clinicians, offers the possibility of regular support with aid workers in the field.

The adventure of international aid work is not a cursed fate. Our responsibility as a community is to identify and limit the risks and harms of humanitarian service. SalusWorld attempts to do this and understands that international humanitarian crisis situations are as horrifying for the local population as for the national and international staff there to offer support and services. It is difficult to be intimately intertwined with personal suffering without returning home with that weight. In an effort to help aid workers, workshops, individual counseling, remote counseling, debriefings, and in service trainings on topics of vicarious trauma, compassion fatigue, and burnout. Ψ

ABOUT THE AUTHORS

Gwen Vogel is the director of field operations for SalusWorld and has worked for Medicines Sans Frontiers/Doctors Without Borders, The Center for Victims of Torture and the Center for International Disaster Psychology at the University of Denver. In addition to her international service work, she works to support aid workers and expats serving and working aboard. She can be contacted at gvogel@salusworld.org.

Justin Stiebel is a volunteer with the SalusWorld headquarters in Denver, Colorado.

Rachele Vogel is an intern at SalusWorld headquarters in Denver, Colorado.

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Psychologist Prescriptive Authority Movement in Europe

By Elaine S. LeVine, PhD, ABMP, New Mexico State University

The movement to allow psychologists with appropriate post-doctoral training to prescribe psychotropic medications for their patients is based on three heuristic propositions: 1) properly trained psychologists with prescriptive authority can increase access to care for many underserved populations; 2) the combination of psychotherapy plus psychotropic intervention, when appropriate, is more efficacious than either approach alone; and 3) one provider, skilled in psychodiagnostic and psychotherapeutic techniques, as well as psychopharmacology provides a practical and less expensive means of intervention for patients. Over a hundred psychologists in branches of the military and in New Mexico and Louisiana have been
prescribing for over ten years and there have been no complaints of prescribing malpractice by regulatory boards. Moreover, a body of case study evidence of prescribing psychologists' efficacy as consultants about medication and active prescribers is accruing (see LeVine, 2011; McGrath and Moore, 2010).

Presently, three programs have received designation from the American Psychological Association as having met the educational guidelines for training prescribing psychologists as adopted by the American Psychological Council in August, 2010. These programs are housed at Alliant University in California, Fairleigh Dickenson University in New Jersey, and New Mexico State University in New Mexico. All of these programs have drawn students primarily from the United States, but because they employ distance education formats, they have also included psychologist/students from around the world.

The New Mexico State University Interdisciplinary Master's Degree in Psychopharmacology (offered in conjunction with the Southwest Institute for the Advancement of Psychotherapy) is unique in having provided classes to a cohort of Dutch psychologists. The nature of this program was described in an earlier issue of Psychology International (www.apa.org/international/pi/2008/12/netherlands.aspx). Thus far, 18 psychologists studied psychopharmacology through online coursework, live chats, and eight live modules that were presented in Amsterdam. The students’ training culminated in a two week executive track practicum in New Mexico, in which the Dutch psychologists shadowed various prescribing psychologists throughout New Mexico and participated in an international forum on ethnic diversity issues from an international perspective, sponsored by the Counseling and Educational Psychology Department at New Mexico State University. Many of the Dutch psychologists obtaining this training are the core activists attempting to pass a prescriptive authority law for psychologists in the Netherlands. In addition, even before obtaining the authority to prescribe, the Dutch psychologists are using the skills in psychopharmacology as consultants in many venues. For example, one Dutch psychologist who works in a primary care setting is now making the recommendations about psychotropic medications within the clinic. Several Dutch graduates are now teaching courses on psychopharmacology.

New Mexico State University (the SIAP/NMSU), in conjunction with the Netherlands Institute of Psychology (NIP), is initiating a new iteration of classes to begin in September of 2012. Like the previous program, many of these classes will be taught online, and some will be offered live in Utrecht, Netherlands. We anticipate the program will be very effective and interesting, as this iteration will be able to draw on the skills of the Dutch psychologists already trained in psychopharmacology, as well as some medical personnel from the Netherlands who have become supportive of the movement. Because a central purpose of this program is to provide quality care with increased access to underserved populations throughout the world, a certain number of applicants for this iteration will be accepted from countries outside of the Netherlands. The prescriptive authority movement has been driven by very lofty aspirations among psychologists to provide higher quality care and greater access to care for underserved populations. It is very exciting to witness the evolution of this movement from its core as a demonstration project in the U.S. Department of Defense twenty years ago, to its present international efforts. For more information on the program, please visit the New Mexico State University website at education.nmsu.edu/cep/siap/index.html; or contact Elaine LeVine at eslevine@hotmail.com or Huib van Dis at h.vandis@uva.nl.

Psychologists Obtain Advanced Training on Human Rights Law and Evaluations of Torture Survivors

By George Hough, PhD, ABPP

The Physicians for Human Rights (PHR) Asylum Program hosted a workshop offering basic and advanced training for mental health specialists on the subjects of human rights law and the forensic evaluation of torture survivors. The workshop, titled “Aiding Survivors of Torture & Other Human Rights Abuses: Physical and Psychological Documentation of Individuals Seeking Humanitarian Protection in the U.S.,” was held March 31—April 1, 2012 in Boston, MA. The first full day of basic training was held at Tufts University School of Medicine in downtown Boston, and the second half-day of advanced training was held at the PHR headquarters in Cambridge. Workshop participants represented a broad array of the helping professions,
including social workers, psychologists, psychiatrists, and physicians from various specialties (e.g., anesthesiology, family practice, pulmonology, rehabilitation medicine, physiatry), as well as medical students from PHR student chapters.

This specialized training included: an overview of the PHR Asylum Network; immigration and legislative updates; case law and trends in asylum testimony; basic and advanced interviewing techniques with asylum clients; aspects of physical and psychological evaluations and documentation of the pathologies resulting from torture (i.e., evidence of tribal markings, female genital mutilation, and evidence of ritualistic torture); mock cross-examinations; an overview of the U.S. immigration detention system; and the foundations of scientifically-based evidence collection and documentation. All training was anchored in the Istanbul Protocol and in PHR's Guide to Medical and Psychological Evaluation of Torture.

The purpose of the training was to address a central problem occurring within the asylum system—that the current number of immigrants arriving in the United States who are seeking asylum from torture and persecution in their country of origin continues to rise. Accordingly, the population of asylum seekers formally detained in American detention centers rises at a proportionate rate. Approximately 1.2 million immigrants have passed through detention in the past three years, with the average length of stay at 30 days. Most detention centers are constructed far from an urban area, which adds to this population's invisibility within American culture. Detainees have a right to legal representation, but not at the government's expense. Eighty-four percent of detainees are thus legally unrepresented. As of September 2011, approximately 298,000 cases were pending resolution in Federal Immigration Courts.

A number of detainees are asylum seekers who arrive from countries where they have been subjected to the practice of torture and ill-treatment in their country of origin. For some detainees, deportation to their country of origin places them at high risk for further harm. For those individuals seeking asylum due to prior persecution or the credible threat of future persecution and/or torture, obtaining a comprehensive medical and psychological evaluation that can objectively document and correlate current evaluation findings with reported trauma history is often vital to obtaining asylum in the U.S. To help address this need, PHR's Asylum Network is comprised of over 450 health care professionals throughout the United States who provide pro bono psychological and physical evaluations to document evidence of torture and other human rights violations for men, women and children fleeing persecution in their home countries. The weight of these evaluations can often tip the balance between life and death.

Four core members of PHR's training faculty provided the training. Christy Fujio, JD, MA is the Asylum Program Director for PHR and manages oversight of the Asylum Network and PHR's efforts to protect the human rights of asylum seekers in the United States through research, documentation and advocacy. Mike Corradini, JD, MA, is the Asylum Advocacy Associate at PHR. Mr. Corradini works with PHR's asylum program and policy team to develop and advocate for positive changes to asylum law and the immigration detention system. Dr. Coleen Kivlahan, MD, MSPH, is senior Director of Health Care Affairs at the American Association of Medical Colleges and has extensive experience conducting forensic evaluations of political asylum seekers. She is also the recipient of the 2005 Pride in the Profession award from the Board of Directors of the American Medical Association Foundation. Dr. Joanne Ahola, MD is a board certified psychiatrist in New York City and is on the voluntary faculty of the Weill Cornell Medical College, where she serves as Medical Director of the Weill Cornell Center for Human Rights. Dr. Ahola's special interests include evaluation and research with LGBT/HIV+ asylum clients. Ms. Kelly Holz is the PHR Asylum Coordinator and arranged all logistical details and training. Psychologists interested in learning more about the PHR Asylum Network should contact asylum@phrusa.org.

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Note: The Istanbul Protocol is a United Nations document published in numerous languages that is recognized as setting the international standard for such investigations. The Istanbul Protocol provides a set of guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting such findings to the judiciary and any other investigative body.
School-based psychological services in Kosovo

By Blerta Sulhasi, MA, Program Director, Licensed Clinical Psychologist

After serving at the APA in Washington, D.C., as part of the Hope Fellowship Program (a fellowship that aims to strengthen the role of women in policy and decision-making in the Balkans), I returned to Kosovo to begin establishing the School-Based Psychological Services Program (SBPSP). The purpose of SBPSP is to remove barriers in access to mental health services, and to prevent and treat mental health problems among youth. It lays the foundation for a potential expansion of mental health services in Kosovo’s schools and aims to improve student academic performance as a result of better health. Specifically, the project has four objectives: 1) to build the capacity of schools to increase prevention and mental health promotion programs and services in the school setting for all students; 2) to increase student access to quality mental health services; 3) to increase all students’ developmental and academic success; and 4) to convince the Ministry of Education to implement student counseling services across more regions of Kosovo.

The project began with meetings with the principal of the Gymnasium High School — Hajdar Dushi, to finalize details of the project, including: people to be involved, the selection of students, the selection of teachers, identifying meeting space for individual therapy and group meetings with students, and interviewing psychological staff for the program. The pilot phase of SBPSP began in January 2012 and continued until July 2012. During this time, ten psychologists, four teachers, and six student leaders offered psychosocial services and conducted awareness raising activities for the project. Two psychologists who already worked as regular psychology teachers at Hajdar Dushi also provided counseling to students in need. Teachers and student leaders referred students to the counseling staff or identified them to the counselors.

Though the project is currently being implemented on a voluntary basis, it has the support of executive leadership at Hajdar Dushi in Gjakova and — 17 shkurti in Obiliq, as well as the local Ministry of Education. The APA Women’s Programs Office, the DC Department of Mental Health and the Center for Health and Health Care in Schools from George Washington University provide technical support and remote supervision to SBPSP. Radio Gjakova gave added support by offering radio airtime and space for SBPSP to promote the pilot project and discuss mental health issues. In addition, a local NGO called Children for Tomorrow—Kosova (CFT) served as a partner to the project.

**PROJECT ACTIVITIES**

Activities of the SBPSP pilot project included group meetings, individual meetings, radio shows and the establishment of a project webpage.
• **Group Meetings.** Once a week, groups of students with 10-12 students each, and with two leading psychologists, got together on school ground to discuss mental health concerns. The groups also participated in different psychological activities for seven weeks. Overall, 90 students were involved in these meetings. For more information on these group meetings, please visit Blerta Sulhasi.

• **Individual Sessions.** Two psychologists held individual sessions for those students in need of mental health care. The psychologists filling this role were already serving as psychology teachers in the participating school. I served as one of the psychologists and the other was a teacher of psychology at the Hajdar Dushi High School. Students that were referred by teachers or student leaders or were self "walk-ins," could access this service.

• **Project Webpage.** The Program's Facebook page provides up-to-date information, helping students, parents, mental health professionals and educators promote the mental health of students and conduct awareness-raising about adolescents' mental health. On this site, students and parents have access to psychological articles and can find links to mental health resources. This webpage also aims to provide users with tools that prevent and reduce symptoms of mental/emotional health issues. It also encourages users to consider the many ways they can strengthen and promote good mental health skills and recommit themselves to adolescents' positive mental health development. As of July 2012, the SBPSP Facebook page has 1,130 followers. Since the SBPSP does not yet have a funding source, this webpage has provided an important way to spread information about the program. Because most of the adolescents and students following the SBPSP Facebook page spend plenty of time on Facebook anyway, the site has been very beneficial and a smart way to advertise without spending money on flyers and posters or other awareness-raising or prevention activities. View the Facebook page.

• **Radio Show.** SBPSP aired a weekly Radio Show on Radio Gjakova between February and July 2012. In partnership with Radio Gjakova, SBPSP used the radio program to dramatically increase the reach of SBPSP’s message and information, especially to adolescents and parents wanting to learn more about psychological issues. SBPSP invited different mental health professionals each week to serve as guest experts. During the first show, I introduced the public to the program and shared my Hope Fellowship Program experiences from Prishtina and Washington, DC. During the second week, SBPSP invited the Executive Director of Children for Tomorrow—Kosova (CFT) onto the show. The Executive Director talked about the NGO’s activities and gave more information on where Gjakova’s adolescents can go to find psychological services. We also spoke about the partnership between the School-Based Psychological Services Program and CFT. The next 16 radio shows discussed issues in adolescence, depression, stress, drugs, bullying, aggression, conflict resolution, eating disorders, interpersonal relationships, the role of school psychologists in Kosovo, anxiety, self-esteem and the like. To see pictures from the live taping of the SBPSP radio program, please visit Blerta Sulhasi's website.

To date, this project has serviced more than 100 students in Kosovo from Gjakova and Obiliq, and included 20 individual sessions and 56 weekly group meetings with students. If the Ministry of Education and the Ministry of Health adopt this program for the long-term, Kosovo will begin to see a real improvement in the mental health of its students.

**Group psychotherapy trainings in China**

*By Jeffrey Kleinberg, PhD and Nina K. Thomas, PhD*

Over the past four years, APA members Jeffrey Kleinberg, PhD, ABPP and Nina Thomas, PhD, ABPP, have traveled to China to lecture and teach group psychotherapy. Dr. Kleinberg is Retiring President of the American Group Psychotherapy Association and Editor of the “Wiley-Blackwell Handbook of Group Psychotherapy” (2012). Dr. Thomas is chair of the Specialization in Trauma and Disaster Studies at the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. Both recently co-taught a 5-day course at the Shanghai Mental Health Center, Medical School of Jiaotong.

China estimates that it has 16 million people in need of mental health care, without having near enough trained professionals to provide it (“Mental Health Law Is Right for China,” 2012). In fact, there are only about 16,000 psychiatrists (Jin Liu, 2011) and 12,000 psychologists (Erwin, 2008) for its entire population of 1.3 billion people. The extreme need for clinical services
became dramatically evident in the aftermath of the Wenchuan earthquake in 2008 (Xu Juiping, 2011; Fan et al., 2011; Kun et. al., 2009; Xan Lang, et al., 2008) when the loss of life and physical devastation resulted in significant psychological distress with accompanying social, economic and political turmoil. Mental health services in China are provided through a combination of public and private services. Public service include hospital clinics, while private services include private clinics or, more rarely, psychiatrists and what would be described in U.S. terms as master's level psychologists offering services in their private offices.

Xu Yong, director of training and education at the Shanghai Mental Health Center, has coordinated a successful program to expand the number of psychiatrists, psychologists and counselors who can lead psychotherapy groups. Succinctly expressing the particular challenges currently facing clinicians in China, he says:

“The remarkable social and economic changes in China since 1980 have underscored the importance of mental health. The Chinese have experienced radical, rapid changes in society: the end of social security, large scale internal migration, the introduction of the one-child policy, and the breakdown of traditional family structures. Many young adults are now torn between conformity and autonomy. These social changes have occurred in the context of shifting interpersonal relationships in China, influencing people's internal worlds, and inevitably, challenging people’s ego capacity for adaptation to the new realities. It’s not difficult to understand why so many Chinese people are now experiencing anxiety and depression. A psychotherapy group is a great place for individuals to share and deal with their deep feelings of isolation, helplessness and uncertainty, to explore and know their internal world and those of others, and to learn how to better relate. Because we lack sufficient numbers of qualified psychotherapists to meet the need for counseling and psychotherapy, group treatments become even more important.”

Against the backdrop of the kind of needs Xu Yong describes, we traveled to China in 2010 and 2011 to lead group psychotherapy trainings that offered lectures, demonstration groups and supervisory sessions, deeply engaging more than 65 therapists in studying tasks of group leadership. Tasks included treatment planning, selection of members, maintaining safety, monitoring progress, dealing with transference and countertransference, and termination. Many participants are now gearing up to establish or expand groups at their clinics, hospitals or schools. The content of the training was extensive, covering topics such as the selection and preparation of patients for groups; the ethical considerations of group psychotherapists (in particular addressing the recruitment and boundary issues involved); and the process of group therapy.

Originally, the 2010 training was to be co-taught with the late Harold S. Bernard, PhD, a past president of the American Group Psychotherapy Association. Bernard’s illness prevented him from making the trip, and though the participants were not familiar with his work, his absence enveloped the training in an atmosphere of loss and missed opportunity. The “time is short” motif provided a sense of urgency and inspired the trainees to get as much as they could from their work together.

The uniqueness of supervision, or any systematic training in theory and practice for that matter, became evident in a number of the participants’ responses to the trainings. Several remarked that, though they had conducted group therapy sessions for five or more years, they never had received any supervision.

Efforts to scale-up group treatment have been intensifying in China in recent years. For example, [Kleinberg] and colleagues were asked to help volunteers who were also mental health professionals provide trauma relief to survivors of the Chengdu earthquake. More recently, two new professional organizations have been founded: the Chinese Group Psychotherapy Association and the Chinese Group Counseling Association, which held its first meeting in Beijing this past May, attended by 400 people (Kleinberg was the keynote speaker). Trainings and exchange of ideas are high on the agendas of these associations. One example of a new initiative is a reading group on group psychotherapy and supervision that we will be leading via Skype in coming months.

Though it is evident that wonderful progress is being made with regards to group psychotherapy, we suggest there is still much work to be done. While the need is great and interest is strong to arrange cross-cultural training, funding is hard to come by. Global public health officials and non-governmental organizations have only recently turned their attention to mental health needs, and a much greater commitment is needed.
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Capacitar: Building mental health capacity in rural Guatemala

By Liz Angoff, PhD

By the end of seven years working as a school psychologist in a large urban public school district in Oakland, California, I was frustrated with the gravity of the issues and the scarcity of resources. I decided to flee the country in search of perspective: with a friend’s recommendation, I applied to volunteer at a hospital in rural Guatemala.

I have always wished there was a program for school psychologists that paralleled Doctors Without Borders: an opportunity to do service in another country and have an impact on a global scale. I work with many Spanish-speaking immigrant communities in the Untied States and have visited some of their hometowns before, but never long enough to engage in real work. Unfortunately, Doctors Without Borders is a nine-month commitment, and they do not accept educational psychologists. Still, I have the summers off from work, fluency in Spanish and an inexplicable exuberance for my job. Why not pack up my skills and my passport and go on an adventure? A physician friend of mine does this regularly and suggested a small hospital in a culturally rich but resource-poor rural area where she had previously volunteered. I filled out an application explaining my skill set, and the hospital staff was ecstatic. So I packed my bags for a month in Santiago Atitlan, Guatemala.

Upon arrival, I quickly realized that my hosts were expecting me to see adults and children with severe trauma. Several years before, a hurricane took out an entire village, and there were some adults who had not left their homes since. Despite the need, however, there was little precedence for mental health intervention. Perhaps amplified because I was working out of a hospital, those who came to see me described their children as sick and often asked, “Doctor, do you think he has something?” One little boy refused to come into the room because he hated doctors: “Doctors hurt!” he explained, tearfully.

I was faced with a dilemma: I was to be in Guatemala for only a month, the people I was encountering professionally suffered severe trauma, psychological services were rare and there were no other supports available for patients if short-term therapy was ineffective. It seemed to me that providing therapy in these circumstances could actually cause more harm than good. What, then, does a psychologist do if not therapy?

AN ETHICAL SHORT TERM PRACTICE

Fighting oppressive thoughts of “What was I thinking?” and chagrined at the idea of “drive-by therapy,” I attempted to shift my lens to a different model of psychological intervention. The professionals surrounding me had deep roots in the community,
and understood the struggles and trauma of the area, but were unfamiliar with mental health practices. I wondered if I could make an impact by helping frame the struggles they saw and equip them with a few basic tools to support mental health challenges. Even if psychological services might be viewed as taboo, there could still be ways to address mental health issues.

There are many ways to say “training” in Spanish. On my first day I was informed that the apparent cognate, "entrenar," implies the training of a dog, while the word "enseñar" (to teach) implies a power differential between teacher and student. Rather than training or teaching, we were instead asked to "capacitar": to empower, prepare and entitle. This particular conceptualization of training aligns with the consultee-centered consultation model (Caplan, 1964), in which I received training the United States. The goal of this model is not for experts to fix a problem; it is to use consultation to build the capacity of those who are on the front lines, who have regular access to those affected and who will continue to be around long after the “experts” (or those with official degrees) have returned home.

While this method typically focuses on the interaction between two or more professionals, it has been my practice to also work with parents in this manner, as they are experts: in their knowledge of their child, their community, their resources and their own experience with the problems they are trying to solve.

With so few patients coming to the hospital, the volunteer coordinator partnered me with a school close by. When I introduced myself to the school, I had a chance to explain my role and skills differently; when the school leaders asked me what I did, I explained that I worked with teachers to help them learn how to approach children with difficult behaviors, a history of trauma or difficulties with learning. I explained that I would be available for meetings with teachers, I would be willing to conduct trainings and I would model social skills instruction. The school teachers were skeptical: “But we have so many students who need to see you.”

One of my first encounters was with a woman who had the title “Spiritual Guidance Counselor” (it was an Evangelical school). Previously, she had been the Bible study teacher. However, she noticed that the students were having many difficulties in their lives that were not covered in her curriculum. She began meeting with them — by class, in groups of girls and boys, and then in small groups with the most impacted youth. She identified the most pressing issues for each grade and began choosing Bible stories that directly addressed these issues. After this, she changed her title to guidance counselor. She told me that there was no precedent for this: she knew of no other schools with a guidance counselor, and there was no training available for someone with these intentions.

When she asked if I would train her, I was somewhat taken aback. I am not a religious person, and I was raised Jewish; but her response to this information was, “That's wonderful! What a beautiful people the Jews are. We hold the same values.” In consultee-centered consultation, the first and most critical step is rapport-building. At this juncture, we both put down our notepads and talked at length about these shared values. While my beliefs were not aligned completely with hers, we had a common understanding that propelled much of the work ahead of us.

I asked to spend the first week observing classrooms and building rapport with the teachers. When they asked me to speak with individual students, I instead set up appointments to consult with the teacher directly. By the end of the week, I had become a familiar face in the classrooms, clarified some translations for the English teacher and even briefly taught sex education when the male teacher ran out of answers for his female students.

I observed the guidance counselor on a number of occasions. She was a dynamic speaker and storyteller, but the students never had an opportunity to speak during their sessions. She spoke at them for an hour, asked if they understood, watched them nod and then dismissed them. I used the consultee-centered consultation framework to continue rapport-building and problem definition to help her find interventions. We worked to define the difficulties: first, she wanted students to talk to her about their problems; second, she wanted to help them internalize the lessons about how to solve these problems. We decided I would model social skills instruction with the fifth and sixth graders to help develop these skills.

Students participating in one of the “Friendship Groups”

Social Skills Groups

I frequently run “Friendship Groups” in the United States, which are designed to teach social skills and create a therapeutic environment for the most challenged students. Together, the guidance counselor and I reviewed some of the major difficulties she had identified in her students, and I designed a series of four lessons using her input from the Bible stories she felt most relevant. While I conducted these four sessions with a few groups from the sixth grade, the guidance counselor and principal observed and began
learning the strategies. When I repeated the lessons for groups of fifth graders, the guidance counselor co-led some of the lessons to implement the strategies in her own way.

One morning during my last week, the counselor opened her office and excitedly pointed to her wall. She had pinned up a number of papers from an activity with the high school students the evening before. It was a variation on an activity I call “Graffiti.” The papers had the words “honesty” and “dishonesty” in the center and were filled with children’s handwriting. She explained how this activity showed her how little the students understood from her lessons and began brainstorming multiple ways for her students to talk more during the class. She began designing a lesson where they would write out imaginary Facebook postings between Biblical characters, stating that her students might be more engaged if she used more elements from their modern world.

Four months after I left, I wrote to the guidance counselor to ask if the work continued. She replied:

“There were some difficulties with the girls in the Secondary School, and I used [the techniques] with them. The results were very positive, so I made a formal training for the staff in how to use it. I explained the steps and added some things that I’ve done. There were some very exciting moments because the staff participated as if they were students, writing messages for each other, sharing their drawings, and I told them they could do this with their students. I felt very happy with the results because the teachers learned how to use the technique so they could help their students. I would like to learn more about how to discover what the children keep inside them, and how it affects their behavior in school. [translated from Spanish]

Not only did she continue engaging her students, but she was able to "capacitar" the staff as well. This impact is significantly more than I could have achieved through direct services to struggling students.

**Teacher Consultation**

When the teachers approached me to counsel their students, they often began by saying the problems “came from home.” Knowing that drive-by therapy was not in my plans, I made appointments with the teachers instead of their students. In the first case, the child cried every day that she missed her mother. I asked the teacher to describe in detail what she saw, what part of the day was most difficult, what seemed to help or what made things worse. We discovered through her description that the student was very capable of the work, but had difficulty focusing because she spent her time seeking comfort from the teacher. We re-defined the problem from “home” to feeling anxious in the classroom. The next week, the teacher brought in a few stuffed animals to be “class helpers” and reported that the target student, as well as a few others, had begun using the animals to calm down on a tough day. The teacher had found a way to help her students cope with difficult emotions even when they came from home.

A second teacher reported that her student was inattentive, getting into conflicts, and often tired and defensive. The student had suffered a traumatic event, and the teacher felt helpless. We discovered that the student was having vicious nightmares with dozens of monster, which he drew for us. Connecting the scary dreams and lack of sleep to his behavior in the classroom, we asked the student to tell us what he wanted to do with the monsters. He replied, “Let’s put them in the compost so the worms will eat them!” By the next week, the teacher had set up a “dream corner” in the classroom with paper and art supplies. Any child who had a bad dream could draw their dream and feed it to the worms.

The teacher later reported improved behavior with a few of her students who were using the dream corner as a place to put their worries and fears. Again, by focusing on coping skills instead of wondering how to improve the home environment, the teachers were able to independently develop effective interventions for the classrooms.

**Professional Development**

On my last day at the school, I ran a workshop for the entire staff and presented a simple concept: behavior, similar to reading and math, is a set of skills. If a child is misbehaving, blaming outside circumstances leaves us powerless; however, if we see behavior as a set of skills, we can identify what we need to teach the children so they can engage in school in a positive way. Then I asked them to share: the guidance counselor presented her plans for Friendship Groups, and the teachers presented their plans for stuffed animal “helpers” and the “dream corner.” Other teachers presented difficult student behaviors, and the staff discussed what skills these students were missing and how to teach them. One of the teachers recently emailed me to say that they are still working from this framework and talking about how to teach skills to difficult students.

**Parent Training**

While I tried to focus most of my work on staff development, I still saw children at the hospital and at the school for individual sessions. However, my work in this context focused mostly on the parents and how they worked with their child in difficult times. Similar to my conversations with the teachers, I worked to clarify difficulties and to help the parents brainstorm solutions to support the overall mental health of their children. While I cannot be sure of the impact of these parent-focused sessions, I do know that if the parents did take something away, the likelihood of its continued impact is greater than if I attempted intervention with the children themselves.

**THE TRAVELING PSYCHOLOGIST**

The consultee-centered consultation model provides an avenue for capacitar: building the capacity of those directly involved with the problem or difficulty at hand. While not traditionally a part of global mental health efforts, school psychologists may be particularly well equipped to provide sustainable support for impacted communities. We know how to work within institutions, and we have knowledge of school systems, family systems, child development and the ways that trauma can affect each of these things. By using a
consultation model, it is possible to build capacity in communities that lack mental health resources, are resistant to traditional models of psychological intervention and struggle for the means to acquire these services when they are available.

For me, working in Guatemala gave tremendous clarity to my work in the school district. I am part of a large support network for students and all who participate in their care; I am a part of the villages that raises our next generation, and I get to be the “doctor that doesn’t hurt.” Pura utz! Ψ


Liz Angoff can be reached by email. For more information on her work, please visit her website.

Humanitarian Work Psychology at North Carolina State University’s IOTech4D Lab

By Ann-Marie Clayton, PhD Candidate, and Lori Foster Thompson, PhD, North Carolina State University

Reducing global poverty: What’s I-O psychology got to do with it? A lot. So much, in fact, that our lab at North Carolina State University is fundamentally devoted to using industrial-organizational (I-O) psychology to enrich and improve work carried out for, with, and by people living in lower-income settings, for the purpose of addressing some of the most pressing economic, social, and environmental challenges facing the world today. The purpose of this article is to: describe I-O psychology’s role in meeting global development challenges; introduce an emerging sub-discipline known as humanitarian work psychology; and illustrate how the IOTech4D lab at North Carolina State University is working to advance human welfare through research at the intersection of work, psychology, technology, and global development.

THE CENTRALITY OF WORK TO GLOBAL DEVELOPMENT

The United Nations (U.N.) Millennium Development Goals (MDGs) are eight imperatives established at the turn of the century and agreed upon by countries and development institutions worldwide. They include aspirations such as reducing extreme poverty by half, providing universal access to primary education, and halting the spread of HIV/AIDS by the year 2015.

The truth is, reducing global poverty is a lot of work. Literally. MDG attainment requires work on the part of aid professionals, it requires work on the part of volunteers, and it requires work on the part of local community members, particularly as capacity building efforts focus on workforce development. Beyond individual efforts, it also necessitates teamwork. Poverty reduction and socio-economic development require individuals and organizations to collaborate effectively within and across agencies and institutions.

As the 2015 deadline for the MDGs approaches, discussions about what the “post-2015 agenda” will entail are underway. Jeffrey Sachs, who served U.N. Secretaries-General Kofi Annan and Ban Ki-Moon as Special Advisor on the MDGs, emphasizes the prominent role that the environment will play in the new set of goals which will follow the MDGs. Sachs (2012) notes, “In a world already undergoing dangerous climate change and other serious environmental ills, there is also widespread understanding that worldwide environmental objectives need a higher profile alongside the poverty-reduction objectives” (p. 2206). Accordingly, U.N. member states have agreed to develop a set of Sustainable Development Goals (SDGs), which will build upon the MDGs and take center stage in the post-2015 development agenda.

As this transition takes place, work remains at the fore. According to Sachs (2012), sustainable development embraces the “triple bottom line” view of human wellbeing, which simultaneously places emphasis on social inclusion, environmental sustainability, and economic well-being. It entails ensuring that all citizens of this world have the opportunity to reach their potential, that they make an effective transition from school to skills to the labor market, and that private companies, large and small, are actively engaged in efforts to accomplish the SDGs. The centrality of work to the SDGs is illustrated by a 2011 report by the International Labour Organization (ILO), titled “Skills for Green Jobs” (Strietska-Illina, Hofmann, Durán Haro, & Jeon, 2011). This report points out that the transition to a greener economy creates opportunities for new jobs. It also, however, triggers the disappearance of old “brown” jobs – an issue which is intricately linked to poverty and socio-economic development. According
to the ILO report, “Developing countries bear least responsibility for climate change but are hit hardest by its consequences. The alteration of natural habitats, loss of biodiversity, droughts, floods and other consequences of climate change and environmental degradation all have grave repercussions for traditional ways of life and livelihood. In countries heavily dependent on farming, fishing and traditional crafts, such as wood carving, people deprived of these sources of income rapidly fall below the poverty line. Consequently these communities have an urgent need for adaptation skills; however, so far skills development strategies are rarely included in national adaptation plans” (Strietska-Illina et al., 2011, p. 167).

In short, work plays a central role in the accomplishment of the MDGs and the forthcoming SDGs. To reduce poverty and promote human and environmental wellbeing, such work needs to be performed in a meaningful, productive, just, and inclusive manner.

**HUMANITARIAN WORK PSYCHOLOGY (HWP)**

It is in the preceding context that the field of industrial-organizational (I-O) psychology, the science of work, interfaces with efforts to promote human and global development. I-O psychology entails evidence-based practice — research and the application of empirical findings to real-world problems. It covers a wide variety of topics pertaining to work and organizational behavior which are relevant to improving poverty alleviation and environmental sustainability initiatives. Its focus areas include but are not limited to work and occupational analysis, entrepreneurship, selection and staffing, training, survey research, leadership, team dynamics, motivation, work satisfaction and performance evaluation.

Recent years have witnessed the emergence of a subdiscipline within I-O psychology known as humanitarian work psychology (HWP). HWP is the synthesis of I-O psychology with deliberate and organized efforts to enhance human welfare (Global Organisation for Humanitarian Work Psychology, 2013). It involves the application of I-O psychology to humanitarian work, which includes a focus on aid and development workers' well-being and job performance. It is also entails science and practice aimed at making work-in-general more humanitarian — for example, by promoting what the ILO calls “decent work,” which entails safe conditions, adequate wages, workers' rights, social dialogue and social protection (Carr et al., 2013; Strietska-Illina et al., 2011). In effect, I-O psychology as a discipline is broadening its science and practice to include a more deliberate focus on the triple bottom line: people, planet and profit. HWP supports and promotes this expansion.

Clearly, some I-O psychologists have been doing what is now called HWP for years (e.g., Franco, Bennett, Kanfer, & Stubblebine, 2004). Until recently, however, such efforts were typically discrete and disconnected from one another, conducted in the absence of a broader community of like-minded others “doing pro-social I-O.” HWP provides organization to these efforts, enabling a collective, proactive, strategic agenda to increase I-O psychology’s visibility and impact in the global development arena. To facilitate this goal, the Global Organisation for HWP (GOHWP) was formed in July of 2012 in Cape Town, South Africa. GOHWP has 105 members from 22 countries (at time of writing), and recognizes there are likely many I-O psychologists and humanitarian professionals worldwide who share its goals and values. Its membership is diverse in occupation and country of origin, but the common desire to enhance human welfare through work is what unites GOHWP members.

Signs of HWP’s influence and reach can be found in the form of books, articles, conference presentations, research studies, applied projects, list serves and university courses devoted to the topic. For example, in 2012, an edited volume, *Humanitarian Work Psychology*, was published (Carr, MacLachlan, & Furnham, 2012). The following year, another volume emerged, titled *Using I-O Psychology for the Greater Good* (Olson-Buchanan, Bryan, & Thompson, 2013). The world’s first graduate courses in HWP were taught in 2010 at the Universities of Bologna and Barcelona, through the European Master in Work, Organizational, and Personnel Psychology (WOP-P), a postgraduate university program supported by the European Commission through the Erasmus Mundus Program. Additionally, conference presentations devoted to HWP have been delivered at major conventions sponsored by the International Association of Applied Psychology, the European Association of Work and Organizational Psychology, the Society for Industrial-Organizational Psychology (APA Div. 14), as well as at non-I-O psychology meetings, such as the 2013 Aid and International Development Forum. Increasingly, I-O psychologists have also been contributing to the programs and goals of the United Nations by working through NGOs with consultative status to the U.N. (e.g., Scott, 2011), and by working directly for organizations such as the U.N.’s Global Compact (Carr, 2010) and the ILO (Carr, 2012).

**THE IOTech4D LAB**

The groundswell of interest in HWP among students, academicians and practitioners is supported by labs devoted to this topic, both north and south of the equator. North Carolina State University’s IOTech4D lab (www.iotech4d.org) is one such example. The IOTech4D lab is housed within the College of Humanities and Social Science’s Department of Psychology. It focuses on how I-O psychology and information technology can be combined to improve work that is carried out for the purpose of global development.
The lab’s name, IOTech4D, reflects its core areas of emphasis. IO stands for industrial-organizational psychology. The lab uses scientific methods to answer the types of questions that for-profit and non-profit work organizations care about, such as how to select the best job applicants, how to train employees, how to evaluate job performance, how to motivate the workforce, how to promote effective teamwork and how to reduce turnover. Tech stands for technology. The lab also focuses on how information and communication technologies help and hinder workers. 4D has a double meaning. First, it stands for “for development.” IOTech4D research addresses how I-O psychology and information technology can be combined to improve work that is carried out for the purpose of global development. Second, it represents the four dimensions of the lab: Work, Psychology, Technology and Global Development. Thus, IOTech4D bridges the worlds of I-O psychology, HWP and Information and Communication Technologies for Development (ICTD). As members of this lab, we are interested in enhancing the science and practice of I-O psychology and HWP through an understanding and use of information and communication technologies. At the same time, we focus on using principles from the organizational sciences to improve efforts within the field of ICTD.

IOTech4D lab members come from a variety of backgrounds. They hold degrees in business administration, economics, international development, sociology and psychology. The lab also hosts visiting scholars from abroad who spend one-to-two semesters thinking, learning and working with us. Most recently, we had the privilege of working with a PhD candidate from the University of Ghana’s Department of Psychology, who spent the 2012-2013 academic year with the lab.

The lab’s mission is to improve human welfare through research at the intersection of work, psychology, information technology and global development. Three example projects, described next, illustrate what this looks like in operational terms.

First, the lab is engaged in a program of research centered on the topic of online volunteerism. The business world has long recognized that personnel do not always have to be physically present at a work site in order to contribute their expertise to a project. The Internet provides ready avenues for remote collaboration and assistance. The same principle can be applied to international aid and development work, as evidenced by online volunteerism portals, such as the United Nations UNV Online Volunteering service. The trend toward online volunteerism is significant because it opens up volunteerism opportunities to a wide variety of people, including highly skilled individuals whose circumstances might preclude travel to an aid site abroad — for example, a stay-at-home mom, a retiree caring for an ailing spouse, a person with physical mobility challenges or an employee who cannot afford to take extended time away from work. By expanding the prospective labor pool, online volunteerism can increase the chances of identifying individuals with just the right mix of skills needed for an aid and development project, including advanced professional skills that may not otherwise be readily available on site. The IOTech4D lab is engaged in several research projects on this topic. Most recently, we presented a paper at the Society for Industrial and Organizational Psychology’s annual 2013 conference, which focused on what motivates people to engage in online volunteerism. The study, which included a sample of respondents from the United States and India, tested whether the factors that motivate online volunteerism depend on the cultural orientation of the would-be volunteer. Also coming from the lab is a stream of research on corporate support for employee online volunteerism, which examines whether organizational support for online volunteerism can be used as an effective tool for recruiting top talent.

Second, the IOTech4D lab is working on a series of projects on the topic of “voluntourism.” Humanitarian aid work often entails short-term assignments completed by volunteers traveling abroad to lower-income regions of the world. Volunteers come from a variety of sources. For example, work organizations and church groups sponsor short-term volunteer trips. Universities also support volunteerism, often in the form of “Alternative Spring Break” assignments. During these trips, students visit various locations to engage in short-term volunteer aid relief during university holidays. Sometimes referred to as “volunteer tourism” or simply “voluntourism,” short-term volunteer work abroad has engendered controversy over the years (e.g., Atkins & Thompson, 2012; Guttentag, 2009; Illich, 1968). Critics argue that such volunteers often do more harm than good, citing a host of problems including cultural missteps and poor performance on the part of volunteers working at aid sites. Proponents maintain that short-term volunteer assignments have the potential to simultaneously develop impoverished communities as well as the volunteers working in them, offering service learning opportunities to broaden the perspectives of those lending a helping hand. While opinions on this emotionally-charged topic abound, data are scarce. The IOTech4D lab is working on research projects designed to define, measure and improve short-term volunteer effectiveness. We are also investigating and testing the
personal attributes (knowledge, skills, abilities and other characteristics) that lead to effectiveness during short-term volunteerism abroad. Finally, we are examining how mobile technologies (e.g., mobile phones) can play a role in assessing and providing performance feedback to short-term volunteers in the field. Specifically, we are working to design a program made for mobile devices that provides immediate feedback on volunteer performance. By first determining what makes an effective volunteer, then reducing the time between performance and feedback, volunteers and the communities they serve can get the most out of the efforts. Recent travels to El Salvador and the Dominican Republic have helped the lab lay the groundwork for this project.

The third and final example of work being conducted in the IOTech4D lab moves away from the topic of volunteerism and focuses instead on local workforce development. This program of applied research, which we call Work-AID (Work-Analytics for International Development), is a work in progress, being conducted in conjunction with the Aidmatrix Foundation. High rates of unemployment affect regions and countries around the world. At the same time, there are employers with serious worker shortages. Just as people in this world go hungry while unused food goes to waste, jobs remain unfilled while people’s talents go underutilized or underdeveloped. Work-AID examines how work analysis data, psychometric testing and supply chain management technology can be combined to meet this challenge. As stated in the World Bank’s 2013 World Development Report, “Jobs are instrumental to achieving economic and social development. Beyond their critical importance for individual well-being, they lie at the heart of many broader societal objectives, such as poverty reduction, economy-wide productivity growth, and social cohesion. The development payoffs from jobs include acquiring skills, empowering women, and stabilizing post-conflict societies. Jobs that contribute to these broader goals are valuable not only for those who hold them but for society as a whole” (World Bank, 2012, p. xiii).

Scientifically valid information about work, workers and work contexts undergirds Work-AID, which aims to utilize the benefits of existing work analysis data in the United States and certain European countries, improve upon those data, contextualize them to reflect local realities and export them to new settings where human capital information is limited, such as low-income countries in developing regions of the world. Suppose, for example, that a region wishes to develop a certain sector — perhaps a green, sustainable sector such as renewable energy generation. Preparing a local workforce with the skills needed to excel in the sector requires a clear understanding of the requisite jobs and occupations (e.g., wind energy engineers, solar thermal installers and technicians) and what they entail. Pre-existing databases and supplementary scientific methods can be used to identify the tasks and duties most important to each job or occupation, given the realities of the region at hand. This process, known as work analysis, also identifies the “KSAOs” — knowledge, skills, abilities and other characteristics (e.g., personality, interests) needed to perform each job or occupation successfully. Directly or indirectly assessing the population’s KSAOs provides a picture of available human resources. Together data pertaining to (a) work requirements and (b) human capital can facilitate powerful analyses — a series of comparisons or “gap analyses” that can prove useful on several different levels. For example, a detailed account of the gaps between a region’s current and target talent profile can help drive educational (community college, university) curricula for the purpose of regional workforce development. An examination of gaps between individual talent profiles and job requirements can direct people to occupations that play to their strengths, and can point them to training that best prepares them for a particular job or occupation. Finally, gaps between one occupation and another can also be studied. Skill-similarity creates an understanding of where workers (e.g., those in “brown” occupations whose jobs are becoming obsolete) can go outside of their industry. Fueled with high-quality, scientifically derived data, these gap analyses can be facilitated through supply chain management technology which can readily connect people to the work opportunities that require their particular blend of talents. This is what Work-AID is all about.

In sum, the IOTech4D lab uses I-O psychology to improve human welfare through research at the intersections of work, psychology, information technology and global development. The three preceding examples illustrate how. It is important to note, however, that the IOTech4D lab is just one example of what HWP looks like in action. Other hubs of HWP activity exist throughout the world, each with a unique but complementary approach to using I-O psychology for the greater good. A notable example is Massey University’s Poverty Research Group, which focuses on the application of I-O psychology to topics such as aid organization fundraising and development education; teamwork and partnership for disaster relief and capacity development; and the nexus between migration and development (Massey University, 2013).

CONCLUSION

In conclusion, work is central to poverty reduction and sustainable development. The psychology of work therefore has a role to play as youth unemployment reaches troublesome rates, as humanity faces environmental sustainability crises and as the U.N.’s MDGs transition to SDGs. Advances in humanitarian work psychology, supported by research hubs such as North Carolina State University’s IOTech4D lab, can facilitate data-driven decision making and evidence-based practice as the world strives to improve living and working conditions for current and future generations. Ψ

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