Policy change has always been a passion of third year trauma psychology PhD student, Alisa Bartel, who was recently awarded a scholarship to attend a Policy Workshop & Advocacy Day in Washington, D.C. This two-day session, co-sponsored by the American Psychology Association (APA), preceded the 125th Annual APA Convention in Washington, D.C. This workshop brought together graduate students and mental health professionals from across the nation to learn about policy careers and how to advocate and communicate in front of policy makers. Alisa and the other attendees learned about health care for women in the justice system and practiced lobbying techniques for making an effective pitch.

The highlight of the Advocacy Day event was a trip to Capital Hill to lobby for an APA-endorsed Federal law prohibiting the shackling of incarcerated pregnant women. While some states, including Colorado, do have laws to protect women, there is not a Federal law in place that would ban shackling of pregnant women in all states.

Paired with another Colorado graduate student, Alisa met with the offices of Colorado Senators Michael Bennet (D) and Cory Gardner (R) and with Colorado Representatives Doug Polis (D) and Doug Lamborn (R). For 15 minutes, Alisa and her partner presented the case for the new law and left statistics and follow up materials. She felt that the pitch was well-received and that there was bipartisan interest in the issue. The next step involves issuance of a number to APA for tracking this policy change through the process of becoming a bill and then a law.

Prior to matriculating at UCCS, Alisa successfully lobbied for Ohio state legislation to create anti-human trafficking laws. In her graduate research at UCCS, Alisa pursues questions that can produce data to inform policy change. She is inspired by the “energy and drive” that come from the lobbying experience. Alisa feels that it is important for students to “learn how to get their voices heard... it does matter.”
Exciting Opportunities at Fort Carson for Trauma Psychology Ph.D. Students

By Alisa Bartel

The UCCS Trauma Psychology Ph.D. program recently partnered with Fort Carson Iron Horse Family Medicine Clinic to offer advanced clinical students a unique opportunity. This primary care site specializes in integrated physical and behavioral health care with collaboration between the other Fort Carson clinics including family medicine, pediatrics, weight loss clinics, soldier care, and specialized behavioral health.

Michelle D. Wine, Psy.D., is the primary care behavioral health clinical supervisor overseeing the student rotations in this Fort Carson clinic. She is excited for UCCS psychology students to experience this coordinated way to deliver care and to interface with diverse medical teams. “One of the biggest benefits of this site is the opportunity to work alongside medical providers and support staff to see both how multidisciplinary care is delivered and how to incorporate the behavioral health components of it,” she says. Many of the clients she sees have experienced traumatic events, and this site will offer student trainees the chance to become more efficient with diagnostic and intervention skills. In addition, they are afforded the opportunity to work with diverse populations, customize their internship rotation, and teach classes to the clients.

This fast-paced, dynamic, and energizing environment will provide students the opportunity to learn the intricacy of the military healthcare system, incorporating medication regimens, and merging clinical with health psychology. UCCS is excited to offer this opportunity to its students!

Student Examines Heart Rate Variability as a Novel Predictor of Engagement and Self-Efficacy

By Krista Engle

Third year UCCS Trauma Psychology Ph.D. student Amanda Devane is approaching a major milestone this semester with plans to defend her thesis. Mentored by Dr. Charles Benight, Amanda looks at factors that influence a trauma survivor’s engagement with a web-based intervention, My Trauma Recovery. Specifically, she is exploring whether heart rate variability, a measure related to emotional arousal, can predict a trauma survivor’s engagement with a website module in which the survivor learns about “triggers” or strong negative reactions to certain memories. Amanda also theorizes that heart rate variability may predict a person’s level of trauma coping self-efficacy (CSE), or the individual’s belief in his/her ability to deal with a trauma.

Amanda expects that this objective, physiological measure of an individual’s ability to tolerate stress will be a better predictor of engagement and trauma CSE than their self-reported levels of stress. This would be an important development in the area of trauma psychology given how easily people’s self-report answers are influenced by both internal and environmental factors.

During the Spring 2017 semester, Amanda proposed this project to her thesis committee and is currently writing up the results of her analyses. She looks forward to presenting her final product to her committee by the end of the coming semester. To other students working on their thesis project, Amanda recommends making your project a priority by setting aside time every week to work on it and “treating [that time] like a class or meeting that you have to attend.”
The UCCS Trauma Psychology Ph.D. Program is pleased to welcome its third incoming class this Fall, 2017. Aaron Harwell and Maggie Talbot were selected from a pool of over 200 applicants.

Aaron graduated in 2015 from Trinity University with a B.A. in Psychology. For the past two years while at the VA Boston Healthcare System within the National Center for PTSD, Aaron has helped conduct research on combat veterans. At UCCS, he joins Dr. Charles Benight’s lab examining human coping adaptation following trauma as well as web interventions.

Maggie is a 2017 graduate and Enosinian Scholar of The George Washington University, where she earned a B.A. in Psychology. During her time there, she had the opportunity to conduct TBI and secondary traumatic stress research on military populations through the Brain Fitness Center at Walter Reed and National Defense University at Fort McNair. She also explored mechanisms for coping with medical stressors while serving as an instructor with Project Knitwell in the pediatric unit of MedStar Georgetown Hospital. She joins Dr. Kristin Samuelson’s lab at UCCS.

Welcome Maggie and Aaron!

Mobile apps can be useful tools to reduce stress and improve well-being. Headspace is a free App that helps users get the most out of their day. It teaches the life-changing skills of meditation and mindfulness.

Headspace app download (Click on icon):

Welcoming (back) Dr. Karen Newell-Rogers

We are very pleased to introduce and welcome Dr. Karen Newell-Rogers, who recently accepted her position as an Adjoint Professor within the CU Trauma Health & Hazards Center (THHC) with Dr. Charles Benight. Dr. Newell-Rogers brings a wealth of research experience and expertise and will be helping launch the THHC into exciting new research directions.

Dr. Newell-Rogers received her PhD in Microbiology/Immunology from University of Colorado Health Science Center in 1998. Dr. Newell-Rogers is no stranger to UCCS, as she was a member of the UCCS faculty within its Department of Biology from 1999 to 2010. She recently retired as a full professor from Texas A&M Health Science Center College of Medicine in Temple, Texas where she had been a faculty member since 2010. Notably, while at UCCS, Dr. Newell-Rogers was the founder of the CU Institute of Bioenergetics and is currently the Chief Scientific Officer for Aspire Biotech located here in Colorado Springs, CO.

Dr. Newell-Rogers specializes in research focusing on the genetic influences of human immunology across a wide range of pathologies. However, her current research seeks to understand how the immune system functions in response to closed head injuries and any potential behavioral outcomes associated with this process. Within the THHC, this research seeks to extend our current understanding of how Traumatic Brain Injury (TBI) and Posttraumatic Stress Disorder (PTSD) may interact due to an immune response.

Dr. Karen Newell-Rogers, Adjoint Professor, THHC
There were 346 natural disasters worldwide in 2016 affecting 98.6 million people. These events resulted in 22,773 deaths and costing an astounding $65.6 billion (United Nations Office for Disaster Risk Reduction and the Centre for Research on the Epidemiology of Disasters, 2016). On August 25, 2017 Hurricane Harvey, a category 4 storm, slammed into Houston and the surrounding area with unprecedented rain and flooding. As I am writing this piece the full scope of the devastation is unknown. What is known, however, is that the next few months and years you will see the true resilience of the human spirit. I have studied disaster recovery since my own experience in 1992 with Hurricane Andrew. The literature has shown that the community will respond in a honeymoon period with an outpouring of neighbor to neighbor support that most have never witnessed. People will reach out like never before. Resources will pour into the area from the outside as well. All that and you add in the Texas spirit and you have a very resilient future for the area.

But this will not be without its challenges. Although the vast majority will show incredible fortitude in rebuilding both their homes and their lives, a small sub-group will suffer from trauma related challenges including Posttraumatic Stress Disorder. Those who have witnessed the death of a loved one, been exposed to gruesome images, or thought they might die in the storm may have significant challenges. My research has shown in several different disasters that individual and collective perceptions of the ability to cope strongly predicts successful and more challenging outcomes. The disaster response requires attention to this finding in that survivors must have support in a way that augments their coping efficacy through generating mastery over significant recovery challenges, linking with successful peers to offer coaching, and ways to calm oneself down as the coping ensues.

It is also clear from the literature that socio-economic challenges are not erased following an event of this magnitude. Although resources are pouring into the region, there are still those with more resource options compared to those without. These contrasts can be seen in terms of speed of recovery both physically (rebuilt neighborhoods) and psychologically. An example of this following Hurricane Andrew was stark indeed. The large mansion style homes that faced the Atlantic south of Miami were abandoned during the recovery where owners lived up north in their second (or maybe third) home while it was being rebuilt with insurance funds. Those in Florida City, a more impoverished area that took a direct hit from Andrew, still had tarps on their roofs even a year after the storm.

Disasters give us the opportunity to help build resilience both individually, but also collectively. My thoughts and prayers are with the people of Texas who have a long struggle ahead of them, yet I know they will rebuild stronger and more connected than ever before.

Dr. Benight is the Director of the Trauma, Health & Hazards Center, Chair of Veteran Health & Trauma, Professor of Psychology, and Director of Clinical Training.

Wondering how YOU can make a difference?

Consider joining our Trauma Research Participant Registry.

Click on the brain and join our list of community members willing to participate in research projects. Our faculty members and students are learning more about trauma, coping and interventions from people like you who become involved in these projects. Occasionally there is financial compensation for your time and, by signing up here, there is not an obligation to participate in any study.

Thank you for your interest and support!