ident of the California School of Professional Psychology (CSPP); founded the National Academies of Practice; testified before the Senate Finance Committee on psychology’s eventual inclusion in Medicare – resulting in the Colorado demonstration project; and established Biodyne for psychology during the height of the Managed Care era. “Since the APA no longer requires the inclusion of the history of psychology in its teaching programs, many important and even fascinating events have long been forgotten. Few, if any, remember the so-called proposed American Professional Psychology Association (APPA). As a 95-year-old past APA President (1979) I may well be the only one who vividly recalls a fascinating series of events. In the early and mid-1970s there was much discussion about the domination and distortion of clinical psychology by academic programs that were dominated by rat and pigeon running.

“Following the lead of Gordon Derner’s truly professional program at Adelphi University, many clinical and counseling psychology programs created the American Professional Psychology Association and got it approved by the U.S. Department of Education in Washington, DC. Over 20 university programs joined and the APPA was about to become a reality when its elected President Gordon Derner asked for a one-year delay as it had been his ambition to be the first truly clinical APA President. He ran again and lost for the fifth time. I had been persuaded to run and that year was overwhelmingly elected. I then rightly devoted my loyalty and energy to the APA and the proposed APPA faded away” (Nick Cummings).

Carol: “Nick is a distinguished soul who has earned his title ‘Psychology’s Provocateur.’ He has always been a disrupter and he is proud of it. His accomplishments and share in so many memories that were communicated to me by Nick, his family, his professional friends and his professional foes, as well as historical archives. Nick’s life is a personal odyssey that reflects the history of APA and today’s psychotherapy for over 60 plus years. It takes a book to summarize his accomplishments. Nick has always possessed an uncanny ability to foresee the future and act on his predictions. From the beginning of his career, well over half a century, Nick got it right, grasped the big picture, and as his grandma told him ‘do the right thing.’

“Of course, his actions inevitably upset the status quo, created an uproar among traditionalists. He stimulated controversy and critical thinking among his psychological colleagues on so many issues. Here’s the skinny – Nick’s most significant contribution to psychology has been the invention of an innovative therapy model. I know because I worked at an HMO like Nick’s Kaiser in California. Nick predicted the future of psychotherapy and created intermittent psychotherapy throughout the life cycle. It integrates mind and body, or psychology and medicine. Today’s term is ‘Integrated Care.’ It is true translational work. Through the medical offset effect research, we can see the effects that the right kind of psychological intervention can interact with the physical body and bring about the mind-body treatment. His model weaves together psychotherapy theory, clinical practice, research, and practice setting. It fits the needs of modern psychotherapy. This model will survive and thrive if psychology passes it on to its students. The best is yet to come as more people discover Nick Cummings’ work and apply it to their own therapy room” (Queen, 1977). Aloha,

Pat DeLeon, former APA President – Division 42 – November, 2019

Book Review

Integrated Care for the Traumatized: A Whole Person Approach


Review by Andrew M. Bland

“The deepest roots of trauma cannot be talked about or explained away; they must be discovered, felt, and lived through.” – Orah Krug (2019, p. 265)

Conceptualization and treatment of trauma have progressed rapidly during the last decade. The diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders (5th ed., DSM-5; American Psychiatric Association, 2013) have become regarded as too simplistic when applied to many clients, as complex trauma has become better understood and proposed as its own diagnostic category (Briere, 2019; Kinsler, 2018). In the meantime, whether PTSD should even be classified as a disorder also has been increasingly called into question, with PTSD (“Injury”) having been proposed as a more fitting term that is less pathologizing and that accounts for an emotional wound that is amenable to healing attention and transformation (Joseph, 2019; Levine, 2010; Sword, 2019). Furthermore, as it has become better recognized that therapies which emphasize rapid recovery and/or reliving past traumas can be overwhelming for clients (Levine, 1997) and can bring about negative outcomes (Serlin et al., 2019a), there has been increasing pushback against therapies based principally on exposure and/or on the goal of clients establishing habituation (Briere, 2019).

Moreover, the American Psychological Association’s (APA) recommendations for PTSD treatment, as articulated in its Clinical Practice Guideline (APA Guideline Development Panel, 2019), have been critiqued by Dauphin (2019) and by Norcross and Wampold (2019) on theoretical/philosophical, methodological, and empirical grounds. For example, these authors have argued that the Guideline is overly biased toward medicalized, manualized therapeutic modalities centered around standardization and symptom reduction. Further, the Guideline also has been critiqued for ignoring the roles of the therapy relationship, of the helper-as-person, and of the therapist’s responsiveness and adaptiveness to individual clients—which decades of research suggest are the strongest determinants of sustainable psychotherapy outcome (Angus et al., 2015; Elkins, 2009, 2016; Rogers, 1961). Accordingly, as of this writing, over 57,290 clinicians, both in the United States and internationally, have petitioned against the Guideline (Alliance for the Inclusive Integration of Science and Practice in Psychology, n.d.).

Humanistic-Existential Approaches to Trauma Work

As an alternative to prescriptive, preordained
Independent Practitioner

Winter 2020

(Leblanc, 2012) trauma treatment models, approaches to trauma work that are grounded in and/or consistent with the humanistic-existential tradition in psychology have recently received renewed interest and support. These models emphasize the interdependence of: (a) the therapeutic relationship as the vehicle for sustainable change, (b) holistic and systemic conceptualization, (c) spirituality and mindfulness, and (d) personal growth and resilience.

First, regarding the value of the therapeutic relationship as the vehicle for sustainable change (Bland, 2013; Bland & DeRoberts, 2018, 2019; Cain et al., 2016; Elkins, 2009, 2016; Hoffman et al., 2015), humanistic-existential psychologists emphasize that therapeutic relationships provide corrective experiences (Bland, 2014; Castonguay & Hill, 2012) that catalyze second-order (transformational) change processes (Bland, 2013, 2019; Murray, 2002; Schneider & Krug, 2017) and that are conducive to the formulation of new narratives, new learning, and neural plasticity (Schneider, 2010). Applied to trauma, relational damage is understood as the core of traumatic experience (Norcross & Wampold, 2019), and effective trauma work entails providing clients, on an individualized basis, with a relationship that “sends a message of how the current world is and can be safer” (Kinsler, 2018, p. 44) and that enables clients to engage deeply with questions of meaning in their suffering, rather than provide quick short-term solutions (Cameron, 2019; Merriman-Khanna, 2018). The therapeutic relationship requires ongoing cultivation and maintenance of therapeutic presence (Bland, 2013; Schneider & Krug, 2017) as an alternative to, as described by Cameron (2019), therapists’ fearfully employing standardized procedures as a defense against the inherent ambiguity, contradictions, and paradoxes in trauma work. These principles have been applied specifically to trauma by way of attachment-based models and methods for adults (Courtouy, 2014; Kinsler, 2018; Solomon & Siegel, 2003), for children (Hughes, 2018), and for people with addiction (Maté, 2010), with medical problems (Maté, 2003; Harris, 2018), and with legal issues (Polizzi & Braszell, 2009) that tend to be attributable, directly or indirectly, to trauma.

Second, humanistic-existential theorizing is grounded in holistic and systemic conceptualization (Bland & DeRoberts, 2019) as an alternative to, as described by Joseph (2019), the disease-repair, crisis, and conditions of medicalized trauma treatment models built around symptom reduction. For example, Schneider (2008) proposed that nearly all clients’ presenting issues could be traced to some form of unresolved trauma—which includes not only acute or chronic trauma directly experienced by clients but also implicit (i.e., inter-generational, inherited) trauma that impedes optimal functioning via one’s inevitable involvement in toxic and stifling family (see also Firestone et al., 2013) and/or cultural (see also Schneider, 2013) dynamics. Thus, a primary task of therapy in general—and especially that focused on trauma—is to help clients assume and develop the role of a transitional character who serves to break vicious cycles of implicit trauma (Wolyn, 2016).

Third, spirituality and mindfulness have been part of the humanistic-existential movement (and especially its offshoot, transpersonal psychology) almost from the beginning (Bland & DeRoberts, 2019). Today, their influence can be found in (a) emerging literature on spiritual integration in psychotherapy (Jones, 2019, especially as applied to trauma work (Walker et al., 2015); and in (b) mindfulness-based approaches intended to enhance traumatized clients’ capacities for metacognition and emotional regulation (Briere, 2019) and for self-compas- sion (Neff, 2011). Spiritually-integrated therapy encourages clients to sit with discomfort, and to develop a greater sense of connectivity with their suffering in order to transcend it.

Fourth, humanistic-existential psychologists regard traumatic experiences not as past events to be reckoned with and overcome, but rather as opportunities for personal growth and cultivation of awe as they are encountered fully in the present (Schneider, 2004). Joseph (2019) stressed that the phenomenon of post-traumatic growth, which recently has gained increasing attention in the trauma literature, offers an alternative focus for trauma treatment beyond the conventional assumptions of illness ideology (i.e., working toward absence of observable symptoms) and of the necessity of change being motivated externally. Rather, change is assumed to come from within, and the role of the therapist is to cultivate conditions that promote inner change and that stimulate developmental movement in clients. Consistent with classic humanistic-existential theorizing (e.g., of Rogers, Hormay, Maslow, Goldstein, and Erikson), post-traumatic growth refers to “increasing importance between the self-structure and trauma-related experience” that is conducive to increased self-determination (Joseph, 2019, p. 14). As such, post-traumatic promotes greater self-knowledge and appreciation, self-integra- tion and coherence, and increased senses of em- pathy and resilience (Merriman-Khanna, 2018).

In this sense, resilience is understood not as an effort to bounce back to a time of better functioning, but rather as the ability to “struggle well” (Walsh, 2016, p. 5) by positively adapting “despite adversity” (Hostinar & Davis, 2019, p. 643, emphasis added) and actively pursuing a process of meaning-making in the face thereof (Frankl, 1988, May, 1967).

Despite this progress in conceptualization and implementation of these four areas in trauma work, additional underexplored humanistic-existential domains remain to be incorporated into conventional mainstream trauma treatment—in part, because they are sometimes dismissed as pseudo-scientific on the grounds that they have not been adequately researched. To counter this seemingly knee-jerk dismissal, in the early years of the new millennium, humanistic-existential psychologists (Criswell, 2003; DeRoberts, 2016; Fischer, 2003; Wong, 2017) have called for additional supporting research (versus philosophical argument alone) to prevent humanistic-existential contributions from becoming atrophied in an evidence-based zeitgeist. In turn, recent research has lent credence to the therapeutic value of, for example, expressive therapies for traumatized children (Klorer, 2017) and collective forms of healing (Saül, 2014; Walsh, 2016). The latter employ group techniques to enhance both community functioning and individuals’ lives by stressing the interdependence of relationships among groups of people, not just between individuals. These forms of psychosocial healing come in response to a critique that trauma work tends to be limited to individual therapy which is based on “highly specialized, standardized, and culturally limited approaches [and] an overly narrow focus on types of recovery needs” (Ol- weean, 2019, p. 163).

Serlin et al.’s (2019) Integrated Care for the Traumatized

In Integrated Care for the Traumatized: A Whole-Person Approach, editors Ilene Serlin, Stanley Krippner, and Kirwan Rockefeller have compiled 11 papers by master therapists who have incorporated these underexplored humanistic-existential domains with current research in their therapeutic work with traumatized people. The book is comprised of four sections: (a) theoretical and methodological foundations, (b) whole-person models as employed in a group therapy context, (c) community-focused healing models, and (d) emerging directions in trauma work.

Following the Foreword, in which Figley (2019) applauds the book’s focus on a “kind of care [that] is extremely adaptable” to clients’ unique needs, experiences, and preferences (p. viii), theoretical and methodological foundations are laid out in Part 1. In Chapter 1, the editors outline the book’s theoretical and philosophical focus on a whole-person approach that represents a paradigm shift away from an illness orientation and toward a growth-oriented, genu- inely bio-psycho-social-spiritual model that is built on the assumption that “struggle with adversity may lead to the discovery of strengths and enhancement of life’s meaning” as well as renewal of purpose (Serlin et al., 2019a, p. 1). With its emphasis on encouraging recovery, prevention, resilience, self-care, and growth, this whole-person approach (a) “incorporates intention, awareness, and mindfulness as the mediating variables between cognition and behavior,” (b) “includes the areas of meaning, beliefs, and existential choice” that are conducive to renewed will to live and to the active development of new narratives; and (c) “honors the spiritual dimension of life” (p. 1).
In Chapter 2, Rotter and Wertz (2019) critique the limitations of randomized-control trial research on trauma and resilience. The authors argue that, although symptom checklists and diagnostic criteria are important, they also run the risk of misdiagnosis and of “disen-powering those [that helping professionals] seek to support” when isolated symptoms are approached out of their lived context (p. 13). Rotter and Wertz contend that by (a) “focusing on the abstract relationships between predictors and outcomes without addressing the funda- mental psychological questions of why these relationships exist,” and (b) operationalizing and measuring resilience “by what it is not—the absence of clinical trauma symptomatology” (pp. 12-13), the assumptions of conventional empiricism fail to account for the contextual, cultural, and psychological significance trauma symptoms hold for individuals. As an alterna- tive, the authors propose the phenomenologi- cal method—with its focus on describing and understanding the experience of trauma, rather than on diagnosing and intervening—and they provide examples from military trauma to illustrate their points.

Six whole-person models as employed in a group therapy context are presented in Part 2. For each model, the authors provide (a) narra- tive case vignettes that illustrate both their rel- evance and adaptation in various settings and cultural contexts (including numerous interna- tional examples); (b) discussion about practical strategies and considerations for implementing the models in practice, as well as training and credentialing requirements; and (c) a summary of supporting research for both its theoretical underpinnings and its practice effectiveness.

In Chapter 3, Kalayjian and Diakonova-Curtis (2019) present the first author’s seven-step Inter- national Practice Continuum that provides a framework for assessing, exploring, releasing, and eventually reintegrating traumatic experiences via the cultivation of meaning-making and forgive- ness. Next, Kuriansky (2019) demonstrates the value of employing art activities for the purpos- es of projective assessment and of play, projec- tive expression, contact comfort, and offering transitional objects in the interest of promoting children’s resilience, empowerment, and con- nection to others—especially for those from cultural backgrounds in which conventional therapy is considered taboo (Chapter 4). Then the effectiveness of dance movement therapy is covered in Chapter 5 (Güney & Lundmark, 2019). Specifically, dance is explored as a tool for psychosocial support for refugee popula- tions when addressing protective circles and fears, and asylum seekers who are seeking asylum and who exhibit decreased self-esteem, physical detachment and psycho- somatic symptoms, as well as difficulty appro- priately using language to express and manage their emotions.

Engelman (2019) focuses on animal-assisted interventions that utilize the transpersonal, psychophysiological, and post-traumatic growth dimensions of the human-animal bond to heal emotional and interpersonal withdraw- al that results from trauma (Chapter 6). In Chapter 7, Israel (2019) describes Toscani and Hudgins’ Therapeutic Spiral Model, a clinically- modified psychodramatic approach that promotes spontaneity and creativity, with the intent of expanding traumatized individuals’ windows of tolerance, developing self-compas- sion, and emotional regulation, and overcoming dysfunctional social roles that re-enact traum- atic interpersonal dynamics and assuming more transformative ones. Zimbardo et al.’s (2012) Time Perspective Therapy is summari- zed in Chapter 8 (Sword, 2019). This model emphasizes replacing traumatized individuals’ biases toward negative past experiences and overcom- ing fatalism with recollections of positive mem- ories that occurred around the time of a trau- matic event as well as working with them in the present, in the interests of creating a more affirming future and of spurring recognition of the choices they have in how they approach their experiences.

Three papers on community-focused healing both in and outside the U.S. comprise Part 3 (again, replete with case examples and discus- sions about practical applications and research considerations). The editors emphasize that their decision to include these papers is a deliber- ate response to a critique of American psy- chologists’ excessive focus on individuals at the expense of the impact of trauma on communi- ties (Serlin et al., 2019a). In Chapter 9, Recanati and Israel’s Time Perspective Intervention for Vio- lence and War (NATALLY Professional Team (2019) reflect on the organization’s efforts to serve as a multidisciplinary therapeutic home for trauma casualties related to the Israeli-Arab conflict. Then Eshovaly (2019) explores the wisdom of implementing the therapeutic spiral described as applied to addressing and transforming suppressed and/or unrecognized trauma-based emotions that underlie youth and gang violence (Chapter 10). Further, the core principles of the Cata- strophic Trauma Recovery Model and the Social Health Care training and treatment program are delineated in Chapter 11. Olweean (2019) demonstrates how these models serve to break cycles of transgenerational trauma that fuel polarization, war, and violence both within and between communities.

Finally, emerging directions in trauma work are addressed in Part 4. Chapter 12 offers an alter- native to the almost exclusive focus in the lit- erature on the negative outcomes of caregiving and on helpers’ own symptom relief and stress management (Serlin et al., 2019a; see also Kang & Yang, 2019; Merriman-Khanna, 2018). Pand- ess (2019) presents a strengths-based model that employs mindfulness training and creative modalities to not only prevent burnout and compassion fatigue, but also to promote care- giver satisfaction, regeneration, and renewed sense of purpose via vicarious post-traumatic growth. Addressing the closing contributions of each chapter, the editors acknowledge that the magnitude of the whole-person approach can be daunting for some. On the other hand, the editors conclude that their intention was to spur awareness of “the complexity of trauma,” to cut through sim- plicity-existential psychologists (Bland & DeRober- tis, 2019) more than merely reducing clients’ optimal functioning as described by humanis- tic-existential psychologists (Bland & DeRobertis, 2019) more than merely reducing clients’ symptoms. In addition, these approaches may stimulate therapists to consider extending their roles as healing presences into the commu- nity beyond the trappings of conventional office settings. In particular, the chapters on collective healing of trauma serve to disrupt fixed individualistic assumptions that charac- terize most therapy in the U.S. but that also can be perceived as threatening to people from a different cultural context (Robbins et al., 2019; Serlin et al., 2019a). Accordingly, this book has the potential to offer an indirect form of cross-cultural encounter (Adler, 1975; Montu- ori & Fahim, 2004) that promotes new learning conducive, in this case, to enhancing therapists’ abilities to handle complexity and ambigu- ous circumstances (DeRobertis, 2017; O’Har, 2018) that often characterize trauma work.

Moreover, this certainly is not the first time that arts- and narrative-centered approaches to trauma work have been introduced in the literature. Indeed, for several decades, volumes by Capaccione (1980) and McNeill (1991) have spelled out means of systematically employing expressive modalities to promote healing of trauma. However, arguably because of their in- compatibility with experimental methods that support medicized treatments focused prin- cipally on symptom reduction (Joseph, 2019), until recently these therapeutic approaches have enjoyed only fringe support from the mainstream psychotherapy community. Serlin et al.’s book thus arrives at a timely moment.

**Evaluation**

By promoting humility in the face of the complexity of trauma, Integrated Care for the Traumatized appropriately challenges con- temporary therapists to move outside of their comfort zones. The approaches outlined within this book can help therapists think about the possibility of evidence-based approaches that serve the greater goal of enhancing clients’ self-esteem, physical detachment and psycho- somatic symptoms, as well as difficulty appro- priately using language to express and manage their emotions. Understanding the experience of trauma, rather than on diagnosing and intervening—and they provide examples from military trauma to illustrate their points.
Concurrently during the last decade, qualitative inquiry and single-subject design—both of which reflect the idiographic focus advocated by founding humanistic psychologists (Bühler & Allen, 1972)—have received increased legitimation and/or refinement in psychology, as evidenced by their inclusion for the first time in the recently-published 7th edition of the APA Publication Manual (American Psychological Association, 2020). By way of this chapter, I hope to acknowledge and highlight the book also serves to legitimize and demonstrate the effectiveness of narrative, expressive, and collective approaches to healing trauma by supporting their theoretical underpinnings with findings from both narrative case study and single-subject quantitative research.

In addition to therapeutic and methodological contributions, Integrated Care for the Traumatized also provides support for the practical application of numerous long-standing theoretical contributions of humanistic-existential psychologists that tend to be overlooked—or worse, dismissed—due to their problematic conflation with the worst of the “counterculture” associated with the 1960s-70s (Bland & DeRobertis, 2017, 2018, 2019). To validate authors’ points, each chapter also provides plenty of current references and other resources for follow-up reading and investigation. As such, this book serves well as a one-stop introduction to almost a dozen underacknowledged perspectives and under-researched methods for healing relational trauma and their practical applications in the current era and in variety of settings worldwide.

Conclusion
While perhaps not a stand-alone volume on trauma work, with its grounding in the humanistic-existential tradition, Integrated Care for the Traumatized fills, in Maslow’s words, a “huge, big, gaping hole” in trauma psychology (1968, 17:55). It serves as an excellent introductory resource for both students and seasoned professionals to supplement existing texts on relational, mindful-ness-based, and mind-body healing of trauma at the individual level by surveying group approaches that involve narrative, expressive, and indigenous collective healing methods. As such, it fits neatly on a shelf alongside Kinsell’s (2018) Complex Psychological Trauma: The Centrality of Relationship and Levine’s (1997) Waking the Tiger: Healing Trauma. My hope is that, by virtue of their reach, these currently “alternative” modalities will eventually find their way further into the mainstream in the same way that attachment, relational, qualitative inquiry, and single-subject design—all once radical ideas proposed by founding humanistic psychologists (Bowlby & DeRobertis, 2017, 2019; Bühler & Allen, 1972)—have been embraced and incorporated into traumatology in the last decade.

Accordingly, volumes like Integrated Care for the Traumatized may contribute to the continuing maturation of trauma work in a methodological direction, paving the way for organic healing methods that offer the possibility of sustainable change and growth at both the individual and collective levels.

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