

# *Psychologically Speaking*

## **STARTED FROM THE BOTTOM, NOW WE'RE HERE**

Welcome to the very first issue of the CCP Psychology newsletter. It has been a couple of years in the making. This newsletter has been created as:

- A way to connect with you;
- A way to inform you; and
- An opportunity for you to write and publish and work on developing your Psychology voices.

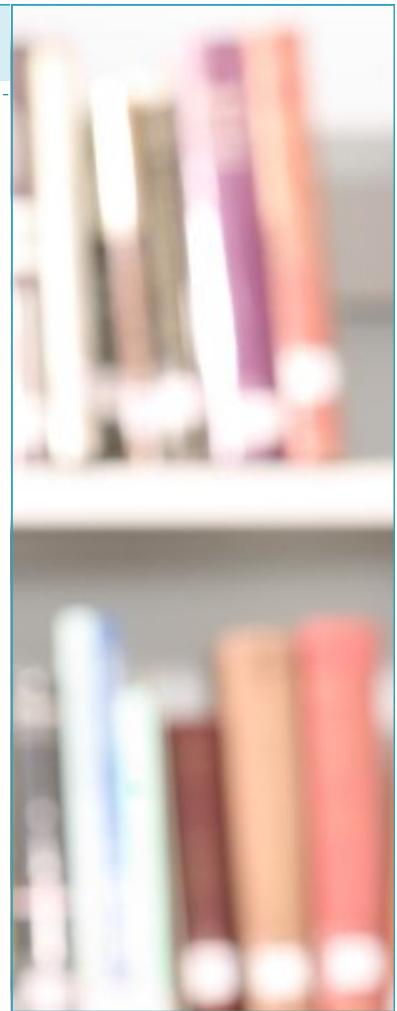
So...we didn't really start at the bottom. But we are going through a true transformation. In the fall of 2011, Psychology became a degree offering program at the Community College of Philadelphia. Since that time, we have seen our program grow in leaps and bounds. The numbers of Psychology majors has continued to increase. We've graduated Psychology majors. We've added courses. We've increased our online presence. In fact, our Psychology program can be completed online! But, please, keep in mind that our program grants an Associates' degree in Psychology. If you plan to pursue a career in the field of Psychology, you will certainly need to continue your education. Our Psychology program at CCP is a great place for you to lay the foundation.

## **YOUR VOICE HERE!**



This is your newsletter. This newsletter was created to provide Psychology majors the opportunity to connect with the program and each other when we can't connect face-to-face. One approach we have taken is to identify a reading related to some topic in Psychology and ask you to contribute essay responses. For this issue, the article is "**Should Childhood Trauma Be Treated As A Public Health Crisis?**" [Note: The weblink for this article is on the bottom of page 4]. But we also encourage and welcome your ideas about what types of articles and information you'd like to see in the newsletter. We want to know what would make this newsletter most useful to you. Most importantly, we'd like you to contribute opinion pieces on how Psychology informs important current events, your reviews of new Psychology resources, short research-based articles on important psychological discoveries. We want this newsletter to be your voice. With High Hopes,

David Dupree, Ph.D., Editor

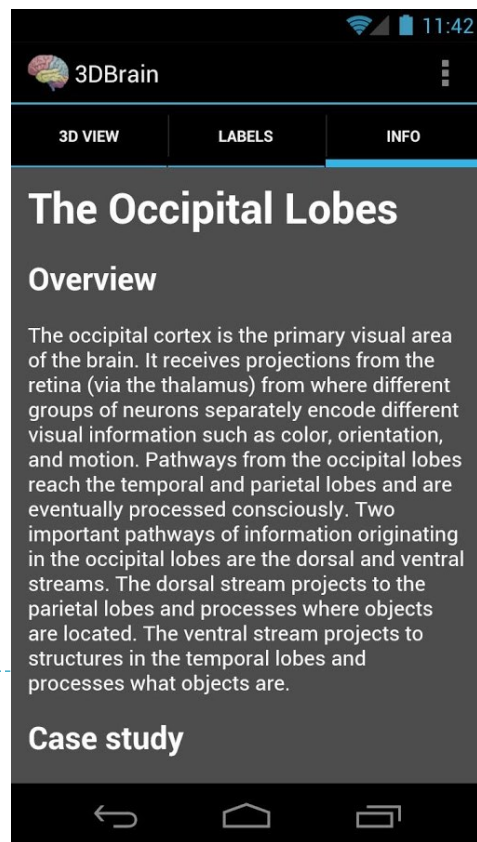
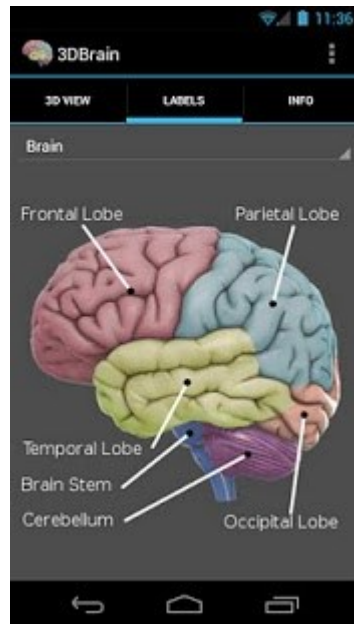
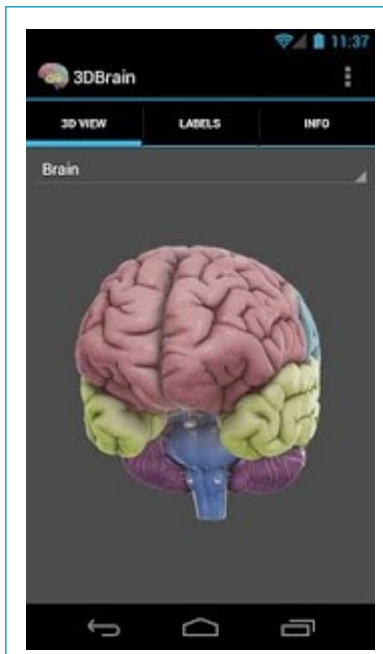


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## **REMINDER**

Students who intend to meet the requirements for graduation at the end of any term should submit an application to the graduation evaluators in Student Records and Registration. Applications should be submitted no later than three weeks after the start of your last semester.



## 3-D Brain! Your Next Psychology App

**A REVIEW BY BREIANA DAILEY, A CCP PSYCHOLOGY MAJOR**

### CALL FOR WRITERS TO CONTRIBUTE TO THE PSYCHOLOGY NEWSLETTER

Are you a great writer? Do you love to read? Do you stay up to date on new emerging trends in popular culture? Are you creative? THEN WE NEED YOU!

The Psychology Newsletter needs motivated students to help create a vision for this newsletter and produce a quality product. We will initially publish a newsletter in the spring and fall semesters. However, as more of you become involved and share your talents, we would like to publish the newsletter on a more frequent basis. WE WANT TO HEAR FROM YOU!

When you first open the 3-D Brain app, there will be a three dimensional brain that is highlighted in various colors on one side but is translucent on the other side. Across the top, you will see three tabs or drop menus that are labeled 3D view, Labels, and Info. You can click on each one to learn more about the brain or to go to a different region of the brain.

I assumed that this app would only discuss the structure of the brain until I clicked on the label that said 3D. By doing so, it opened to a list of various regions of the brain. When clicking on a different region or structure, the 3D image would become highlighted in a different area. What was most surprising to me was that it remained interactive. Showing you the angles and placement of whichever region you clicked on... even if its inside the brain. However, when you click the Labels tab, the brain is no longer 3D but it will label the brain or the region of the brain for you. Once you are ready to move on and you select the Info tab, it will give you more information about the section or region of the brain. It will give in-depth detail of the functions, what happens when or if it is injured, disorders related to that specific region of the brain and the involvement it has with mental illness. It will also give you case studies and links to research that has been done on that region of the brain.

The 3D brain is a great app that will help you with learning and studying the brain structure as well as the various regions of the brain. As mentioned before, this app not only displays the brain in an interactive 3D picture, but it does so in various colors which I feel will be more helpful.



## **Childhood Trauma is a Public Health Crisis by Benjamin Nixon, CCP Psychology Major**

Stigmatization of mental illness is a barrier to compassionate and practical approaches to cost-effective, high-quality mental health services in America. The stigma of trauma and mental illness permeates our society by means of “outrage cycles” in the news. Emphasis in the news is placed on “outrage” over an individual’s untreated (and in some cases chronic) mental health conditions as opposed to the lack of care provided to an individual without methods or means to afford or attain treatment. This false belief about the true cause of the problem is worsened within many American subcultures, where there is a stigma attached to mental illness and seeking help for it.

Additionally, there exists a societal theme of “fixing” someone perceived as broken. The media creates a narrative that mental illness can be “cured” by means of an initially weak and hopeless lead character finding true love, acceptance into a new peer group, or simply overcoming their illness by “rising above it” without outside assistance. It is further aggravated within social media, where negative messaging is regurgitated through the sharing of memes and seemingly harmless self-humbling humor. These media work together to sensationalize crimes while, at the same time, trivializing victimization and its tangible impact not only on children’s development, but communities as a whole.

According to researchers who recently completed a longitudinal study of childhood trauma and its effects, people who experience trauma as children are more likely than their non-traumatized peers to be affected by psychiatric problems, family instability, relationship dysfunction, economic disadvantage, and bullying. Poverty, adversity within the family, and other factors relating to social status did not appear to increase these symptoms to the degree that trauma did. Adults in this study who experienced trauma as children were more likely to be unhealthy, engage in risky behaviors, and struggle to express prosocial behavior towards romantic partners and their peers. This caused increased chances of incarceration and continued lowered social status. *(This article continued on the following page)*

### **WILL YOU BE THERE? OPPORTUNITIES ON OUR SIDE OF THE COUNTRY TO LEARN MORE ABOUT PSYCHOLOGY**

The [31st Association for Psychological Science Annual Meeting](#) will take place at the Washington Marriott Wardman in Washington, DC Thursday, May 23 – Sunday, May 26, 2019.

APS Fellow Michael Tomasello, considered one of the world’s leading developmental and comparative psychological scientists, will deliver the Fred Kavli Keynote Address. Tomasello’s groundbreaking research on the origins of social cognition has illuminated the unique cognitive and cultural processes that distinguish humans from great apes. He has studied the distinctive human skills and motivations for shared intentionality, joint intention, collaboration, prosocial motives, and social norms. He has also examined children’s language acquisition as a critical aspect of the enculturation process.

## CHILDHOOD TRAUMA IS A PUBLIC HEALTH CRISIS, CONTINUED

For victims of trauma and their families, there is no easy path forward without access to cost-effective, high-quality psychiatric services. Access to psychiatric services will help victims and survivors form healthy coping mechanisms as adults. Normalization of therapy at a young age and access to support from mental health professionals is critical in any traumatic situation that a child experiences.

It is time to view childhood trauma, poverty, and mental illness through a lens of service provision and preventative care. Preventative care is designed to stop a physical or mentally illness from developing. Doctors across differing medical fields universally agree that preventative care is an achievable method of reducing healthcare costs nationally while increasing quality of life for patients.

Bloodwork is collected to detect cholesterol levels and vitamin deficiencies. MRI scanning and other medical imaging can provide doctors the ability to more adequately identify and treat injuries, infections, and other maladies such as cancer. Vaccinations are administered to develop resistance to contagious diseases and boost our immune systems. They are intended to prevent outbreaks of preventable diseases such as measles. The stigmatization and misinformation of preventative care methods relating to prevention of this disease has led to recent outbreaks of measles in the United States. When preventative care is stigmatized, people in communities across the country suffer.

We must treat mental illness and childhood trauma the same way we treat other aspects of preventative medicine - with dignity and respect. This means treating untreated mental illness and childhood trauma as a public health crisis. This will require hard work, investment, and a shift in our collective societal attitudes towards provision of cost-effective and easily-accessed mental health services.

State and local governments do not have the same capabilities and resources that are available to the federal government. The federal government can

prioritize the provision of mental health services in areas with high poverty, food insecurity, and crime. This can be done through the sharing of funds and human resources to address the problems at higher levels than they are currently. Congress must prioritize the expansion of access to



harm reduction programs (psychiatric services, mental health professionals in schools, alternative sentencing, etc.) while recognizing a need to scale back on zero-tolerance policies for non-violent offenses.

Task forces within all three governmental echelons (federal, state, and local) could provide traumatized children free access to mental health services with funding from the federal government. Federal expansion of mental health services so that they can be covered by Medicare and Medicaid would greatly benefit service provision for the poor as well as others for whom accessible mental health services are a challenge.

State governments could expand access to healthcare services in their states by expanding Medicare and Medicaid, as well as providing monetary incentives in an effort to entice mental health professionals into relocation. This could include tax benefits, increases in pay for social workers and case managers, and other actions to prioritize sending human resources to an underserved region of the country or state in need.

In conclusion, we must reorient our moral compasses to be more compassionate, understanding, and sympathetic towards the plight of traumatized children. Doing so now will not only save the government money *tomorrow*, but it will positively impact the lives of children across America today.

**GOOGLE THE WORDS BELOW TO READ MORE ABOUT THIS TOPIC**



## Types of Childhood Adversity



To learn more about Adverse Childhood Experiences (ACEs), please visit the Centers for Disease Control's webpage by Googling the following words: [Adverse Childhood Experiences CDC](#).

**"Herd Mentality"**—the tendency for people's behavior or beliefs to conform to those of the group to which they belong

## THE MOST INTERESTING THING I HAVE LEARNED ABOUT MYSELF THROUGH MY PSYCHOLOGY COURSES BY DIANE PAK



There are three words that have come through my mind: tenacious, humility, and fearless. Being a young 21-year-old female whose is also of Cambodian-Thai descent, life has really taken a huge turn as a Mixed-Asian minority, low-income, first-generation in college, and the very first to become a Christian in my family. It is most challenging, yet the impossible is possible. I have learned throughout my passionate pursuit of higher education. It has opened more doors, than closed ones. I learned that with the definition of **"herd mentality,"** it isn't what anyone can do for us, it's truly what we do for ourselves instead. Which includes using our own individual minds, but with putting it all together as one as well as putting away each of our own egos that we have with each other.

**"Goal-oriented"**—focused on reaching a specific objective or accomplishing a given task; driven by purpose

Using the facts—instead of just emotional impact that I had to overcome—has out done so many great things than bad ones. Being a person with so many **goals** and dreams has caused me to strengthen life as it's a greater story. For instance, I grew up with illiterate last-generation Cambodian parents who I had to take care since I was a young girl. Growing up very different than anyone else is very strange for anyone to discover who truly I am. Unexpectedly, my childhood was no different than my own emotional pains as my **Adverse Childhood Experience** score is a nine out of ten. My life has open wounds, but I am also stronger than my fears because my middle name is "bravery."

**OPIOID ABUSE: ANOTHER PUBLIC  
HEALTH CRISIS BY MARGARET IRWIN (A  
RESPONSE FROM A CCP PSYCHOLOGY  
ALUMNA)**

**CROSS-CULTURAL  
PSYCHOLOGY: A NEW  
PSYCHOLOGY  
COURSE OFFERING  
FOR THE FALL 2019  
SEMESTER**

This fall, we will be offering a new Psychology elective: Cross-Cultural Psychology. Psychology is a field that is not consistent in its emphasis on understanding of the role of culture and cultural differences in influencing and explaining patterns of human behavior. Without a cultural perspective, differences in thought and behavior can mistakenly be organized into normal and abnormal thought and behavior. Taking this course allows you, as students, to directly and intentionally explore the different ways in which culture influences our psychological functioning.

Public health is defined by the CDC as the science of protecting and improving the overall health of people and their community, while Dictionary.com includes that it is especially used when referring to government involvement. A public health crisis is any threat to living in an overall healthy community, NPR writes the findings of the Great Smoky Mountain Study (a longitudinal study exploring the effects of poverty on child development in an impoverished community) is further supported by new research which fuels the need to assess childhood trauma as a public health crisis.

Nationally, topics such as school shootings (among other violence at schools), public welfare funding, school funding, and health care access are constantly being argued over. Locally one of the bigger public arguments in the past year or so has been safe injection sites. The opioid crisis is toxic to communities as a whole.

Opioid abuse has been officially declared a “crisis” by the CDC in Philadelphia. Politicians are trying to attack this crisis directly but to treat childhood trauma as a crisis may be a systematic solution to a crippling community. More than 50% of children in the reviewed study reported experiencing one or more trauma classified events as defined by the DSM. Children who experience trauma are 1.4 times more likely to be bullied and 1.3 times more likely to be poor than their matched pair that did not experience any trauma.

Most strikingly, those with trauma history are 1.5 times more likely to suffer with a psychiatric disorder as a child, 1.3 times more likely to develop a disorder in adulthood and 1.2 times

more likely to develop depression or a substance use disorder.

As psychology majors it is important that we understand the systems of communities and acknowledge perfectly healthy well-rounded people just don't end up homeless addicts; something was not healthy likely triggered substance use (i.e., self-medication) in the first place. The cycle of poverty, unhealthy family dynamics, violence and drug use is well established and to treat childhood trauma as a public health crisis would include parents making living wages, safe schools and areas surrounding where children must walk to get there.

Possibly most critical: access to proper support quickly after a traumatic event. This would mean schools being well staffed with counselors that have proper training on trauma informed care, teachers receiving training and refreshment on signs to look out for when a child may not be able to verbally ask for help, as well as access to external services like therapy.

With proper policy, children will have better odds never experiencing a trauma and access to help when they do to prevent future psychiatric struggling. Cleaning up school areas to prevent exposure to violence and drug use would have to include: community dispute intervention as well as helping drug addicts over simply relocating them, access to affordable mental health care that can result in healthier family lives and setting a living wage as the minimum wage could very well reduce violence in neighborhoods as well as reducing household stress.

Treating childhood trauma as one of the roots of a public health crisis would result in treating many public health challenges.