***PSYCHOLOGICAL MANIPULATION 5/13***
***CULTS AND CULTIC RELATIONSHIPS***
***A WORKSHOP FOR MENTAL HEALTH PROFESSIONALS***

1. What is a destructive cult?
    - Langone's definition
    - Singer's Continuum of Influence and Persuasion

2. Do people *join* cultic groups?
    - Factors that increase vulnerability
    - Cult Recruitment: One Predictable Factor

3. Overview of Thought Reform: Four models

4. Singer's Conditions for Thought Reform
   (Explore how each condition applies to the client's group)

5. Assessment of current and former group members
    - Screening tools
    - Motivation for seeking therapy
    - Clinical picture of cult survivors
    - Post Group Distress
    - Most typical cult induced psychopathologies
    - PTSD/Complex PTSD

6. Assessment of cult as well as cult leader
    - Evaluate client's safety while inquiring about the cult and its leadership
    - Discuss possible psychopathology of the cult leader

7. Treatment of current cult members

8. Treatment of former members: First and Second Generation
    - Stages of Recovery: Therapeutic goals
    - Recommendations for Therapists

9. Types of care and reliable resources

**Prepared by: Rosanne Henry, LPC** **www.CultRecover.com**

# I WHAT IS A DESTRUCTIVE CULT?

A destructive cult is a group or movement that, to a significant degree:

- Exhibits great or excessive devotion or dedication to some person, idea, or thing
- Uses a thought-reform program to persuade, control, and socialize members
- Systematically induces states of psychological dependency in members
- Exploits members to advance the leadership's goals, and
- Causes psychological harm to members, their families, and the community.

Langone, M.D. (Ed.). (1993) *Recovery from Cults: Help for Victims of Psychological and Spiritual Abuse.* New York: W. Norton & Company.

**SINGER'S CONTINUUM OF INFLUENCE AND PERSUASION**

Singer, M.T. (1995). *Cults in our Midst.* San Francisco: Jossey-Bass Publishers. (www.CultRecover.com under Good Reading tab, Cult Evaluation tools)

# II DO PEOPLE *JOIN* CULTIC GROUPS?

When ex-members had been polled (at ICSA Recovery Workshops) they consistently gave these reasons for *joining* their groups:

Idealism Friendship Love Freedom Community Mission
Sincerity Salvation Enlightenment Spiritual high

**People don't join cults. They get involved in groups they are led to believe represent these high ideals.**

"Cults promise salvation. Instead of boredom -- noble and sweeping goals. Instead of existential anxiety -- structure and certainty. Instead of alienation -- community. Instead of impotence -- solidarity directed by all-knowing leaders."

Hochman, J. (1990). Miracle, Mystery, and Authority: the Triangle of Cult Indoctrination. *Psychiatric Annals 20(4)* 179-187.

***FACTORS THAT INCREASE VULNERABILITY TO CULTS***

After reviewing the literature Clark, Langone, Schecter and Daly (1981) identified factors that make some young people especially vulnerable to cult recruitment:

1) cultural disillusionment
2) high level of dissatisfaction in daily life
3) tendency to conceptualize problems in a religious framework
4) low tolerance for ambiguity
5) dependency
6) susceptibility to trance states

Clark, J.G., Langone, M.D., Schecter, R.E., & Daly, R.C.B. *(1981) Destructive Cult Conversion: theory, research & treatment*. Massachusetts: American Family Foundation.

**CULT RECRUITMENT – ONE PREDICTABLE FACTOR**

Clinical observations and research studies suggest that people join cults during periods of stress or transition, when they are most open to what the group has to say. Approximately one third appear to have been psychologically distressed before joining, as evidenced by having participated in pre-cult psychotherapy or counseling. The majority, however, appear to have been relatively normal individuals before joining a cult.

Langone, M.D. (Ed). (1993). *Recovery from Cults: Help for Victims of Psychological and Spiritual Abuse.* New York: W. Norton & Company.

## III OVERVIEW OF THOUGHT REFORM: CROSS-SECTIONAL MODELS: MANIPULATIVE ENVIRONMENTS

**PSYCHOLOGICAL THEMES IN THOUGHT REFORM ENVIRONMENTS**

Robert J. Lifton, is a distinguished professor of Psychiatry and Psychology, and Director of the Center on Violence and Human Survival, at the John Jay College of Criminal Justice, City University of New York. He has been studying 'brain washing' in various populations like the Chinese prisoners of war and the Nazi doctors for over 40 years. Dr. Lifton has developed and defined these psychological themes that dominate Thought Reform environments.

Lifton, R.J. (1961). *Thought Reform and the Psychology of Totalism.* New York:W.W. Norton & Company

Dr. Michael Langone is the Executive Director of the International Cultic Studies Association and editor of the Cultic Studies Review and Cultic Studies Journal, published since 1984. Dr. Langone has been studying the cult phenomena since 1978 and has written many papers on the subject for scholarly and professional journals.

**LANGONE'S DDD SYNDROME**

1. DECEPTION
2. DEPENDENCY
3. DREAD

Langone, M.D. (1991). Assessment and Treatment of Cult Victims and their Families. In P.Ketter & S.R. Heyman (Eds) *Innovations in Clinical Practice: a source book.* Florida: Professional resource exchange.

Janja Lalich, Ph.D., is associate professor of sociology at California State University, Chico. She had been studying cults since the late 1980's and has co-authored *Cults in Our Midst* and *Crazy Therapies* with Margaret Singer, *Take Back Your Life* with Madelaine Tobias, and recently completed *Bounded Choice.*

**THE BOUNDED CHOICE MODEL BY JANJA LALICH**

The Bounded Choice framework and theory offers a new perspective on the identity shift and resultant behavior of the most dedicated adherents, or the true believers in cult systems. This model considers individual choice in the context of an authoritarian, transcendent, closed system.

Lalich (2004) defines the Bounded Choice framework with these fundamental dimensions:

1) Charismatic Authority – the interactive relationship between the leaders and the followers.
2) Transcendent Belief System – the ideological underpinnings of the group.
3) Systems of Control – those elements concerned with the organizational structure and daily operations.
4) Systems of Influence – the social controls that are part and parcel of the system.

Lalich, J. (2004) *BOUNDED CHOICE: True Believers and Charismatic Cults.* Berkeley: University of California Press.

Dr. Margaret Thaler Singer, was a clinical psychologist and emeritus adjunct professor at the University of California, Berkeley. During the course of her career she counseled more than 3,000 current and former cult members and their families.

Singer, M.T., & Ofshe, R. (1990). Thought Reform Programs and the Production of Psychiatric Casualities. *Psychiatric Annals*, 20 (4), 188-193.

## *IV SINGER'S CONDITIONS FOR THOUGHT REFORM*

1) ***Keep the person unaware of what is going on and how she or he is being changed one step at a time***. Potential new members are led, step by step, through a behavioral-change program without being aware of the final agenda or full content of the group.
2) ***Control the person's social and/or physical environment; especially control the person's time.*** Through various methods, newer members are kept very busy and encouraged to think about the group and its content during as much of their waking time as possible.
3) ***Systematically create a sense of powerlessness in the person***. Cults create this sense of powerlessness by stripping recruits of their support systems and ability to act independently. Former friends and kinship networks are taken away, as well as careers, businesses and sources of wealth. Followers are isolated from their familiar environments and sometimes removed to remote locations.
4) ***Manipulate a system of rewards, punishments and experiences in such a way as to inhibit behavior that reflects the person's former social identity***. The expression of your beliefs, values, activities and characteristic demeanor, prior to contact with the group is suppressed, and you are manipulated into taking on a social identity preferred by leadership.
5) ***Manipulate a system of rewards, punishments, and experiences in order to promote learning the group's ideology or belief system and group-approved behaviors.*** Members are rewarded for proper performance with social and sometimes material reinforcement. If they are slow to learn or non-compliant; recruits are threatened with shunning, banning and punishment; which includes loss of self esteem, privileges, and status, and often creates inner anxiety & guilt.
6) ***Put forth a closed system of logic and an authoritarian structure that permits no feedback and refuses to be modified except by leadership approval or executive order***. If you criticize or complain, the leaders or peers allege that you are defective; not the organization. (Singer, 1995)

# V ASSESSMENT OF CURRENT AND FORMER GROUP MEMBERS

## ARE YOUR CLIENTS OR HAVE YOUR CLIENTS BEEN IN DESTRUCTIVE GROUPS OR CULTIC RELATIONSHIPS?

If you suspect your client is in a cultic relationship ask them to complete the *Emotional Abuse Checklist.*

If you suspect your client is presently involved in a cult – review together if possible *Important Issues to Consider when Choosing a Spiritual Teacher. (Henry & Colvin)*

Group Psychological Abuse Scale (GPA) - to help discriminate cultic from non-cultic groups. This scale measures compliance, anxious dependency, mind control and exploitation.
Langone, M.D. (1992) Psychological Abuse. *Cultic Studies Journal*, 9 (2) 206-218.

Individual Cult Experience Index (ICE) - to distinguish between cult-involved and non-cult involved individuals. This scale demonstrates the relationship between the extent of cult involvement and current distress in former members.
Winocur, N. (1997) Individual Cult Experience Index. *Cultic Studies Journal*, 14 (2) 290-303.

QUESTIONNAIRE TO HELP SCREEN CULT INVOLVEMENT

CHARACTERISTICS OF SPIRITUALLY ABUSIVE SYSTEMS

TOXIC FAITH CHECKLIST

(www.CultRecover.com under Good Reading, Cult Evaluation Tools)

**WHY WOULD PEOPLE CURRENTLY IN CULTS COME TO THERPY?**
Because cults tend to be elitist and distrustful of the outside world, current cultists will rarely consult a clinician. However, there are circumstances that may bring them into treatment. The most likely ones include:
1) The cultist comes at the request of parents or (spouse).
2) The cultist doubts his/her commitment to the group.
3) The cultist is so distressed that therapy is sought despite the group's objections.
4) The group is one of the exceptions that do not discourage therapy.
5) The group acknowledges the value of therapy and the clinician is associated with or approved by the group.
Langone, M.D. (1991). Assessment and treatment of cult victims and their families. In P.Ketter & S.R. Heyman (Eds) *Innovations in clinical practice: a source book.* FL:Professional Resource Exchange.

**Why do former members come to therapy?**
People rarely seek treatment because of past involvement with a cult. The most frequent presenting problems among former cult members are depression and relational difficulties. Often the person is unaware that there is any connection between previous cultic involvement and current life problems.
Lalich, J.& Tobias, M. (2006). *Take Back Your Life.* Berkeley, CA: Bay Tree Publishing

**CLINICAL PICTURE OF CULT SURVIVORS**
*When ex-members have been assessed with the Millon Clinical Multiaxial Inventory (MCMI): "high scores on the dependency, avoidant, schizoid, anxiety, and dysthymia scales are typically associated with untreated former cultists."*
*West, L.J. & Martin, P. (1996) Pseudo-identity and the treatment of personality change in victims of captivity and cults. Cultic Studies Journal, 13 (2), 125-149.*

**The distress levels of ex-cultists are comparable to levels of in-patients in psychiatric hospitals.**
Martin, P.R., Langone, M.D., Dole, A.A. & Wiltrout, J. (1992). Post-cult symptoms as measured by the MCMI before and after residential treatment. *Cultic Studies Journal* 9(2) 219-245.

**POST GROUP DISTRESS**
Percent responding "a great deal" to questions of *how much a subject was troubled in day-to-day life during the first 6 months after leaving the group.*

| **PROBLEM** | **"A Great Deal" (5 on a 5 point scale)** |
|---|---|
| Anxiety, fear, worries | 58 |
| Mental confusion | 56 |
| Feelings of anger towards group leader | 54 |
| Low self confidence | 48 |
| Indecisiveness | 48 |
| Vivid flashbacks to group experience | 46 |
| Desire to help friends in group | 45 |
| Difficulty concentrating | 42 |
| Despair, hopelessness, helplessness | 41 |
| Loneliness | 41 |

*M.D. Langone , Ph.D. Research Study Former Members of Charismatic Groups (1992) Sample size: 308*

***MOST TYPICAL CULT-INDUCED PSYCHOPATHOLOGIES*:**
1) reactive schizoaffective-like psychosis 2) atypical dissociative disorders,
3) posttraumatic stress disorders and (4) relaxation induced anxiety (RIA).
(RIA) distressing sensations (floating), physiological behavior (spasms, racing heart…) or abrupt and disturbing ideas and emotional states (rage).

***THE TYPE OF THOUGHT REFORM PROGRAM RELATES TO THE TYPE OF PSYCHIATRIC CASUALTY:***
*1) LARGE GROUP AWARENESS PROGRAMS - appear most likely to induce mood and*

*affect disorders.*

*2) GROUPS THAT USE PROLONGED MANTRA AND EMPTY-MIND MEDITATION, HYPERVENTILATION AND CHANTING - are likely to dev. relaxation-induced anxiety, panic disorder, marked dissociative problems, & cog. inefficiencies.*

*3) THERAPEUTIC COMMUNITY PROGRAMS - induce enduring fears, self-mutilation, self-abasement, and inappropriate display of artificial assertiveness and emotionality.*

Singer,M.T. & Ofshe, R. (1990). Thought Reform and the Production of Psychiatric Casualties. *Psychiatric Annals*, 20(4). 188-193.

**POST TRAUMATIC STRESS DISORDER (DSM IV)**

*The person has been exposed to a traumatic event(s) that involved actual/threatened death, serious injury or a threat to the physical integrity of self or others and the person's response involved intense fear, helplessness or horror and continue to be manifested by these clusters of symptoms:*

- Increased **Arousal** when reminded of the trauma…
- Persistent **Avoidance** of stimuli associated with the trauma and numbing of general responsiveness…
- Intermittent feelings of **Re-experiencing** the traumatic event(s)

The cult survivors that I have seen over the last 15 years report a more chronic trauma that occurs in several settings. Like neglect and emotional abuse it is more subtle and difficult to identify as it is justified for the cult members' own good…

**COMPLEX POST TRAUMATIC STRESS DISORDER**

Complex psychological trauma refers to experiences that:

1) involve repetitive or prolonged exposure to, or experiencing of multiple traumatic stressors, most often of an interpersonal design in a variety of milieus and roles;
2) involve harm or abandonment by caregivers or ostensibly responsible adults; and
3) occur at developmentally vulnerable times in the person's life, especially over the course of childhood, and become intertwined with and incorporated within the child's biopsychosocial development.
   Courtois, C.A., Jord, J.D. & Cloitre, M. (2009) Best Practices in Psychotherapy for Adults. In Courtois, C.A. & Ford, J.D. (Eds). *Treating Complex Traumatic Stress Disorders.* New York: Guilford Press.

The following criteria are proposed for complex PTSD:

- A history of subjection to totalitarian control over a prolonged period
- Alterations in affect regulation
- Alterations in consciousness
- Alterations in self-perception
- Alterations in perception of perpetrator
- Alterations in relations with others
- Alterations in systems of meaning

Herman, J .L. (1992). *Trauma and Recovery.* New York: Basic Books

## VI ASSESSMENT OF CULT AS WELL AS CULT LEADER

### *EVALUATE THE CLIENT'S SAFETY WHILE INQUIRING ABOUT THE CULT*

- The Predictions of Harm for leaving: what were cultists told would happen if they left?
- What was the cult's perspective about those who had left the group? What were they labeled? (Apostates? Evil? Unenlightened?) How were they treated?
- Discuss the necessity of limiting contact with the cult or cutting if off completely.
- Process the beliefs and especially the practices of the group.
- Define the authority structure of the cult: Who was really in charge? How were doubt, dissent, disobedience and desertion handled?
- Gather data on the group by filling out the Group Profile in Livia Barden's COPING WITH CULT INVOLVEMENT.
- Consider contacting other former members who are *truly* out of the cult for information and support.

### *EVALUATE THE CULT LEADER'S LETHALITY*

- What is the cult leader's potential for violence?
- How have those who have left this group been treated in the past?
- Does your client think that the cult leader will pursue him or her? Why? How?
- Does the leader have a criminal record? What does your client know about the leader's past? (One good resource is Dennis King's GET THE FACTS ON ANYONE.)

### COLLABORATE WITH YOUR CLIENT ABOUT STRATEGIES FOR SAFETY

This might involve changing cell phone numbers, email addresses, moving, closing bank accounts, and even talking to the police and /or a lawyer.

### *THE PSYCHOPATHOLOGY OF THE CULT LEADER*

"Cultic groups and relationships are formed primarily to meet specific emotional needs of the leader, many of whom suffer from one or another emotional or character disorder. Few, if any, cult leaders subject themselves to the psychological tests or prolonged clinical interviews that allow for an accurate diagnosis. However, researchers and clinicians who have observed these individuals describe them... on a spectrum exhibiting neurotic, sociopathic, and psychotic characteristics, or suffering from a diagnosed personality disorder."
Lalich, J. & Tobias, M. (2006) *Take Back Your Life.* Berkeley, CA: Bay Tree Publishing

"Totalitarian dictators study and invent thought reform techniques, but many cult leaders may simply be exhibiting characteristic behaviors of the *Pathological Narcissist,* with the attendant paranoia and mania typical of this personality disorder."
Shaw, D. (2003). Traumatic Abuse in Cults: A Psychoanalytic Perspective. *Cultic Studies Review, 2(2),* 101-129.

## VII TREATMENT OF CURRENT CULT MEMBERS

Working with current cult members is similar to working with battered women. Tobias & Lalich (1994) recommend that therapists:

1) Work slowly to establish rapport and trust.
2) Continually support and enhance ego strengths.
3) Maintain good reality checking for the client.
4) Gently confront cognitive distortions, which are perceived as reality by the client.
5) Look for opportunities to present another viewpoint, perhaps by means of exit counseling.
6) Be prepared to examine countertransference with a peer or supervisor, as these clients sometimes evoke strong feelings of powerlessness, impatience, boredom, and anger.

Lalich, J.& Tobias, M. (2006). *Take Back Your Life.* Berkeley, CA: Bay Tree Publishing

## VIII TREATMENT OF FORMER GROUP MEMBERS
## STAGES OF RECOVERY
## FIRST GENERATION

**1) *REEVALUATION (focus on the past)***

- Reevaluate cult affiliation
  Help them learn how they were under the influence of mind control -
  "Educate the client about mind control so the client sees the problem is with the cult system, not with them specifically. What people emerging from cults really need is information and help breaking the ties that they were led to assume... they need to understand how they were changed and why they stayed, so they don't keep on thinking that there is this big defect in them..."
  Singer, M.T. (1991, November) Workshop on recovery from mind control. Cult Awareness Network National Conference, Oklahoma City, OK.
  *(Caution: not all former members can handle this educational input right away. It is important to introduce it gradually and not overwhelm the client).*
- Help them understand trauma and how to deal with floating episodes.
- Begin reevaluating their beliefs and value system before, during, and after their cult involvement.
  Langone, M.D. (1991). Assessment and treatment of cult victims and their families. In P.Ketter & S.R. Heyman (Eds). *Innovations in clinical practice: a source book.* Florida: Professional resource exchange.

*THERAPEUTIC GOALS might include:*

- *Psychoeducation on cults, trauma, and dissociation*
- *Reconnection with critical thinking skills*
- *Identification of coping skills to manage anxiety and dissociation*
- *Exploration of vulnerability factors in cult recruitment*

**2) *RECONCILIATION (focus on the present)***

- Allow and encourage them to grieve the losses
- Expect emotional volatility, normalize and offer support

- Let the past reemerge
- Deal with maturational arrests
- Help them regain purpose
- Facilitate the discovery of who they are after the cult

*THERAPEUTIC GOALS might include helping clients:*

- *Process and differentiate guilt and shame*
- *Explore the basis of shame for what they did and did not do while in the cult*
- *Rebuild their ego strengths*
- *Enhance their resiliency*

**3) *REINTEGTRATION (future-oriented)***

- Help plan and focus on the future
- Encourage recovery of the whole self
- Help survivors integrate their cult experience into their permanent identity

Martin, P.R. (1993). Post cult recovery: Assessment and Rehabilitation. In M.D. Langone (Ed). *Recovery from cults: Help for victims of psychological and spiritual abuse.* New York: W. Norton & Company

*THERAPEUTIC GOALS might include:*

- *Learning and practicing healthy boundaries in more mutual relationships*
- *Exploring forgiveness of self and/or others*
- *Making meaning of the experience, rediscovering their sense of humor*
- *Evaluating their spirituality or relationship to the divine.*

## PHASES OF RECOVERY
## SECOND GENERATION FORMER MEMBERS

**Phase 1:** PERSONAL AND INTERPERSONAL SAFETY AND STABILIZATION. Treatment must enhance the client's ability to manage extreme arousal states so he/she can approach and master internal states and external events that trigger trauma symptoms. A solid foundation of cognitive skills and adaptive coping must be established before the detailed narrative of the traumatic experiences begins.

*THERAPEUTIC GOALS might include:*

- *The establishment of a safety plan*
- *The development of a good therapeutic alliance*
- *Skills training in affect regulation*

Gold, S. N. (2009) Contextual Therapy. In Courtois, C.A. & Ford, J.D. (Eds). *Treating Complex Traumatic Stress Disorders.* New York: Guilford Press

**Phase 2:** PROCESSING OF TRAUMATIC MEMORIES-safe self reflective disclosure of traumatic memories and associated reactions in the form of progressively elaborated and coherent autobiographical narrative.

*THERAPEUTIC GOALS might include:*

- *The disentanglement of the past from the present*
- *The development of a sense of control over the traumatic memories through carefully titrated exposure.*
- *Confronting and mastering fear.*
  Jackson, C., Nissenson, K., & Cloirtre, M. (2009). Cognitive-Behavioral Therapy. In Courtois, C.A. & Ford, J.D. (Eds). *Treating Complex Traumatic Stress Disorders.* New York: Guilford Press.

**Phase 3:** REINTEGRATION-involves working on unresolved developmental deficits and on fine-tuning self regulation skills. Commonly encountered challenges include the continued development of trustworthy relationships, parenting, career and other life decisions…

*THERAPEUTIC GOALS might include:*

- *Continued development of a sense of self that is whole, integrated, worthy and efficacious.*
- *Restoration or acquisition of an existential sense of life as worth living and a sense of spiritual connection and meaning.*
- *Mindful engagement in relationships.*

Courtois, C. A., Ford, J.D., Cloitre, M. (2009) Best Practices in Psychotherapy for Adults. In Courtois, C.A. & Ford, J.D. (Eds). *Treating Complex Traumatic Stress Disorders.* New York: the Guilford Press.

***Consequences of not dealing with cult involvement -- cult hopping, possible return to the cultic group/individual or one that looks very different, overwhelming anxiety and/or depression, and in extreme cases, suicide.***

## *RECOMMENDATIONS FOR PSYCHOTHERAPISTS:*

*DON'T ASSUME THAT PEOPLE CHOSE CULTIC GROUPS BECAUSE OF HIGH DEPENDENCY NEEDS.*

*DON'T USE HYPNOSIS TO HELP CLIENTS RELAX OR REMEMBER. IT CAN TRIGGER FAMILIAR DISSOCIATIVE EPISODES FROM THE CULT.*

*DON'T FOCUS ON THE CLIENT'S EARLY LIFE EXPERIENCE UNTIL THE CULT ISSUES HAVE BEEN DEALT WITH. AVOID ASSUMING UNCONSCIOUS MOTIVATION WHERE THERE IS LITTLE OR NONE.*

*DON'T USE AN ADDICTION MODEL FOR THERAPY, VERY FEW MEMBERS OF CULTS ARE RELIGIOUS ADDICTS.*

*SCREEN FOR DEPRESSION, ANXIETY, SUICIDE, A POSSIBLE RETURN TO THE CULT, AND THE PREDICTIONS OF HARM FOR THOSE WHO LEAVE THIS*

*GROUP/RELATIONSHIP*.

*ADDRESS THE ETHICAL DIMENSION AND HELP THEM RECOGNIZE THAT THEY HAVE BEEN WRONGED. THIS IS CRUCIAL TO THE VICTIM'S RECOVERY OF THEIR MIND, AUTONOMY, IDENTITY, AND DIGNITY.*
Langone, M.D. (1992). Psychological Abuse. *Cultic Studies Journal* 9 (2) 206-218.

*EMPOWER THE SURVIVOR SO THEY ARE THE AUTHOR AND ARBITER OF THEIR OWN RECOVERY.*
Herman, J.L. *(1992) Trauma and Recovery.* New York: Basic Books.

*NORMALIZE THEIR ANOMIE. BECAUSE OF CULTURE SHOCK, ANXIETY, ALIENATION, AND DISENCHANTMENT WITH BOTH THE CULT AND THE LARGER SOCIETY, THEY REQUIRE A PERIOD OF TIME TO ADJUST AND REEVALUATE GOALS, VALUES, AND IDENTITY.*
Singer, M.T. & Ofshe, R. (1990). Thought Reform and the Production of Psychiatric Casualties. *Psychiatric Annals, 20(4). 188-193.*

*BE AWARE OF AND EFFECTIVELY MANAGE CLIENTS'TRANSFERENTIAL REACTIONS AND YOUR OWN VICARIOUS TRAUMATIZATION AND COUNTERTRANSFERENCE.*
Courtois, C.A., Ford, J.D. & Cloitre, M. (2009). Best Practices in Psychotherapy for Adults. In Courtois, C.A. & Ford, J.D. (Eds) *Treating Complex Traumatic Stress Disorders.* New York: Guilford Press.

***WHEN WORKING WITH SECOND GENERATION ADULTS:***
*BEGIN THERAPY BY HELPING THE CLIENT TO LEARN TO TOLERATE, MANAGE, AND REDUCE HIS/HER LEVELS OF DISTRESS.*

*DO NOT TRY TO MAKE UP FOR WHAT WAS MISSING IN THE CLIENT'S CHILDHOOD EXPERIENCE AND FAMILY.*

*LEARN HOW TO PROVIDE THE SCAFFOLDING THAT ENABLES THE CLIENT TO DEVELOP INDEPENDENCE, TRUST, AND EFFICACY IN THE PRESENT.*
Gold, S.N. (2000). *Not trauma alone: Therapy for child abuse survivors in family & social context.* Philadelphia: Brunner Routledge.

## IX TYPES OF CARE, RELIABLE RESOURCES

**TYPES OF AVAILABLE CARE:**
EXIT COUNSELING
PASTORAL COUNSELING
INDIVIDUAL PSYCHOTHERAPY
GROUP PSYCHOTHERAPY
FAMILY THERAPY
RESIDENTIAL REHABILITATION

**RELIABLE CULT RESOURCES**:
INTERNATIONAL CULTIC STUDIES ASSOCIATION (ICSA)

- After individual therapy, group work with other cult survivors can be very beneficial. ICSA sponsors yearly recovery workshops for first and second generation former members.
  There are several support groups for former members throughout the USA and the United Kingdom which are listed online at the ReFocus website.
- Each year ICSA offers a national or international conference where up to a hundred professionals share their expertise. These conferences usually include preconference sessions for professionals, former members and families with a cult affected loved one.
- ICSA TODAY and the INTERNATIONAL JOURNAL OF CULTIC STUDIES
- Look for professional articles at www.icsahome.com especially *the Mental Health Collection.*

CAROL GIAMBALVO AND REFOCUS
BILL & LORNA GOLDBERG
CULT HOTLINE & CLINIC
ROCKY MOUNTAIN RESOURCE CENTER
MEADOW HAVEN

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