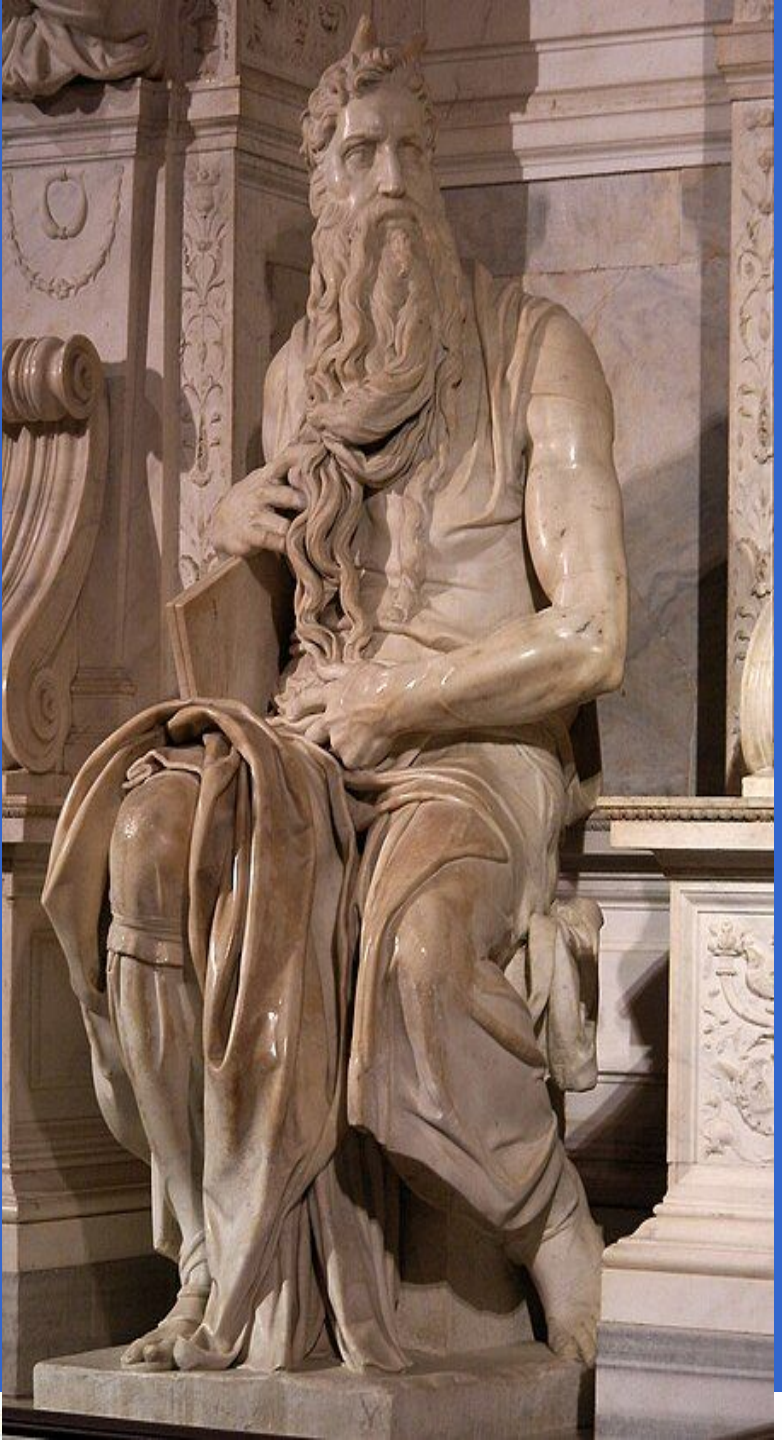


When the Tablets Break

Utilizing the Dimension of Time and Storytelling in Therapeutic Work with Recurrent Trauma

Richard Kagan & Merav Roth

Disclosure Note: Presenters receive royalties from Routledge Press & W.W.Norton

Engagement; A Critical Challenge

- An estimated 50% of youths identified as needing therapy were found in a national survey to **not** have begun treatment (Merikangas et al., 2010).

- **No-show rates for child psychotherapy have ranged from 48-62% for initial appointments** (Harrison et al., 2004; McKay & Bannon, 2004) and drop-out rates have been reported to range from 20-75% (Armbruster & Kazdin, 1994; Olfson et al.,2009; Wierzbicki & Pekarik, 1993).

- Drop-out rates have been found in meta-analysis studies to be higher for people with Complex PTSD (Melton, H.,Meader, N., Dale, H., Wright, K., Jones-Diette, J., Temple,M., . . Coventry, P. (2019).

Are We Doing Any Better in Trauma Therapy?

Research is limited but suggests that rates of engagement in evidence-supported trauma treatment are similar to engagement of youths & families in general psychotherapy with significant percentages of youths and families refusing or not being able to access evidence-supported trauma treatment **(Kagan, Pressley, et al, 2022).**

Drop-outs, a Critical Challenge

- **Research on ‘drop-outs’ (attrition) from evidence-supported child and family trauma treatment is very limited with widely varying definitions of ‘drop-outs’ & completion of treatment (Kagan, Pressley, et al, 2022).**
- A meta-analysis of 40 RCT studies for children with PTSD (Simmons, Meiser-Stedman, Baily & Beazley, 2021) found that sixty percent of these studies did not define ‘dropouts’ and definitions of ‘dropouts’ in the remaining 16 studies varied widely (Simmons et al, 2021).

In one study of exposure-based CBT treatment for youth victims of violence, 40% of those who stopped participating before treatment completion dropped out after the initial session (Chasson et al., 2013).

Dropout rates before completion of TF-CBT have been described as ranging between 33 and 77% (Wamser-Nanney & Steinzor, 2017; Yasinski et al., 2018).

Factors leading to drop-outs cited in research studies include: poverty, insufficient housing, community violence, chronic caregiver adversity institutional racism, lack of accessibility to resources, and where the risk of violence from all sources is higher (Kagan, Pressley, et al, 2022).

2022 Survey of Primarily NCTSN Sites

- **Few respondents indicated that youths/families with complex trauma typically (i.e., more than 80% of the time) stayed in treatment long enough to significantly reduce trauma symptoms.**

- **Most respondents were either *not* aware if their programs measured attrition or indicated attrition was *not* measured.**

In Israel

Challenges engaging reserve soldiers despite high rates of PTSD, anxiety, depression and increasing suicides

Challenge for therapy when:

- Many people learned they could not count on the government to protect their families or even to own responsibility
- Many parents felt helpless to protect their families
- Many children learned they could not count on parents to keep them safe
- High rates of 'moral injury'

Could it be that therapists and programs are giving messages and using protocols that create distance rather than engagement?

Imagine Yourself As a Youth, a Parent, Someone You Are Concerned About

How would you feel if you heard therapists, teachers or other professionals *tell you:*

- How *you* acted *dangerously.*
- *How they can understand you & diagnose you.*
- How they are going to help *you fix what got you in so much trouble*.
- How you are safe now in their program.
- How they can help *you* stop being so *hypervigilant* and *hyper reactive.*
- How they will *focus* on past traumas.
- How they can help you *stabilize* yourself.

Challenges to Engagement & Sustaining Engagement

- The Challenge of Time in the Face of Great Atrocities
- The Dialectic of Psychological Tension
- *When Trauma Isn't Post*; Living with Strife, Uncertainty & Complex Trauma

Strategies for Overcoming

- Explore perspectives on time and use of storytelling as strategies to promote engagement with youths, parents, families & communities who have been living with recurrent traumas.
- Introduce practical tools and frameworks for helping get unstuck, promoting & maintaining engagement and addressing ‘relational healing for relational traumas

Utilizing the Dimension of Time in Assessments & Therapy Planning

Incorporating Jewish Perspectives on Time into Trauma therapy

Promoting Resiliency in Times of Uncertainty & Strife

The Therapeutic Power of Story Reading/Telling:

- **The 'Heroes' Journey'; a Template for Therapy**
- ***Reading the Reader* and the Distancing Paradox**

Additional Resources & Training Programs

We have EBT's for PTSD, but

What if the traumas are not '*Post*'?

What does it feel like to live with recurrent trauma?

Photo by Israel Defense Forces

Dark clouds of danger and risk may hover overhead with no end to risks,

even while the sun shines for others.

Living in a World of Uncertainty and Risk;

Vulnerabilities & Possibilities

The Cost of Living in 'Survival Mode'

The combination of attachment disruption or adversity and interpersonal trauma has a damaging impact on psychosocial development (Lowe et al., 2016).

Adolescent Vulnerabilities

Opportunities for youths entering adolescence to use maturing perspectives and life skills may be diminished when support from primary attachment figures becomes tenuous or when youths are living with ongoing injustice, racism, religious persecution, terrorism or oppression.

- Constricting beliefs:
  - 'Change is impossible',
  - 'Hope is too painful to bear'.
- Vulnerabilities to self-medicating or charismatic individuals who provide temporary solutions at a high cost for youths, families and communities.
- Becoming hopeless, depressed, or enraged

"Complex trauma arises when a child is exposed to danger that is unpredictable and uncontrollable while attachment with a caretaker who reliably and responsibly protects and nurtures the child is disrupted or has not occurred at all." -Cicchetti & Lynch (1995)

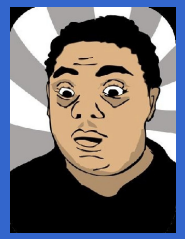
Symptoms extend *beyond the DSM-5 TR's PTSD criteria (trauma experience, avoidance, re-experiencing,* hyperarousal)

These youths also have increased risk of re-victimization and cumulative impact of traumas

Sources: Cook et al. (2005). *Psychiatry Ann,35*(5):390-398; van Der Kolk & Courtois. (2005) *J Trauma Stress*, *18*:385-388.

Developmental Trauma Disorder

- Experienced or witnessed multiple, recurrent adverse events beginning in childhood or early adolescence.
  - Multiple episodes of interpersonal trauma
  - Disruptions of protective care giving
    - Repeated, unpredictable changes/disruptions of caregivers
    - Severe/persistent emotional abuse
- Dysregulation
  - Affective
  - Cognitive
  - Behavioral
  - Bodily



Complex post traumatic stress disorder ICD-11 (PTSD+)

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly **prolonged or repetitive events** from which escape is difficult or impossible (e.g., torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). The disorder is characterized by the core symptoms of PTSD; that is, all diagnostic requirements for PTSD have been met at some point during the course of the disorder. In addition, Complex PTSD is characterized by 1) severe and pervasive problems in affect regulation; 2) persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event; and 3) persistent difficulties in sustaining relationships and in feeling close to others. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Post traumatic stress disorder (6B40)

Could our diagnostic labels and our messages be impeding engagement?

?

Youths and parents/caregivers may be focused on surviving very real threats

Threats of interpersonal and systemic traumas that disrupt youths' primary attachments and the safety to trust

Asking youths to talk about past traumas without addressing risks felt right now or expected to continue.

Emphasis on *'stabilization'* of youths behaviors when deep inside, youths or parents/caregivers feel their bodies crying out for *change* in order to survive what is often 'unsaid.'

Systems of care can inadvertently make things worse by utilizing diagnostic labels that are experienced as stigmatizing or treatment plans that are experienced as mandates from authorities, not addressing critical needs, not respecting the youth's and family's strengths or capacities in the community or on-going experiences of neglect, harassment, bias, racism…

"You can't help them if they don't come back."

-John Briere

Initial Sessions: A Time-Limited Opportunity

Why is it that a youth who has had 12 previous therapists, four psychiatric hospitalizations, and 2 placements discloses 'what happened' for the first time to the 13th therapist?

For a youth or family who have had 10 previous therapists, and nothing seemed to help, how can we show them that this new relationship, this new program, might be different, or at least worth giving it a chance?

Passing the Tests

Engaging means passing youth and family tests to screen out professionals who may hurt the family

Can we demonstrate that we:

- Have the courage to talk about what is real including past and present terrors
- Truly respect families including their capacity to change
- Will not label, shame, reject, disrespect, be of no help
- Will not respond to challenges by repeating past behaviors linked to repeated cycles of family-community dramas and high-risk behaviors

Broadening our Perspective to Answer the Challenge

'How Do You Live with Dark Clouds?'

Utilizing the Dimension of Time

Differential therapy for different types of chronicity

Multi-dimensional Therapy Planning Guide for Complex Trauma *(Kagan et al, 2023)*

Predictability and Preventability of Recurrent Traumas
☐ *Ongoing Predictable & Preventable or Protected (Transient) Complex Trauma Exposure with Persistent Complex Trauma/DTD Symptoms*
☐ *Ongoing Predictable & Unpreventable or Protected (Episodic) Complex Trauma Exposure with Persistent Complex Trauma/DTD Symptoms*
☐ *Ongoing Unpredictable & Unpreventable or Protected (Pervasive) Complex Trauma Exposure with Persistent Complex Trauma/DTD Symptoms*
☐ *Past Complex Trauma Exposure with Persistent Complex Trauma/DTD Symptoms*

*Adapted from Kagan, R., Lanktree,C., Hernandez, R. & Ford, J. (2025). ***Multi-Dimensional Therapy Planning Guide for Complex Trauma***

Every culture has a perspective on time

Jewish tradition, biblical stories, lessons from the past for today & tomorrow

- Stories of hope
- Stories of how to cope with challenges from how to pick a spouse to cope with fears of being killed
- Stories of sacrifice and courage against great odds
- Stories of living with multiple traumas and becoming strong enough to survive and create change
- Stories of transformation
- **Stories of g**oing into uncertainty

Stories of time as evolving, unfinished with new beginnings

How does the child and family you are concerned about envision time?

How do you envision time?

How can we learn to learn to spread out time, to make it an evolving story?

Creating 'Relational Sanctuaries in Time'

Can we grow the times when a youth and family feel safe, even if the world outside remains dangerous, that they can feel safety within their primary relationships?

Can we envision therapy as an opportunity to create a space to breathe with people you feel safe?

Skill and Relationship Building

Move from feeling stuck living with terror in the past, in the present, or terror of the future.

Learn to increase flexibility to move through time

- To access strengths and relationships
- To avoid being stuck or trapped
- To slow down time
- To speed up time
- To rebuild a sense of self within family and community moving through time with a past, a present and a future

Learn to unblock E-motion to move once again through time

Five P's

Increase capacity of youths, parents, families, communities to:

- **Predict** trauma exposures, especially life-threatening risks & disruptions of critical relationships.
- **Prepare** by developing relationships (caregivers, guardians, mentors, teachers, friends) and skills and accessing resources.
- **Prevent** trauma exposures as much as possible.
- **Protect** youths and families from long term harm by alleviating the damaging impact of adversity and threats that cannot be prevented.
- **Persevere** despite recurrent adversity, strengthening or rebuilding critical relationships, developing coping skills and continuing social, emotional and cognitive development of youths that may appear stymied.

*Adapted from Kagan, R., Lanktree,C., Hernandez, R. & Ford, J. (2025). ***Multi-Dimensional Therapy Planning* for Complex Trauma***

Redefining Resilience

'Resilience means understanding we are vulnerable and knowing we can cope and move forward.'

-Talia Levanon. CEO Israel Trauma Coalition for Response and Preparedness (ITC) (8/20/25)

Promoting Resilience in *Multi-Dimensional Therapy*

- Accepting vulnerability
- Sharing vulnerability
  - Developing the strength and security to say it out loud , to speak the unspeakable, to work together
  - Developing the ‘we’ for youths and parents who feel alone
  - Developing Courage—sharing one’s heart
- Using the past to learn how to cope; Learning from family and cultural heritage
- Practicing
- Moving forward, learning, growing

Balancing in Rough Seas

‘Uncertainty can be good…I think the way to handle it is not to resist, but to surf uncertainty…

Keep your balance, stay agile and expect the unexpected bumps.’

-Alan Alda

The Power of Storytelling

Creating a medium that allows a troubled youth or adult to safely embrace and allow images and sensory experiences to seep in and evoke feelings and new understanding (meaning).

We are pulled to identify with characters who face similar challenges to our own.

Storytelling, especially when shared, can open up *possibilities*,

- Possibilities never before imagined
- *Possibilities* to remake our families, communities, our world
- Possibilities that are essential for a sense of future, for hope and healing

Storytelling can help us discover or uncover a purpose, critical for developing the courage:

- To take steps to change
- To face what is dreaded

Storytelling allows children and parents to move at their own pace

- **To create a space for children and parents to reconnect**
- **To experience safely the possibilities of another world**
- **To rebuild critical relationships despite chronic stress**

(Kagan, 2017, *The Hero's Mask*)

REAL LIFE HEROES® (RLH)

Real Life Heroes® (RLH) provides therapists with easy-to-use tools including a life storybook, manual, 24 CE credit asynchronous training program, multi-dimensional assessment, multi-sensory creative arts activities & psycho education resources and addresses each of the 'best practice' components of therapy recommended by the NCTSN for youths and families with Complex Trauma/DTD.

RLH = A Toolkit for Complex Trauma Therapy

- Ready-to-go materials, easily adaptable for a wide range of youths, families and programs
- Promotes attuned, impactful relationships that can be applied by new and experienced therapists
- Builds on child, family & organizational strengths; what's already working for families and practitioners
- Includes links to develop an integrated trauma-informed system of care including the NCTSN 'Essential Elements' for Child Welfare and NCTSN curricula for child welfare workers, resource parents, educators, refugees and family courts
- Research tested in hard-pressed programs with high turn-over, 'all-practitioner' training and broad-based inclusion criteria.

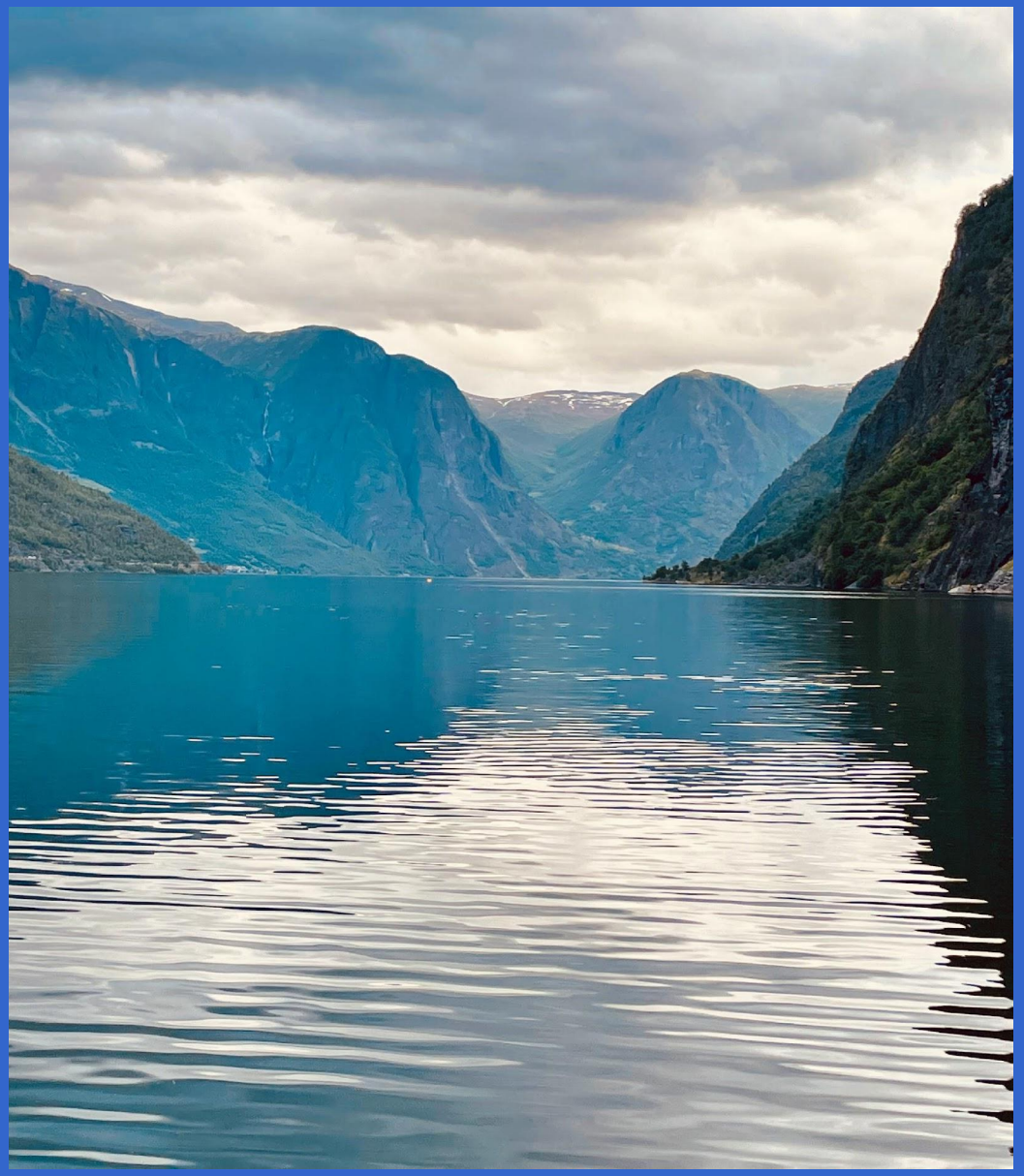
Recommended Components of Complex Trauma Treatment *	*RLH*
Developing safety and stability for youth and youth's family	√
Relational engagement of youths, caregivers and therapists;	√
Assessments and services are always relational, strengths-focused, and developmentally–informed	√
All phases of treatment promote self- and co-regulation for youths and primary caregivers	√
Increasing self-reflective information processing	√
Increasing positive emotions and a positive self-identity	√
Trauma memory re-integration matched to youth and primary caregiver's capacity	√
Prevention and management of disruptions of primary	√

* Cook et al (2003, 2005); Ford & Cloitre (2009).

Life Stories: a Therapeutic Journey

"Life is not a *problem* to be solved but a *mystery* to be lived"

- Joseph Campbell



How Is *Real Life Heroes* Different?

- Focuses on developing resiliency for youth and family and youth's life story extending from the past into the future and creating new opportunities, rather than focusing on behavior problems or specific past traumas
- Respects stressors impacting youths & families who have lived with chronic traumas
- Relational focus targets rebuilding emotional support, attunement, safety, and trust to counter shame and isolation
- Integrates art, music, improv, story-telling mindfulness, yoga, and trauma-informed CBT

Youths can develop a more secure attachment through autobiographical storytelling with a caring, safe adult.

(Roisman, G.I., Padron,E., Sroufe, L.,& England, B., 2002. Earned secure attachment status in retrospect and prospect. Child Development, 73,1204-1219)

Parents/caregivers can also develop a more secure attachment by re-working their own trauma histories with support and commitment to changing the future for their youths.

Expanded Engagement & Inclusion

- Resiliency-focus makes it easier to engage youths and families who lack trust in service and treatment providers
- Does not require graduated exposure to trauma experiences from the beginning of treatment
- Can be used with youths and families where traumas are suspected but not acknowledged or validated
- As safety and stability increases, youths and caregivers typically disclose or validate suspected traumas, making it possible to work on re-integration of trauma events.

Telling the Story On His Headboard

9-year old had been 'resisting' going to therapy sessions and difficult to engage.

Therapist began using Real Life Heroes 1st chapters

told this boy she'd be away two weeks, a vacation for both

Boy wrote on headboard in permanent marker:

'I don't want to see Aunt ___. She hurts me.'

He had been spending time with paternal aunt during visits with father. Mother – Father separated. Told mother aunt sexually abused him.

Attachment and Resilience-Building Interventions

Expand the 'Window of Tolerance'

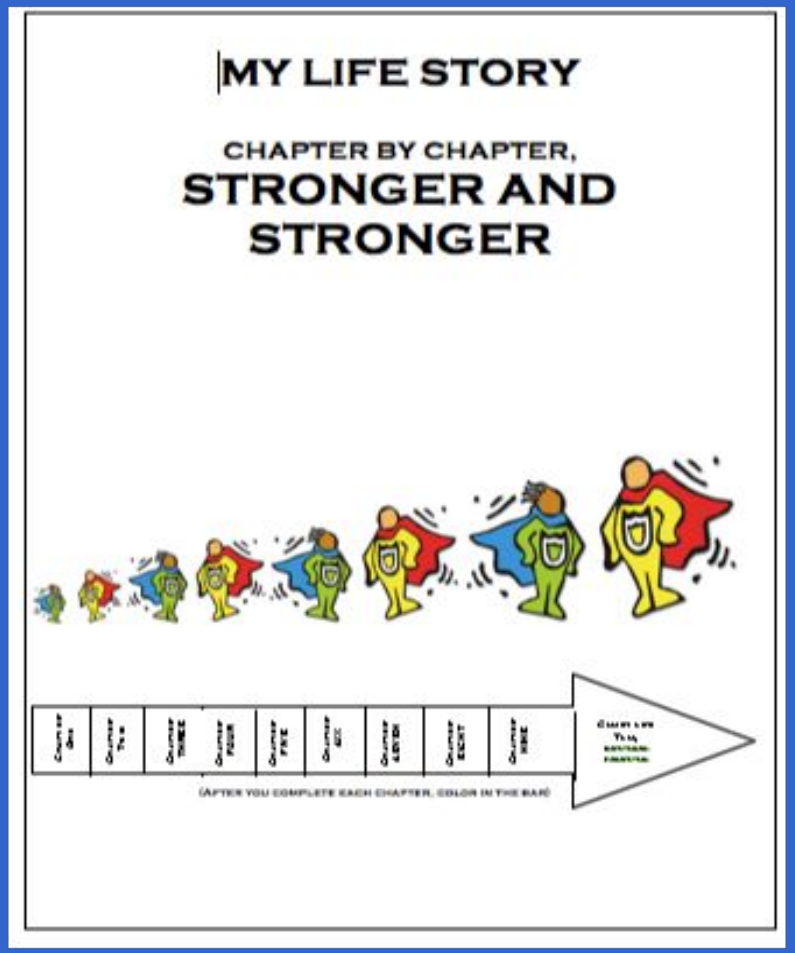
Enhanced Safety Through Structured Activities

- WORK ‘CHAPTER BY CHAPTER’ WITH CREATIVE ARTS ENGAGES CARING ADULTS AND YOUTHS TO STRENGTHEN SKILLS, FOSTER COMMUNICATION, AND REBUILD, OR BUILD, NURTURING, ENDURING RELATIONSHIPS WITH CARING, COMMITTED, ADULTS

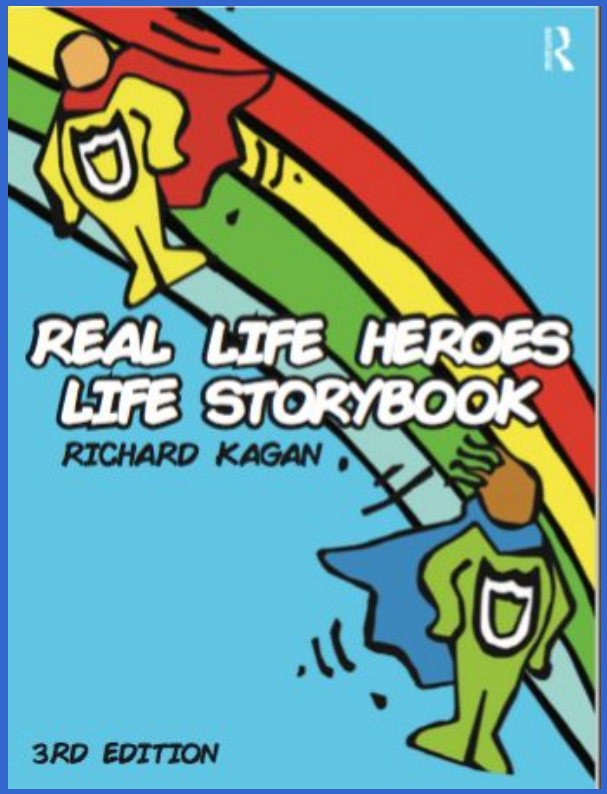
- MAKE IT SAFE ENOUGH TO ACCESS EMOTIONAL MEMORIES, PROCESS TRAUMAS, MODULATE AROUSAL TO ‘TRIGGERS,’ DESENSITIZE TRAUMAS, AND HELP YOUTHS & PARENTS/CAREGIVERS TO REINTEGRATE AND REWRITE THEIR LIFE STORIES

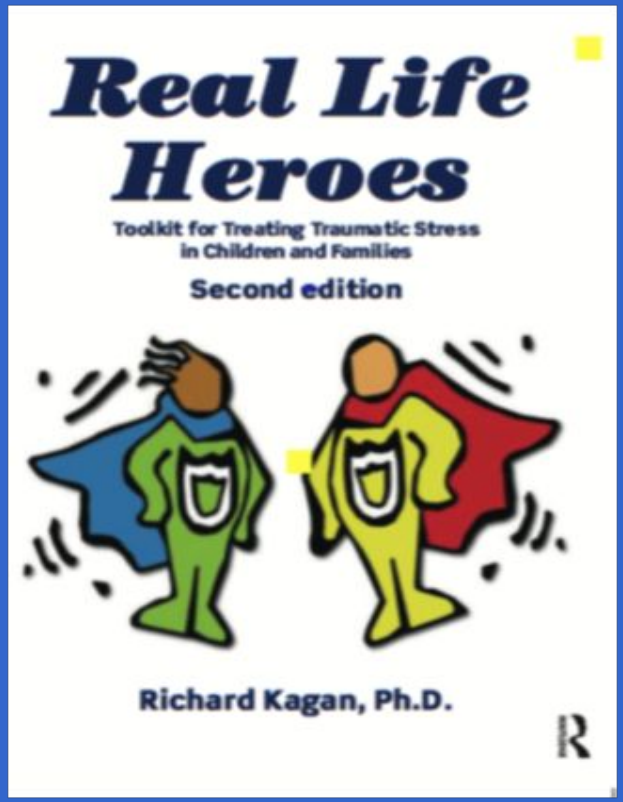
RLH: Chapter by Chapter

Grow the youth's strengths and relationships to become stronger than past & present relational traumas & future vulnerabilities



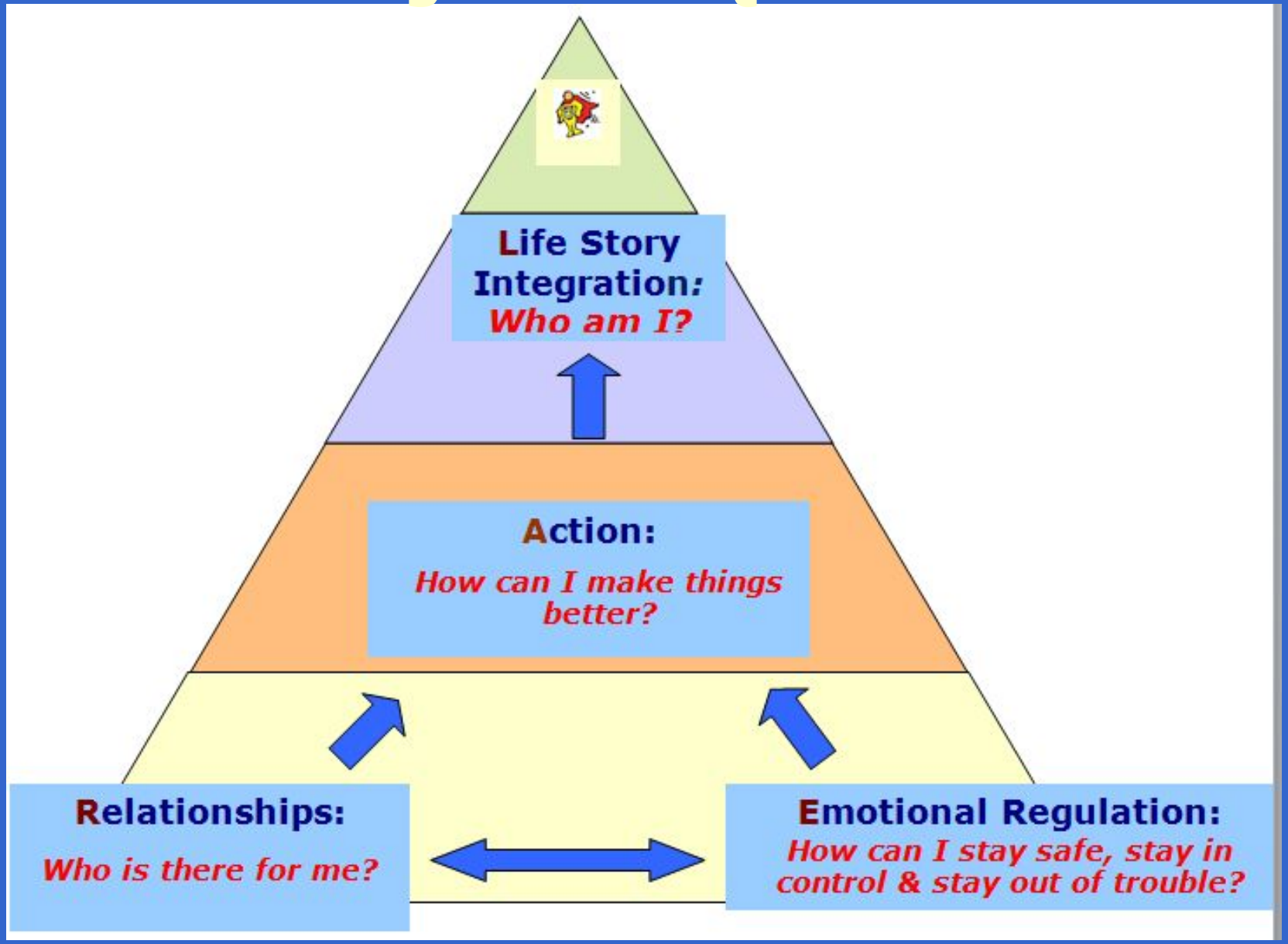
CHAPTERS TARGET 'BEST' PRACTICE'COMPONENTS FOR COMPLEX TRAUMA THERAPY





RLH provides therapists with an easy-to-use, phase-based toolkit for assessments, service planning, and treatment of Complex PTSD.

RLH: Addressing Critical Questions for Youths



Relationships: Strengthening (or Building) Emotionally Supportive Relationships:

1. Safety—Restoring 'the protective shield'
2. Attunement
3. Re-pair (after breaks)

Emotional Regulation

4. Affect recognition, expression & modulation
5. *Co-regulation*
6. Changing the Script; Cognitive Behavior Therapy skills
7. Mindfulness—Centering---Yoga--Movement

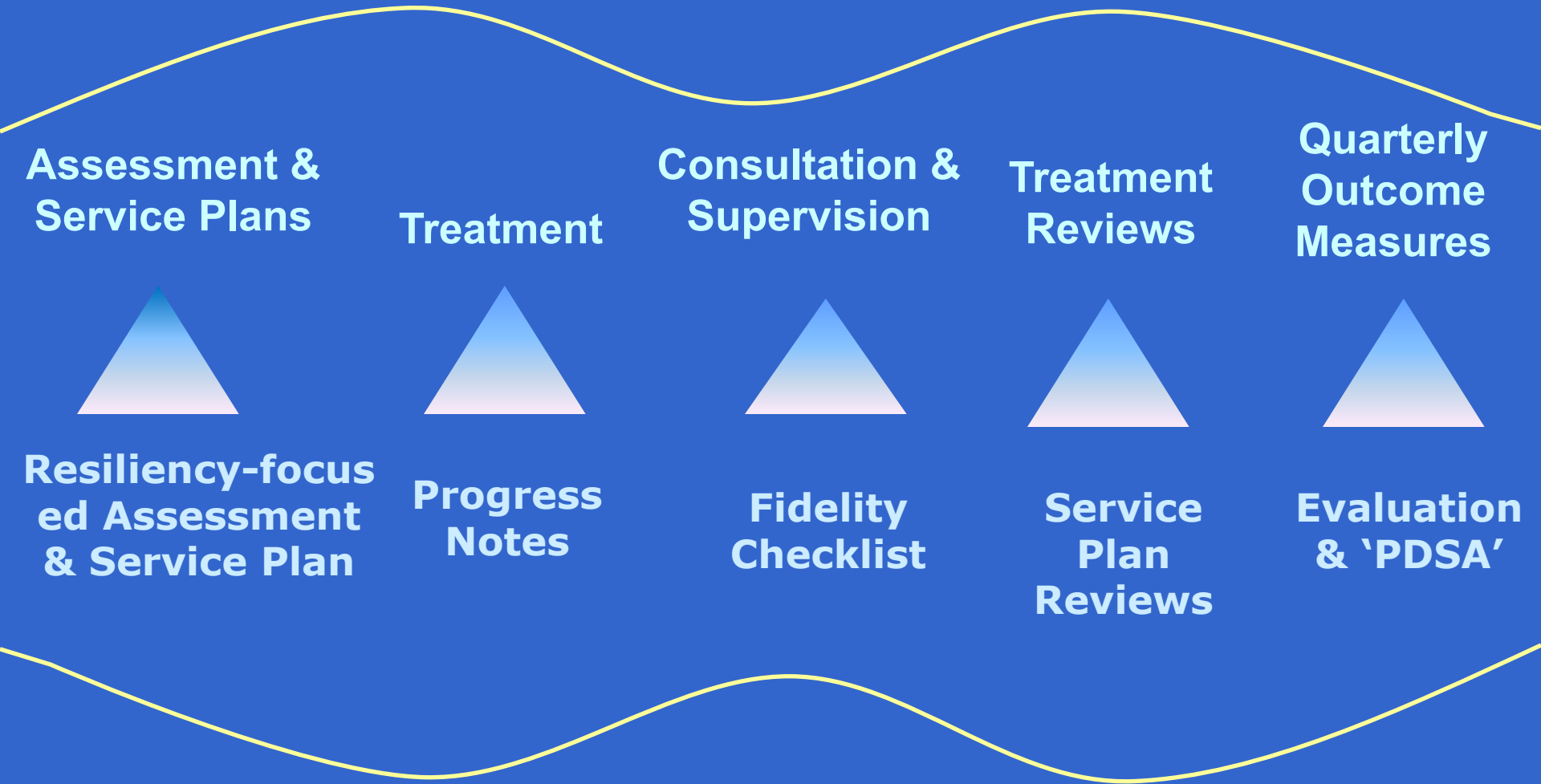
Action Cycles:

8. *Youth and Caregiver Power Plans*
9. Reducing and preventing traumatic stress reactions
10. Helping Others
11. 'Letting Go'
12. Improv

Life Story Integration

13. Moving Through Traumatic Stress with Stories, Movies, Mind-Body Processing
14. Trauma Experience Integration
15. Identity with Family, Community, Cultural Heritage
16. Desensitization to Triggers

Continuity with RLH Core Elements & Tools



Chapter by Chapter

Phase I Core Components:

Relationships, Emotional Self & Co-Regulation & Action Cycles (Interaction Patterns)

The Pledge; Opening Up Pathways to Healing

1. **The Heroes Challenge:** Understanding trauma, promoting healing, and developing initial safety plans
2. ***A Little About Me:*** Expression and identification of feelings, affect regulation, testing safety
3. ***Heroes and Heroines:*** *Promoting* hope & skill-building with modeling by child and family heroes; developing a stronger cultural heritage
4. **Power Plans:** Developing resiliency-focused safety plans for youths and parents/caregivers

5. ***My Family:*** **Rebuild connections to people who cared for child and possibilities for strengthening relationship**
6. ***Important People:*** ***Strengthening relationships with mentors, friends, caring adults***
7. ***Mind Power:*** ***Making Things Better with Mindfulness and Self- and Co-Regulation***
8. ***Changing the Story:*** ***Understanding*** **the impact of trauma on our bodies and beliefs, accepting and recognizing bodily reaction, changing from Catastrophic beliefs to Coping Strategies, rewriting our scripts, and practice using new strategies with a low level stressful situation.**

Phase II Core Components: Life Story Integration (Trauma-focused Desensitization & Identity)

9. ***Looking Back:*** ***M*aking sense out of past, who was there, transitions,**
10. ***Through the 'Tough Times':*** **Desensitization of traumatic memories utilizing 'Five-Chapter' stories, CBT & creative arts**
11. ***Into the Future:*** ***Opening up new*** **possibilities, goals, identifying important relationships to develop and sustain**
12. **My Story:** **Integrating life story to promote a stronger self-image, sharing lessons learned**

- Workbook chapters continue assessment as an on-going process, engaging youths and caregivers to share through workbook activities and with multi-sensory modalities (art, rhythm, music & movement)

- Client-driven with flexible administration matched to core components in Complex Trauma treatment

- Can be used with diverse families in a wide range of programs with different mandates, lengths of treatment, and settings, e.g. home-based, clinics, schools, RTC's, hospitals…

Expanded Continuity for Hard-pressed & Fragmented Programs

- Treatment can be continued in subsequent programs or with another therapist using life storybook and toolkit.

- Manual and session structure provide ‘ready-to-go’ materials for hard-pressed practitioners; and, at the same time assure implementation of recommended ‘best practice’ components of treatment for Complex PTSD.

Real Life Heroes = Re-pair work for Disrupted and Disorganized Attachments

Engaging caring adults to provide the safety and security youths need to regulate emotions and reduce traumatic stress reactions

Engaging the 'hero inside' each youth and parent/caregiver to develop self- and co-regulation skills (body, attention, awareness, planning, relationships, communities)

This, often, means helping parents/caregivers reduce their own traumatic stress.

Caring Adults Complete Same Components; Separately, or Together With Youths

- Understanding and normalizing trauma reactions
- Developing skills for affect expression & regulation
- Developing ability to change trauma reactions
- Making child's and caring adult's lives different from the past:
  - Restoring safety
  - Restoring hope
  - Restoring trust

So youths can count on adults to protect them from the monsters of the past

Parents/caregivers learn sensitive points for youths and themselves (triggers) and how they work (traumatic stress reactions

Use understanding to help protect, soothe, and guide child to stay safe, stay in control and succeed.

Change family interaction cycles.

Life Story Integration

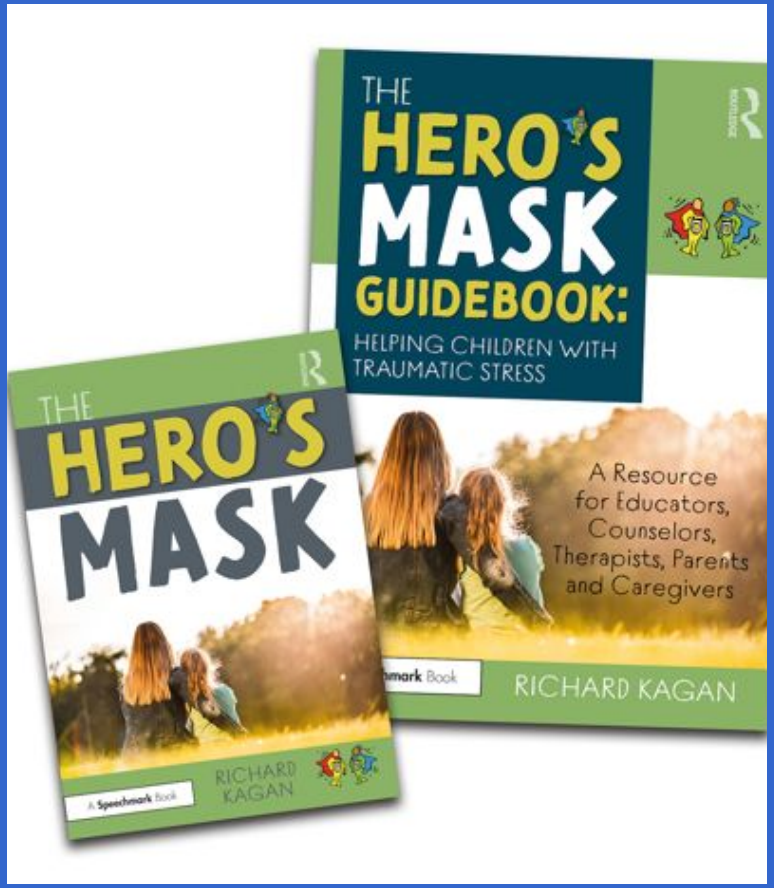
Change life story from:

- Stuck on ‘what happened’ or ‘what I did’ (moral injury)
- Trapped in hopelessness/terror/unspeakables in the past, present, or future

- Building an identity connected to family, heritage, community evolving through time

Psychoeducation for Schools & Families

The Hero's Mask and *The Hero's Mask Guidebook; Helping Children with Traumatic Stress* provide a two-part resource that illustrates how a resiliency-focused understanding of toxic stress can be utilized to bring children and caring adults back together and what schools and other organizations can do to promote healing.



The Hero's Mask novel traces an 11-year old girl's discovery of strengths within herself, her family and her friends and how she is inspired by a new teacher who helps her learn the secrets of heroes.

The novel engages middle grade readers and their parents/caregivers to uncover mysteries and illustrates how parent-child relationships can wither when families experience hard times and how they can be renewed or rebuilt.

This is a book about overcoming fears and healing the wounds separating a mother and daughter, both scarred by traumatic grief.

Stories of facing and overcoming problems can renew hope and bring out children's drive to learn skills and make things better. In the same way, stories of overcoming can help adults see how they can become the heroes children need to face unspoken terrors and learn to grow and thrive again after experiencing adversity.

In this way, books like *The Hero's Mask* and *The Hero's Mask Guidebook* can help children and caring adults to re-connect after traumatic experiences, to rebuild trust, and to learn to thrive again after losses and other stressful experiences.

BRIDGING THE GAP

YOUTH ---------- *CARING ADULTS*

De-mystify Youths' Behaviors

Re-mystify Caring Adults

Re-attunement and co-regulation through creative arts

Parallel and shared life story work

Rebuild trust & connections step by step, day by day

Replace Shame with Pride in Self, Family & Cultural Heritage

'Relational healing for relational traumas'

Want to learn more about Multi-Dimensional Therapy Planning for Complex Trauma?

Please see: ***Development of a Differential Assessment to Improve Engagement with Youths & Families Living with Chronic Trauma*** **at: https://rdcu.be/cWtg0**

Interested in pilot testing the MTP Guide or receiving a link to our practice paper, 'When Trauma Isn't 'Post...'; Expanding Engagement & Inclusion of Youths and Parents/Caregivers with Chronic and Persisting Traumatic Stress?

Please contact the Adelphi University Institute for Adolescent Trauma Treatment & Training: iattt@adelphi.edu and send us your name, program, e mail address and whether you would be interested in pilot testing.

Interested in learning more about Real Life Heroes® publications or training on **resiliency-focused therapy?**

Please see: www.reallifeheroes.net

Resources for Dr. Roth

Link for donations to FLM - Long term therapy - free of charge - for the survivors of October 7, bereaved families, families of hostages and released hostages:
https://anatta.org.il/en/projects/health-and-mental-health/first-line-med

Book - A Psychoanalytic Perspective on Reading Literature - Reading the Reader:
https://www.amazon.com/Psychoanalytic-Perspective-Reading-Literature-Psychoanalysis/dp/113839131X

A podcast on the first stages of establishing psychological aid for Kibbutz Beeri's evacuees - November 2023:
https://ipaoffthecouch.org/2023/11/01/episode-146-acute-psychoanalytic-care-of-the-victims-of-the-october-7th-massacre-with-merav-roth-ph-d-and-mira-ehrlich-ginor-ph-d-tel-aviv/

A podcast on Roth's work with released hostages and about resilience - by the podcast *Can We Talk?* for the Jewish Women's Archive: https://jwa.org/podcasts/canwetalk/episode-133-israeli-trauma-therapist-healing-after-october-7

Psychoanalytic Work with Released Hostages – Containment of Vacancy, by Merav Roth, Ofrit Shapira-Berman, Iris Gavrieli Rahabi & Nirit Lavy Cucik in *Psychoanalytic Inquiry 2025:* https://doi.org/10.1080/07351690.2025.2463862

Further information in the Sigourney Award page: https://www.sigourneyaward.org/recipientlist/2024/11/11/merav-roth-phd-2024