

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

Falling Short

Judie Alpert, PhD

So, what is “trauma”? Is racism trauma? Is being born trauma? Is bullying trauma? One may be *in* the South Tower of the World Trade Center at 9:35 a.m. on September 11, 2001, for example. One may be *near* the Tower at that time. One may view the plane hitting and the Tower falling *on television only*. And so on. Do we include all of these instances under the rubric “trauma”? I often hear these questions. I have even heard the question: Is trauma being trivialized by being broadly defined?

There is agreement on how to define stress (Rutter, 1999). Also, there seems to be some consensus in the literature that stress is a highly subjective experience and that traumatic stress is a complex blend of an objectively identifiable traumatic experience and one’s subjective interpretation of and response to it (Sutker, Uddo-Crane, & Allain, 1991).

Can we identify a trauma-producing stressor? No generally accepted definition exists (Mueser, Rosenberg, Goodman, & Trumbetta, 2001). An example provided by Crystal and Folkman (1997) illustrates the complexity in doing so. Take the bomb dropped on Hiroshima.

Depending on one’s vantage point the bomb dropped on Hiroshima could be seen as a trauma-producing incident, a war win, or a gift from God. It is the attributions to the event which matter and these are influenced by one’s past as well

as the beliefs, customs and practices of one’s culture. It is not only the event or even the circumstance that is traumatic. In addition, the individual’s perception of the event defines the event, and it is that perception that is causal. Personal characteristics and context are players here. Clearly, many variables, including personal-ity, resilience, circumstances surrounding the event, and degree of social support, influence whether one ex-

periences an event as traumatic (Roberts & Corcoran, 2000; Wilson, 1994; Wright, Master, & Hummard, 1997). But let me be clear: Trauma is defined by subjective *and* objective criteria.

According to the dose-response model, PTSD symptoms exacerbate as the stressor’s severity increases. While some studies support this forecast, others do not (see McNally, 2003, for a review of these studies). Without question, the



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Dear Div. 56 Members

Thanks to all of you who have actively reached out in support of our Division's newsletter these past several months. Please keep those submissions and interest coming!

I look forward to hearing from you in our collaborative effort to make Division 56's **TRAUMA PSYCHOLOGY NEWSLETTER** a continued valuable and informative publication for us all. Editorial correspondence and responses to articles that have appeared in the **TRAUMA PSYCHOLOGY NEWSLETTER** are also appreciated.

We are still eager to find an *Associate Editor* who will carry forward as Editor in 2008. Please contact me directly if you are interested.

Hope to see you in San Francisco!

Topher Collier, PsyD, ABSNP
Editor, **TRAUMA PSYCHOLOGY NEWSLETTER**
Division 56 of the American Psychological Association

Active Membership Needed— Join a Committee!

Division 56 is looking for all Members interested in becoming more active within the Division.

If you would like to develop a new committee, please contact Dr. Judie Alpert and include a letter of interest as well as a copy of your vita.

For individuals interested in working on a specific committee as a Committee Member please contact the committee chair directly via e-mail by sending a letter of interest and a vita as well.

Primary Prevention of Violence by Adults: Let's Not Overlook the Impacts of Having Been a Victim of Abuse

Cindy Veldhuis, MS, and Jennifer Freyd, PhD

In the aftermath of the Virginia Tech massacre, we are plagued with questions about preventing violence. Speculation has tended to focus on schools, the mental health system, and on guns.

Perhaps tragedy could have been averted had the police responded differently, had the school expelled Seung-Hui Cho after teachers and students expressed their concerns, or had the mental health system correctly evaluated Cho and involuntarily hospitalized him.

Any of these responses may have prevented the campus shootings, but what about the countless other victims of violence? What can we learn from this tragedy to help us prevent future violence?

Most theorizing ignores one of the strongest predictors of violence: having been a victim of violence.

Cho's writings, at the very least, suggest that he resonated deeply with a sense of having been victimized, and might even indicate that his distress was triggered by rage over having been abused. In Cho's two plays, his protagonists seek revenge for having been sexually violated by adult male authority figures: a teacher and a stepfather. Is it possible these reflect Cho's own experiences? Maybe, maybe not.



Cindy Veldhuis, MS

We may never know for certain if the plays that Cho wrote are fact or fiction. However, to simply ignore that he may have been victimized—and that this could have been a potential instigator of his distress and violence—seems almost tragic when one considers the significant risks of having a history of abuse or violence.

Research indicates that a history of abuse poses significant risks for mental and physical health, substance abuse, re-victimization, suicide, and criminal activity. Childhood sexual abuse can have severe and perhaps even lethal long-term effects.

Given that 20% of women and 5% to 10% of men report having been victims of childhood sexual abuse (as reported in the journal *Science* by Freyd and colleagues in 2005) and that approximately 90% of violent incidents go unreported, victimization is a public health issue of great importance.

Those who are violent may have been victimized. In a 2006 study by Regina Johnson of the University of Texas School of Nursing and colleagues, 59% of male inmates in a Texas jail reported childhood sexual abuse. Fortunately, most people who are abused as children do not become violent. What we're focusing on here is this: Most people who do become violent have been abused as children.

Clearly, nothing in Cho's past excuses the violent path he chose to take. Victimization is not an excuse to victimize.



Jennifer Freyd, PhD

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Presidential Voice

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relationship between quantity of trauma and consequent psychopathology is not clear-cut, and points to the plentiful variables that influence whether and to what extent one experiences an event as traumatic.

While it may be difficult to identify trauma, a traumatic stressor or a traumatized person, we do it all the time. One way we do it is by means of the *DSM*. In fact, it is difficult to consider the definition of trauma without considering PTSD.

A traumatic event is necessary for the diagnosis of PTSD. In the *DSM-IV-TR*, a traumatic event is defined as “an event that involves actual or threatened death or serious injury, or other threat to one’s personal integrity” and includes “learning about the unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (APA, 2000, p. 463). Thus, we have a working definition for traumatic events, and we diagnose PTSD if the individual experiences the traumatic stressor and evidences identified symptomatology.

However, the *DSM* changes with each new edition. Our understanding of PTSD (and trauma, trauma producing stressor, and dissociation, etc.) and the criteria for the PTSD diagnosis changes as well. Spiegel (2005) discusses the different editions of the *DSM* and how they were developed. In brief: the *DSM* is developed by a group of experts in the field who, in the end, bargain and negotiate as to which diagnoses are included in the *DSM* and which criteria are included under each diagnosis. Once the writing is done, it is brought to an even larger body (the assembly of the American Psychiatric Association) who then vote on whether to accept the *DSM*. We cannot pretend that this is science. The dictionary of disorders continues to change.

While the effort is to be scientific, the bottom line falls far short of this ideal. At this time, some of the failures of the *DSM-IV-TR* are of focus. They include, for example, an inadequate scientific base, too much diagnostic comorbidity, overlap with normal psychological functioning, and diversity of clinical presentation among those with the same diagnosis.

The definitions keep changing and trauma has been defined differently in different versions of the *DSM*. Not surprisingly, posttraumatic stress disorder is one of the most debatable issues in the traumatic stress studies field (McNally, 2003).

DSM-V is in the works, and PTSD, dissociative disorders and other trauma-related syndromes are about to be redefined once again. There are many research teams and multi-center studies working meticulously in an effort to clarify diagnostic criteria. They have been meeting and gathering relevant data as well as discussing possible criteria, and considering means to get data to support various diagnoses. In this effort, many literatures are being tapped and developed. Existing trauma treatments are also being considered, and information on new interventions is being collected. While all this is ongoing, some (e.g., Widiger & Trull, 2007) note the limitations of the categorical model and raise the question of whether mental disorders are discrete clinical conditions or arbitrary distinctions along underlying dimensions of functioning.

So I raise the question again, what is trauma? What is a traumatic stressor? How do we identify a traumatized person?

We have some ways of defining these terms, and while the effort is to be scientific, the bottom line is less so.

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Primary Prevention of Violence by Adults

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However, simply labeling Cho as “psychotic,” “paranoid” or even “mentally ill” diminishes our ability to successfully treat others. Such labels increase stigmas against mental illness and dampen people’s willingness to seek treatment.

If our intent is to truly prevent violence, the effects of abuse demand our close attention. Mental health services that fail to assess for potential abuse or violence may miss significant risk factors that can be directly addressed. Neglecting to acknowledge the profound cost of victimization may cause us to misdirect resources that could ultimately prevent victimization.

Silence about this topic only perpetuates the problem. By supporting victims of crime and by working to prevent child abuse in the first place, we can significantly decrease violence.

Prevention and intervention efforts targeting the effects of violence and abuse can prevent future criminal activity, and may interrupt the transmission of violence. By intervening early, untold numbers of potential victims could be spared.

Cindy Veldhuis earned a master’s of science in psychology from the University of Oregon in 2003; she is currently an adjunct faculty member in the psychology department at DePaul University in Chicago, Illinois. Jennifer Freyd, Professor of Psychology at the University of Oregon, currently serves as Chair of the Science Committee of Division 56. For more information on related topics visit Freyd’s website at <http://dynamic.uoregon.edu>.

2007 Division 56 APA Convention Program Impressively Rich and Varied

Steven N. Gold, PhD, and Joan M. Cook, PhD
Program Committee Co-Chairs

APA Annual Convention San Francisco August 17–20, 2007



Steven N. Gold, PhD

In the last issue of the *Trauma Psychology Newsletter* we provided an overview of three highlights of the Division 56 program at the 2007 Annual APA Convention in San Francisco:

Deliver Us from Evil—A screening of the film about priest abuse *Deliver Us from Evil (DUE)*, which was nominated for a 2007 Academy Award in the Best Documentary category. *New York Times* critic A. O. Scott described *DUE* as “clear-sighted, tough-minded and devastating.”

Screening of the film will be followed by a panel discussion by priests, attorneys, and clergy abuse survivors. The panel will be chaired by psychologist and nationally recognized clergy abuse expert Mary Gail Frawley O’Dea, who appears in *DUE*.

Prostitution, Human Trafficking, Sexual Compulsivity, and Trauma—A collaborative symposium organized by Division 56 with contributors from APA Divisions 29 (Psychotherapy), 35 (Psychology of Women), and 51 (Men and Masculinity), featuring pioneering prostitution researcher Melissa Farley. The conceptual focus of this forum will be to convey that prostitution is often a form of victimization and traumatization of individuals with a previous history of disempowerment and interpersonal violence.

Innovations in Psychological Care for Returning War Veterans—A symposium co-sponsored by APA Division 40 (Clinical Neuropsychology) chaired by prominent combat trauma researcher Terence Keane. This presentation will feature psychologists with expertise in neuropsychology, brain injury, pain, PTSD, and behavioral medicine who will discuss innovative approaches to the provision of care to war veterans returning from Afghanistan and Iraq.

In this issue’s column we turn our attention to the other elements of the rich and varied convention program that will be sponsored by Division 56 at this year’s Annual APA Convention. For dates, times, and locations of these events, see the accompanying *Division 56 Convention Program Preview* on page 7.

In addition to the two symposia listed above, eleven other symposia will address a range of topics on trauma research, practice, theory, and training:

Division 45 (Society for the Psychological Study of Ethnic Minority Issues) will co-sponsor a symposium entitled, *Multicultural Approaches in Trauma Interventions with African-Americans, Asian Americans, Latino/as and Native Americans*. Chaired by Priscilla Dass-Brailsford, this symposium will provide an overview of therapeutic considerations in working with several ethnic minority communities.

Lenore Walker, internationally recognized expert on domestic violence, will chair a symposium titled *Traumatic Effects of Battered Woman Syndrome*. This symposium will present research comparing various aspects of battered woman syndrome in women from Colombia, Greece, Haiti, India, Russia, and Spain.

A symposium by Julian Ford and colleagues, *Randomized Trial of Complex PTSD Psychotherapy with Low-Income Young Mothers*, will describe the design, methodology, and outcomes of a randomized clinical trial comparing two approaches to manualized psychotherapy for urban low-income mothers with complex PTSD.

Anne DePrince, Ann Chu, Kathryn Becker-Blease, and Jennifer Freyd will comprise a symposium panel that will examine *Ethics and Trauma Research: Conceptual and Empirical Considerations*. They will address the unique challenges facing researchers who would like to ask participants about violence exposure.

A symposium chaired by Kathleen Kendall-Tackett will explore *Traumatic Stress, Cardiovascular Disease, Metabolic Syndrome and Neurodegenerative Disease*. This session will integrate psychoneuroimmunology and trauma research to explore the possible mechanisms by which trauma leads to chronic disease.

One of the challenges of treating trauma-related disorders is that because of stigma, geographic distance (especially in rural areas), lack of local trauma/PTSD expertise, and/or symptoms and health issues that interfere with treatment attendance, even people with mental health care benefits may not get needed treatment. In a symposium chaired by Craig Rosen, *Using Innovative Technologies to Expand Access to PTSD Treatment*, the use of telemedicine technologies to get PTSD treatments to people who need them will be discussed.

Bullying, once ignored, is now a subject of concern, research, and reduction programs. A new measure shows many harmful concomitants of bullying as well as victimization. Yet schools often emphasize hardware solutions, failing to recognize the importance of reducing bullying. Arthur Bodin, Anthony Castro, and Scott Poland will offer a symposium presentation on *School Bullying: Impact, New Instrument and Intervention*.

Torture is a reality in more than a hundred countries and estimates are that at least one-third of all refugees internationally have been tortured. In *Consultation and Supervision Issues in Treating Survivors of Torture*, a symposium chaired by William Gorman, content issues, process issues, and issues of training structure and leadership will be addressed and integrated.

Dorren Salina will chair a symposium on *Mental Disorders and Incarcerated Women: The Need for Social Change*. The panel will discuss the need for rigorous and accurate diagnostic assessments and behaviorally based trauma informed mental health treatment for women in criminal justice settings.

One of the most powerful findings in the area of trauma and



Joan M. Cook, PhD

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violence is the link between early experiences of trauma (e.g., child abuse, witnessing domestic violence, and community violence) and later victimization in adulthood. This phenomenon will be explored in the symposium *Revictimization: Revisited, Redefined, and Reconceptualized*, chaired by Candace Norcott. Several models of trauma adaptation and revictimization will be presented.

The use of play-based interventions for children in post-disaster and trauma settings allows young survivors a way to communicate when they find it difficult to concentrate on treatment tasks or verbalize the horrific experiences they have had. *Therapeutic Play with Children Following Natural and Human-made Disasters/Trauma*, chaired by Athena Drewes, will help inform participants about the therapeutic benefits of play. Specific play-based interventions developed for the National Center for Child Traumatic Stress and field tested in Sri Lanka following the 2005 Tsunami will be shared.

For those seeking to expand their clinical expertise in trauma psychology, two workshops will be offered. One, conducted by Eve Carlson, will cover *Clinical Assessment of Trauma Exposure*. This workshop will provide a framework for clinical assessments of traumatic experiences and posttraumatic responses in order to maximize the accuracy and utility of assessments.

Hurricane Katrina, the most devastating natural disaster to impact the U.S., ravaged topography, businesses, and homes, separated families, dismantled communities and rendered many immobilized by its traumatic effects. In a workshop titled *Rebuilding New Orleans One Child At A Time*, Douglas Walker will describe Project Fleur-de-lis, created in October 2005 out of a shared commitment to provide appropriate and effective mental health services to caregivers, children, and families to both heal and rebuild the New Orleans community.

A paper session titled *Special Issues in Trauma Treatment* will bring together three disparate topics in trauma practice. Constance Dalenberg will discuss *Love and Hate in the Transference and Countertransference in Work with Child Trauma Survivors*. In *Evidence-Based Practice and Culture: New Paradigms in Trauma Research* Sandra Mattar and Alejandrina Estrada will examine studies in trauma research to illustrate some of the complexities en-

countered in developing evidence-based practice with multi-cultural populations to work toward greater integration between research and clinical practice. And in *Grief Therapy as Part of Trauma Recovery*, Naji Abi-Hashem will explore the connection between trauma, violence, loss and grief, and survey typical human reactions in each of these situations.

In addition, the Division 56 program will include two poster sessions. One entitled *The Impact of Trauma: Assessment, Recovery, and Resiliency/Growth* consists primarily of practice-relevant research. The other, *Trauma Exposure: Correlates, Consequences and Special Populations*, is mainly comprised of studies examining the relation of trauma exposure to various psychological processes and in various demographic sub-groups.

On Saturday, August 18th at 3:00pm, Judie Alpert will deliver the first Division 56 *Presidential Address*. Immediately following at 4:00pm will be the Division 56 *Business Meeting*. Later that night, from 9:00pm until 11:00pm, Division 56 will host its *Social Hour*; a dessert reception co-sponsored by the *Public Interest Directorate* and the *Divisions for Social Justice*.

Rounding out this multi-faceted program will be events still in the planning stages to take place at the *Division 56 Hospitality Suite*, which is being co-sponsored by APA *Division 18, Psychologists for Public Service*. Books authored by members of Division 56 will be on display at the hospitality suite, and an organizational meeting for the Division's special interest groups (SIGs) will be held there as well. We hope to see you at the *Division 56 Hospitality Suite*, as well as at many of the other components of the rich and varied convention programming that Division 56 will be offering.

This year is only the second of Division 56's existence, and our first year of eligibility for full programming. In looking over the size and scope of the convention events our division has assembled it is hard to believe how far we have come in such a short time. As program co-chairs, we owe a deep debt of gratitude to the Division governance, the many contributors who submitted presentation proposals, and the large and energetic panel of reviewers who made our work so much easier than it otherwise would have been. [See the following program for a list of presentation reviewers.] As a division, we have much to be thankful for, a great deal to celebrate, and an extremely exciting convention to look forward to in August. *See you in San Francisco!*

Our Sincere Thanks

The Division of Trauma Psychology, particularly Convention Program Co-Chairs, Drs. Joan Cook and Steve Gold, extend their sincere thanks to the following 2007 abstract reviewers:

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Alison Morgan, PhD
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Jo Oppenheimer, PhD
Crystal L. Park, PhD

Simon A. Rego, PsyD
Kenneth J. Ruggiero, PhD
Renee Schneider, PhD
Richard Thompson, PhD
Chris Weaver, PhD
Helena E. Young, PhD

Their thoughtful, timely feedback was instrumental in helping us put together a fantastic program for this year's convention in August.

Division of Trauma Psychology Convention Program Preview

The EC will meet on Friday from 5:00–9:00 P.M. in the Division 56 suite in the Hilton. The room number of the division suite should be posted in the lobby of the Hilton.

Symposium

Using Innovative Technologies to Expand Access to PTSD Treatment

Friday, August 17, 9:00 AM–9:50 AM
Moscone Center, Room 200

Craig S. Rosen, PhD, Chair
VA National Center for PTSD
Menlo Park, CA

Josef I. Ruzek, PhD, Discussant
VA Palo Alto Health Care System
Palo Alto, CA

Eric Kuhn, PhD, Participant
VA Sierra Pacific Mental Illness
Research, Education, and Clinical Center
Palo Alto, CA
Title: *Promises and Challenges of Web-Based Interventions for PTSD*

Leslie A. Morland, PsyD, Participant
VA National Center for PTSD
Honolulu, HI
Title: *Providing Specialty PTSD Telemental Health to Rural Pacific Island Veterans*

Eric F. Crawford, PhD, Participant
VA National Center for PTSD
Menlo Park, CA
Title: *Telephone Monitoring of Patients with Complex PTSD*

Workshop

Clinical Assessments of Trauma Exposure and Responses

Friday, August 17, 10:00 AM–10:50 AM
Moscone Center, Room 270

Eve B. Carlson, PhD, Co-Chair
National Center for PTSD
Menlo Park, CA

Steven N. Gold, PhD, Co-Chair
Nova Southeastern University
Center for Psychological Studies
Trauma Resolution and Integration Program

Symposium

Traumatic Stress, Cardiovascular Disease, Metabolic Syndrome, and Neurodegenerative Disease

Friday, August 17, 11:00 AM–11:50 AM
Moscone Center, Room 2020

Kathleen A. Kendall-Tackett, PhD, Chair/Participant
University of New Hampshire
Title: *Cardiovascular Disease and Metabolic Syndrome in Trauma Survivors*

Robert Geffner, PhD, Discussant
Institute on Violence and Trauma
San Diego, CA

Jeffrey L. Kibler, PhD, Participant
Nova Southeastern University
Center for Psychological Studies
Title: *Cognitive and Behavioral Reactions to Stress among Adults with PTSD*

Mary W. Meagher, PhD, Participant
Texas A&M University
Title: *Severe or Traumatic Stress and Inflammation in Multiple Sclerosis*

James H. Flatt, PhD, Participant
Martek Biosciences Corporation
Columbia, MD
Title: *Long-Chain Polyunsaturated Fatty Acids, Inflammatory Processes, and Mental Health*

Symposium

Revictimization—Revisited, Redefined, and Reconceptualized

Friday, August 17, 11:00 AM–11:50 AM
Moscone Center, Room 3009

Candice T. Norcott, MA, Co-Chair/Participant
University of Connecticut
Title: *Role of Hardiness and Schemas in Understanding Revictimization*

Michelle K. Williams, PhD, Co-Chair/Participant
University of Connecticut
Title: *Conceptualizing Race-Related Traumas Within a PTSD Framework*

Esther Jenkins, PhD, Discussant
Chicago State University

continued on p. 8

Div. 56 Convention Program Preview

continued from p. 7

Christine H. Farber, PhD, Participant
Aletheia Psychological Services
South Windsor, CT
Title: *Revictimization Redefined*

Workshop

Rebuilding New Orleans One Child at a Time—Project Fleur-de-Lis

Friday, August 17, 12:00 PM–12:50 PM
Moscone Center, Room 2001

Douglas W. Walker, PhD, Chair
Mercy Family Center
Mandeville, LA

Symposium

Prostitution, Trafficking, Sexual Compulsivity, and Trauma

Friday, August 17, 1:00 PM–2:50 PM
Moscone Center, Room 2001

Steven N. Gold, PhD, Chair
Nova Southeastern University
Center for Psychological Studies
Trauma Resolution and Integration Program

Laura S. Brown, PhD, Discussant
Independent Practice
Seattle, WA

Melissa Farley, PhD, Participant
Prostitution Research and Education
San Francisco, CA
Title: *Interlocking Traumatic Harm of Prostitution and Sex Trafficking*

Thema Bryant-Davis, PhD, Participant
California State University—Long Beach
Title: *Role of Psychologists in Combating Trafficking Through the United Nations*

Gary R. Brooks, PhD, Participant
Baylor University
Title: *Normative Male Sexual Socialization: Harmless Fun or Sexual Trauma?*

Symposium

Traumatic Effects of Battered Woman Syndrome

Friday, August 17, 3:00 PM–3:50 PM
Moscone Center, Room 270

Lenore E. Walker, EdD, Chair/Discussant
Nova Southeastern University
Center for Psychological Studies

Rachel L. Duros, MS, Participant
Nova Southeastern University
Title: *Posttraumatic Stress and Cross-National Presentation in a Battered Woman Sample*

Rachel Needle, PsyD, Participant
Participant Center for Marital and Sexual Health of South Florida
West Palm Beach, FL
Title: *Body Image and Sexuality in a Battered-Woman Sample*

Shamika K. Darby, MS, Participant
Title: *Association Between Substance Use and Battered Woman Syndrome: Cross-National Sample*

Sandra P. Jimenez, MS, Participant
Nova Southeastern University
Title: *Domestic Violence and Psychological Effects Among Battered Colombian Women*

Beverly Jean-Jacques, MS, Participant
Nova Southeastern University
Title: *Battered Woman Syndrome in Recent Haitian Immigrants to the United States*

Tarmeen Sahni, MA, MS, Participant
Nova Southeastern University
Title: *Domestic Violence Within Asian Indian Immigrant Women in the United States*

Symposium

Mental Disorders and Incarcerated Women—The Need for Social Change

Saturday, August 18, 8:00 AM–8:50 AM
Moscone Center, Room 236

Doreen D. Salina, PhD, Chair/Participant
Northwestern University
Title: *Undiagnosed Posttraumatic Stress Disorder in Pretrial Female Detainees*

Ann Weilbaeher, PsyD, Participant
Loyola University Chicago
Title: *Economic and Societal Costs Associated With Jailing Women With Co-Occurring Disorders*

Kenya D. Kay, PsyD, Participant
Department of Women's Justice Services
Chicago, IL
Title: *Gender Responsive Mental Health Treatment in a Correctional Setting*

Symposium

Randomized Trial of Complex PTSD Psychotherapy With Low-Income Young Mothers

Saturday, August 18, 9:00 AM–9:50 AM
Moscone Center, Room 3016

Julian D. Ford, PhD, Chair/Participant
University of Connecticut Health Center
Farmington, CT

Title: *Randomized Clinical Trial of Complex PTSD Psychotherapy With Women-1: Interventions*

Kathie H. Moffitt, PhD, Participant
University of Connecticut Health Center
Farmington, CT

Title: *Randomized Clinical Trial of Complex PTSD Psychotherapy With Women-2: Methodology*

Karen Steinberg, PhD, Participant
University of Connecticut Health Center
Farmington, CT

Title: *Randomized Clinical Trial of Complex PTSD Psychotherapy for Women-3: Outcomes*

Allison C. Aosved, PhD
National Center for PTSD
Pacific Islands Division
Honolulu, HI

Title: *Assessing Cultural Competence in a Traumatic Stress Treatment Training Program: A Self-Study*

Susan G. Nash, PhD
Baylor College of Medicine
Title: *Supporting Disaster Recovery: Training Case Managers in Trauma Psychology*

Catherine L. Benoist, BS
Argosy University/Chicago
Title: *The stories of Our Time: Narrative Storytelling to Heal Trauma*

John Thoburn, PhD
Seattle Pacific University
Title: *International Disaster Psychology and Social Justice: A Systems Perspective*

Monica J. Stump, MS
Saint Louis University
Title: *Posttraumatic Growth, PTSD Symptomatology, and Substance Abuse in Homeless Women*

Bridget Klest, MA
University of Oregon
Title: *Trauma, Personality, and Resilience Against Depression: A Longitudinal Analysis*

Maryam Kia-Keating, PhD
MEd, University of California—San Diego
Title: *Trauma, Coping, and Mental Health in Young Refugees*

Lawrence G. Calhoun, PhD
University of North Carolina at Charlotte
Title: *Measuring Positive and Negative Aspects of Posttraumatic Growth: PTGI-42*

Tanya Vishnevsky, BA
University of North Carolina at Charlotte
Title: *Gender Differences in Posttraumatic Growth: A Meta-Analysis*

Margarida M.F. Ventura, PhD
Universidade Agostinho Neto
Lubango, Angola
Title: *PTSD and Resilience in Orphan Children and Adolescents Caused by War in Angola*

Charles B. Clark, BA
University of Southern Mississippi
Title: *Reduced Suicidal Ideation in the Wake of Hurricane Katrina*

Poster Session

Trauma Recovery, Resiliency, and Special Populations

Saturday, August 18, 2:00 PM–2:50 PM
Moscone Center, Halls ABC

Julie M. Fielder, MSW
Azusa Pacific University
Title: *Counseling With Victims of Trafficking and Forced Prostitution in India*

Lynn C. Waelde, PhD
Pacific Graduate School of Psychology
Title: *Meditation for Mental Health Workers Following Hurricane Katrina*

Jessica J. Puttre, BA
St. John's University
Title: *Meta-Analytic Review of Treatment Outcome Studies of Trauma-Related Posttraumatic Stress Disorder in Children and Adolescents*

Mohamed F. Farrag, PhD
ACCESS Family Counseling, Dearborn, MI
Title: *Complex Trauma Among Iraqi Torture Survivors: A Retrospective Study*

Rushina Bhatt Robbins, MA
Jackson State University
Title: *Role of Forgiveness in Psychological Adjustment After Trauma*

E. Janie Pinterits, PhD
University of North Dakota
Title: *Trauma Treatment Needs Assessment and Rural Mental Health: A Pilot Study*

Linda D. Havens, PhD
Childrens Hospital Los Angeles
Title: *Anger Management for Children in Shelter-Based Treatment*

Div. 56 Convention Program Preview

continued from p. 9

Susan S. Park, PhD

Fuller Theological Seminary

Title: *Community Violence and Aggressive Beliefs: Posttraumatic Growth in Adolescent Males*

Esther J. Jenkins, PhD

Chicago State University

Title: *Beyond Community Violence: Loss and Grief in African American Students*

Brian J. Hall, MA

Kent State University

Title: *Predictors of Psychological Distress During the Settler Displacement From Gaza*

Christopher L. Stevens, PhD

Independent Practice, New York, NY

Title: *Model for Working With Ongoing Trauma Under Conditions of Extreme Stress*

Charles R. Figley, PhD

Florida State University

Title: *Post-Saddam Kuwait: A National Household Survey of Posttraumatic Stress*

Bryan A. Castelda, PhD

National Center for PTSD—Pacific Islands Division

Honolulu, HI

Title: *PTSD Symptom Severity and Ethnocultural Self-Identification in Hawaiian Island Veterans*

Ryan Matlow, BA

University of California, San Francisco

Title: *Ethnic Differences in Women's Expression of PTSD and Related Symptoms*

B. Hudnall Stamm, PhD

Idaho State University

Title: *Stressful Life Event Exposure: Comparisons Across Population Subgroups*

Julia N. Travis, MA

Mount Sinai Medical Center

New York, NY

Title: *Posttraumatic Stress Disorder in an HIV+ Cohort*

Jeremy S. Joseph, BA

California State University, Los Angeles

Title: *Predictors of Anxiety Among Sri Lankan School Children*

Sulani Perera, BA

University of Minnesota—Twin Cities

Title: *Trauma and the Tsunami in Sri Lanka: A Cultural Analysis*

Cibel M. Hilerio, MS

Carlos Albizu University

San Juan, Puerto Rico

Title: *PTSD Symptoms Among a Group of Hispanic Women Living With HIV*

Caitlin T. Burditt, BA

University of Rhode Island

Title: *Gender Differences in Childhood Trauma as Quality of Life Predictors*

Pilar Hernandez, PhD

San Diego State University

Title: *Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma*

Presidential Address

Judith Alpert, PhD

Saturday, August 18, 3:00 PM–3:50 PM

Moscone Center, Room 2001

Judith Alpert, PhD

New York University

Laura S. Brown, PhD, Chair

Independent Practice, Seattle, WA

Business Meeting

Awards and Ceremony

Open Meeting to all Division 56 Members

Saturday, August 18, 4:00 PM–4:50 PM

Moscone Center, Room 2001

Judith Alpert, PhD, Chair

New York University

Social Hour

Dessert Reception and Networking

Saturday, August 18, 9:00 PM–10:50 PM

Hilton San Francisco Hotel

Plaza Room B

Symposium

Ethics and Trauma Research—Conceptual and Empirical Considerations

Sunday, August 19, 9:00 AM–9:50 AM

Moscone Center, Room 2000

Anne P. DePrince, PhD, Chair/Participant

University of Denver

Title: *Methodological and Individual Differences in Responses to Trauma Research Participation*

Jennifer J. Freyd, PhD, Discussant

University of Oregon

Ann T. Chu, MA, Participant

University of Denver

Title: *Children's Perception of Research Participation as a Function of Trauma History*

Kathryn A. Becker-Blease, PhD, Participant

Washington State University Vancouver

Title: *Undergraduates Indicate Favorable Cost-Benefit Ratio for Victimization and Perpetration Questions*

Symposium

Innovations in Psychological Care for Returning War Veterans

Sunday, August 19, 10:00 AM–11:50 AM

Moscone Center, Room 2008

Terence M. Keane, PhD, Chair

VA Boston Healthcare System

David Riggs, PhD, Discussant

Uniformed Services University of the Health Sciences

Harold Wain, PhD, Participant

Walter Reed Army Medical Center

Washington, DC

Title: *Rapid Mental Health Intervention for Physically Injured Combat Trauma Victims*

Robert D. Kerns, PhD, Participant

VA Connecticut Healthcare System

West Haven

Title: *Pain Among Returning Military Service Members From OEF/OIF*

Josef I. Ruzek, PhD, Participant

VA Palo Alto Healthcare System

Menlo Park, CA

Title: *Meeting the Needs of Returning Veterans: Dissemination of Evidence-Based PTSD Treatment*

Rodney Vanderploeg, PhD, Participant

Tampa VA Medical Center,

Tampa, FL

Title: *Traumatic Brain Injury in Returning Veterans: Implications for Comprehensive Treatment*

Matthew Jakupcak, PhD, Participant

VA Puget Sound Health Care System, Seattle, WA

Title: *Examination of PTSD and Its Relationship to Veterans' Health Functioning*

Symposium

Consultation and Supervision Issues in Treating Survivors of Torture

Sunday, August 19, 12:00 PM–12:50 PM

Moscone Center, Room 272

William Gorman, PhD, Chair/Participant

Kovler Center for the Treatment of Survivors of Torture

Chicago, IL

Title: *Leadership Issues in Training for the Treatment of Torture Survivors*

Ibrahim A. Kira, PhD, Discussant

ACCESS Community Mental Health and Research Center

Dearborn, MI

Sandra Zakowski, PhD, Participant

Kovler Center for the Treatment of Survivors of Torture

Chicago, IL

Title: *Content Issues in the Training for Treatment of Torture Survivors*

Anmol Satiani, MA, Participant

Kovler Center for the Treatment of Survivors of Torture

Chicago, IL

Title: *Process Issues in Training for the Treatment of Torture Survivors*

Symposium

Therapeutic Play With Children Following Natural and Human-Made Disasters and Trauma

Sunday, August 19, 12:00 PM–1:50 PM

Moscone Center, Room 2004

Athena A. Drewes, PsyD, MA, Chair/Participant

Astor Home for Children

Poughkeepsie, NY

Title: *Healing Powers of Play as Psychological Aid for Children Post-9/11*

Anne L. Stewart, PhD, Participant

James Madison University

Title: *Therapeutic Value of Play With Children for Post-Tsunami Trauma*

Janine Shelby, PhD, Participant

Independent Practice

Santa Monica, CA

Title: *Crisis and Acute Post-Disaster: Integrating Play-Based Interventions and Evidence-Based Treatments*

Joseph D. White, PhD, Participant

Catholic Family Counseling,

Austin, TX

Title: *Cognitive-Behavioral Play Therapy With Child Victims of Sexual Abuse*

Poster Session

Trauma, Assessment, Correlates, and Consequences

Sunday, August 19, 1:00 PM–1:50 PM

Moscone Center, Halls ABC

Diann M. Ackard, PhD

Independent Practice

Golden Valley, MN

Title: *Adolescent Dating Violence and Subsequent Behavioral and Psychological Health Risks*

Kirsten T. Gabriel, MA

University of Georgia

Title: *Sexual Assault, Posttraumatic Stress, Dissociation, and Mindfulness*

Div. 56 Convention Program Preview

continued from p. 11

Becky L. Stewart, MA

Trinity Western University

Langley, BC, Canada

Title: *Sexual Trauma, Attachment Style, and Coping: A Qualitative Exploration of Women's Experience*

Eve B. Carlson, PhD

National Center for PTSD, Menlo Park, CA

Title: *Measuring the Dynamics of Psychological Symptoms With Ecological Proximal Assessment*

Alexis K. Kopp, MA

Adelphi University

Title: *Trauma of Parental Loss, Fear of Intimacy, and Adult Attachment*

Stephenie R. Chaudoir, MA

University of Connecticut

Title: *Concealed Identities: How Stigma, Centrality, and Rumination Affect Psychological Distress*

Mary Alice Mills, MA

University of Connecticut

Title: *Relationships Among Childhood Interpersonal Trauma, Affect Dysregulation, and Adjustment in Adult Survivors*

Arnie Cann, PhD

University of North Carolina at Charlotte

Title: *Core Beliefs Inventory: A Brief Measure of the Assumptive World*

Arlene K. Weimer, PsyD

University of Northern Colorado

Title: *Self-Reported Relational Schemas of Women Survivors of Childhood Incest*

Aliza Y. Krieger, MA

University of Rhode Island

Title: *Long-Term Effects of Witnessing Interparental Violence on Male Adolescent Behavior*

Cindy B. Ojeda, PsyD

Carlos Albizu University Miami Campus

Title: *Assessing Compulsiveness in Individuals Who Self-Mutilate*

Jaymee E. Holstein, PhD

University of Illinois at Urbana—Champaign

Title: *Resiliency in Collegiate Adult Children of Alcoholics*

Cynthia A. Root, MS

Alliant International University - San Francisco

Title: *Sexual Revictimization: Examining Interpersonal Problems, PTSD, and Alexithymia as Key Factors*

Annmarie Cholankeril, MEd

University of Oregon

Title: *Dissociation and Posttraumatic Symptoms in Maltreated Preschool Children*

Jill M. West, BS

Tulane University

Title: *Community Violence Exposure and Child Well-Being: Effects on Academic Performance*

Katie M. Edwards, BS

Ohio University

Title: *Sexual Victimization and Disordered Eating: The Mediating Role of Posttrauma Symptomatology*

Christal L. Badour, BA

Tulane University

Title: *Life Stress and Salivary Cortisol: The Moderating Effects of PTSD*

Paul R. Martin, PhD

Wellspring Retreat & Resource Center

Albany, OH

Title: *Childhood Sexual, Physical, and Verbal Victimization Within Coercive Groups*

Christine A. Gidycz, PhD

Ohio University

Title: *Labeling of Sexual Assault, Blame, and Revictimization: A Prospective Analysis*

Megan E. Crawford, MS

University of Georgia

Title: *Predictors of Women's Decisions to Remain in a Relationship With the Perpetrator Following a Sexual Assault: A Multi-site Study of College Women*

Chandra Ghosh Ippen, PhD

University of California—San Francisco

Title: *Young Children's Exposure to Psychological and Physical Aggression*

Nora K. Keenan, BA

University of Minnesota—Twin Cities

Title: *Development of a Measure of Perceived Control Over Stressful Events*

Sunyoung Kim, PhD

Stanford University School of Medicine

Title: *Anxiety Sensitivity, Trauma, and PTSD in Patients With Panic Disorder*

Mark A. Gapen, MA

Emory University

Title: *Facial Emotion Recognition in Individuals With Posttraumatic Stress Disorder*

Regina Kakhnovets, PhD

Alfred University

Title: *Effects of the Rape Situation on Attributions of Guilt Rape*

Michelle V. Porche, EdD
Wellesley College
Title: *Chart Review of Adolescent Psychological Trauma: Impact on Learning*

Cristen L. McLean, BA
University of Oregon
Title: *Dissociation and Cognitive Distortion: Functional and Effective Similarities*

Ann T. Chu, MA
University of Denver
Title: *Examining Transmission of Betrayal Trauma and Dissociation Through Parenting Practices*

Brittain E. Lamoureux, MA
Kent State University
Title: *Impact of Child Sexual Abuse on Adult Interpersonal Relationships*

Jaime Marra, MA
Department of Mental Health and Addiction Services, Hartford, CT
Title: *Childhood Interpersonal Trauma, Cognitions, and Adulthood Mental Health*

M. Rose Barlow, PhD
University of Oregon
Title: *Dissociation and Attachment to Companion Animals*

Maria Castilli, MA
Alliant International University - San Diego
Title: *Historical Changes in the Study of the Dissociative Disorders*

GiBaeg Han, MEd
University of North Texas
Title: *Adult Attachment: Mediator of Traumatic Experience and Emotional Distress*

David C.S. Richard, PhD
Rollins College
Title: *Recall Bias of Anticipatory Anxiety After a Mild Tropical Storm*

Jessica J. Puttre, BA
St. John's University
Title: *Meta-Analytic Review of Treatment Outcome Studies of Trauma-Related Posttraumatic Stress Disorder in Children and Adolescents*

Discussion

Film: Deliver Us From Evil

Sunday, August 19, 7:00 PM–9:50 PM
San Francisco Marriott Hotel
Yerba Buena Salons 1 and 2

Mary Gail Frawley-O'Dea, PhD, Chair/Participant
Manhattan Institute for Psychoanalysis
Matthews, NC

Christine Courtois, PhD, Participant
Independent Practice
Washington, DC

Gerald J. McGlone, PhD, Participant
Saint Joseph's University

John C. Manly, JD, Participant
Manly, McGuire, & Stewart Law Firm
Newport Beach, CA

Patrick Wall, MA, Participant
Manly, McGuire, & Stewart Law Firm
Newport Beach, CA

David Marcotte, PhD, Participant
Fordham University

Paper Session

Special Issues in Trauma Treatment

Monday, August 20, 9:00 AM–9:50 AM
Moscone Center, Room 212

Naji Abi-Hashem, PhD, Participant
Fuller Theological Seminary
Title: *Grief Therapy as Part of Trauma Recovery*

Sandra Mattar, PsyD, Participant
John F. Kennedy University
Title: *Evidence-Based Practice and Culture: New Paradigms in Trauma Research*

Constance J. Dalenberg, PhD, Participant
Alliant International University—San Diego
Title: *Love and Hate in the Transference and Countertransference in Work With Child Trauma Survivors*

Symposium

Multicultural Approaches in Trauma Interventions With African Americans, Asian Americans, Latino/as, and Native Americans

Monday, August 20, 10:00 AM–11:50 AM
Moscone Center, Room 2009

Priscilla Dass-Brailsford, EdD, Chair
Lesley University

George Rhoades, PhD, Participant
Independent Practice, Aiea, HI
Title: *Trauma Treatment With Native Americans*

Anderson J. Franklin, PhD, Participant
Boston College
Title: *Treating Multiple Features of Trauma With African Americans*

Div. 56 Convention Program Preview

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Sylvia A. Marotta, PhD, Participant
George Washington University
Title: *Culturally Competent Assessment of Trauma Among Latinos/as*

Arpana G. Inman, PhD, Participant
Lehigh University
Title: *Trauma and Resiliency in the Asian Community*

Symposium

School Bullying—Impact, New Instrument, and Intervention

Monday, August 20, 12:00 PM–12:50 PM
Moscone Center, Room 224

Arthur M. Bodin, PhD, Chair/Participant
MRI, Palo Alto, CA
Title: *Bullying: New Measure, New Findings*

Scott Poland, EdD, Discussant/Participant
Nova Southeastern University
Title: *Reducing Bullying: Key to School Safety*

Anthony M. Castro, PhD, Participant
Nova Southeastern University
Title: *Trauma and Revictimization: Comparing Victims of Bullying and Child Maltreatment*

Prepare to Leave Your Heart in San Francisco!

APA's 115th Annual Convention
San Francisco
August 17–20, 2007



Photo credit: San Francisco Convention & Visitors Bureau

Convention Information Booklet was mailed with the March 2007 issue of the *APA Monitor on Psychology*. Convention information and highlights may also be found online at www.apa.org

Promoting Wellness and Resilience Among Firefighters

Lynda Bolduc-Hicks, Michaela Mendelsohn, and Karine L. Toussaint
Victims of Violence Program, Cambridge Health Alliance

In emergencies, firefighters run into the building when others are running out; they are the source of the wailing siren that breaks through the quiet of the night. In the aftermath of the devastating events of September 11, 2001, many lost their lives in the line of duty while many others



Lynda Bolduc-Hicks, PsyD

were forever affected. When the dust settled and it became apparent that firefighters were among those impacted, funding was provided for programs such as the First Responder Wellness Program (FRWP) of the Victims of Violence Program at the Cambridge Health Alliance. These programs provided mental health and wellness services to bereaved families and first responders. As a post-9/11 collaboration of the Victims of Violence Program with the Cambridge

Fire Department and the Local 30, the FRWP has had a unique opportunity to serve a highly insulated and resilient group who has historically been resistant to receiving mental

health and wellness services despite the occupational hazards.

According to the National Commission on Fire Prevention and Control (1973), firefighting is the single most hazardous occupation in the United States. Every day approximately 280 firefighters are killed or injured, and each year over 650 are forced to retire due to occupational illness, including psychological disability (Hildebrand, 1984a, 1984b). Currently, the primary causes of disability retirement and death among firefighters in this country include lung disease, various types of cancer, and coronary heart disease; the latter causing 45% of firefighter deaths. The latest research by Kales,



Michaela Mendelsohn, PhD

Soteriades, Christophi, and Christiani (2007) published in the *New England Journal of Medicine* demonstrates that firefighting precipitates heart attacks, with a risk 100 times higher than engaging in any non-emergency duties. Contributing factors that increase the risk for heart disease in firefighters include obesity, with 33% to 40% of firefighters being overweight—a prior diagnosis of cardiovascular disease, poor diet that can contribute to other medical issues, and lack of regular exercise.

In addition to these physical illnesses, the occupational hazards of firefighting elicit repeated physical and psychological stress responses that can manifest as physiological, psychological, and social difficulties including substance abuse, mental disorders such as posttraumatic stress, depression, suicide, and marital discord (Wagner, Heinrichs, & Ehler, 1998).



Karine L. Toussaint, MA

The studies to date that have examined the psychological effects of emergency work on first responders consistently recognize the manifestation of posttraumatic stress from repeated exposure to trauma and violence on the job, with documented rates ranging from 3% to 41% in firefighter populations (Wagner et al., 1998). Gorski (2001) acknowledges that “at least 80% of fire and emergency personnel responding to large

scale disasters experience moderate to severe symptoms of critical incident stress reactions during or shortly after the incident,” with around 30% progressing into more severe and long lasting cases of posttraumatic stress disorder. Studies have also demonstrated the effects of secondary traumatic impact on first responders in their efforts to respond to emergency conditions and deal with victims (Beaton, Murphy, Johnson, Pike, & Corneil, 1998; Figley, 1995). More recent research following firefighters after the events of September 11, 2001 (Beaton, Murphy, Johnson, & Nemuth, 2004) found that this high-risk population may be particularly likely to develop secondary traumatic stress.

The International Association of Firefighters (IAFF) estimates that the fire service experiences approximately twice the national average of people addicted to drugs and alcohol (Pearson, Hayford, & Royer, 1995). The United States Fire Administration (2002) states that:

The fragmentary data and professional judgment suggest that the prevalence of current drug abusers is probably

in the range on 1% to 10% of firefighters, depending on the department, the age of distribution of the firefighters, and the local environment.

Despite the significant need, few wellness programs currently exist in fire departments across the nation. This may be due to limitations in funding that have prohibited the implementation of these necessary programs, along with a lack of trained personnel to provide these specialized services to this unique population. A recent survey by the National Fire Protection Association (2006) found that more than 70% of fire departments lack programs in fitness and health. For many reasons, first responders have remained an insulated group, underutilizing mental health and wellness services from external providers.

Given the opportunity to address these health and wellness needs of this unique population, the FRWP along with the Cambridge Fire Department and Local 30 conducted an initial informal needs assessment in 2002 to determine what services would interest members and how they could be delivered, consequently co-developing the Wellness Program. The program is based in part on the Fire Service Joint Labor Management Wellness-Fitness Initiative developed by the International Association of Fire Chiefs (IAFC) and the International Association of Fire Fighters (IAFF, 1999), as well as the Active For Life Program developed by the American Cancer Society (2007). Now, over four years later, the program has evolved into a credible, comprehensive, wellness curriculum providing continuing education credits approved by the Office of Emergency Medical Services (OEMS).

The FRWP curriculum consists of a series of wellness workshops on topics that include information about injury and illness risk and prevention, physical fitness, nutrition, the stress response, posttraumatic stress, secondary trauma, alcohol and drug abuse, and stress management, and offers a variety of strategies to facilitate lifestyle change. The entire wellness program is delivered on-site to each shift in the de-

partment, typically eight to 15 firefighters at a time, to reinforce the peer support inherent in this population as well as integrate aspects of their work environment into the program. Using this approach, the FRWP has had the opportunity to connect directly with members in ways that can facilitate a reduction of the stigma of help-seeking behavior in this traditionally reluctant culture.

The most significant achievement of the FRWP has been the successful development of a trusting and collaborative relationship between our health care team and the

Table 1
Means and Standard Deviations on FRWQ Items before and after Wellness Program

| Item | Before Wellness Program | After Wellness Program |
|--|-------------------------|------------------------|
| | <i>M (SD)</i> | <i>M (SD)</i> |
| Vigorous exercise frequency (<i>n</i> =151) | 2.27 (1.38) | 2.52 (1.18) |
| Strength training frequency (<i>n</i> =150) | 1.85 (1.50) | 2.09 (1.36) |
| Attention to body safety (<i>n</i> =147) | 2.62 (1.24) | 2.74 (1.08) |
| Eat breakfast regularly (<i>n</i> = 151) | 2.43 (1.26) | 2.73 (1.24) |
| Limit fat intake (<i>n</i> =149) | 1.78 (1.17) | 2.23 (1.06) |
| Limit salt intake (<i>n</i> =150) | 2.43 (1.34) | 2.60 (1.33) |
| Maintain healthy weight (<i>n</i> =147) | 1.78 (1.19) | 2.23 (1.12) |
| Drink water (<i>n</i> =150) | 2.10 (1.25) | 2.27 (1.26) |
| Limit alcohol consumption (<i>n</i> =140) | 3.43 (1.01) | 3.52 (0.75) |
| Limit caffeine consumption (<i>n</i> =138) | 2.86 (1.22) | 2.89 (1.30) |
| Identify signs of stress (<i>n</i> =140) | 2.94 (0.80) | 2.88 (0.83) |
| Use support network (<i>n</i> =141) | 3.03 (1.08) | 2.98 (1.07) |
| Take time to relax (<i>n</i> =142) | 2.41 (1.24) | 2.44 (1.15) |
| Limit stressors (<i>n</i> =140) | 2.44 (1.07) | 2.48 (0.99) |
| Healthy sleep routine (<i>n</i> =141) | 1.87 (1.21) | 2.12 (1.21) |

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local firefighting community. As a result of being known and trusted by the Cambridge Fire Department community, the FRWP has also been called upon by additional greater Boston fire departments, lending further credibility to the program. A Fire Captain at one of these departments served by the FRWP was recently interviewed by the media and stated: "I think the program's been taken seriously—we've always been known to eat big meals, but I think the trend may be getting away from that," and, "now we're trying to eat more healthy and exercise and do the things we're supposed to be doing" (Marks, 2007).

To date, the FRWP has provided wellness services to two major metropolitan fire departments employing 150 and 270 career firefighters respectively. Over the course of service delivery, the FRWP has developed an outcome questionnaire to obtain data demonstrating the efficacy of the program. The First Responder Wellness Questionnaire (FRWQ) consists of 15 items regarding the exercise and fitness, nutritional, substance use, and stress management behaviors of the participants. Of the members served at these departments, 249 participants formally registered for the program and 152 (61%) completed both the pre- and post-assessment. Means and standard deviations are displayed in Table 1. Paired-sample *t*-tests with a Bonferroni correction reducing the overall significance level to $p < .003$ revealed significant improvements in the frequency of vigorous exercise [$t(150) = -3.19, d = -.19$] and strength training [$t(149) = -3.79, d = -.17$]. Participants also reported increased efforts to eat breakfast regularly [$t(150) = -5.09, d = -.24$], limit their fat intake [$t(148) = -6.27, d = -.4$], and make choices to maintain a healthy weight [$t(146) = -5.04, d = -.39$]. Additionally, participants reported improved sleep routines [$t(140) = -3.23, d = -.21$]. While the absence of a control group limits the conclusions that can be drawn from this data, these results provide preliminary quantitative evidence of the program's benefit, at least in terms of its impact on exercise frequency, nutrition and sleep habits. Further research is needed to determine whether these gains are sustained over time.

Overall, the use of comprehensive wellness programs that includes information on physical fitness, nutrition, stress and trauma among fire service personnel has been consistently recommended as the most effective way to address the unique mental health and wellness needs of this population (Beaton et al., 2004; Kales et al., 2007; Pearson, Hayford, & Royer, 1995). Although few studies have been conducted to assess the efficacy of programs in the fire service and the associated cost savings, some findings were reported regarding benefits and savings by the wellness programs at the San Jose Fire Department and the Phoenix Fire Department. The San Jose Fire Department reported decreases in lost work days of 22%, a cost rate down to 12%, while hospitalization payments fell 27% and indemnity payments diminished by 59% between 1994 to 1998. They also found that disability salary payments were 300% less for program participants than non-participants. The National Institute of Safety and Health (NIOSH) reports that the 12-year commitment made by the Fire Department has resulted in a significant reduction in their disability pen-

sion costs according to their city auditor (2005). These essential programs have been positively correlated with a reduction in job-related injury, chronic illness, and premature death and as such support the need for an increased implementation of wellness fitness programs in all fire departments.

A more local assessment of the use of wellness programs among fire departments in Massachusetts is currently being conducted by a member of the FRWP team. This project will include information about the current health status of Massachusetts firefighters, provide a comparative analysis of the cost of wellness programs versus disability retirement and injury leave costs and identify more specifically the environmental and systemic conditions that currently hinder wellness efforts. It is hoped that this research will contribute to promulgation of effective first responder wellness programs throughout Massachusetts in accordance with the undeniable need for them as indicated by the research on the significant health issues firefighter's face.

Through a comprehensive, collaboratively developed wellness program, the First Responder Wellness Program staff has learned first hand about the high risks that this group of men and women face in this challenging occupation, as well as the great need for structured health and wellness programs. Programs that are designed specifically for firefighters—that address their unique needs, and assist them to better perform the duties of their multifaceted position—can contribute to their living healthier, longer lives. Although not all occupational hazards can be avoided, the incidence of heart disease, cancer, and psychological disability could be greatly reduced through interventions that target behavior and lifestyle changes. Once new funding is found, we hope to continue to replicate and expand the First Responder Wellness Program as it has been successfully implemented at several Massachusetts fire departments.

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How Sleep Disorders Impact Health in Trauma Survivors

Kathleen Kendall-Tackett, PhD



Kathleen Kendall-Tackett, PhD

Sleep disturbances are common in trauma survivors, and they can exacerbate depression and PTSD, increase symptomatology, and have a negative effect on health (Krakow et al., 2000; Roberts et al., 2000). In a sample of female rape survivors with post-traumatic stress disorder, trauma-related sleep disorders had an independent impact on health, even after controlling for both depression and PTSD (Clum, Nishith, Pal-lavi, & Resick, 2001). In this article, I describe what we know about trauma-related sleep disorders, why they are relevant to health, and how treatment addresses these difficulties.

What is a Sleep Disorder?

The term “sleep disorders” cover a wide range of problems. Some disorders are measured via patient questionnaire. Others need to be measured via polysomnographic studies, which record vital signs and other physiological measures during the night. A polysomnographic study includes an EEG (electroencephalogram) to measure brain wave activity, an EMG (electromyogram) to measure of muscle activity, and an EOG (electro-oculogram) to measure

eye movements. Other measures include respiratory airflow, blood oxygen saturation, pulse, heart rate, body position and respiratory effort. Polysomnographic studies are necessary to detect problems such as sleep-disordered breathing (e.g., sleep apneas), and sleep-movement disorders (e.g., restless-leg syndrome). Patients are often unaware of these and so could not report them via patient questionnaire. Sleep disorders can be grouped into three broad categories:

- **Insomnia.** Insomnia refers to an inability to either fall asleep or stay asleep. It is often precipitated by life stress, worrying, or depression. Insomnia can also be caused by lifestyle factors, such as daytime napping, or excessive caffeine consumption.
- **Hypersomnia.** Hypersomnia refers to excessive daytime sleepiness and is a symptom associated with conditions such as sleep apnea.
- **Parasomnias.** Parasomnias are unusual behaviors that occur during sleep. These include sleep walking, bruxism (teeth grinding) and nightmares, which occur during REM sleep.

Sleep Quality of Trauma Survivors

Several recent studies have documented sleep disturbances in trauma survivors. In one community sample, 68% sexual abuse survivors reported having sleep difficul-

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ties, with 45% having repetitive nightmares (Teegan, 1999). Hulme (2000) found that sleep problems among sexual abuse survivors were common in a primary-care sample. Fifty-two percent of sexual abuse survivors reported that they could not sleep at night and 36% reported nightmares. Intrusive symptoms were also common with 53% of sexual abuse survivors reporting sudden thoughts or images of past events.

In a sample of battered women living in shelters ($N = 50$), 70% reported poor sleep quality, 28% went to bed very fatigued, and 40% woke up feeling very fatigued (Humphreys, Lee, Neylan, & Marmar, 1999). Moreover, 82% described one or more of the following characteristics of disturbed sleep: many wakings over the course of the night, restless sleep, and early-morning waking. Six described vivid nightmares that included recent incidents of abuse.

In a study of sleep disorders in sexual assault survivors, 80% had either sleep-breathing or sleep-movement disorders. Both of these disorders were linked to higher levels of depression and suicidality. Women who had both types of sleep disorders had the most severe symptoms. The authors speculated that fragmented sleep potentiated the symptoms for women after a sexual assault and made it more difficult for them to cope (Krakow et al., 2000). These same authors noted that since sleep medicine is not well-integrated into trauma treatment, practitioners are often less effective than they could be if they also treated underlying sleep disorders. They indicated that psychotropic medications may mask the presentation of a sleep disorder, and further stated that clinicians may unknowingly exacerbate the psychiatric illness they are striving to treat by prescribing the medication in the first place.

How Sleep Impacts Health

Poor sleep quality has a number of negative effects on health. It compromises immune, metabolic, and neuroendocrine function, chronically activates the hypothalamic-pituitary-adrenal (HPA) axis, and increases mortality risk (Carmichael & Reis, 2005). McEwen (2003) noted that even short periods of disrupted sleep can wreck havoc on physical health. Disrupted sleep elevates evening cortisol levels, increases glucose and insulin levels, and increases insulin resistance. People with chronically poor sleep have more car accidents, and among people with chronic conditions, lack of sleep predicts greater functional disability and decreased quality of life. Not surprisingly, people with poor sleep use more medical services than their non-sleep-deprived counterparts (Stepanski, Rybarczyk, Lopez, & Stevens, 2003).

Smith and colleagues (2000) described the overlap between sleep and pain, with the relationship most likely being bi-directional: pain interferes with sleep and sleep disturbances increase the experience of pain. Sleep problems may also reduce a patient's ability to cope with chronic pain. In their study of 51 people with chronic pain, 88% reported some dissatisfaction with their sleep. Pre-sleep cognitive hyperarousal was the best predictor of sleep quality, regardless of pain severity. This included racing thoughts, intrusive thoughts, depressive cognitions, and worry.

Sleep disturbances also impact immune function by increasing levels of proinflammatory cytokines. High levels of inflammation increase daytime fatigue, and the body experiences disturbed sleep as a physiological stressor, further increasing inflammation (Konsman, Parnt, & Dantzer, 2002). In a sleep study of patients with major depressive disorder (MDD), inflammation was associated with sleep disturbances. Prolonged sleep latency and REM density (two markers of disturbed sleep) were better predictors of inflammation levels than were depressive symptoms. The authors concluded that sleep disturbances were at least the partial cause of elevated inflammation in depressed people (Motivala, Safati, Olmos, & Irwin, 2005). And inflammation increases the risk of both heart disease and diabetes (Kendall-Tackett, 2007).

Treatment of Sleep Disorders

Morin and Ware (1996) recommend that a systematic assessment of sleep be incorporated into all psychological evaluations. They suggest that practitioners ask about the onset of the sleep disorder, and the temporal sequence of when the sleep disorder and the psychiatric disorder manifested. Did the symptoms of the psychiatric disorder predate the onset of sleep problems or vice versa? Polysomnographic studies can also reveal whether there are any sleep-breathing or sleep-movement disorders that might also be treated. These conditions often improve with medications and/or assistive devices. However, cognitive-behavioral interventions are appropriate for treating most sleep problems. In one recent review, it was effective for 70% to 80% of patients, and was comparable to sleep medications (Morin, 2004; Stepanski & Perlis, 2000). Cognitive-behavioral interventions help with sleep because they produce changes in REM sleep. Cognitive approaches can also address worrying and rumination that may be at the base of primary or secondary insomnia (Morin & Ware, 1996).

Cognitive therapy for insomnia includes three components: behavioral, cognitive, and educational. Behavioral aspects include establishing regular bedtimes, not using the bed for anything but sleeping and sex, getting out of bed when unable to sleep, and eliminating naps during the day. Sleep-hygiene education helps people minimize behaviors that might interfere with sleep. This might include eliminating caffeine, exercise, alcohol and smoking too close to bedtime (Morin, 2004; Stepanski & Perlis, 2000). Stress reduction includes a relaxation component that focuses on both autonomic relaxation techniques (e.g., progressive muscle relaxation) and cognitive techniques that address the worrying that keeps people from sleeping. A combination of cognitive, behavioral, and stress-reduction approaches is effective for most patients with sleep disorders.

Conclusion

Sleep disorders are another common effect of trauma that can increase health problems in trauma survivors. By recognizing possible sleep disorders, practitioners can help patients minimize or even eliminate them. Addressing sleep disorders will likely result in lower levels of symptoms and improved health overall.

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In this issue, we present a thoughtful article by two graduate students on the importance of being aware of the potential effects of vicarious trauma on student members, both graduate and undergraduate, of a trauma research team. There are many useful recommendations in this article, and we hope it will be of interest to students and faculty alike.

We encourage all students interested in trauma to join Div 56 at the student membership rate of just \$10. For information on student membership, please contact Jill West at apadivision56jill@gmail.com. For any comments on this article, or on any subjects you would like to see covered in future publications, please contact Patrick Meade at pjm269@nyu.edu.

Patrick Meade, Publications, Student Affairs Committee



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Supporting a Trauma Research Team in an Academic Setting: Recommendations from Graduate Students

Kirsten T. Gabriel, MA, University of Georgia

Katie M. Edwards, BS, Ohio University



Kirsten T. Gabriel, MA

"The emotionally engaged researcher bears witness to the pain, suffering, humiliations, and indignity of others over and over again."

—Rebecca Campbell (2002), p. 159

The purpose of this article is to discuss the difficulties potentially faced by graduate and undergraduate students who study interpersonal trauma and to provide recommendations for promoting effective coping and improving the quality of their research. Although these recommendations are specific to interpersonal trauma

research teams, the recommendations may be relevant and useful for individuals who research other types of trauma, such as natural disaster, automobile accidents, or combat.

Providing psychological assistance to trauma survivors is often stressful, upsetting, and at times even horrifying and enraging. Although there is a small body of literature regarding the vicarious trauma experienced by mental health providers (Figley, 1995), the coping processes of trauma researchers have been largely unexplored. When examining sexual assault research in particular, Alexander and colleagues (1989) found that rape researchers often experienced



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reactions parallel to those of the assault survivors they studied, such as anger, fear of physical and sexual assault, nightmares, and other sleep disturbances. Additionally, Kennedy and Newman (2005) found that researchers and clinicians working with survivors of interpersonal violence experienced similar levels of vicarious traumatization.

Despite growing evidence that trauma researchers may experience adverse reactions to involvement in research (Alexander et al., 1989; Campbell & Wasco, 2005; Kennedy & Newman, 2005), there are limited theoretical and empirical publications that directly address these issues. Further, there are few reports that focus on the effects this type of research has on graduate students and undergraduate research assistants in particular.

Our recommendations are drawn from our perspectives as graduate students currently working in active interpersonal violence research laboratories at two different universities; in addition, one of us recently worked as an undergraduate in a sexual trauma research lab. We also incorporate suggestions from undergraduate and graduate students with whom we have worked. Thus, we provide comments derived from our own experiences as junior researchers, as well as from empirically based recommendations on how to support students in a thriving trauma research environment (Bober & Regehr, 2005; Campbell, 2002; Campbell & Wasco, 1995; Pickett, Brennan, Greenberg, Licht, & Worrell, 1994).

General Recommendations

Selection and Expectations of Research Assistants

First and foremost, senior faculty lab directors can rightfully expect graduate and undergraduate research assistants to be well adjusted and readily able to handle assigned tasks. These faculty advisors are primarily responsible for activities in their laboratories and may have well-developed coping styles to manage their emotional reactions to trauma research. However, graduate students are often more directly involved with data management and supervising the daily activities of undergraduate research assistants and may be more vulnerable to adverse effects from participation in trauma research.

The selection, supervision, and well-being of undergraduate research assistants who may be recruited and screened by graduate students are important. Academic requirements (e.g., GPA, pre-requisite courses) are relevant determinants in admitting research assistants into labs. Additionally, self-awareness, emotional maturity, and motivations for wanting to work in these labs are also salient admission criteria (Campbell, 2002). Students are drawn to study trauma in general and interpersonal trauma in particular for a variety of reasons. Frequently, one of the reasons is personal exposure to trauma, either one's own and/or that of a close friend or family member. We believe it is important to assess where students are in the "recovery" process in order to ascertain whether they are ready to be involved in trauma-focused research labs. However, determining the emotional fitness of student researchers can be challenging to minimize intrusion into the personal lives of potential research assistants.

Although it may be an uncomfortable conversation to broach for all parties, a primary ethical concern as interpersonal

trauma researchers is to protect the participants and their data. We recommend a series of open-ended questions to assess motivations of both male and female research assistants, such as, "Tell me about your reasons for joining this lab in particular" and "What do you hope to gain from working in a trauma research lab?" This information is vital in screening potential research assistants as well as supporting team members through the process of the research projects.

Objective Researchers

We recommend that faculty model and teach graduate and undergraduate students how to be both compassionate and dispassionate (and to know the differences). "Dispassionate" does not mean cold, dissociated, or disinterested. Perhaps one of the most essential things for trauma researchers to remember is that there are people behind the numbers - people who may have lost their homes in natural disasters or their loved ones in war. In interpersonal violence research labs, the participants are mostly women who have survived and perhaps continue to suffer from physical and sexual assault. While it is adaptive to remain objective when dealing with data, it is naïve to believe that researchers are not likely to be affected by the tragedy of interpersonal violence. This awareness is particularly important for undergraduates to understand and should be modeled by the graduate students and faculty with whom they work.

Student research assistants should be told up front that they may experience a full range of cognitions and emotions, some of which may even be conflicting while working on these projects. Some feelings include fear, helplessness, horror, anger, sympathy, and even relief that it was others who endured what we have not. It is reasonable to acknowledge to young researchers that they may cry, feel sick, or irritable when immersed in trauma-related data. We believe it is essential to communicate that all of these reactions are normal and acceptable. Research assistants should be encouraged to develop and show respect and appreciation for the research participants and their stories.

It is important to note, however, that education must still ensure the protection of confidentiality. It is necessary to emphasize to lab members that details of a subject's data or narrative must not be discussed outside the lab. While it is important that the work of the lab be disseminated as widely as possible in order to shed light on the endemic nature of interpersonal violence and other forms of trauma, it is vital that all information that leaves the lab be completely de-identified and that only common themes and aggregated data be discussed.

Responsibilities of Research Assistants

Trauma research lab members may find that transcribing rape or other trauma narratives is often more difficult than other tasks such as preparing participant materials or entering data into a statistical software program. The stories can be horrific, terrifying, and disgusting at times. It may be appropriate to give new student team members less emotionally charged tasks (i.e., preparing participant materials rather than transcribing trauma narratives) until a better sense of their emotional maturity and self-awareness can be assessed.

Leaving a Trauma Research Lab

Campbell (2002) stresses the importance of providing research assistants with a clearly defined ending to their

participation in the research project. Regardless of the phase of the project, time spent with the terminating research assistant to acknowledge his/her involvement in the laboratory is helpful. It is also important to incorporate a period of thoughtful reflection for the whole team at the end of a study in order to provide a sense of "closure." This is an important and often neglected part of trauma research, perhaps due to the ongoing nature of many projects that extend beyond the tenure of a research assistant. This activity may take additional planning and time, yet is likely to be valuable in providing cohesive learning and research experiences.

Specific Recommendations

As researchers and potentially future clinicians, these early experiences in trauma labs are invaluable in developing our skills as scientist-practitioners. Trauma researchers may provide great service to the field by actively promoting wellness in our teams. It is important to make clear to research assistants specifically what self-care means and to offer examples. We believe that faculty and graduate students need to model active self-care in order to promote such behavior in themselves and undergraduate research assistants. It is incumbent upon senior team members to "practice what we preach" regarding self-care by balancing professional and personal activities. Below is a list of additional ways to support a team of trauma researchers:

- Self-care: Participate in and encourage exercise, good nutrition, and adequate rest
- Hobbies: Develop non-trauma related hobbies (e.g., gardening, theater, art, book clubs, religious practices)
- Write: Journal about experiences, thoughts, feelings, and reactions to working in a trauma lab
- Diversify: Alternate working on trauma narrative with less emotionally-charged forms of data management
- Supervision: Seek and provide mentoring to process reactions to working in a trauma lab
- Monitor: Pay attention to lab-mates for signs of emotional flooding and respond as indicated
- Educate: Teach friends and family about trauma-related issues and explain to them the work of the labs
- Humor: Lighten up—A sense of humor is vital

Future Study of Trauma Researchers

Although we consider our aforementioned recommendations to be supported in the broader literature (Bober & Regehr, 2006), closer empirical examination of the different emotional, social, and physiological reactions of individuals involved in various forms of trauma research is surely indicated. Further, examination of the cumulative effects that exposure to various forms of trauma research has on those involved is warranted. For example: What are the differences among graduate and undergraduate students on self-reported vicarious distress related to their involvement in trauma research? What role does the nature of the research (i.e., qualitative narratives vs. quantitative data or perpetration research vs. victimization research) play in individuals' reactions to involvement? What are the differences in vicarious traumatization among individuals who research interpersonal trauma versus combat, natural disaster, and/or automobile accidents? Given the frequency with which individuals join trauma labs secondary to their own experiences

with interpersonal violence, how do these personal experiences influence involvement and reactions to this type of research? Finally, empirical examination of the most effective ways to promote effective coping and self-care among trauma researchers is warranted.

In summary, student researchers in trauma laboratories who are emotionally involved and practice self-care may have enhanced abilities to promote ethical and well-informed research. Further, the thoughtful contributions of research assistants who are cognizant of their personal reactions to the work are of value to all lab members. On a more global level, the efforts of basic and applied research on traumatic life events, with which student researchers are involved, will ultimately lead to improved prevention and intervention programs. Thus, it is important that trauma research teams encourage emotional involvement and continued processing of research material in order to foster a productive and healthy lab environment.

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Invitation to Contribute to Div. 56!

On behalf of the finance committee, we would like to invite members to provide a contribution to the first annual program which will be housed in our Division 56 Suite. Note that "Suite Events" are different from regular program events. They are more informal and we would like the money to help defray the cost of the suite and to serve refreshments. We will host some key meetings, and also have Committee and Special Interest Group gatherings in the Suite. A poster with names of contributors will be displayed in the Suite (unless you prefer to donate anonymously).

Please send contributions of any amount (\$25, \$50, \$75, \$100, or more) for Division 56 to Melba Vasquez, Division 56 Treasurer, 2901 Bee Cave Road, Box N, Austin, Texas 78746.

If you have questions, please contact Melba Vasquez at melvasquez@aol.com.

A Window into the Soul: Patient Eye Contact

George F. Rhoades, Jr., PhD
Chair, Diversity and Cross-Cultural Concerns Sub-Committee

The Soul can be described as “The central or integral part; the vital core” (*The American Heritage College Dictionary*, 2004, p.1323) of an individual. A window into the vital core of a person is often provided by a better understanding of the person’s cultural heritage and practice. The avoidance of eye contact may mean different things to people of different cultures and this understanding could thus lead to a better view of the vital core of the patient.



George F. Rhoades, Jr., PhD

A therapist may interpret the avoidance of eye contact in a patient as a negative trait such as being “shy, unassertive, sneaky or depressed” (Sue & Sue, 1990). A Nigerian patient may however choose to avert their gaze as to have eye contact may be interpreted as disrespect (Pedersen, Draguns, Lonner & Trimble, 1989). Eye contact may be seen as a “stare” or even an “evil eye” by a Navajo (Pedersen et. al., 1989). This Navajo cultural understanding is not too different from Polynesian Patient that may see a “stare” as “stink eye” that may lead to an aggressive encounter. The Hispanic patient may avoid direct eye contact in an effort to show respect to the therapist (Pedersen, et. al., 1989). Sue and Sue (1990) also point out that it is not necessary for Blacks (African Americans) to have direct eye contact when communicating with each other. The authors contrast the communication style of “Whites and Blacks” as almost opposite. They noted that the White American communicator would often have eye contact when listening to the other party, but not as frequent of eye contact when talking to the same person. In contrast the authors noted that the Black American would often give greater eye contact when speaking to another party, but have infrequent eye contact when listening.

Should these contrasts seem somewhat frustrating and confusing, many people feel relief when talking about the eye contact patterns of Asians. The popular folklore of media is that Asians always avoid eye contact to show respect. The present author has worked in trauma counseling in South East Asia for more than 12 years and has found a wide variance among the different cultures represented therein. It is often true that Japanese and Chinese patients will avert their eye contact to show respect, but Sri Lankan and Indian patients would consider it a sign of disrespect to not have direct eye contact when speaking. A further contrast is that although direct eye contact is often avoided in the Japanese culture, direct eye contact has been shown to be effective for treatment of the culture-bound social withdrawal syndrome “Hikikomori” (Hattori, 2005).

This first edition of “A Window to the Soul” is meant to begin an understanding of the complexity of cross-cultural issues in counseling in general and trauma counseling in par-

ticular. We need to be students of culture and/or to allow our patients to teach us about their culture. It is only when we attempt to understand better the culture of our patients that we can see more clearly through the windows to their vital core. The deeper understanding our patients may thus also help us to guide them to a deeper healing of their trauma.

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Cross-Cultural Symposia/Workshops

The Diversity and Cross-Cultural Concerns Sub-Committee would like to invite all members of the division and potential members to attend the two cross-cultural symposia/workshops held at the 2007 APA Convention.

Division 56 Symposium: “Multicultural Approaches in Trauma Interventions with African-Americans, Asian Americans, Latino/as and Native Americans.” (Chaired by Priscilla Dass-Brailsford, Presenters include Anderson J. Franklin, Nancy Boyd-Franklin, Arpana G. Inman, Sylvia A. Marotta, George F. Rhoades, Jr. & Christine J. Yeh).

Division 56 & Division 42 Symposium/Panel: “The Many Faces of Trauma as Viewed from Private Practice.” Chaired by Steve Gold (Division 56) and Sharon Brennan (Division 42). The panel presenters include Lenore Walker (couple's violence), Robin Goodman (traumatic childhood loss and bereavement and the children of 9/11), Judie Alpert (chronic illness and passing in a spouse), Steve Gold (the important role of the private practitioner in identifying, assessing and treating trauma in private practice settings), George Rhoades on how multicultural issues are woven into traumatic human experiences and best addressed in therapy.

Another invitation is for Division members to consider being part of the Diversity and Cross-Cultural Concerns Committee. If you would like to have more information please contact either George Rhoades at rhoades@pdchawaii.com or Priscilla Dass-Brailsford at pdbrails@lesley.edu.

COMMITTEE REPORTS International Committee Report

Elizabeth Carll, PhD, Chair

The mission of the International Committee is to insure that international issues are represented in Division business and policies and to foster international collaboration and communication concerning trauma related issues.

To begin to foster connections, the Committee organized a program for the 2007 APA Annual Convention on psychological trauma with presentations covering large-scale to individual intervention. The 2-hour symposium described below includes five international participants, as well as participants from the U.S. The program is cosponsored by Divisions 55 and 42.

The Symposium is scheduled for Saturday, August 18, 2007, 2:00–3:50 PM. For more information, contact Elizabeth Carll at 631-754-2424 or ecarll@optonline.net



Elizabeth Carll, PhD

Psychological Trauma: Best Practices, Innovations, International Perspectives

Chair

Elizabeth K. Carll, PhD

Participant/1st Author

Elaine S. Levine, PhD

Integrating Psychotherapy and Pharmacotherapy in the Treatment of PTSD: A Biopsychosocial Model of Care

James R. Alvarez, PhD

Kidnap: A Uniquely Human Crime

Fernando Chacón, PhD & Marisa Luisa Vecina, PhD

Large Scale Intervention Following the 2004 Madrid Terrorist Attack

Rachel M. MacNair, PhD

The Trauma of Killing

Eric Vermetten, MD, PhD

Online Web Platform for Supporting Survivors of the Tsunami

Cheryl Gore-Felton, PhD

Pairing Trauma Treatment With HIV Prevention to Reduce Sexual Risk

Anne Dietrich, PhD

Trauma and Violence Against Women

Awards Committee Report



Laura Barbanel, EdD, ABPP

The Division of Trauma Psychology solicits nominations for the following Division 56 Awards:

Distinguished Scientific Contribution

This award will be given to a psychologist who has made an outstanding theoretical or empirical contribution to the field of Trauma Psychology.

Distinguished Contribution to the Practice of Trauma Psychology

This award will be given to a psychologist who has made a distinguished contribution to the practice of trauma psychology.

Service Award

This award will be given to a member of the division who has made an outstanding contribution of service to the division.

Dissertation Award

The Distinguished Student Dissertation Award honors a graduate student who has made exemplary theoretical or empirical contributions to research in trauma psychology. Such research contributions can include quantitative, qualitative methods, and/or innovations in research or practice.

Self-nominations are also welcome.

Deadline for submissions: **July 15, 2007**

Please submit names or inquiries to:

Laura Barbanel, EdD, ABPP
Chair, Div. 56 Awards Committee
62 Pierrepont St.
Brooklyn, New York 11201
718-624-6507
lbarbanel@earthlink.net

Did You Know...

The Arthur W. Melton Library at APA serves as a permanent repository of all Divisions' publications. They are not generally held in libraries across the country, and are very difficult to locate. The newsletter is a valuable resource of historical information and is often the only reliable archives of the history and development of Divisions within APA.

A Message to Students and Student Members: How and Why to Get Involved in Division 56

Sandra Mattar, PsyD, Membership Committee Chair



Sandra Mattar, PsyD

As a Membership Chair of Division 56 and a professor in a graduate school program (JFK University), I am constantly thinking about ways in which to involve students in psychology and teach them about the value and importance of divisional membership. One of my main interests is around the effects of globalization on the way we practice psychology. Specifically, in the ways we apply our knowledge in trauma practice and research in a global culture. While many of us live and practice psychology in the

United States, it is important to think of ourselves as citizens of the world.

Stanford University announced that they will create a scholarship fund to attract international students. This was an unprecedented move for the university, which recognized the importance of attracting a diverse array of perspectives because society as a whole can no longer afford to think locally. We need to embrace other perspectives so we can enrich our own.

The study of global pollution has shown us that the way we treat an environment in one country can deeply affect the ecosystem in another. In the same vein, the psychology we practice today in the United States has a tremendous impact on the mental health of other countries. The events of September 11th forced us to step out of ourselves as a country and engage in a dialogue about other people's beliefs, values and lifestyles. They certainly changed the way we look at ourselves.

The advent of the Internet is another global factor that forces us to look at the whole picture. It has broken down national barriers. Your average world citizen now has access to global information in a way that was never possible.

The Institute for Strategic Studies at Harvard University released a study in 1996 suggesting that the world was entering a new phase whereby the new conflicts between nations would center not around politics or economics but around culture. In other words, the study referred to the cultural clash between Western and non-Western civilizations. If we look at current world events, the prediction is being actualized right before our eyes.

As psychologists, increasing our knowledge of other cultures will not only help us to improve world relations, but also to help them in ways that are culturally sensitive.

As future psychologists and mental health workers, you need to think how you can transport psychological principles to other parts of the world, not as an imposition but in a way that respects the integrity and values of those cultures. Also important is the need to keep open to those approaches and techniques that derive from "the native's point of view" using anthropologist Geertz' words.

It is your responsibility to think how you can get involved in the bigger context. We don't have the luxury any longer of

thinking locally. Local psychologies that pretend to be universal have become obsolete.

You need to think how your knowledge in trauma and trauma treatment and research can be used in countries where genocides happen everyday, such as in Darfur, or where tsunamis and earthquakes devastate the lives of so many. Think about how you can apply your psychological knowledge to do crisis and disaster intervention. Think about joining international organizations in psychology in order to be exposed to the work and knowledge of mental health practitioners and researchers in other countries, thus expanding your own perspective.

Think about traveling to a Third World country if you have not had the chance to do so. It will significantly change your perspective of the world and will teach you about all those things that you take for granted. Think about learning a new language, which is the best way to adopt another's point of view and to appreciate the language struggles of so many immigrants and refugees. Think of joining organizations that do advocacy work in other parts of the world, such as dealing with human trafficking and child prostitution.

It is your responsibility to think about how you can become a psychologist of the world.

Division 56 can become the platform that will help you jumpstart your trauma work.

I am asking you to spread the word around about our division, so we can have a strong and effective membership—one that will help lead developments in trauma psychology for the next generation.

Errata for Div 56 Membership Brochure/Newsletter/Website

Haworth Press is offering Division 56 members a 30% discount on a number of journals. However, contrary to what was previously written in the membership brochure, newsletter, and website, you cannot order journals at the discount rate at the same time that you join Division 56. Rather, it is a simple three-step process.

(1) Complete the membership application and join Division 56. Only include the fee for membership on your check or credit card.

(2) Order journal(s) at the 30% discount rate as a member of Division 56, by calling Haworth at 1-800-429-6784 (call 607-722-5857 outside US/Canada) or by visiting their website at www.haworthpress.com

(3) Provide the discount code reference # TPD20.

APA Council of Representatives Report

Harriette Kaley, PhD
Observer, Division 56

Thursday, Feb. 15–Sunday Feb. 18, 2007



Harriette Kaley, PhD

Overview

As APA Council of Representatives (COR) meetings go, this was a less fractious, more productive one than most others I have attended. Many resolutions were passed without dissent (which, we were told, was the parliamentarily correct way to describe unanimous votes) and the level of discussion on most items was very high. People were civil, thoughtful and informed. Particularly for the resolution opposing the teaching of intelligent design as scientific theory, the unfolding of the discussion was an example of Council at its very best. But there was little of direct relevance to Division 56, although, after conferring with members of our Board who were present, I rose to speak to the resolution on record-keeping guidelines, to assure that the document recognizes that our work often is done under conditions that preclude traditional record-keeping. This year we were allowed only an observer (which meant simply that I needed to have a Council member ask permission for me to speak) but it was clear that there are enough of us on the Division Board who are also on APA Council, and that we know each other's capacities well enough, to promise a cohesive presentation in the future on anything that closely touches our interests.

Detailed Report:

Council effectively begins the afternoon before the meetings, with an orientation for new Council members, a plenary session at which candidates for the Board of Directors introduce themselves and a series of meetings of some of the special interest groups (caucuses) within Council. There had been a snowstorm the day before and plane service was badly disrupted, so that I missed the plenary (fortunately I am not a newcomer to Council) but I attended several of the caucuses, at which the COR agenda is reviewed and candidates endorsed in line with the caucus' own agenda. Additional caucuses are held before the Friday, Saturday and Sunday meetings, during lunch on Fridays and Saturdays, and after the Friday meeting. Council meetings are busy times.

Friday's meeting began with the President's report. Dr. Brehm presented her three presidential initiatives: developing integrative health care for an aging population, supporting math and science education in collaboration with the Society for Research in Child Development, and an effort to improve the ways that institutional review boards respond to psychological research. APA Executive Director, Norman Anderson, then gave his report, begin-

ning with a description of the strategic planning process he hopes to institute in APA. He updated us on the Diversity Implementation Plan within APA, told us about the monumental task planned for updating the APA website, and reported that the American Psychological Foundation received a substantial matching grant.

In the troubled area of ethics and interrogations, an effort to air all issues has led to a 16-hour Convention program for 2007, culminating in a Town Meeting. A point was made of noting that APA has for over 2 decades taken a clear stance about the ethical roles of psychologists in interrogations, and that it is simply untrue that APA policy is ambiguous about this. A proposed resolution may be viewed at www.apa.org/ethics.

The first substantive motion for deliberation involved a phased-out discontinuation of concurrent APA accreditation of doctoral psychology training programs in Canada. It turns out that at this point in time, Canada wants to do its own accreditation. Strong statements by Canadian leaders in psychology led to acceptance of the motion.

Next was the set of Guidelines for Record-Keeping. I rose to speak to this item, to ensure that crisis/trauma work would be considered an exception to the guidelines. Although guidelines generally are considered by APA to be aspirational rather than enforceable, and although "emergency or disaster relief settings" (line 221) receive special consideration, there was some concern that guidelines in the past have been adopted by states as law, creating a possible burden on us. Following a tradition in Council, the item was deferred so that concerned members could caucus during lunch, to work out the problem spots. In the end, the guidelines were approved as written.

During lunch I attended the Health Caucus with Lenore Walker, a Council Rep and a member of the Div. 56 Board. The developing initiative to claim health care as an area for psychologists is very robust, and Div. 56 would do well to be associated with it and to contribute our special perspective. We should try to ensure that the effects of trauma on health are considered in the various structures and programs that will be set up within APA in the near future.

When Council reconvened, Jack McKay, APA's Chief Financial Officer, gave his annual report. As usual, it was a dazzling overview, with APA's net worth (including its very valuable buildings) estimated to be about \$49,175,000 at the end of 2007. But there are also concerns. For this year, the budget is very tight, with an anticipated surplus of only \$23,200 on a budget of \$105 million, and though our membership is stable, our members are aging. When it came to approving the budget, it of course went through as presented, as did a series of motions with financial implications, including a motion to increase scientific programming at Convention in hopes of attracting more scientists to the meetings, and a motion to support meetings of the Div. 44 (Gay, Lesbian and Bisexual Issues) and Div. 19 (Military

continued on p. 26

psychology) joint task force, working on eventually changing the military's present "don't ask, don't tell" policy.

At the evening's caucus of Association of Practicing Psychologists (APP), its endorsed candidate, Carol Goodheart, asked that APP make the economic concerns of independent practitioners a #1 priority, and suggested a practice Summit to form coalitions and take other action. She stressed the importance of having practitioners vote in the upcoming elections.

In the evening, APA hosted its traditional dinner for new Council members. As always, it was a pleasant occasion.

Saturday's session began with Item #4, the Strategic Planning resolution. Discussion centered on concerns about Plan details, the availability of adequate funds and tying the Plan to changes in APA Rules. Once again, the vote was deferred until later to give members a chance to work out a solution. It was later passed, after several concerns had been addressed.

Next up was the resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory. The wide-ranging discussion considered whether the resolution risked turning science itself into a closed system, whether the resolution's implicit epistemology was sufficiently sophisticated about the nature of science, whether the resolution was necessary to support moderates in legislatures and whether it would turn away patients who need help. Laura Brown likened the situation to our stance on segregation, where we supported making corrections that the culture needed; we appreciate faith, she said, but psychology is science and we need to support the teaching of science and its use in the public interest. Several members noted that they will need help in dealing with conservative state psychological associations. Rhea Farberman, Director of APA's Public Relations Office, took the floor to assure Council that she would prepare an appropriate response to the media, after which the motion passed with only one or two dissents.

The last item before we moved into break-out groups was one opposing discriminatory legislation against lesbian, gay and bisexual persons. Interestingly, the motion became the vehicle for Div. 31 (State Psychological Associations) to express its concerns about insufficient resources provided to the states for implementing APA policies, and for a while there was some uneasiness that, as an unfortunate byproduct, the motion would be defeated. That prospect was side-stepped, and the motion passed unanimously.

Council moved then into a series of break-out groups, which reported back on Sunday (see below). When Council reconvened on Saturday, it moved into executive session, and observers like me left the room. That evening there was a reception at the APA offices in our First St. building, always a festive event.

The first item on Sunday morning, which passed unanimously, adopted a timely and time-sensitive task force report on military deployment services. Next, former president Norine Johnson moved to reconsider the Strategic Planning motion for a limited purpose: to permit us to consider revisions to APA's mission statement. Her motion

to reconsider passed, as did her motion to revise the mission statement.

Reports were then made by the 10 breakout groups. Each group addressed one of a series of issues that COR members had earlier identified as pressing: they included fostering young psychologists into APA leadership, globalization of psychology, behavioral science as health science, new roles of practice and psychology, social justice, and the like. The groups had been given two tasks: one was to develop an issue, and the second was to develop an action to address it. The range of issues identified was challenging; two that were frequently mentioned was the internationalization of psychology and the impact of technology. The recommendations were wide-ranging and creative, including simply doing what we are already doing but doing it better, intensely considering socioeconomic issues when thinking about diversity, making suggestions for focus to Strategic Planning groups and increasing emphasis on globalization.

Post-Meeting Reflections

The meeting reaffirmed my conviction that we have reason to be proud of APA. With all its well-known shortcomings, it remains a well-functioning advocate for psychology in both its scientific and applied aspects. While there are probably still many members who object to APA's involvement with issues of public policy, in my view it is one of our strengths that we are able to develop informed, thoughtful policies about those aspects of public welfare that are illuminated by our research and practice. Its process, too often derided as cumbersome, in the end seems to me to be painstaking and thorough; in my eyes, the safeguards it provides are worth the trouble it takes to master its intricacies.

In the future, what Division 56 needs to do in relation to COR is to bring our agenda to the floor. We need to help our colleagues become more aware of what we know and what we do in the area of trauma research and amelioration, and get them to support our efforts. That will help us get such things as budgetary support, increased membership, more and better educational programs, enhanced outreach and media attention. At the same time, it will help our colleagues understand what is distinctive about our field. The very nature of much of our trauma work precludes our predicting when we will need their understanding and support, but it is certain that such times will come. Before then, and while we are dealing with trauma of the kinds that regrettably are always with us—domestic violence, child abuse, local fires and floods—we hope to establish our Division as the professional home of psychologists who respond to, study and treat trauma.

In the past Council has been very responsive to situations of massive public trauma. The tsunami, flooding in New Orleans, 9/11—all evoked quick and significant aid of all sorts. Building on this tradition of responsiveness, our Division's work on Council should be geared towards informing psychology and to building an infrastructure within the Division and conceivably ultimately within APA that will maximize our potential. We will be alert to any opportunity to make that happen.

2007 Request for Proposals: Raymond A. and Rosalee G. Weiss Innovative Research and Programs Grant

The American Psychological Foundation (APF) is a nonprofit, philanthropic organization that advances the science and practice of psychology as a means of understanding behavior and promoting health, education, and human welfare.

APF is seeking proposals for programs for *Raymond A. and Rosalee G. Weiss Research and Program* grant to support psychology-based programs that respond to emergencies or disaster relief.

Amount:

Up to \$20,000 will be available for projects.

Goals:

Programs must demonstrate a well thought-out approach to the sustained rebuilding of the community. Programs must

Encourage the application of psychological science to problems arising in the aftermath of disasters and crises,

Implement psychological principles into innovative programs into the recovery effort.

Eligibility:

Applicants must be affiliated with educational institutions or a 501(c)(3) nonprofit organizations or affiliated with such an organization. Special consideration will be given to programs with broad-based community support.

APF will NOT consider the following requests:

- Grants for political or lobbying purposes
- Grants for entertainment or fundraising expenses
- Grants to anyone the Internal Revenue Service would regard as a disqualified group or individual

APF encourages proposals from individuals who represent diversity in race, ethnicity, gender, age, and sexual orientation.

Proposals should describe the proposed project and respond to the following questions in 5 pages (1-inch margins, no smaller than 11 point font):

- What is the project's goal?
- How is the sponsoring organization qualified to conduct this project?
- What, if any, other organizations are involved in the project? What are their contributions to the work?
- How does the proposed project relate to the applicant organization's mission?
- Whom will this project serve?
- What are the intended outcomes, and how will the project achieve them?
- What is the geographic scope of the proposed project?
- What is the total cost of the project?

To Apply:

Submit a proposal and CV of the project leader online at <http://forms.apa.org/apf/grants/> by July 1, 2007. For more information, visit www.apa.org/apf.

Questions about this program should be directed to Idalia Ramos, Program Officer, at iramos@apa.org.



American Psychological Foundation
750 First Street, NE • Washington, DC 20002
P: (202) 336-5843 • F: (202) 336-5812 • Foundation@apa.org • www.apa.org/apf

Important Message From the President

Recently there has been some trouble around the division's listserv. We are in the process of rectifying the difficulty. If you want to be on the listserv and you do not seem to be getting e-mail from the Division 56 listserv and/or want to make sure you are currently still on the listserv, please contact Preetika Mukherjee at pp457@nyu.edu.

The listserv provides an opportunity for our members to have discussions about issues and to post information (about conferences, job openings, training programs, etc.). If you need to send a message to a particular person, please send it to that individual and do not send it to the entire listserv. We all want the listserv to serve our membership and to be burden-free.

In appreciation,
Judie Alpert, President, Division 56

Call for Papers from *Child Trauma*

Child Trauma is a new peer-reviewed journal with a primary mission of serving as a data-informed practical resource for mental health professionals who work with children, adolescents, and families. The focus is prevention, assessment, and treatment of child and adolescent trauma, loss, and related issues. Since trauma and loss are potentially related to many child and adolescent issues, the scope is broad. The journal publishes general and special-topic issues. The journal is explicitly geared to practitioners and as such has a preference for ecologically valid research (of real-world practice settings, clients, and interventions). *Child Trauma* is published quarterly with the first issue in March, 2008.

Child Trauma invites submission of the following types of articles:

- *Original Research Reports* of practice-relevant studies.
- *Research for Practice Summaries* using a question and answer format to present significant previously-published studies with clear implications for practice.
- *Commentaries* on practice-relevant topics related to child or adolescent trauma.
- *Case Studies* describing an issue in child or adolescent trauma, a proposed intervention, and the client's response to the intervention.
- *Literature Reviews* concisely highlighting only the most important practice-relevant research on the selected topic, and drawing clear conclusions—including implications for practice—for the reader.
- *Resource Reviews* comparing a group of competing web sites, books, client handouts, assessment instruments, training programs, conferences, therapy products, or other practitioner resources.

For complete guidelines or more information about the journal, e-mail Ricky Greenwald, PsyD, Editor-in-Chief, *Child Trauma*, at rg@childtrauma.com (include the subject line, "child trauma") or visit www.springerpub.com/ChildTrauma.

Trauma, Crisis, Disaster: How Psychologists Help¹

Harriette Kaley, PhD, ABPP

Book Review: *Psychological Interventions in Times of Crisis*,
Editors: Laura Barbanel, EdD, ABPP;
Robert Sternberg, PhD; Springer Publishing Company (2005)



Harriette Kaley, PhD

A theme emerges in *Psychological Interventions in Times of Crisis* that we recognize from the work of the 20th century philosopher Hannah Arendt: in order to understand evil—the sort of evil embodied by the Holocaust, or totalitarianism in its many 20th century forms—one must truly understand the position of the Other—in her time, the Eichmanns, the Arabs, in our time the Hutus and the terrorists.

In this book, edited by two well-known psychologists, Laura Barbanel, an active member of Division 56 and a former APA Board of Directors' member, and Robert J. Sternberg, a former President of the APA, we find that healing, reconciliation, and progress require that the victim and the perpetrators hear each other out. That is especially clear in a chapter about the aftermath of the genocide in Rwanda, but not only there. It is surely not the sole or even the major way in which to move forward, but it is not the least. And it is one of the many unexpected illuminations in this ground-breaking, educational and heart-breaking book.

The title alone, coupled with the cover photo of civilians ministering to other civilians lying on a dirt embankment, tells us that we are in uncharted territory. This is not a book about the interventions we as psychologists and therapists know so well, where we minister to individuals or even small groups, in times of personal crises; it is about responding to the effects of natural disasters and human-made sociocultural catastrophes like war, nuclear plant explosions and terrorism. The book's strength is in collecting several accounts of actual crisis intervention work, ranging from responses to 9/11 here at home through living in the midst of civil warfare in West Africa while trying to support cross-cultural workers there, to efforts to promote healing in Rwanda after genocide, to working with traumatized Israeli children, through studies of the effects of the Chernobyl nuclear disaster and efforts to help Bosnian mothers support their children. If the book has limitations, they are the inevitable result of its being an early player in the job of trying to feel our way into working out helpful responses to unthinkable events.

The book is divided into three sections, with a foreword and then an introduction by the editors. Part I deals with theoretical issues, with an overview by Judith Alpert, a founder of Division 56 and its first and current President, and her colleague P. T. Mukherjee. There follows a helpful discussion of the difference between bereavement, depression and PTSD, and a useful presentation of the concept of psychological first aid, an essential form of immediate psychological support that even nonprofessionals can be readily trained to give. As early

as this opening section of the book, one discerns a repeated theme: interventions must be community-based and culturally sensitive in order to be effective in a devastated community.

The core of the volume, of course, is the set of 8 chapters each of which tells the story of a different traumatic event. Except for the chapter on Chernobyl, where interventions and rescue were sadly lacking, each one describes the more-or-less successful efforts to mitigate the effects of unspeakable trauma. Themes turn up recurrently: local community members must be recruited as caregivers; caregiving proceeds best in teams and in coordination with various local institutions that provide for needs other than mental health needs, such as medical care, food and shelter; the local culture, traditions, and myths must be understood and folded into the intervention process; basic survival must be assured, which is often a very challenging thing to arrange; helping sufferers know that their reactions are normal responses to terrible situations is helpful to them, as are almost any forms of accurate information; and the process of providing help may itself retraumatize victims, as when telling their stories risks re-opening wounds and renewing enmities (imagine a Tutsi in Rwanda telling his or her story to the communal "courts" in the presence of Hutus, or a Hutu reciting his or her story to that same court without expressing remorse) and it always risks traumatizing the helpers, either directly, through exposing them to danger, as in West Africa, or indirectly, when reading a mother's description of believing her surviving son to be dead because her daughter's brains covered his face (p. 174).

The final part of the book is just one chapter long. In it, Robert Sternberg, the co-editor along with Laura Barbanel, summarizes twelve lessons learned. He notes the difficulty of helping those most in need of help precisely because they are the most difficult to reach; the importance of identifying those who can be of service (complex support networks need to be activated); the risks of caregivers themselves being traumatized; the problems of diagnosis (in emergency conditions, how do you differentiate acute grief from chronic depression?); the absolute primacy of cultural comprehension and the use of local culturally-credible structures, systems and people; the need to function even when information is lacking or erroneous; the profound and hitherto-unknown ethical dilemmas that arise (should, for example, the perpetrators of genocide be kept separate from the families of victims from their own villages?); and the willingness to accept imperfect results. It is impressive that a book whose chapters mostly describe action with very little outcome research nevertheless yields so many solid guidelines for future crisis interventions of the sorts that, sadly, will come.

This book is assuredly the first of many soon to come that deal with its topic, and its considerable strengths issue from that position. For example, it posits on the basis of experiences in the field what is not necessarily intuitively obvious: that the same approaches that are helpful in dealing with natural disasters like floods are also helpful in such human-made catastrophes as Chernobyl, war, and genocide. As for shortcomings, it is hard to fault the book for its main one, which is a certain absence of useful detail, since the urgent conditions it describes often preclude such detail. Fortunately, some chapters do in fact tell us all (and sometimes more than we wish we had to hear) that we could want to know about what happened,

who did what, and what psychologists and other care-givers said and did, to each other and to those they were helping. The chapter on the Firehouse Project exemplifies that; the several authors report specific exchanges they had, sometimes in a single episode, sometimes over extended periods, with firemen in companies that had lost members on 9/11. But then there are also chapters about "workshops" or "seminars," mostly intended to train the local caregivers who then fan out into the stricken communities, but sufficient details are lacking about just what happened in those workshops and seminars. What went on that was so effective? For example, a four-and-a-half day workshop that "provides training in key knowledge, attitudes and skills... for developing and maintaining healthy relationships....listening, building trust, living in community..." (p. 90) and so on, sounds like something we should all be told more about, and in some detail. There is also a great deal of description about the effectiveness of the interventions but very little data. Even though one can sympathize with the paucity of information about how programs were evaluated, the fact that there are occasional reports of respect-worthy research, complete with control groups (for example, regarding the effectiveness of community work in Rwanda when groups were run by seminar-trained facilitators as compared to untrained facilitators) suggests that in the future more outcome research could be done, and that it would serve to sharpen our understanding of how to help.

The oft-repeated discussions of unprecedented ethical concerns raises, in my mind, another issue never addressed directly in the book. While it is clear that the goal of all the interventions is to relieve suffering, and in that sense the goal is entirely apolitical, there often are unexpressed political issues nibbling at the edges. For example, when we are talking about large-scale efforts in devastated places, what groups and individuals finance these operations? Sometimes they are openly religious, as with various missionary projects, and at other times they seem international, as when the United Nations becomes involved. But who or what is the Rwandan National Unity and Reconciliation Commission (p. 213)? When the failures of the Russian government in response to Chernobyl are cited, are there no political implications? Without minimizing the urgent need to help first and engage in political analysis afterwards if at all, it is worth noting that questions like this may arise and ought to be addressed if only later on, once the crisis is over.

Hannah Arendt would have approved of this painful, important book. She would have seen its concern with promoting healing, especially for the victims, though also for their adversaries. Arendt would have applauded one of its underlying recommendations: know the Other. To know perpetrators of evil is not to forgive, though that might happen, but simply to understand. While Arendt would have unflinchingly gone on to explore the political chasms between victims and others, she would probably have acknowledged this book and its understandings as a major step in the direction of healing.

¹This review, revised for publication in the Division 56 Newsletter, is a version of one being published in *PsycCritiques (Trauma, the Traumatized and the Re-Traumatized: What Psychologists are Doing to Help)* is tentatively scheduled for the May 23, 2007, issue (Vol. 52, No. 21, Article 16). Information about the journal is at <http://www.apa.org/psycritiques>.

Mission of Division 56

Trauma Psychology

The Division of Trauma Psychology of the American Psychological Association (APA) provides a forum for scientific research, professional and public education, and the exchange of collegial support for professional activities related to traumatic stress. Our goal is to further the development of the field of psychological study of trauma and disaster in its scientific, professional, educational, and public policy aspects. The Division also helps to advance scientific inquiry, training, and professional practice in the area of trauma treatment and research as a means of furthering human welfare.

We welcome all psychologists and other individuals in the mental health and other fields who have an interest in trauma psychology.

Services to APA and its Membership

Training: Training, developing knowledge and sharing of expertise in the area of traumatic stress exposure and PTSD.

Health Service Delivery and Research: Work toward improving culturally sensitive service delivery in mental and physical health for people with trauma exposure; development of an integrative journal for the field in an effort to further a more practice-informed approach to trauma research and a more scientifically-informed approach to trauma practice; opportunity for scientist-practitioners, practitioners, and scientists to work together to develop knowledge about trauma.

Consideration and Integration: Consideration and integration of diverse areas of study such as: combat, rape, domestic violence, child physical and sexual abuse,

refugee, torture survivors, prisoners of war, community violence and occupational traumatic stress; exploration of underlying principles leading to the development of psychopathology, disability and distress, resilience, and mental and physical health; integration of clinical knowledge and research.

Academic Support: Support for academic researchers studying these diverse areas; possible development of an integrative journal for the field in an effort to further a more practice-informed approach to trauma research and a more scientifically-informed approach to trauma practice.

Funding: Work in conjunction with federally-funded centers of excellence to support clinicians, researchers and students in the field.

Prevention: Develop and support prevention research and practice.

Public Education: Projects working towards public education.

Publications: Producing materials on a wide range of trauma-related topics.

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J. Smith, Ph.D.

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