



TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

I Know an Old Lady Who Swallowed a Fly

Judie Alpert, PhD

For the past few years, I have had a novel collective of folk in my graduate-level trauma course at New York University. They were exposed to the life threatening danger of 9-11, and they, somehow, physically survived. They have stories to tell, and they tell them over and over and over again.

Previously they had careers as investment bankers or uniformed public-safety workers (dubbed “first responders”) or “financial people,” or newspaper reporters. Now they are graduate students who want to study trauma and become psychologists. Some of them walked away from high paying positions. Some of them loved their past posts. Some of them had positions that afforded great status. Most of them thought they would never leave their jobs. Then came 9-11. Their world turned upside down. They did rights and lefts and somersaults and now the inner protest, riots and unrest have lessened and they are studying trauma.

In my course, students have some options. One involves the final paper for the course. Students are to review and evaluate the state of trauma research

in a subject area of their choice. Invariably my new cohort of students elects to review some aspect of 9-11. In fact, they focus on 9-11 whenever the opportunity arises.

I see some of the impact of 9-11

on these folk six years after the event. Their lives have changed significantly. Thinking about this brings me back to my own experiences around 9-11. I lost a long-term friend in the South Tower. I live and work about a mile or so away from what were the Twin Towers. I saw both fall. I saw people jumping from the buildings. I walked from my apartment downtown to mid-town and then across town to spend time

with the family of my then missing (and now known dead) friend. Then I went home and dealt with my professional responsibilities.

On 9-11 and for months later, I was active on our doctoral programs’ listserv advising our students and former students who were consulting in downtown schools about how to handle the chaos they would be facing and later faced in their field placements. What



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Dear Editor,

I am so pleased to be writing as a member of our new trauma division. Like many of you, I have been interested in forming such a division within APA for many years. I want to thank Judie, Bob Geffner, Terry Keane, Laura Brown, and the others who worked hard to make this division a reality.

Now that we are a division, I would like to kick off a conversation about a topic that I believe is central to traumatic stress research and treatment. I very much hope that our division will be a meeting place for psychologists who are interested in studying and ameliorating the causes and effects of violence and victimization, as well as aspects of traumatic stressors. In that spirit, I want to invite us to focus beyond post-traumatic stress disorder. Of course it was a tremendous step forward for the field and for survivors when PTSD was added to the *DSM*. Yet, if we as the trauma division were to limit our focus to the causes and treatment of PTSD, we would be neglecting many highly significant aspects of psychological trauma.

A Call to Action

Dear Division 56 Membership,

As Editor of our Division's newsletter, I am reaching out for suggestions of material, features, columns, etc. that you would like to see in *your newsletter*. Equally as important, I am eager to build a dedicated editorial staff so that we can put these goals into action together.

With this, I appreciate your efforts to help create this dedicated team for our Division's newsletter. Please contact me and let me know if you are interested and willing to serve as an Advisory Editor for *your newsletter*. Let me know, as well, if you have a particular component, feature, column, etc. you would like to oversee as part of this role.

We are also eager to find an Associate Editor who will carry forward as Editor in 2008.

As always, editorial correspondence and submissions

Clinicians, researchers, and survivors know that PTSD is one aspect of trauma. (As I use the word "trauma," I am aware that within the field, some use that term to refer to the stressor. Others, including myself, use it to refer to the effects of terrible experiences.) Rather than demanding agreement, I would like to suggest that each of us be clear about what we mean when we use the term.) Trauma also includes dissociation, spiritual disruption, relationship damage, somatic difficulties (including physical health consequences), affect dysregulation, disturbances in identity and in meaning, community disruption, and much more (see the special section on complex developmental trauma edited by Bessel van der Kolk & Christine Courtois (2005), *Journal of Traumatic Stress*, 18, 385–459 for recent relevant papers). I hope that our division will be a home for researchers, clinicians, policy makers, and others who wish to understand and respond to any and all aspects of psychological trauma.

I look forward to opportunities for us to expand our understanding through discussion, disagreement, and both field and laboratory research.

Best regards to all,
Laurie Anne Pearlman, PhD

are welcomed and appreciated. Please submit materials and references in APA style exactly as you wish it to appear, as an attachment in Word format via e-mail, to the Editor (noted below). Advertising and announcements, as well as copy and artwork, must also be submitted in camera-ready form no later than the submission deadlines for the print issue desired.

I look forward to hearing from you and working to make the Division 56 newsletter, **TRAUMA PSYCHOLOGY NEWSLETTER**, a valuable and informative publication for all of us.

Please join me in making this vision a reality!

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

Welcome to Division 56!

On behalf of the officers of Division 56, we would like to welcome you to the Division of Trauma Psychology of the American Psychological Association.

The Division's electronic newsletter, Trauma Psychology, is published three times a year in Spring/Summer, Fall, and Winter and is posted in the Division's website <http://www.apatraumadivision.org>

If you would like to join the Division's listserv, please send an email to Preetika Mukherjee (pp457@nyu.edu).

We appreciate your interest in our Division and hope you will encourage your colleagues to join.

For additional information about Division 56 membership, please contact Sandra Mattar, PsyD, Division 56 Membership Chair, via e-mail (smattar@jfkku.edu) or telephone (925-969-3405).

Presidential Voice

continued from p. 1

does one say to young children who lost one or both parents? What does one say to children and adults who witnessed the planes hitting the Twin Towers, people jumping from the Towers, and buildings falling? What does one say to those who smelled burning flesh and saw dust-covered and terrorized people screaming and running? Teachers and other school personnel made difficult decisions that day—decisions about whether to close their school, whether to arrange transportation for those who lived far from school and whether and how much to disclose to students about 9-11 events. There were a lot of feelings following such decisions and school staff needed help dealing with them.

At the same time, I recognized that my students, who would be on the front lines in their field placements, were also victims of 9-11, as I was.

I taught my trauma class one week after 9-11. On that day I had planned to show the film *Fearless*, the intense story of how a near-death experience from a plane crash impacts the lives of three people. After 9-11, it was clear that I did not need Jeff Bridges, Isabella Rossellini, and Rosie Perez to demonstrate dissociation or the initial impact of trauma.

In class, a Muslim student told of how her friend's parents would not allow the friendship between the two young women to continue. A Middle Eastern woman reported that a stranger asked her if she was happy now, given what she had done. What had she done, she wondered. She was not a terrorist. In fact, she was a victim who lost her fiancé in the North Tower. Others told of extraordinary acts of sacrifice and human kindness. And still others told of their terror and relived devastation and experiences of pain and loss. Memories of former traumas returned. They mourned the death of grandparents. Date rape, fires, and humiliating experiences were on their minds. There were questions about human conduct and motive. Heroism and the meaning of family, friendship and freedom were considered. And there was much discussion about the 9-11 downtown rubble, smells and terrifying visions. The telling, pain, and relief seemed to be intertwined.

That semester many of us jumped when we heard an airplane, which seemed, at least to us, to be flying too low. Many of us still have such a startle response. Just this semester a small (by New York standards) apartment building was hit on the Upper East Side and was set aflame. It happened about a half hour before my trauma class. Word spread quickly on the New York City streets. It was as if we were living in a small town. Many of my current students had not been in New York City in 2001. Nevertheless, most were terrified. How relieved we all were to learn that it was a small plane rather than a large plane that flew into the building and that the crash was accidental rather than orchestrated by terrorists.

I think about those who were my patients and my supervisees in September of 2001. Some patients moved. There was no consolation for them. They could not tolerate the anxiety of what they knew was yet another attack in the wait. Other patients demonstrated many of the symptoms we have come to expect. The simple statement that while the possibility existed that there could be another 9-11 tomorrow com-

forted many; the probability was that they would be just fine at the end of the day. Somehow these simple words provided some comfort for some people.

While I too was victimized, I needed to find people to talk to. I was delighted that a group of downtown psychologists were meeting to support each other. I planned to join this group. But I did not when I learned that one of my patients was going to join. Then I thought I would join a group of therapists who worked uptown. It was then that I learned that living and working uptown and living and working much closer to the Twin Towers event led to an entirely different experience. However, I was lucky. I had good friends and colleagues who became my support while I supported others.

I juxtapose these 9-11 experiences with a literature that I cannot get out of my mind. The written works involve (1) critical incident stress debriefing (CISD) and (2) "expression versus repression."

Some mental health professionals have changed practice since 9-11. At the 9-11 event time, professionals were volunteering and offering critical incident stress debriefing (CISD). Survivors of 9-11 were asked to express their feelings and were provided with information about the event, advice about behaviors to engage in following the disaster, and referrals to professionals. However, as Heather Duckworth Smith and I detail (Alpert & Smith, 2003), a review of research indicates that these brief, one-session interventions shortly after the trauma do not impact on mental health. In fact, CISD may impede the natural recovery process as it may inadvertently cause victims to bypass the support of family and friends. In their review of the debriefing literature, McNally, Bryant, and Ehler (2003) report similarly. However, not all work points to the same conclusion and Smith and I cite work which indicates that early contact has its merits as it increases the chances that assistance will be accepted at a later time.

Now the debate about repression versus expression rages. In an article in the New York Times, Lauren Slater (2003), states that some research shows that some traumatized people may be better off repressing the traumatizing experience than illuminating it in therapy. She advocates forgetting. She cites research in support of her position. George Bonanno (2004, 2005) is one researcher who studied the role of repression and avoidance in healthy coping styles. Slater cites his earlier work and several other investigators in making a case for the virtues of repression.

Laura Barbanel, Laura Brown, Christine Courtois, and I (2003) responded to this New York Times article. Unfortunately, our response was not published in The New York Times. I summarize some of it here. We made the point that repression can be good for some people, at some point in their lives, for a period of time, and around some circumstances. And, without question, we believe that repression can be a useful defense against intolerable feelings. However, we noted that the issue should not be polarized: You do not either express or repress. Some folk can do both at the same time. They cannot put the traumatic event out of their minds or are unable to function because of the repression. As we note, therapy is the best option for these folk. Within this group of people, some may gain from talking therapy. Others may not have the psychological resources for processing memories in a detailed and affectively intense way. As we state, they may

need stabilization of symptoms and self-destructive behaviors as well as a focus on the development of life skills. We note, too, that for other folk, there may be other options. Some can repress at will and can express at will and can do a little of each or more of one. In addition, some folk are able to deal with the past and the hard work of therapy and the processing of memories. We point out also that while there may be some benefits to repression, there are clearly, in addition, some negatives. Also, we point out that the efficacy of psychotherapy and have certain treatments for posttraumatic stress disorder have been demonstrated. And there is a developing literature that supports that trauma avoidance coping has deleterious effects (e.g., Holahan, Moos, Holahan, Brennan, & Shutte, 2005).

How can one make sense of the conflicting information which, on the one hand, supports avoiding confrontation with trauma and, on the other hand, supports mindfully facing a trauma? Emily Snow Jacobs, Division 56 Student Affairs Committee Co-Chair, is presently studying this issue for her dissertation research (Jacobs, 2006). Her sample is Holocaust survivors. Without question, more work is needed and I hope that by mentioning this issue here, others will conduct research, as Emily is, in order for us to learn more about when and under what conditions it is helpful to mindfully confront trauma and when and under what conditions it is best to wait.

While the battle rages, bear this in mind: Even if one chooses to repress, one often cannot get away from the trauma one flees. Consider 9-11 again. Even if one does not have somatosensory memories or behavioral enactments or flashbacks, for example, we are bombarded with 9-11 material. If one chooses not to see one of the films concerned with September 11th, one could, nevertheless, go to the movie theatre and be confronted with previews of *Fahrenheit 9/11*, or *World Trade Center*, or *United 93*. Television still bombards us with stories about the remains of people being found, or the construction of the Freedom Tower, or the thousands of tons of toxic debris resulting from the collapse of the Twin Towers, or the debilitating illnesses among rescue and recovery workers or the death of NYPD officer James Zadroga, or the memorials to the victims and heroes.

In this column I have related my 9-11 experiences and juxtaposed these experiences with literature that I cannot get out of my mind. The point is: repression or intentional avoidance can be good for some people, at some point in their lives, for a period of time, and around some circumstances. However, there are times when some people need to and must confront the inner demons.

Returning to the novel collective of folk who are currently in my graduate-level trauma course at NYU: for the most part, these folk closed down after the 9-11 incident. What I am seeing now, in these folk, is a massive change in their lives and incessant 9-11 talk. At this time, they choose to mindfully face their trauma and they are in the process of actively healing.

I know an old lady who swallowed a cow. She swallowed a cow to catch a goat. She swallowed the goat to catch the dog. She swallowed the dog to catch the cat. She swallowed the cat to catch the bird. She swallowed the bird to catch the spider and so on. Rose Bonne and Alan Mills wrote this. I mention it here because it shows the ripple effect. We

do something and it affects other events. In this article, I have been addressing just a small piece of the ripple of 9-11. I have considered how 9-11 has impacted on the lives of some few folk. I have not considered historical ripples or political ripples or economic ripples or the ripples on ripples.

The consequences of trauma are enormous. But the verse does have an upbeat ending. The ending: I know an old lady who swallowed a horse. She's alive and well of course!

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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

Meet Your Leadership

Judith L. Alpert, PhD, **President**

Dr. Judie Alpert is Professor of Applied Psychology at New York University where she is Co-Director of the School Psychology Programs as well as the Co-Director of the Trauma and Violence Transdisciplinary Studies Program. She is also a faculty member and supervisor at New York University's Postdoctoral Program in Psychotherapy and Psychoanalysis. She has a private practice in New York City as well. Dr. Alpert is the author of four edited books and over 100 chapters and articles. Her writing focuses on sexual abuse trauma and recovered memories of trauma; women's issues; mental health consultation; and school psychology. Recently, she has begun writing in the area of physical illness and trauma.



Dr. Alpert served as Co-chair of the American Psychological Association's Working Group on Investigation of Memories of Childhood Abuse. She has also served on numerous publication editorial boards, APA Boards, the APA Council of Representatives, and has held many elected offices within several divisions of the American Psychological Association.

Robert Geffner, PhD, **President-Elect**

Robert Geffner, PhD, is: Founder and President of the Family Violence and Sexual Assault Institute in San Diego, CA; President of Alliant International University's (AIU) new Institute on Violence, Abuse and Trauma (IVAT); Acting Director of AIU's Center for Forensic Studies; Clinical Research Professor of Psychology at the California School of Professional Psychology, AIU, San Diego; Licensed Psychologist and Licensed Marriage & Family Therapist in California and Texas; Co-Editor-in-Chief of Haworth's Maltreatment and Trauma Program, which also includes being the Editor of three internationally disseminated journals (*Journal of Child Sexual Abuse* and *Journal of Aggression, Maltreatment, & Trauma*, and co-editor of *Journal of Emotional Abuse*, and the forthcoming *Journal of Child and Adolescent Trauma*, all internationally disseminated); and former clinical director of a large private practice mental health clinic in East Texas for over 15 years. He has a Diplomate in Clinical Neuropsychology and in Family Psychology. He served as an adjunct faculty member for the National Judicial College for 10 years, and was a former Professor of Psychology at the University of Texas at Tyler for 16 years. He has also been a researcher and consultant for more than 25 years.



Publications include recent treatment manuals (e.g., *Treatment of Women Arrested for Domestic Violence: Women Ending Abusive/Violent Episodes Respectfully*—WEAVER

Manual, 2002, with M. Koonin & A Cabarcas; *Ending Spouse/Partner Abuse: A Psychoeducational Approach for Individuals and Couples*, 2000, with C. Mantooth), edited books concerning family violence and child maltreatment (e.g., *Identifying & Treating Youth Who Sexually Offend*, with K. Franey, T. Arnold, & R. Falconer, 2005; *Identifying & Treating Sex Offenders*, 2004, with K. Franey, T. Arnold, & R. Falconer; *Effects of Intimate Partner Violence on Children*, 2003, with R. Igelman & J. Zeller; *Domestic Violence Offenders*, 2002, with A. Rosenbaum; *Bullying Behavior: Research, Interventions, and Prevention*, 2001, with M. Loring & C. Young; *The Cost of Child Maltreatment: Who Pays? We All Do*, 2001, with K. Franey & R. Falconer; and *Children Exposed to Domestic Violence*, 2000, with P. Jaffe & M. Sudermann), and numerous book chapters, journal articles and research papers concerning family violence, trauma, sexual assault, child abuse, family and child psychology, custody issues, forensic psychology, neuropsychology, and diagnostic assessment. He has also served on several national and state committees dealing with various aspects of family psychology, family violence, child abuse, and family law. He has presented over 450 keynote addresses, plenaries, workshops, and seminars at international, national, regional, and state conferences or meetings.

Kathleen Kendall-Tackett, PhD, IBCLC **Secretary**

Dr. Kendall-Tackett is a health psychologist, an International Board Certified Lactation Consultant, and Research Associate Professor of Psychology at the Family Research Lab and Crimes against Children Research Center, University of New Hampshire. Dr. Kendall-Tackett is on the editorial boards of *Child Abuse & Neglect*, *Journal of Child Sexual Abuse*, and *Journal of Human Lactation*. She is author or editor of 15 books including *Intimate Partner Violence* (in press, Civic Research Institute), *Integrating Trauma Treatment into Primary Care* (co-edited with Victoria Banyard and Valerie Edwards, in press, Haworth), and the *Health Consequences of Abuse in the Family* (2004, American Psychological Association). Her Web site is: www.GraniteScientific.com.



Melba J.T. Vasquez, PhD, **Treasurer**

Dr. Melba Vasquez is a psychologist in full-time independent practice in Austin, Texas. She has published extensively in the areas of professional ethics, ethnic minority psychology, psychology of women, and supervision and training. She is the co-author, with Ken Pope, of *Ethics in Psychotherapy & Counseling: A Practical Guide* (1998, Jossey-Bass) and of *How to survive and thrive as a*



therapist: Information, ideas and resources for psychologists in practice (2005, American Psychological Association). She is 2006 president of the Texas Psychological Association, and is a past President of APA Divisions 35 (Society of Psychology of Women) and 17 (Society of Counseling Psychology). She is currently a Council Representative from Division 42 (Psychologists in Independent Practice).

Science Committee Voices Commentary on Repressed Memory Debate

The Science Committee has taken a leadership role in sending a letter to the *Boston Globe* as well as to APA Spokesperson Rhea Faberman in Summer 2006 as follows:

Thursday, June 15, 2006
To: letter@globe.com

Subject: Letter to the Editor Re June 12 article "Debate over repressed memories. . ."

Dear Editor,

We are concerned that your June 12 article "Debate over repressed memories heats up with \$1,000 challenge" misrepresents the state of knowledge about memory for trauma and that the potential for damage to actual human beings is real.

The article conveys the impression that forgetting trauma is rare or impossible and that creating false memories of abuse is common. Scientific evidence does not support either of these impressions. There is over a century's work of empirical and clinical scientific evidence for the forgetting of combat and other traumatic events. Although the frequency and mechanisms of forgetting are not completely known, the basic phenomenon is documented in dozens of empirical studies and corroborated case studies. There is also indication that memory veracity is not correlated with whether the memory is recovered or continuous.

Similarly we are not aware of data to support the claim that "it is far more likely for someone to confidently believe they remember something, even though it never occurred." There have been some studies in which, when careful manipulation of research participants is done involving common, banal events, persons reported events that had not happened (e.g., being lost in a mall, recalling the wrong cartoon character related to a visit to a theme park). However, no strong empirical data exist to support the statement that it is common for people to confidently report memories of abuse that did not occur. Much research on suggestibility would indicate that the findings alleging ease of implantation

of false beliefs is simply confirmation of what is known; credible suggestions by known sources such as family members will be believed by some percentage of adults.

The stakes here are high. Research shows that negative social reactions to abuse disclosures are very damaging, and disbelief is near the top of the list of negative reactions. We also know that fear of not being believed is a major deterrent against disclosure. Researchers have found that biased media accounts can impact participants' willingness to believe abuse disclosures made by others. Putting this altogether we believe that it is quite likely that the errors in your article will have a harmful effect on some survivors of abuse.

Sincerely,

Jennifer Freyd, PhD

Chair, Science Committee, Division of Trauma Psychology, American Psychological Association, and Professor of Psychology, University of Oregon

Judith Alpert, PhD

President, Division of Trauma Psychology, American Psychological Association, and Professor, New York University or just New York University

Robert Geffner, PhD

President-Elect, Division of Trauma Psychology, American Psychological Association, and President, Institute on Violence, Abuse and Trauma, Alliant International University, San Diego

Christine Courtois, PhD

Chair, Practice Committee, Division of Trauma Psychology, American Psychological Association, and Private Practice, Washington, DC

Steven N Gold, PhD

Program Chair, Division of Trauma Psychology, American Psychological Association, and Professor, Center for Psychological Studies, Nova Southeastern University

Eli Somer, PhD

President, International Society for the Study of Dissociation, and Associate Professor, Faculty of Social Welfare and Health Studies, University of Haifa

Catherine Classen, PhD

President-Elect, International Society for the Study of Dissociation, and Associate Professor, Department of Psychiatry, University of Toronto

Paul Jay Fink, MD

President, Leadership Council on Child Abuse and Interpersonal Violence and Past President, American Psychiatric Association

Joyanna Silberg, PhD

Executive Vice-President, Leadership Council on Child Abuse & Interpersonal Violence.

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Commentary on Repressed Memory Debate

continued from p. 7

Laura S. Brown, PhD, ABPP
Professor of Psychology, Argosy University Seattle

Kathy Pezdek, PhD
Professor & Associate Dean, Claremont Graduate University, and President, Society for Applied Research in Memory & Cognition

Wednesday, June 14, 2006
To: Rhea K. Farberman

Dear Ms. Farberman,

We are writing concerning quotes and comments attributed to you in the *Boston Globe's* June 12 article "Debate over repressed memories heats up with \$1,000 challenge" by Carey Goldberg, *Globe* Staff.

In the article you are identified as "spokeswoman for the American Psychological Association."

According to the article you said:

"I think it's fair to say that the majority of the mental health community would also be skeptical of this concept of repressed memories."

The article also includes this text:

The consensus, "certainly among researchers and probably also among clinicians," Farberman said, is that although a memory could conceivably be repressed and then recovered, that would be unlikely; it is far more likely for someone to confidently believe they remember something, even though it never occurred.

"There's a lot of research to show how that can happen," she said. "Memory is very fallible."

We are concerned that these statements misrepresent the state of knowledge on these matters and that the potential for damage to actual human beings is real. In particular, your statements misrepresent APA's own findings on this matter flowing from the Working Group on Recovered Memories of Abuse. Since that report was issued in 1996, further research has emerged that empirically confirms the reality of delayed recall for trauma in many circumstances, as well as gives us data as to what factors might lead to delayed recall.

For example, we know from Sarah Ullman's research that negative social reactions to abuse disclosures are very damaging, and disbelief is near the top of the list of negative reactions (Ullman, 2003). We also know that fear of not being believed is a major deterrent against disclosure (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Using an experimental manipulation in a vignette study, Cromer and Freyd (in preparation) have recently found that biased media accounts can impact male participants' willingness to believe abuse disclosures made by others. Putting this altogether we believe that it is quite likely that your comment, issued on behalf of our scientific and professional body, will have a negative impact on some survivors of abuse.

There are numerous credible scholarly statements that contradict the quotes attributed to you on behalf of APA.

There is over a century's work of empirical and clinical scientific evidence for the forgetting of combat and other traumatic events (Arrigo & Pezdek, 1997). Although the frequency and mechanisms of forgetting are not completely known, the basic phenomenon is documented in dozens of empirical studies and corroborated case studies (Elliott, 1997; Gleaves et al, 2004; Freyd et al, 2005a, 2005b; Sivers, Schooler, & Freyd, 2002). There is also indication that memory veracity is not correlated with whether the memory is recovered or continuous (Dalenberg, 1996; Williams, 1995).

Similarly we are not aware of data to support the claim that "it is far more likely for someone to confidently believe they remember something, even though it never occurred." or "There's a lot of research to show how that can happen." There have been some studies in which, when careful manipulation of research participants is done involving common, banal events, persons reported events that had not happened (e.g., being lost in a mall, recalling the wrong cartoon character related to a visit to a theme park). However, no strong empirical data exist to support your statement that it is common for people to confidently report memories of abuse that did not occur. Much research on suggestibility would indicate that the findings alleging ease of implantation of false beliefs is simply confirmation of what is known; credible suggestions by known sources such as family members will be believed by some percentage of adults, but suggestions of abuse rarely are.

We respectfully request that you issue a correction, as soon as possible, such as the following to the *Boston Globe* (and let us know it has been issued): "Although I indicated that 'the majority of the mental health community would also be skeptical of this concept of repressed memories' in fact the APA's official position on this issue includes the statement that: "It is possible for memories of abuse that have been forgotten for a long time to be remembered" (p. 227 of the *Working Group on Investigation of Memories of Childhood Abuse Final Report* available at http://www.apa.org/pi/memories_report/). In addition, although I indicated that 'it is far more likely for someone to confidently believe they remember something, even though it never occurred' in fact I am not aware of empirical support for this claim and it does not represent the official position of the APA."

When psychologists came together to create the Division of Trauma Psychology, we saw as part of our mission informing both the public and our colleagues with accurate empirical information about trauma and its effects. We would like to invite you to join us at our Executive Committee meeting, being held at the annual meeting in August, so that we can discuss how your office can utilize the collective expertise of our membership, among whom are some of the leading researchers and clinicians in the field of trauma today. We look forward to this becoming a productive, collaborative relationship in which errors of fact about trauma are not promulgated by our professional association. We would also appreciate if questions arise again about trauma, that you consult us about the current state of the science and practice. We are happy to provide contact information for Chairs of the various committees to you upon request.

We look forward to hearing from you soon.

Sincerely,

Judith Alpert, PhD

President, Division of Trauma Psychology (56)

Robert Geffner, PhD

President-Elect, Division of Trauma Psychology

Jennifer Freyd, PhD

Chair, Science Committee, Division of Trauma Psychology

Christine Courtois, PhD

Chair, Practice Committee, Division of Trauma Psychology

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TRAUMA AND HEALTH Why Trauma Makes People Sick: Inflammation, Heart Disease and Diabetes in Trauma Survivors

Kathleen Kendall-Tackett, PhD

Trauma survivors have higher than average rates of serious illness including heart disease, diabetes and metabolic syndrome, the precursor to type 2 diabetes (Batten et al., 2004; Felitti et al., 2001; Kendall-Tackett & Marshall, 1999). The intriguing question is why this is so. One possible explanation is the connection between disease and inflammation—specifically, elevated levels of proinflammatory cytokines. Cytokines are proteins that regulate immune response and proinflammatory cytokines help the body heal wounds and fight infection. But there can be too much of a good thing; chronic inflammation is a likely cause of a wide range of illnesses including heart disease, diabetes, Alzheimer's disease, and even cancer (Batten et al., 2004; Robles et al., 2005; Suarez, 2006).

So why would proinflammatory cytokines be elevated in trauma survivors? Low levels of cortisol, which are common in trauma survivors, can allow inflammation to go unchecked since cortisol generally regulates the inflammatory response. Another possibility is that cytokines increase in the wake of two common trauma sequelae—depression and hostility. Depression and hostility act as stressors, and increase inflammation and subsequent risk of disease. These can affect survivors' health long after the trauma has ended.

Depression, Inflammation and Health

Depression is one of the most commonly occurring sequela of trauma (Kendall-Tackett, 2003). But it's one we tend to think of it as an outcome—an endpoint we measure in the wake of traumatic events. Yet depression can also be a mechanism that leads to poor health. The negative impact of depression is well known in the cardiovascular literature. Patients who become depressed after a heart attack are two to three times more likely to have another one and are three to four times more likely to die (deJong et al., 2006; Lesperance & Frasure-Smith, 2000). And inflammation is the likely culprit (Kiecolt-Glaser et al., 2007).

In depressed people, there are several biomarkers of increased inflammation including acute-phase proteins, such as C-reactive protein (CRP; Kop & Gottdiener, 2005; Robles, Glaser, & Kiecolt-Glaser, 2005), and proinflammatory cytokines. The proinflammatory cytokines that have been identified in most studies of depressed people are interleukin-1 β (IL-1 β), interleukin-6 (IL-6), tumor necrosis factor- α (TNF- α) and more recently, interferon- γ (IFN- γ ; Kiecolt-Glaser et al., 2007; Robles et al., 2005). Researchers hypothesize that chronic inflammation increases the risk of heart disease by damaging blood vessels, reducing the stability of plaque, and increasing the risk of acute episodes (e.g., Kop & Gottdiener, 2005).

In summary, depression raises inflammation and is generally bad for people's health. It alone could explain many

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of the health effects of trauma. But unfortunately, depression is not the only mental state that increases the risk of disease. Hostility is another common sequela of trauma that leads to poor health. Its effects are described below.

Hostility and Trauma

For people with a hostile world view, life is not benign. People high in trait hostility don't trust others, are suspicious and cynical about human nature, and tend to interpret the actions of others as aggressive (Smith, 1992). And hostility is a common response among trauma survivors. In a sample from primary care, 52% of female sexual abuse survivors indicated that they could not trust others compared with 17% of the non-abused women (Hulme, 2000). In a community sample, approximately half of sexual abuse survivors indicated that their views of themselves and others were very negative. And in a sample of 90 women veterans (Butterfield, Forneris, Feldman, & Beckham, 2000), women with PTSD reported significantly higher levels of hostility and had poorer health than women without PTSD.

The Health Effects of Hostility

Hostility is a reaction that may have been adaptive at one point, and served to protect the survivor from further danger. However, hostility has a well-documented negative impact on health. Hostility increases physiological arousal because of the way hostile people interpret the world (Kiecolt-Glaser & Newton, 2001). This reaction increases both the risk of cardiovascular disease and diabetes. In their review, Smith and Ruiz (2002) noted that people who are high in trait hostility are more prone to ischemia and constriction of the coronary arteries during mental stress. Trait hostility predicted new coronary events in previously healthy people. And for patients who already have coronary heart disease, hostility sped-up progression of the disease.

Hostility also increased levels of proinflammatory cytokines (IL-1 α , IL-1 β , IL-8 and TNF- α) in a study of 44 healthy, non-smoking, premenopausal women (Suarez et al., 2004). The combination of depression and hostility was especially deleterious, and there was a dose-responsive effect: the more severe the depression and hostility, the greater the production of cytokines. A study with men had similar results (Suarez, 2003). The author noted that increased levels of IL-6 predicted both future risk of cardiac events and all-cause mortality, and hypothesized that IL-6 may mediate the relationship between hostility and these health problems.

Hostility also increases the risk of metabolic syndrome. In a three-year follow-up of 134 white and African American teens, hostility at Time 1 predicted risk factors for metabolic syndrome at Time 2 (Raikkonen, Matthews, & Salomon, 2003). These risk factors were at the 75th percentile for age, gender and race and included BMI, insulin resistance, ratio of triglycerides to HDL cholesterol, and mean arterial blood pressure.

More recently, Suarez (2006) studied 135 healthy patients (75 men, 60 women) with no symptoms of diabetes. He found that women with higher levels of depression and

hostility, and who had a propensity to express anger, had higher levels of fasting insulin, glucose, and insulin resistance. These findings were not true for men and they were independent of other risk factors for metabolic syndrome including BMI, age, fasting triglycerides, exercise regularity, or ethnicity. The author indicated that these findings were significant since pre-study glucose levels were in the non-diabetic range. The author noted that inflammation, particularly elevated IL-6 and C-reactive protein, may mediate the relationship between depression and hostility, and risk of type 2 diabetes and cardiovascular disease, possibly because they increase insulin resistance.

Anti-Inflammatory Treatment Approaches

The studies cited above indicate that two common trauma sequelae—depression and hostility—appear to increase inflammation and impair health. The inflammation-health connection raises at least the possibility that reducing inflammation may help lessen the severity of symptoms. The depression literature already indicates that many of the effective treatments for depression are also anti-inflammatory, and this may be another mechanism for their efficacy. For example, the selective serotonin reuptake inhibitor (SSRI) class of antidepressants have been found to lower levels of C-reactive protein in cardiac patients with major depression (O'Brien et al., 2006). This anti-inflammatory effect was independent of whether depression resolved in these patients.

Even cognitive therapy, a treatment with well-established efficacy, is arguably anti-inflammatory (Rupke et al., 2006). Two recent studies have demonstrated that negative beliefs, such as hostility, can increase the levels of proinflammatory cytokines—especially IL-6 (Kiecolt-Glaser et al., 2005; Suarez et al., 2004). The primary goal of cognitive therapy is to reduce negative cognitions. Since negative cognitions increase inflammation, reducing their occurrence should reduce inflammation.

Omega-3 Fatty Acids, Inflammation and Health

In my view, some of the more promising work, with potential application to trauma survivors, is research on the health effects of long-chain Omega-3 fatty acids: EPA and DHA. EPA and DHA are anti-inflammatory and lower levels of proinflammatory cytokines. A recent large population study found that people with high blood levels EPA and DHA had low levels of IL-6, IL-1, TNF- α and lower levels of C-reactive protein. The opposite was true for people with low EPA/DHA in their blood (Ferrucci et al., 2006). Another study of older adults found that the combination of depressive symptoms and low blood levels of Omega-3s enhanced production of IL-6 and TNF- α (Kiecolt-Glaser et al., 2007). These are the same cytokines that are high in depression and hostility and that likely have a relation to heart disease and diabetes.

EPA and DHA may also protect mental health. High levels of EPA and DHA increased resilience to laboratory-induced psychological stressors in college students and attenuated the proinflammatory response (Maes et al., 2000). In population studies, populations with higher levels of EPA and DHA in their diets (usually from eating fatty fish) had lower levels of major depression (Tanskanen et al., 2001), postpartum depression (Hibbeln, 2002), bipolar disorder (Noagliul &

Hibbeln, 2003), and even future suicide risk (Sublette et al., 2006).

Similar findings have been noted in randomized clinical trials, where researchers have given either EPA/DHA supplements or a placebo to people currently receiving treatment for unipolar or bipolar depression. Two recent studies added EPA to patients' normal regimen of antidepressants and found that EPA made the antidepressants more effective in treating depression than the placebo (Nemets et al., 2002; Peet & Horrobin, 2002). Similarly, in a study of childhood depression, children who received EPA and DHA in addition to their medications had significantly improved depression compared with children who received their meds and a placebo (Nemets et al., 2006). And EPA also helped stabilize symptoms of bipolar disorder in a 12-week double-blind trial (Frangou et al., 2006).

Although these findings are preliminary, treatments that are anti-inflammatory show promise as primary or adjunct treatments in trauma survivors. Although cognitive therapy and antidepressants have been used successfully with trauma survivors (Kendall-Tackett, 2003), to my knowledge, EPA and DHA have not been tried. But this may prove to be an effective addition to our treatment regimens and would be a fruitful avenue to explore.

Overall Summary

Depression and hostility are common sequelae of trauma and violence. In addition to their negative impact on day-to-day functioning, they can also act as chronic stressors in trauma survivors. Both of these can have a profound impact on health, in part, by raising levels of proinflammatory cytokines. Treatments that reduce inflammation show promise in alleviating depressive and trauma symptoms, and also in decreasing the risk of subsequent health problems.

This paper is part of a Division 56 Symposium that will be presented at the 2007 APA Convention: Traumatic Stress, Cardiovascular Disease, Metabolic Syndrome and Neurodegenerative Disease. Session co-presenters include Kathleen Kendall-Tackett, PhD; Jeff Kibler, PhD; Mary Meagher, PhD; James Flatt, PhD; and Robert Geffner, PhD.

Kathleen Kendall-Tackett, PhD, is a health psychologist at the Family Research Lab/Crimes against Children Research Center, University of New Hampshire. She currently serves as Secretary to Division 56. For more information on this topic or other topics related to trauma and health, visit her website at www.GraniteScientific.com.

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Shifting the Paradigm: Trauma Psychologists' Role in Viewing Combat Stress Injuries as Opportunities for Mental Illness Prevention¹

Charles R. Figley, PhD

Florida State University Traumatology Institute

As trauma psychologists we have an obligation to understand and help the traumatized using best practices. Thanks to Terry Keane, other members of Division 56, and a growing number of science practitioners, the paradigm for helping military combatants is shifting. This article talks about these changes in the context of understanding combat stress injuries, the role of the National Symposium and the associated book (Figley & Nash, 2006) in articulating these changes, and the major role trauma psychologists in bring about this new paradigm.

Combat Stress Injuries

I have been investigating the immediate and long-term psychosocial consequences of combat for the combatants since 1971. Like other members of the Trauma Psychology Division, I was extremely skeptical about the decision to commit American forces to a war in Iraq. No matter what you think of today's wars being fought by the US military, these warfighters represent less than 1% of the US population.² They deserve our respect and our help. One way of helping is for the other 99% of the US to be more aware of what these men and women are going through and how best to help them during and following deployment. The 2nd National Symposium will increase awareness. At the same time we must all keep in mind that our efforts are for those who risked their lives for all of us; "... for those who bore the

battle. . ."³

The concept of combat stress injuries⁴ is an important distinction. Mental health diagnostic labels can harm both warfighters and the military units they serve within. Navy Captain Bill Nash, MD, who is co-chair of the Symposium and co-editor of *Combat Stress Injuries*, makes the point in Chapter 3; that there are major problems associated with medicalizing and pathologizing operational stress problems. Stress injuries have been kept separate from the physical injuries or wounds. He points out that if given any label at all, they have been classified as having something benign like "battle fatigue," "exhaustion," or "combat stress reaction." The avoidance of labeling and a focus on normalization have also long been central to civilian crisis management efforts. The Israeli Defense Force has always used Combat Stress Reaction (CSR), for example, which is discussed by Zahava Solomon (1993) in her book by the same name.⁵ But there are limitations for normalizing what might be acute dysfunction with long-term negative consequences unless the right action is taken, rather than simply returning the injured warfighters to battle or discharging them to fend for themselves as a civilian.

As with any injury, complications may set in. In the case of combat stress injuries, the complications may be a stress disorder, depression, substance abuse, family violence, homicide, and suicide. Further, Dr. Nash suggests that combat stress injuries can be divided into three categories depending upon the source of the stress: (1) stress fatigue, caused by the wear-and-tear of accumulated stress; (2) grief stress,

caused by the loss of someone or something that is highly valued, and; (3) traumatic stress, caused by the impact of terror, horror, or helplessness. Each requires acute care as soon as possible. Navy Captain Nash will discuss the implications of these injuries at the upcoming National Symposium.

It may be surprising to some but the actual rate of combat stress injuries have actually declined over the years. Unpublished stress casualty rates for United States troops deployed to Iraq vary but have never exceeded 2% of all war theater soldiers and Marines deployed to Iraq and Afghanistan. However, this makes the assumption that there were no false negatives. In other words: Our current ability to accurately tell who is and who is not injured is very poor. These current wars, some would argue, are far more stressful than previous wars because of the sectarian violence, the complicated political context, numerous individual explosive devices; multiple tours with insufficient between deployment down time, and; the high percentage of troops from the National Guard and reserve forces.

Fortunately, most authorities agree that the Military is getting better at being able to anticipate and prevent combat stress injuries. This is due to better training, great reliance on chaplaincy and mental health services. They in turn are better trained thanks to the cumulative knowledge about the causes of such injuries and how best to respond to minimize damage.

Normal Stress Versus Stress Injury

At the same time, because stress reactions are viewed by some as a “normal reaction” to being down range (the combat environment), differentiating what is normal and what is not, is a major challenge. Everyone experiences combat stress. Deciding who experiences a stress injury is tricky. But even if we are able to determine which is or is not a stress injury, there is considerable resistance to admitting injury among warfighters—physical or mental. A buddy or small unit leader may be the only ones who have witnessed the indicators of a combat injury and are in the best position to get help. Many are not trained to administer the appropriate interventions and those to whom they are referred have minimal training and resources.

Do you see why we need far more attention to this critical issue? We can't help if we don't know who needs it. All of the experts on combat stress and recovery agree that the earlier the detection and intervention the better. Why? Because low rates of combat stress injuries do not necessarily predict low rates of eventually diagnosed combat-related stress problems. The mental health problems experienced by Vietnam veterans after their war ended attest to the gap between identified battlefield stress casualties and the true extent of combat stress reactions actually generated in that conflict. A Walter Reed Army Hospital research team has found that 17% of heavily engaged Army and Marine “trigger pullers” admitted significant stress symptoms 3 to 6 months after returning from Afghanistan or Iraq. The team also reported, unfortunately, these those most affected were least likely to seek help. Why? They saw that the costs were too high. They were concerned about stigma and treatment effectiveness. Numerous government and journal reports confirm that there is a looming public health problem among these brave 1% who

volunteered to serve in the military who “bore the battle.”

Personal Invitation to the 2nd National Symposium

This is a call to arms! That was our attitude last year when we held the first National Symposium on Combat Stress Injuries. We organizers sensed that there was insufficient attention to those who “bore the battle.”[1] In particular most of the attention was on combat-related PTSD and what to do about it once these men and women returned from war. Far more needed to be done when they were IN the war. This is where the National Symposium on Combat Stress Injuries comes in. The co-organizers have created a Symposium which offers serious and significant resources for understanding and helping combat veterans without a hint of politics or partisan rah-rah. The organizers are not pro-war but pro-warrior. We hope that the Symposium will be seen as one of the most inclusive and interdisciplinary gatherings of its kind. Innovation and thoughtful debates are welcome as we maintain a central focus on the welfare of the warrior and warrior families.

Among the featured presentations is a description and demonstration of one treatment program for desensitizing “trigger pullers” who are still suffering from a combat stress injury trauma. It is a virtual reality program developed by two trauma psychologists (Skip Rizzo and Barbara Rothbaum) and a virtual reality hardware and software developer (Ken Gaarp). They collaborating on a chapter in the book noted above (Rizzo, Rothbaum, & Graap, 2006). Building on their work with Vietnam war veterans suffering from PTSD, they have developed a virtual Iraq to help the veterans of this most recent war recover more quickly.

Finally, I would like to personally invite everyone who reads this article to join us at the 2nd National Symposium, February 16th at Florida State University in Tallahassee, Florida. The purpose of the symposia series is to note and discuss new and important knowledge about how to understand, measure, prevent, and management combat stress injuries in order to avoid the long-lasting, negative consequences for the warfighters and their families. One major development since the first Symposium (held at the same venue, February 10, 2006) is the publication of the Combat Stress Injuries book (Figley & Nash, 2006). Through a special arrangement with the publisher (Routledge), the first 100 registrants for the Symposium will receive a copy of the book as part of their registration materials. If you are either unable to attend or to co-sponsor the Symposium, feel free to join the join the Combat Stress Forum to collaborate on research.

We organizers of the National Symposium on Combat Injuries welcome Division (56) for Trauma Psychology as the newest division with the American Psychological Association and know that its members will continue to make a difference in understanding the immediate and long-term consequences of combat stress injuries.

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Shifting the Paradigm

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Rizzo, A., Rothbaum, R. O., & Graap, K. (2006). *Virtual reality applications for the treatment of combat-related PTSD* (pp. 183–204). New York: Routledge.

Footnotes

¹This article is dedicated to those psychologists who worked so hard to make the new trauma psychology division (56) within the American Psychological Association a reality as represented by the founding President of the Division, Judith L. Alpert, PhD, Professor of Applied Psychology, New York University

²As of January 2005, there are some 250,000 military service personnel out of nearly 300,000,000 estimated population of the US.

³“let us strive on to finish the work we are in, to bind up the Nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan,” Abraham Lincoln, Second Inaugural Address

⁴There is increasing reason to believe that overwhelming stress of combat can inflict literal, physical injuries to the neurobiology of warfighters and civilians. The term “injury” has significant advantages when communicating with warfighters about the nature of their reactions to severe stress and how best to care for them. Warriors understand that stress injuries, like sports injuries, may be unavoidable, at times—they are just part of the cost of doing what they do. And like sports injuries, most stress injuries heal up quickly, even without professional attention. But also like sports injuries, stress injuries are most likely to heal quickly and completely if warfighters monitor themselves for symptoms of injury, and take proper care of those injuries that are sustained.

⁵Dr. Solomon is a keynote speaker at the National Symposium and co-authors a chapter (Dekel & Solomon, 2006) in the Figley & Nash (2006) book on combat stress injuries

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 **Chair a Committee** that is presently not filled, please contact Dr. Judie Alpert (judie.alpert@nyu.edu) with a letter of interest and 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.

Trauma and Violence Transdisciplinary Studies Program, School of Arts and Sciences, New York University

Under the co-directionship of Judie Alpert (Professor of Applied Psychology; Faculty and Training Supervisor, NYU Post-Doctoral Program in Psychotherapy and Psychoanalysis) and Avital Ronell (Professor of German, Comparative Literature and English)

Trauma and Violence Transdisciplinary Studies is devoted to creating a space for scholarly inquiry and creative, interschool cooperation. Our program includes Holocaust studies, catastrophe and genocide studies, and other traumas, including domestic violence and sexual abuse. Our view of the field is expansive and we welcome all theoretical and practical viewpoints. Our unique transdisciplinary approach aims at developing innovative angles of insight and analysis into the urgent problems of trauma and violence and their impact on every facet of lived experience.

With the tremendous support and active contribution of a distinguished and diverse Advisory Committee, we have developed a program for a Master of Arts Degree and we expect to admit students for the September 2007 entering class. The Master’s Degree program (32 credits) offers students a four course core program that provides a strong

foundation in both the theoretical and the clinical components of doing work concerning trauma and violence. The core curriculum exposes students to the entire spectrum of clinical and theoretical work, with an eye toward integrating these different fields through collaborative seminars and colloquia. The four-course core consists of a two-semester introduction to trauma studies, one semester focused on clinical theory and practice, and the other focused on the study of trauma in literature, philosophy, and other discourses. The following two courses offer students broad exposure to current research and clinical cases through a one semester Colloquium featuring speakers presenting their current research, and a one semester Clinical Case Study Seminar, in which clinical practitioners present cases.

In addition to the core courses, students take four elective courses in order to deepen their studies in preparation for writing the Master’s thesis (or producing another special project) under the supervision of a faculty advisor. In special cases, with approval, the student may do an internship or independent study with a mentor as one or more of their electives. In addition to being exceptionally well prepared to pursue doctoral studies, Master’s Degree recipients will have enhanced career opportunities in a variety of fields includ-

ing all kinds of non-profit work, arts, and education, among others. Also, a Master's degree would enhance the profile of current professionals in those fields.

For more information, please contact Dr. Shireen R. K. Patell, Associate Director, Trauma and Violence Transdisciplinary Studies, New York University, 19 University Place, #326, New York, NY 10003 (tvts.info@nyu.edu). In addition, program information may also be viewed online via www.nyu.edu/fas/program/tvts

NB: Trauma Psychology hopes to spotlight a variety of training programs in trauma-related fields in each of our newsletter editions. Program Directors are encouraged to send information regarding their program to the Education and Training Committee Chair, Anne de Prince, PhD (adeprince@psy.du.edu) for inclusion.

Special Skills Needed

Have a particular expertise, experience, and interest in Web Design, Graphic Design, and/or Desktop Publishing? Please contact Laura Brown (Isbrownphd@cs.com) or Topher Collier (DrTopherCollier@aol.com).

Who Has a Dissociative Mind? Not Me!

Howell, Elizabeth (2006) *The Dissociative Mind*. Analytic Press, New York

Reviewed by Richard A. Chefetz, MD

Dissociative minds do not seem to like being “outed.” After all, from a safety perspective the whole point of not truly being present is to be less, if not “in-”visible. Not all people with dissociatively organized minds live in the extreme de-personal condition, detached from their body, the world feeling unreal too, plagued with intermittent amnesias, and struggling to know if the “me” who is here today will be present tomorrow, let alone in five minutes. There is much investment that I have, in fact, in believing that the frame (state?) of mind in which I currently write these words is the one, the only, the original, the *bona fide* state of mind, state of being me! So, when Elizabeth Howell had the temerity to title an entire book with the designation of the “dissociative mind” might it have occurred to you that she was going to be talking about all those patients with dissociative disorders? Of course! She does! But, and you may not like this, she was also talking about you. Yes, I include myself in this discovery. Dissociative mindedness is not simply a special case for a special population of especially distressed human beings. It is a fact of life for all of us, and *The Dissociative Mind* makes this case elegantly and emphatically. How? Read on. Please.

For example, in a not so pleasant situation of the kind of “state” change that Dr. Howell explores in her text, I can reference a time where my own tolerance for frustration was exceeded and, despite my best efforts to the contrary, I created quite a bit of upset in people around me with my anger. (Oh, come on now, Rich, why must you invoke the idea of state change rather than that *you* simply “got angry?” It’s all you, isn’t it? Aren’t you being a bit more complex than needed?) I didn’t simply get angry, you see, in an ordinary way: recognizing my anger, contemplating expressing it, and then aiming it with some care, feeling understood and letting my anger dissipate, finally spent. The state of mind associated with the intensity of my anger, and the intensity of my wish to not express it, lest I be seen as not civil, led

to a “final-straw experience.” My not so conscious effort to distance myself from my anger, in tension with the need for expression of my protest, produced a “relatively unsupervised” expression of anger from a state of mind I tried to distance, a somewhat denied/disavowed (dissociated) not-me state. One could say I spoke “in the heat of the moment,” when the need to express the feeling trumped the need to not have the feeling. The “heat” is a moment of intense affect when an observing state of mind was supplanted by an action prone state. This experience, the psychodynamic politics of a mind based upon an organization of “states,” and much more, is what Elizabeth Howell traces from the before the beginning of psychoanalytic thinking to long after the start, including our postmodern perspectives. What does she have to say, specifically?

Howell extensively traces the history of dissociation in psychoanalysis from the seminal work of Janet, through Freud, Ferenczi, Fairbairn, Sullivan, Bromberg, Davies, Frawley-O’Dea, and Donnel Stern over several chapters. She takes great pains to show the specific ways in which earlier psychoanalytic theory was built upon an unacknowledged foundation of dissociative processes. She unearths what is not so deeply buried: Freud borrowed heavily from Janet, Fairbairn built object relations from explorations of the minds of children with dissociative identity disorder, Sullivan’s selective inattention referred to dissociative process, and the schizoid personality is also essentially a construct built upon dissociative process. What she shows with clarity, though doesn’t specifically state, is that the dissociative mind is an intrapsychic reflection of a dissociative world, a world where, as Stern would have said in regard to his concept of “weak dissociation,” effort is required to generate a coherent view of self and other. The world is dissociative? Yes, the world is a collection of snips of experience that flow into each other, but we don’t have the capacity to see it all at once. We can take it in as chunks. As Howell points out, a “unitary mind” is a creative bit of illusory self-deception that aids the formation of identity. Howell believes we all have a relationally based mind that must work hard to piece together both

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internal and external experience into a coherent picture of living. It is in the quality of relating that has been called right-brain to right-brain communications (Schore, 2003) that infants take in the nuances of experience like those described as the “transformational object,” the parent who provides what the infant needs as the need arises so that the infant changes state smoothly (Bollas, 1987). Early in her text Howell shows how a multiplicity of theoretical models such as those proposed by Putnam (based upon Wolf’s work), discrete behavioral states, and the states of mind model of Daniel Siegel, are part and parcel of more relational psychoanalytic models (Putnam, 1997) (Siegel, 1999). She develops the powerful implications of a psychoanalytic theory based upon organizations of states rather than more traditional structural, ego psychological, or object relational theories. While she credits Davies and Frawley for bringing trauma theory to psychoanalysis (Davies, 1994), Howell’s exploration fills in the landscape of that earlier map in great detail and adds territory for additional thought both for psychoanalysts and traumatologists .

Howell completes her review of theoreticians in a discussion not usually emphasized, or even entertained in psychoanalytic or traumatologic literature by looking at the work of Anthony Ryle and Ernst Hilgard. Ryle developed a cognitive analytic therapy (CAT) that focused its attention on the reciprocal role procedure (RRP), a kind of procedural memory that serves as an action script for relationships (Ryle, 1999). Like the internal working models (IWMs) of Bowlby, these implicit action scripts remain outside awareness, isolated from consciousness (dissociated), but nevertheless seeking confirmation/disconfirmation of hypotheses about the self in relation to others that were learned through early relationships. Painful RRP’s seek resolution just like any other psychic pain motivates behavioral solutions when there is no explicit knowledge of these RRP’s. Developing consciousness for actions scripts, such as feelings of being deprived and seeing others as depriving (deprived-depriving) or feeling hated, and seeing others as hateful (hated-hateful) undermines enacting the scripts of childhood as an adult. Simultaneous multiple RRP’s may be active and lead to complex and confusing behaviors that are grossly disadvantageous for the now fully grown child. Yet, like an addiction, the behaviors relentlessly repeat themselves in search of resolution. The notion of the behavioral script and the RRP is a powerful tool. Likewise, Ernst Hilgard’s neodissociation theory, familiar to those who study hypnosis (Hilgard, 1986). The theory describes how in each of us there is an observing capacity that is somehow isolated from the main flow of consciousness. This “hidden observer” is a not-conscious reservoir of personal information that implicitly influences thought, action, and feeling. It is part of a system of multiple levels of cognitive control that may be isolated from each other, dissociated. It is part of the depth of Howell’s combined traumatologist/psychoanalyst perspective that allows this kind of synthesis of related literature that has been professionally “dissociated” from psychoanalytic and traumatologic theory building. Psychoanalytic theory talks most

eloquently about this influence of isolated information and psychodynamic lacunae through the theory of enactment. Howell appropriately explores the work of Bromberg, Davies and Frawley, and Stern to show how enactment is generated by dissociative process. It is the call to action by isolated, unresolved, incoherent (dissociated) fragments of experience that generates enactment and repeats the past on a modern stage with unsuspecting participants. Howell unequivocally shows the dissociative roots of enactment and the likelihood of the generation of boundary crossing and violation. As she points out, Bromberg describes the ways in which “not-me states” in both patient and analyst participate in the choreography.

Perhaps you are uncomfortable with thinking about a clinical world that does not mainly rely upon instinct, drive, and conflict? I recommend that you carefully read Howell’s chapter on attachment as a way to assuage your concerns. Linking the work of Bowlby, Ainsworth, Main, and Lyons-Ruth with Bromberg and others, she matter-of-factly builds a clear case for the relative congruency of self-states and IWMs. These constructs are made from particular world views, beliefs, ideational references, associated affects and have tenacious persistence. She shows how children with disorganized attachment (Type D) have similar behaviors as compared to dissociative adults, that dissociation in adults is best predicted by the same emotional unresponsiveness as is productive of disorganized attachment, and that in longitudinal studies of Type D children it can be shown that children maintain their attachment style into adulthood. In other words, attachment theory provides a very interesting evolutionary-developmental model with massive predictive power for adult dissociative experience. Freud worked backwards from the case of the Wolfman, making connections from adult function to a reconstructed infantile neurosis. I find attachment theory and states of mind a more compelling parsimonious explication for adult behavior. Perhaps you will too, and especially so with an appreciation that you need not give up thinking about the explanatory power of intrapsychic conflict at all if you consider the inherent conflictual nature of isolated (detached, dissociated) self-states.

Howell spells out how Bowlby initially conceptualized insecure attachments as representing a full detachment of feeling and thought, in the case of avoidant attachment, and a partial disconnection in anxious-ambivalent. Both these intrapsychic maneuvers represent dissociative process. Moreover, in her discussion on splitting, Howell shows how alternation between internal working models related to the positions of Karpman’s drama triangle map out the traditional inability of severely disturbed persons to reconcile and merge the “good” with the “bad” qualities of a single person (Karpman, 1968). Attachment based dissociation is a robust model of a dissociative mind.

Are there things in Dr. Howell’s work that I would wish be improved and clarified? Yes, there are several, and most fall into a similar realm of the struggle to shift from a traditional Freudian psychology to one that is relational and respects dissociative process. I am referring to her efforts to find new ways to redefine repression and splitting so that the terms are not lost. I would rather she had concluded that these terms are not only archaic, but misleading, and need

to become part of the rich history of psychoanalytic theory rather than continue to accrue additional meanings. After clearly showing how splitting is a concept that fails to have any particular logical developmental basis, she tries to make a case for retaining the term by reformulating the oscillations between good/bad perspectives, and the separation of this “good” from “bad” through the use of an apt attachment model that reflects contradictory behavior in a caretaker. She eventually states that the clashing internal working models in the child must be “dissociated” from each other in order to maintain attachment. While she essentially says that splitting is just a synonym for dissociation, I don’t know why she doesn’t just say that splitting is too general a term, too loosely used and we ought to use better terms that better describe the dissociative processes of which we are speaking. Likewise, I simply have not found a reason to continue to use the term repression. It is, for me, an historical footnote of real importance. It does not seem to have any more explanatory power about how a mind works than the term dissociation, and in fact, has much less. Is Howell trying to make the paradigm shift to including dissociative process in our formulations easier, or less threatening, by not calling for the relegation of these familiar terms, repression and splitting, to history? Maybe. Some of the same conceptual baggage shows up in an otherwise insightful reframing of projective identificatory processes as essentially dependent upon dissociative process, what she calls “blind foresight.” However, this detracts minimally from the accuracy of her reframing projective processes through an implicit process lens, a shift that is overdue in our literature.

Howell’s text ends with three chapters that push the envelope on understanding personality disorders, gender, and psychopathy. She shows how childhood dissociative processes neatly predict adult organizations. For example, she calls attention to the cultural sanctions that in boys facilitates the relegation of sensitivity to emotion into a disowned aspect of self, and in girls does the same with assertive and aggressive tendencies. Why is this useful? A “states of mind” model dependent upon the tension between associative and dissociative processes makes plain that the disowning of aspects of self eliminates the experience of intrapsychic conflict over, for example, aggressive wishes. If the affects associated with aggression are isolated from consciousness, then a young woman will be able to tolerate living in her traditional family without conflict with her traditional mother and father, and without a threat to patterns of attachment that preserve valued relatedness. For patient and clinician, a “states of mind” model is a solid and understandable explanation for looking at behavior that occurs, or is obviously inhibited, in a much more user friendly model than a drive model. A central goal of a treatment is to make conflict not only conscious, but possible. By working with language that fits a person’s experience, for example, referring to another state as a “different way of being you,” there is much less of a sense of threat than to talk about an unconscious mind where there are longings to be aggressive that have been denied and disavowed (which by the way are both dissociative processes) by mysterious unconscious processes (Chefetz, 2005).

Elizabeth Howell’s book, *The Dissociative Mind*, is a long overdue addition to both the traumatologic and psychoanalytic literature. It has many strengths and few weaknesses. Dr. Howell’s clear voice is taking its rightful place amongst the leading clinician/theoreticians of our time. I look forward to her future work, and I highly recommend this book to you as essential reading.

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(Listing includes those submitted as of February 1, 2007)

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Koonin, M., Cabarcas, A., & Geffner, R. (2002). *Treatment of women arrested for domestic violence: Women ending abusive/violent episodes respectfully (WEAVER) manual* (Rev ed.). San Diego, CA: Family Violence & Sexual Assault Institute.

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Geffner, R., Loring, M., & Young, C. (Eds.). (2001). *Bullying behavior: Research, interventions, and prevention*. Binghamton, NY: Haworth Maltreatment & Trauma Press.

Franey, K., Geffner, R., & Falconer, R. (2001). *The cost of child maltreatment: Who pays? We all do*. San Diego, CA: Family Violence & Sexual Assault Institute.

Geffner, R., Jaffe, P. G., & Sudermann, M. (Eds.). (2000). *Children exposed to domestic violence: Current research, interventions, prevention, & policy development*. Binghamton, NY: Haworth Press.

Geffner, R., with Mantoath, C. (2000). *Ending spouse/partner abuse: A psychoeducational approach for individuals and couples* (including Participant Workbook and Spanish translation). New York: Springer.

Holden, G., Geffner, R., & Jouriles, E. (Eds.). (1998). *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association.

Geffner, R., Sorenson, S. B., & Lundberg-Love, P. K. (Eds.). (1997). *Violence and sexual abuse at home: Current issues, interventions, and research in spousal battering and child maltreatment*. Binghamton, NY: Haworth Maltreatment & Trauma Press.

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Trauma Books

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Gold, Steven N.

Gold, S. N. (2000). *Not trauma alone: Therapy for child abuse survivors in family and social context*. Philadelphia, PA: Brunner/Routledge.

Gold, S. N., & Faust, J. (Eds.). (2002). *Trauma practice in the wake of September 11, 2001*. Binghamton, NY: Haworth Press.

Goodman, Gail

Goodman, G. S., & Bottoms, B. L. (Eds.). (1993). *Child victims, child witnesses: Understanding and improving children's testimony*. New York: Guilford Publishers, Inc.

Bottoms, B. L., & Goodman, G. S. (Eds.). (1996). *International perspectives on child abuse and children's testimony*. Newbury Park, CA: Sage.

Eisen, M., Quas, J. A., & Goodman, G. S. (Eds.). (2002). *Memory and suggestibility in the forensic interview*. Mahwah, NJ: Erlbaum.

Howe, M., Goodman, G. S., & Cicchetti, D. (in preparation). *Trauma and memory development*. New York: Oxford University Press.

Greene, Paul

Greene, P., Kane, D., Christ, G., Lynch, S., & Corrigan, M. (2006). *FDNY crisis counseling: Innovative responses to 9/11 firefighters, families, and communities*. John Hoboken, NJ: Wiley & Sons.

Greenwald, Ricky

Greenwald, R. (1999). *Eye movement desensitization and reprocessing (EMDR) in child and adolescent psychotherapy*. Northvale, NJ: Jason Aronson. [Italian translation, 2000; German translation, 2001.]

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Hobfoll, Stevan

Hobfoll, S. E. (1988). *The ecology of stress*. Washington, DC: Hemisphere.

Hobfoll, S. E., & deVries, M. W. (Eds.). (1995). *Extreme stress and communities: Impact and intervention*. Dordrecht, the Netherlands: Kluwer Academic.

Freedy, J. R., & Hobfoll, S. E. (Eds.). (1995). *Traumatic stress: From theory to practice*. New York: Plenum.

Hobfoll, S. E. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. New York: Plenum.

Hobfoll, S. E. (2006). *Stres, kultura I: Psychologia i filozofia stresu*. Gdansk: Gdanskie Wydawnictwo Psychologiczne. (Polish translation of *Stress, Culture and Community: The Psychology and Philosophy of Stress*).

Buchwald, P., Schwarzer, C., & Hobfoll, S. E. (Hrsg.). (2003). *Stress gemeinsam bewältigen: Ressourcenmanagement und multiaxiales coping*. Göttingen, Germany, Hogrefe-Verlag. (German).

Frawley-O'Dea, Mary Gail

Davies, J. M., & Frawley, M. G. (1994). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York: Basic Books.

Frawley-O'Dea, M. G., & Sarnat, J. E. (2000). *The supervisory relationship: A psychodynamic approach*. New York: Guilford Press.

Frawley-O'Dea, M. G. (2007). *Perversion of power: Sexual abuse in the Catholic Church*. Nashville, TN: Vanderbilt University Press.

Frawley-O'Dea, M. G., & Goldner, V. (Eds.). (2007). *Predatory priests, silenced victims: Sexual abuse and the Catholic Church*. Mahwah, NJ: The Analytic Press.

Freyd, Jennifer

Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press. [Spanish language edition of *Betrayal Trauma*: Freyd, J. J. (2003). *Abusos sexuales en la infancia: La lógica del olvido* (Pablo Manzano, Trans.). Madrid: Ediciones Morata.]

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Jacobs, Gerard

Reyes, G., & Jacobs, G. A. (Eds.). (2006). *Handbook of international disaster psychology: Meeting the psychosocial needs of people in humanitarian emergencies* (4 volumes). Westport, CT: Praeger.

Keane, Terence

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Wilson, J., & Keane, T. M. (1997). *Assessing trauma and post-traumatic stress disorder*. New York: Guilford Press.

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Gerrity, E., Keane, T. M., & Tuma, F. (2001). *Mental health consequences of torture and related violence and trauma*. New York: Plenum Press.

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Kendall-Tackett, Kathleen

Banyard, V., Edwards, V., & Kendall-Tackett, K. A. (Eds.). (in press). *Integrating trauma practice into primary care*. Binghamton, NY: Haworth Press.

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Kendall-Tackett, K. A. (Ed.) (2005). *Handbook of women, stress and trauma*. New York: Taylor & Francis.

Kendall-Tackett, K. A., & Giacomoni, S. (Eds.) (2005). *Child victimization*. Kingston, NJ: Civic Research Institute.

Kendall-Tackett, K. A. (2005). *Hidden feelings of motherhood* (2nd ed.). Amarillo, TX: Hale Publishing.

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Kendall-Tackett, K. A. (Ed.). (2004). *Health consequences of abuse in the family: A clinical guide for evidence-based practice*. Washington, DC: American Psychological Association.

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Kira, I. A.

Kira, I. (2006). Collective identity terror in the Israeli-Palestinian conflict and potential solutions. In J. Kuriansky (Ed.), *Terror in the Holy land, inside the anguish of Israeli-Palestinian Conflict* (pp. 125–130). Westport, CT: Praeger.

Liberatore, Kenneth

Wainrib, B. R., & Bloch, E. (1998). *Crisis intervention and trauma response: Theory and practice*. New York: Springer.

Nelson, Terry Spahr

Nelson, T.S. (2002). *For love of country: Confronting rape and sexual harassment in the U. S. Military*. Binghamton, NY: Haworth Press.

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Rothbaum, Barbara

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Reyes, G., Elhai, J. D., & Ford, J. D. (under contract). *Encyclopedia of psychological trauma*. New York: John Wiley and Sons. Dr. Rothbaum is an associate editor.

Trauma Books

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Safir, Marilyn

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Saigh, Philip

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Thomas, Nina

Thomas, N. K. (2004). An eye for an eye: Fantasies of revenge in the aftermath of trauma. In D. Knafo (Ed.), *Living with terror, working with trauma: A clinician's handbook*. New York: Jason Aronson.

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Impact on immigrant groups. In P. R. Kimmel & C. E. Stout (Eds.), *Collateral damage: The psychological consequences of America's war on terrorism*. Westport, CT: Praeger.

Thomas, N. K. (2005). The use of the hero. In Y. Danieli & R. L. Dingman (Eds.), *On the ground after September 11: Mental health responses and practical knowledge gained*. Binghamton, NY: Haworth Maltreatment and Trauma Press.

Wainrib, Barbara

Wainrib, B. (2006). *Healing crisis and trauma with body, mind and spirit*. New York: Springer.

Walker, Lenore

Walker, L. E. A. (2000). *The battered woman syndrome* (2nd ed.). New York: Springer.

Walker, L. E. A. (1994). *Abused women and survivor therapy*. Washington, DC: American Psychological Association.

Walker, L. E. A. (Ed.). (1988). *Handbook of child sexual abuse*. New York: Springer.

Walker, L. E. A. (1979). *The battered woman*. New York: Harper & Row.

Dorfman, W., & Walker, L. E. A. (2007). *First responders guide to abnormal psychology*. New York: Springer.

Young, Gerry

Young, G., Kane, A. W., & Nicholson, K. (2007). *Causality of psychological injury: Presenting evidence in court*. New York: Springer.

Young, G., Kane, A. W., & Nicholson, K. (Eds.). (2006). *Psychological knowledge in court: PTSD, pain, and TBI*. New York: Springer.

VOICES FROM THE CLASSROOM

Patrick Meade, Publications, Student Affairs Committee

In the spirit of encouraging all interested students to become active in the new and fast-developing student division, we would like to introduce you to some of the people on the student committee. We share an interest in trauma, yet come from a variety of backgrounds and are on distinct paths.

Jill West is the sub-chair for student membership. She is from Wisconsin, just north of Milwaukee, and completed her B.S. at the University of Wisconsin-Green Bay, earning a double major in Psychology and Human Development. She is in her second year in a doctoral-track program in School Psychology at Tulane University in New Orleans. She became especially motivated in trauma research since experiencing the devastation of Hurricane Katrina. Her thesis project is examining cognitive functioning in chil-

dren who have endured chronic community violence, and how PTSD may or may not mediate the relationship between exposure to community violence and cognitive dysfunction.

Once she has completed her degree, Jill would like to do clinical work, preferably in a hospital or private practice. She joined the student committee of Division 56 because she wants to increase students' awareness of relevant professional organizations, and would like to help to recruit a diverse student body.

Brian Hall is the sub-chair for mentorship and grew up in Cleveland, Ohio. He is in his third year in the clinical psychology program at Kent State University in Kent, Ohio. He is interested in the processes through which individuals cope with and survive experiences of extreme stress, which has led him to his current research focus on posttraumatic growth and the consequences of terrorism-related exposure.

After graduate school, Brian's primary interest is in continuing to conduct research, and will also look for a faculty position at a University that appreciates the importance of excellence in clinical training so that he can also continue to do clinical work. As the mentorship sub-chair, he plans to facilitate connections between students and potential mentors, thus establishing a network of professionals for students to learn from as they advance in their research and/or clinical training. Before going to graduate school, Brian was a keen chef at several restaurants (Italian and Brazilian) in Cleveland, Ohio.

Emily Jacobs is one of two co-chairs of the student committee, and is originally from Atlanta, Georgia. She attended college at Wake Forest University in North Carolina where she discovered and fell in love with Psychology. Upon graduation, she joined the Peace Corps, which brought her to Jamaica where she worked for three years as a Youth At-Risk advisor. As a result, she became committed to child/adolescent mental health, resilience and recovery from trauma. She has an MA from New York University in General Psychology and is in her second year in a doctoral program in School Psychology at NYU. Her current research is in analyzing narratives from Holocaust survivors who were children during the war and examining their coping and recovery strategies to inform the treatment of traumatized populations of all ages.

After graduation, as a school psychologist, Emily would like to pursue clinical work (both therapy and assessment) with adolescents and young adults, be involved in a school setting, continue qualitative research and perhaps teach at university level. As co-chair of the student affairs division, she hopes to recruit and maintain a large and active group of students, to promote student involvement in the field of trauma psychology, and to build links in the trauma field between students and professionals for mutual learning. Emily is hopelessly devoted to her new puppy, Wendel.

Kathy Dale is also a co-chair of the student committee, and grew up in the Fingerlakes region of upstate New York in a town called Skaneateles. She has a B.A. in elementary education, moderate special needs, and human development from Boston College. After her BA, she joined Teach for America to teach for two years in under-resourced public schools. During this program, Kathy taught in Compton, California, a suburb of Los Angeles, where she saw how schoolchildren were affected by the chronic trauma induced by random violent events. She is in her sixth and final year studying for a PsyD at New York University, and on her first day at NYU, saw the second plane hit the World Trade Center on her way to class. This cemented her interest in the effects of trauma on children, particularly those from deprived backgrounds, and led to her recent published works on trauma and university students, and abuse and the Catholic church. Kathy joins Emily in the goal of creating a strong student affairs division. Kathy was a figure skater for 10 years. She is now a runner, and has completed three half marathons.

As for me, I am the sub-chair for publications and grew up in Cork, Ireland. My undergraduate education was in engineering at the National University of Ireland followed by an MBA at the University of Pennsylvania. I am in the third year

of the counseling psychology doctoral program at NYU. My current research is on trauma with survivors of torture and the Holocaust, focusing on aspects of post-traumatic growth and resilience, and I am also studying the impact of trauma on vocational development. I also do clinical work with HIV-positive people and survivors of sexual abuse. After graduation, I would like to continue in both research and clinical work, particularly on aspects of survivorship, resilience and growth. I hope that the publications section can be used to support the growth of the student body interested in trauma, to provide insight on topics relevant to students, and to create a sense of community and connection among students. For relaxation, I am a snowboarding fanatic and soon to be the proud parent of a black lab puppy called Dash (must be a trend here).

There is currently an opening for website sub-chair, and we are actively seeking someone to fill this position and to help build a useful website for our students.

We look forward to hearing from all students. For information on student membership, please contact Jill West at jwest2@tulane.edu. If you are interested in the website sub-chair position, or in assisting on the website, please contact Emily Jacobs at emily.jacobs@nyu.edu. For any comments on this article, or any subjects you would like to see covered in future publications, please contact Patrick Meade at pjm269@nyu.edu.

MARK YOUR CALENDARS!

APA Annual Convention
San Francisco
August 17–20, 2007



Photo credit: San Francisco Convention & Visitors Bureau

First Full Division 56 Convention Program Promises to Be Exceptional

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

APA Annual Convention San Francisco August 17–20, 2007

The 2007 APA Annual Convention will be the first at which Division 56 will be sponsoring a full program of substantive presentations. As a newly formed division at last year's convention, 56 was only allotted a single 2-hour symposium slot for its substantive program. This year the Division of Trauma Psychology will be sponsoring a full program of symposia, workshops, two poster sessions, a paper session and a discussion panel.

In the next issue of the newsletter we will provide a comprehensive description of the Division 56 convention program, including coverage of our hospitality suite program. For now, as a brief preview, here is a description of some presentation highlights:

Symposium: Prostitution, Human Trafficking, Sexual Compulsivity, and Trauma

In collaboration with APA Divisions 35 (Psychology of Women), 51 (Men and Masculinity), and 29 (Psychotherapy), our division initiated development of this symposium that considers the multi-faceted relationship between prostitution and psychological trauma. Pioneering prostitution researcher Melissa Farley, who has investigated prostitution and trafficking throughout the world, will represent Division 56 in explaining how sexual and physical violence are normative experiences for women in prostitution and discuss the traumatic impact of these events. Thema Bryant-Davis of Division 35 will address the global prevalence, dynamics, and effects of human trafficking on women in prostitution as well as the ways psychologists can work to address this crisis. Gary Brooks and William Elder of Division 51 will propose that men who engage in compulsive sexual behavior may actually be over-socialized into a dysfunctional paradigm of male sexuality, and explore the theoretical, treatment, and social policy implications of this perspective. The symposium discussant, Laura Brown, is an active member of Divisions 29, 35 and 56 who has written and presented extensively on issues of gender, trauma and psychotherapy.

Symposium: Innovations in Psychological Care for Returning War Veterans

Organized and chaired by internationally known psychologist Terence Keane, this symposium will examine the

considerable and unique challenges posed by military veterans returning from Afghanistan and Iraq for the involved healthcare delivery systems. Harold Wain, Robert D. Kerns, Josef Ruzek, Rodney vanderPloeg, and Matthew Jakupcak, psychologists of different backgrounds, but with the essential expertise and experience in providing innovative understanding and care of the returning war veterans, will form the panel. They will present on pain management, traumatic brain injury, the relationship of PTSD to health functioning, rapid mental health intervention, and dissemination of evidence-based PTSD treatment among returning Afghanistan and Iraq war veterans. David Riggs, of the Deployment Health Center, Uniformed University of the Health Sciences in Bethesda, will serve as discussant.

Film Presentation and Panel Discussion: *Deliver Us from Evil*

Oscar-nominated film *Deliver Us From Evil*, a documentary on how a pedophile priest in Northern California was knowingly harbored by the Catholic Church hierarchy for over 30 years, will be shown. Following the screening, a panel headed by psychologist Mary Gail Frawley O'Dea, a nationally recognized expert on clergy abuse who appears in the film, will chair a discussion panel. Participants will include psychologist Christine Courtois, Catholic priest Father Gerald McGlone, attorney John Manly and legal consultant and former priest Patrick Wall. This will undoubtedly be a powerful and memorable event.

For those of us on the program committee, selection of presentation proposals for inclusion in the program was simultaneously an exciting and daunting task; the Division was inundated with a rich array of excellent submissions. As gratifying as it was to receive such an enthusiastic response to our call for proposals, the number of high-quality submissions far outstripped the number of program hours

available for scheduling. Consequently, we were faced with making difficult and at times anguished selection decisions. Currently Division 56, like most APA divisions, is awarded the minimum number of substantive program hours available to a division.

If you are a member of APA, please remember to assign as many of your 10 votes as possible to Division 56 when you receive your annual apportionment ballot. It is on the basis of these votes that divisions have the opportunity to increase the program hours allocated to them beyond the minimum. The large quantity of solid submissions to Division 56 and substantial growth in membership in the Division corroborates that a strong interest in psychological trauma exists among APA members. By supporting 56 on your apportionment ballot you can help assure that future Division programs are not only of high quality, but also more extensive.



Membership Committee Progress Report

January 2007

Membership applications have been received steadily since the APA conference in New Orleans.

A new Membership brochure was printed out. It reflected the new Division 56 dues for 2007. The brochure was posted online at the Division's website as well as in this newsletter.

This committee has also responded to the numerous emails sent by prospective members wanting to join Division 56, or inquiring about their membership status.

As of August 2006, APA Division Services took over the application process for Div. 56 Membership.

In September 2006, an apportionment ballot letter was developed and sent out to the Division 56 voting members in conjunction with APA Division Services.

This committee is currently in the process of sending out welcoming letters and membership brochures to those who expressed an interest in joining our Division through the APA's annual dues renewal process.

Div. 56 Membership renewal reminders were mailed out in October 2006. Those members that have not renewed after this notice will get a new reminder in February 2007.

Membership Total (2006):

Fellows	34
Members	814
Students	64
Professional Affiliates	24
Associates	4
TOTAL	989

Members resigned report for 2006: Zero(0) members

Membership Total (2007):

As of November, 2006 Division 56 cumulative numbers for 2007 (paid memberships) are as follows:

Fellows	25
Members	611
Students	87
Professional Affiliates	25
Associates	3
TOTAL	751

Dues Exempt members (2007): 82

Nominations and Elections: APA Apportionment Ballots

In November you will be receiving a letter in the mail from the American Psychological Association asking you to allocate 10 apportionment ballots to various divisions. It is very important that you respond to that letter and allocate as many of your 10 votes as you can to Division 56. Hopefully, you can allocate all 10 of your votes to Division 56. Your votes result in our division being represented on the APA Council of Representatives and represent the interests of the Division of Trauma Psychology. Please do not throw away that envelope! You have the power to give more visibility to our Division and to the interests that are close to our heart. You can make a difference. Please check out our website at www.apatraumadivision.org.



YOU + AAB = Division 56 Quality and QUANTITY

If you are a member of APA please remember to assign as many of your 10 votes as possible to Division 56 when you receive your Annual Apportionment Ballot it determines the number of Council seats allotted to us.

The large quantity of solid submissions to Division 56 and substantial growth in membership in the Division corroborates that a strong interest in psychological trauma exists among APA members.

Please Note:

You are receiving this issue of the newsletter because you have a 2006 or 2007 membership in Division 56. If you have not renewed for 2007, please do so as soon as possible. You can find a form online at www.apa.org/about/division.html

Report of the Division 56 Practice Committee

Christine A. Courtois, PhD, Chair

The Practice Committee has been organized with members having a variety of trauma specializations. We still are in need of members who work with diversity issues. If interested, contact Chris Courtois at CACourtoisPhD@aol.com.

Members of the committee are currently discussing projects in keeping with the mission of the Practice Committee (published in the first Division 56 newsletter). Committee members have submitted a number of proposals for continuing education workshops and for the main convention for APA in San Francisco in August and members are currently organizing proposals for the ISTSS conference to be held in Baltimore in November and the ISSTD conference to be held in Philadelphia, also in November. Information on the latter two conferences and proposal submission forms and deadlines can be found online at: ISTSS.org and ISSTD.org.

The interdivisional proposal submitted with Division 35 to CODAPAR to develop a web page that includes information on courses on violence against women and children and trauma was funded. The project needs to be complete within the course of this year; the planning process with Division 35 is just getting started.

Please contact us with information and ideas for how the Practice Committee can best serve the interests of Division 56 members.

The Division 56 Nominations Committee, chaired by Dr. Lenore Walker, announces the following candidates for Division offices beginning in 2008:

President-Elect

Nancy Baker
Steve Gold

Treasurer

Elizabeth Carll
Dawn Hughes
Beth Rom-Rymer

Member-at-Large

Lisa Butler
Julian Ford

Representative to Council

Charles Figley
Harriette Kaley

Candidates' statements can be found online by going to www.apa.org/governance and clicking on the link titled "2007 Division and SPTA Candidates' Statements Submission Form." The statements can also be found on the Division website at www.apatraumadivision.org.

ANNOUNCEMENTS

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:

Program 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

Division 56 Business Meeting Minutes

August 12, 2006
New Orleans

Presidential Welcome and History of Division 56

Judie Alpert opened the first business meeting of Division 56 by welcoming attendees and providing a brief history of our new division. She indicated that the Division Council was comprised of a group of high-energy and committed professionals. Further, she indicated that her overarching goal for the Division is to work to conceptualize a more scientifically informed approach to trauma practice, and a more practice-informed approach to research on trauma. Some of the structures that are in place to facilitate scientists and practitioners working together were then identified.

Division Accomplishments

Next, Judie identified some of the activities of the trauma division.

- The Science Committee (chaired by Jennifer Freyd) has responded to an article in the *Boston Globe* that contained incorrect information about trauma. Judie asked the membership to help identify any future misrepresentations that appear in the press so we can work together to correct these, if we have not already averted them.
- An article for *Science Agenda*, the newsletter of the APA Science Directorate, is in process. This article will make it clear that there is a strong empirical base in the trauma field.
- A list of trauma experts is being compiled. In this way, leadership in the American Psychological Association will know who to call when the various issues arise in the media that call for an expert opinion.
- As we are a division that wants to take political stands and wants to make a difference, we have joined with other politically active divisions. The effort will be to sup-

port APA in living up to its ideals of social justice.

- We have a very professional Web site (www.apatraumadivision.org). Judie acknowledged the outstanding work of our Web Editor, Laura Brown, and our Web site developer, Lynn Brem.
- We have a very professional Division newsletter, *Trauma Psychology*. Judie acknowledged the outstanding work of Editor Christopher Collier and his committee.
- We have a Division listserv available for all members and is presently monitored by Preetika Pandey.
- Unlike many other organizations, we have had a Diversity Committee right from the start.

Judie then indicated some activities that she would like to see us be involved with in the future. One activity involves contributing our trauma expertise to the host city where the convention is held. She asked that anyone who is interested in organizing and chairing this activity to please contact her.

Slate of Officers for Division 56

Judie presented the slate of Division 56 officers for the initial term. Many of these positions had been nominated and elected by the previous working group. Members attending the business meeting voted unanimously to accept the current officers.

The next election will occur in 2007 for positions to begin in January, 2008. The positions that will be open in the 2007 election are: President-Elect, Treasurer, Student Affiliate, one Member-at Large (Terry Keane's position), and Council Representative. The following year will include President-Elect, Professional Affiliate, and one Member-at Large (Laura Barbanel's position). The current officers and members of the Division 56 Council are attached.

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How Members Can Get Involved

Judie mentioned a number of ways for members to get involved in the Division. These include:

- Chair a committee to arrange provision of trauma services to our host city at the APA convention. If interested, contact Judie Alpert at Judie.alpert@NYU.edu.
- Participate in the newsletter. We need an assistant editor, editorial assistants, and an editorial advisory board for our newsletter. We also need people to write book reviews. If interested, contact Topher Collier at Drtophercollier@aol.com.
- Volunteer to liaison with related organizations as well as divisions within APA. We need someone to coordinate these liaisons. If interested, contact Judie Alpert at Judie.alpert@NYU.edu.
- Submit a program or paper for the 2007 APA convention. Shortly, Steve Gold will be sending out a call for proposals.
- Judie also needs to make the following appointments. If you are interested in any of these, contact her: Advocacy coordinator to work with the APA Practice Directorate, Liaison to the DRN, and Coordinator for the Special Interest Groups.
- Join a Special Interest Group.

Dues Increase

There was a motion to increase Division dues for members and fellows from \$15 to \$25 per year. The student rate of \$10 would remain unchanged. The motion was unanimously passed.

Announcements

- Division members now get a 20% discount on Haworth journals that focus on trauma and abuse. Beginning in 2007, this discount will increase to 30%. The Division will attempt to develop arrangements with other publishers that are beneficial to our members as well.
- Judie urged all members present to allocate as many votes as they could (possibly all 10!) to Division 56 on their apportionment ballot. She indicated the number of votes would determine the number of people who would represent our division on the APA Council of Representa-

tives, which is the legislative body of the APA and has full power and authority over the affairs and funds of the association.

Bylaws

The bylaws were presented to the members. The members present voted to accept the bylaws unanimously.

Special Interest Groups

Judie then introduced the Special Interest Groups (SIG), which is a structure she wants to put in place to enable scientists, practitioners and scientist/practitioners to work together. She indicated that Special Interest Groups could deal with various traumas such as natural disasters, terrorism, combat, rape, domestic violence, physical and sexual abuse, refugees, torture survivors, prisoners of war, as well as victims of community violence, occupational traumatic stress, certain chronic and acute illnesses, and medical and surgical procedures. She passed around a sign-up sheet and encouraged attendees to write their names, email addresses, telephone numbers and the particular types of trauma they would like to work on. She will appoint a chair for each interest group. A coordinator of the SIGs will be appointed and that person will help each interest group get organized.

Each SIG will decide what they would like to do. Some possible SIG activities include:

- Establishing a Special Interest Groups listserv. People could exchange information, articles, research, or ideas about a particular trauma.
- Developing a newsletter for those interested in a particular trauma.
- Organizing collaborative research or a symposium on a particular trauma.

She indicated that the chair of the SIG will work toward integrating diverse areas of study as well. She encouraged people to sign up for one or more Special Interest Groups.

The meeting was adjourned at 5 p.m.

Respectfully submitted,
Kathy Kendall-Tackett
Secretary, Division 56

Help Increase Div. 56's APA Convention Program Hours

Division 56's convention hours are determined by the number of people who *list Division 56 as their primary division on their convention registration form*. Listing this elsewhere on the list will make NO difference at all to convention hours. It is only to our benefit that people list Division 56 as their primary division when registering.

Bylaws

Division of Trauma Psychology (56) (A Division of the American Psychological Association)

Article I

Name and Purpose

- A. The name of this organization shall be the Division of Trauma Psychology [a division of the American Psychological Association]
- B. The purpose of this Division shall be to promote the general objectives of the APA and the development of the field of psychological study of trauma and disaster in its scientific, professional, educational, and public policy development aspects; and to advance scientific inquiry, training and professional practice in the area of trauma treatment as a means of furthering human welfare.

Article II

Membership

- A. There shall be five categories of membership in the Division: Member, Fellow, Associate, Professional Affiliate and Student Affiliate.
- B. Members, Fellows, and Associates shall hold equivalent status in the American Psychological Association.
- C. The category of Professional Affiliate is open to professionals who are non-members of the APA who wish to affiliate with the Division.
- D. The category of Student Affiliate is open to students enrolled in a graduate or undergraduate program in psychology, social work, or related field.
- E. Members, Associates and Fellows shall be entitled to the following rights and privileges:
 - 1. To attend and participate in the meetings of the Division and to receive its publications
 - 2. To hold office, serve on committees of the Division and vote in its elections
- F. To qualify as a Fellow, an individual shall be:
 - 1. A Member of the Division
 - 2. Nominated to the category of Fellow by the Division's Committee on Fellows, following standard procedures utilized by the American Psychological Association
- G. Student Affiliates shall be entitled to the following rights and privileges:
 - 1. To attend and participate in the meetings of the Division and to receive its publications
 - 2. To vote for the Student Representative to the Division Council and to serve as student members of committees
- H. Professional Affiliates shall be professionals in the field of trauma studies who are not members of the APA. They shall be entitled to the following rights and privileges:
 - 1. To attend and participate in the meetings of the Division and to receive its publications
 - 2. To vote for the Professional Affiliate Representative to the Division Council and to serve as members of committees

Article III

Officers

- A. The Officers of the Division shall be a President, President-Elect, Past-President, Secretary and Treasurer. The term of office of President, President-Elect and Past-President shall be one year. The term of office of Secretary and Treasurer shall be three years, with staggered terms.
- B. All officers shall be a Member, Fellow, or Associate Member of the Division.
- C. The President-Elect shall succeed to any unexpired term of a President who is unable to serve her/his full term.
- D. The Secretary shall keep and disseminate minutes of all business meetings of the Division, shall update the Division's policies and procedures, shall assist the President in preparing the agenda for meetings, shall coordinate the Division's listserv with the Membership Committee Chair, shall coordinate with the Division Services Office of

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the American Psychological Association, and shall perform all other usual duties of a secretary. The secretary also coordinates any conference calls of the Council or Executive Committee.

- E. The Treasurer shall prepare the budget of the Division, shall oversee custody of the funds and property of the Division, shall disburse and receive funds, shall serve as chair of the Finance Committee, and shall perform all other usual duties of a Treasurer.
- F. Officers shall assume their positions on January 1 of each calendar year.
- G. The Secretary and Treasurer may each run for two consecutive terms.

Article IV Division Council

- A. There shall be a Council of the Division. Its membership shall consist of the following persons:
 - a. The elected Officers of the Division
 - b. Representative(s) to the APA Council of Representatives to be elected to a three-year term, renewable for 1 term
 - c. Three members at large, of whom one will be chosen for diversity from a slate of historically under-represented members of the trauma field, to be elected to two-year staggered terms, renewable for two terms
 - d. The Student Representative, to be elected to a two-year term, renewable for one term
 - e. The Professional Affiliate Representative, to be elected to a two-year term, renewable, for one term
 - f. The Editor of the Division's Newsletter to be appointed by the Executive Committee to a three-year term, renewable for one term
 - g. The Editor of the Division's Journal, if applicable, for a three year term, renewable for two terms
 - h. Chairs of all Committees of the Division, for a one year term, renewable if appointed by the incoming President of the Division
 - i. Web Master, for a three year term, renewable for two terms
- B. The Council shall meet at least twice yearly, with one meeting occurring at the time and place of the annual convention of the American Psychological Association. The second meeting may be conducted in a conference call. Conference calls are to be coordinated by the Secretary. Additional meetings may be called as needed by the President with the concurrence of a majority of the members of the Council.
- C. There shall be an annual open business meeting of the Division held during the annual convention of the American Psychological Association.
- D. Only members of the Council may vote at Council meetings.
- E. There shall be an Executive Committee of the Council. The Executive Committee is authorized to make decisions on behalf of the Division as needed between regularly scheduled business meetings. The Executive Committee shall meet on the call of the President or of any of the four other Officers. The membership of the Executive Committee shall consist of the following persons:
 - a. The elected Officers of the Division
 - b. The Members at Large
 - c. The Student Representative
 - d. The Professional Affiliate Representative
 - e. The APA Council Representative(s)
- F. Any Officer or Council member may be removed from office before the expiration of her/his term by a 2/3 vote of the members present at a Council meeting if, in the opinion of the Council, it appears that the best interests of the Division are not being served by the person in question.

Article V Committees

- A. The Committees of the Division shall consist of such Standing Committees as are provided by these Bylaws, such ad hoc committees as shall be established by the President with the concurrence of the Executive Committee, and such task forces or working groups as shall be established as a prerogative of the President. Meetings of committees are open to all members of the Division unless an executive session is declared by a 2/3 vote of the committee members. The Chair of any committee shall cast a vote only in the case of a tie. Chairs of ad hoc committees, task forces or working groups must be Members, Fellows or Associates of the Division unless otherwise specified in these Bylaws. The Chairs of the Committees are appointed by the President with the concurrence of the Executive Committee, unless they are specified as part of these Bylaws, and shall serve a term of one year that may be renewed by the incoming President.

B. The Standing Committees shall be as follows:

- a. Finance Committee. This committee shall be chaired by the Treasurer of the Division, and shall consist of the Past-President, one Member-at-Large, and an additional person appointed by the President. The Finance Committee shall receive and make recommendations to the Executive Committee on all budgetary requests over \$100.00
- b. Program Committee. This committee shall be chaired by an individual initially appointed by the President, and shall consist of a Co-Chair appointed by the President-Elect who will become chair in the following year, the immediate Program Past Chair, and those members of the Division chosen by the Chair as needed or desired. This Committee shall be responsible for soliciting, evaluating, and selecting scientific and professional contributions to be presented as part of the Division's annual meeting program, in coordination with the Board of Convention Affairs of the American Psychological Association
- c. Nominations and Elections. This Committee shall be chaired by the Past President, and include an individual appointed by the President, and an individual appointed by the President-Elect. It shall be responsible for soliciting nominations for elected offices in the Division, conducting elections in coordination with the Elections Office of the American Psychological Association, and preparing proposed changes to the Division's by-laws for vote as needed. If there is no Past President available, the Executive Committee may select a person to Chair this committee.
- d. Fellows Committee. This Committee shall be chaired by an individual appointed by the President. This individual shall hold the rank of Fellow in the American Psychological Association. The committee shall consist of such additional members as are chosen by the Chair, providing that those individuals also hold the rank of Fellow in the APA. This committee shall be responsible for soliciting and evaluating applications for Fellow status in the Division, and communicating those recommendations to the Membership Committee of the APA.
- e. Student Affairs Committee. This Committee shall be chaired by the elected Student Representative, and shall consist of any student members of the Division. It shall be responsible for coordinating activities with APAGS, and for developing programming for student members of the Division in coordination with the Council.
- f. Diversity and Multicultural Concerns Committee. This Committee shall be chaired by the Member-at Large for Diversity from an under-represented group in the trauma field. The Chair should appoint a Co-Chair who should either: a) be a member of a historically underrepresented group in the field of trauma studies, such as people of color, lesbians and gays, people with disabilities, or b) have a demonstrated history of activism for the inclusion of historically underrepresented groups. This Committee shall be responsible for representing issues of diversity and multicultural concerns to the Division.
- g. Publications Committee. This Committee shall be co-chaired by the Editors of the Division Newsletter, who is appointed by the President, and the Editor of the Division's Journal if applicable. This Committee shall be responsible for the preparation and publication of the Division's official publications, and for developing standards for the acceptance of printed materials for approval by the Council.
- h. Membership Committee. This Committee shall be chaired by an individual appointed by the President, and shall consist of such individuals chosen by the Chair. It shall be responsible for membership recruitment and retention, and coordinate the membership list with the APA Office of Division Services, if appropriate.
- i. Practice Committee. This Committee shall be chaired by an individual appointed by the President and include those individuals chosen by the Chair. It shall be responsible for responding to requests related to practice by the President or Executive Committee. These requests may involve the development of positions, standards, or conceptualization of issues for approval by the Council. The Committee may also identify issues of concern related to practice to the Executive Committee.
- j. Science Committee. This Committee shall be chaired by an individual appointed by the President and include those individuals chosen by the Chair. It shall be responsible for responding to requests related to science by the President or Executive Committee. These requests may involve the development of positions, standards, research, or conceptualization of issues for approval by the Council. The Committee may also identify issues of concern related to Science to the Executive Committee.
- k. Education and Training Committee. This Committee shall be chaired by an individual appointed by the President and include those individuals chosen by the Chair. It shall be responsible for encouraging education and training at doctoral and post-doctoral levels in the science and practice of trauma studies.
 - i. There shall be a Sub-Committee on Continuing Professional Education. It shall be chaired by an individual appointed by the President and include those individuals chosen by the Chair. It shall be responsible for the development and offering of continuing education programs related to the psychological study of trauma. It shall report to the Education and Training Committee.
- l. Awards Committee. This committee shall be Chaired by a Member at Large and shall consist of an individual chosen by the President and an individual appointed by the President-Elect. It shall be responsible for the

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development and recommendation of awards by the Division, for the creation of awards criteria, and for the appointment of ad hoc committees to select recipients of awards.

- C. In addition to its responsibilities for carrying out those operations specified in Article V. Section B of these By-laws, each Committee shall have the privilege of recommending procedures, new policies or policy changes and/or amendments to these By-laws to the Council.
- D. It shall be the responsibility of the Chair of each Standing Committee and ad hoc committee, task force, or working group to submit a written report on its operations and recommendations to the Council yearly, during the meeting of the Council at the APA convention. Additional reports may be requested as needed by the President.
- E. The Council is empowered to authorize the formation of ad hoc committees to accomplish the goals of the Division.
 - a. Each ad hoc committee shall have a specific charge for a specified period of time and shall be subject to annual review.
 - b. Chairs shall be appointed by the President in consultation with the Executive Committee, and shall be empowered to choose committee members.
- F. The President is empowered to authorize the formation of ad hoc task forces or working groups to accomplish the goals of the Division. The President is empowered to also appoint Liaisons to national or international organizations or agencies as needed, with the concurrence of the Executive Committee.
 - a. Each ad hoc task force or working group shall have a specific charge for a specified period of time and shall be subject to annual review.
 - b. Chairs shall be appointed by the President and shall be empowered to choose committee members.

Article VI Nominations and Elections

- A. The Committee on Nominations and Elections, as described in Article V Section B part c shall solicit nominations via a nominating ballot distributed to all members of the Division by February 15th, as well as via other means (e.g., Division listserv and Website).
- B. There shall be a minimum of two candidates for each elective office. If, once nominations are tallied, there is an insufficient number of candidates, the committee is empowered to directly solicit individuals to run for office and place them on the ballot.
- C. Officers of the Division shall be elected by a plurality vote of the members on a mail ballot on which the names shall appear in alphabetical order. The Hare system of ranking candidates shall be utilized.
- D. The Committee is responsible for certifying and reporting the results of the election to the Division Council, to all those whose names appeared on the ballots, and to the Division through the Newsletter and Website.
- E. In the case of death, incapacity, or resignation of any elected officer except for President, the vacant office shall be filled by a vote of the membership to occur within 90 days of the vacancy of the office. In the case of death, incapacity or resignation of the President, that vacant office will be filled by the President-Elect.

Article VII Meetings

- A. The Division shall hold an annual scientific and professional meeting at the time and place of the annual convention of the American Psychological Association, in the form of divisional programming for the APA Convention. The purpose of this meeting shall be the presentation of scientific papers and the discussion of professional matters in the fields of the Division's interests.
- B. There shall be one open Membership Business meeting of the Division to occur in conjunction with the annual convention of the APA. All members in all categories of membership are eligible to attend, participate, and to submit items to be considered by the Executive Committee for placement on the agenda for discussion. Such items must be submitted to the Secretary no less than 14 days prior to the start of the Membership Business meeting.
- C. Other scientific, professional and/or business meetings of the Division may be called by the President with the concurrence of the Executive Committee.

Article VIII Finances

- A. The assessment of any membership dues or special fees shall be recommended by the 2/3 vote of the Division Council.

- B. The Executive Committee, on recommendation of the Finance Committee and Treasurer, shall endorse an annual budget of anticipated income and expenditures, which shall be presented for review and approval of the members at the annual Membership business meeting.
- C. Disbursement of the funds of the Division shall be made as follows:
 - a. The President shall authorize disbursements within the amounts of the approved budget which are consistent with the Bylaws of the Division and of the APA.
 - b. The Treasurer, with the concurrence of the Finance Committee, is authorized to reallocate unexpended funds from one category to another, provided only that the total expenses for the year are not exceeded.
 - c. Once a budget has been approved, disbursement of any amount for items not contained in the approved budget but for purposes consistent with the objectives of the Division may be authorized by a 2/3 vote of the Executive Committee, provided only that such expenditure will not require an increase in the approved dues assessment during the fiscal year in which it shall be made.
- D. The Treasurer is authorized to open bank accounts and sign checks on behalf of the Division and to direct the disbursement of funds. The President is also authorized to sign checks on behalf of the Division.
- E. All contracts and other financial documents, other than checks, necessary to undertake programs approved by the Council in accordance with these Bylaws shall be jointly executed by the President and/or Treasurer.
- F. In the event of the dissolution of the Division, all unencumbered funds in the Division treasury at that time will be turned over to the APA.

Article IX
Amendments

- A. These Bylaws shall be amended either by mail or verifiable electronic ballot. An amendment to these Bylaws may be proposed by a majority of the Council or by a petition of 3% or 25 members, whichever is greater, presented to the Council. The proposed amendments will be disseminated to the members via a method approved by the Council, with a voting period of 60 days. Unless amendment is urgent, all proposed amendments to these Bylaws must be submitted for a vote at the time of Division elections. An affirmative vote of a simple majority of votes cast shall be required to ratify the amendment which shall be effective immediately.

2006 Division 56 Annual Report

This Division Annual Report form has been developed to help the Committee on Division and APA Relations (CODAPAR) identify new division projects and initiatives and monitor division activities for compliance with the American Psychological Association's bylaws, policies and rules.

2006 Annual Report

Division Name: Division of Trauma Psychology
Division #: 56
Date: Completed: February 1, 2007
Completed by: Kathleen Kendall-Tackett
Division Office: Secretary
Phone Number: 603-428-8215
E-mail Address: kkendallt@aol.com

Total Members (all types):	989
Total Members:	814
Fellows:	34*
Student Affiliates:	64
Professional Affiliates:	24
Associates:	4
International Affiliates:	0

*All members listed as Fellows in 2006 are Fellows in other divisions. They have been approved as Division 56 Fellows and will be recognized at the 2007 meeting.

Divisions Filing Separately
N/A

2006 Membership

Year-end APA membership figures will be provided by the membership office. If the division offers membership to non-APA members for whom the division maintains records, please provide figures below:

Your division must have a copy of its 2005 IRS *Form 990* and IRS *Form 990-T (if applicable)* on file with the American Psychological Association. If the return has not yet been

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filed, please send a copy to APA Central Office as soon as possible.

STATUS: N/A

CODAPAR strongly supports and encourages new programs and initiatives led by the division. We would like to showcase and share your activities with the other divisions and invite you to list these Special Projects below:

- Division 56 collaborated on the 2006 International Conference on Violence, Abuse and Trauma, San Diego, CA, and we will collaborate on the 2007 International Conference, as well.
- Division 56 was involved with other divisions that applied for and received three CODAPAR grants. These are listed below.
 1. Interdivisional Grant Project submitted with Divisions 9, 18, 27, 37, 45 and 56 entitled, “*Community Psychology Task Force on Disaster, Community Readiness and Recovery.*” It was funded in the amount of \$1,735.00. Participants: Judie Alpert, PhD, Anne Culp, PhD, Irene Frieze, PhD, Kathy Harowski, PhD, Frederick Leong, PhD, and Carolyn Swift, PhD
 2. Interdivisional Grant Project submitted by Divisions 35 and 56 entitled, “*Website Development: Instructional Resources for Courses on Violence & Trauma.*” It was funded in the amount of \$1,500.00. Christine Courtois, PhD, Robert Geffner, PhD, and Jacqueline White, PhD
 3. A third grant was submitted by Divisions 19, 22, 38 and 40 entitled, “Psychological Care of Returning Military Service Members From Operation Enduring Freedom and Operation Iraqi Freedom.” This grant was approved, and Division 56 has been added by the applying divisions to host a symposium at the annual convention in August on this topic.

Four books are currently underway. They are also listed in the Publications Section of this report.

Courtois, C. A., & Ford, J. D. (under contract). (Eds.) *Complex traumatic stress disorders: An evidence-based clinician's guide.* New York: The Guilford Press.

Kendall-Tackett, K.A., & Flatt, J.H. (under contract). (Eds.) *Inflammation, Mental Health and Chronic Illness: The Surprising Link between Negative Mental States, Trauma, Immune Dysfunction and Chronic Disease.* Washington, DC: American Psychological Association.

Loring, M., Geffner, R., & Marsh, J. (under contract). *Pet abuse & family violence.* New York, NY: Haworth Press.

Rhoades, G.F., & Dass-Brailsford, P. (under contract). *Trauma treatment with ethnic minority and diverse populations.* Binghamton, NY: Haworth.

During the past year, our division has strived (i.e. membership recruitment, executive committee slates, programming) to address diversity/multicultural issues in the following ways:

Division 56 has had a diversity committee right from its inception. George Rhoades and Priscilla Dass-Brailsford, Co-Chairs of our Diversity and Multi-Cultural Concerns Committee, have been actively involved in keeping diversity issues before the Executive Committee and have two projects specifically related ethnic-minority issues (listed below).

Our Division Executive Committee also has several representatives who are ethnic minorities, gay or lesbian, or people with disabilities.

- Division Treasurer Melba Vasquez is a Latina. She has referred to the trauma of oppression/discrimination/marginalization/exclusion in her writings and has served on several APA governance groups. Currently, she is on the APA Board of Directors.
- Diversity Committee Co-Chair Priscilla Dass-Brailsford is a South African of Asian ancestry. She has just written a book on trauma from a multicultural perspective (*A Practical Approach to Trauma: Empowering interventions*); a journal article on racial identity development is in press with the *Journal of Transformative Education*. She was a member of the APA's Committee on Ethnic Minority Affairs for three years and chaired the committee last year. She consulted to APA's Multicultural Taskforce after Hurricane Katrina (and has two articles in APA's *Communiqué* and one in the *Monitor* on Hurricane Katrina). She has recently been appointed to the Committee on Women in Psychology.
- Web Master Laura Brown is a lesbian with an invisible disability. She has served on APA's Committee on Lesbian/Gay/and Bisexual Concerns and Committee on Women in Psychology. She has written on trauma and Lesbian/Gay/Bisexual issues.
- Division Secretary Kathleen Kendall-Tackett has a disability, and is a former member of the Committee on Disability Issues in Psychology. Her research focuses on the health effects of trauma, where she examines the link between traumatic events, chronic illness and other forms of disability. Her recent book, *The Handbook of Women, Stress and Trauma*, contained chapters on stress and trauma in the lives of women of color, women with disabilities and lesbian women. Women from each of these communities authored these chapters.
- Membership Committee Chair Sandra Mattar is a Lebanese-Venezuelan-American woman, who recently received her American citizenship. She identifies herself as a Latina/White immigrant woman, and grew up speaking four languages (French, Arabic, Spanish and English). Her whole career has been devoted to issues of multiculturalism and diversity. She has taught many classes on Cross-cultural Awareness, Diversity and Treatment

issues with immigrants, and started teaching a trauma class three years ago that has a multicultural emphasis. She is also a member of several Diversity Committees including the JFK University Graduate School of Professional Psychology's Diversity Committee and the Acalanes High School District Diversity Committee. She is also the Disaster Preparedness Chair of her child's elementary school.

- Education and Training Committee Chair Anne De-Prince is a lesbian and is a prolific trauma researcher.

Initiatives planned for the upcoming year in four key areas:

Diversity

Our Diversity Committee Co-Chairs, George Rhoades and Priscilla Dass-Brailsford, worked on two major projects this fall. First, they put together a symposium on trauma work with ethnic minority clients to present at the annual convention in August 2007. Second, they put out a call for chapter submissions for a book on trauma with diverse clients. This book will be published by Haworth Press, and can be used as a text book in universities and for the purpose of working with minorities in the area of trauma counseling (African-Americans, Native Americans, Latinos and Asians).

In addition, this committee also put together a trauma symposium for the 2007 APA Convention in San Francisco. The symposium will be co-sponsored by Divisions 42 and 56, and is entitled "The Many Faces of Trauma as Viewed from Private Practice." The panel presenters include Lenore Walker (couples 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), and George Rhoades on the Cross-Cultural Considerations in Trauma Therapy.

Students

We have an active Student Affairs Committee. They have recently appointed chairs of four subcommittees. These committees, their chairs and their goals are listed below.

- Website Student Affairs Sub-Committee – Vacant
Goal: To create and maintain website link to Div. 56 & APAGS and to collaborate with other subcommittees.
- Membership Student Affairs Sub-Committee – Jill West, Chair
Goal: To contact APA programs (undergrad and grad) to encourage student membership, manage existing database of student members, encourage subcommittee membership, participation, and track dues.
- Publications Student Affairs Sub-Committee – Patrick Meade, Chair
Goal: To collaborate with Newsletter Officer, recruit student submissions, conduct interviews with field specialists.
- Mentorship Student Affairs Sub-Committee – Brian Hall, Chair

Goal: To recruit mentors and mentees, establish searchable database, develop mentorship activities with experts in the field.

Early Career Psychologists

We are in the process of forming a committee to address this issue, and seeking an early career psychology for the Executive Council of the Division.

Mentoring

We are also in the process of forming a mentoring committee for the entire Division. And our Student Affairs Committee has already done so for student members (see above).

Election & Membership

Division Officers

President

Judith Alpert, PhD
2/15/2006-12/31/2007

President-Elect

Robert Geffner, PhD
2/15/2006-12/31/2007

Past-President

None

Secretary

Kathleen Kendall-Tackett, PhD
2/15/2006-12/31/2008

Treasurer

Melba Vasquez, PhD
2/15/2006-12/31/2007

Members-at-Large

Terence Keane, PhD
2/15/2006-12/31/2007

George Rhoades, PhD

2/15/2006-12/31/2009

Laura Barbanel, EdD

2/15/2006-12/31/2008

Council Representative(s)

Harriette Kaley, PhD
Observer (9/1/06-12/31/07)

Newsletter Editor

J. Christopher Collier, PsyD
2/15/2006-12/31/2007

Listserv Manager

Preetika Pandey Mukherjee, MS.
2/15/2006-12/31/2007

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Web Master

Laura Brown, PhD
2/15/2006–12/31/2007

Committees, Chapters, Sections

The following committees were formed in 2006. All appointments of chair are for one year and subject to reappointment per the discretion of the president. In 2007, each committee will determine specific goals this year and develop a plan to increase members' participation.

Awards

Laura Barbanel, EdD

Diversity and Multicultural Concerns

George F. Rhoades, Jr, PhD
Priscilla Dass-Brailsford, EdD

Education and Training

Anne de Prince, PhD

Fellows

Charles Figley, PhD

Finance

Melba Vasquez, PhD

International Concerns

Elizabeth Carll, PhD

Liaison

Joyanna Silburg, PhD

Membership

Sandra Mattar, PsyD

Nominations and Elections

Lenore Walker, PhD

Policy

Diane Elmore, PhD

Practice

Christine Courtois, PhD

Program

Steven N. Gold, PhD
Joan M. Cook, PhD

Publications

J. Christopher Collier, PsyD

Science

Jennifer Freyd, PhD

Special Interest Groups

Desnee Hall, PhD

Student Affairs

Emily Snow Jacobs, MA
Kathryn Dale, MA

Committee Missions and Activities

Name: Awards Committee, Laura Barbanel, EdD, Chair

Mission/Activities: The Awards Committee is responsible for the development and recommendation of awards by the Division, for the creation of awards criteria, and for the appointment of ad hoc committees to select recipients of awards. The Council approved four awards that we will offer: student dissertation, an award for science/practice collaboration, and two other awards that are open for now. The first awards will be given in 2007.

Name: Diversity and Multicultural Concerns Committee, George F. Rhoades, Jr., PhD, and Priscilla Dass-Brailsford, EdD, Co-Chairs

Mission/Activities: This Committee is responsible for representing issues of diversity and multicultural concerns to the Division. They have been active in editing a book on ethnic minority issues in trauma work, and have put together symposia for the 2007 APA Convention Program.

Name: Education and Training Committee, Anne de Prince, PhD, Chair

Mission/Activities: The Education and Training Committee of Division 56 is concerned with all aspects of education and training related to psychological trauma at undergraduate, graduate and post-graduate levels. The committee is guided by the belief that education and training at all levels of professional development are essential to the advancement of both research and practice in the traumatic stress field. Further, excellence in training and education requires thoughtful consideration and development of instructional methods and content as well as ongoing examination and discussion of teaching ethics. With help from Division 56 members, and as time permits, this committee monitors the state of education and training related to traumatic stress, identifies areas of need for development, and looks for ways to help provide informational resources to Division members. We look forward to collaborating with other Division 56 committees to foster the integration of ideas and perspectives that is necessary to education and training. We are available to respond to issues that are identified by the Executive Council, and to initiate special projects for which a task force would be recruited.

Name: Fellows Committee, Charles R. Figley, PhD, Chair

Mission/Activities: This Committee is responsible for soliciting and evaluating applications for Fellow status in the Division, and communicating those recommendations to the Membership Committee of the APA. The Fellows Committee recommended to the Division Executive Council that all current Fellows who are members become Fellows of our Division. In addition, this Committee has also received one new application for Fellow status.

Name: Finance Committee, Melba Vasquez, PhD, Chair, Terence Keane, PhD, member

Mission/Activities: The Division 56 Treasury was very conservative in its start up year, and is essentially solid financially. Processes and procedures to handle Division finances were set up through the APA Accounting Services. Income came primarily from membership dues, with convention reception contributions from Haworth Press and APA Public Interest Directorate. The decisions to have the APA Accounting Services process our finances and APA Division Administrative Services conduct our administrative functions have both been very productive and helpful. The Finance Committee is exploring potential fundraising processes and investments. The Bylaws state that the Finance Committee is chaired by the Treasurer, and consists of the Past-President, one Member-at-Large, and an additional person appointed by the President. The Finance Committee shall receive and make recommendations to the Executive Committee on all budgetary requests over \$100.00.

Name: International Committee, Elizabeth K. Carll, PhD, Chair

Mission/Activities: 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 everything from large scale and to individual events. The two hour symposium includes four international participants from Europe and one from Canada, in addition to two from the U. S. Because the Trauma Division is new and has limited program hours, I arranged to have the program co-sponsored with two larger Divisions (55 and 42) to insure the availability of the hours for the program. This will be of benefit to our Division as Division 56 can co-list, but not have the hours charged against the Division's limited hours. I will be in contact with the Division 56 program chair to help facilitate the co-listing and also provide the details of the program. Inviting international participants will help begin to foster networking and collaboration. It is fortunate that the international participants were able to attend at their own expense. The program will help highlight the international component of the Division to those attending the symposium as well as build bridges with the co-sponsoring Divisions.

Name: Liaison Committee, Joyanna Silberg, PhD, Chair

Mission/Activities: The Liaison Committee works to establish relationships with other organizations that have an interest in trauma or that want to incorporate a trauma-psychology perspective into their work. This Committee will establish formal relationships with other APA Divisions and groups such as the International Society for the Study of Traumatic Stress, the International Society for the Study of Trauma and Dissociation, etc.

Name: Membership Committee, Sandra Mattar, PsyD, Chair

Mission/Activities: This Committee is responsible for membership recruitment and retention, and to coordinate the membership list with the APA Office of Division Services. Membership applications have been received steadily since the APA conference in New Orleans. A new Membership brochure was printed out. It reflected the new Division 56 dues for 2007. The brochure was posted online at the Division's Web site. It will also be posted in the upcoming Trauma Newsletter. As of August 2006, APA Division Services took over the application process for Division 56 Membership. This Committee is currently in the process of sending out welcoming letters and membership brochures to those who expressed an interest in joining our Division through the APA's annual dues renewal process. Division 56 Membership renewal reminders were mailed out in October, 2006. Those members that have not renewed after this notice will get a new reminder in February, 2007.

Name: Nominations and Election Committee, Lenore Walker, PhD, Chair

Mission/Activities: This Committee is responsible for soliciting nominations for elected offices in the Division, conducting elections in coordination with the Elections Office of the American Psychological Association, and preparing proposed changes to the Division's by-laws for vote as needed. If there is no Past President available, the Executive Committee may select a person to Chair this Committee.

Name: Policy Committee, Diane Elmore, PhD

Mission/Activities: The Policy Committee was formed to make recommendations to the Division's Executive Council regarding policies that involve trauma. These include Congressional issues, Legislative actions, Federal Agency initiatives and priorities. Procedures for informing the Division membership regarding current policies and issues will be developed by this committee, as well as ways to influence and educate policy makers and others on relevant matters.

Name: Practice Committee, Christine Courtois, PhD, Chair

Mission/Activities: The Practice Committee of Division 56 is concerned with all aspects of the treating the effects of psychological trauma. With help from Division 56 members, and as time permits, the Practice Committee will monitor the state of the field, identify areas of need for training and research, funding and dissemination, and look for ways to help provide informational resources to Division members. They look forward to collaborating with the Science Committee and fostering cross-fertilization between science and practice perspectives. This Committee expects to recommend individuals to be put forward for fellow status, and to encourage practitioners to run for Division office. They are available to respond to issues that are identified by the Executive Council, and to initiate special projects for which a mandate is developed and a task force is appointed.

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

Mission/Activities: This Committee shall be responsible for soliciting, evaluating, and selecting scientific and professional contributions to be presented as part of the Division's annual meeting program, in coordination with the Board of Convention Affairs of the American Psychological Association. The Division received over 120 program submissions, almost exactly half of which were proposals for posters, with the rest consisting of proposals for papers, workshops and symposia. Division membership was extremely responsive to requests to help in the selection process, so that we were able to have each proposal assessed by three independent reviewers. At the time of this writing, Division 56 is planning to share a hospitality suite and collaborate on hospitality suite programming with Division 37 (Child, Youth and Family Services). The Division is also working on co-sponsored or co-listed substantive programming with Divisions 19 (Society for Military Psychology), 29 (Psychotherapy), 35 (Psychology of Women), 42 (Psychologists in Independent Practice), 48 (Peace Psychology), 51 (Psychological Study of Men and Masculinity) and 52 (International Psychology).

Name: Publications Committee, J. Christopher ("Topher") Collier, PsyD, Chair

Mission/Activities: This Committee is responsible for the preparation and publication of the Division's official publications, and for developing standards for the acceptance of printed materials for approval by the Council. The first issue of *Trauma Psychology* was released this summer and distributed at the 2006 APA Convention. A current edition is underway. The *Trauma Psychology* Newsletter is a tri-annual membership publication of the Division of Trauma Psychology, Division 56, of the American Psychological Association. The newsletter provides a forum for sharing news and advances in practice, policy, and research, as well as information about professional activities and opportunities, within the field of trauma psychology.

Name: Science Committee, Jennifer Freyd, PhD, Chair

Mission/Activities: The Science Committee is responsible for responding to requests related to science by the President or Executive Committee. These requests may involve the development of positions, standards, research, or conceptualization of issues for approval by the Council. The Committee may also identify issues of concern related to Science to the Executive Committee. The Science Committee is responsible for authoring and/or soliciting summary articles for the Division newsletter (and archived on the Division web site) that addresses such topics as 1) articulating the scope of psychological traumas (e.g. war, disaster, and intentional traumas such as child abuse and interpersonal violence); 2) highlighting our current state of knowledge regarding physical and mental health impact of trauma; 3) providing practical and conceptual guidelines regarding ethics in trauma

research, and 4) identifying the need for significantly increased and coordinated funding for research on the causes, consequences, mechanisms, prevention, and treatment of child abuse, interpersonal violence, and trauma. The Science Committee also took a leadership role in responding to a news story and working with APA spokesperson Rhea Faberman in summer 2006. More recently we have interacted with Desnee Hall regarding the content and leadership of Special Interest Groups of Division 56. In addition, member Terry Keane is preparing an article on behalf of the Science Committee for the next Division newsletter.

Name: Special Interest Groups Committee, Desnee Hall, PhD, Chair

Mission/Activities: The Special Interest Groups (SIGs) of Division 56 represent members' broad interests in the field of trauma psychology. They have been established to keep pace with the growing sophistication in the theory and practice of trauma psychology and with increased social, political, and environmental demands on those who provide trauma support. The objectives of the SIGs are as follows: To better define the emerging field of trauma psychology as it strives to meet the burgeoning demands of traumatic social, political, and environmental world events and on-going private and personal human violence and suffering. To keep the psychological community and the interested public informed about current research and clinical theory relevant to trauma. To establish guidelines and identify resources for clinicians in each specialized area of trauma. And to broaden and enhance scientific and public interest in the contributions of applied trauma psychology to coping with traumatic life events. This Committee will oversee and organize the activity of each SIG. Activities may include professional meetings, publications, electronic distribution, on-line seminars, etc., and will be determined by the committees and their constituencies.

Name: Student Affairs Committee, Emily Snow Jacobs, MA, and Kathryn Dale, MA, Co-Chairs

Mission/Activities: The Student Affairs Committee is responsible for coordinating activities with APAGS, and for developing programming for student members of the Division in coordination with the Council. This Committee has formed a Mentoring Committee, is establishing a Web site for students that links to the Division Web site, recruiting graduate and undergraduate student members, and soliciting and writing articles for *Trauma Psychology*.

Inter-organizational Linkages

Division 56 became the 11th member of the Divisions for Social Justice (DSJ). We also co-hosted a social hour at the APA convention with BAPPI and DSJ. We received two CODAPAR grants (see below) in collaboration with Divisions 9, 18, 27, 35, 37 and 45. We are co-hosting a hospitality suite with Division 37, and are also working on co-sponsored or co-listed substantive programming with Divisions 19 (Society for Military Psychology), 29 (Psychotherapy), 35 (Psychology of Women), 42 (Psychologists in Independent Practice), 48 (Peace Psychology), 51 (Psychological Study of Men and Masculinity) and 52 (International Psychology). Our Liaison Committee is actively working to establish links to other

multi-disciplinary trauma organizations outside of APA.

We collaborated on the 2006 International Conference on Violence, Abuse and Trauma, and will collaborate on the 2007 International Conference on Violence, Abuse and Trauma. Both will be held in San Diego, CA.

Division 56 applied for and received two CODAPAR grants. These are listed below.

- Interdivisional Grant Project submitted with Divisions 9, 18, 27, 37, 45 and 56 entitled, “*Community Psychology Task Force on Disaster, Community Readiness and Recovery*.” It was funded in the amount of \$1,735.00. Participants: Judie Alpert, PhD, Anne Culp, PhD, Irene Frieze, PhD, Kathy Harowski, PhD, Frederick Leong, PhD, and Carolyn Swift, PhD
- Interdivisional Grant Project submitted by Divisions 35 and 56 entitled, “*Website Development: Instructional Resources for Courses on Violence & Trauma*.” It was funded in the amount of \$1,500.00. Christine Courtois, PhD, Robert Geffner, PhD, and Jacqueline White, PhD

Publications

Division books currently under contract. A Division journal is under consideration.

Courtois, C. A., & Ford, J. D. (under contract). (Eds.) *Complex traumatic stress disorders: An evidence-based clinician's guide*. New York: The Guilford Press.

Kendall-Tackett, K.A., & Flatt, J.H. (under contract). (Eds.) *Inflammation, Mental Health and Chronic Illness: The Surprising Link between Negative Mental States, Trauma, Immune Dysfunction and Chronic Disease*. Washington, DC: American Psychological Association.

Loring, M., Geffner, R., & Marsh, J. (under contract). *Pet abuse & family violence*. New York, NY: Haworth Press.

Rhoades, G.F., & Dass-Brailsford, P. (under contract). *Trauma treatment with ethnic minority and diverse populations*. Binghamton, NY: Haworth.

Graduate Student Scholarships to Be Offered for Teaching the Psychology of Men Continuing Education Program at the APA San Francisco Convention

Teaching the Psychology of Men will be a Continuing Education Program during the APA Convention in San Francisco. Seven scholarships will be awarded to graduate students who want to attend the workshop free of charge. Issues related to the psychology of men and masculinity are increasingly identified as important areas in psychology including boy's and men's development across the life-span, issues of multiculturalism and sexual orientation, violence against women, homophobia, fathering, men's health and others. Therefore, the teaching of the psychology of men is central to psychology, yet one of the least developed areas in psychology.

The purpose of this introductory workshop will be to assist psychologists in developing course work on the psychology of men using the theoretical and empirical literature on men and masculinity. Participants will learn basic knowledge on how to create a psychology of men course or how to infuse this content into existing courses on gender or the psychology of women. Each presenter will share his or her syllabi, reading materials, class manuals, evaluation processes, and other resources. The workshop will discuss pedagogical processes such as traditional lecturing, psychoeducational techniques, group discussion approaches, use of video media, student assessment techniques, managing classroom problems, and the infusion of diversity and multiculturalism as critical content.

The goals of the workshop are to help psychologists: 1) Design a psychology of men course or incorporate the psychology of men into existing courses; 2) Locate syllabi, core concepts, readings, media, self assessments, and other resources to teach the psychology of men; 3) Utilize multiple teaching methods when teaching the psychology of men including psychoeducational and multicultural approaches; and 4) Enumerate the critical problems/dilemmas and solutions when teaching the psychology of men.

The teaching faculty of the workshop include: James M. O'Neil, PhD, University of Connecticut, Storrs, CT; Christopher Kilmartin, PhD, Mary Washington University, Fredericksburg, VA; Michael Addis, PhD, Clark University, Worcester, MA; Abigail Mansfield, MA, Clark University, Worcester, MA.

Information about the graduate student scholarships, how to apply, criteria for selection, and the deadline date can be obtained by emailing Jim O'Neil, Chair, Committee on Teaching the Psychology of Men, Division 51 of APA, at jimoneil1@aol.com.

Registration For APA Continuing Education Programs begins **May 1, 2007**. Call 1-800-374-2721, ext. 5991. Online Registration at apa.org/ce.



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PUBLICATION SCHEDULE AND SUBMISSION DEADLINES:

<i>Authors' Submission Deadline</i>	<i>Issue</i>	<i>Publication Date</i>
December 15	Winter	February
March 15	Spring/Summer	May
September 15	Fall	November

ACCURACY OF CONTENT AND COPY INFORMATION

In an effort to minimize the publication of erroneous information, each chair of a committee/advisory section is responsible for getting correct facts to us on anything related to their committee. The Newsletter Editors and the Division's Web Master will only accept materials coming from those chairs. Anything else will be sent back to the chair in question for fact checking. Authors of independent articles and submissions are responsible for their own fact checking and will not be the responsibility of the Editorial Staff.

DIVISION 56 LOGO INFORMATION

Requests for permission to use the Division Logo and information should be obtained from the Editor, Topher Collier (DrTopherCollier@aol.com). Credit for logo design should be given to Janet Perr (www.janetperr.com) whenever the Division logo is used.

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