

# TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

## NEWSLETTER

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### Presidential Voice

#### Looking Ahead

Steven N. Gold, PhD

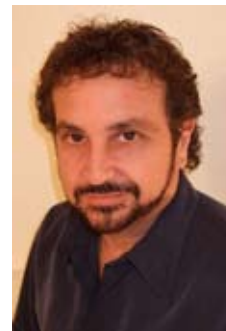
#### How Far We Have Come

In the last issue of the Division 56 Newsletter Bob Geffner wrote in this column on the “State of the Division.” One cannot help but marvel at how far the Division Trauma Psychology has come in under two years as a full division. This newsletter, edited from its inception by J. Christopher “Topher” Collier, has been widely recognized as exemplary. Our division web site ([www.apatraumadivision.org](http://www.apatraumadivision.org)), under the direction of Laura Brown, is similarly seen as outstanding. We have already established an acknowledged track record of extremely high quality programming at the APA Annual Convention. And Division 56 is about to launch its own APA journal, *Psychological Trauma, Theory, Research, Practice and Policy (PT:TRPP)*; [www.apa.org/journals/tra/](http://www.apa.org/journals/tra/)), the first issue of which will appear in early 2009. (The APA Publications office already compiled a sample issue of the journal that was distributed at the August 2008 APA Annual Convention.) Of all the achievements of Division 56, probably the most impressive is that although we are the most recently established of all the APA divisions, the size of our membership is above the median of all divisions and growing.

#### How We Arrived Here

How was all of this accomplished in such a brief period of time? Our first division president, Judie Alpert, and her immediate successor, Bob Geffner, were instrumental in shepherding the process by which the founding of the Division was approved by APA. Under Judie's leadership we rapidly established

the major elements of Division 56's infrastructure, policies, and standard operating procedures. Bob built upon that foundation by creating task forces on *Trauma and the Military and their Families*, *Coercive Interrogations and Torture*, and *Interpersonal Violence*. The latter task force is currently following up on the APA Interpersonal Violence



Steven N. Gold, PhD

Summit, chaired by Bob and Division 35 president Jackie White, which took place in winter 2008 and is scheduled to be held again in winter 2010. As an outgrowth of the Summit, Bob and Jackie are organizing a think tank to develop a plan for fostering the recognition of interpersonal violence prevention as a national priority.

In addition to the dedicated leadership of Judie and Bob, there are two crucial factors to which the rapid

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# Call for Division 56 Awards Nominations

*Lisa Butler, PhD*

The Division of Trauma Psychology would like to encourage members to submit nominations for the following Division 56 awards (previous winners are listed on the Division's website: [www.apatraumadivision.org](http://www.apatraumadivision.org)). Nominations require a nominating letter justifying the candidate's suitability, a copy of the nominee's curriculum vitae, and in the case of the dissertation award, a copy of the dissertation abstract and a manuscript derived from the dissertation. (Dissertations should have been defended in the past year: May 2008–May 2009.) Self-nominations are also accepted.



*Lisa Butler, PhD*

## **Award for Outstanding Contributions to Practice in Trauma Psychology**

This award recognizes distinguished contributions to psychological practice. It may be given for the development of a highly effective intervention, for contributions to practice theory, or for a sustained body of work in the field of trauma psychology practice.

## **Award for Outstanding Contributions to the Science of Trauma Psychology**

This award recognizes distinguished contributions to scientific research. It may be given in recognition of a particular discovery or for a sustained body of research and scholarship.

## **Award for Outstanding Service to the Field of Trauma Psychology**

This award recognizes sustained contributions of leadership in the field of trauma psychology.

## **Award for Outstanding Dissertation in the Field of Trauma Psychology**

This award recognizes the most outstanding dissertation defended in the prior academic year on a topic in the field of trauma psychology. Quantitative, qualitative, and theoretical dissertations are all welcome.

## **Award for Lifetime Achievement in the Field of Trauma Psychology**

This award recognizes a senior distinguished psychologist who has made outstanding contributions to science, practice, advocacy, and/or education/training over the course of his/her career. These contributions would be at such a level that they have advanced the field of trauma psychology.

Deadline for nominations: **May 15, 2009**

Please submit nomination materials electronically to [peter.barach@gmail.com](mailto:peter.barach@gmail.com).

The 2009 Division 56 awards will be presented at the APA Annual Conference in Toronto in August. This year's committee consists of Lisa Butler, PhD (Chair); Peter Barach, PhD; Constance Dalenberg, PhD; and Kathleen Kendall-Tackett, PhD.

Manuscripts for *TPN* were reviewed by members of the Editorial Board. We thank them for this important service.



# Trauma and Healing in the Adoption Triad

Lori Kinkler, BA, Jordan Downing, MA, and Abbie Goldberg, PhD

Department of Psychology  
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For all members of the adoption triad—birth parents, adopted individuals, and adoptive parents—adoption may be the most notable aspect of their life histories. Given the emotional impact of adoption and the potential trauma experienced by all members of the adoption triad, it is no wonder that common conceptualizations of adoption have often interpreted the significance of adoption into two dichotomous extremes. On the one hand, researchers and society at-large may tend to overemphasize the role that adoption plays in an individual's life, focusing on the challenges that adopted individuals in particular experience across the life cycle. On the other hand, people may underestimate both the central impact that adoption may have on individual identity development and the psychological distress that may result from stressors related to adoption (Bonovitz, 2004). Importantly, research has revealed that adoption is a complex process that differentially impacts the lives of birth parents, adoptive individuals and parents. Although adoption often brings joy to the lives of many, it may also induce powerful feelings of trauma and loss. However, when such feelings are accepted and communicated, and when an open supportive relationship exists between adoption triad members, healing may occur (Warshaw, 2006). Knowledge of this process may be vital to individuals of the adoption triad, and may assist in ensuring proper support from friends, family, and mental health and legal professionals.



Lori Kinkler, BA

## Trauma and the birthmother

Research on the experiences of birth parents, often referred to as the “invisible members” of the adoption triad, is limited (Wiley & Baden, 2005). Birthparents are often stigmatized for being “unfit parents” and they continue to be the most understudied and underserved members of the adoption triad (Freudlich, 2002; Reitz & Watson, 1992; & Zamostny, O'Brien, Baden, & Wiley, 2003). Yet birth parents experience a range of reactions to relinquishing a child for adoption, which are deserving of study. The decision to relinquish may be the most difficult decision a birth parent will ever have to make (Winkler, Brown, van Keppel, & Blanchard, 1988). In turn, mothers who have decided to place their child for adoption often go through a difficult process of acceptance which may carry feelings of shame, loneliness, fear, and denial. Specific stages in the adoption process may be more stressful than other stages. For instance, in one study of retrospective accounts of the relinquishment process, 55% of birth mothers cited signing

the adoption papers as the most difficult step of the process (Cushman, Kalmuss, & Namerow, 1993). Birth mothers often expect that time will heal their feelings of grief; however, in a meta-analysis examining long-term post relinquishment in birthmothers, all studies reported persistent feelings of unresolved grief and trauma among birth mothers (Carr, 2000; DeSimone, 1996; Deykin, Campbell, & Patti, 1984; Namerow, Kalmuss, & Cushman 1997; Rynearson, 1982; Wiley & Baden, 2005; Winkler & van Keppel, 1984). Birth mothers found it very difficult to “set aside” the experience of relinquishing a child, despite the expectation and desire to do so. Psychologists often attribute these persistent feelings of sadness and loss to the “psychological presence” of the relinquished child. That is, birth mothers often feel that they revisit the memory of their relinquished child, also referred to as a “ghost baby,” at unexpected moments throughout their lives (Fravel, McRoy, & Grotevant, 2000; Lifton 2007).

## Trauma and the adopted individual

Compared to other members of the adoption triad, adopted individuals may experience the most long-term and formative effects of adoption. Children are often adopted at a young age, and feelings of loss caused by the adoption may affect an adopted individual in different ways and at different stages of her life (Lifton, 2007). These feelings of loss may be less pronounced for children adopted at infancy. Nickman (1985) explains adoptive children's experiences in terms of *overt losses* and *covert losses*. An adopted individuals' overt loss is that of their earliest attachment relationships. Their covert



Jordan Downing, MA

losses may express themselves at later stages in development and involve the knowledge of having been relinquished by their birthparents, the lack of knowledge of biological lineage, and the lack of self-esteem felt when identified as different. Knowledge of these losses and the strain in incorporating past or unknown parental objects with present ones can affect personality development and identity formation (Brodzinsky, Smith, & Brodzinsky, 1998; Nickman, 1985). In turn, an adopted individuals' feelings of loss may be magnified in several ways. School assignments such as the “family tree” may be insensitive to an adoptive child's circumstances and may contribute to low self-esteem. Additionally, if children are unable to express these feelings of loss (e.g., because of a desire to protect the feelings of the adoptive parents), they may experience symptoms of depression and anxiety that persist into adulthood (Warshaw, 2006). Often adopted individuals feel guilt over their unhappiness, especially when adoptive parents do not show an understanding that “adoptees can love their adoptive parents and not love being adopted” (Lifton, 2007, pg 420). Indeed, some adoptive individuals suppress their desire to search for birthparents due to feelings of guilt; for example, they fear that their interests in connecting with their birth parents may be viewed as a rejection of their adoptive parents. Further,

some children do experience intrapersonal conflicts of loyalty between their birth mothers and their adoptive parents (Lifton, 2007; Waterman, 2001).

### Trauma and the adoptive parent

The loss and trauma experienced by adoptive parents is sometimes overlooked since the experience of adopting a child is generally thought to be a joyous occasion. Although many adoptive parents' familial wishes are fulfilled through the process of adoption, and adoptive parents often create and maintain happy and healthy families, adoptive parents often experience unique feelings of trauma and loss related to their pre-adoptive struggles to have children as well as to the difficulties that may arise during the transition to adoptive parenthood. Many adoptive parents choose to adopt as a result of infertility, which is associated with stress, decreased self-efficacy, and negative perceptions of marital communication (Abbey, Andrews, & Halman, 1992). Coming to terms with infertility and transitioning to the decision to adopt can be an experience marked by loss and grief. This grief, if unresolved, can negatively affect the attachment patterns between parents and their adoptive children (Bonovitz, 2004; Fraiberg, Adelson, and Shapiro, 1975). Adoptive parents who are grieving the loss of a biological child sometimes develop unconscious fantasies concerning their adopted child, and may incorrectly assign a "projective identification" of their desired biological child that the adoptive child cannot fulfill (Bonovitz, 2004; Waterman, 2001). Warshaw (2006) points out that even those who do not adopt because of infertility may have experienced loss prior to adoption that could affect attachment to their adoptive child. For example, parents' wish to adopt may be prompted by the death of a biological child, or lack of fulfillment in one's life or marriage. Regardless of one's reason for adopting, the adoption process can be financially and emotionally straining. For example, waiting to be placed with a child, and the uncertainty of a potential placement, can cause emotional strain and tension. Adoptive parents who are placed with older children may encounter unique challenges with regard to attachment, since older children are more likely to have been exposed to early adverse circumstances (such as neglect or abuse), placing the child at an increased risk for adjustment and attachment difficulties (Brodzinsky, Smith, & Brodzinsky, 1998). Additionally, as adoptive children grow into adolescence and adulthood, adoptive parents may feel emotionally pained by a child's need to learn more about their biological parents, and may need therapeutic support to realize that the adoptive child's interest does not imply a rejection of adoptive parents. Indeed, it is natural for children to desire partial identification with their birth parents (Shapiro & Shapiro, 2006).



*Abbie Goldberg, PhD*

recent years there has been an increase in open adoption arrangements, which entail an open or mediated (e.g., through the adoption agency) line of communication between all three members of the adoption triad. These open arrangements may have positive implications for members of the adoption triad. For example, there is evidence that birth mothers in particular may experience more positive long-term outcomes as a result of having open adoptions. Longitudinal studies have assessed birth mothers up to 12 years after relinquishment and found that those who maintained an open adoption arrangement showed better resolution of grief, significantly lower levels of worry and slightly higher levels of relief (Christian et al., 1997; Cushman, Kalmuss, & Namerow, 1997). At the same time, despite more positive long-term outcomes, the initial experience of relinquishing their parental rights may still be experienced as difficult, and birth mothers entering open adoption arrangements may struggle in the pre-adoption phase with feeling dependent on the adoptive parents for support and reassurance (Wiley and Baden, 2005). They may also experience conflicts related to contact post-adoption; for instance, birth mothers may expect more contact than adoptive parents are comfortable with giving. Conversely, birth mothers may actually want less contact with adoptive parents because of the uncomfortable feelings that may arise when continued contact is maintained.

Individuals who have been adopted can also experience healing. Indeed, even children who experience early attachment losses (such as children who are adopted through foster care at an older age) can establish long-term, stable attachment relationships once they are adopted into permanent homes (Johnson, 2002). And, attachment losses are minimized for individuals who were adopted at a very young age. In general, the permanence of adoption and the possibility of empathic care have the capacity to promote positive developmental and emotional outcomes in all adoptive children. Indeed, the problems faced by the vast majority of adopted individuals are far outweighed by the benefits they gain from belonging to a permanent family. Johnson (2002), for example, reviewed research to date on the effect of adoption on child development, and found that adoptive homes provided most children (including children raised in institutions, children born to drug-addicted birth mothers, and developmentally normal children adopted in infancy) with an environment that fostered normative development and a successful transition to adulthood. Open adoption arrangements were found to be particularly important in promoting the development of adopted individuals (Johnson, 2002).

Adoptive parents can help adoptive children create a stronger sense of self based on trust that their parents' care and love is permanent (Shapiro & Shapiro, 2006). Additionally, adoptive parents should work to accept their own potential feelings of loss and use those experiences to grow closer to their adoptive children. Adoptive parents' acknowledgement of their grief allows the child to mourn and, in turn, allows the child to "adopt" her adoptive parents (Bonovitz, 2004; Kernberg, 1985). Normalizing the experiences of nonbiological parents may help to facilitate empowerment and the creation of loving attachments (Waterman, 2001).

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### Healing

Although all three members of the adoption triad experience loss and strain during the adoption process, adoption can also be a positive and healing experience. In

# Trauma and Healing...

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Silverstein and Kaplan (1988) identify seven core issues in adoption that impact and shape all members of the adoption triad. They are loss, rejection, guilt and shame, grief, identity, intimacy, and mastery/control. The fact that all triad members are working through the same issues should be acknowledged by triad members as well as the family, friends, mental health and legal professionals who serve them. Indeed, adoption can be a joyous event that works in the best interest of all involved, but ignorance about or downplaying of the loss involved in adoption may hinder healthy outcomes. Triad members who are aware of and open about these feelings within themselves, and who are able to express these feelings to others, may initiate a supportive and healing dialogue that can begin to bridge the loss. In line with the idea of open dialogue and shared loss, open adoption arrangements may be particularly useful in the healing process for all triad members.

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## Spring/Summer 2009 Issue



Topher Collier, PsyD

The *Trauma Psychology Newsletter* is accepting articles for the Spring/Summer 2009 issue. The deadline for submissions is **April 15, 2009**. Suggested article length is 1,500 words, submitted in MS Word or Wordperfect formats. Submit articles for consideration to Topher Collier, Newsletter Editor, at [DrTopherCollier@aol.com](mailto:DrTopherCollier@aol.com). Please also include a brief author bio and photograph (jpg or tiff formats only).



# Adoption Traumas

Flora Hogman, PhD

Fears of abandonment, a sense of helplessness, not feeling safe, doubting a sense of being lovable are all frequent themes in adoptees' narratives. In this article, accounts of three patients will illustrate: (1) how such traumatic experiences were adoption-related; and (2) the efforts that patients exercised to help develop a sense of cohesion in the self.

- A five-year-old boy suddenly became a terror in his classroom. His adoptive mother was pregnant; he thought now he would be sent away.
- A young woman adopted as an infant complained endlessly in her sessions that she was not "chosen"; her adoptive family had gotten her from an agency.
- Another adopted patient had a recurring dream, which illustrated his sense of state in the world: A crow deposited him as a baby in the middle of a tall grass field. The bird flew away. Far away at the end of the field there was a lighted house. The baby was lying immobile, in the middle of the field, alone.

How quickly an event could trigger an adoption-related terror was clear in the five-year-old boy whose sudden classroom acting out had alerted the school something was wrong. The boy drew and told me the story of a "tree, getting bigger and then something else was going to die." He had asked his mother whether the baby in her tummy would be sent away; she said no, of course not. But Oscar had been told that he had been sent to his present family after he came out of someone else's tummy. How bad must he be since this baby was not being sent away! After we spoke, his mother emphatically reassured him that this was his family to stay with forever. The agitation completely stopped. He in fact became a leader in the classroom, full of energy, and adventurous. His fears of abandonment had been readily awakened but nipped in the bud, partly by his ability to express them, if indirectly, in his behavior.

The young woman presented as angry, depressed, passive and babyish; unfortunately there had been little discussion of her adoption during her childhood. It remained somewhat of a dark mystery about which she didn't feel she could ask questions. As a child she nurtured the fantasy of having been left in a box on a shelf till six months old. Susan had kept locked inside herself her sense of abandonment and rejection. I struggled with her for a long time about her victim stance in the world, as she sat across from me at the other end of the room. We discovered accidentally the symbolic importance of space when I decided to give her some projective tests. As we sat and talked at my round table, pretty much next to each other, she stated, "this is the right distance" (between her and me). The rest of the therapy was conducted at that table, at that same distance. She suddenly felt freer, more open to me, more emotionally connected to her dilemmas and eventually more empowered to deal with them. She decided to search for her biological mother. I encouraged her while warning her she might be very disappointed. And indeed she was, since the woman didn't want to have anything

to do with her. In the process of finding her roots Susan had worked through old feelings. She shed her fantasy about an ideal unknown parent. While at first, she was angry at her biological mother, now she felt sorry for her. She felt that she had found a way to know where she came from, and this gave her a sense of control. She did not have to feel helpless, in the dark. She knew what to mourn. She had a story. And she was also greatly relieved when, after finally telling her parents about the search, they turned out to be quite warm and supportive. She could then get closer to them. Interestingly, she then wanted to become a leader. She became an active organizer in her firm, something she used to despise.

The young man has had a torturous past and still has a difficult path. He was in an orphanage until age three. Adopted then by a couple already in disarray—the father left the family when Andrew was six. The mother remarried and divorced again. The only story he got from her about his biological parents was that the biological father had three children in the orphanage, and for reasons unclear, took two of them back. He left Andrew there because the man thought Andrew was not his child. Andrew's relationship to his adoptive mother was distant as she was herself having a hard time with her life. She never discussed or communicated with him even about problems in school. She rather "explained" his feelings to him. When I first saw him, he recalled little of his childhood, he was not aware of any unhappiness or thoughts about the adoption, even though he got into fights, killed a kitten and described other aggressive expressions of inner tension. These signs of distress somehow went unheeded by otherwise preoccupied adults.

Torn between wanting to be nurtured and wanting to be independent, struggling with a sense of isolation, but pride and fear of shame at showing his vulnerability, he presented a "shield," beyond which lurked a wish for intimacy but a fear of showing/experiencing emptiness and a feeling of being damaged. He oscillates between relationships and abruptly leaving them. He has had trouble defining himself in his different corporate jobs, feels stuck in his life, in his feeling of existence.

Our most productive work consisted in developing a more open, honest relationship with his mother (who lives in another country) through lengthy emails. His mother was eager for this opportunity to repair the relationship through demonstrations of affection and answering his questions, which we worked on together. Andrew cried as he read to me her letters, honest, regretful. He was getting more in touch with the lost child in him, and developing a sense of attachment to that mother, if conflicted. The father, more distant and passive, was less available for an emotional encounter even though Andrew had a definite attachment to him, but broken by the divorce. Andrew became more aware of his anger, of his needs, of his sense of abandonment and rejection, as we discussed his dream. He had difficulty believing that people could really care about him. In the middle of our work he dreamt of staring at a face split open.

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Andrew remained very uncertain of his identity. Was he better or worse than others? Should he be in charge of others or simply independent, ask for help, find a model, or not want or trust it? The whole conflict was repeated with me.

Andrew, tired of feeling “boxed in”, wanting to “experience” himself, decided to travel around the world. He is partly thus escaping, while partly finding a way to feel stronger, tackling arduous tasks such as climbing mountains.

About the baby in the fields, he says now (emailed) “It could represent myself, wanting to belong, yet refusing to belong to anyone or thing.” He did mention not knowing where his search will lead him in the end. About traveling alone, he says “It’s a bit of a conflict but there is no point crying over spilt milk. It’s the way I am. Only in hindsight do I some times wonder whether I will miss what I am leaving behind. This seems truer the older I get. (I need) time to feel the emotional aspects of my travels.” He has expressed a newly found need to be productive.

Adoptees traumas derive 1) from not knowing where they come from, knowing though they have been rejected, insecure therefore in their ‘adopted’ status and 2) from having missed a secure early natural bonding experience. Patient, therapist, the surroundings (family especially) can combine to creatively look for a path to help adoptees in their struggle towards self-cohesion. This struggle involves finding ways to deal with the story of the adoption as each adoptee experiences it, attend to his/her vulnerabilities and

ameliorate bonding. Emotional development might otherwise be stunted. For the three patients presented, the fact of the adoption, their understanding of it, to varying degrees created a sense of precariousness, fear of abandonment, feeling unlovable which impacted the establishment of a safe, solid sense of belonging, connectedness. Abandonment fear was nipped in the bud in the example of the child; abandonment and rejection schemas were resolved with the young woman after arduous therapy work partly by finding the right sense of closeness with the therapist and then seeking her roots. In other cases the adoptee may be involved in a life long struggle for separateness, sense of control versus bonding, dealing with issues of attachment and identity, as A’s example of multiple early abandonment experiences showed. As in all traumas, the struggle itself can contribute some sense of mastery and at times of identity, one that may have to include, and attempt to compensate for, fractures in the feelings of connectedness, attachment.

NB the names are fictitious to protect the person’s identity.

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## Adoption Stress

*Virginia Robles, PhD*

When the path to parenthood is fraught with uncertainty, loss and a dependence on external sources for success, the likelihood of stress and traumatic reactions increases.

This is most often the case when pre-adoptive parents make a life-affirming decision to parent through adoption, only to face a long wait, challenges posed by adoption agencies, changes in international adoption laws and management of birthparent relationships. Adoption may thus become a daunting and uncharted undertaking, experienced as traumatic stress that may manifest in feelings, thoughts, actions and reactions that undermine healthy coping. Adoption research has not integrated the often difficult pre-adoptive experience of parents and as a result, our psychological understanding of this process is limited. There is also a degree of mystification and continued stigma about how children become available for adoption and why birthparents give their children away. In light of society’s increasing acceptance of adoption and growing numbers of families adopting domestically and internationally, exploration of the psychological process for adoptive parents serves an important and timely undertaking.



*Virginia Robles, PhD*

This article will describe the challenges and psychological reactions of adoptive parents journeying through adoption. The literature on stress and coping will be discussed, parallels will be drawn between adoption and infertility, of which there is a growing body of literature, and examples from my clinical work will be provided.

### Adoption Culture

The adoption culture is centered on meeting the needs of the child and the preferences of birthparents. Trends in the domestic adoption field have moved the locus of control away from adoption agencies to adoptive parents and, in recent years, to birthparents. Closed adoptions, when children were shielded from knowing their biological roots, are being replaced by semi-open and open arrangements in which varying degrees of contact and disclosure occur between birthparents and adoptive parents.

A discussion of factors distinguishing international adoption follows. Typically, birthparents do not meet adoptive parents in an international adoption. High risk adoptions pose concerns about the child’s health, particularly in adoptions of children with special needs and institutionalized children. Concerns about medical and



socio-emotional problems resulting from institutionalized care and substandard living conditions are realistic stressors for parents adopting internationally. International travel requirements and the possibility of a country suspending the adoption process create additional insecurity in the lives of adoptive parents.

In an attempt to keep prospective birthparents engaged, adoption agencies and prospective adoptive parents walk a slippery slope in how and what questions are asked of birthparents. As a result, adoptive parents may find themselves without help in seeking answers necessary to determine their level of comfort and risk. An additional stress in domestic adoptions is that the birthmother often has the right to choose the adoptive parents and to change her mind along the way, while the adoptive parents take on significant financial responsibility and emotional risk with no guarantee of success. The power differentials in that relationship alone are emotionally complex indeed and, especially when coupled with the agency relationship, may lead to feelings of helplessness, dependence and anger in the adoptive parent.

In my experience, adoptive parents often receive minimal guidance in sifting through the myriad issues that arise. A sense of isolation, confusion, mistrust, fear and anger can emerge as a result. It is essential that individuals pursuing adoption seek practical guidance and emotional support as this help is not forthcoming from adoption agencies and attorneys whose commitment is typically to birthparents and to getting the adoption finalized. I have regrettably found in my clinical experience that adoptive parents often encounter the grueling and competitive nature of adoption providers who court ambivalent birthparents and present the situation to adoptive parents as being more promising and stable than it is; or of international adoption agencies who promise a child that ultimately is not available for placement or who is placed before the adoptive family is cleared to travel; or of birthparents who may not disclose important information.

A clinical example of this problem comes from an adoptive couple who were Fed-Exed documents from their agency which needed to be signed and returned with a large down payment within 48 hours in order to secure the referral. In this packet, the medical documentation provided by the birthmother was left blank. It took several phone calls to the worker, who assumed the birthmother probably had no significant medical or psychiatric history, and a final call to her supervisor to clarify the issue. The worker's response was one of surprise that the adoptive parents were "making an issue" of the missing information, and the supervisor eventually initiated a call to the birthmother when the adoptive parents refused to proceed without further clarification and threatened to bring the matter to the agency director. Throughout the adoption process, the prospective parents were made to feel as if they were making excessive demands on an already burdened birthmother and agency when, after all, they were lucky to be given an infant. As a postscript, the adoptive parents learned after their child's birth, that the social worker had not confirmed the birthmother's Medicaid coverage for fear of losing her involvement, and the adoptive parents were required to pay

additional hospital expenses.

A gay person adopting is subject to greater scrutiny and fewer adoption options, creating greater stress. This fact is striking, especially when considering the over 500,000 children in the foster care system nationwide waiting to be adopted (Ruggieri, 2008). In the state of Florida, gay individuals have been banned from adopting children, yet are permitted to be foster parents; other states as well forbid adoption by same-sex couples who live together and also deny the right of the partner of a gay adoptive parent to adopt their partner's child. Adopting internationally is also more difficult for single heterosexual and gay individuals, and for gay couples.

For many, the process of adoption may feel dominated by a market value approach that places a high demand on healthy, young children relative to the large number of loving and financially stable families desiring to adopt. Feelings of competition and inadequacy arise when prospective adopters are required to prove their worth as parents, including providing housing and financial information, asking friends and relatives to write letters of recommendation, being fingerprinted to undergo child abuse clearance, writing essays, and submitting pictures of themselves and their homes. These requirements, although necessary in adoption to safeguard the interest of the child, do not exist for biological parents. Extensive acceptance criteria and concerns about the worthiness of their profile may lead individuals to the subjective experience that it is not sufficient to be a "good enough" parent or couple (Rosenberg, 1992). Additionally, the birthfather's identity receives limited attention in domestic adoptions, sometimes in a deliberate effort to remove a potential deterrent to the adoption. Adoptive parents may feel torn between wanting to ensure his agreement to the adoption, and avoiding the possibility of losing the child if he does not consent. For all of these reasons, the adoption process may be an isolating and emotionally threatening process for adoptive parents that warrants increased psychosocial support for optimal coping (Johnston, 1992).

### **Losses Associated with Adoption**

The experience of loss differentiates the family configured through adoption (Klaus, 2006). In the adoption triad, the birthparent experiences the stress of an unwanted pregnancy and seeks adoption due to an inability to parent; the adoptive parents may be facing childlessness and the loss of procreative ability, and the adopted child faces separation from biological ties. Moreover, the child in foster care or an institution comes to adoption after suffering disrupted attachments, and possible neglect, malnourishment and abuse.

The losses associated with adoption are several. Some of these are similar to those experienced by infertile couples: loss of control, loss of individual genetic continuity, loss of a jointly conceived child, loss of the physical and emotional aspects of pregnancy. Adoption specialist Anne Malave (2005) utilizes the metaphor of a "bridge" to help couples move more easily through the psychological issues of infertility and adoption.

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# Adoption Stress

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An understanding of the personal meaning of parenthood and the meaning of loss for the adoptive parent are important for contextualizing clinical treatment. It is important to note that the adoptive couple is in the midst of a shared life crisis. Coping of the individuals and of the couple as a system are important factors in mediating adjustment. If coping styles are not complementary or at odds and preclude effective communication or a supportive stance, then disharmony and conflict result in the couple. The setbacks and repeated losses inherent in the preadoptive experience multiply to create an exponentially traumatic experience.

## Stress and Adjustment

Large numbers of individuals and couples arrive at adoption after undergoing infertility treatment. Advances in reproductive technology have propelled us into an age of unexpected possibilities. These advances have made parenthood possible for individuals previously thought unable to parent biologically due to medical or genetic issues, advanced age, or sexual preference, to name a few. However, when this medical technology fails to result in a “live birth” (the term used by the reproductive medical community), the decision to either continue or end fertility treatments needs to be made. Clinical experience shows that couples who work towards resolving their pregnancy losses and relinquishing the dream of having their own biological child, cope better when pursuing adoption or deciding to lead a child-free life. Therapeutic work towards these efforts have included focused individual, couples and group work. Self-help approaches have included the use of rituals to mark and integrate the losses incurred through infertility treatments (Kohn et al, 1992).

A stress and coping model for understanding the stress that children and adoptive parents experience during the adoption process was offered by Brodzinsky (1993). He applied the stress and coping approach developed by Lazarus and his colleagues (1985) in which stimulus and response factors, coping style and defense mechanisms, and the social context are integrated in understanding coping factors. Notably, Brodzinsky’s framework focuses on the child’s experience of adoption and briefly describes adoptive parents’ adjustment and parenting role as impacting on a child’s adaptive capacities.

## Adoption Expectancy Period

Correlations have been made between the waiting period before a child is placed for adoption and the pregnancy period. The transition to mothering has been researched by Mercer (2004), and expanded to include adoptive mothers as a special mothering population. Mercer delineated the following stages in the preadoptive period that relate to the pregnancy period: commitment, attachment and preparation. Notably, the preparation stage is impacted by the uncertain nature of the adoption process which makes planning and expectation difficult. The lack of the physical and time-limited context of pregnancy complicates

the transition and adaptation to motherhood. Some of the challenges associated with adoptive motherhood include: acceptance of infertility, stress in preparing for adoptive parenting, limited support systems, fear of expressing negative feelings about the child (perhaps also about the birthparent), cultural differences from the child, difficulties with adoption agencies, and fears of the reappearance of biological parents (Sherwen et al., 1984).

In the preadoptive period, adoptive mothers reported: anticipation, fantasies, seeking support, investing, claiming, waiting and bonding. They described feelings of uncertainty, rejection, competition, isolation, judgment, apprehension, helplessness, risk taking, fear, fulfillment, hope, joy, and love. Waiting an undetermined amount of time, knowing one’s (promised) child is out in the world and not with them, is a particular stress of women pursuing international adoption (Fontenot, 2007). Research specific to international adoption further indicates that waiting is marked by: taking control, creating a family, anticipating, celebrating the pictures, honoring the child’s origins, investing personally and bonding (Solchancy, 1998).

Expectable levels of stress during the adoption waiting period are fueled by the variety of challenges outlined previously and can lead to anxiety and depressive symptomatology. Coping with the emotional undercurrents of adopting is difficult when the individual is in a state of vigilance and on the alert for promising or disappointing phone calls from the agency, attorney or birthparent that can come in at any time. This heightened state of arousal is normative in the adoption waiting period, but can take the form of a more exaggerated stress response due to the cumulative stressors inherent in this process. When an individual has a history of anxiety and depression, or prior trauma, adaptive coping is at risk (Watson, 2005). The emotional highs and lows which can define the adoption process may themselves become traumatizing. Although clinicians working in the area of adoption recognize the stresses of adopting, research on this subject is lacking and in need of attention.

## Resources for patients:

- The National Council on Adoption ([www.adoptioncouncil.org](http://www.adoptioncouncil.org))
- RESOLVE ([www.resolve.org](http://www.resolve.org))
- American Academy of Adoption Attorneys ([www.adoptionattorneys.org](http://www.adoptionattorneys.org))
- Adoptive Parents Committee ([www.adoptiveparents.org](http://www.adoptiveparents.org))

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## Call for Papers for Special Issue on Diversity and Trauma in Psychological Trauma: Theory, Research, Practice and Policy

**P**ychological Trauma: Theory, Research, Practice and Policy, the APA Division 56 peer-reviewed journal invites submission of empirical papers and scholarly reviews (including quantitative reviews) that focus on research pertaining to the overlap between diversity, trauma exposure, and post-traumatic outcomes, for consideration in a Special Issue on Diversity and Trauma, to be edited by Nnamdi Pole and Elisa Triffleman, in line with the journal's continuing commitment to publishing work in this area. This Special Issue seeks in part to bring attention to, and address the continuing relative paucity of, scientific literature exploring the impact and implications of various diversities in relation to trauma and post-traumatic outcomes, and seeks to provide a stimulus for further work in this area as well as to inform current clinical practices.

The term “diversity” is here used to indicate diversity related to race, culture, ethnicity, sexual orientation, gender identity, and/or socioeconomic status. In so saying, we recognize that each of these groupings in turn encompass highly heterogeneous sub-populations. Stress reactions resulting from different types of trauma (e.g., natural disasters, terrorism, group-specific traumatic stressors, sexual abuse, community violence, medical trauma/injury) will be considered. A broad range of potential post-traumatic outcomes will be considered, including but not limited to outcomes such as PTSD, depression, substance abuse, eating disorders, changes in cognitive frameworks, and alterations in spirituality, as well as papers concerning potentially positive outcomes. A broad range of approaches to this area are welcome, including health services research, studies using psychophysiological and other laboratory-based methods, longitudinal surveys, treatment outcome studies, epidemiological papers, and pharmacotherapy and psychotherapy randomized controlled trials or “real-world” efficacy trials. Papers concerning the impact of group-specific policies (e.g. bans on same-sex marriage) or which provide salient legal analysis will also be considered. Papers may be about any age or developmental-stage group, including children, adolescents and older adults.

It is essential that papers focus and comment on the specific nature of the populations under study, and how studies in these populations might (or might not) reveal findings which vary

from those occurring in majority or mixed populations. Examples could include, but are not limited to studies of ethnic differences; studies of populations under-represented in the literature (such as Latinos, Hawaiians and other Pacific Islanders, Native Americans, or transgendered individuals), differences occurring within groups, such as comparisons of lesbian and heterosexual African Americans, or the contribution of socioeconomic status to post-traumatic outcomes. Studies seeking to identify or examine underlying explanatory or contributory cultural or other constructs, such as extent of cultural self-identification, are very welcome.

Preference will be given to papers that provide clear articulation of the conceptual or theoretical basis for the variables that are selected for evaluation in the research. Papers should also directly discuss areas of research need and important “next steps” that will help guide future research, prevention, and/or treatment efforts, and implications of findings for clinicians and policy-makers.

Manuscripts must be consistent with APA's usual submission guidelines, as noted on webpage <http://www.apa.org/journals/authors/all-instructions.html>, as well as those specific to Psychological Trauma, available at <http://www.apa.org/journals/tra/submission.html>. Papers that do not follow the guidelines may be returned without review. Papers should be no more than 25–30 pages in length, inclusive of tables, references and figures.

Submit papers electronically through the Manuscript Submission Portal, [http://www.jbo.com/jbo3/submissions/dsp\\_jbo.cfm?journal\\_code=tra](http://www.jbo.com/jbo3/submissions/dsp_jbo.cfm?journal_code=tra), and request consideration for the Special Issue in the cover letter.

To be eligible for inclusion in the Special Section, papers must be submitted by **March 1, 2009**. Early submissions are encouraged but not required. Papers that do not meet the deadline will be considered as “regular” submissions to this journal.

Questions may be directed to Elisa Triffleman at [elisatriffleman@earthlink.net](mailto:elisatriffleman@earthlink.net).



# The Learning Center for Child and Adolescent Trauma

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The National Child Traumatic Stress Network (NCTSN), as part of its mission to raise the standard of care and increase access to services for traumatized children and their families across the United States, is pleased to announce the launch of the new NCTSN Learning Center for Child and Adolescent Trauma. The NCTSN Learning Center (<http://learn.nctsn.org>). The NCTSN Learning Center provides an on-line course management system providing access to live and archived presentations by some of the foremost

researchers and clinicians in the field of childhood trauma, information about current advances in the field, and discussion boards that encourage dialogue on issues related to child and adolescent trauma. The NCTSN Learning Center is composed of three learning community sections. The first section, "Continuing Education," provides professional development through speaker series presentations. The second section, "Learning Collaborative," is an on-line community for participants or graduates of NCTSN-sponsored training programs. The third section, "Special Topics," looks to feature finished products, established interest groups, and shared resources.

The Learning Center was launched on October 1, 2008 and as its first achievement, is hosting a new speaker series on Terrorism, Disaster, and Children. This speaker series offers a live presentation each month discussing a new topic related to the impact of terrorism or natural or man-made disasters on children and evidence-based treatment approaches. Drs. Robert Pynoos and Betty Pfefferbaum opened this series with a presentation on October 15, 2008, detailing the current efforts to modernize child disaster mental health. This was followed in November by Drs. Howard and Joy Osofsky who described their work with children impacted by Hurricanes Katrina and Rita. Drs. Judith Cohen and Michael Scheeringa provide evidence-based treatment recommendations for children following disasters in their December 2008, presentation. Future presentations in this series will include topics such as community and personal resilience, response and recovery efforts after school shootings, impact of culture, impact of a long-term treatment program for children after 9/11, and the role of the media. As this is an on-going series, viewers still have the opportunity to watch future presentations live and can pose questions to the speakers. Go to the NCTSN Learning Center for a schedule of upcoming presentations.

Besides hosting live presentations, the Learning Center also serves as a clearinghouse for information by archiving previous presentations, including a Complex Trauma series featuring Drs. Bessel van der Kolk, John Briere, Joseph Spinazzola, and Cheryl Lanktree, among others. Topics include neurobiology, assessment, and innovative approaches to the

treatment of complex trauma with children. The interaction of cultural influences and traumatic experiences are discussed in the Culture and Trauma speaker series. Presentations in this series address issues such as spirituality; gay, lesbian, bisexual, and transgender (GLBT) issues; immigrants and refugees; race and urban poverty; and culturally-sensitive treatment. Finally, the Master Speakers series provides a foundation for understanding the impact of trauma on children. Among the presentations of this series, Dr. Alicia Lieberman discusses the developmental impact of trauma, Dr. David Pelcovitz provides treatment strategies for working with adolescents, and Dr. Frank Putnam describes the biological impact of trauma on children.

The next speaker series, "Creating Trauma-Informed Child-Serving Systems," will launch in January 2009. This speaker series will focus on describing and advocating for creating trauma-informed child-serving systems. Presenters will include Dr. Marleen Wong describing the impact of community violence on children in the school system, Dr. Joy Osofsky discussing the creation of a trauma-informed program for young children in the juvenile court system, and Charles Wilson, MSSW, presenting on building a trauma-informed child welfare system while highlighting the NCTSN Child Welfare Trauma Training Toolkit. Other service systems that will be highlighted in the series are health care, mental health, and faith based organizations.

All presentations are free, open to the public, and are approximately 1 hour and 30 minutes in length. Each presentation includes a post-session discussion board available to participants to encourage professional dialogue regarding the issue addressed during the presentation. In addition, viewers may qualify for 1.5 Continuing Education (CE) credits, which are approved by the American Psychological Association and the National Association of Social Workers.

Along with continuing education opportunities the NCTSN Learning Center contains a "Special Topics" section which aims to connect mental health professionals, students, researchers, and others interested in the field of child trauma to the various free resources that are available through the NCTSN. Each resource page functions as an online classroom where participants are not only able to explore the resource, but hear how others in the field are using the resource, what others think of it, and keep up to date on activities or trainings associated with the resource. The "Special Topics" section was launched in November 2008, with the *Trauma-Informed Interventions: Clinical Research Evidence and Culture-Specific Information Project* page that has quickly become a valuable tool for its rapidly growing number of participants.

All that is required to access the NCTSN Learning Center is a simple registration where the individual creates a username and password. Simply visit <http://learn.nctsn.org> and click on "create a new account." Any questions regarding the Learning Center can be directed to [help@nctsn.org](mailto:help@nctsn.org).



*Carly Dierkhising, MA*

# My Post-Katrina Mission in New Orleans: How to Thrive as a Disaster Psychologist

Charles R. Figley, PhD

## Abstract

This essay is about life right now in New Orleans and the plans underway to make it whole from the perspective of trauma psychology. The article has six sections: The Move to New Orleans and Tulane University; The Current State of the Big Easy; the special issue of *Traumatology*, “Katrina and New Orleans: Identification and Applications of Lessons Learned by the Tulane University Community”; The Impaired Practitioners of New Orleans project; the Post-Katrina Oral History; and Prospectus for the City’s Future. In this final section the author suggest the important role of trauma psychologists and focusing on community development.



Kathleen Regan Figley, DMin, and Charles R. Figley, PhD

## The City and Tulane

### *The Storm and Its Wake*

Forty minutes after midnight, Sunday, August 28, 2005 in New Orleans, Hurricane Katrina reached Category 4 intensity with 145 mph winds. At 7:40 a.m., seven hours later, Hurricane Katrina was declared a Category 5 storm, with maximum sustained winds of 175 mph (280 km/h), gusts up to 215 mph (344 km/h) and a central pressure of 902 mbar. By 8am water was seen rising on both sides of the Industrial Canal in New Orleans and a flash flood warning was issued minutes later by the National Weather Service and advised people to move to higher ground immediately. By then it was too late.

By 9 a.m. there was 6–8 feet of water in the Lower Ninth Ward of New Orleans. At 10:40 a.m., the National Weather Service issued a bulletin predicting “devastating” damage (National Weather Service, 2005). By the time it reached Louisiana’s shore (near Buras-Triumph) and in the costal parishes of St. Bernard and St. Tammany the storm intensity had lowered to a Category 3 and swept across southern Louisiana and New Orleans. By 11 a.m. there was approximately 10 feet of water in St. Bernard parish. By 2pm New Orleans officials confirmed a breach in the 17<sup>th</sup> Street Canal levee and two others. This pattern of levee breaching and flooding most of New Orleans continued and the water remained for weeks. This accounts for most of the damage in the City, including Tulane University’s uptown campus and its health sciences complex downtown.

## Coming to NOLA and Tulane

The time to move from Tallahassee was right. Being willing to move was something my wife, Kathy Regan Figley, and I had discussed on and off for months. Our youngest daughter, Laura, had graduated from Florida State University (FSU) and was thriving in an AMERICORPS assignment doing what she loved. With

one exception, my doctoral students had either graduated or were just beginning. FSU, where I had been a professor since 1989, and the entire state university system continued to be underfunded. Upon learning of my being available I was contacted by Tulane University’s faculty search committee chair to be the first occupant of the Paul Henry Kurzweg Chair in Disaster Mental Health. The purpose of the Chair is to enable Tulane University to provide leadership in the psychosocial and emotional recovery of New Orleans and the region following the 2005

destruction associated with Hurricane Katrina. It was less than a month between receiving the call and the offer early this year. The chemistry and fit were that good. Kathy and I immediately began the arduous task of preparing for the move. Thanks largely to her planning and energy, the move in June went quite well as has the post-move efforts.

## Gustav Evacuation

As I ended my second month at Tulane our City of New Orleans was poised to mark the 3<sup>rd</sup> anniversary of “the storm,” as it is called here (i.e., Hurricane Katrina), then came Hurricane Gustav. Kathy and I did not want to go and had never evacuated from our home, despite our more than 30 years of disaster work. I volunteered for the City of New Orleans at Union Passenger Terminal, the main point for citizens to get free transportation away from and returning to the City. There so many New Orleanians who volunteered to help their fellow citizens during this frightening time, they had to send half of them home. The reactions of the thousands of people being evacuated ranged from festive to being frightened and agitated. My sense was that if Gustav caused no damage, the evacuation served as a powerful treatment effect to help Katrina survivors process their memories and gain more confidence that if they evacuated they would not only return but that their home and neighborhood would be like they left it. Fortunately this was the case.

But like everyone else we were forced to evacuate and did so between early Sunday until the following

*continued on p. 14*

## My Post-Katrina Mission...

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Thursday. As we drove to Huntsville, Alabama along with tens of thousands of others along the roadway, I thought about my impressions of the City and the degree to which it has recovered since Katrina three years ago that day. With our two dogs and cats in various parts of our moderate-sized SUV we survived the mostly bumper-to-bumper trip to our temporary home at the Quality Inn not far from the Rocket Museum in Huntsville. We made the best of the few days we were forced to be away and grateful that Gustav mostly missed New Orleans.

### The Special Issue of *Traumatology*

After meeting with the faculty at Tulane and learning of their Post-Katrina experiences, the journal *Traumatology* decided to commission a special issue focusing on Tulane University community experiences. Although there was no guarantee of publishing them, more than several a dozen faculty and administrators were invited to submit essays to the Journal that addressed two questions: What happened to you (i.e., your family and home) prior to, during, immediately following, upon return to your home, and since then? Drawing from both your experiences and your area of expertise, what are the lessons, if any, from this catastrophe for you, your family, the community, and others like it?

Collectively, the special issue, "Katrina and New Orleans: Identification and Applications of Lessons Learned by the Tulane University Community," encompasses the stories and lessons from the catastrophe caused by Hurricane Katrina and the failure of the Federal levy system. As a result Tulane was closed down and its hometown of New Orleans was devastated. The essays represent, also, a scholarly tradition of oral history, a field of study and method of gathering, preserving and interpreting the voices and memories of people, communities, and participants in past events. According to the Oral History Association, Oral history is both the oldest type of historical inquiry, predating the written word, and one of the most modern in the utilization of various technologies. Like the journal's special issue by faculty at the Virginia Tech University in the wake of the April 16, 2007, shootings (Figley & Jones, 2007), perhaps a similar set of faculty essays would contribute to an emerging analysis of university community responses to disasters.

### The Impaired Practitioner Project

At three years Post-Katrina, practitioners and other working with the traumatized are feeling the emotional weight of their work, if they have not already. Dr. Doug Faust, New Orleans Children's Hospital's Psychology Department's Head and I have been working to do something about this. We are planning an annual conference that focuses on this topic in a way that identifies those who can serve as role models for the rest of us and not just among psychotherapists but also among

other care givers such as the clergy, law enforcement, National Guard, and other first responders and their families as especially those responsible for providing them care.

### Oral History Project

The Special Issue was such a success, a group of Tulane students and I have planned a multi-year project to interview more members of the Tulane community and select neighborhoods throughout New Orleans. The purpose of the Traumatology Institute's Oral History Project is to more thoroughly understand the experiences of those who survived "the storm" and their 3-year recovery experiences. Through multimedia, mixed method approach we intend to learn from the survivors what it was like to experience, survive, and talk about such an historic event.

The starting point of the Project will be talking to those Tulane University community members who contributed scholarly essays to the Traumatology journal special issue on the topic. These essays included the President of Tulane University and the Dean of the Graduate School of Social Work (Figley & Marks, 2008). Authors of similar essays (e.g., Fussell, 2006) will also be invited to participate. A snowball sample technique will be used to recruit subsequent interviewees.

The oral history approach, in the tradition of Studs Turkel, is recording, preserving and interpreting historical information that is based on the personal experiences of an interviewee who witnessed it first-hand. Utilizing established methodologies our team plans to answer the same fundamental questions addressed in the Traumatology Special Issue noted above.

We plan to use multimedia to record the sessions. These include making written notes, still photographs, high quality digital video, and an additional, digital audio recorder, and follow-up email exchanges. We expect that the interviews will take approximately 60 minutes but we will make an appointment with the interviewee for a 90-minute block. We plan to divide the interviews into sections of 5 interviews and re-evaluate our methods based on our assessment of the recordings.

The interviews will start at the end of 2008 and go through 2011. The web site will be established December 1, 2008. The detailed methodology will be established December 5, 2008, that includes a schedule of the first five interviews. All interviews will be completed in December 2010.

In terms of end products, we plan to donate most of the achievable materials to Tulane University. The first end product, however, will be an interactive web site, building upon one of our partners at Alive in Truth (AiT) (see <http://aliveintruth.org/>). Gradually we will work with AiT to transform the current site into one even more user-friendly that will explain the purpose, plans, and updates of the progress of the Project and to share what we are learning along the way. This will be useful as an introduction for those we hope to interview. Current plans are to utilize various, useful Internet devices to encourage a public connection include blogs, way of sharing the



materials (e.g., Yahoo! Buzz, Digg, Newsvine, Readdit, Facebook, Mixx it, RSS feeds, Nesgator, Netvibes, Pageflakes, Twitter, and other reader services).

We also intend to produce a series of documentaries that document the oral history of Post-Katrina recovery and resilience. The exact scope and descriptions of the individual documentaries will emerge over time. We intend to produce edited audio versions of each interview in the form of individual, weekly podcasts that will be available for downloading at the project web site. Finally, we intend to write an on-line book about our experiences and include a compendium of video clips of the interviews that illustrate the major conclusions.

### Conclusion

Several colleagues when discovering that I was moving to New Orleans and Tulane asked with a blank face: "Why!?" They said, in so many words, that it was either unsafe or had a long way to go to recovery. The response was simple: I jumped at the chance to accept the Kurzweg Chair because it is doing exactly what I am capable of doing best: Focusing my energy on a worthwhile project to help deserving people struggling with a traumatic event and learning a lot along the way.

New Orleans is the most vibrant, fun, and courageous city I have ever lived in. Yes, the French Quarter is fun; Up Town and the Garden District are beautiful. The food and music are world renowned. I love WWOZ 90.7 FM radio station, for example, a sentiment shared by many, since this station has been voted one of the top 5 radio stations in the country by the Rolling Stone magazine and Internet Radio Station of the Year by

*Esquire Magazine* this year alone. The latter noted in its April issue: "This listener-supported, volunteer-operated, Katrina-resilient miracle of FM radio plays funk, jazz, blues, roots, Latin, soul, zydeco." But there is nothing like the people of New Orleans: multi-cultural, thriving with new residents and old traditions, who love and are proud of this city.

The psychosocial rebuilding will take as long as repairing the physical structures and infrastructure. Kathy and I are getting used to pace and sounds of this vibrant city and feel blessed to be part of this rebuilding. Being residents provides extraordinary access and insight into how long it takes for a city and its many communities and cultures to acquire a "new normal." We plan to be right in the middle of the transformation and contribute as we can to make a positive difference.

### References

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- Fussell, E. (2006). Leaving New Orleans: Social stratification, networks, and hurricane evacuation. Retrieved September 8, 2008, from <http://understandingkatrina.ssrc.org/Fussell/>

*Currently Professor Figley is a member of the APA Council of Representatives elected by members of Division 56 and was present in February 2008 when the Division was officially recognized as a Division with APA.*

## Announcing the Division 56 Journal—Psychological Trauma: Theory, Research, Practice and Policy

Division 56 is pleased to announce the publication of its inaugural issue of its division journal, *Psychological Trauma: Theory, Research, Practice and Policy* (PT: TRPP). The issue is scheduled to be released in March 2009. As the subtitle of the journal implies, we welcome a wide range of types of submissions including empirical studies, conceptual articles, scholarly reviews, clinical pieces and writings on implications of trauma psychology for public policy. For more information about the journal, including a call for papers and instructions for electronic submission of manuscripts, please visit the PT: TRPP website at <http://www.apa.org/journals/tra/>. We welcome your manuscript submissions and hope you will encourage your colleagues to read and submit their manuscripts to this journal as well.



(L to R) PT: TRPP Associate Editor Christine A. Courtois, Editor Steven N. Gold, and Associate Editor Kathleen Kendall-Tackett at a reception launching the journal at the APA Publications exhibit area during the 2008 APA Annual Convention in Boston.

# Call For Proposals: APF Visionary and Weiss Grants

The American Psychological Foundation (APF) Visionary and Weiss grants seek to seed innovation through supporting research, education, and intervention projects and programs that use psychology to solve social problems in the following priority areas:

- Understanding and fostering the connection between mental and physical health to ensure well-being;
- Reducing stigma and prejudice to promote unity and harmony;
- Understanding and preventing violence to create a safer, more humane world; and
- Supporting programs that address the long-term psychological needs of individuals and communities in the aftermath of disaster.



*Innovative Research and Programs Grant* is also available for any program that falls within APF's priority areas.

## Deadline

March 15, 2009

## Eligibility

Applicants must be affiliated with 501(c)(3) nonprofit organizations. APF will NOT consider the following requests for grants to support:

- political or lobbying purposes
- entertainment or fundraising expenses
- anyone the Internal Revenue Service would regard as a disqualified group or individual
- localized direct service
- conference/workshop expenses

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

For more information and to access the grant application form, please visit <http://www.apa.org/apf/grantguide.html>. Please contact Emily Leary (eleary@apa.org; 202-336-5622) with questions.

## Amount (New in 2009)

One-year grants are available in amounts ranging from \$5,000 to \$20,000. Multi-year grants are no longer available. Additionally, a \$10,000 *Raymond A. and Rosalee G. Weiss*

# The 60<sup>th</sup> Anniversary of the Universal Declaration of Human Rights

*Elizabeth K. Carll, PhD*

December 10, 2008, marked the 60th Anniversary of the Universal Declaration of Human Rights (UDHR). The Declaration is the first international recognition that all people have fundamental rights and freedoms. The UDHR has been translated into 360 languages, making it the most translated document in the world.

"Drafted amid utter destruction and destitution following the Second World War, the Declaration reflects humanity's aspirations for a future of prosperity, dignity and peaceful coexistence" stated UN Secretary-General Ban Ki-moon. "... We can only honour the towering vision of that inspiring document when its principles are fully applied everywhere, for everyone."

The 30 principles contained in the UDHR are reflected in the Constitutions and laws of more than 90 countries. International structures such as the Office of the High Commissioner for Human Rights and the International Criminal Court were established to monitor, protect, and promote human rights.

Today's challenges are as overwhelming as those faced by the drafters of the UDHR. A global food emergency, poverty, financial crisis, political repression, civil wars, and the degradation of the environment contribute to increasing

global hardship, trauma, and suffering, particularly for the most vulnerable.

However, millions of people around the world are still unaware that they have rights and that their governments are accountable to them. In addition, many nations lack the political will to uphold their pledge to support the UDHR. Although considerable efforts have focused on the UDHR over the past 60 years, it remains essential to maintain the momentum.

As a result, in 2009 the International Year of Human Rights Learning will be launched to implement the principles of the UDHR. Parents, teachers, governments, public and private institutions, and other civil society groups will be encouraged to disseminate the principles of the Declaration, particularly to the next generation.

The exceptional accomplishments of furthering human rights would not be possible without the dedication of human rights activists. In recognition of outstanding achievements in the field of human rights, in 1968 the UN General Assembly established the United Nations Human Rights Prize.

The 2008 winners were Louise Arbour, the former High Commissioner for Human Rights who served as the Chief Prosecutor for the International Criminal Tribunals for the former Yugoslavia and Rwanda and who was responsible for the first ever indictment of a sitting head of state, the



*Elizabeth Carll, PhD*

then President of Yugoslavia, Slobodan Milosevic; Benazir Bhutto (posthumous), former Prime Minister of Pakistan, who was regarded as an ardent advocate for democracy and human rights and who was assassinated following a political rally; Ramsey Clark, a veteran human rights defender and former Attorney-General of the United States; Dr. Carolyn Gomes, Executive Director and co-founder of Jamaicans for Justice, the premier, innovative human rights advocacy group in Jamaica; Dr. Denis Mukwege co-founder and director of the General Referral Hospital of Panzi, in the Democratic Republic of Congo. The hospital continues to provide surgery for the many thousands of women who are victims of sexual violence, which is used as a weapon of war for the destruction of entire communities. Sister Dorothy Stang (posthumous), of the Sisters of Notre Dame de Namur, who was murdered in 2005 in Brazil and was a defender of the rights of the poor, indigenous populations of Anapu Brazil for nearly forty years; and the Human Rights Watch, an NGO which has documented human rights violations for the past 30 years and which played a major role in campaigns for the establishment of the International Criminal Court and the International Campaign to Ban Landmines.

In recognition of the important role that business and

corporations play in promoting globalization and human rights, the UN Global Compact was formed in 2000. The Global Compact is a strategic policy initiative to encourage businesses worldwide to adopt sustainable and socially responsible policies. The Compact is based on ten principles in the areas of human rights, environment, labor, and anti-corruption to be mainstreamed into business activities bringing together companies, UN agencies, labor groups and civil society.

The many facets needed to support the principals of the UDHR will require global cooperation. Hopefully, the next 60 years will serve to accomplish these visionary goals.

*Elizabeth Carll, PhD, is the chair of the International Committee of APA's Trauma Psychology Division, a past president of the Media Psychology Division and editor of the two volume book set Trauma Psychology: Issues in Violence, Disaster, Health, and Illness, published by Praeger. She is a United Nations representative for the International Society for Traumatic Stress Studies and the chair of the Media/ICT Working Group of the UN NGO Committee on Mental Health. For further information, she can be contacted at [ecarll@optonline.net](mailto:ecarll@optonline.net)*

## Living In Other People's Trauma: Observations of an Outsider in Israel

*Daniel Nead*

*PhD student in Clinical Psychology at Gallaudet University*

One of the things we forget when we're learning is the learning process itself. When I embarked on my excursion to Israel, I knew there was much for me to learn. I had little background knowledge about the country, its history or politics. I barely spoke the language and the culture itself was a mystery. Then there was also my research project: looking at the effects of trauma on the deaf population, which would entail not only learning yet another language but also an additional culture and community.

When setting off into the unknown it's always expected that new things will pop up and surprise you; elements of a situation or a people or a culture that you didn't know existed suddenly present themselves and you have something new to learn. In studying trauma, not just within the deaf population but within the greater Israeli population, I learned something even more: I learned how other people learn.

The history of Israel and the Jewish people is rife with trauma: hundreds of years of persecution culminating in the Holocaust which claimed the lives of approximately 6 million Jews, the violent founding of the State of Israel and the armed conflicts in the years that followed, the ensuing Palestinian uprisings, the ongoing threat from hostile countries as well as the daily rocket-fire from militants in the Gaza Strip.

With the continual aggression shown against it diplomatically, militarily and ideologically, how is it that the population is not overwhelmed with trauma-related disorders?

One of the criteria for PTSD and ASD is experiencing an event which is or appears to be greatly threatening to one's self or to others (American Psychiatric Association, 2000). So what happens when threatening events become more normalized? What happens if a culture incorporates trauma into its holidays and religion, and into its national consciousness? Does it blunt the effects of these threats?

When I came to Israel, I knew next to nothing about Judaism and nothing about Israeli culture. I had of course heard all the warnings given to me by well-meaning and concerned friends and family members before my departure from the States. And while the major news networks seem to have a love affair with showing exploded buses or rocket attacks or Israeli military incursions, I knew there had to be more to the country than just that. However, I knew that all those other things were also part of Israel, and should not be discounted.

My arrival was easy and relatively painless. I began learning: learning Hebrew and Israeli Sign Language, learning about Israel, learning which buses went downtown and when the grocery stores closed for Shabbat. I learned about the political situation in Israel and the history of the State (both of which changed depending on with whom I



*Daniel Nead*



## Living in Other People's Trauma

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talked). I learned what the holidays were and why, I learned about the balance between secular law and Jewish holy law and how the two were intertwined.

But my curiosity extended beyond the current situation. The more I learned about the history of the Jewish people and their need for a Jewish state, the more curious I became about this culture of trauma and its manifestations. The need for me to do active research on the subject, though, was minimal. The incorporation of trauma and the Jewish people's history of persecution are well-visible within Israeli and Jewish culture in a way that I have not experienced elsewhere.

One of the benefits and complaints I hear about being Jewish is the plethora of holidays that crowd the calendar. While I was familiar with some of these holidays due to a general knowledge of Judaism and to Christianity having similar celebrations, others are entirely unique to the Jewish faith or to Israel as a country.

What was interesting to me was the connection to trauma that so many of these holidays have. For instance, Tisha B'Av is a fasting holiday that commemorates the destruction of the first and second Jewish temples as well as other tragedies that befell the Jewish people (Ta'anit 4:6). Purim is a celebratory holiday that involves dressing up in costumes to commemorate the almost slaughter of the Jewish people by Haman, an advisor to the then Persian King, but which was averted by Queen Esther (Esther 1–10). Even holidays like Sukkot and Passover, which don't directly involve trauma, still have ties to the exile and persecution of the Jewish people and others (Leviticus 23:42–43; Deuteronomy 16:12; Exodus 11:1–12:36).

National holidays have similarly strong ties to this history of trauma. Memorial Day, as well as Holocaust Memorial Day, is celebrated with the closing of stores and the sounding of an air raid siren during which everyone comes to a stand-still; cars pull over, people stop in the middle of whatever they're doing, everyone stands at attention for two minutes and remembers the people who have died. This is not the American-style holiday with parades and "50% off!!" sales; this is a day purely of solemn remembrance and memorial.

Other non-religious and non-historical factors play a central role in Jewish-Israeli society as well. Military service is required of all Jewish-Israelis beginning at age 18; three years for males and two years for females. For many men this involves service in a combat unit and, given the usage of military force in the West Bank and Gaza, active military duties. I have friends who did their military service in Hebron (a flash-point of settler/Palestinian violence) or who assisted with Israel's withdrawal from the Gaza, and their experiences are by no means rarities.

There are even high school programs that allow the students to volunteer with Magen David Adom (the Israeli Red Cross) and assist paramedics and other professionals. While these under-18s are barred from responding to mass casualty incidents, they still regularly respond to car accidents and various other types of trauma which most

high-schoolers in other countries do not do. There are also programs for high school students to be involved in the Israeli Defence Force (IDF) before starting their required service. While the point isn't to purposely expose these students to trauma, there is also less shying away from it.

This isn't the only exposure to violence that the Israelis are receiving. There are the suicide bombings on public buses, in nightclubs, and in crowded public places. The continued rocket fire into Israeli towns such as Sderot and Ashkelon affects not only the population of those areas but is also featured prominently in the daily news media. These, combined with threats of violence from militant groups like Hamas and Hezbollah and nuclear threats from Iran, create an underlying feeling of peril of which one is constantly aware.

All this is on top of the fall-out from Israel's six armed conflicts, incidents like the killing of Israelis at the Munich Olympics in 1972, SCUD missile bombing during the Gulf War and the effects of intergenerational trauma from the Jews who came en masse to Israel during or following the Holocaust (Kellerman, 2001; Lev-Weisel, 2007). This Jewish trauma has become part of some people's identity, an inescapable part of their past and present as Jews and as people of Israel.

So what are the effects of this trauma, both historical and on-going? In Israel the rate of PTSD is approximately 6% for the Jewish population (Hobfoll et al., 2008). However, the trauma of immigration to Israel has proven stressful for multiple groups (e.g., Ritsner, 1996, 1997) and presents itself differently than traditional PTSD symptoms (Daie, 1994; Grisaru, 2003; Schreiber, 1995). In a country that has seen over 3 million immigrants in the past 90 years (Central Bureau of Statistics, 2007a) this is a sizeable number of people who may have trauma-related disorders but are yet undiagnosed.

The Israeli-Arab population rate of trauma is much higher, about three-times the rate of the Jewish Israeli community (Gelkopf, 2008; Hobfoll et al., 2008). I don't discuss the Israeli-Arab community in this article not to minimize their experiences, but simply because of my own lack of knowledge about this community and their experiences of trauma. Nonetheless, this population is still highly relevant to any discussion of trauma in Israel, as they compose approximately 20% of the Israeli population (Central Bureau of Statistics, 2007b).

The overall response I get in regards to the volatility here is usually the same: a shrug of the shoulders and "אין תושעל המ" (*ein mah lah-ah-soht*/"nothing to be done"). I think it's best summed up in the over-arching theme of Jewish holidays, as described to me by a friend: "they tried to kill us, we survived, let's eat". In other words: regardless of what happens, life goes on and we'll get used to it. Whether it's a faith in God that comforts them or simply the acceptance of the unpredictable nature of life here, it seems to be an effective strategy (Somer et al., 2005).

My learning about trauma in Israel, which I originally thought would be mostly academic, has turned out to be completely the opposite. By living here among Israelis and within the Jewish-Israeli culture, I've learned how people deal with trauma on a daily basis. These are obviously not

the same traumas as experienced by people in places such as Baghdad or Darfur. But the daily, mini-traumas of Israeli life are constant: walking onto a public bus, passing a restaurant which had been bombed, hearing a sudden loud noise outside. These I've learned to deal with in a very Israeli way, with "תושעל המ יא" and a quiet prayer.

*Daniel Nead is a PhD student in Clinical Psychology at Gallaudet University in Washington, DC, the world's only university in which all programs and services are specifically designed to accommodate deaf and hard-of-hearing students. He is a former Fulbright Scholar to Israel ('07-'08), and co-coordinator of the Division 56 SIG: Trauma in the Middle East. He is currently living in Israel and will return to the United States in summer 2009 to continue his studies.*

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## MINUTES Division 56 (Trauma Psychology) Council Meeting

THURSDAY, AUGUST 14, 2008, 5:00–10:00 p.m.

Division 56 Hospitality Suite  
Marriott Copley Square, Boston

**Executive Committee of the Council:** Bob Geffner, Judie Alpert, Steve Gold, Kathy Kendall-Tackett, Beth Rom-Rymer, George Rhoades, Terry Keane, Lisa Butler

**Council Members Present:** Bob Geffner, Judie Alpert, Steve Gold, Kathy Kendall-Tackett, Beth Rom-Rymer, Terry Keane, Lisa Butler, Patrick Meade, Charles Figley, Lisa Cromer, Topher Collier, Chris Courtois, Sandra Mattar, Elizabeth Carll, Laura Brown, Diane Elmore, Joan Cook, Richard Thompson, Desnee Hall, Sylvia Marotta

**Guests:** Casey Taft, VA; Annie Toro, APA Public Interest Directorate; Mary Campbell and Efua Andoh, APA Office for Children, Youth & Families

#### Welcome and Introduction, Bob Geffner

Bob welcomed the group to the Executive Council (EC) meeting and noted that we had a full agenda. Because our agenda was so full, Bob decided that we would not

have APA presidential candidates come to the EC meeting. He suggested instead that they write statements for the Newsletter describing what they would do, as APA president, with regard to trauma and trauma psychology. These articles would need to be submitted before the September 15<sup>th</sup> deadline in order for them to be published before the

election. Based on these statements, we might decide to endorse a candidate. In addition, having candidates write a statement would give them a chance to know us. Laura will forward the criteria that Division 35 uses to endorse candidates to the EC.

We currently have 1,203 members, which puts us above the median compared to other divisions in terms of members.

Bob asked that each committee chair send a list of members of their committees to him. He also asked that committees have an official meeting before the mid-winter

#### Ways Members Can Help Division 56

Laura raised the issue of apportionment ballots that give us seats on the APA Council of Representatives. Division 39 has seven seats on Council and this is due, largely, to their

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## Div. 56 Council Meeting

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telephone campaign to ask members to give the division their votes. A related issue is that of convention hours. Convention hours are based on the number of people who identify Division 56 as their main division when they register for the convention. We need to advertise the importance of these votes in both the Newsletter and on the Web site.

### Task Force on DSM V, Chris Courtois & Terry Keane

Terry and Chris reported that not much is occurring on the American Psychiatric Association's *DSM* Committee at the moment. They are trying to populate their various committees. Several other trauma organizations, including ISTSS and ISTSD, have become active around trauma issues raised by the *DSM* revision. Many members of Division 56 are also involved on various committees, so trauma will be well represented. Diane reported that American Psychological Association is also keeping abreast of what is happening with the *DSM* committees and has people involved in various committees. Chris recommended that our *DSM* committee needs to let the *DSM* leadership know what we need from them and what we would like to see with regard to trauma diagnoses. There may also be change coming from the World Health Organization that could impact the *DSM*. WHO is considering adding trauma as a diagnosis to the International Classification of Diseases (ICD). There are large potential implications of this (see below).

Judie mentioned an interesting article in the New Yorker on the history of the *DSM* (this article is available online at [www.newyorker.com](http://www.newyorker.com). The article title is "The Dictionary of Disorder.")

### Report from Council, Charles Figley

Charles reported that the Division journal, *Psychological Trauma*, was officially approved by Council on the Consent Agenda. He also indicated that APA has a new mission statement and Council has approved a \$9 dues increase.

APA has approved and funded a position to serve as representative to the World Health Organization. The ICD revision is scheduled to be released for comments by 2012. The addition of psychological trauma to the ICD could lead the field away from using the *DSM* as the prime source of diagnostic criteria for trauma.

Laura also added that Council passed a resolution on transgendered people's rights. There will be a competency added regarding working with that population. Laura will chair the women's caucus next year and will help EC members who want to be further involved with APA governance get appointed to boards and committees.

### International Committee, Elizabeth Carll

Elizabeth reported that the International Committee has developed an international list of psychological training programs in trauma, and is developing an international resource list. She said that it has been difficult to apply uniform inclusion criteria to these groups as they vary so much from country to country.

Bob suggested that she coordinate with George Rhoades and Anne DePrince, as they are also interested in trauma training programs.

Elizabeth also raised the issue of international speakers. She asked if an expedited review process might be possible for speakers from other countries since they require a long lead time to raise travel money and make necessary arrangements. Bob and several EC members were not comfortable with an exception being made for international speakers in the review process, but suggested that Elizabeth touch base with Richard as next year's program chair. In addition, we may be able to coordinate with other divisions to share expenses for international speakers.

### Fellows Committee, Charles Figley

Charles reported that there was no new news regarding fellows. We have two new fellows this year: Ricky Greenwald and Barbara Rothbaum. Laura suggested that we might be more proactive next year in terms of getting fellows. She suggested that we approach possible candidates and guide them through the process.

### Publications

#### *Division Journal, Steve Gold*

Our Division Journal is now official! Steve distributed a sample issue that APA assembled and printed. APA also printed flyers describing the journal, submission requirements, and editorial board, and feted the new journal with a reception at the convention. We are looking for people who are willing to serve as reviewers. Please forward any names to Steve. Steve also announced that we are looking for submissions as the first issue will be released March, 2009. We have a few submissions now, but need more. He encouraged the group to think about writing something for the journal. The Division will receive a minimum of \$3,000 income from the journal. As the journal becomes more established, this amount will likely increase.

There was some discussion about the addition of the journal as a benefit for Division 56 members. Our cost for the journal is \$20/year. We will pass this exact cost on to members.

**Motion:** Move that we increase our dues by \$20/year to cover the cost of the Journal for members. The dues for Division 56 will now be \$45/year. For dues-exempt members, the charge will be \$20/year to cover the Journal cost.

The motion was approved unanimously.

Bob suggested that we add to the membership brochure that the membership dues now include the Journal and electronic access to the previous three years of electronic journals. This increase is in addition to the \$9 increase in APA dues.

The issue of student members was also raised. Some feared that \$20/year may prove too costly for student members and post-doctoral fellows. Lisa, Terry, Bob and Patrick expressed concerns that we might lose student members with a rate increase. They suggested that we offer students the option of receiving vs. not receiving the journal.

**Motion:** Move that students have the option of not



receiving the Journal. Students who do not receive the Journal will pay only \$10/year in membership dues. With the Journal, students will pay \$30.

The motion was approved unanimously.

### *The Publication Committee*

Bob reported on the meeting with APA regarding the appointment of a Publications Committee. We need to develop a policy for how we will select the Journal Editor next time. Editors will be elected for a three-year renewable term and will be evaluated after two years. In two years, the Publications Committee will evaluate the current Editor and make a recommendation to the EC to continue with the current Editor or conduct a search for a new Editor. If the Publications Committee is satisfied with the work of the current Editor, they will recommend that his term be renewed. Generally speaking, the Editor is appointed for a six-year term. But he/she will be evaluated at three years to see if the Editor and Publications Committee are both satisfied.

**Motion:** Move that the Editor serve a six-year term with evaluation at the end of two years.

**Motion:** Move that the EC create a scientific Publications Committee to develop evaluation criteria for the Editor.

Both motions carried unanimously.

Discussion by the EC then moved on to the subject of composition of the Publications Committee. Our Publications Committee is currently chaired by Topher, as Newsletter Editor, with Steve and Laura also as members. Since Steve, Topher and Laura (as Web master) are all editors, there is now a conflict of interest. Steve, Topher and Laura can remain on the committee, but need to do so as *ex officio* members. There needs to be independent members of the Publications Committee. We need to amend the bylaws to create a new Publications Committee. This change will need to be approved by the members.

**Motion:** Move to change the bylaws to create a Publications Committee, with an independent chair, and three *ex officio* members that include the Journal Editor, Newsletter Editor, and Web master. This committee will set the selection criteria for editors, and the chair will be a member of the EC.

Motion passed unanimously.

### *Newsletter, Topher Collier*

The group congratulated Topher once again on the excellent Newsletter.

There was some group discussion on costs to produce the Newsletter. Some options were considered, such as limiting color to the first and last pages, or producing an electronic-only version. Laura indicated that when other divisions have produced electronic-only versions of their newsletters, readership dramatically dropped. She recommended that we not try this approach. Topher will look into alternatives for lowering costs of the Newsletter and send them out to the EC listserv.

Another option the group discussed was possibly

raising revenue from the Newsletter. One possibility is to approach other book publishers who are publishing trauma titles, such as Guilford, Sage or Springer.

The group also revisited the issue of business card ads. Bob thought we should try them for one issue, but Judie and others had some concerns about whether we should do this and asked that we discuss this further on the EC listserv.

Topher also asked the group to approve the appointment of two Associate Editors for the Newsletter: Ruth Blizard and Joe Glasso, effective immediately.

**Motion:** Move to approve Ruth Blizard and Joe Galasso as associate editors of the newsletter.

Motion passed.

Topher will serve as Newsletter Editor for one more year. He also asked the group to approve the editorial policy set in his report to the EC.

**Motion:** Move to approve the editorial policy.

Motion passed.

Elizabeth reported that the Newsletter has generated the following in advertising revenue, and that a goal for 2009 should be to acquire new advertising accounts.

2006-2007 = \$2950

2008\* = \$2000

Total = \$4950

\*2008 revenue includes collections to date and commitments through 2008.

Topher also appealed to EC members to remember to send him articles for the Newsletter. The deadlines are September 15, December 15, and April 15, 2009. He also suggested that we add the requirement of sending updates to the Newsletter as part of the job description for committee chairs.

At this point, Annie Toro, representing the Public Interest (PI) Directorate of APA, joined the meeting. She came to let the group know that trauma was a central issue to the PI Directorate, and that it has a focus within APA as never before. Diane also indicated that trauma is becoming an important issue within the whole organization.

### *Policy Committee, Diane Elmore*

Diane reported briefly on some of the policy initiatives going on at APA. She noted that there have been two trauma briefings on Capital Hill, and lots of other presentations and visits. Fifty psychologists went to an advocacy briefing on the Violence against Women Act (VAWA) and the Child Abuse Prevention and Treatment Act (CAPTA). This was the largest trauma group to go to Capital Hill, and there was a lot of interest. There is a special focus now on PTSD issues in military populations. May is Mental Health month, and there is a special focus on the mental health needs of veterans and their families. The policy office sponsored their largest ever briefing event, and there was standing room only. There is also interest in special populations of trauma survivors who are still falling through the cracks.

Diane encouraged Division 56 members to become

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## Div. 56 Council Meeting

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more involved in advocacy, and this invitation also includes students. They have advocacy training programs and a congressional fellowship.

Laura also indicated that we can do advocacy in our home states by visiting our representatives when they return home.

Desnee and Beth joined the meeting at this point.

### Office of Children, Youth and Families, Mary Campbell & Efua Andoh

Mary Campbell and Efua Andoh, from the Children, Youth and Families (CYF) Office, also joined the meeting. Mary informed the group that Council has recently adopted two CYF resolutions. She also reported on the current actions of the CYF Committee. There are currently two vacancies on the CYF Committee, but the application deadline was August 25. Anyone wanting to be added to the CYF email list can send an email to Mary (mcampbell@apa.org) and she will add your name.

Bob encouraged everyone to invite people to our reception on Friday night. All costs for the reception have been covered already. Laura also announced that 10% of proceeds from her new book will be donated to the Division.

### Special Interest Groups (SIG), Desnee Hall

Desnee reported that formation of new SIGs has slowed somewhat, but is still moving forward. There are three new SIGs ready to be approved. The group still thought the number of SIGs we have is amazing considering the short amount of time we've been a Division.

She proposes that we combine the Human Trafficking and Sexual Victimization groups into one SIG. If we do that, they have a large enough membership to qualify to be a SIG.

**Motion:** Move to approve combining the human trafficking and sexual victimization SIGs to form one group.

Motion approved.

Desnee also asked the group to approve two new SIGs: Trauma to Emergency Personnel, and Secondary & Vicarious Trauma.

There was some discussion about SIGs without a designated chair. These groups often have difficulty getting going. Bob said that we may need to consider a change to the Rules and Procedures that currently state that SIGs do not need a designated chair. The Rules & Procedures do state that SIGs need to meet at least every six months.

**Motion:** Move that we approve the two new SIGs, pending the Trauma in Military and Emergency Personnel SIG appointing a chair.

Motion approved.

### Treasurer's Report, Beth Rom-Rymer

Beth presented the 2008 budget and made a motion that this budget be accepted.

**Motion:** Move that the Executive Council accept the mid-year budget for 2008.

Beth reported that financially we are doing well. Our

net income to date is approximately \$20,000. Most of this is from membership. She reported that some budget items are a carryover from last year and that we need an accrual system to find out if people are spending their budgeted amounts. Beth also reported that we came in under budget on our hospitality suite, largely due to Joan and Richard's efforts.

Laura suggested that we look into non-dues income streams (but not from grants or conferences). She suggested that there be a committee under the Treasurer.

Bob asked for the 2009 Budget to be submitted by October 1.

In a discussion of upcoming or anticipated expenses, Laura indicated that Council has just voted to cover President-Elects' attendance at the CODAPAR meetings. That will save us \$500/year.

We need to approximate costs for Toronto so Beth can budget for them. We also have two upcoming mid-winter meetings in 2009 and 2010. We need to decide if we will fund travel for any officers, and what our goals are for the next few years. Terry reminded the group that we are setting the agenda for the next several years and we need to take more of a social-justice stand with our funds, rather than just funding people within the group.

Bob asked EC members to send estimated costs to Beth by September 15. Beth will send the budget to the EC by 10/15.

### Membership Committee, Sandra Mattar

Sandra reported that we currently have 1,203 members. There have been 80 resignations this year. Most of these have had to do with cost. Six resignations were based on the APA position on interrogations and torture.

Sandra reported that there were three new members for the Membership Committee. They will be meeting to brainstorm ideas for recruiting new members. Sandra also encouraged each EC member to recruit members, although overall, we are doing a very good job. Within APA Divisions, there were only six that either held firm in membership numbers or increased. We were among the six.

There was some discussion about forming regional chapters, and discussions from recruiting from other fields, including physicians and social workers.

### Program and Hospitality Suite, Joan Cook & Richard Thompson

The group recognized Joan and Richard for their excellent work on the program and hospitality suite.

For the 2009 conference, the group discussed increasing use of the suite, increasing suite programming, and having Division 56 listed separately on the list of hospitality suites (currently listed with Division 18). Dawn Hughes is program co-chair for next year.

Laura indicated that Division 35 put together a special listing of all sessions on Interpersonal Violence, including some of our programming. We could do something similar next year, highlighting all sessions on the convention program related to trauma.

### Awards Committee, Terry Keane

Terry announced this year's award winners. Awards will be presented at the Social Hour. They are as follows.

- **Scientific Contribution:** Paula Schnurr
- **Practice:** Laurie Pearlman & Kay Savaaknie
- **Service Award:** Sandra Warski
- **Dissertation Award:** Meredith Charney

The Awards Committee included Lisa Butler and Kathy Kendall-Tackett.

Terry moved to create a Lifetime Achievement Award.

**Motion:** Move to create a Lifetime Achievement Award.

Motion approved.

Laura indicated that we can also let APA presidents know if there is someone we would like to be honored.

Finally, there was some discussion of the Service Award. Was this for service to the field or service to the Division? The bylaws say "service to the field" and the Newsletter announcement seeking nominations said "service to the Division." This was an error. The group decided that "field" could include both service to the Division and service to the broader field.

### Practice Committee, Chris Courtois

Chris announced that she will be stepping down as Practice Committee chair as she is the new Associate Editor of the Division Journal. Bob and Steve will appoint a new person for this position. Potential nominees need to indicate why they are interested and what they would do as committee chair.

### Committee Vacancies

We are currently seeking chairs for the Liaison and Practice Committees, and some Task Forces. Jaine Darwin has resigned as chair of the Task Force on Trauma in Military and their Families. Casey Task will co-chair this Task Force, but we are still looking for a co-chair. Steve has some suggestions he will share with Bob. Harriette Kaley has resigned as our representative to the Divisions for Social Justice. Laura thought that there would be some advantage for the new representative to also be a member of Council.

### Task Force on Interpersonal Violence, Sylvia Marotta

Sylvia is the new chair of this Task Force and will represent Division 56 at the upcoming APA Think Tank on Interpersonal Violence. She is recruiting members for her Task Force.

There is also a Task Force forming on forensic issues. This will be an interdivisional task force, with Divisions 37, 41 and 43 expressing interest.

### Early Career Psychologist (ECP) Representative, Lisa Cromer

Lisa is our new ECP Representative. Lisa reported that we currently have 131 Division 56 members who are ECPs. She will invite them to participate join a separate listserv, and also poll them to see what their needs are. She would also like to have a mentoring program be part of the hospitality

suite program at the 2009 meeting.

One issue she will address is the dues structure for ECPs. She suggests following the APA dues structure and will link with the ECP program through APA.

### Interpersonal Violence Think Tank and Summit

There is a Think Tank on Interpersonal Violence, September 12-13, 2008. They are meeting to set up a three-five-year action plan and will work with 10 divisions, government officials, etc. Sylvia Marotta will officially represent Div 56 as Chair of the Interpersonal Violence Task Force.

The dates for the 2010 Summit are February 23-27, in Dallas. Division 56 will oversee the logistics of this meeting as our part of the arrangement, and Bob will continue to take a leadership role in it as our representative. We will work with Division 35, which will have fiscal responsibility for the conference. Bob will send information regarding budgetary items for the mid-winter meeting then to Beth for inclusion in the budget.

### Web Site, Laura Brown

Laura reported that she and Web designer have expanded the Web site, and added an awards-and-honors page. She reiterated that the primary purpose of the Web site is to recruit and retain members—not to function as a Division bulletin board. Laura will continue as Web master while Division president.

She reported that our site is getting hits from all over the world, and is attractive. Also, when someone types "psychology" and "trauma" into a search engine, our site is one of the first that comes up.

### CODAPAR Grants

The grant with Division 35 is almost complete. We have compiled a set of trauma curricula and syllabi. Our next step is to put this on the Web site. Bob will send this information to Laura. We also want to include this on the Web site for the Interpersonal Violence Summit.

Our Division has been involved in three CODAPAR grants so far.

### Report from the President Elect, Steve Gold

Steve reported on his plans for 2009. The organizing theme for his presidency is the issue of trauma education. Currently, there is no uniform trauma curriculum. Many experts in the field are self-taught, and some are using information that is out of date. Steve wants to expand awareness of trauma and increase trauma education. One possible way to do this is to put together a Division-sponsored text on trauma. This could be the first book in our trauma series. This could help trauma information be disseminated more widely than it currently is. We also want to establish some guidelines and norms for trauma work in forensic cases.

The meeting was adjourned at 10 p.m.

Respectfully submitted,  
*Kathy Kendall-Tackett*  
Secretary, Division 56

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## Div. 56 Council Meeting

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### Summary of Motions Passed

**Motion:** Move that we increase our dues by \$20/year to cover the cost of the Journal for members. The dues for Division 56 will now be \$45/year. For dues-exempt members, the charge will be \$20/year to cover the Journal cost.

**Motion:** Move that students have the option of not receiving the Journal. Students who do not receive the Journal will pay only \$10/year in membership dues. With the journal, students will pay \$30.

**Motion:** Move that the Editor serve a six-year term with evaluation at the end of two years.

**Motion:** Move that the EC create a scientific Publications Committee to develop evaluation criteria for the Editor.

**Motion:** Move to change the bylaws to create a Publications Committee, with an independent chair, and three *ex officio* members that include the Journal Editor, Newsletter Editor, and Web master. This Committee will set the selection criteria for editors, and the chair will be a member of the EC.

**Motion:** Move to approve Ruth Blizard and Joe Galasso as Associate Editors of the Newsletter.

**Motion:** Move to approve the editorial policy.

**Motion:** Move to approve combining the Human Trafficking and Sexual Victimization SIGs to form one group.

**Motion:** Move that we approve the two new SIGs, pending the Trauma in Military and Emergency Personnel SIG appointing a chair.

**Motion:** Move that the Executive Council accept the mid-year budget for 2008.

**Motion:** Move to create a Lifetime Achievement Award.

## Division 56 (Trauma Psychology) Business Meeting

**SATURDAY, AUGUST 16, 2008, 5:00–6:00 p.m.**  
**Dartmouth & Exeter Rooms**  
**Marriott Copley Square, Boston**

**Executive Committee of the Council:** Bob Geffner, Judie Alpert, Steve Gold, Kathy Kendall-Tackett, Beth Rom-Rymer, George Rhoades, Terry Keane, Lisa Butler

**Council Members Present:** Bob Geffner, Judie Alpert, Steve Gold, Kathy Kendall-Tackett, Beth Rom-Rymer, Lisa Butler, Charles Figley, Lisa Cromer, Topher Collier, Chris Courtois, Nnamdi Pole, Sandra Mattar, Diane Elmore, Joan Cook, Richard Thompson, Desnee Hall, Sylvia Marotta

### Introduction and Welcome, Bob Geffner

Bob opened the business meeting and welcomed attendees. He then informed the group that we now have an official Division Journal. He introduced Steve Gold as Journal Editor, and the two Associate Editors, Chris Courtois and Kathy Kendall-Tackett.

### Psychological Trauma, the Trauma Division Journal, Steve Gold

Steve, the Journal's Editor, described what has been accomplished in founding the journal to date. The Editor and Associate Editors have been appointed. The Editorial Board has been established, and Submission Guidelines drafted. APA has been very supportive so far and has produced a sample issue of the journal that was distributed at APA. APA also officially launched the Journal at APA with a wine-and-cheese reception.

The first issue of the Journal will be in print by March, 2009. With that in mind, Steve made two requests. The first is to submit articles to the journal. The second is to serve as a reviewer. Bob and Steve pointed out that we will have a journal up and running next year—our second year as an official Division. We should be proud of that accomplishment.

Bob reported on motions that had been approved at the Executive Council meeting on August 14.

**Motion:** Move that the Journal Editor serve a term of six years, with evaluation by the Publications Committee at the end of the second year.

There was also a motion passed during the Executive Council meeting that would allow creation of a Publications Committee. Since this involves a bylaw change, it will have to be approved by the membership. But attendees were informed of this motion and approved it.

**Motion: Bylaw change to create a Publications Committee.** Move to create a Publications Committee with an independent chair, who will be a member of the Executive Council. The Journal Editor, Newsletter Editor, and Web master will all serve on the Publications Committee as *ex officio* members. The Publications Committee will establish criteria for evaluation of the Journal Editor.

Because members will now get the Journal, the Executive Council approved a dues increase to cover the cost of the Journal. The Journal will be provided to members at our cost, so dues will increase \$20 next year.

**Motion:** Move that members receive the Division Journal starting in 2009, and that dues increase by \$20/year to cover the cost of the Journal.

Members will receive both hard copy of the Journal and electronic access to it. (There is no option for electronic access only.)

The issue of students being able to afford the increase in dues was raised at the EC meeting. The EC approved giving students the option of receiving the Journal or not.

**Motion:** Move that students be given the option of membership without receiving the Journal (\$10/year) or with the journal (\$30/year).

### Newsletter, Topher Collier

Topher reported that the Executive Council approved the appointment of Ruth Blizard and Joe Galasso as Associate Editors of the Newsletter.

**Motion:** Move to appoint Ruth Blizard and Joe Galasso as Associate Editors of the Newsletter.

Topher also reported that September 15 is the deadline for the next issue of the Newsletter for 2008. He would like to receive articles that could include summaries of helpful information, committee reports (even a couple of paragraphs long), and reports from Special Interest Groups or Task Forces. Desnee Hall, chair of the Special Interest Groups Committee, indicated that SIGs need to write at least a 200-word article per issue of the Newsletter to let the membership know what the SIGs are doing.

The EC also approved the 2008 Editorial Policy that was included in Topher's report.

**Motion:** Move to approve current editorial policy for the Newsletter.

### **Nominations Committee, Judie Alpert**

Judie reported the results of the 2008 election. The new Division officers are Laura Brown (President Elect), Harriette Kaley (Member-at-Large), and David Albright (Professional Affiliate Representative). Charles Figley is our new Council Representative.

For 2009, we will need candidates for the following EC Positions: President-Elect, Secretary, Member-at-Large, and Early Career Psychologist Representative (pending a change to our bylaws designating this position as part of the Executive Council).

### **Program Committee, Joan Cook & Richard Thompson**

Bob commended Joan and Richard for their hard work on this year's program. They did a great job and the program was excellent. Richard will become program chair for 2009, with Dawn Hughes as co-chair. Dawn will be in charge of the hospitality suite and hospitality-suite program.

### **Awards Committee**

Bob reported that 300-400 people had attended the Division 56 Social Hour the night before the Business Meeting. The 2008 Awards were presented there. These are as follows.

- **Distinguished Scientific Contribution**  
Paula Schnurr, PhD
- **Distinguished Contribution to the Practice of Trauma Psychology**  
Laurie Anne Pearlman, PhD  
Karen W. Saakvitne, PhD
- **Service Award**  
Sandra G. Wartski, PsyD
- **Dissertation Award**  
Meredith Charney, PhD
- **Past President Plaque**  
Judith L. Alpert, PhD
- **Special Service to the Division**  
Bob Geffner, PhD  
Laura Brown, PhD

Terry Keane chaired the Awards Committee, with Lisa Butler and Kathy Kendall-Tackett as committee members.

The Awards Committee also moved that a new award category—Lifetime Achievement Award—be added to the existing awards. This requires a bylaw change and will need to be voted on by the membership. This motion was approved by the EC.

**Motion:** Move to add a Lifetime Achievement Award to the list of Division Awards.

### **Special Interest Groups, Desnee Hall**

Desnee reported that a panel presented by the Dissociation SIG at the convention was very well attended. Bob indicated that SIGs were a great way to recruit new members, and were helpful in forging relationships with other divisions.

### **Special Interest Groups to Date**

The SIGs that have already been approved are as follows.

- Adult Survivors of Abuse
- Child and Adolescent Trauma
- Disaster Related Trauma and Response
- Dissociation
- Medical Trauma, Illness, & Rehabilitation
- Trauma to Postcolonial Peoples

New Special Interest Groups include the following.

- Secondary and Vicarious Trauma
- Human Trafficking and Sexual Victimization
- Trauma to Military and Emergency Personnel

The EC reviewed some of the requirements of SIGs, such as needing to have a designated chair, before being approved as a Division SIG. The EC also approved several motions with regard to SIGs.

**Motion:** Move to approve combining the Human Trafficking and Sexual Victimization SIGs.

**Motion:** Move that the Executive Committee confer Special Interest Group status to the three new SIGs that meet criteria for membership: Secondary and Vicarious Trauma; Human Trafficking and Sexual Victimization; and Trauma to Military and Emergency Personnel (pending designation of a Chair).

### **Task Force on the Role of Psychologists in Interrogations, Nnamdi Pole**

Nnamdi briefly summarized the report produced by his task force. The report made eight specific recommendations on this topic.

This Task Force also presented a panel at the convention that was well attended. Judie reported that the presentation was excellent and very balanced. She recommended that Nnamdi and the Task Force complete their report quickly, so that it is ready for the next Council of Representatives meeting in February.

### **Other Division Task Forces, Bob Geffner**

Bob briefly described the other Division Task Forces. These are as follows.

- Task Force on *DSM-V*

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## Div. 56 Business Meeting

*continued from p. 25*

- Task Force on Trauma in the Military and Their Families
- Task Force on Ethical Issues in Forensic Evaluations involving Trauma
- Task Force on Interpersonal Violence

Sylvia Marotta, chair of the Task Force on Interpersonal Violence, reported that the Summit on Interpersonal Violence was a great success and is set to become a biennial event. The next Summit is scheduled for 2010 and Division 56 will co-lead this event.

### Treasurer's Report, Beth Rom-Rymer

Beth reported that our net income for this year is approximately \$20,000. Membership accounts for most of these funds and the Membership Committee did a great job recruiting new members. Our revenue will continue to increase because of revenue from the Journal, Newsletter and advertising in the Newsletter. We also raised \$500 from this year's silent auction at the Social Hour. Beth also solicited donations to cover this year's hospitality suite.

The 2009 Budget will be ready by October 15.

The EC approved the mid-year budget.

**Motion:** That the Executive Council accept the mid-year budget for 2008

### Membership Committee, Sandra Mattar

Sandra reported that our current membership is 1,203. We have 250 student members and 140 Early Career Psychologists. Students and ECPs will be the focus of this year's membership push. We offer a special rate for students, including a free first year for APAGS Members. We also recently recruited an ECP Representative. Lisa Cromer and Carolyn Allard are co-chairing the ECP Committee. Adding an ECP Representative to the Executive Council will require a bylaw change that will need to be voted on by the membership.

**Motion:** Move that an ECP Representative be added as a permanent position on the Executive Council.

Sandra urged members to continue to recruit new members who are interested in trauma psychology.

### Plans for 2009, Steve Gold, President Elect

Steve thanked Bob for his excellent leadership over the past year, and summarized the goals of his upcoming

presidency. The overarching goal of his term is to expand awareness of trauma among colleagues, including providing better training on trauma in graduate training programs. Steve and Judie Alpert are co-editing a general text on trauma. In short, Steve would like to see trauma psychology become even more influential within APA and among outside organizations.

The meeting was adjourned at 6:05 p.m.

Respectfully submitted,  
*Kathy Kendall-Tackett*  
Secretary, Division 56

### Summary of Motions Passed

**Motion:** Move that the Journal Editor serve a term of six years, with evaluation by the Publications Committee at the end of the second year.

**Motion: Bylaw change to create a Publications Committee.** Move to create a Publications Committee with an independent chair, who will be a member of the Executive Council. The Journal Editor, Newsletter Editor, and Web master will all serve on the Publications Committee as *ex officio* members. The Publications Committee will establish criteria for evaluation of the Journal Editor.

**Motion:** Move that members receive the Division Journal starting in 2009, and that dues increase by \$20/year to cover the cost of the Journal.

**Motion:** Move that students be given the option of membership without receiving the Journal (\$10/year) or with the journal (\$30/year).

**Motion:** Move to appoint Ruth Blizard and Joe Galasso as Associate Editors of the Newsletter.

**Motion:** Move to approve current editorial policy for the Newsletter.

**Motion:** Move to add a Lifetime Achievement Award to the list of Division Awards.

**Motion:** Move to approve combining the Human Trafficking and Sexual Victimization SIGs.

**Motion:** Move that the Executive Committee confer Special Interest Group status to the three new SIGs that meet criteria for membership: Secondary and Vicarious Trauma; Human Trafficking and Sexual Victimization; and Trauma to Military and Emergency Personnel (pending designation of a Chair).

**Motion:** That the Executive Council accept the mid-year budget for 2008

**Motion:** Move that an ECP Representative be added as a permanent position on the Executive Council.



## Save the Date!

### APA 117th Annual Conference

#### Toronto, Canada

#### August 6–9, 2009



# Division 56 Member New Books

## Brown, Laura

Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback*. Washington, DC: American Psychological Association.

## Carll, Elizabeth

Carll, E. K. (Ed.). (2007). *Trauma psychology: Issues in violence, disaster, health, and illness, Two Volumes*. Westport, CT: Praeger. (Volume 1: Violence and Disaster, Volume 2: Health and Illness)

## Courtois, Christine

Courtois, C., & Ford, J. (2008). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford.

## Foa, Edna

Foa, E. B., Hembree E., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences, therapist guide*. New York: Oxford University Press.

Rothbaum, B. O., Foa, E. B., & Hembree E. (2007). *Reclaiming your life from a traumatic experience: Client workbook*. New York: Oxford University Press.

## Frawley-O'Dea, Mary Gail

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. (2007). *Predatory priest and silenced victims: The sexual abuse crisis and the Catholic church*. New York: The Analytic Press.

## Greenwald, Ricky

Greenwald, R. (2007). *EMDR within a phase model of trauma-informed treatment*. Binghamton, New York: Haworth.

Greenwald, R. (in press). *Treating problem behaviors*. New York: Routledge. (coming out in March 2009)

## Hunter, Mic

Hunter, M. (2008). *Honor betrayed: Sexual abuse in America's military*. Melbourne: Barricade Books.

## Kane, Dianne

Phillips, S., & Kane, D. (2008). *Healing together after trauma: A couple's guide to coping with trauma and post-traumatic stress*. Oakland CA: New Harbinger Publications.

## Kendall-Tackett, Kathleen

Banyard, V., Edwards, V., & Kendall-Tackett, K.A. (2009). *Trauma and physical health*. New York: Routledge.

## Nelson, Patrick

Nelson, P. R., & Spahr Nelson, T. (2009). *Coping with trauma work and vicarious trauma: A guide for professionals and volunteers who work with victims of trauma, abuse, crime and disasters*. Oxford, OH: TS Nelson Publications.

## Phillips, Suzanne

Klein, R., & Phillips S. B. (2008). *Public mental health service delivery protocols: Group interventions for disaster preparedness and response*. New York: American Group Psychotherapy Association.

Phillips, S., & Kane, D. (2008). *Healing together after trauma: A couple's guide to coping with trauma and post-traumatic stress*. Oakland, CA: New Harbinger Publications.

## Rothbaum, Barbara

Foa, E. B., Hembree, E., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences, therapist guide*. New York: Oxford University Press.

Rothbaum, B. O., Foa, E. B., & Hembree E. (2007). *Reclaiming your life from a traumatic experience: Client workbook*. New York: Oxford University Press.

## Spahr Nelson, Terri

Nelson, P.R., & Spahr Nelson, T. (2009) *Coping with trauma work and vicarious trauma: A guide for professionals and volunteers who work with victims of trauma, abuse, crime and disasters*. Oxford, OH: TS Nelson Publications.

Spahr Nelson, T. (2008). *Coping after a violent crime: A guide for healing and understanding the criminal justice process*. Oxford, OH: TS Nelson Publications.

Spahr Nelson, T. (2008). *Responding to sexual assault in the military: A resource guide and policy overview*. Oxford, OH: TS Nelson Publications.

Spahr Nelson, T. (2008). *Coping after military sexual trauma: A resource for veterans, their loved ones and professionals who work with victims*. Oxford, OH: TS Nelson Publications.

## We're interested in our Members...



Kathy Kendall-Tackett

The Trauma Psychology Newsletter is interested in getting to now you and what you're doing. Have you been promoted or just had a new book or paper published? Are you speaking at a conference or being recognized for your work? Please let us know so we can share the news with your colleagues in a column devoted to our members' accomplishments. Please send information and details, including any relevant photos, to Kathy Kendall-Tackett (KKendallT@aol.com).

## COMMITTEE REPORTS Report of the Division 56 Practice Committee

Christine Courtois, PhD, and Bethany Brand, PhD

The Practice Committee is being re-organized for the coming year.

Bethany Brand has agreed to serve as Co-Chair with Chris Courtois for this coming year. Constance Dalenberg will be appointed to replace Chris during the following presidential year. Current committee members include:

### Members

Chris Courtois (chair)

Pam Alexander

Bethany Brand (co-chair)

Laura Brown

Ann DePrince

Mary Gail Frawley- O'Dea

Philip Kinsler

Sylvia MarottJulian Ford

Kelli Sanness

Richard Gartner

Dan Brown

Steve Frankel

Jeff Morley

Marylene Cloitre

Laurie Pearlman

Steve Gold



Christine Courtois, PhD

- Encouraging that the *APA Monitor* to publish an article by members of the committee discussing criteria A-1 of the *DSM PTSD* diagnosis and why it should be expanded to include developmental trauma
- Planning of an APA Video on the topics of psychological trauma, reactions, and principles of trauma treatment (joint project with the Training and Education Committee chaired by Anne DePrince)
- Standards of Practice for Work with Traumatized Populations
- *DSM-V* planning and input on trauma disorders
- Participation in the Summit on Interpersonal Violence and planning for the ongoing Think Tank

Short-term goals include identifying additional projects and establishing timelines and committee members who will participate in and lead projects according to specific project goals and objectives. Long-term goals include the completion of those ongoing projects and continual focus on practice issues as they arise in the patient population, academia, professional arena, and media; in order to facilitate and manage ongoing efforts to enhance the practice of informed trauma therapy to promote the mental, emotional, and overall well-being of trauma patients. Dr. Bethany Brand will monitor and respond to APA initiatives in the area of practice.



Bethany Brand, PhD

Several members will be rotating off of the committee and self-nominations to fill these positions are welcome.

Members of the Practice Committee have had many accomplishments that have contributed to the committee's goals and objectives; however, most have been done on an individual basis rather than as group projects. There are currently 5 outstanding projects identified and endorsed by members of the committee and that are in various degrees of planning and implementation:

## Trauma Psychology: Moving Into the Academic Mainstream

Editor's Note: The Science Committee invited the author to submit this article.

Lisa Cromer, PhD  
Syracuse University

At the Division 56 meeting of APA this summer, there was a sentiment amongst members that many of us finally had an identity within APA. The still-new and rapidly growing division gives many of us a place to belong within the larger national psychological organization where, prior to the formation of Division 56, we didn't quite have a perfect fit. Finally, "*we have people.*" This division is synergistic in that it brings together clinicians, researchers, public policy experts,



Lisa Cromer, PhD

and professional and public education experts who share a common interest in trauma psychology. This division provides a unique opportunity for cross-area collaborations, new and different perspectives on the work we do, and ultimately a vehicle for advancing our multi-faceted work. Perhaps this also signifies trauma psychology as a mainstreamed area of psychological research. Just as health, cultural and forensic psychology are recognized specialty areas in many programs, I hope that the day will come when we see trauma psychology as an area of concentration within academic psychology programs. For many of us, this designation could help advance our work and our field, and also help explain to other academics, our multifaceted approach to research.

I am currently on the academic job market. This presents unique challenges for me as a trauma researcher, because although I am a clinical psychologist, I am not suited for the research interests of many traditional academic

programs. I do not study health, mood disorders, or developmental psychopathology. I don't even study PTSD. I study interpersonal trauma, particularly prevention and resilience, and I label myself a trauma researcher, scholar and psychologist. This has many potential employers confused about what it is that I do and where I 'fit' in the mainstream. The explanation that seems to make sense to traditionalists is that I am "a hybrid." This satisfies some who need to sort me. Nonetheless, I wonder if "hybrid," which suggests being of mixed origins, could also translate into being a Heniz-57 of research, and not a specialized area of expertise. This is a concern as it could devalue the important work we do. I hope that as Division 56 and the Science Committee gain momentum, that trauma research will be considered mainstream—legitimate—in its own right.

So who are we trauma researchers? Like many of my colleagues who also study trauma, I am a multi-modal, multi-method researcher. I use survey, experimental, cognitive, neuropsychological, longitudinal, and intervention research methods. My colleagues also use physiological, archival, and clinical trial data. As trauma researchers we draw on several areas of psychology including clinical, social, cognitive, neuroscience, developmental, forensic, public policy and education areas. Some of us have very specialized training, but the scope of our collective work has considerable breadth. The unifying theme is the content, not the method or modality. Now that we have a division that allows us to come together as experts and colleagues, perhaps the next step is to consider how the study of trauma can be more mainstreamed in our various disciplines. Just as we have a presence within APA, perhaps now we can look toward having more of a presence in academic settings and local organizations. Below I will outline some suggestions for moving into mainstream academia. I hope this encourages conversations about new directions for growth and fit for trauma researchers.

**Trauma Areas.** In academia, many departments designate areas of emphasis such as social, cultural, health, or forensic psychology. Why not develop the study of trauma as an area within departments? Some departments appear to be headed in this direction, with one or two faculty from each of the existing focal areas studying different aspects of PTSD or trauma. If trauma is designated as an emphasis area, then this would open the doors for additional research and collaborations. Further, we could accept graduate students to the trauma area. In my own doctoral granting institution, our resident trauma expert is a cognitive psychologist. This presented challenges when clinical students applied to work with her. Each year, the department had to wrestle with admissions in order to determine whether this would be a cognitive or clinical allocation of graduate student funds and resources. If trauma were to be recognized as a distinct area, this would streamline these matters and possibly would attract more students. It could also open doors for grant funding. Often trauma researchers need to couch their research in terms of health psychology or clinical psychology. Trauma research should be acknowledged as fundable work in its own right.

**Trauma Institutes.** Some colleges encourage cross area collaborations for research, services and grants by forming

institutes that specialize in a topic area. Trauma institutes could be a vehicle for initiating multi-disciplinary expertise in order to develop and disseminate knowledge about trauma research. Examination of our membership (below) suggests that there is considerable breadth in expertise within Division 56's membership. Perhaps we can use this division as a means to further strategize and forge working relationships in order to approach research projects at a multi-disciplinary level.

**Psychology of Trauma.** Conversations with colleagues around the country and internet searches evidence that courses in the psychology of trauma are quite rare at our undergraduate and graduate institutions. Outside of what is typically offered through forensic psychology programs, very few universities teach about the psychology of trauma to undergraduates. Perhaps topics such as child abuse or domestic violence are tacked onto courses, in much the same way that culture was once given token consideration in the final chapter of a text book. Given that trauma is a growing area of research and practice within APA, and given that it impacts most peoples' lives at some point, arguably, there is a basis for encouraging faculty to offer trauma courses as a regular component (or special topic) of the upper level psychology curriculum. The few institutions that do offer psychology of trauma usually have wait lists for these classes. It is relevant to college students' lives and their broader interests in psychology.

**Trauma Textbook.** A vehicle for encouraging the study of trauma psychology in the mainstream of psychology would of course be an undergraduate textbook. We have many excellent APA and other trauma manuals that cover special topics in trauma and that focus on applications for therapists, families or victims. Colleagues have also written some excellent handbooks (e.g., Friedman, Keane, & Resick, 2007) that make this material more accessible to upper division students and graduate students. The next step is an easily accessible textbook that introduces terms and definitions, systems of thought, history of the study of trauma, measurement, types of trauma reactions, as well as discussing issues of public policy, law, health, and resilience. Division 56 seems like the best source of expertise and authority for introducing a psychology of trauma undergraduate textbook.

**Mentorship.** In the Fall 2008 newsletter, Brian Hall wrote about the mentorship program for students and junior colleagues. We now have an Early Career Psychologists (ECP) Network in Division 56, newly formed this year. This will afford opportunities for mentorship, guidance and collaboration through the division. We will use the hospitality suite at APA to facilitate face to face meetings with senior colleagues in order to encourage mentorship within the trauma field. The ECP Listserv will be running soon and will provide additional means of communicating with ECPs. Sign up by sending an email to [div56ecpn@lists.apa.org](mailto:div56ecpn@lists.apa.org).

**Membership.** When we examine the current membership of Division 56, it seems that there is room for growth, particularly in the area of academic researchers. We have a strong and valued membership in health service

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## Trauma Psychology

*continued from p. 29*

providers (see statistics below) as well as in other fields. Many of these individuals make substantial contributions to trauma research. I hope that as this division grows, we will continue to attract diverse researchers in other fields who share an interest in trauma research and trauma psychology. This growth will give us a stronger presence at APA conferences and on Capitol Hill, and ultimately will benefit the full membership as resources are allocated to the division as it grows. So, I encourage you, my colleagues, to examine the diverse interests of our members and to recruit colleagues from these many areas to join in our work, our vision, and our collaborations.

**Membership Statistics.** Currently, Division 56 members are health service providers (82%), researchers (6.2%), in other fields (4.3%) and not specified (7.4%). The 6.2% in research come from these (mutually exclusive, primary) categories: cognitive, community, developmental, educational, environmental, experimental, methods and systems, industrial/organizational, personality, physiology, statistics, and social. This diversity in our membership supports the concept of trauma research synergizing areas and yet being a delineated field within psychology in order to encapsulate these widespread interests. When we examine the diversity in “other fields” the point is further made. The 4.3% of members in “other fields” included activities

in: anthropology, behavioral medicine, counseling, criminal justice, education, law, medicine, organizational behavior, public administration, public health, rehabilitation, behavioral sciences, and social work. Although only 6.2% declared their primary activities as research, when we examine the additional activities of full-time employed members, 35.7% do research as part of their other employment activities.

Division 56’s membership is richly diverse. A corollary of this is that trauma research is heterogeneous and an important, growing area that warrants the same ‘field’ designation given health, cultural or forensic psychology. It is exciting to consider the synergy that we can find through Division 56. Whether we say that trauma researchers are “hybrids” or that we “cut across areas” or “bridge traditional areas of psychology,” the fact is, we collectively represent a wealth of resources, knowledge and expertise. Our identity as a division is the culmination of years of work of many pioneering individuals. Perhaps now we can use this as a launch pad for new growth and a shift into the mainstream of psychological research within academic psychology departments.

*Note: Data was the most recent data available from APA’s demographic characteristics of Division 56 members (unpublished) report, 2007 (N = 946).*

### Reference

Friedman, M. J., Keane, T. M., & Resick, P. A. (Eds.). (2007). *Handbook of PTSD: Science and practice*. New York: Guilford Press.

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## Presidential Voice: Looking Ahead

*continued from p. 1*

advancement of Division 56 can be credited. One is that the Division has been fortunate to have many individuals in its governance who have previously served in the leadership of other APA divisions. Judie Alpert, Melba Vasquez, Terry Keane, Laura Brown, Lenore Walker, Christine Courtois, Priscilla Dass-Brailsford, Beth Rom-Rymer, and Elizabeth Carll brought with them extensive knowledge of the workings of APA. The second key contributor to our success is that the formation of an APA division devoted to psychological trauma was an idea whose time had not only come, but was, if anything, overdue. Certainly one of the reasons that our membership has grown so quickly is that there already were many psychologists with an interest in trauma who were eager for a home base within APA. For many of these individuals the need for affiliation with other trauma professionals was filled by organizations other than APA. Now there is a structure within APA that can complement these functions.

Having said this, I want to emphasize that one of the key strengths of Division 56 is that it does not restrict its membership to psychologists. Like several other divisions of APA, 56 offers affiliate membership to professionals outside of psychology. In this as in other respects, the division leadership has been committed to diversity. From the beginning we have been devoted to seeing to it that the division: serves the interests of researchers, practitioners, theorists and policy makers (as evidenced by the sub-title of our new journal, *PT:TRPP*); encompasses the study of, and responsiveness to, all types of

trauma; maintains pro-active efforts of inclusiveness along the dimensions of ethnicity, culture, race, gender, sexual orientation and ability/disability status; and encourages membership and representation in its leadership of people at all stages of professional development, from students and early career psychologists through senior level and retired professionals.

We are at a point in the evolution of our division where it will be increasingly important that we make concerted efforts to actualize the intention to promote diversity in our membership and leadership. Priscilla Dass-Brailsford and Sandra Matter, the chairs of our Diversity Task Force, assure me that they will be working intently in the coming year to move this mission forward. Recent steps in this direction have included the establishment of student and early career psychologist representatives on our executive council and working toward institutionalizing a forum for literature on trauma and diversity in our division journal. Nnamdi Pole and Elisa Triffleman are currently seeking submissions to *PT:TRPP* on topics related to the intersection of trauma and diversity. Such manuscripts can address the issue from a theory, research, practice, or policy perspective (as per the journal’s title) but in all cases should be rigorous and scholarly. Those who are considering submitting a manuscript should contact Nnamdi at: npole@email.smith.edu prior to submission to receive guidance on developing a successful submission.

## Where We Are Headed

Now that Division 56 has a stable infrastructure in place, we can afford to begin thinking about how this foundation can be directed toward objectives beyond the development of the division itself. Although our swelling membership attests to widespread interest in psychological trauma, too many members of the mental health professions and related disciplines have had little or no orientation in their professional training to the prevalence and impact of trauma. Division 56 has the potential to be a pivotal source of information and training in trauma for psychologists, for allied professionals, and for the general public. A major responsibility of our division is to promote the dispersion of trauma-related knowledge and skills. I therefore have made the guiding theme for Division 56 in the coming year *Increasing Awareness of Trauma and Its Impact*.

One obvious avenue for increasing awareness about trauma is our new division journal, *PT:TRPP*. Associate editors, Christine Courtois and Kathy Kendall-Tackett, and I plan to do our best to ensure that the journal speaks to the widest possible audience. We will do our utmost to recruit material on a broad range of topics within the field of psychological trauma, representing a diversity of perspectives and interests, while maintaining high standards of scholarship.

In order to establish another avenue for promulgating knowledge on psychological trauma, in the coming year Division 56 will begin to develop a series of brief volumes on a range of foundation topics in trauma. One aim of these publications will be to encourage educational institutions to incorporate greater coverage material on trauma in their curricula. Another will be

to assist professionals who already completed their training to fill in the gaps in their knowledge about various trauma-related topics. My original conception was to have the Division compile a comprehensive text on trauma. However, Judie Alpert wisely suggested that publishing this material as a series of smaller volumes on more circumscribed topics within the field of trauma would allow instructors and professionals to select material of particular interest and relevance to them while reducing the cost that would be associated with a single wide-ranging handbook that attempted to provide a survey of the entire broad field of trauma.

One central source within Division 56 for evolving mechanisms for *Increasing Awareness of Trauma and Its Impact* will be a group chaired by Joan Cook, the Dissemination Task Force. Joan has a record of research productivity and publication on the topic of disseminating empirically validated treatments to mental health practitioners. The charge of the Dissemination Task Force, however, will be considerably more extensive: to identify ways that Division 56 can make trauma-related professional knowledge and skills more accessible to trainees, professionals, the media, and society in general.

I have been contacting the chairs of various Division 56 committees to develop a shared vision for the year ahead. There seems to be a strong consensus that it is time for us to begin reaching out to make 56 a more visible and effective source of information about trauma for professionals, policy makers, the media, and the general public. If you have recommendations about how this goal can be implemented, those of us in the governance of Division 56 welcome your input.

## NIH Grant Funds Risking Connection® Study

*Esther Giller, MA*

Risking Connection® is a different way of thinking about trauma, trauma-informed services, the people we help, and ourselves and our work. The RC mission is to help people recover from traumatic experiences through RICH relationships—those hallmarked by Respect, Information sharing, Connection, and Hope.

In 2008, the National Institutes of Health funded a study of the benefit of using the Risking Connection® curriculum to improve communication between primary care providers and their trauma patients. Principal investigator Bonnie Greene, PhD, will research the impact of Risking Connection training in primary care settings by adapting and testing the program to help primary care providers better understand and work with traumatized patients, focusing on settings that serve low-income and minority patients. The research will take place at the Georgetown Center for Trauma and the Community, whose purpose is to develop innovative and sustainable patient, provider, and system interventions to address trauma-related mental health needs of safety-net primary care populations in the Washington, DC, region.

The Risking Connection curriculum, inspired by a class action suit brought by consumer/survivors in Maine and New York, was initially intended for mental health staff working with adults molested as children. It has since been adapted for people working with trauma in numerous settings. The model has been used in systems addressing addictions, crime victims, veteran and

military families, as well as in schools, child-serving agencies, faith communities, and corrections facilities.

Laurie Pearlman, PhD, and Kay Saakvitne, PhD, two of the psychologist-authors of the original curriculum, have devoted their professional lives to promoting the understanding of traumatic stress, its amelioration, and its impact on survivors and helpers. They developed Risking Connection® (2000) for the Sidran Institute based on their own Constructivist Self-Development Theory (CSDT). RC centers on the role and use of growth-promoting relationships; thus it creates a relational foundation for many of the most-used trauma interventions (CBT, DBT, EMDR, etc.). To expand the effective use of Risking Connection in various contexts, Sidran has engaged andragogy specialist Elizabeth Power, MEd, to update the new applications to reflect the most current continuing/adult education and CME research evidence.

Sidran's purpose is to reduce the time, trauma, and cost of healing for all involved. The concepts on which Risking Connection® is based (e.g., the therapeutic relationship, psychoeducation, empowerment, meaning-making, and the effects of the work on the worker) have published theoretical and empirical support. To read more about the evidence base for the Risking Connection® model see the new website [www.riskingconnection.com](http://www.riskingconnection.com) and click on "research."

This new website will ultimately serve as the gateway to a Risking Connection Online Community, which will provide a variety of educational opportunities and resources, using the latest in web-assisted technology and networking, to build relationships between RC creators, teachers, and users.

# Mission of Division 56

## Trauma Psychology

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

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

### Services to APA and its Membership

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

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

**Consideration and Integration:** Consideration and integration of diverse areas of study such as: combat, rape, domestic violence, child physical and sexual abuse, refugee, torture survivors, prisoners of war, community violence and occupational traumatic stress; exploration of underlying principles leading to the development of psychopathology, disability and distress, resilience, and mental and physical health; integration of clinical knowledge and research.

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

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

**Prevention:** Develop and support prevention research and practice.

**Public Education:** Projects working towards public education.

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

### Membership Benefits

- » Members keep up-to-date on the latest developments in trauma psychology.
- » Paper and e-newsletters with timely information on traumatic stress
- » Member-only listserv provides on-going communication with other members and breaking news of trauma-related developments in APA.
- » Voting privileges to elect representatives and participation in the Division's annual meetings.
- » Eligibility to run for office, chair, and serve on Division committees and task forces.
- » Beginning in 2009, all members will receive the new divisional journal, *Psychological Trauma: Theory, Research, Practice, Policy* at the member rate of \$20 per year. You do not need to separately subscribe to receive this journal; just be sure that your dues are paid, and your mailing address is up to date.
- » 30% discounts on Haworth/Taylor & Francis Group journals in the field of trauma

Yes, I want to join Division 56!  
**MEMBERSHIP APPLICATION**

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| <input type="checkbox"/> Associate | \$45 | (or \$30 with new APA Division journal)              |      |
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### JOURNALS

Journal of Child & Adolescent Trauma

Journal of Trauma & Dissociation

Journal of Aggression Maltreatment and Trauma (8 issues annually)

Journal of Child Sexual Abuse (6 issues annually)

Journal of Emotional Abuse

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## TRAUMA PSYCHOLOGY NEWSLETTER

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September 15, 2009	Fall 2009	November 2009
December 15, 2009	Winter 2010	February 2010

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