

# TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

## NEWSLETTER

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### Presidential Voice

#### Deepening and Broadening

*Laura S. Brown, PhD, ABPP*

Outside of my window grows an enormous Douglas Fir; in the seven years that I've lived in my home it has added the equivalent of another whole tree. While I could see the bird perched on its top in the year I moved here, today I cannot see that top unless I go to the window and crane my neck upward.

The tree, like my home, faces directly west, with no land between it and the Olympic peninsula to the west. And thus that tree receives the intense blasts of wind that come off of the mountains, rattling our wall full of windows. It sways alarmingly back and forth, and yet for all of these years, its center of gravity has gotten taller,



*Laura S. Brown, PhD, ABPP*

through the hurricane-force gales that can blow in from the west, it stands. When I first encountered this tree I was fearful that, as some trees do here in Seattle, it would topple in one of these

windstorms and land in our garden shed. Yet it does not. My partner, who is a native Northwesterner, explained to me during one of my moments of worry, that Doug Firs have root systems that spread wide and deep; they are anchored securely and no matter how large, likely to stand firm in the fall and winter windstorms that are part of life here in the Puget Sound.

Division 56 is a bit like that tree. In our not quite four years of existence we have grown; almost weekly I receive the notification that another person has become a member of this group.

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### Important Note to our Members and Readers

*Trauma Psychology Newsletter* is now solely electronic beginning with this Winter 2010 edition.

Download issues of Div 56's *Trauma Psychology Newsletter* at [www.apatraumadivison.org](http://www.apatraumadivison.org)

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# You've Got Mail (E-mail, that is): *TPN* and Division 56 Are Now Electronic and **GREEN!**

**W**e are proud to announce that Div 56's Trauma Psychology Newsletter has gone to an electronic, digital print format with this **Winter 2010** edition.

With escalating production and mailing costs and our commitment to eco-friendly efforts, versions of the newsletter will be delivered as a PDF file to your e-mail inbox. We will also continue to send out an announcement about newsletter issues as they are published on our website through our division's announce-only listserv, [div56announce@lists.apa.org](mailto:div56announce@lists.apa.org).

While much-beloved Kermit the Frog first croons, "It's not easy being green," the Division 56 Council and Trauma Psychology Newsletter "staff" are hoping to keep this an easy process for our members and readers. Here are a few simple steps to ensure that you don't miss out on any upcoming issues or important happenings with the field of trauma psychology and Div 56:

Please make sure that your Membership with Div 56 is up-to-date and that your current e-mail information is on file.

We will automatically add e-mails to the listserv for paid memberships we have in our database that are NOT marked "stop bulk e-mail." If you have asked APA or the division not to send you e-mails, you will NOT be included.

If you'd like to be added to the listserv in any case, send a note to [listserv@lists.apa.org](mailto:listserv@lists.apa.org) and type the following in the body of the message: Subscribe div56announce. (Note

that there are no spaces inside div56announce.) Do not include anything else in the body of the message and do not put anything in the subject line.

If you have any questions about your membership, the e-mail address in your record, or listserv subscription, please contact Keith Cooke at [division@apa.org](mailto:division@apa.org) or [kcooke@apa.org](mailto:kcooke@apa.org).

If your e-mail system requires special tweaking in order to accept attachments, please set your e-mail preferences

(or talk to your IT person on how to do so) to ensure that you can receive e-mails and attachments from our announce-only listserv, [div56announce@lists.apa.org](mailto:div56announce@lists.apa.org).

You can also always access PDF versions of the current newsletter, once posted, as well as all previous issues and archives, from the Division 56 website, [www.apatraumadivision.org](http://www.apatraumadivision.org).

Division 56's active efforts to make this "greener" shift with an electronic newsletter version has many benefits—saving trees, contributing to a more eco-conscious community, and cutting costs for production, printing and mailing. If these 'perks' are not persuasive enough and you still wish to receive a paper copy, e-mail your desire to receive a print copy via USPS mail to Keith Cooke at [kcooke@apa.org](mailto:kcooke@apa.org) or [division@apa.org](mailto:division@apa.org). With your request, please be sure to include your name, member number, and complete mailing address.

Please remember, though, that an electronic version will arrive to members faster and allow quicker access to all that we offer, and provide a considerable financial savings to our division. And, as Kermit the Frog also reminds us:

"When green is all there is to be

It could make you wonder why, but why wonder why?

Wonder, I am green and it'll do fine, it's beautiful!

And I think it's what I want to be."

(From "The Sesame Street Book and Record." 'Green' is ©1970 Jonico Music, Inc.)

## Division 56 Needs Your Support

Are you looking for a good end-of-year tax deduction?

Write a check to Division 56, which is a not-for-profit organization.

Are you a book author who receives royalties from your work on trauma? Consider donating some portion of your royalties to Division 56; it's an easy way to support the work of the organization and give back to the field of trauma psychology.

Have ideas about how to raise money for the Division? Get in touch with any of our elected officers to share your ideas.

The future of our Division depends on our dedicated Members.



## Spring/Summer 2010 *TPN*



*Topher Collier, PsyD*

The *Trauma Psychology Newsletter* is accepting articles for the Spring/Summer 2010 issue. The deadline for submissions is **April 15, 2010**. 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).



## Call for Division 56 Awards Nominations

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 previous year: January 2009–December 2009.) Self-nominations are also accepted.

### 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, 2010.** Please submit nomination materials electronically to: [ldbutler@buffalo.edu](mailto:ldbutler@buffalo.edu)

## The More Who Die, the Less We Care: Confronting Psychic Numbing<sup>1</sup>

*Editor's Note: This article was invited by the 2009 Science Committee (chaired by Jennifer Freyd) for the Division 56 Newsletter.*

*Paul Slovic, PhD*

*Decision Research and University of Oregon*

Decisions in the face of risk rely upon two forms of thinking. *Risk as feelings* refers to our instinctive and intuitive reactions to danger. *Risk as analysis* brings logic, reason, quantification and deliberation to bear on hazard management. Compared to analysis, reliance on feelings tends to be a quicker, easier, and more efficient way to navigate in a complex, uncertain, and dangerous world. Hence, it is essential to rational behavior. Yet it sometimes misleads us. In such circumstances we need to ensure that reason and analysis also are employed.

Although the visceral emotion of fear certainly plays a role in risk as feelings, I shall focus here on a "faint whisper of emotion" called *affect*. As used here, "affect" refers to specific feelings of "goodness" or "badness" experienced with or without conscious awareness. A large research literature in psychology documents the importance of affect in conveying meaning upon information and motivating

behavior. Without affect, information lacks meaning and will not be used in judgment and decision making.

### Facing Catastrophic Loss of Life

Despite the rationality of risk as feelings, which employs imagery and affect in remarkably accurate and efficient ways, this way of responding to risk has a darker, non-rational side. Affect may misguide us in important ways. Particularly problematic is the difficulty of comprehending the meaning of catastrophic losses of life when relying on feelings. Research reviewed below shows that disaster statistics, no matter how large the numbers, lack emotion or feeling. As a result, they fail to convey the true meaning of such calamities and they fail to motivate proper action to prevent them.



*Paul Slovic, PhD*

The psychological factors underlying insensitivity to large-scale losses of human lives apply to catastrophic harm resulting from human malevolence, natural disasters or technological accidents. In particular, the psychological account described here can explain, in part, our failure to respond to the diffuse and seemingly distant threat posed by global warming as well as the threat posed by the presence of nuclear weaponry. Similar insensitivity may also underlie our failure to respond adequately to problems of famine, poverty, and disease afflicting millions of people around the world and sometimes even some in our own backyard. I next examine this problem in the context of genocide, focusing on the situation in Darfur.

### The Darfur Genocide

Since February 2003, hundreds of thousands of people in the Darfur region of western Sudan, Africa have been murdered by government-supported militias, and millions have been forced to flee their burned-out villages for the dubious safety of refugee camps. This has been well documented. And yet the world looks away. The events in Darfur are the latest in a long line of mass murders since World War II that powerful nations and their citizens have responded to with indifference. In her Pulitzer Prize winning book *A Problem from Hell: America and the Age of Genocide*, Samantha Power documents in meticulous detail many of the numerous genocides that occurred during the past century. In every instance, American response was inadequate. She concludes “No U.S. president has ever made genocide prevention a priority, and no U.S. president has ever suffered politically for his indifference to its occurrence. It is thus no coincidence that genocide rages on” (Power, 2003; p. xxi).

The U.N. general assembly adopted the Convention on the Prevention and Punishment of the Crime of Genocide in 1948 in the hope that “never again” would there be such odious crimes against humanity as occurred during the Holocaust of World War II. Eventually some 140 states would ratify the Genocide Convention, yet it has never been invoked to prevent a potential attack or halt an ongoing

massacre. Darfur has shone a particularly harsh light on the failures to intervene in genocide. As Richard Just (2008) has observed,

...we are awash in information about Darfur...no genocide has ever been so thoroughly documented while it was taking place...but the genocide continues. We document what we do not stop. The truth does not set anybody free. (p. 36)...how could we have known so much and done so little? (p. 38)

### Affect, Analysis, and the Value of Human Lives

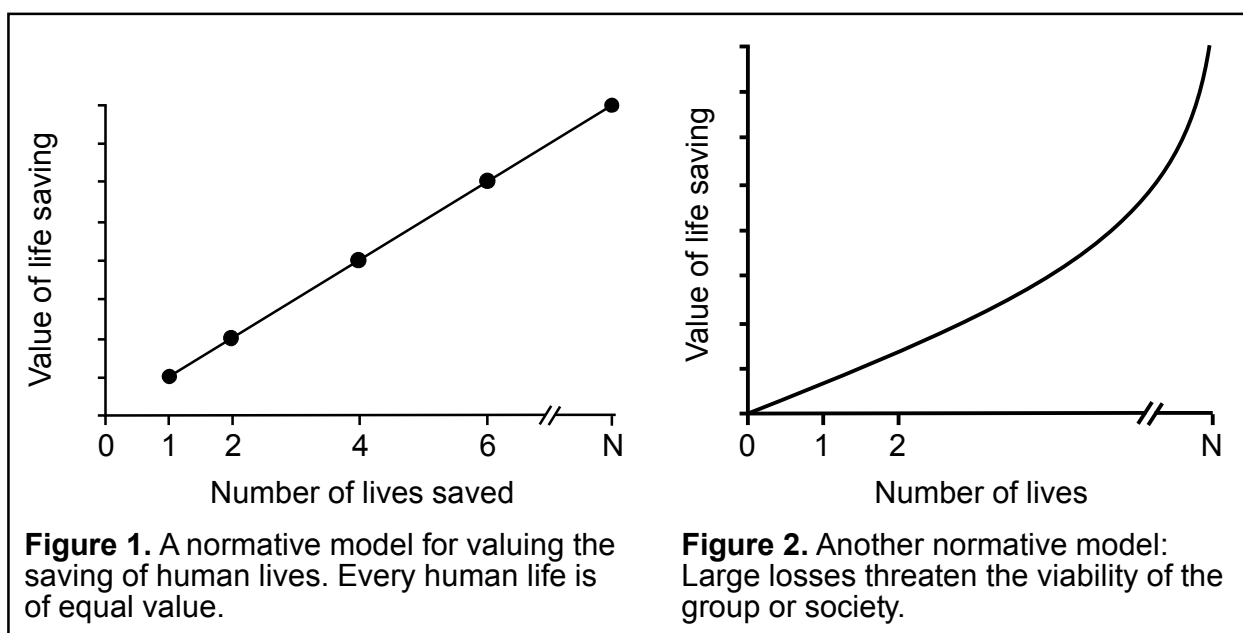
This brings us to a crucial question: How *should* we value the saving of human lives? An analytic answer would look to basic principles or fundamental values for guidance. For example, Article 1 of the United Nations Universal Declaration of Human Rights asserts that “All human beings are born free and equal in dignity and rights.” We might infer from this the conclusion that every human life is of equal value. If so, applying a rational calculation, the value of saving  $N$  lives is  $N$  times the value of saving one life, as represented by the linear function in Figure 1. An argument can also be made for judging large losses of life to be disproportionately more serious because they threaten the social fabric and viability of a group or community (see Figure 2).

How *do* we actually value human lives? Research provides evidence in support of two descriptive models linked to affect and intuitive thinking that reflect values for lifesaving profoundly different from the normative (rational) models shown in Figures 1 and 2. Both of these descriptive models demonstrate responses that are insensitive to large losses of human life, consistent with apathy toward genocide.

### The Psychophysical Model

There is considerable evidence that our affective responses and the resulting value we place on saving human lives follow the same sort of “psychophysical function” that characterizes our diminished sensitivity to changes in a wide range of perceptual and cognitive entities—brightness,

*continued on p. 6*



# The More Who Die, the Less We Care

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loudness, heaviness, and wealth—as their underlying magnitudes increase.

As psychophysical research indicates, constant increases in the magnitude of a stimulus typically evoke smaller and smaller changes in response. Applying this principle to the valuing of human life suggests that a form of *psychophysical numbing* may result from our inability to appreciate losses of life as they become larger (see Figure 3). The function in Figure 3 represents a value structure in which the importance of saving one life is great when it is the first, or only, life saved but diminishes as the total number of lives at risk increases. Thus, psychologically, the importance of saving one life pales against the background of a larger threat—we may not “feel” much difference, nor value the difference, between saving 87 lives and saving 88.

My colleagues, David Fetherstonhaugh, Steven Johnson, James Friedrich, and I demonstrated this potential for psychophysical numbing in the context of evaluating people’s willingness to fund various lifesaving interventions. In a study involving a hypothetical grant funding agency, respondents were asked to indicate the number of lives a medical research institute would have to save to merit receipt of a \$10 million grant. Nearly two-thirds of the respondents raised their minimum benefit requirements to warrant funding when there was a larger at-risk population, with a median value of 9,000 lives needing to be saved when 15,000 were at risk (implicitly valuing each life saved at \$1,111), compared to a median of 100,000 lives needing to be saved out of 290,000 at risk (implicitly valuing each life saved at \$100). Thus respondents saw saving 9,000 lives in the smaller population as more valuable than saving more than ten times as many lives in the larger population. The same study also found that people were less willing to send aid that would

save 4,500 lives in Rwandan refugee camps as the size of the camps’ at-risk population increased.

In recent years, vivid images of natural disasters in South Asia and the American Gulf Coast, and stories of individual victims there, brought to us through relentless, courageous, and intimate news coverage, unleashed an outpouring of compassion and humanitarian aid from all over the world. Perhaps there is hope here that vivid, personalized media coverage featuring victims could also motivate intervention to halt the killing.

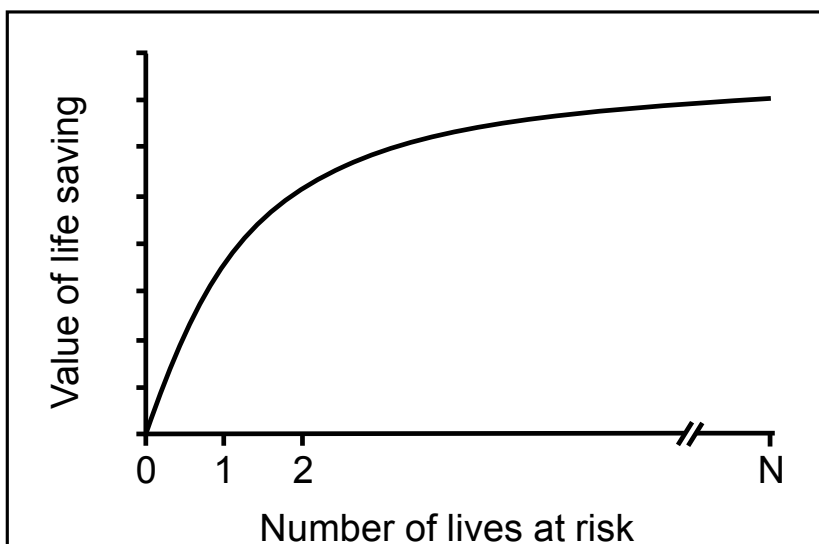
Research demonstrates that people are much more willing to aid identified individuals than unidentified or statistical victims. But a cautionary note comes from a study where my colleagues and I gave people who had just participated in a paid psychological experiment the opportunity to contribute up to \$5 of their earnings to the charity, *Save the Children*. In one condition, respondents were asked to donate money to feed an identified victim, a seven-year-old African girl named Rokia of whom they were showed a picture. They contributed more than twice the amount given by a second group, asked to donate to the same organization working to save millions of Africans (statistical lives) from hunger. A third group was asked to donate to Rokia, but was also shown the larger statistical problem (millions in need) shown to the second group. Unfortunately, coupling the large-scale statistical realities with Rokia’s story significantly *reduced* the contributions to Rokia (see Figure 4)

Why did this occur? Perhaps the presence of statistics reduced the attention to Rokia essential for establishing the emotional connection necessary to motivate donations. Alternatively, recognition of the millions who would not be helped by one’s small donation may have produced negative feelings that inhibited donations. Note the similarity here at the individual level to the failure to help 4,500 people in the larger refugee camp. The rationality of these responses can be questioned. We should not be deterred from helping one person, or 4500, just because there are many others we cannot save!

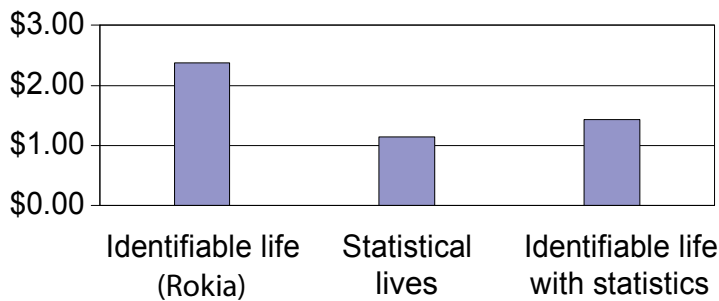
In sum, research on psychophysical numbing is important because it demonstrates that feelings necessary for motivating lifesaving actions are not congruent with the normative/rational models in Figures 1 and 2. The nonlinearity displayed in Figure 3 is consistent with the devaluing of incremental loss of life against a background of a large tragedy. It can thus explain why we don’t feel any different upon learning that the death toll in Darfur is closer to 400,000 than to 200,000. However, it does not fully explain apathy toward genocide because it implies that the response to initial loss of life will be strong and maintained, albeit with diminished sensitivity, as the losses increase. Evidence for a second descriptive model, better suited to explain apathy toward large of losses of lives, follows.

## The Collapse of Compassion

American writer Annie Dillard reads in her newspaper the headline “Head Spinning Numbers



**Figure 3.** A psychophysical model describing how the saving of human lives may actually be valued.



**Figure 4.** Mean donations. Reprinted from Small et al. (2006), Copyright (2006), with permission from Elsevier.

Cause Mind to Go Slack.”<sup>1</sup> She writes of “compassion fatigue” and asks, “At what number do other individuals blur for me?”

An answer to Dillard’s question is beginning to emerge from behavioral research. Studies by social psychologists find that a single individual, unlike a group, is viewed as a psychologically coherent unit. This leads to more extensive processing of information and stronger impressions about individuals than about groups. Consistent with this, a study in Israel found that people tend to feel more distress and compassion and provide more aid when considering a single victim than when considering a group of eight victims. A follow-up study in Sweden found that people felt less compassion and donated less aid toward a pair of victims than to either individual alone. Perhaps the blurring that Annie Dillard asks about begins for groups as small as two people.

The insensitivity to life-saving portrayed by the psychophysical model is unsettling. But the studies just described suggest an even more disturbing psychological tendency. Our capacity to feel is limited. To the extent that valuation of life-saving depends on feelings driven by attention or imagery, it might follow the function shown in Figure 5, where the emotion or affective feeling is greatest at  $N = 1$  but begins to decline at  $N = 2$  and collapses at some higher value of  $N$  that becomes simply “a statistic.” Whereas Robert J. Lifton coined the term “psychic numbing” to describe the “turning off” of feeling that enabled rescue workers to function during the horrific aftermath of the Hiroshima bombing, Figure 5 depicts a form of psychic numbing that is not beneficial. Rather, it leads to apathy and inaction, consistent with what is seen repeatedly in response to mass murder and genocide.

#### The Failure of Moral Intuition

Thoughtful deliberation takes effort. Fortunately evolution has equipped us with sophisticated cognitive and perceptual mechanisms that can guide us through our daily lives efficiently, with minimal need for “deep thinking.”

Consider how we typically deal with risk. Long before we had invented probability theory, risk assessment, and decision analysis, there was intuition, instinct, and gut feeling, honed by experience, to tell us whether an animal was safe to approach or the water was safe to drink. As life became more complex and humans gained more control over their environment, analytic ways of thinking evolved to boost the rationality of our experiential reactions. We now can look to toxicology and analytic chemistry to tell us whether the water is safe to drink—not only to how it looks or tastes. But we can still use our feelings as well, an easier path.

As with risk, the natural and easy way to deal with moral issues is to rely on our intuitions: “How bad is it?” Well, how bad does it feel? We can also apply reason and logical analysis to determine right and wrong, as our legal system attempts to do. But, as Jonathan Haidt, a psychologist at the University of Virginia has demonstrated, moral *intuition* comes first and usually dominates moral *judgment* unless we make an effort to critique and, if necessary, override our intuitive feelings.

Unfortunately, moral intuition fails us in the face of genocide and other disasters that threaten human lives and the environment on a large-scale. We cannot trust it. It depends upon attention and feelings that may be hard to arouse and sustain over time for large numbers of victims, not to speak of numbers as small as two. Left to its own devices, moral intuition will likely favor individual victims and sensational stories that are close to home and easy to imagine. Our sizable capacity to care for others may be demotivated by negative feelings resulting from thinking about those we cannot help. Or it may be overridden by pressing personal and local interests. Compassion for others has been characterized by social psychologist Daniel Batson as “a fragile flower, easily crushed by self concern.” Faced

*continued on p. 8*



**Figure 5.** A model depicting psychic numbing—the collapse of compassion—when valuing the saving of lives.



# The More Who Die, the Less We Care

continued from p. 7

with genocide and other mass tragedies, we cannot rely on our intuitions alone to guide us to act properly.

## What to Do?

Behavioral research, supported by common observation and the record of repeated failures to arouse citizens and leaders to halt the scourge of genocide and to prevent thousands from perishing in natural disasters, sends a strong and important message. Our moral intuitions often fail us. They seduce us into calmly turning away from massive losses of human lives, when we should be driven by outrage to act. This is no small weakness in our moral compass.

Fortunately, we have evolved a second mechanism, moral judgment, to address such problems, based on reason and argument. In the case of genocides and other mass crimes against humanity, we must focus now on engaging this mechanism by strengthening international legal and political structures that pre-commit states to respond to these tragedies rather than being silent witnesses. The United Nations is the institution that was created in part to deal with such issues, but structural problems built into its very charter have made it ineffective. Appreciation of the failures of moral intuition makes development of new institutional arrangements even more urgent and critical. For it may only be laws and institutions that can keep us on course, forcing us to doggedly pursue the hard measures needed to combat genocide when our attention strays and our feelings lull us into complacency.

The stakes are high. Failure to understand how our minds become insensitive to catastrophic losses of human life and failure to act on this knowledge may condemn us to passively witness another century of genocide and mass abuses of innocent people as in the previous century. It may also increase the likelihood that we may fail to take appropriate action to reduce the damages from other catastrophic events.

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## Footnote

<sup>1</sup>Portions of this essay are drawn from Erwann Michel-Kerjan and Paul Slovic (Eds.), *The Irrational Economist*, New York, Public Affairs Books, 2009.

*Paul Slovic is a professor of psychology at the University of Oregon and a founder and President of Decision Research. He studies human judgment, decision making, and risk analysis. He and his colleagues worldwide have developed methods to describe risk perceptions and measure their impacts on individuals, industry, and society. He publishes extensively and serves as a consultant to industry and government. His most recent books include The Perception of Risk (Earthscan; 2000), The Social Amplification of Risk (with N. Pidgeon and R. Kasperson) (Cambridge University Press; 2003) and The Construction of Preference (with S. Lichtenstein) (Cambridge University Press, 2006).*

*Dr. Slovic is a past President of the Society for Risk Analysis and in 1991 received its Distinguished Contribution Award. In 1993 he received the Distinguished Scientific Contribution Award from the American Psychological Association. In 1995 he received the Outstanding Contribution to Science Award from the Oregon Academy of Science.*

*He holds a BA from Stanford (1959) and both an MA (1962) and PhD (1964) from the University of Michigan. He has received honorary doctorates from the Stockholm School of Economics (1996) and the University of East Anglia (2005).*

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Kathy Kendall-Tackett

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**Cognitive Processing Therapy: Two-day Training for Treating PTSD**  
**Led by Patricia A. Resick, Ph.D**  
**March 25 and 26, 2010**

*Sponsored by the New York State Office of Mental Health*

Between disasters, interpersonal violence, and combat experiences, traumatic events are common in modern life. While most people recover on their own or with help from family and friends, some develop posttraumatic stress disorder. Left untreated, PTSD can drastically impair the quality of life for sufferers and their loved ones and may lead to substance abuse or suicide.

One of the most effective evidence-based treatments for PTSD is Cognitive Processing Therapy (CPT), a 12-session cognitive behavioral treatment. CPT is predominantly a cognitive therapy that can be implemented with or without a smaller exposure component than imaginal exposure therapy and is therefore more acceptable to many clients and practitioners seeking alternatives to purely exposure-focused treatments. It also directly targets associated problems such as depression, guilt, and anger. Originally developed for rape and sexual assault, CPT has been successfully applied to veterans, refugees, and survivors of other traumas.

This two-day professional training in CPT will be led by its developer, Patricia A. Resick, Ph.D. Dr. Resick is the Director of the Women's Health Sciences Division of the National Center for PTSD at the VA Boston Healthcare System, a Professor of Psychiatry and Psychology at Boston University, and the 2009 President of the International Society for Traumatic Stress Studies.

Completion of this training will prepare practitioners to implement CPT with trauma survivors, and will provide attendees with practical and useful materials and resources on using CPT with survivors of specific types of trauma, such as those who experienced combat, sexual assault, or the suicide of a loved one.

Registration is now open: [www.newpaltz.edu/idmh/conference.html](http://www.newpaltz.edu/idmh/conference.html)

**Consider Hosting a Webcast CPT Training:**

The Institute for Disaster Mental Health will utilize Webinar technology services to professionally broadcast the on-site training from SUNY New Paltz simultaneously to multiple remote sites. Groups of attendees at remote sites may view the presentation as a live stream, on March 25 (9am-5pm EST) and March 26 (8:30am-4:30pm EST), or with alternative, delayed timing arrangements that better suit remote site needs. Live Webcasts allow remote sites to participate in question and answer sessions. Minimal technological requirements. Hosting sites are invited to either offer in-house trainings for staff and/or students based on established budgets for such purposes, or to charge attendees a fee to cover local costs. The goal is for agencies and schools to be able to host webcasts without accruing costs. Professional CEU credits will be available for Social Workers, Mental Health Counselors, and Psychologists. For additional webcast hosting info, see [www.newpaltz.edu/idmh/webcast\\_hosting](http://www.newpaltz.edu/idmh/webcast_hosting) or contact Meredith Johnson, [johnsone@newpaltz.edu](mailto:johnsone@newpaltz.edu)

# Polarization in Psychology: From Science to Practice and From Practice to Science

Gerald Young, PhD  
York University, Toronto

The field of psychology is marked by several great divides replete with rhetorical extremes that serve to ensnare it in fruitless debates instead of the constructive dialogues that could be taking place. Examples include the recent controversy about evidence-based practice and the degree to which students are trained sufficiently in science. One of the extremes encountered in this area is whether psychotherapy is a practice based more on art than science, or whether it is sufficiently scientifically informed.

In the following, I describe how dedicated practitioners and researchers proceed in their work in the field of psychology when they undertake their professional responsibilities from a scientific perspective. In the conclusion, I acknowledge that more education and training could be done along these aspirational lines.

Evidence-based practice refers to application of sound scientific empirical investigation of psychological interventions to the treatment of patients. Moreover, I would add that it refers to the capacity to engage in critical thinking, using scientific principles, in analyzing the quality of the research and in applying it to the case at hand. It is not meant to be a blind application of manualized treatments to all cases that psychologists may confront, given the wide individual variations in the population and the limits of the research.

Psychology is both a research profession and a helping profession. This discipline aims to study and understand behavior and its organization. A major difficulty with which psychology must deal concerns the question of mental and motivational influence on behavior, including at the unconscious level [at least for those who subscribe to their phenomenal existence; for example, extreme behaviorists prefer to focus only on observable stimuli and responses]. At the research level, this role for mental and motivational influence on behavior translates into efforts to define well and operationalize the measurement of behavior, in order to minimize inferential error. At the therapeutic level, these influences often are the stuff of therapy, and psychologists often work with patients to bring forth awareness at the mental level and to encourage motivation for change, laying the groundwork for effective change at these levels, while facilitating development and use of improved daily habits and skills.

Psychology is messy, whether examined at the research level or behavioral level. This is because behavior is messy. At the research level, experimenters take complex human behavior that involve brain, body, and mind, and conduct research that leads to better understanding of population trends and of individual and group variations. At the therapeutic level, practitioners are asked to help with personal and relational issues that are too complex and overwhelming for those experiencing them, or for the caregivers or caretakers of those expressing them. Practitioners aim to help the parties involved understand better and adapt or move forward through their difficulties by way of the rapport created and the techniques used. This is the strength of psychology—to

take the chaos of behavior that is being observed or measured and to reduce it to comprehensible and shared understandings that promote human improvement or growth. The messiness of human behavior and psychology's ability to decipher that behavior is our strength. The difficulties encountered in doing so should not be used as a criticism of psychology, but as an opening to curiosity and wonder about human behavior and as encouragement of the profession to continue with its task of growing and helping patients grow.

Psychology is not art but science, and science is messy. For example, science is limited, and will forever be so. This does not constitute a negative weakness for psychology, or any discipline for that matter but, rather, constitutes a positive strength. Scientific research or scholarship in all disciplines builds on the theory

and knowledge accumulated, and proceeds in slow ripples of improvement accompanied by the occasional setback, sometimes due to human error or foible, and occasionally there are grand leaps to new paradigms where the slow advance begins anew. Psychology is never about acquiring certainty or proving a theory or idea, but about reducing uncertainty, undermining myth and ignorance, and supporting new ideas and research that are establishing new data as important to consider. There are no absolutes in science, just the ever-increasing acquisition of better theory, models, data, and evidence.

The same applies to our work with patients. We gather the data needed to understand the symptoms being presented, and develop hypotheses on their origins and how best to help the person. Even after an assessment phase, often we learn more with each session, and revise our understandings and strategies. Ideally, psychotherapy is a dynamic encounter of the therapist and patient, as they strive together to establish pathways to empowerment and improvement in the patient. Psychologists are content with this process, and about the constant need for monitoring and even revision when working with patients. Therefore, whether in terms of science or its practice, psychologists revel in curiosity, for example, about great new findings in psychology's research base and scholarship and about great insights and solutions in working with patients.

Psychologists take the messiness of science and work with it. The messiness of our science becomes its strength because it allows us to reflect critically on it, as we have been trained and is our predilection. We analyze the literature for its theoretical, methodological, and empirical strengths and weaknesses, and take from it only that which passes our personal standards of good science and of good practice implications and recommendations. Also, where possible, we adopt the scientist-practitioner mode, contributing to our profession's improvement through our research contributions.

Therefore, psychology works from the dilemma that, in its penultimate research investigations, it strives to control all relevant variables in order to arrive at adequate description of human behavior and appreciation of its causality, but that it will never arrive at the goal, despite increasing improvement in the science



Gerald Young, PhD

and the results obtained. Also, practicing psychologists work from the dilemma that they are educated and informed by its scientific and research base, but that they cannot rely on it totally because of its limitations, in general, and its lacunae with respect to how to best understand the patient at hand and the best ways of helping him or her. In our practice with patients, we are not slaves to that science, because we realize its constraints, and that it may not have addressed directly in its population level focus the complexity and individual difference in the patient before us. Often, there is the great divide between what science can offer and what the particular patient needs at the moment.

The process of encounter, with either theory or data presented in the literature or with symptoms presented by patients (along with their interpretation), is critical for the optimal evolution of the field, whether in terms of research or patient treatment. Science provides theoretical and empirical signposts and guidelines, and the practitioner is responsible for their critical appraisal and incorporation into practice. We are trained in theoretically and empirically driven schools of thought, but often prefer eclectic and integrated approaches that make best sense in assessment and in treatment planning. We treat people for their symptoms using adaptively schools of thought and learned techniques, rather than treating people inflexibly only in terms of how they fit schools of thought and learned techniques.

In all these senses, psychological practice is not art even when science does not offer specific theories and techniques for helping directly with all aspects of the particular difficulties in the case at hand. When called for, in certain areas, we are forced to fill in the gaps in our work with a particular patient, generalizing from our prior knowledge of theory and of empirical data. However, in following this procedure, we use the scientific process of careful reasoning from the data at hand, both in terms of the literature and what has been gathered about the patient, within the limits of the task, and we tread carefully at each step, ensuring that we are adhering to best professional and ethical practice. When we deviate from accepted practice, the modifications are still within the scope of the theories and techniques learned, or we consult with the literature, colleagues, mentors, and so on, before proceeding. We build our ideas from what we have learned in the history of the field and in the contemporary landscape. We respect the scientific basis behind the field, and contribute to the science in the field as best we can.

Research in psychology begins with careful observation. To understand children, we watch carefully their behavior, and conduct studies to confirm hypotheses that our observations and knowledge of the literature have yielded. The same power of observation is present in psychotherapeutic treatment with patients. We hear their words, but also watch their nonverbal behavior. We administer psychological tests, but also observe their comportment as they answer. Science may inform how we should conduct ourselves normatively with patients, but patients provide us knowledge of their special characteristics and concerns and we note that their behavior is an important window in this regard. Indeed, patients constitute the best source for theorizing and developing research ideas. Each one is an individual in need of individualized treatment rather than just being an exemplar of a population in need of manualized treatment. This being said, there are limits to the extent of individualizing treatments, as mentioned. Normative research gives us powerful guides when undertaken well.

The media has entered into the debate about evidence-based practice in psychology, and has adopted some rather inappropriate conclusions about the profession. Granted, there are training centers and graduate schools that could improve their scientific training and, granted, there are individual practitioners who have strayed from the scientifically informed approach, adopting therapeutic techniques without much scientific foundation. However, generally, the education, training, and practice of psychology are scientifically informed within the limits described. Moreover, even if there are debates and controversies in the field, they should be viewed as starting points of dialogue rather than of diatribe. We should adopt an attitude such as this as we communicate among ourselves and with the media and public. By being open to improve ourselves rather than becoming entrenched in hardened positions one way or another, we increase our professional standing and increase our capacity to help our patients and learn from them. The media has the same obligation, to remain open to new information in their professional work, and to approach each topic fairly and openly, admitting errors to the public along the way. We look forward to the multiple dialogues called for in this editorial, which will serve to improve both the field of psychology and the media's understanding of and respect for it.

This openness to improvement is especially germane for the area of psychological injury and law, where some of its scientific disputes have made it to the front page of national newspapers. Our journal of *Psychological Injury and Law* ([www.asapil.org](http://www.asapil.org)) was founded on the principle of publishing and disseminating the best science in the area to improve practice in it. In general, we promote use of: the best psychological instruments in assessment, ones with the soundest psychometric properties; the clearest evidence-based treatment of patients, within the limits described in the editorial; and we consult the best scientific material in educating ourselves and improving our assessments and therapy (For a scientifically informed approach to psychotherapy published in the journal, see Young, 2008). Our area is marked by another great divide—the adversarial one across attorneys and in court in legal cases addressing psychological injuries, disability, and losses. It is only through better science that the divide can be diminished and that the outcomes in legal disputes become fairer, in general, both for injured parties and those being pursued for claims. The better our work as scientists, the better will be the work of practitioners and the better will be the education and training of our students. Better science is the best way of tackling the difficulties in the field of psychology, and this is what we should strive to do at all times and at all levels of the profession, and this is what the media can tell the public about us.

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# Killing as Etiological Stressor and the *DSM-V* Definition of Posttraumatic Stress Disorder

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The purpose of this paper is to contribute to the theoretical discussion of the definition and diagnostic criteria of Posttraumatic Stress Disorder for the upcoming fifth version of the diagnostic manual of the American Psychiatric Association, *DSM-V*. Working groups report there may be some different organizational and conceptual approaches from *DSM-IV-R* (American Psychiatric Association, 1994). I will be using the definitions of this latest version as the structure upon which to base comments; since the comments are fairly general, they should be applicable in any new organizational structure of diagnoses.

## *DSM-V* Criterion A-2

Criterion A: *The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror* (American Psychiatric Association, Section 309.81, pp. 427–429).

The idea that *causing* the traumatic circumstances leading to PTSD, as described in Criterion A-1, especially with an act of killing, has received growing attention in the literature. Green (1990) sets forth a set of categories for stressors that can cause PTSD, and the final one is “causing death or severe harm to another.” Lund, Foy, Sippelle, and Strachan (1984) constructed a Combat Exposure Scale in which participation in abusive violence was included, suggesting that act would be a stressor that could lead to later psychological problems. In his discussion of assessing adult posttraumatic conditions due to war, (Briere, 1997) comments, “War involves a very wide range of violent and traumatic experiences, including . . . involvement in injuring or killing others (both combatants and civilians), witnessing or participating in atrocities, acts of rape . . .” (p. 4). Evidence that participation in the act of killing is a severe stressor for combat veterans, police, executioners and others who in socially approved contexts was detailed by MacNair (2002, 2008).

Higher PTSD scores have been found for those hurting someone else than for other stressors among children in Kuwait following the Gulf Crisis (Nader, Pynoos, Fairbanks, Al-Ajeel, & Al-Asfour, 1993), and combat veterans (for example, Strayer and Ellenhorn, 1975; Hendin and Haas, 1984; Breslau and Davis, 1987). Green (1990) also notes that “causing death has been shown to predict worse psychological outcome” (p. 1638). A secondary analysis of the data from the National Vietnam Veterans Readjustment Study (NVVRS) was

consistent with this assertion (MacNair, 2002, Chapter 2 and appendix).

Criterion A-2 requires a response of fear, helplessness or horror. This was a sensible approach to distinguishing trauma due to extreme stressors from more everyday stressors. However, when we consider the idea of an act of killing or other horrific violence as the etiological stressor, this criterion is clearly incomplete.

At the time of killing, the following emotions are common: anger; hypervigilance; emotional numbness; detachment and dehumanizing of victims; and even exhilaration.

When the killing is in response to danger, anger is more likely; in response to perceived danger, a hyper-vigilant reaction might be observed. When it is pre-planned, as with an execution, numbing and detachment are more likely. When soldiers get a “combat high,” this means exhilaration.

All but exhilaration can also be, but do not have to be, PTSD symptoms. Those symptoms can contribute to acts of violence, but acts of violence are also common when such emotions come from other sources. This is especially so in socially-planned violence such as wars and executions when the impetus for the acts come from expectations of authority figures, or when it comes as part of the job, as with police.

The sense of exhilaration is paradoxical as an emotion accompanying a trauma, but it fits with the idea of addiction to trauma (Grossman, 1995; Hodge, 1997; Nadelson, 1992; Solursh, 1988; Solursh, 1989) which may be caused by endogenous opioids (Southwick, Yehodua & Morgan, 1995; van der Kolk, Greenburg & Krystal, 1985). As Solursh (1988) quotes a combat veteran, “It’s hard to duplicate this high with drugs . . . the only drug I know is cocaine, that would reproduce . . . the same type of high of killing.”

Solursh notes that this “rush” is not protective against PTSD, but rather seems to be connected to its aggravation as the symptoms become a method for achieving the rush. Yet withdrawal symptoms also accompany this in such a way as to suggest that this has the same problems as any drug addiction. This is why we can identify the original event as a trauma and an etiological stressor for PTSD, even though a sense of exhilaration would normally be regarded as the opposite of the sense of horror required by the current criterion A-2.

Numbing at the time of killing can be illustrated from interviews with those carrying out executions. For example: “I said, ‘How do you feel?’ And he said, ‘Blank.’ I said, ‘Blank? That’s it?’ And he said, ‘That’s all I’m feeling. Blank.’ There’s nothing there. You keep thinking there’s going to be some emotion. You’re searching for something . . . It’s just a blank.” (Trombley, 1994, pp.



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274–275; emphasis in original). In this case, the high-stress “adrenaline rush” had occurred in anticipation of the execution, but was replaced by the numbing at the time of the actual event.

Studies suggest that dissociation is not protective against future PTSD symptomatology (Marmar et al., 1994; Marmar, Weiss, Metzler, & Delucchi, 1996). An event can still be traumatic even though the accompanying emotion was one of either numbness or dissociation from the event, which was not quite the sense of helplessness expected by the current wording of criterion A-2.

*DSM-IV*'s wording is focused on victims and rescuers in traumatic circumstances, and there is logic to why it was developed to distinguish trauma from other stressors. However, the empirical evidence strongly suggests that being active in causing traumatic circumstances may also lead to the pattern of symptoms. This makes the case that there should be accommodation for this in the definition.

### Criterion F

*F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning* (American Psychiatric Association, Section 309.81, pp. 427–429).

For diagnostic purposes, there is expected to be impairment. However, evidence has shown that rather than being dysfunctional with post-trauma symptoms, some people can be super-functional. They use workaholism as a form of self-medication. This has advantages over alcoholism for the purpose, but it still leaves a post-trauma condition that requires healing.

Here is an example: “Following Connie’s execution, I plunged back into my work with a sense of urgency. For a time, it must have seemed that I was pursuing my duties with a vitality and determination not seen before. In a very real sense, I was. Each new day’s crises kept me from having to think or remember. But nothing could dispel the feelings I harbored inside. Try as I did, I could not remove the lingering doubt or bewilderment” (Cabana, 1996, p. 191).

One study of men at Harvard who had fought in World War II showed that those with more PTSD symptoms were actually more likely to be listed in *Who’s Who of America* (Lee, Vaillant, Torrey, & Elder, 1995). Veterans as long ago as World War II can often push post-traumatic symptoms away with work until the time they retire, and then the symptoms hit them (Sleek, 1998). When the news arose in 2001 that when Senator John Kerrey was a soldier in Vietnam he was involved in killing several civilians, including children and old people, the Senator indicated an emotional aftermath consistent with post-traumatic symptoms (Vistica, 2001). Yet it would be fair to say that a man of his post-war achievement was more likely using workaholism rather than being dysfunctional.

### Four-Factor Models

Construct validity testing of PTSD has indicated that factors do not conform to the current three-cluster arrangement of symptoms. Proposals for a 4-factor model, each about as well justified in the mathematical sense, are either to simply divide Cluster C into two, so that active attempts at avoidance would be different from emotional numbing (Asmundson & Taylor, 2009; Asmundson, Stapleton & Taylor, 2004), or to take some symptoms from C and some from D and make a “dysphoria” cluster (Pietrzak & Southwick, 2009).

The first model would be more practical for an application to perpetration of violence as the etiological stressor. PTSD symptoms can themselves lead to more violent behavior in the future (MacNair, 2006). The cluster of numbing and estrangement and detachment from others is a major part of the dynamics of how those symptoms can lead to violent behavior, and differentiating it from avoidance symptoms would make theoretical sense for that purpose. The dysphoria cluster would not address this. The difference between the two models would be the difference between picking out individual symptoms only, or referring to an entire cluster to explain this particular psychological dynamic. Therefore, if both models are statistically justifiable, the model that divides the two kinds of avoidance into active avoidance and numbing symptoms would be more theoretically useful in discussing PTSD when committing violence is the etiological stressor.

### Notes on Therapy

The diagnostic manual includes not only definitions for diagnosis purposes, but helpful commentary. Since the therapeutic needs of sufferers is a major purpose of the entire enterprise of having such a manual, differing therapy needs under circumstances of active participation in the trauma should be considered. The conceptualization is relatively recent, and the literature on what is helpful in this specific kind of case is sparse.

In earlier years, both Haley (1974) and Shatan (1978) pointed out that when patients report having committed atrocities, the therapists have more trouble listening. Killing which does not fit the category of “atrocities” may well have the same problem.

Any differences in what constitutes effective treatment needs to be understood. For example, Foa and Meadows (1997) note one treatment that might differ: “In particular, PTSD sufferers whose traumatic memories are about being perpetrators rather than victims may not benefit from [Prolonged Exposure as a treatment] and perhaps will even deteriorate from such treatment” (p. 475). They cite Pitman et al. (1991) who describe case studies in which this flooding technique was shown to be counterproductive. Little has been explored regarding differences in pharmaceutical approaches. On the positive side, Lipke (2000) has found some success in using eye-movement desensitization (EMDR). Glover (1985)

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and Lifton (1990) report that group therapy with combat veterans may be helpful and provide insights on the particular features of symptomatology.

There is evidence that simply being aware the phenomenon of PTSD exists helps sufferers know they are not peculiar or insane, but that despite the lack of frequent disclosure, their symptoms are common to others who were in that situation (Yalom, 1995; Lipke, 2000). It may also be helpful for PTSD sufferers to be aware of the differing patterns of symptoms. The NVVRS data showed the symptoms of intrusive imagery and explosive outbursts are especially pronounced (MacNair, 2002, chapter 2 and appendix).

When therapists consider the implications of the act of killing as a precipitant for PTSD, it is not uncommon for traditional religious concepts of dealing with wrongdoing to arise. Foa and Meadows (1997), suggest that when guilt is justified, "alternative strategies . . . [include] exploring ways of making reparations and bearing witness" (p. 475). Atonement, repentance and forgiveness, bearing witness, and re-identifying one's self as a different person from the one who did the killing (as in being "born again") have been suggested in many discussions with therapists. This has been one of the responses of the human community in diverse cultures and through many historical periods to the common phenomenon of dealing with killing. They have remained because of extensive experience that they are, in fact, helpful.

### Conclusion

Research on how therapeutic approaches may differ for perpetration as opposed to victimization within traumatic situations is still in its infancy. As long as socially-approved violence is expected of some, and criminal violence is still widespread, it is crucial to know in particular how therapy may alleviate post-traumatic symptoms that might lead to further violence and victimization of others.

That being the case, it is important that the very definitions used and the diagnostic criteria applied take account of trauma induced by acts of participation in violence. It will also facilitate more research into the different therapy needs that derive from the victim vs. perpetrator etiologies of PTSD.

Most particularly, Criterion A-2, as it defines trauma, needs to be expanded to include not only those who are victimized, but those who are drawn through various authorities and social psychological mechanisms to be active in causing the trauma. It seems odd to think of a trauma as something that people could willingly cause; it seems inherent in the nature of the concept of trauma that it is something that people would try to escape, or at least merely tolerate for a greater good such as emergency rescue work. However, society still expects acts of violence often from its soldiers and occasionally from its police. Throughout history, executions and

torture have also been ordered by authorities. Evidence suggests post-trauma reactions of perpetrators are similar, and perhaps more severe than for victims. It would benefit perpetrators suffering from Posttraumatic Stress Disorder if the definition of were made clear so as to include them.

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*Rachel MacNair is the author of the textbook The Psychology of Peace: An Introduction and the monograph Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing, both published by Praeger. She is Director of the Institute for Integrated Social Analysis and also coaches dissertation students on statistics.*

## Early Career Professionals/Psychologists: Finding Mentoring

M. Rose Barlow, PhD

Greetings, fellow Early Career Psychologists (ECP). This column is the first in a series that will respond to concerns and needs expressed in the recent Div56 ECP online survey. One of the most commonly repeated themes from ECPs on diverse career paths was a desire for more mentoring from established trauma psychologists. There was also uncertainty about how to find mentors. In this column I will offer a few suggestions that worked for me. I will discuss utilizing peer mentors, meeting senior mentors, and resources that we offer to connect you with both.

First, I want to emphasize the importance of utilizing the tremendous amount of collective experience that is available from your peers: the Div56 ECPs. Your Div56 ECP colleagues are in diverse career paths and at diverse stages within the “early career.” Our survey revealed that some ECPs have up to seven years’ post-doctoral experience—a wealth of knowledge that can be helpful to those of us just coming up. We have had different experiences from which we have derived varied lessons that can be shared with those in similar situations or across situations. For example, about one-third of people who answered our survey were at VAs, and perhaps those people have particular needs, wisdom, or advice to share with others in the same situation. We provide Internet resources, discussed below, to help connect you with ECPs who have walked in your shoes.

Peer mentors are also useful for emotional support.



M. Rose Barlow, PhD

As my peers from graduate school and I negotiate our paths towards tenure, we conduct research and write articles together, but we also provide encouragement for each other, congratulate each other on our successes, and console each other when things go wrong. Now in my second year on the tenure track, I've had the chance to be on our department search committee. I can provide a little advice to my colleagues who are in the job market, advice that goes beyond some of the excellent resources like *The Academic Job Search Handbook* or wiki sites.

Working with fellow ECPs on specific projects has provided a vehicle for me to seek and receive advice from senior faculty mentors. Recently, an ECP colleague and I applied for our very first NIH grant. This process was very informative, not only in finding out how the NIH grant process works, but also in introducing us to colleagues across our respective campuses. I'm in the Psychology Department, but a colleague told me about someone in the Education Department who does psychological research and has received and reviewed numerous large grants. Via email, he agreed to join me for coffee, where he gave me some advice about what grant reviewers would look for in the analysis section.

My ECP colleague also sent the grant application to faculty from two other schools, asking whether they would be willing and able to offer feedback within a specific period of time. Some did and some did not. All the advice we received was enormously helpful. We discovered that although senior psychologists are busy, if we ask specific and limited questions, they often are happy to mentor a clearly defined



## Finding Mentoring

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project without the obligation of becoming a long-term mentor. Specificity seems to be the key; we were not seeking emotional support or general career advice, both of which can be hard for a potential mentor to produce on demand, especially for a colleague one doesn't know personally.

Creating a network can be hard for those of us who are strongly introverted and reluctant to ask for help from acquaintances. Perhaps a technique from cognitive behavioral therapy might be of use here: acting "as if". In my first year on the tenure track, I had to act as if I were more extroverted than I really am. I pushed myself to create and take advantage of social opportunities. In my first semester I invited each faculty member in my department to go out for coffee and a chat with me, and they all did. I asked my department chair to set me up with a senior faculty member as a mentor, and later I signed up for a university-wide mentoring program, where I got connected with a mentor from another department. My "official" mentor is a tenured professor in the English department. Though he can't offer me advice on psychology-specific issues, he's been able to provide a new perspective on how the university works. He also helps run the Writing Center on campus, so he's got good advice on how to form and continue productive writing habits. In addition, he's been able to point me to resources in the community that I haven't yet found in my new home: restaurants, doctors' offices, etc.

Seek out these cross-area connections. One of my most productive collaborations throughout my career has not been with a psychologist but with an economist. For over a decade we have edited each other's manuscripts. These types of relationships can be found by seeking them explicitly—at conferences, through our division listserv, through your campus's writing or faculty development centers, or through formal organizations such as Tara Gray's Publish and Flourish writing groups that bring cross-area scholars together. Because my friend, the economist, and I each know what the other researches, we can also point out grant opportunities or interesting articles that we run across. Having a first reader from outside the field of psychology has forced me to write in a clearer and more organized fashion, which helps at publication time! (Any lack of clarity that remains in this column is my fault, not hers.)

A frequently heard piece of advice is to write to established researchers when they publish an article that is relevant to your research. Drop them an email telling them how much you liked their article and (briefly) how it specifically relates to your current research. I used this advice when an established researcher published an article that was interesting to me but not directly related to my area. However, I was interested in the acknowledgements section of the article. The research had been funded by a large grant, and I emailed the author to ask about how the research team got funding for the specific research area. I have also emailed a respected researcher in the field when I saw a poster at the ISTSS conference but did not have time to pick up a handout. We ended up emailing each other our posters and now that person has my email address. Don't be afraid to email your polished drafts to people who directly study the area. Even if

they don't reply with feedback (and you may be surprised at those who do), we know that the more often you read a paper, the more you like it—the mere exposure effect. These people may be your future reviewers. Additionally, by introducing them to your work, these researchers may be more likely to cite the published version of the paper in their own work.

Try to meet potential mentors at conferences. If you are still in touch with your graduate adviser, this person can play a vital role in introducing your name to the field. Don't be afraid to ask senior colleagues to introduce you to their long-standing collaborators. You might also try teaming up with a friend to seek out mentors at conferences if you are shy in person. Also, please attend the Division 56 social hour at APA. Because the survey results demonstrated interest in such an event, watch for mentoring opportunities at other trauma conferences as well. We'll let you know about these through the Div56 ECP listserv.

As part of our role in Div56, please feel free to use the ECP committee as a resource to help connect you with mentors. Join our Facebook group (Div56 ECPN) and/or the bigger "Trauma Psychology" group on Facebook, which contains both established trauma psychologists and ECPs. These groups could be a place to post announcements about conferences, calls for papers, and especially ideas for collaboration. It can also be a place to ask questions of a larger audience when you don't have a mentor to ask. Making connections in an electronic format is much easier for many of us than it is to walk up to someone in person. I've found that if I send a researcher from anywhere in the world a brief email mentioning my research and asking a brief, specific question, she or he almost always writes back!

You could also send out requests for collaboration over our listserv (DIV56ECPN). Perhaps a colleague has resources that could help you, and vice versa. Especially for those of us that recruit specialized populations, this type of collaboration could lead to expanded opportunities for research and publication, as well as networking. Personally, I'm interested in doing collaborative research studying populations diagnosed with dissociative disorders. What are you interested in? Let other Div56 members know, and you might find a new collaborator or even a mentor.

*M. Rose Barlow is an assistant professor of Cognitive Psychology at Boise State University. Her webpage is <http://psych.boisestate.edu/facultyandstaff/barlow/>*



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# Presidential Voice: Deepening and Broadening

*continued from p. 1*

Our reach has extended; we regularly receive requests for collaboration with other organizations, and our brand new journal is already running full with excellent submissions. To me, then, the challenge is not simply to grow—it is also to deepen and broaden our roots. Our roots are you, our members, with your rich and diverse collection of knowledge and interests across the domain of psychological trauma.

## Plan to Come to Convention and Create our Joint Vision

I'm hoping to find ways to engage more of us in the life of Division 56. So, a preview of something new and different, in the hopes that you'll plan to be there. At the APA Convention each year, we, like all divisions, hold a business meeting. Usually this is an experience where a few people show up and the leadership talk, perhaps answering questions. This year I intend to make things different. I'm going to invite whoever comes (so please, lots of you, come!) to participate in a vision-building exercise. We'll be breaking into small groups and having 20 minute discussions about what you want to see Division 56 doing in one, two, five, and ten years. I will be asking our Executive Committee and other leadership team members to facilitate and record your suggestions and comments, and bring them back to us so that we can utilize your direct input. Not everyone with great ideas has the time or inclination to serve on a committee or write an article. Yet I believe that each one of you has ideas about where we need to go as an organization that would benefit and potentially lead us. This is one thing that I hope to do this year to deepen and broaden Division 56. I particularly hope to hear from people whose voices have not yet been prominent in our discourse—more combat and disaster trauma folks, more international trauma psychology workers, more colleagues of color and LGBT psychologists, more early career psychologists. Our division's leadership has been rich in experienced interpersonal trauma psychologists—now is a time to broaden, deepen, become more representative of the full range of our field so that as we grow taller we have deep enough roots to remain strong.

## Social Justice: A Theme for 2010

As I mentioned in my president-elect piece in the last newsletter, my theme for my year as president of the division is "Trauma Psychology and Social Justice." A few words now about what I mean by this, and what I'm hoping to accomplish.

For many of us, our work in trauma psychology is action toward social justice. This has certainly been my own mind-set; working with adult survivors of childhood complex trauma as a psychotherapist and forensic psychologist so that they heal from the damage done has always felt like creating a more just world, one person at a time. More recently, though, I've been challenged by the existential questions of middle adulthood to wonder how I could be more intentional and purposeful about the work of social justice in ways that go beyond the walls of my office and the e-letters that I write

to legislators. I've become interested in how I, and other trauma psychologists, might create projects and systems that are specifically meant to lead to a more fair and just world, in which the sources of the trauma that we research, teach about, and practice with grow less. A just world is, to me, one in which systemic inequities are abolished, one in which peace-making is prized, where no one is faced with the terrible non-choice of selling one child into sex slavery in order to feed others, where our daily papers need not print the names of those dead on the battlefield. A just world puts most of us in the field of trauma psychology out of business; sadly, this is unlikely to happen in the lifetimes of even the youngest of you. It is a goal to strive for, though, and one to which each one of us can contribute.

To that end I've asked Amber Douglas (adouglas@mtholyoke.edu) and her task force to learn what things our members are doing to develop social justice focused projects in their work. I'm hoping that we'll have the chance to highlight these projects here over the course of the coming year. If you're doing a social justice project as a trauma psychologist, we want to hear about it. If you're trying to figure out how to do your research so that it is more fair and just, and so that the questions you ask allow you to generate answers (and further research questions) that point toward strategies for alleviating injustice, we want to know. If, in your practice, you are developing ways of empowering your trauma survivor clients, we want to hear about it. If you're working with communities to heal rifts born of conflict and oppression, bring us into the circle.

In my own personal community of friends and colleagues I can name half a dozen such activities off the top of my head; Kathryn Norsworthy's work with refugees on the Thai-Burma border, Stacy Prince and her colleagues' Therapeutic Justice Project, building a therapist-client social change community in Seattle, Laurie Pearlman's visits to do training in Rwanda, Sandra Mattar's development of diversity-based trauma training, Diane Elmore's policy advocacy, Ibrahim Kira's work with torture survivors—the list could go on. I want to know about what each of you is doing to make that list longer, as do Amber and the members of her task force. I hope to share here some of the stories we gather this year, and to highlight the work of our members who are finding ways to make trauma psychology lead to a more just world.

## So Long, Farewell, Thanks, L'Hitraot

For the confused readers who never had to spend their afternoons in Hebrew school, that last word is the Hebrew language version of "until we see you again." We have a number of wonderful colleagues rotating off of their service in Division 56 who deserve our thanks and praise for having done the heavy lifting getting this tree planted and growing. We understand that people need to move on—we hope it's not for good, but simply until we see you again. Specifically, thanks go to the following folks who have left leadership in 2009:

- Our immediate past president, Bob Geffner, who was personally responsible for getting more of the petitions to establish the division signed than

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## Presidential Voice: Deepening and Broadening

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the rest of us together; without Bob it would have taken much longer to reach our goal and convince APA that we needed to exist.

- Our first Member-at-Large for Diversity, George Rhoades, who has kept us abreast of his international trauma work and reminded those of us who live in the U.S. of the complexity of trauma in the world.
- Our founding Membership Chair, Sandra Mattar, who put together a brochure in no seconds flat, and then dove head-first into making sure that we had excellent member service.
- Christine Courtois, the founding Chair of our Practice Committee—who immediately came back on board and who I am delighted to welcome to the Presidential trio as our 2010 President-Elect!
- Jennifer Freyd, the founding Chair of the Science Committee, who created a model of activism for trauma psychology science with her alerts to the membership. Jennifer's influence stays with us in the form of her many former students who are in leadership.

- Anne DePrince, the founding Chair of the Education and Training Committee, who began the process of systematically identifying trauma-focused, accredited training programs in clinical and counseling psychology.
- Desnee Hall, who created the Special Interest Groups Committee on her own initiative; without her this very important component of Division 56's service to our members might not exist
- Richard Thompson, our out-going Program Chair, who survived the vicissitudes of getting the suite program up and running in 2008, and then led the creation of the convention program in 2009.
- Patrick Meade, out-going Chair of Student Affairs, who set up new subgroups within the Student Affairs Committee, extending its reach.

Division 56 owes a debt of gratitude to each of these out-going members of our leadership team. Little happens in an APA Division because of its president—almost everything that we do is because of the work of folks such as these, and the people who continue in leadership in the coming year. To our departing colleagues, so long, farewell, thanks—and come back soon, please! And to all of you—this year will be a success only with your engagement and presence. I look forward to getting to know more of you, and more about the work that you are doing, as I fulfill the honor you have given me to lead Division 56 in 2010.

## Who Do You Know?

*Rochelle Coffey, PhD, Division 56 Membership Committee Chair*



*Rochelle Coffey, PhD*

Now that we're in our third year, we'd like to invite all of you to contribute to our continued membership growth through a 1-for-1 campaign. Each Division 56 member knows at least a few colleagues who do trauma research, therapy or teaching and who are not yet members of Division 56.

If you are a trauma researcher, are your colleagues and research assistants all members? Therapists, do you have people in your practice, agency or on your referral list who would like to stay current with the field? For those of you in academia, think about students who have shown interest in the trauma field (we have reduced membership fees for students). Membership in Division 56 offers a great opportunity for students to gain exposure to potential mentors in the field as well as encouraging interest and commitment to the field of trauma psychology. We encourage each one of you to recruit at least one new member to join Division 56. The following are some talking points you can use in this recruitment campaign:

1. Members will keep up-to-date on the latest development through our division's new journal—*Psychological Trauma: Theory, Research, Practice, and Policy*.
2. Members may choose to join a members-only listserv providing on-going conversation with others in the trauma field on the latest trends and trauma related developments in APA.
3. Members have voting privileges in the division's annual meeting and are eligible to serve on committees or run for division office, thus shaping the future of trauma psychology
4. Division 56 has a Professional Affiliate membership category that's open to any professional interested in trauma psychology—non-APA member psychologists, psychiatrists, counselors, nurses, social workers, attorneys, advocates.

Division 56 is already one of the few divisions of APA that is growing. If every member could introduce and recruit one new member to Division 56, we could double our division membership before the convention. Encourage your colleagues to check our website to find out what we've been up to, to listen to convention programs from the past three years, and to see what we did in Toronto.

# 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!  
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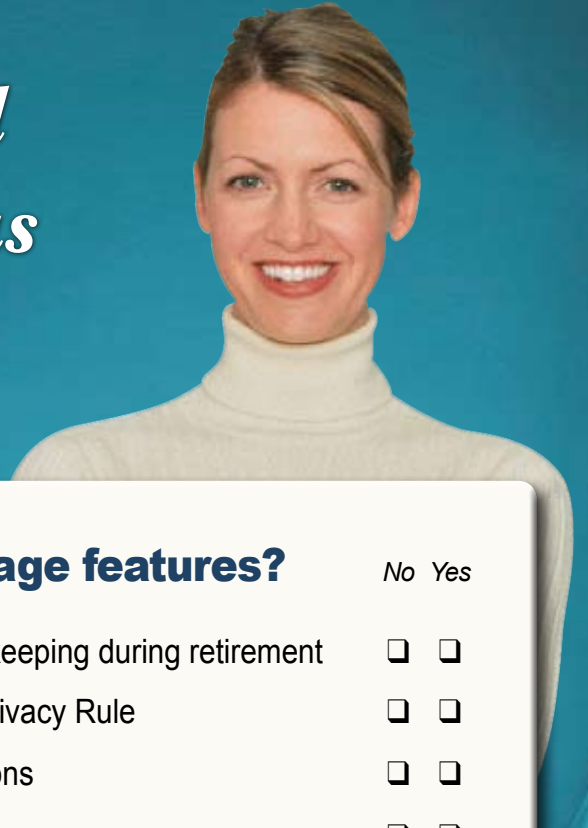
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## TRAUMA PSYCHOLOGY NEWSLETTER

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