

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

A Springtime of Hope and Renewal

Christine A. Courtois, PhD, APBB

After a tough winter, it's the usual beautiful spring here in DC. The forsythia, daffodils, and tulips are up and the pear trees and cherry blossoms have been in full bloom for the past 3 weeks. Springtime, like no other season, is a stunning reminder of growth and renewal that focuses us on the future and on life. We move from the winter season of dormancy to the season of rebirth and possibility. With all of its emergent growth, spring is the season that most causes me to reflect on the effects of trauma on both the traumatized and on those who help them, whatever their role or capacity.

Now you might be asking, How did she get from here to there? What connection is she making between the two seemingly incongruous issues? Several things immediately come to mind. First, is how traumatized individuals are spiritually and relationally affected by what has happened to them. Many end up chronically hopeless and despair of ever getting better

or of overcoming their histories. For them, hope and renewal seem impossible and belong to others, the ones they consider to be normal and not like them. Second, is the impact of this chronic hopelessness and despair on those who work with survivors and who hear their stories and experience their emotional and physical suffering with them. Helpers need to be able to bring hope to the relationship and to hold it when the traumatized cannot. This is not always an easy task. Third, is the possibility of renewal in the midst of what are truly horrific events. Many survivors

teach us through their perseverance and bravery that growth is possible even in the worst of circumstances. They are like the proverbial seed in the sidewalk crack that grows and blossoms despite being in an inhospitable environment. Many helpers are in awe of the fortitude that some survivors exhibit in spite of their trauma--or maybe because of it, as some of them remind us--and as research on posttraumatic growth suggests. Promising new research



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Early Career Professionals/Psychologists: To Postdoc or Not to Postdoc?

Cameo Borntrager

Many early career psychologists (ECPs) wonder about the necessity of postdoctoral training, especially those focused on trauma, where to find postdoctoral opportunities, and balancing research and clinical work during (and after) a postdoctoral placement. Below, I offer insights based on my own experiences and advice from two experts in the field of trauma.

Dr. Patricia Resick is the Director of Women's Health Sciences Division of the National Center for PTSD at the VA Boston Healthcare system, and a Professor of Psychiatry and Psychology at Boston University. She is internationally renowned for her research and clinical work on posttraumatic stress, risk, and resilience to trauma exposure, particularly among women. She developed the evidence-based treatment Cognitive Processing Therapy and is a leader in dissemination within the VA. Dr. Resick has served as the President of the International Society for Traumatic Stress Studies and the Association for Behavioral and Cognitive Therapies. She has published four books and many empirical publications. We chose to interview her because of her expertise in trauma and knowledge of the VA system, which is ripe with trauma-focused postdoctoral training opportunities.

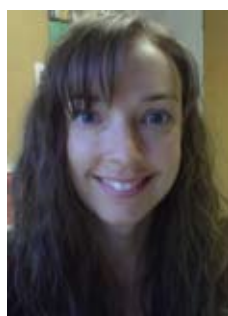
Dr. Joanne Davis is an Associate Professor of Psychology at the University of Tulsa and Co-Director of the Tulsa Institute for Trauma, Abuse, and Neglect. Dr. Davis completed her predoctoral internship and postdoctoral fellowship through the National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina (MUSC). Her research and clinical work focus on identifying emotional and behavioral correlates of trauma exposure and the dissemination of evidence-based treatments for victims. She is the author of *Treating Post Trauma Nightmares: A Cognitive Behavioral Approach*, and researches trauma-related nightmares and sleep difficulties in survivors.

ECPs often wonder how to determine if they need postdoctoral training prior to entering the job market. Dr. Resick recommended checking with one's state licensure laws, as many states require postdoctoral hours in order to become a licensed practitioner. Postdoctoral positions provide the opportunity for a clinical or academic specialization. Dr. Davis pointed out, "I knew I wanted to go into academia and needed more publications to have a competitive academic job application, so the next logical step was a postdoc."

Determining the type of postdoctoral position to apply for is of concern to ECPs. Drs. Resick and Davis

agreed that one's career goals often indicate which positions would be most appropriate. While predoctoral internships are largely generalist, postdoctoral positions provide an opportunity to gain expertise in a specific topic area or population of interest. For example, Dr. Davis suggested that individuals interested in trauma work might want to consider a VA-affiliated internship or postdoctoral fellowship to gain experience working with a veteran population. She added that, even in the case where one is developing a trauma training experience from a more generalist postdoctoral position, having quality supervision available is extremely important.

Drs. Resick and Davis agreed that "fit," making sure one's career goals match up with what a site has to offer, is key to a successful match. Alternatively, the site may provide the flexibility to achieve desired experiences if they are not already available. Dr. Davis added that applying to postdoctoral positions is much like applying to internship in terms of the logistics of the application process. Dr. Resick pointed out that successful applications might also be dependent upon the type of postdoctoral position available. For instance, applications for clinical versus research positions may look different, with a successful application for a research postdoctoral fellowship potentially involving more publication experience. Dr. Resick added that there are 35 postdoctoral positions at the



Cameo Borntrager

Boston VA, each with their own specific qualifications and project focus, and there are specific dates by which all application materials must be submitted. The VA is piloting a unique postdoctoral opportunity entitled "The Special Fellowship Program in Advanced Psychiatry and Psychology (O'Hara et al., 2010). The program involves a multi-site approach to training, leading to clinical research and/or academic careers as well as those focused on obtaining external funding.

Many postdoctoral positions are funded by grant monies, which may or may not be permanent. For example, I completed the first two years of my postdoctoral training under the mentorship of Dr. Bruce Chorpita, at the University of Hawaii, as Project Co-Director and Clinical Trial Supervisor of the Child System and Treatment Enhancement Projects (Child STEPs; Weisz et al., 2003). Child STEPs is a multi-site, clinical effectiveness trial funded by the John D. and Katherine T. MacArthur Foundation, which compares mental health treatment approaches for youth with anxiety, depression, and/or disruptive behavior problems, including a modular approach to clinical decision-making (Chorpita, 2007). A minimum of three postdoctoral positions were funded at each

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site (University of Hawaii; Harvard University) for 5 years, at which point the project moved into the third dissemination phase at the University of California, Los Angeles, through which four postdoctoral positions are funded. Because these postdoctoral fellowships are funded out of a specific project, they may be considered temporary; however, the postdoctoral positions such as Dr. Davis' through MUSC have been continually refunded. Further, in addition to a number of project-specific opportunities, each year the American Psychological Association publishes a list of accredited postdoctoral residency programs, including traditional and specialty practices (American Psychological Association, 2010).

ECPs are often concerned with balancing research and clinical training. Both interviewees stated that career goals often determine this balance in a postdoctoral position, as well as in one's job. Dr. Davis stated that most training programs adhere to a scientist-practitioner model, exposing students to both clinical work and research, and encourage a balance between the two. Dr. Resick reported that clinical postdoctoral fellows at the Boston VA are encouraged to do some research as a part of their training and the research fellows often complete their clinical requirements for licensure over two years instead of one. Dr. Davis suggested that individuals considering an academic career might want to inquire about opportunities for teaching at postdoctoral training sites.

What about trauma-specific postdoctoral positions? Drs. Resick and Davis agree that networking with professionals in the trauma field and finding a mentor with a trauma focus are both key to attaining trauma-focused training. Identifying experts with whom one may want to work and contacting those individuals through conferences, Division 56, and listserv/position announcement resources may lead to an available position. It would also be helpful to attend the mentoring hour in the Division 56 suite at APA, in order to start making these introductions.

Perhaps some students' frustration in finding a postdoctoral position is that there is no single mechanism for learning about them. It is important to inquire at one's internship about possible postdoctoral positions and to ask supervisors for referrals. Checking for postdocs during the typical job posting timeframes (the early months of one's internship year through February/March) is important. It is also common for postdoctoral positions to be opened at unexpected times of the year. Faculty may be awarded grant funding at odd times throughout a given year so consistently check for updated announcements via the resources listed at the end of this column and grant funding notifications. Dr. Keith Shaw, Training Director for the Boston Clinical Psychology Internship Consortium, advised me that a number of postdoctoral training opportunities may become available on short notice and

there are non-standardized, varied methods for notifying potential applicants. Finally, Drs. Resick, Davis, and Shaw provided a number of resources for identifying postdoctoral positions, including those with a trauma focus, which are listed below.

Potential avenues for locating postdoctoral training opportunities:

1. Listservs/email lists associated with professional organizations (ISTSS, ABCT, APA, Div56, Div56ECPN). Individuals who are student members of these organizations will likely receive these mailings, as well as be notified of postdoctoral networking opportunities. In addition, internship directors and/or directors of clinical training may have information. APPIC also has a listserv specific to postdoctoral training (www.appic.org, Postdoc-network).
2. APPIC's online directory (www.appic.org/directory/search_dol_postdocs.asp). APPIC provides specific information on accredited fellowships.
3. VAs have psychology training webpages, which can typically be found by locating VA training programs with hyperlinks to specific program webpages. Most VA positions will include some aspect of trauma-focused training and/or research (www.psychologytraining.va.gov).
4. Psychology journals with printed ads, such as *The Monitor*, may list openings, including some that may be trauma-related.
5. APA's Commission on Accreditation (CoA) listing of accredited postdoctoral fellowships (www.apa.org/ed/accreditation/programs/traditional.aspx). Trauma-focused positions may not be specifically indicated as such, but instead may be listed under the 'traditional' fellowships rather than the 'specialty' placements.
6. Grant-supported/Research postdoctoral fellowships may be announced in a number of ways, including through email. Further, trauma-related positions may be announced via program websites. For instance, the National Child Traumatic Stress Network (www.nctsn.org) lists some postdoctoral position openings specific to programs/centers with a focus on childhood trauma.

References

- American Psychological Association. (2010). Accredited internship and postdoctoral programs for training in psychology: 2010. *American Psychologist*, 65(9), 868–893. DOI: 10.1037/a0021495.
- Chorpita, B.F. (2007). *Modular cognitive behavioral therapy for childhood anxiety disorders*. New York: Guilford.
- O'Hara, R., Cassidy-Eagle, E., Beaudreau, S., Eyler, L., Gray, H., Giese-Davis, J., et al. (2010). Increasing the ranks of academic researchers in mental health: A multisite approach to postdoctoral fellowship training. *Academic Medicine*, 85(1), 41–47.
- Weisz, J. R., Chorpita, B. F., Duan, N., Glisson, C., Green, E. P., Hoagwood, K. H., et al. (2003). *Research network on youth mental health: Evidence-based practice for children and adolescents*. Los Angeles: University of California.

The Student Publications Subcommittee, in response to the Division 56 commitment to social justice and trauma-focused research, invited Dr. Regina Sherman to write about her student research experiences in efforts to highlight opportunities available for student training.

Conducting International Research on Domestic Violence in Southeastern Senegal

Regina M. Sherman, PsyD

In the summer of 2009, between my predoctoral internship and my postdoctoral fellowship, I engaged in a month-long opportunity to learn about psychological care, participate in sustainability projects, and develop and implement a research project in Senegal, Africa. Three other graduate students and I participated in this opportunity led by psychologist Nicole Monteiro, PhD, in collaboration with the Kendeya Community Health Partnership, a community-based organization that is a partnership between local communities, medical students, and the government district health team in Saraya, a rural village in Southeastern Senegal.

Following a week in Dakar learning about Senegalese culture and psychiatric care, we drove for 14 hours on unpaved roads to Saraya, in the Kedegou region of southeastern Senegal. Senegal is made up of several ethnic groups; the Kedegou region is home to many of the Malinke people, who make up less than 4% of the country's population. The Malinke family structure, especially in rural areas is often polygamist with the entire family living communally on one compound. Here we were hosted by the community medical clinic and were invited to observe in the clinic and create research projects based on our interests and what might be of help to the Sarayan community. Prior to developing our research projects, and out of respect for the communalistic nature of the Sarayan community, we paid special attention to honoring cultural norms and seeking permission to conduct research. Thus, we had meetings with an appointed governmental official, the chief of the village, and the medical director of the health clinic to discuss the nature of the research we were interested in conducting and obtain permission to conduct research in the medical clinic and in the community.

The remainder of this article will discuss the research project developed and implemented by my fellow graduate student, Rosha Hebsur, MA, and me under the guidance of Dr. Monteiro. We decided to focus on domestic violence (DV), as it was an area of special interest for each of us. It is important to note that DV is a global health problem (WHO, 2005). Internationally, lifetime prevalence of DV

ranges from 15% to 71% and is the third leading cause of death (WHO, 2005). In Africa, the lifetime prevalence of DV ranges from 32% to 42% (UNICEF, 2000). In Senegal, DV is considered a pervasive problem (U.S. Department of State, 2005). It is against the law in Senegal, yet most women do not report DV to police out of fear of losing their children, home, and their own families (Anderson et al., 2003).

Ms. Hebsur and I created an exploratory cross-

sectional qualitative study looking at perceptions of domestic violence in the Sarayan community, perceptions of domestic violence among health care workers, and an exploration of the process of reporting domestic violence. Various methods of data collection were used, including: (1) a focus group with Malinke women living in the village ($n = 15$; ages 26–44 years) who were administered a semi-structured questionnaire; (2) a focus group with Malinke men living in the village ($n = 7$; ages 20–25) who

were administered the same semi-structured questionnaire; (3) an individual semi-structured interview with community health clinic healthcare workers ($n = 5$; 2 women, 3 men); (4) a semi-structured interview with the medical director of the community health clinic; (5) a semi-structured interview with the only Senegalese police officer; (6) a semi-structured interview with the appointed government official; (7) observation in the community health clinic of a woman who

presented for treatment following a physical DV incident; and (8) an unstructured interview regarding the incident with the community healthcare worker following the woman's treatment.

The semi-structured interviews were designed with feedback from a Senegalese nurse who spoke Malinke, the regional language, and who collaborated frequently with the community. In addition, the study's interpreter, a Senegalese man who has lived and worked in the region for a few

years, provided feedback on the questionnaire to include DV terminology that fit with community members' experience and understanding of the focus of research. Interviews were either conducted in Malinke by the study's interpreter, or in French, by researchers who were fluent in French, including myself.



Sherman with one of the community health clinic nurses



Sherman helping to provide vaccinations during a vaccination campaign in remote villages

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Voices from the Classroom

continued from p. 5

Preliminary results of the data suggest that DV is a pervasive public and mental health issue facing the Sarayan community. Attitudes about the acceptability of DV are shaped by a dynamic of interpersonal relations where both men and women are expected to adhere to traditional gender roles. The following barriers to reporting DV were revealed: family disapproval, social disapproval, shame and self-blame, negative impact on children, financial ramifications, lack of knowledge about rights for women, and lack of



Sherman distributing mosquito nets to remote villages in collaboration with the Peace Corps

knowledge about the process of reporting. This is consistent with international research by the WHO (2005) which found that barriers to reporting DV included fear that a woman's disclosure of her situation or seeking medical

treatment would lead to retaliation against themselves or their children. Additional barriers included feelings of shame and self-blame, as well as stigmatizing attitudes on the part of service providers, family and community members (WHO, 2005).

From the preliminary results, it is recommended that prevention and intervention programs identify and employ the support systems that already exist within the community for both women and men. Existing support systems can be channeled to further empower women and men to become leaders in the prevention and treatment of DV in rural West Africa. In this region for example, many of the women in this community partook in a women's group, called La Groupement des Femmes, which would receive weekly education about maternal health, nutrition, and other medical and social issues. Potential topics of education could focus on issues related to DV prevention and response. For men in this region, community interventions might include providing DV education to established groups, including soccer teams. Soccer, or football, as the sport is known in Africa, is one of the most popular sports. According to Steve Bloomfield, author of *Africa United*, soccer has had the role of shaping people, communities, and politics in Africa. From our observation in the community of Saraya,

men's soccer teams would meet regularly to train and socialize. We would often see men running in a tight pack as part of their training and scrimmaging in unkempt fields.

Since collecting this data in the Summer of 2009, we have presented three posters at the following conferences: the National Summit on Interpersonal Violence and Abuse Across the Lifespan, the 2010 APA Convention, and the National Multicultural Summit, and have made one presentation at the APA Convention. Ms. Hebsur, Dr. Monteiro, and I are also currently preparing a manuscript for publication. To learn more about the Kendeya Community Health Partnership, visit www.kendeya-chp.org.

References

- Anderson, M. A., Gillig, P. M., Sitaker, M., McCloskey, K., Malloy, K., & Grigsby, N. (2003). "Why doesn't she just leave?" A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*, 18(3), 151–155.
- Bloomfield, S. (2010). *Africa united*. New York: Harper Collins.
- UNICEF. (2000). *Domestic violence against women and girls*. Florence, Italy: UNICEF Innocenti Research Centre.
- U.S. Department of State. (2005, February 28). Senegal: Bureau of democracy, human rights, and labor. Retrieved February 1, 2010, from <http://www.state.gov/g/drl/rls/hrrpt/2004/41623.htm>
- World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes, and women's responses*. Geneva, Switzerland: World Health Organization.

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Correction

On page 17 of the Winter issue of *TPN*, the names of the authors of the Student Spotlight article on social justice and trauma psychology were omitted. They are Renu Aldrich, Saybrook University, New York, and Gustavo Segura (pictured on left), Carlos Albizu University, San Juan, PR.

New Division 56 Fellow

Priscilla Dass-Brailsford, EdD, is Associate Professor in the Department of Psychiatry at Georgetown University in Washington, DC. She studies the effects of trauma, especially community violence, and is interested in whether individuals from historically oppressed or stigmatized groups experience unique stressors or exhibit culturally specific coping processes. Her newest research aims at reducing the HIV/AIDS epidemic in DC.



Priscilla Dass-Brailsford, EdD

Dr. Dass-Brailsford graduated from Harvard, taught at Lesley University, and coordinated a Community Crisis Response Team

for the Victims of Violence program in Cambridge, MA, that responded to affected communities in the aftermath of violence. She is the author of *A Practical Approach to Trauma: Empowering Interventions* (2007) and editor of *Crisis & Disaster Response: Lessons Learned from Hurricane Katrina* (2009).

When not spending weekends catching up with writing, she always has something new to explore around DC: walks along the Potomac River, exploring Maryland and Virginia or the quaint stores of Old Town Alexandria. Visits to her native South Africa remain a summer favorite. In addition to her professional accomplishments, her children, Juden, Vanessa, and Michaela, are her proudest achievements. Her advice to emerging trauma psychologists is to embrace working with trauma survivors as a noble act that offers the rare opportunity to observe the resiliency of the human spirit. This responsibility fuels her passion for the profession.

BOOK REVIEWS

Moore, B. A., & Kennedy, C. H. (2011). *Wheels down: Adjusting to life after a deployment*. Washington, DC: APA Lifetools (184 pp.). ISBN-12: 978-4338-0872-2. \$19.95 (pbk).

As the wars in Iraq and Afghanistan have now lasted almost a decade, a generation of military service men and women find themselves adjusting to deployment (often repeated deployments) and the transition home. *Wheels down: Adjusting to life after a deployment* by Bret A. Moore, PsyD, ABPP, and Carrie H. Kennedy, PhD, ABPP, might best be described as a field manual for life post-deployment. Moore, a former army psychologist who served two tours in Iraq, and Kennedy, a lieutenant commander in the Navy, both are intimately acquainted with military culture and the unique strengths and challenges of military service members.

In just 184 pages, Moore and Kennedy have attempted to develop a comprehensive manual for coping with a range of issues that may emerge post-deployment. This book is intended for service members returning from deployment. It is not focused on one particular problem or issue post-deployment, and thus would be appropriate for any returning service member. The book is accessible and written at a fairly basic reading level, with a minimum of psychological jargon. Each chapter stands on its own, so that information on the issue(s) most relevant to a particular service member can easily be accessed.

The authors cover topics ranging from managing finances and relationships post-deployment to mental health issues such as anger, sleep, post-traumatic stress disorder (PTSD), and substance abuse. The authors use a casual, personal style in their writing. It is obvious that they are familiar and comfortable with military culture and jargon. Humor is appropriately used throughout the book to bring levity to sometimes difficult

topics. In addition, the authors clearly have a strengths-based perspective. For example, in the introduction, they write "You can randomly choose any person off the street, drop him or her in Afghanistan for 12 months and feel confident that he or she will have a difficult time returning home. However, you have something that separates you from the average citizen. You have training...and a lot of it" (p. 3).

This strengths based approach is a significant asset of this book. Moore and Kennedy are clearly aware of issues of stigma, and work hard to normalize the adjustment to life post-deployment. They go to great lengths to explain issues such as hyperarousal and hypervigilance in terms of their adaptive role in combat and the time it takes to unlearn those responses. Their description of the difference between having some symptoms of hyperarousal and meeting the full criteria for PTSD is particularly helpful.

In addition to providing useful mental health information, the book is unique in the way it discusses many of the practical concerns of service members post deployment. The chapters on finances and divorce provide excellent practical advice both on coping skills for dealing with debt or separations and on ways of managing the logistical aspects of these challenges. For example, in the chapter on finances, they describe practical steps for managing finances from overseas in the event of another deployment. In the chapter on separations and divorce, the authors describe cognitive-behavioral coping strategies, suggestions for minimizing the impact on children, and a discussion of legal and financial issues in divorce that are unique to military service men and women.

It is both a significant strength and at times a liability that *Wheels Down* attempts to cover so many topics in such a short amount of space. Each chapter

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averages six to ten pages, which is hardly enough space to fully address such issues as grief at the loss of combat buddies or substance abuse. The authors have attempted to deal with this limitation by providing a resource guide at the back of the book. This guide points the reader in the direction of a range of other practical resources (e.g., credit reports, military websites). The list is divided into resources for children, family members, veterans, and mental health providers. Future editions of the book might benefit from dividing the resource section into headings that fit the topic chapters of each book, and make finding appropriate additional information easier for the reader.

Despite the attempt to provide additional resources, at times, the book still suffers from the cursory nature of each chapter. Nowhere is this more apparent than the chapter on grief at losing a combat buddy. Obviously, thousands of pages could (and have been) written on this topic. In their attempt to provide useful information, the authors write that “as a general rule ‘normal’ grief typically lasts from 3 to 6 months” (p. 99). While they go on to state that this timeline depends on a person’s “culture, connection with the loved one, and available social support” (p. 99), they nonetheless use this timeline to differentiate normal from complicated grief. This type of oversimplification seems troublesome – without adequately addressing what they mean by normal grief lasting 3-6 months, they seem to be setting people up for interpreting their grief responses as problematic, when this in fact may not be the case.

Limitations notwithstanding, the fact that Moore and Kennedy have written a comprehensive and accessible book covering a huge range of topics for returning veterans is a significant contribution to the literature. This book is remarkable for its clear understanding of military culture and the deployment experiences and its lack of psychological jargon. It is readable and entertaining, which is no small feat given the subject matter. *Wheels Down* would serve as an excellent resource for returning service men and women

seeking information on a range of issues that may impact them. It could also be useful to mental health professionals not familiar with military culture or deployment related issues, as it introduces and describes many of these unique challenges.



Bowling

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Taylor, S. (2009). *Clinician's guide to PTSD: A cognitive-behavioral approach*. New York: The Guilford Press. (322 pp.). ISBN-13: 978-1606234495. \$25.00.

In writing the *Clinician's Guide to PTSD: A Cognitive-Behavioral Approach*, Steve Taylor, Ph.D. aimed to create a resource manual for clinical trainees at all levels – from clinical or counseling psychology graduate students to postdoctoral psychology fellows to psychiatry residents. In addition, he wanted to create a resource for mental health professionals wanting to learn more about cognitive-behavioral approaches to the treatment of Posttraumatic Stress Disorder (PTSD). And while Dr. Taylor advises that this book should be used to learn cognitive-behavioral therapy (CBT) for PTSD in the context of supervised training from a qualified practitioner, it may be a good idea for that “qualified practitioner” to pick up a copy as well – as this book contains many excellent explanations, strategies, summaries, and updates that will be of great benefit to even the most seasoned of clinicians.

The book, which is now available in paperback, is an amazing bargain at a list price of \$25, with more than 300 pages divided into 14 chapters within two main sections: the first describing conceptual and empirical foundations and the second describing treatment methods and protocols. The first section consists of five chapters: the clinical features, cognitive and behavioral features, cognitive-behavioral models, a summary of the neurobiology of PTSD, and a review of the efficacy research on several PTSD treatments. The second section consists of nine chapters: assessment, an overview of cognitive-behavioral therapy for PTSD, developing a case formulation and treatment plan, psychoeducation, treatment engagement and emotion regulation strategies, followed by two chapters on cognitive interventions (general considerations and methods for addressing specific types of beliefs), two chapters on exposure exercises (imaginal and interoceptive, and situational), and ending with a chapter on adjunctive methods and relapse prevention.

To be clear, this book should not be thought of as a treatment manual. In fact, Dr. Taylor acknowledges that numerous treatment manuals and protocols utilizing CBT for PTSD have already been published. Instead, and arguably what makes this book unique, is its ability to utilize a broader focus: summarizing and synthesizing the various CBT approaches while also expanding to describe and discuss additional strategies and techniques. For example, while the author describes the “nuts and bolts” of CBT for PTSD that are found in many of the CBT protocols, he also explains how and when variations and adaptations of the standard treatment methods may be warranted—making the book feel very clinician-friendly—although a little less in line with his emphasis on evidence based approaches. In addition, this volume includes descriptions of some newer developments in the treatment of PTSD from a CBT perspective, such as cognitive interventions that may be employed for mental defeat and numbing and interoceptive exposure techniques that may be aimed at correcting maladaptive beliefs that patients develop about the symptoms of PTSD.

The book has many additional strengths, including the presentation of detailed descriptions of the common

elements of treatment, as well as special interventions that may be needed for particular types of trauma populations, various demographic groups, and particular clinical presentations. In addition, several of the treatment chapters end with handouts that can be copied and given to patients, and most include clinical examples and a “trouble shooting” section. The book also includes the latest information on the biology of PTSD, including the neurobiology of fear and stress and the role of genetic factors.

It also would have been useful if the neurobiology chapter contained more detail on the link to—and rationale for—various pharmacotherapy treatments, as many clinicians are presented with these questions by patients. Another weakness of the book is that it contains relatively little on pharmacotherapy in general—including potential CBT enhancers such as D-cycloserine. In addition, although the book does contain several brief sections on cultural considerations, these could have been more thoroughly detailed, as could the sections on how to adapt the treatment approaches to children. As a result, this book does not provide enough information on these topics to satisfy those clinicians working mainly with immigrant or child and adolescent populations. And while the chapters on neurobiology (chapter 4) and research on treatments (chapter 5) were interesting, ultimately they may be deemed ‘optional’ by many busy clinicians who simply want to know how to treat PTSD using CBT. Finally, the information in the chapter on the research on treatments may have better been spread out across other chapters or left out entirely—as there are other published resources that cover this in more detail (e.g., *Effective Treatments for PTSD, Second Edition: Practice Guidelines from the International Society for Traumatic Stress Studies* by Edna Foa, Terence Keane, Matthew Friedman, and Judith Cohen).

Despite these shortcomings, this book contains many additional features that make it a standout, including the frequent use of summary tables in each chapter (e.g., cognitive-behavioral characteristics of PTSD in chapter 2, the four major psychological approaches in chapter 3, comprehensive assessment in chapter 6, and major types of beliefs associated with PTSD and methods of changing them in chapter 11). The book also includes a decision tree for selecting and sequencing cognitive-behavioral interventions, followed by intervention chapters with sections on rationale, methods and materials, clinical examples, and troubleshooting when problems arise. Finally, perhaps the biggest strength of this book was its inclusion of a chapter on the case formulation approach. This important chapter details what some researchers now consider to be the “bridge in the gap” between the nomothetic methods used in efficacy studies and protocol development and the idiographic approaches of doing customized clinical work. In other words, by focusing on the case formulation approach, clinicians will be able to maintain an evidence-based approach to their clinical work, while still being able to customize the treatment to their individual patients.

In sum, Dr. Taylor has met—and exceeded—his goal to create a resource manual for clinical trainees of all levels and a resource for mental health professionals wanting to learn more about cognitive-behavioral approaches to the treatment of PTSD. Given the book’s detailed explanations and summaries, creative strategies, and pertinent updates, it will no doubt be great benefit to even the most seasoned of clinicians.



Rego

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Sherman, M. D., & Sherman, D. M. (2009). *My story: Blogs by four military teens*. Edina, MN: Beaver's Pond Press. (53 pp.). ISBN-1:978-1-59298-303-2. \$12.95.

Deployment brings significant stressors to military families, and can be particularly impactful on the children of parents who are sent away for extended periods of time. In their new book, *My Story: Blogs by Four Military Teens*, Dr. Michelle Sherman and DeAnne Sherman help teenagers cope with those stressors. Written specifically for teens and pre-teens, the book chronicles the stories of four fictional teens, each of whom are faced with a parent’s deployment.

Readers follow the emotional journey of each teen via a blog, which describes his/her unique struggles, fears, concerns and feelings. Spanning several months, the blog entries describe the typical “ups and downs” of adolescence, but are also interwoven with descriptions of the unique stressors of deployment (fear for parent’s safety, developing a “new normal,” learning to integrate the parent back into the family after deployment), and how each teen learns to cope with, or overcome, them.

Perspectives from all stages of deployment—preparation, deployment, and reintegration after the tour of duty—are presented. For example, one teen anticipates her mother leaving, and must cope with fear for her mother’s safety, sadness of missing her, and the functional impact of deployment on the family left behind. Another teen copes with a returning parent with PTSD, including how it impacts both the parent’s functioning and the family as a whole.

Each fictional blogger discusses his/her situation and identifies core problematic issues. As the blogs progress, the content shifts to what the blogger has learned about the issues, what resources exist for help, and how he/she has coped more effectively. At the conclusion of each blog, the authors shift out of the first person narrative and

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take a more didactic approach. They append summaries of major issues faced by each teen, and name and validate common feelings. Psychoeducation is provided (regarding diagnoses of depression and PTSD, for example), and methods of coping are suggested. Finally, at the end of the book, teens are presented with prompts, questions, and exercises designed to have them think about their own “story” or experience.

Part fiction, part psychoeducation, and part interactive workbook, *My Story* attempts to educate without being too formal or didactic. Information is presented in a non-linear manner, in the context of the developing stories of each blogger. The blogs are interspersed with brief sections of psychoeducation, open-ended discussion questions, normalization of reactions, and coping techniques. The informal, interpersonal style of the blogs is likely to capture teens’ attention, and make the concepts more personally relevant.

If anything, the authors have opted for breadth over depth, trying to cover a great deal of material in a mere 53 pages. They address the experience of the family, the experience of the deployed parent, medical and psychological issues associated with tours of duty, basic self care for teens, and specific coping mechanisms. By necessity, each topic is given little attention, and not much

elaboration. Similarly, problems are identified and solved unrealistically quickly, and interventions appear easy and effective. In short, adult readers might find the material somewhat distilled.

However, the qualities that might not appeal to an older reader are likely to catch and keep the interest of pre-teens and teens. Raised in a world of social networking and texting, teens will appreciate the sound bites of information, and the rapid pace of the book. As to addressing so many issues, casting a large net makes the book more versatile; most children of deployed parents will undoubtedly find some relevance to their own lives. Once interest is peaked, and issues or problems are identified, caretakers and mental health professionals can step in to provide more detailed and personalized support and intervention.

My Story is a short, engaging book, appropriately geared towards its audience. Teens are given information, tools, and a sense that they are not alone. Clinicians will find it to be an excellent outreach tool, acting as a springboard for more in-depth learning and discussion.

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Saltzman

Diversity—Treating Arab-Americans

Naji Abi-Hashem, PhD, a charter member of Division 56, has just had a book chapter, “Working with Middle Eastern immigrant families” (pp. 151–180), published in Zagelbaum, A., & Carlson, J. (Eds.). (2011). *Working with immigrant families: A practical guide for counselors*. New York: Routledge Press. (<http://www.routledgejournalhealth.com/working-with-immigrant-families-9780415800617>)

While the book focuses on immigrants from all continents of the world to the United States, and on their mixed identities, this particular chapter focuses on people from various Arabic, Muslim, and Middle Eastern backgrounds. It also explains the similarities and differences among the countries and societies of the East Mediterranean region, and Gulf-Peninsula area, versus those of North Africa.

The chapter is divided into many sections and covers a host of topics, timely matters, and sociocultural dynamics. The table of contents includes the following: Introduction; Migration, Survival, and Coping; History and Demography [in the USA & North America]; Counseling and Psychotherapy in the Middle East and Arabic Countries; Major Religions and Social Meanings; Tenets of Faith and Modes of Religious Practice; Generational Gaps, Cultural Trends, and Counseling Considerations; Born and Raised in North America [1st, 2nd, & 3rd generations, socioeconomics, and mixed marriages]; Multi-Identity or Multiple Identity; The Concept of Cultural Self; Suggested



Naji Abi-Hashem, PhD

List of Proper Etiquette and Behavior; Integration Versus Alienation; Therapeutic Modalities and Orientations; Insights and Guidelines for Counseling and Caregiving Among the Culturally and Religiously Diverse Middle Eastern and Arab American Populations; References.

The last section of the chapter is an extensive list of practical hints and suggestions on how to help and relate to people of Middle Eastern, Arabic, or Islamic descent including all types of immigrants and refugees. Many of these insights and skills can also apply to other minorities, diverse populations, global travelers, and all kinds of internationals. After all, every encounter we experience in the world today is eventually considered a cross-cultural encounter!

Dr. Abi-Hashem demonstrates his approach to working with clients with Middle-Eastern and Arab backgrounds in a closed captioned DVD, *Working With Arab Americans*, <http://www.apa.org/pubs/videos/4310843.aspx>, part of the Multicultural Counseling Video Series offered by the APA. Arab and Middle-Eastern Americans are a heterogeneous group that includes people from the three major world religions and with origins in dozens of countries. Dr. Abi-Hashem shows a general way to work with Arab American clients that touches on certain commonalities across these cultures, such as greeting clients with respect, awareness of personal boundaries and potential internal conflicts about living in the West, and reconciling tradition with American culture.

Rubbing Shoulders With Gurus: Reasons for Students to Become Involved in Division 56

Tyson D. Bailey, MA

Regardless of what aspect of psychology one is interested in, the advancement of the field is predicated on clinicians giving back through writings, presentations, and research. Beginning this process as a student sets the appropriate behavior patterns in place, so it simply becomes a part of our professional identity instead of an extra chore or something better left to others. Although this is often a daunting task to undertake, connecting with faculty and other organizations that share particular areas of interest can help students navigate some of the difficulties surrounding the publication and writing process, which can seem impossible when tackling alone. Not only does this advance our field, it also becomes an opportunity to honor the founders of the field and the incredible work that has allowed us to come so far.

I entered the field of psychology knowing that I would spend a significant portion of my career working with trauma survivors. Throughout my graduate school training, this initial belief has developed into a passion that governs every facet of my developing professional identity. Although I attribute much of this desire to my personal drives, there have been some key individuals and organizations that have been crucial motivating factors. I have been privileged to work closely with Dr. Laura Brown over the past 5 years, whose kind presence, unwavering faith, and passion for training young colleagues have kept me from diverting from my path more than once. Although there have been numerous instances of her influencing my professional development, my entry into Division 56 has been one of the most critical. Becoming a member has helped me broaden my understanding of the impact of traumatic experiences on clients and the variety of treatment options available to mental health professionals. However, nothing could have prepared me for the opportunity to become involved in a project that will set guidelines in place, which will solidify the importance of trauma-focused assessment procedures.

When accepting a position as the student representative for the Taskforce of the Assessment of Trauma Sequelae of Division 56, I had no idea what a life changing experience it would become. At first, I thought it was just going to be an interesting opportunity to work with the individuals that have been an integral part of my book collection for the past 5 years. It was only later that I realized I had been asked to help make history in the field of trauma-focused assessment, which is about the time I began to panic. It appears this was mostly related to the wonderful experience most graduate students have when put in a position of having to believe they are ready to be a part of a project of this magnitude. What I did not expect

was that it would be each member of the committee that would help me gain the courage to provide my opinions and thoughts about the important elements we should cover. Although I believed the aspects I was highlighting were important, nothing could have prepared me for being asked to write one of the sections.

Once my emotion regulation skills began effectively working and the shock wore off, a new sense of anxiety came over me. As if it was not enough to be working closely with the individuals whose books and articles have shaped my thinking over the past five years, I found myself wondering how in the world was I supposed to add anything that individuals who created the field of trauma therapy had not. After much internal dialogue, I determined the only way I would know the answer was if I took a chance, which ended up with me authoring a small section of a document that will forever alter the field. I was no longer simply a passive observer to the growth of the field of trauma psychology. I was taking specific action to reduce the likelihood that those who have experienced traumatic events are not exposed to further injustice and retraumatized by the assessment process. This has been an exciting and humbling experience, although I am also struck by how unfortunate it is that this project even needed to be completed. It has become an important part of my professional development, which is at least partially built on the insidious acts human beings perpetrate on each other. In the immediate future, this project should make a significant difference in the lives of traumatized individuals. However, the only reasonable long-term goal is to commit to eradicating the human-made injustice that leaves so many people feeling unsafe, shattered, and unable to effectively cope with distress (Brown, 2010).

Becoming involved in Division 56 as a student has been one of the most beneficial and rewarding experiences I have had to date. Even if I had not been able to work on the assessment guidelines, I could not ask for a better group of colleagues and mentors as I move closer to finalizing a 6-year process. I would recommend anyone that is interested in trauma to do more than just become a member. Get involved, develop your passion, and be a part of a growing division that seeks to prevent further harm as well as eradicate injustice. The guidelines were only the beginning, and I can only hope this work will become something that every professional who does assessment work will read and apply to their practices. It seems that we have a long road ahead of us, and although daunting, I look forward to the journey ahead.

Reference

Brown, L. S. (2010, August). Can we create social justice? Toward and ethic of justice in trauma psychology. Presidential Address, Division of Trauma Psychology at the American Psychological Association Conference, San Diego, CA.

Garry Trudeau Given Division 56's First Annual Award for Outstanding Media Contributions to Trauma Psychology

Harriette Kaley, PhD, ABPP
Chair, 2010 Division 56 Awards Committee

The following letter to the Editor of *The New York Review of Books* was written in response to a long essay by Gary Wills about the *Doonesbury* series on military trauma, and published 5/10/2011, p. 50.

To the Editor:

Garry Wills' appreciation of Garry Trudeau (*NYR*, November 25, 2010) echoes that extended by the trauma experts who are my colleagues. In August we gave him our first annual award for Media Contributions to Trauma Psychology,¹ and we noted that "what matters most to (us) is Trudeau's series of story lines about trauma. Three characters with combat-related PTSD are shown sympathetically and accurately, allowing his millions of readers to have a more nuanced and compassionate understanding of PTSD suffering."

But further, we noted, "... Trudeau has created a blog on the *Doonesbury* website especially for military members to share their combat experiences; (we understand) that as using the

media to prevent PTSD by creating a safe social networking web environment where active duty military members can share experiences. "

In other words, we honored Trudeau not just for his comic strip and how well it informed its readers about PTSD—something that Garry Wills understood perfectly—but also for expanding the reach of his strip and its website to serve an additional real and serious purpose which may itself mitigate the damage of war trauma.

When we told Trudeau of this award, his e-mail response was characteristic:

What lovely news. Please thank ... the award committee for this wonderful honor. My forebears, seemingly all of whom were doctors, will rest more easily knowing that I'm to be recognized for finally doing something useful.

We join Garry Wills in admiring Trudeau's graphic and writerly gifts and his story-telling arcs. We add that we think, wry self-deprecation aside, that he has been useful indeed.

Presidential Voice: A Springtime of Hope and Renewal

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suggests that helpers can grow as in response to their exposure to the traumatized.

Despair and the Loss of Hope

As we have learned, trauma of any sort is demoralizing for victims, especially when it is repeated or its effects are ongoing and when needed support and help are not forthcoming. Trauma is also distinctively demoralizing when it involves interpersonal victimization, particularly when it occurs repeatedly, progresses in severity, when the victim is entrapped, or when no one notices or responds. Repeated victimization and a compounded posttraumatic response can happen in adulthood in domestic violence and other types of abusive relationships as well as in contexts that condone maltreatment (e.g., certain cultural/ethnic, religious, or military/political groups or communities).

Demoralizing, chronic interpersonal victimization also happens over the course of childhood. Research findings continue to underscore that children are the most victimized members of society around the globe, due to their accessibility, dependency, and defenselessness, as well as disregard for and prejudice against them for their size, lack of maturity, power and resources. In some cases, traumatization in childhood begins early in life due to primary attachment relationships with caregivers who are themselves

disorganized or highly insecure. This may result in psychobiological (including incipient, sub-clinical, or actual PTSD) and developmental impact (both deficits and patterns of resilience). If this were not enough, research is accumulating on the ubiquity of revictimization in the lives of those first victimized as children. This later-in-life trauma (including domestic violence, repeated episodes of sexual abuse and sexual and physical assault) gets layered on top of the original trauma in cumulative and compounded fashion.

Complex interpersonal trauma (especially in childhood and when repeated and chronic) has many pervasive aftereffects that can shape all aspects of the victim's life. In particular, it affects identity development and the development of positive self-esteem, the capacity for emotion identification and regulation, spiritual development, and the ability to form healthy relationships. The betrayal that is so often a part of interpersonal victimization (especially when perpetrated by someone related to or known to the victim or in position of responsibility) is destructive to the victim's positive self-regard and ability to trust others. Rather than learning that other people can be caring and benevolent, victims learn that they are exploitive and malignant; rather than blaming others for their abusive behavior, they blame themselves for somehow having caused or deserved it (sometimes reiterating what was told to them). The lack of protection or response that is the norm in situations such as these is also damaging to the ability to trust others.

Fearing or Refusing to Hope

A major consequence for many individuals with histories of complex interpersonal trauma is its effect on their ability to hope and to trust that they can overcome the effects of what happened to them. As just noted, many have experienced chronic misunderstanding, lack of caring or response, stigmatization for their symptoms, and blame for what they experienced or for not getting well. Many have been conditioned to responses of this sort and expect nothing different. Others may have had hope at one time or another only to have been disappointed, betrayed, or disillusioned in some way, tragically in some cases through repeat victimization. As a result, many have closed down to others as a means of self-protection, refusing to believe that they won't again be let down. It becomes easier to see themselves as hopeless causes than to believe that someone will understand and offer reassurance and restoration. This loss of spirit is also related to chronic disempowerment and helplessness in many survivors, something that reinforces their hopelessness.

Hopeless and the Helper

Unfortunately but understandably, chronic and entrenched depression, hopelessness, despair, mistrust and disempowerment can be contagious for those around the traumatized, especially loved ones and helpers. This is especially the case when exposure to these issues is ongoing and continuous. Over time, it may erode the helpers' sense of efficacy and hope and cause them to feel hopeless and powerless in parallel with those they are seeking to help. As an example from my own career, one of the biggest challenges of running an inpatient unit for traumatic stress was the impact of pervasive depression and hopelessness not only on the patients but also on the staff. The rapid turnover of patients that is now so common in inpatient settings meant that as one client resolved the crisis (usually involving profound despondency, self-harm, suicidality, ability to function) that was the reason for their admission and discharged, another client was admitted to the unit with his or her own history of despondency and despair. At times the process felt like a conveyor belt of misery and never-ending hopelessness and helplessness. Over time, this exposure to overwhelming despair and the belief that nothing will change can "infect" the staff and other patients. The conviction that no one can understand much less offer effective help also negatively affects the helper.

Bringing Spring to Survivors: The Importance of Connection: Relational Healing for Relational Injury

It is my deeply held belief that relational injury is healed within the context of healthy relationships where attunement, response, and a secure attachment provide a safe haven from which to engage in self-exploration, self-development, and improved ability to relate to others. Responsive and trustworthy relationships help those who have experienced traumatized person who have had abusive or neglectful relationships – or no one

available to care for them – to reverse their despair and disillusionment. It is this opportunity for restorative relationships that brings the potential of springtime renewal and hope to survivors. They can begin to believe in a present and future life less encumbered by the effects of their traumatization and more in line with their personal desires and values.

In our emphasis on evidence-based techniques, we have tended to forget that crucial aspects of the treatment relationship (empathy, alliance, attunement, synchronicity) have a long-standing and extensive evidence-base across theoretical schools and therapeutic orientations. At the very least, the treatment relationship may potentiate the technical aspects of the treatment. At the most, the treatment relationship is itself a technique in addition to being a process. It is within the relational context that betrayal-trauma can be best addressed and reversed. It is also within the relationship that emotion-regulation skills and other life skills can be developed. Following (or in conjunction with) efforts directed at life stabilization, skill-building, and alliance-building, evidence-based techniques such as psychopharmacology, prolonged exposure, cognitive processing therapy, eye movement desensitization and reprocessing (EMDR), and stress inoculation, can be applied.

Bringing Spring to Helpers: The Importance of Connection: Strength in Numbers and Diversity

As we are affected by our clients and their struggles with hope and despair, it helps us to have restorative connections with colleagues who can offer us perspective and support (as well as teaching and mentoring). In my first presidential column, I discussed building the number and diversity of the membership of Division 56. It is my hope and ambition that this Division is able to offer its members a place for replenishment and collegial contact to counter the emotional drain that is often associated with our work and to remind us of the potential for growth no matter how desperate the circumstance. We can provide our own holding environment as we experience the suffering and pain associated with trauma as well as the potential for posttraumatic development and growth.

Good News for our Journal

On other Division matters, we received wonderful news the other day regarding our journal, now in its third year of publication. I'm taking the liberty of sharing the email we received from the APA Publications Office.

Hello, everyone.

I have great news to share about Psychological Trauma: Theory, Research, Practice and Policy. The journal has been selected for coverage in Thomson Reuters' indexes. It will appear in the Social Sciences Citation Index, the Journal Citation Reports/ Social Sciences Edition, and Current Contents/Social and Behavioral

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Sciences-and this means that it will have an impact factor starting in 2012.

Congratulations on a job very well done! Thank you for continuing to be a champion for the journal and the dissemination of the research.

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<http://www.apa.org/journals>

Congratulations to Editor Steve Gold and associate editors Kathleen Kendall-Tackett, Chris Courtois, Mark Miller, Thema Bryant-Davis and editorial assistant Amy Heimowitz for all of their hard work and for getting the Division journal to this point. Additionally, since we have a backlog of articles and are continuing to receive the same number of submissions (and have several special sections in the work), we are looking to increase the number of issues per year from four to six, beginning next year.

APA Annual Convention, This Year in DC

As I mentioned in my last column, we have an impressive line-up of presentations and workshops on a wide variety of trauma-related topics for this year's convention. Please be sure to indicate you are a member of Division 56 when you register because that will help us gain additional time slots on future convention programs. We have great plenary speakers, Dr. Sandra Bloom talking about help for the helpers in the field, Dr. Patricia Crittendon, discussing the effect of trauma on development, and Dr. Laurie Pearlman, discussing mass

trauma and the moral dimensions of trauma treatment. We are sponsors of two CE programs, one on What Every Clinician Should Know about Treating Trauma in Adults to be held on Friday the 5th and one on The Treatment of Complex Trauma on Sunday the 7th.

Suite Programming

In addition to putting together a wonderful and far-ranging program with something for everyone, our able program chairs, Kate Richmond and Sylvia Marotta are now working on programming, mentoring and social opportunities in the Division Suite. Contact them with any ideas that you might have. As begun last year, a number of students will be able to stay in the suite. Applications will be accepted on a first come-first serve basis, starting with members of the student committee.

Awards Ceremony/Social Hour and Book Auction

Our awards ceremony will be followed by a social hour and all are welcome. Please bring friends and colleagues and encourage them to become members of the Division. We will also include a book auction of books authored by Division members as part of the social hour. Sue Connor is organizing the auction and reports she already has a large number of book donations (by both authors and their publishers). Contact Sue at drsconnor@cs.com.

Business Meeting

Our business meeting will again include small discussion groups on the topics of involvement in the Division and making the Division more relevant to the members, a project spearheaded by past-President Laura Brown. Laura will be reporting on the discussions of last year as a starting point for this year's discussions. Please plan on joining us for this meeting and for all of the Division activities during the convention. We promise you an exciting and collegial time and we look forward to making new friends and welcoming new members!

Save the Date!

**APA 119th Annual Conference
August 4-7, 2011
Washington, DC**



Who's Who: Diane Castillo, PhD

What is your current occupation?

I wear multiple hats. I am the Coordinator of the Women's Trauma Clinic at the New Mexico VA Health Care System in Albuquerque, NM; I am a supervisor and conduct research on PTSD in female Veterans; and I have adjunct appointments with the Psychology and Psychiatry Departments at the University of New Mexico.



Diane Castillo, PhD

Where were you educated?

I received my BS at UNM, PhD at University of Iowa, and did my internship at the Tucson VA. I took my first position as an Assistant Professor at the University of Texas at Austin and then moved to the Albuquerque VA in 1987 to start the men's PTSD program.

Why did you choose this field?

I've always been fascinated by psychology, first with personality. In high school, a close friend suggested I become a psychologist because "people like talking to you." Although both the high school counselor and my first undergraduate advisor ("because you have to get a PhD to do anything") discouraged me from pursuing a degree in psychology, I was unfazed. I've always been intrigued by the various aspects of psychology, from assessment to treatment, and research.

What is most rewarding about this work for you?

I find doing therapy extremely rewarding. I work primarily with PTSD and utilizing the evidence-based treatments, I get to see patients improve not only in their PTSD symptoms, but their quality of life. PTSD patients are very appreciative, so all the positive reinforcement helps. Although I've functioned for years as a therapist, I've always had some small research project going on, even if it has been in the realm of program evaluation. As psychologists, we are in an ideal position (being trained as scientist/practitioners and with assessment tools) to be therapists and researchers. My time most recently has shifted to research primarily with smaller amounts of time in clinical and I'm having a great time. I've also gotten more into governance through Division 56 in APA and I find it fascinating as well. It seems like I have more interests than time!

What is most frustrating about your work?

To me it seems as if there are frustrating aspects to every job. In research, the biggest frustration is the increase in all the regulatory issues, but end result is important. In clinical work, of course it's balancing the administrative/political pressures with offering services. I try to keep that in mind when I'm at my wit's end.

How do you keep your life in balance (i.e., what are your hobbies)?

Exercise (when I do it regularly) and reading novels really help to balance the stressors. I have a 15-year-old daughter (she's wonderful) who keeps me hopping. My hobbies are sewing—I make quilts when I'm not too busy—and I just picked up jewelry making. Playing with the different texture, sizes, and shapes of the beads and putting them together helps me express my creative side.

What are your future plans?

I'd say more of the same. I'm in the process of writing another big grant on exposure therapy in small groups—three patients in each—so I'm still focusing on research. I'll keep running the women's trauma clinic, with a little clinic work, and do more with APA.

Fall 2011 TPN Call for Articles



Ruth A. Blizzard

The *Trauma Psychology Newsletter* is accepting articles related to trauma psychology for the Fall 2011 issue. The focus may be theory, research, clinical or community applications, education and training, or policy. **Deadline: September 15.** Length 1,500–2,000 words, in MS Word or WordPerfect formats. Include 100 word author bio and photo (jpg or tiff). Submit to Ruth A. Blizzard, PhD, Editor, at info@ruthblizard.com.

Division 56 (Trauma Psychology) Mid-Winter Meeting Minutes

**Saturday, February 26, 2011
10:30–12:00 and 1:00–3:34 pm EST**

Executive Committee of the Council: Chris Courtois, Laura Brown, Terry Keane, Kathy Kendall-Tackett, Beth Rom-Rymer, Diane Castillo, Harriette Kaley, Sylvia Marotta, Joan Cook, Sandra Mattar, Rachel Reed, Lisa Cromer, Irene Sullivan

Council Members Present: Chris Courtois, Laura Brown, Steve Gold, Chris Courtois, Kathy Kendall-Tackett, Beth Rom-Rymer, Judith Armstrong, Kathryn Norsworthy, Diane Castillo, Joan Cook, Lisa Cromer, Elana Newman, Rachel Reed, Sylvia Marotta, Stacey Seibel, Dawn Hughes, Terry Keane, Connie Dalenberg, Amber Douglas, Charles Figley, Sandra Mattar, Diane Elmore, Kate Richmond, Rose Barlow, Brian Marx, Catherine Classen, Harriette Kaley, Ruth Blizard, Bethany Brand, Lisa Rocchio

Welcome & Discussion of Meeting Activities

Chris Courtois, President, welcomed the group and opened the meeting. She began by thanking all our outgoing members of the Executive Committee for all their hard work: Charles Figley, Topher Collier, Lisa Butler, and David Albright. She also thanked outgoing president Laura Brown for her leadership and for being such an able mentor.

Approval of the Minutes

The Executive Committee (EC) voted unanimously to accept the minutes of the August, 2010 annual meeting.

Treasurer's Report

Beth Rom-Rymer, Treasurer, reported that there was great news regarding the state of our finances. First, membership continues to increase, and that we are one of the few APA divisions that is actually growing. We expected to receive \$25,000 in revenue from membership, and we actually received \$34,000. Beth acknowledged Sandra Mattar's hard work as the former Membership Chair.

The Journal has also done well. Not all of our income had been reported at the time of the meeting, so our revenue will increase to \$39,000. We've also been saving some money. Our Newsletter is now online, so that is a substantial savings.

Rachel Reed asked about the budget item for student awards. Is this to pay for conference registration for award winners?

Dawn Hughes asked about what the budget for the hospitality program includes. It includes the suite and food for the EC meeting. We might need to increase the budget for the Social Hour and food for the suite. The suite and reception are both good marketing for the Division and we can now afford it. Kate and Beth will discuss the budget for the Hospitality Suite

as we get closer to convention time.

Steve Gold moved that we increase the number of issues of the Division Journal from 4 per year to 6 per year. This is due to the large backlog of accepted articles.

Motion: To increase the number of issues of the journal to 6 per year.

The motion was approved unanimously.

Liaison Committee

Catherine Classen asked the EC to brainstorm with her for a bit about the role of the Liaison chair. She was feeling that her role was not clear once the initial liaisons had been identified and she wants to make a meaningful contribution to the EC. She also feels like she is a "committee of one," and she would like some more committee members. Could she ask the liaisons to be on her committee?

Chris pointed out that lots of people want to volunteer for the Division. Is there a way we could pull them in? All committee chairs should think about this. She also wants the Division to establish a consortium of trauma organizations and to have regular communication with these groups. Should we formalize the role of Liaison chair to do this? Another suggestion was that the Membership Committee should work with the Liaison Committee. Lisa Rocchio asked about other organizations where we need a liaison.

Laura pointed out that Catherine has a green light to do things for her committee; that she is indeed the "über-liaison." She asked the EC members for suggestions for other committee members. One suggestion was to have both a student and ECP member. Rachel Reed will contact Catherine regarding ideas for possible student members. Also, the group agreed that if someone agrees to be a liaison from another group, they automatically become a member of the Liaison Committee.

Catherine thanked the group for their suggestions. Laura commended Catherine on the fine job that she has done so far.

Committee on International Relations

Kathryn Norsworthy reported on the activities of the Committee on International Relations. There will be a big focus at the convention on international work. Kathryn will seek out people who are interested in working on this for the Division. She also suggested adding some links to the website. Laura said there are some links currently on the website that will also be good resources for Kathryn.

Chris pointed out that Kathryn's work has implications for membership as well. We should be seeking international membership. One way we can recruit members is when we speak at international conferences. We should take membership information along and put a slide in our presentations about the Division. Kathryn will send a note to the membership

suggesting that they all do this. Sandra and Kathryn will also keep in touch. Lisa Rocchio suggested having an international member on the Membership Committee. Kathryn will ask for volunteers.

Kathryn also described Melba Vasquez's presidential initiative on immigration. We've been asked to provide a volunteer or two to review this document. Both Diane Castillo and Sandra Mattar volunteered.

Newsletter

Topher Collier has resigned from his position as Newsletter Editor due to a family emergency. To recognize his outstanding work as our founding Newsletter Editor, Topher will receive a presidential award.

Ruth Blizard has assumed the editorship. She is looking for someone who can be associate editor. The candidate for that position must have good writing skills.

Chris asked about the "Who's Who" feature that we've discussed previously. How will the Newsletter Committee decide which members to highlight? Ruth will discuss this with her editorial committee.

Regarding switching the Newsletter to an e-format, the group asked Ruth if there was any feedback. No one reported any complaints. It doesn't seem to be a problem. This could be due to the fact that our membership is somewhat younger than the membership of other APA divisions.

Judith suggested possibly asking people in other trauma groups to write for the Newsletter. This would give student and ECP members of the editorial board opportunities to correspond with leaders in the field.

Regarding our advertising policy for the Newsletter, Ruth will see if she can locate our advertising policy and proposed that this be a discussion item for the August meeting.

Awards Committee

The Awards Committee is looking for nominations for the next round of awards. Dawn Hughes asked the EC for suggestions, especially for the Media Award. Rose will re-post the request for nominations on the listserv. We could also solicit nominees from other trauma organizations or other divisions within APA, and could ask for suggestions from the Practice, Science and Social Justice Committees. In addition, we can ask our liaisons to nominate members from their respective groups. Dawn will also e-mail Lisa Cromer for the names of ECP nominees.

The group suggested that the Awards Committee make up a program for the Social Hour listing new Fellows and awardees.

Laura suggested that we nominate our members for other awards within APA. She said that this should not be a task of the Awards Committee—they have enough to do. But we could recruit some members who are not on other committees to work on this. Laura will talk with other APA award recipients to see what needs to be done.

Program Committee

Kate Richmond and Sylvia Marotta reported that there has been a 30% increase in program submissions for this year. It has been a challenge because there are many high-quality submissions that they had to turn down as the number of hours we have at the convention are pretty low. It's a great program this year, with tons of diversity: interpersonal violence, combat, disaster, and the 10th anniversary of 9/11. Our convention programs are quite well-attended.

Dr. Denise Sloan said she would be program co-chair next year.

There was a technical problem with reviewing this year. Reviewers from the VA had problems using the computerized template (their computer system was blocking it). Terry was will look into getting the template unblocked since many reviewers work for the VA. Laura and Sandra brought it to the attention of the IT department at APA, but they have not yet been responsive.

Laura said for us to get more hours on the program, more Division members need to identify Division 56 as their primary division.

To deal with the abundance of proposals, one possibility is for us to rent a room and run a separate mini-convention at the convention. This will allow us to offer space to some of the presenters that we needed to turn down.

Our international presenters need a form letter of invitation. It will need to be on Division letterhead. Harriette will share her e-letterhead for the Division.

Our program for the hospitality suite is coming together. Kate and Sylvia are now booking the suite. And students will once again be staying in the Suite.

Science Committee

Brian Marx attended a two and a half day Science Leadership conference in Washington, DC. The focus was how to increase the presence of psychology as a core-stem science. Speakers covered a wide range of topics at this conference.

Bethany and Constance have been working on Web link on evidence-based practice and want to get it going again. When they have something more concrete put together, they want to talk again about how to link this information to the Division website.

CODAPAR Meeting

Sylvia attended the CODAPAR meeting on Terry's behalf (as incoming president-elect). The purpose of the meeting was to familiarize attendees with the infrastructure of APA, and how to make things happen. APA provides information about their key leadership and how to contact them directly.

Laura encouraged Terry to attend breakfasts at the convention with key divisions, as the "schmooze factor" is really important to increasing our visibility within APA. Let's also think about some multi-division projects we can work on.

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Mid-Winter Meeting Minutes

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Division Journal

Steve Gold reported that the Journal is doing “too well,” as we have lots of accepted articles in the pipeline. We expanded the page size this year and the number of pages, and we still have a backlog. Steve suggested that we increase to six issues a year. He was concerned about our significant publication lag. It is many months before an accepted article actually appears in print. APA does disseminate e-versions of the articles ahead of print, so that helps. We have also implemented a 30-page page limit and are limiting the number of special issues that we will accept.

As noted above, the Division approved increasing the number of issues of the Journal to six each year.

Trauma Assessment Guidelines

Judith Armstrong has completed a draft of the Trauma Assessment Guidelines and she is asking for feedback by May 1. She will also solicit feedback from ISTSS and ISSTD.

The group adjourned for a one-hour lunch break.

Membership Committee

The group discussed whether we needed to change the criterion for the professional affiliate membership. The goal of the current wording was to get professionals from other fields—not lay people—to join the Division. Generally speaking, this category has worked well with other divisions. But there have been some problems with lay members joining our Division as professional affiliates. At the August meeting, we voted to have professional affiliates go through a vetting process, but we have to be careful not to be discriminatory. The vetting process could include that the potential member have an advanced degree and/or professional credential, and training in trauma. We could think about offering a lay advocacy category, with no voting rights. Members in this category could join Special Interest Groups, and get the journal.

This issue raised the possibility that our problem may not be with the category of membership, per se, but rather how to deal with difficult individual members.

Lisa Rocchio will work on some proposed wording changes for our professional affiliate membership and Laura will follow up with Jesse Rabin from the APA Council’s office about possible disciplinary procedures for members who overstep their boundaries.

Chris Courtois asked the group if we want to develop a distinguished professional affiliate category. Could we give out a few honorary memberships under this category to people who are eminent? The group asked what we be involved in giving out these memberships. Who would get it? How would we decide? This group would be dues paying. Lisa and Chris will draft some wording and present it to the EC at the August meeting.

Book Auction

We need to get a new volunteer for the book auction that takes place during the convention Social Hour. Chris will talk to Sue Connor about coordinating this. She can recruit student and ECP volunteers staying in the Suite to help. We can also encourage Division Awardees, and other members, to donate books. They will also need a mechanism for giving members who donate books receipts for their taxes.

Media Relations

We need a way to get information out about trauma, and we are having difficulties going through official APA channels. We want to be able to respond to current events. Steve will contact his friend, Dan Gretch, who is a reporter and professional affiliate, about helping us with this effort.

Publications Committee

We need a chair for our Publications Committee. This committee will have oversight over both the Journal and Newsletter. The editors of both of those publications should be on the Committee, but should not be chair. Chris will put out a call for possible chairs. This committee needs to develop a publications policy for the Division, including a policy on what type of advertising is permissible. This position will also require a bylaws change. Chris will report on this during the August meeting.

Practice Committee

Bethany Brand reported that two sets of treatment guidelines are currently under development: Division 56-ISSTD guidelines, and ISTSS guidelines.

Regarding DSM-V, she reported that there was lots going on with developmental trauma. There was a large survey clinicians, including Julian Ford and Bessel Van Der Kolk, and that the DSM committee had collected lots of data and were doing ongoing research.

DSM-V Update

At this point, Terry Keane provided an update on the status of *DSM-V*.

The current diagnostic criteria for PTSD can be reviewed at DSM-5.org (under anxiety disorders). Field trials are going on now. Two field trials have been launched, and a third is on its way. There is the possibility for prolonged grief to become a distinct category from PTSD. There is also a possibility that DESNOS may not be included. The presentation on it did not have a strong evidence base. But that decision is not final yet.

Terry’s committee is not handling developmental trauma (he is working on the PTSD committee).

Terry reported that all of the proposed are discussed vis-à-vis their scientific merit. Committee members don’t always agree, but the discussion has been fair-minded.

Chris wants to appoint a co-chair to work with Terry on the ICD-10 criteria. She asked the group for

possible suggestions, but also thought it might be helpful to have someone from Europe and/or WHO.

Early Career Psychologists Committee

Lisa Cromer reviewed different options for giveaways with the Division logo. This is great marketing for the Division and can be used as an incentive for coming to the Hospitality Suite, etc. The group reviewed a page of possible items and decided to order 300 of the larger flash drives and 500 pens. Lisa will send Beth a proposal for the budget. Connie Dahlenberg said she would donate \$500 to cover the costs of the flash drives.

Regarding an initial proposal of mentoring conference calls for ECPs, Lisa discovered that APA is already doing this, but hadn't made that information widely available.

The webinar is still going ahead. The National Science Foundation (NSF) will do one on trauma, so that people can get NSF funding for research.

Activities have stalled on getting an ECP nominee for an award. They are working on it.

Education and Dissemination Committee

The merger between the Education Committee and Dissemination Committee has gone well. Elana Newman is currently seeking a replacement for Joan Cook, since Joan is now an APA Council Representative and is on the ISTSS Board.

Monograph Series

A trauma monograph series is currently being developed. Six titles are being proposed on topics such as CBT, psychopharmacology, and interpersonal violence. The goal is to publish 1-2 per year. APA is very excited about this project.

Membership Committee

Lisa Rocchio reported that our membership is up and continues to grow. Only seven APA divisions are increasing in their membership. Ours is one of them. We are losing some Fellows, but they are mostly older Fellows.

At this time, Lisa is working alone. She would like to be part of an actual committee. She asked the group for names of possible members. There should be at least one student and one ECP on the committee. Chris would like to work with Lisa on this and make a major push for new members.

Lisa raised the possibility of giving out honorary free memberships for one year. Should we offer these? She also suggested that we approach other divisions

about swapping space in their newsletters about each other's division (e.g., Division 42). Can we also task liaisons to the Division with recruiting members? Should we also attend other social hours to recruit members?

Chris suggested making a list of eminent traumatologists we might want to reach out to. Connie can help with this. Her student has just compiled a review of trauma researchers who have published the most. We can also invite all researchers who publish in the Journal to become Division members.

Regarding our Social Hour, we can significantly increase the budget for this event so that it becomes a draw. Sylvia will follow up with the hotel about this.

Policy & Procedures Manual

Laura asked the group to please send her committee possible draft language on policies and procedures. She is working to compile this manual.

Special Interest Groups

Stacey Siebel asked about students being mentees/assistants to SIG chairs. She felt that this would be beneficial for the students and would allow the chairs to get more done. Rachel Reed, on behalf of the Student Committee, asked that this position be co-chair, and not only an assistant.

Social Justice Task Force

What are the next steps for the Social Justice Task Force? Should they do a special issue for the Journal? Due to the backlog of accepted articles, a special issue might be significantly delayed. Could they do convention programming? Is it possible to do a special call for programming on social justice and trauma for the 2012 agenda?

Other suggestions included a series of newsletter articles. Trauma and social justice could also be a topic for a monograph. Task Force members could also participate in the Hospitality Suite program.

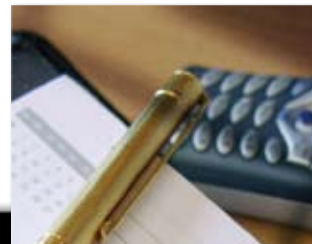
Amber will bring all of these suggestions back to her Task Force.

APA Committees

Laura asked EC members to nominate either themselves or someone else for APA governance and committees.

With that, the meeting adjourned at 3:34 p.m. EST

Respectfully submitted,
Kathleen Kendall-Tackett, PhD
Secretary, Division 56



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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.

Why join Division 56?

If you do research on any aspect of traumatic stress, join to further develop the growth of the scientific basis of the field and to meet other professionals working in trauma psychology.

If you work with survivors of trauma, join to become part of the conversation about treatment and research on intervention, and to meet other professionals working in trauma psychology.

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Member Benefits

- Members keep up-to-date on the latest developments in trauma psychology.
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Membership Categories

Membership in Division 56 is open to individuals who are not members of APA, in the Professional Affiliate Category. Current students who are APAGS members receive their first year of membership for free, with the option to pay 20.00 to receive the division's journal. Non-APAGS students, and continuing student members, pay a low 10.00 fee, with the option to receive the journal for 20.00. Early career psychologists (ECP) within seven years of receiving their doctorate are eligible for a special rate of 35.00, which includes the journal. APA Associates, Members, and Fellows dues are 45.00, which includes the division journal.

Join Division 56 Now!

Membership Category	Rate	Journal included
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<input type="checkbox"/> Professional Affiliate	45.00	included
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The **TRAUMA PSYCHOLOGY NEWSLETTER** is distributed to the complete membership of Division 56 and includes academics, clinicians, students, and affiliates who share a common interest in trauma psychology. Unless otherwise stated, opinions expressed by authors, contributors, and advertisers are their own and not necessarily those of APA, Division 56, the editorial staff, or any member of the editorial advisory board.

Editorial correspondence and submissions (< 3,000 words) are welcomed and appreciated. Please submit articles and references in APA style and send, via e-mail, as an attachment in Word format, to the Editor exactly as you wish it to appear. With their submissions, authors should also include a brief author statement, contact info, and self-photo for publication use.

PUBLICATION SCHEDULE AND SUBMISSION DEADLINES

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ACCURACY OF CONTENT AND COPY INFORMATION

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

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