

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

Strength in Numbers and Diversity of Membership and Topic Areas

Christine A. Courtois, PhD, ABPP

It is January 31st already—the first month of the year has flown by! I wish all of you a belated happy, healthy, and peace-filled new year.

These past few months, I've been considering my goals and aspirations as this year's Division 56 President. In this column I share some thoughts about these goals, particularly as they concern increasing our strength through membership numbers and diversity of membership and through the diversity of topic areas that we address. Many of the activities mentioned below are underway or are about to be launched. I invite your active participation. There is much to do and much to involve you. The Executive Council will be discussing the Division's goals and objectives in detail during our upcoming mid-year meeting (scheduled as a phone conference) to be held on February 26th.

This is an especially significant year for the Division because one of our founding members, **Dr. Melba**

Vasquez, is this year's president of APA, the first Latina to hold the position. We can be assured that Melba will share the mission and vision of the Division 56 with all of APA. We wish her great success in her presidency and offer our support over the course of this year.

*Christine A. Courtois, PhD, ABPP*

The Division is now five years old and has grown in membership and status (within and outside of APA), something I strive to build upon this year. Our outgoing President **Laura Brown** used the metaphor of a tree to describe the division and it is an apt one. We need to keep extending the number and reach

of our branches as we emphasize and demonstrate the relevance of trauma psychology across professions and to our society at large. Simultaneously, we need to deepen and strengthen our root system through the enrollment of new (and diverse) members and through the encouragement and embracing of new areas of interest. My goal is to have a "large tent" organization where our members can

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The Center for Homicide Bereavement: Integrating Clinical & Community Care for Families Bereaved by Homicide

Holly Aldrich, MSW, LICSW, and Mary Harvey, PhD

We, in this country and around the world, have witnessed countless acts of interpersonal violence, none more horrific



Holly Aldrich, MSW, LICSW

than those which result in the intentional loss of life. In the life-altering aftermath of homicide, family members and others who mourn the abrupt and irreversible loss of a loved one are also forced to deal with a myriad of unfamiliar organizations, mystifying procedures and unwelcome intrusions into what should be private grieving. Coming to terms with these and other

challenges while bearing the full weight of senseless loss—not only in the immediate aftermath of tragedy, but in the days, months, and years that follow—is the essence of traumatic bereavement.

The Center for Homicide Bereavement

Extending clinical care and support to individuals and families who have lost loved ones to murder defines the programmatic mission of the Center for Homicide Bereavement (CHB), a community-based service component of the Victims of Violence (VOV) Program of the Cambridge Health Alliance in Cambridge, Massachusetts.

Since its inception in 2002, the CHB has served nearly 600 parents, siblings, children and extended family members of homicide victims and developed on their behalf a wide range of services, including crisis intervention, acute and ongoing traumatic grief counseling, victim advocacy, psychiatric triage, short-term and ongoing homicide bereavement groups and constant community outreach. Additionally, CHB staff facilitate community-based survivor forums, participate in commemorative events and extend crisis response services to communities and community settings traumatized by acts of homicide (Harvey, Mondesir, & Aldrich, 2007).

CHB clients are diverse in age, race, gender and socioeconomic status and in cultural background, language and ethnicity. They have lost loved ones to street violence (random and targeted), domestic violence, political violence, and vehicular homicide. The violent deaths of those they lost have taken place recently and in years past, in local communities, other states and other countries.

In the process of developing services on behalf of these clients, the CHB has established itself as a known and valued resource in the urban and suburban towns and neighborhoods of the greater Boston-Cambridge

area and surrounding counties. It has created a program model for providing timely, meaningful care and support in the immediate and extended aftermath of murder.

The model draws upon the ecological framework guiding all services of the VOV Program (Harvey & Tummala-Narra, 2007) and emphasizes the importance of providing care that is attuned to a phased recovery process (Herman, 1992). For example, group offerings at the CHB include both time-limited groups for acutely traumatized family members and long-term and ongoing groups for family members as their experience of traumatic grief evolves.



Mary Harvey, PhD

The Ecological Model of the VOV Program

The ecological view of psychological trauma (Harvey, 1996) recognizes that trauma survivors differ in many ways (e.g., their vulnerability to symptom development, the nature, duration, and intensity of their symptoms and their comfort with professional care). Such differences reflect an interplay of many influences: the nature of events to which they've been exposed, demographic factors such as age, race, class, and gender, the influence and stability of relevant social, cultural and political contexts, plus any number of other factors that may support or impede access to natural supports and trauma-informed clinical care. Attention to the interacting attributes of person, event and environment is essential to providing meaningful and effective clinical care. Attention to the dynamic contexts of individual lives and to community attitudes, values, traditions and resources is critical to survivors' ability to access and utilize professional care.

The CHB Program Model

All CHB services emphasize the importance of context in individual, familial and community responses to violence and the need for clinical interventions that are responsive to expressions of traumatic grief as these evolve over time. In adapting the ecological model to the needs and experiences of homicide survivors, CHB services take particular note of the unique features of homicidal death, including the abrupt and irreversible loss of a loved one to violence and the obvious intentionality of a perpetrator. While deeply experiencing their own horror and loss, survivors are often simultaneously plagued with imaginings of what their loved one experienced in the last minutes of life. Many family members will have witnessed the condition of a loved one's body; others may long to bury one whose

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The Center for Homicide Bereavement

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body may never be found. And, in the aftermath of homicide, most families are thrust into unfamiliar, often protracted and confusing contact with law enforcement agencies, court proceedings, and media outlets. Because these contacts can be both alienating and disorienting, it is our experience and our conviction that community-based interventions that meet bereaved survivors in familiar, reassuring contexts inevitably enhance the effectiveness of the clinical care we offer.

The programmatic model of the CHB aims for the fullest possible integration of clinical and community services. Key components of the model are:

Community Outreach: Central to the work of the CHB is extensive and ongoing community outreach, networking and alliance building with existing community resources and providers. The goals are to establish our involvement, commitment and presence in the communities we serve, and to convey respect, caring and ongoing availability.

Staff Diversity: Essential to our work is a staff of experienced, licensed mental health professionals whose diversity reflects as closely as possible the communities in which we work. Current CHB staffing is tri-lingual and tri-cultural.

Enhanced Access to Services: Recognizing that community-based care may be more approachable than hospital-based services, the CHB is itself community-based in its office location and in its delivery of services to survivors in their homes and neighborhoods. Staff diversity enhances the accessibility of CHB services to culturally diverse and non-English speaking clients. Finally, all CHB services are free of charge, supported by Victim of Crime Act funds awarded by the Massachusetts Board of Victim Assistance, significantly enhancing the utilization of CHB services.

Victim Advocacy: CHB staff assist clients with medical, court and criminal justice procedures, provide court accompaniment, and make informed referrals to a wide range of relevant community resources. This support is essential to individuals and families facing the harrowing processes and procedures that inevitably follow upon acts of murder, and is often a crucial determinant of a client's ability to utilize and benefit from clinical intervention.

Ecologically-Informed, and Phase-Sensitive Clinical Care: traumatic grief counseling for adults, children, and families seeking acute and/or long-term trauma-informed treatment, and homicide bereavement groups including time-limited, psycho-educational groups for acutely bereaved survivors and ongoing groups to accommodate the process of traumatic grief over time and the evolving needs of survivors.

Participation in and Sponsorship of Community Events: CHB staff organizes topical survivor forums to foster and sustain ongoing self-care strategies and provide opportunities for transformation through social activism and the arts. CHB staff also sponsor and

participate with clients in gatherings to commemorate the lives of loved ones lost to murder.

Organizational Collaborations: In order to ensure a full & coordinated continuum of care and timely response to communities in crisis as a result of homicide, CHB staff regularly interact with representatives of other organizations and community agencies. The CHB is somewhat unique in its location in an established program (VOV) within a department of psychiatry and a public hospital system that includes neighborhood-based community health centers, multiple emergency services and linguistic minority clinics. While most homicide bereavement programs are not so located, all can embrace and pursue organizational collaboration as a means to providing the fullest possible continuum of care.

Community Engagement as a Keystone of Effective Work with Homicide Survivors

The CHB program model is based on the assumption that office-based clinical interventions on behalf of homicide survivors (i.e., individual, family and group psychotherapy) derive enhanced effectiveness and ecological credibility from the clinician's ability:

1. To actively engage with and develop knowledge of the larger ecosystem of the family (e.g., members of the extended family, neighbors and friends, church groups, schools), and
2. To connect the family and ease their interactions with newly relevant community resources (e.g., victim witness advocates in the court, funeral and burial assistance, victim compensation as well as with other families who are struggling with the impact of violent death).

The first set of community interventions may include recurrent home visits with bereaved families, meetings with other individuals and groups affected by the homicide, and participation in commemorative events. These interventions which take place in the bereaved family's home and in other community settings (e.g., neighborhood centers, peace vigils, anti-violence marches) take the clinician into the heart of the community in which the bereaved family lives and daily experiences loss.

The second set of community interventions enables the clinician to help bereaved families discover new community in relationship with other survivors. These interventions may include connecting the bereaved family with other victim service organizations, participating in and/or initiating survivor forums and gatherings, or facilitating CHB bereavement groups that bring grieving individuals and families into meaningful connection with others.

Together, these two sets of community intervention define the kind of engagement that CHB staff seeks with the contexts from which our clients come and in which they continue to live lives forever changed by

homicide. Together, they form an “ecological bridge” to our clients and their communities enabling them to more comfortably access and utilize CHB services.

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Mary R. Harvey, PhD, is Associate Clinical Professor of Psychology at Harvard Medical School Department of Psychiatry, founding director of the VOV Program, a Fellow of APA Division 56, former Board Member of the International Society for Traumatic Stress Studies, and recipient of their Sarah Haley Award for outstanding service. She has lectured and written extensively about the ecological context of interpersonal violence, treatment of psychological trauma and expressions of recovery and resiliency in trauma survivors. She is co-author with Mary P. Koss of The Rape Victim: Clinical and Community Interventions and co-editor with Pratyusha Tummala-Narra of Sources and Expressions of Resiliency in Trauma Survivors: Ecological Theory, Multicultural Practice. Dr. Harvey's private clinical practice is in Cambridge, MA.

EARLY CAREER PSYCHOLOGIST VOICES Work-Life Balance and Integration

Jean M. LaFauci Schutt, PhD

Work-life balance: What is it and how do we work to achieve it? Is it even possible to feel balanced early in our careers when we are trying to work towards tenure or build a practice? These are questions with which I and many other early career professionals often struggle. To learn more about working towards a balanced life, I spoke with seasoned professional, Sylvia A. Marotta, PhD, ABPP, who is both a faculty member in the Counseling and Development Department at The George Washington University and in practice with Christine A.



Jean M. LaFauci Schutt, PhD

Courtois, PhD & Associates. I also spoke with early career professional, Johna Smasal, PhD, a clinical psychologist who has her own private practice and works as an adjunct instructor at the University of Tulsa. I include their comments and suggestions below.

When professionals think about balance we often think about separation of our personal and work lives and our attempts to ensure we are spending enough time working towards both our professional and personal goals. However, balance is not something that is either present or absent; as Dr. Smasal noted, balance is not “found and kept,” but a “constant striving in which there are times when things seem to be flourishing in one area, while the

other area is ‘simmering on the back burner.’” She said that she feels the key is to learn how to appropriately switch back and forth between the main areas. As anyone who is trying to accomplish many time-limited goals knows, we need to become at peace with the fact that at any one time, we may put more attention and energy into one area of our lives and not spend as much time focusing on another area. Just ask almost any doctoral candidate who is trying to meet a dissertation deadline how balanced they feel and you get the idea. I think that it may be time for a slight reframe of the concept of balance in this manner. Given the technical advances of today's modern world where work can follow us everywhere and the nature of our work, which for mental health professionals often involves use of our personal selves, it is important to look at how aspects of our lives interact. We need to remain mindful of staying on task with our goals, and nurture ourselves. Instead of “balance,” Halpern and Murphy (2005) describe using the term *work-family interaction*. When we examine the combination of these two areas of our lives we often get something greater than either of the areas individually. Halpern and Murphy argue that work and family can be combined in a supportive manner. Dr. Marotta's description of balance, “giving equal weight to the person [she is] in all the roles and domains of [her] life, private and professional,” is consistent with this



Sylvia A. Marotta, PhD

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Work-Life Balance and Integration

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principle. Her conceptualization of balance was not entirely focused on separation, but integration, as she described a personal-self and professional-self in the different areas of her life. Naturally, one may give more emphasis on one of these parts, depending on the task at hand. For example, Dr. Marotta noted that the professional in her is more apparent in her teaching, but her private self is also present: she chooses how much of herself to bring to the role. So, how do we work to become both more integrated and balanced in the various areas of our lives?

The first component to this integration and balance is to know yourself. When I asked Dr. Marotta how she knows when she is balanced, she responded that it was



Johna Smasal, PhD

more accurate to say that she knows when she is unbalanced. I feel that this is true for many individuals since we often notice when things in our lives are not going well, but miss recognizing when we are content and accomplishing our goals. Dr. Marotta notes the main way she notices she is not balanced is when she finds herself saying, “I don’t have time to do X, because I have to work.” It is then that she realizes she needs to make more personal time for herself including sleeping, eating, and exercising. Dr. Marotta also relies on her partner to provide reality checks

about how much is enough in choosing commitments, and returns the favor when her partner’s schedule becomes overbalanced in one way or another. Dr. Smasal, a mother of two young children, also discussed the need to schedule time for fitness, family, and friends and creatively found ways to combine these if needed such as bike-riding with her husband and play dates with friends who have young children. She also pointed out that since she works for herself in private practice, the work pressures come from within. Recognizing which pressures and deadlines are externally versus internally imposed is important. Both types of pressures are part of reality and help us stay on task, but evaluating the cost of self-imposed pressures may be helpful. Dr. Smasal uses the following process when she is tempted to take on a new project or responsibility. She thinks about the task, weighs the benefits to finances and career against the cost of how the new responsibility would affect her current work responsibilities and time with her family, and then makes her decision. This self-reflection seems to be a critical process.

How might the practice of striving towards balance and integration be affected when you add in the academic pressures of working towards tenure or multiple job expectations? In considering their multiple job and personal roles, both Dr. Marotta and Dr. Smasal shared ideas that have helped them work towards finding a sense of balance and integration in their lives. Self-care was a common aspect, no matter what practice setting or stage of career

you are in. Dr. Smasal discussed spending time daily in affirmations, reviewing the day’s accomplishments and enjoyments, as well as reading humor books and watching silly comedies to balance out the “heaviness” of trauma work. In discussing self-care, Dr. Marotta emphasized a helpful thing to keep in mind is that it does not need to take much time, but could be as simple as taking a quick walk or practicing mindfulness exercises such as finding a beautiful thing on your commute to work. Perhaps one of the keys to balance, is recognizing that equal time to balancing out tasks is not always necessary.

For those in faculty positions, Dr. Marotta suggested setting aside time each week for the “non-negotiables” such as working on your research, while also recognizing that being involved in committees and your profession is an important component of an academic life. Finding a mentor or a colleague who is a few steps ahead of you in the process and learning what has worked for them, how they navigated the specific requirements of the school or department, and soliciting advice on how they completed their portfolios may also be helpful. Dr. Marotta, a full professor, described how she tries to protect junior faculty from over-committing, and recommends scheduling themselves in ways that further their careers. She feels it is helpful to visualize your career path through a “wide angle lens” since “what seems like a monstrous amount of time at the front of a career becomes much more manageable in the context of a career span.” She also notes that everyone has decisions to make that are personal to them in terms of their family situation and encourages junior faculty to explore what their institution offers in terms of parenting flexibility and delaying the tenure clock.

Learning how much you can realistically take on in terms of both job and personal commitments is also important. This may take a bit of trial and error as we go through various career phases and family stages. It may be especially trying when many opportunities are presented to us as new professionals. While we are eager and excited about many things, we may be unsure about how much we can handle without neglecting our personal lives. For instance, last year I took on jobs in counseling practice, supervision, teaching, and crisis response while simultaneously trying to publish and present my dissertation research, serve on academic and association committees, and locate a new position. Only after I recognized that my stress level was high and that I had limited time for myself or my family, did I realize that I needed to work less, refocus on what would meet my professional needs and goals, and be more mindful about scheduling more family, social, and relaxation time. Dr. Smasal described how she copes with her own tendency towards over-commitment in that she talks over her ideas with her husband and peers who know her well—emphasizing that through discussion she comes to realize that she cannot be involved in everything that piques her interests and still produce quality work—which helps her to say no as needed. She also emphasized the importance of learning how to set boundaries, for example, deciding not to teach a class this spring after serving as an adjunct instructor each semester for the past 4 years. As we are

all aware, boundary setting in terms of clinical practice in the trauma field is also essential. When balancing multiple roles, it becomes even more important. For instance, in addition to her faculty position, Dr. Marotta said she maintains a caseload of six to eight clients and attempts to limit the number of severe cases; although this can be difficult in trauma work since the severity of each case often fluctuates.

We frequently discuss setting boundaries in our work environments, but it is also important to be able to do this for our personal interests. Dr. Marotta discussed her involvement in two choral groups and a time when she needed to limit her participation to one group since she found herself committed to numerous rehearsals and performances. However, it is important to continue personal activities even at times you may not feel like it, in order to nurture and re-energize yourself. I have noticed a personal tendency towards wanting to avoid a workout or not attend a planned event with my husband if I feel too tired, but in the end am glad for the time spent away from work rejuvenating my body, soul, or relationship—which ultimately makes me a better worker and partner.

Even though we try to maintain balance and integration, it is likely that there will be times when we have trouble doing so; both professionals who I interviewed shared their thoughts on the warning signs of balance difficulties. Dr. Marotta said one of the first things she notices is a change in the immune system response such as colds, fatigue, or sleep difficulties. She also said making excuses to yourself or to others about why we cannot do a task when we really just do not want to or do not have room in our schedules is another sign of being unbalanced. One aid she uses to try to avoid being overscheduled is keeping her calendar set on the monthly view so she can look at the month at a glance. She says she only enters data on the month page and does not switch to the week view until right before the month begins. In this way, she can have a quick view of the month ahead and use that to determine if she can realistically take on another responsibility. Dr. Smasal described how she notices that she is having difficulty with balance when she uses time set aside for one task for another, such as hiring a babysitter to watch her children, so she can catch up on grading or paperwork. Individual warning signs will naturally vary. Each of us needs to be aware of our physical and mental health, the number and nature of the responsibilities, and time required for commitments. With on-going reflection, we can achieve balance in our professional and personal lives.

If we get too far off the “balance track,” there may be risks to both our personal lives and career paths. Dr. Smasal emphasizes the importance of investing in yourself *first* to lay a foundation for your physical and mental health. Once this is achieved, then you will have the resources to invest in your family and friends—who are essential for social support—and your career. Being completely focused on your career can be destructive in terms of burnout and social isolation according to Dr. Marotta. She also notes that not paying attention to your career, but only to your personal life, is a career stopper. Her advice is to find the “middle ground,” “keeping the range restricted,” and to

remember that “all things are good in moderation.”

I believe as mental health professionals, teachers, and researchers, balance is always a work in progress. Both early career and seasoned professionals struggle with integrating their various roles and how they spend their time. Dr. Smasal thinks of time spent doing anything as “life-giving” or “investments” and focuses on deciding on the costs and benefits of how her time is spent. She shares examples of time researching a particular treatment with a client as an investment in their work and time cuddling with her children as life-giving to the relationship. What balance means and what time spent in various types of activities and roles looks like for each individual is unique, and will likely change as we progress through our careers and grow both as individuals and within our relationships. As Dr. Marotta noted, “We are in charge of finding our own balance; we can’t expect others to do it for us.” Some resources that may help you with finding your own balance and renewing yourself are included below, but knowing and taking care of ourselves and having support seem to be the most helpful aspects to finding and maintaining a sense of equilibrium and integration in our lives.

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Shapiro, R. (2010). *The Trauma treatment handbook: Protocols across the spectrum*. New York: W. W. Norton. (235 pp). ISBN 978-0-393-70618-5. \$32.95.

In *The Trauma Treatment Handbook*, Robin Shapiro operates under the premise that no perfect recipe for trauma therapy exists; therefore, practitioners should familiarize themselves with all of the mechanisms available in today's trauma intervention toolbox. The book, a decent size just over 200 pages, is designed as an accessible guide for both beginning therapists and seasoned clinicians to develop treatment plans for traumatized clients. Peppered with vignettes and resources for further training, it presents a bird's-eye view of cutting-edge interventions and techniques as well as an insightful smorgasbord of diagnoses, definitions and current thinking.

The handbook begins with expanded definitions of trauma and post-traumatic stress disorder to augment those in the *Diagnostic and Statistical Manual (DSM IV)*, illustrated well through varying reactions from car accident survivors. The author addresses complex trauma in its own context, giving detailed attention to the specific nature of chronic abuse and illustrating the mindsets of victims with Developmental Trauma Disorder and Disorders of Extreme Stress Not Otherwise Specified.

Dissociation has a dedicated chapter to present recent research, most notably the Structural Dissociation Theory (SDT) that observes and treats trauma through a model of action systems operating within a client's personality. Under SDT, a traumatic event can cause even an integrative failure that creates a division between emotional parts and the apparently normal part of personality. The book provides a lot of detail on this theory, but Shapiro does not adequately state why she has selected it to be the focus of so much attention.

The author clarifies her stance on the need for customized treatment in the chapter on assessment, which highlights the influence of client temperament, culture, attachment issues, affect regulation and tolerance for treatment. In addition to a few instruments for PTSD and dissociation, she provides details for how to evaluate a client using Maureen Kitchur's Strategic Developmental Model, which seeks to resolve current problems by healing the developmental rifts that perpetuate them. Shapiro states that she chose this model, which she adapted from its use for EMDR clients, but she again does not cite why she chose this one in particular and if there are other similar ones in current use.

Client preparation is given a decent amount of focus in *The Trauma Treatment Handbook*, which provides a concise outline for making a verbal contract regarding goals and treatment. However, the therapeutic relationship, an important and intricate topic, is given only about a page in the text, which would have benefited from more information. Given the vulnerable nature of this population, Shapiro provides

several excellent exercises for laying the emotional groundwork necessary for many to be able to withstand intervention of any kind. These guided imagery techniques enable therapists to help clients create safety containers, resources and anchor spots for the work ahead.

The largest section of the book focuses on simple trauma interventions, offering a snapshot of 13 therapies in active use: mindfulness, psychodynamic, exposure, cognitive behavior, EMDR, somatic, hypnotherapy, energy psychology, brainspotting, re-enactment protocol, David Grove's trauma therapy, neurofeedback and medication.

The cognitive behavioral therapy portion of the book provided a generous amount of information on application to traumatized clients, and the EMDR section gives clinicians a look at what happens in a session. The section on mindfulness was rather thorough, but it only briefly mentions martial arts as a technique without any reference to client readiness for an activity with a high risk of triggering trauma victims. Meditation itself can be a triggering exercise given its nature probing the depths of the human psyche. I applaud that energy psychology was given its own section, but there are numerous techniques not mentioned, including the benefits of psychodrama, regular massage, reiki and rolfing.

A few sections are sparse and leave the reader wishing for more information including the neurofeedback brainwave retraining system and the technique of brainspotting, which involves the client listening to soothing sounds with embedded continual bilateral stimulation.

By far the richest area of the book is the treatment protocol section for complex trauma and dissociation. Shapiro provides eloquently detailed information on healing interventions for disrupted attachment, dysfunctional ego states, structural dissociation and borderline personality disorder. One omission from the text is repressed memories and implications for treatment.

The author pays special attention to clients in the military and those with traumatic grief. However, the sections on sexual assault and sex abuse survivors and on relational trauma victims fell short on the informational side and could have provided insight into which therapies were preferred for these special subpopulations. The last section advocates that clinicians avail themselves of several of the interventions themselves from meditation and self-awareness to individual consultation and advanced education.

As Dr. Daniel J. Siegel writes in his introduction, *The Trauma Treatment Handbook* offers a rich array of clinical experiences like the spread of goodies in a candy store. Few of the treatments have been empirically validated, but Shapiro intentionally—and refreshingly—stays above the contentious debate regarding the superiority of a protocol with research as evidence. Practitioners are armed with questions to consider each modality's suitability for specific clients and given enough information on their advantages and disadvantages

and resources to pursue at greater length on their own. Overall, the book does an excellent job of providing a wide range of interventions for specific types of trauma so that therapists can begin to evaluate options for customizing treatment to their traumatized clients.

In what I hope will be the second edition of this handy guide, the burgeoning areas of creative arts interventions from narrative to dance therapy deserve a section. While I liked the vignettes, I would also like to see full case studies that illustrate how clinicians can combine the interventions under their main approach. There is a danger in being too eclectic that a practitioner is not centered on a therapeutic mindset, and this, too, needs to be addressed so that clinicians can use the book with a clearer understanding of how they can incorporate the interventions.

Shapiro, MSW, LICSW, a private clinician, EMDR therapist and workshop presenter in Seattle, brings her insight and directness to this highly informative book. She is the editor of two books on EMDR for clinicians, serves on the board of the EMDR Humanitarian Assistance Program and blogs about trauma and attachment therapy.



Aldrich

Ms. Renu K. Aldrich is a writer and communications consultant who blogs on the intersection of Eastern philosophy and Western psychology at www.SpiritualWarriorHealing.com. Following successful careers in journalism and public relations, she is in a graduate Marriage & Family Therapy program and runs a support group to help adult survivors of childhood maltreatment find their capacity for healing and transformation.

Courtois, C. A. (2010). *Healing the incest wound: Adult survivors in therapy* (2nd ed.). New York: W.W. Norton & Co. (728 pp.). ISBN: 978-0-393-70547-8. \$49.95.

The second edition of this classic work by Christine Courtois, PhD, has been updated to include the newest research findings in the field of incest and traumatic stress studies, and impressively, in that quest it does not lose its focus on the lived experience of the incest survivor. Her book starts with a story of incest, told through the eyes of a female child victim. This is a painful way for the reader to begin her study of incest trauma, but in that, it honors the pain and bravery of those survivors who enter our offices every day in search of healing. In the midst of the science, this book keeps our minds on those individuals who fought to mentally and physically survive a childhood (and sometimes adulthood) of victimization and betrayed loyalty. This is a gift that Courtois gives the reader, though a hard gift to encounter.

Healing the Incest Wound is a comprehensive tome, and at many junctures Courtois lets the reader

know what a new update from the first edition is. For the reader skilled in trauma conceptualization and intervention, she gives very specific and detailed information regarding the unique factors inherent in incestuous sexual abuse, such as trauma related to the intervention when incest is revealed, and the average duration of incestuous abuse (4 years). For the reader new to trauma studies, she lays out very clear cut and easy to understand information about trauma and incest. This makes for a long read, though one well worth the time and commitment.

The 22 years between the first edition in 1988 and second edition in 2010 have brought with them a change of societal recognition of the issue of childhood sexual abuse (CSA) generally. CSA, including incest, is a regular topic of daytime talk shows like the *Oprah Winfrey Show*, and this means a changed world for survivors. This impacts both survivors who have lived through the change as well as the interventions themselves (both clinical and legal) that new victims encounter. Courtois points to these changes, making the reader aware that societal ground continues to shift under the feet of those who are struggling to survive and heal. Though as clinicians we want these all to be positive changes, and in many ways they are, they are always complicated by being viewed through the lens of the observer. Courtois makes a nice differentiation between what is available for children today compared to children of yesteryear (what she calls the *age of denial*), and how this impacts their experience of the trauma. There are many parallels to the experience of veterans of the Vietnam War compared to our veterans returning from the current wars. More is available for younger survivors, and this may make older survivors both glad for those who follow after them, proud of their own contribution to the changes, and jealous of the experience of new survivors, which may be perceived as “easier” rather than only different.

Given feminist psychology’s significant contribution to the field of sexual trauma studies, Courtois speaks often from this point of view, which enriches the text with its take on the use of language around abuse, our understanding of the dynamics of an incestuous family, and components of healing. This perspective is a valuable one for those who may encounter an incest survivor, as it is survivor-focused, strengths-based, and comprehensive. For the clinician, Courtois provides facts that may become important components of psychoeducation shared with our clients as they challenge their self-blame, such as the statistic that 65% of incest involves no physical force and only 3% of incest involves substantial violence (p. 33). For clients who lament not “fighting back,” this statistic helps undermine the idea that incest is a crime of “fight” at all, but rather a crime of complicated family dynamics, traumatic bonding, and betrayal.

Though *Healing the Incest Wound* is well worth reading, there are some imperfections as well. Courtois

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and her editors overuse italics, both in her own written word and in italicizing portions of quoted text. Though the intention is clear- to bring attention to important information- it has the feel of reading the highlighted sections of a used copy of the book rather than getting to choose what is important to you in your own life and work. This is an unnecessary distraction in an otherwise well-written and edited text.

In summarizing and presenting the available research, Courtois is constrained by the limits of the field. She points to the need for more research on ethnocultural and gender socialization factors relevant to incestuous abuse, conceptualization, and treatment. She occasionally mentions incestuous abuse of the elderly, without going into any depth, though there is likely a vastly different set of dynamics inherent in that crime than in the abuse of children.

The book evidences real conflict around the idea of masculinity, suggesting that for male survivors to heal they must in some ways abandon their masculinity in order to deal with their victimization and work through anger without resorting to male rage. Additionally, utilizing male therapists for incest survivors is cautioned against because of their (hypothesized) tendency to identify with the perpetrator and not the victim. Though certainly most perpetrators are men, most men are not perpetrators, and one gets the sense that this is lost in this text. Perhaps the belief held by many victims of male perpetrators ("men are unsafe") is being reified rather than challenged in this text, which may be a point for reflection by clinicians of both genders.

One of the most conflicted parts of the book is the treatment of quasi-incestuous sexual abuse, such as by clergy. She initially makes the case that abuse cannot be defined by its aftereffects (e.g. those who recover or never experience symptoms still experienced abuse), then goes on to define abuse by quasi-family members (e.g. the parish priest) as incest in part because of the similarity of the aftereffects of that trauma. This is a lack of logical continuity that may spring from a desire to understand and explain the clergy sex abuse scandals raging worldwide. This possible motive is bolstered by her lack of attention to CSA in other religious traditions (e.g., by Rabbis or Imams). Despite these issues, her attention to childhood sexual abuse by quasi-family members adds to the richness of the text and allows for important parallels, such as military sexual trauma, which also takes place in quasi-family configurations and involves incredible betrayal and pain.

Ultimately, Courtois does present a light at the end of the tunnel for the reader in addition to cataloguing and exploring survivors' pain. In describing the theoretical underpinnings for the origin of the incest trauma, she posits multiple concepts of what healing looks like- whether earning a secure attachment through healthy relationships post-abuse or grieving the losses inherent in a traumatized childhood. This gives hope to the reader,

regardless of his or her theoretical orientation towards trauma.

Healing the Incest Wound is an interesting blend of research studies and professional anecdotes that make this text both readable and personal. It is wide in breadth, but also provides the depth necessary for an understanding of the complexity inherent in her subject. For those who work with sexual trauma survivors (of any age), this book sheds light on the darkness of the trauma itself and presents diverse paths towards healing. It is an important read, or possibly re-read, for clinicians in the field.

Christine Courtois, PhD, is a psychologist with a private practice in Washington DC, who also recently co-edited Treating Complex Stress Disorders: An Evidence Based Guide (2009). She is the current president-elect of APA Division 56.



Johnson

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Muller, R. T. (2010). *Trauma and the avoidant client: Attachment-based strategies for healing*. New York: W.W. Norton. (204 pp.). ISBN: 978-0-393-70573-7. \$27.95.

Robert Muller, PhD, begins this very clear and concise book by acknowledging the difficulty of working with clients who are seeking trauma therapy but who present as invulnerable and ambivalent about therapy. He does so in a respectful way that honors the struggle with which clients who are highly avoidant approach therapeutic work. The tone of this book is never judgmental or pejorative about clients, and Muller succeeds in describing the interpersonal and relational challenges encountered with avoidant clients without overpathologizing them, us (as therapists) or the people whose care set the stage for an avoidant way of being in relation to others. This book is informed by Muller's experience as an associate professor in clinical psychology at York University and a supervising psychologist at Hincks-Dellcrest Centre providing trauma therapy. In reading this book, I very much valued Muller's respectful stance toward the work of trauma therapy, clients in trauma therapy and providers of trauma therapy.

Muller initially presents a brief but accurate review of Bowlby's (1980) attachment theory. He maintains a grounding in attachment theory while weaving in strands from other approaches, such as contemporary cognitive behavioral conceptualizations of trauma (as evidenced by referencing Giovanni Liotti's work in this area) and emotion-focused intervention techniques (e.g., Leslie Greenberg). The integration of theory and clinical application continues throughout the book. Muller's command of the empirical literature is impressive, and his presentation of findings from research conducted in clinical settings as well social psychological research

serves to underpin this work with a clear and undeniable evidence base.

The book is intended for both beginning and more experienced therapists working with clients who have experienced betrayal trauma(s) and other forms of parenting or caregiving that result in a high level of avoidance with respect to attachment relationships. To be more accurate, it is intended for therapists who work with adult clients, as children and adolescents are not included in the case examples nor does the author refer to working with them. The goal of this book, in Muller's own words, is that "on coming to the end, the reader will be both realistic and hopeful; will know what to expect but will be eager to apply the strategies learned" (2010, p. 5). Muller does indeed inform the reader very well about what can be expected when working with clients who are high in avoidance, both by presenting case examples and also by generously self-disclosing about his own struggles and reactions to these clients. At the end of each chapter, he gives readers well constructed lists of client behaviours to watch for, significant events to use productively and things to remember in working with trauma clients who struggle with attachment. Of these lists, I found one that presents important things to remember when working on emotional detachment particularly helpful. Because my own work with clients who have experienced trauma has taught me that loss is always part of trauma, and that attending to this loss a key task in successful trauma therapy, I very much appreciated Muller's attention to loss and mourning in chapter four of the book.

The chief contribution of this book is that Muller has managed to achieve a high level of integration of theory, research and clinical application while at the same time honoring the struggle and motivation required to enter and continue in therapy when one expects to be let down by other people. The client's voice is not subjugated to theoretical or research discourses, but remains part of the story throughout the book. Muller emphasises the ways in which a well-timed, reflective and collaborative process can work with clients who fear or mistrust closeness.

This is exemplified in the chapter on termination, when the importance of termination as a stage in therapy as well as a process of separation is noted. Muller reframes "premature termination" by framing it as an act of autonomy on the part of a client for whom it may be the best choice to make. At the same time, he invites therapists to take an honest look at their own thoughts and feelings about clients with whom it is more difficult to work from a relational perspective, and to consider their own contribution to premature terminations. By asking therapists to begin thinking about termination from the beginning of therapy, Muller encourages an approach that empowers the client and creates the opportunity to use even "premature" endings for growth.

There are many reasons for reading this book. Rarely is a book as full of practical tips and helpful lists and at the same time as exhaustive in its review

of the literature. This is an excellent resource to have on one's shelf, both as a reference for those times when one is struggling to form a working alliance as well as when a formerly "good enough" therapeutic relationship has become stuck in the re-enactment of previous disappointments.

Some readers will notice that there is little attention to the less intrapsychic and relational aspects of trauma work, and Muller does not address the role of gender, race or class in either the experience or aftermath of trauma. Particularly absent is a reflection on the therapist's gender and how this may interact with the gender of the client when engaged in relational work for betrayal trauma(s). Therapist-client match is discussed and it would seem that, as in any therapeutic relationship, issues related to diversity and difference, or privilege and disadvantage, are important.

Muller eloquently concludes the book with a statement that summarizes the book's stated goal, which has been achieved: "The challenge in treatment, then, is in helping such clients find a way to tell a story too painful to speak but too compelling to ignore" (p. 178).



Baird

Dr. Katie Baird is a member of APA's Division 56 and Director of Professional Development for the Psychological Society of Ireland. She completed her dissertation research on the relationships among the dimensions of attachment, coping resources, and satisfaction with life and their corresponding impact on psychological distress.

Aronofsky, D. (Director). (2010). *Black swan* [Film]. Los Angeles: Fox Searchlight Pictures.

Hooper, T. (Director). (2010). *The king's speech* [Film]. New York: The Weinstein Company and UK Film Council.

The Oscars 2011—*The King's Speech* & *Black Swan*: Trauma, Body Image and Eating Disorders

The first Sunday's edition of *The New York Times* of this new year profiled the Oscar choices for 2011, and I was fascinated to see that my two of my favorite reviewers, A. O. Scott and Manohla Dargis chose one of my favorite films *Black Swan* for best picture, best director (Darren Aronofsky) and best actress (Natalie Portman, p. 13). Another favorite film, *The King's Speech*, was chosen by reviewer Stephen Holden for best picture, best actor (Colin Firth), best supporting actor (Geoffrey Rush), and best original screenplay (David Seidler). Both of these films were powerful and psychologically rich, and I will try to capture some of the power and complexity in the following comments.

Having worked with war trauma in Israel and the United States (Serlin, 2010), I appreciated the nuanced

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portrayal of psychotherapy by Geoffrey Rush in *The King's Speech* that displayed authenticity and genuine relationship, awareness of posttraumatic stress in early childhood trauma, use of innovative verbal and nonverbal therapeutic methods, and an existential framework of posttraumatic growth that encouraged his client to find his own voice.

The scene is set just before the advent of World War II, as England faces emergencies economic and psychological depression and the rising power of Hitler. Prince Albert's father, George V, is about to die and succession to the throne is critical. King George's eldest son, David, the future Edward VIII, is a reluctant and weak ruler who scandalizes the country with his bridal choice of a twice-divorced American woman, Wallance Simpson. When David steps down from the throne, Prince Albert must lead the country (Holden, p. 13).

Prince Albert, however, lacks confidence and has a terrible speech impediment. Driven by the advent of modern technology and the need to lead his people by public speaking, he seeks help for his stuttering from an unknown speech therapist, Lionel, played by Geoffrey Rush.

In one of their first sessions, Prince Albert confronts the reality of Lionel's seedy office and tries to flee therapy, while Lionel confronts class differences as part of the initial therapeutic challenge. Lionel, having learned his techniques by working with World War I veterans, nevertheless insists on a stable therapeutic frame, sets rules of engagement, and helps the prince admit his pain and loneliness to motivate the difficult journey ahead. Understanding Prince Albert's ("Bertie") nonverbal language of stuttering and body twitches, Lionel has him practice relaxation exercises sing, roll on the floor, shout obscenities and feel his emotions, probe painful childhood repressed memories and finally feel a growing friendship between two equal human beings. Using seriousness, rhythm, play and improvisation in the "transitional space" between them, Lionel bridges Bertie's negative self-talk with positive glimpses and new narrative of his future as a respected and self-determining king.

In *Black Swan*, I was most compelled by the portrait of eating disorder, body image distortions, and archetypal co-mingling of the polarities of reality/illusion, light/dark,

perfection/imperfection, and domineering stage/mothers/frightened little girls that I see too often in dancers and young girls with eating disorders (Serlin, 2005). As a horrifying and beautiful film, it relies on painterly images to convey the mix of beauty and pain, white (White Swan, purity) black (Black Swan, darkness), and red (blood). For example, Natalie Portman ("Nina") appears in most of the scenes, reflected in multiple mirrors and other faces. The confusion between fantasy and reality begins with her frightening mother, who as a frustrated former dancer seems to long for her daughter's destruction. Nina's love object is the archetypal Demon Lover; charming, dangerous, and elusive director who pushes her from Apollonian control and precision to passion and dark Dionysian frenzy (Holden, p. 14). It is the young girl's poor body, ethereally thin and scarred with cutting, that is the canvas on which the awful story is shown and finds its denouement.

Both films, different in many ways, share a deep understanding of the psyche and, at least in one, an appreciation of the possibility of hope through the psychotherapeutic relationship.

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Serlin,

Ilene A. Serlin, PhD, BC-DMT, is past-president of the San Francisco Psychological Association, Fellow of the American Psychological Association, past-president of the Division of Humanistic Psychology, editor of Whole Person Healthcare, on the editorial boards of PsycCritiques, the American Dance Therapy Journal, the Journal of Humanistic Psychology, Arts & Health: An International Journal of Research, Policy and Practice, Journal of Applied Arts and Health, and The Humanistic Psychologist and in practice in San Francisco and Marin County.



Ruth A. Blizard

Spring/Summer 2011 TPN

The *Trauma Psychology Newsletter* is accepting articles for the Spring/Summer 2011 issue. The deadline for submissions is **April 15, 2011**. Articles should be under 1,500 words, in MS Word or WordPerfect formats. Submit articles to Ruth A. Blizard, Editor, at info@ruthblizard.com. Please include a brief author bio (under 75 words) and photograph (jpg or tiff formats only).

Call for Division 56 Awards Nominations

The Division of Trauma Psychology strongly encourages members to submit nominations for the following Division 56 awards (previous winners are listed on the Division's website: www.apatraumadivision.org).

To nominate, please electronically submit a letter describing the candidate's suitability and a copy of his or her curriculum vitae. Self-nominations are invited.

Please submit all materials with full contact information for the nominator and the candidate. Nominating letters should be no longer than 3 pages, and curricula vitae no longer than 20 pages.

Award for Outstanding Contributions to Practice in Trauma Psychology

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

Award for Outstanding Contributions to the Science of Trauma Psychology

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

Award for Outstanding Service to the Field of Trauma Psychology

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

Award for Outstanding Dissertation in the Field of Trauma Psychology

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

Nominations must include a copy of the dissertation abstract and a manuscript or publication derived from the dissertation. Dissertations must have been defended in the previous year: January 2010–December 2010.

Award for Lifetime Achievement in the Field of Trauma Psychology

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

Award for Outstanding Media Contributions to Trauma Psychology

This award recognizes the creator(s) of media presentations for lay audiences that educate the public in a scientifically sound manner about the psychology of trauma. Any kind of work available in any form is eligible (e.g., written word, film, video, web, graphics, etc.). Fiction and non-fiction representations are equally welcome. Nominations should include the names of the creator(s) of the work being nominated, as well as either a sample of the work being nominated, or a web address for the nominated work, or both.

Award for Outstanding Early Career Achievement in Trauma Psychology

This award recognizes psychologists in the early stages of their careers who have shown outstanding achievement or who have made outstanding contributions to the study of psychological trauma. Nominees' contributions may be in the areas of clinical practice/research and writing or basic/applied empirical research. Nominees should have earned their degrees no more than seven years prior to the year in which they are nominated. For the year 2011, eligible individuals will have received the doctoral degree in 2004 or thereafter.

Deadline for nominations: April 15, 2011

Please submit nomination materials electronically to Dawn Hughes at hughes@drdawnhughes.com.

Feminist Mentoring Within a Trauma-Focused Research Laboratory

Katie Edwards, Christina A. Myrick, Shannon Johnson, and Christine Gidycz

There is a burgeoning body of literature that focuses on mentorship and more recently feminist and multicultural models of mentorship (Benishek, Bieschke, Park, & Slattery, 2004; Humble, Solomon, Allen, Blaisure, & Johnson, 2005). The past 40 years have witnessed dramatic increases in the number of women and minorities obtaining college degrees (National Center for Education Statistics, 2008),



Katie Edwards

and evidence suggests that for these groups of individuals there are limitations to traditional models of mentoring (McGuire & Reger, 2003). In light of this, the purpose of this paper is to discuss the implementation of a feminist model of mentoring within a research lab where the focus is on conducting empirically-sound psychological research on topics that address the problem of interpersonal violence in U.S. society. This discussion is situated in the larger feminist mentorship and vicarious traumatization literatures and incorporates narratives from previous and current undergraduate students, graduate students, and the faculty member's experiences, which were derived from a series of open-ended questions completed anonymously by current and former students (undergraduate and graduate) and the faculty mentor of the lab. Our discussion is based on personal experiences that we hope will provide a conceptual framework to stimulate scholarly discussion and empirical research on feminist mentoring in trauma-focused research laboratories.



Christina A. Myrick

Traditional models of mentoring are directive and hierarchical in nature and predicated on power differentials and paternalistic ideologies (Colley, 2000). Although traditional models of mentoring serve instrumental (or career) and psychosocial functions (Kram, 1985), they differ from feminist models of mentoring, which foster equal balance of power (Benishek et al., 2004) and encompass a collaborative relationship that is reflexive in nature (Porter & Vasquez, 1997). Characteristics of the mentoring relationships in our laboratory are predicated on feminist principles (Benishek et al., 2004), which include an emphasis on the relational aspect of mentoring, valuing collaboration, commitment to social advocacy and justice, encouraging and appreciating multiple perspectives, and commitment to diversity. The students' and faculty's perceptions of these five principles and

their operations within the laboratory are presented in Table 1.

Consistent with feminist tradition that seeks to acknowledge and honor the role of emotion in academic work (McGuire & Reger, 2003), emphasis in our laboratory is placed on the recognition and management of vicarious trauma, which occurs when an individual experiences reactions parallel to those of trauma survivors (Figley, 1999). Mentors have an important role in minimizing vicarious trauma among mentees (Campbell, 2002; Michels & Edwards, 2007) and ways in which this can be done include:

- (1) assessing self-awareness, emotional maturity, and motivations for wanting to work in the interpersonal trauma lab during the admissions process;
- (2) discussing with new members of the laboratory potential reactions to engaging in trauma research and encouraging discussion along these lines;
- (3) mentors modeling self-care for mentees;
- (4) engaging lab members in non-trauma research related activities (e.g., lab luncheons); and
- (5) allowing time for reflection at the end of a study and an individual's tenure in the laboratory.

The students' perceptions of these five suggestions, their operations within the laboratory, and their intersection with feminist mentoring principles are presented in Table 2.



Shannon Johnson

To conclude, unlike traditional models of mentoring, feminist models of mentoring place significant emphasis on the relationship between mentor and mentee and pay close attention to issues related to power/empowerment, emotion, and diversity and social justice. Narratives from members in our laboratory suggest that there is benefit and promise to this model of mentoring within a trauma-focused research laboratory. Future scholarly discussion and empirical research (both qualitative and quantitative) on this topic are needed. Important topics for future research include better defining and measuring feminist mentorship, benefits and challenges to implementing feminist mentoring, greater integration of multiculturalism, outcomes related to feminist mentoring (and how these relate to other mentoring models), and, ultimately, the role of feminist mentoring in the personal and professional advancement of women.



Christine Gidycz

Table 1. Perceptions of Feminist Mentoring

Principle	Laboratory Members' Perceptions
Emphasis on the Relational	<p>"My mentors personally connected with me and were genuinely invested in my future" (US).</p> <p>"Mentoring relationships in which both individuals are equally invested were the most helpful" (GS).</p> <p>"The mentoring relationships that I formed in the lab have been pivotal to my professional development and these relationships will be life-long" (GS).</p> <p>"Mentoring involves helping the students find what works or fits best for them. To do this effectively, I really have to get to know the students" (FM).</p>
Valuing Collaboration	<p>"I felt that even as an undergraduate student, my input was considered and seen as important. That was a very positive and validating experience" (US).</p> <p>"The graduate students actively participate alongside the undergraduates without creating any sense of inferiority or inadequacy" (US).</p> <p>"All of my opinions and ideas were taken into consideration, and I always felt as though I was fully a part of the research process" (US).</p> <p>"I have learned a great deal both professionally and personally from the collaborative relationships formed in the lab. I feel like no matter what your 'rank' is all opinions are equally valued" (GS).</p> <p>"Learning between the mentee and mentor is always a reciprocal process. This aspect of mentoring is what I find most exciting" (FM).</p>
Commitment to Social Advocacy and Justice	<p>"My involvement in the lab gave me the opportunity to volunteer at a domestic violence shelter, participate in Take Back the Night, and engage in legislative advocacy" (US).</p> <p>"There is a true commitment in the lab of 'giving back' to the community. There is a great effort to disseminate our findings to the local, regional, and national community in order to raise awareness about violence against women" (GS).</p> <p>"Seeing genuine commitment to ending violence against women by students' involvement in community activism is rewarding and reminds all of us why we do the work" (FM).</p>
Encouraging and Appreciating Multiple Perspectives	<p>"Lab members are respectful and open to others' perspectives and appreciative of them when they are offered" (US).</p> <p>"The environment is such that having a different opinion or disagreeing with someone on a particular issue is viewed as a learning opportunity for all" (GS).</p> <p>"Learning to respectfully disagree with each other is an important skill that students need for future professional roles" (FM).</p> <p>"I want students to feel comfortable disagreeing with me" (FM).</p>
Commitment to Diversity	<p>"Efforts are made to discuss how research findings may or may not apply to diverse groups" (GS).</p> <p>"The lab makes an active effort to recruit diverse members into the lab" (US).</p> <p>"Given that men traditionally have the power in academia, it is important that women students in my lab have strong female role models to prepare them for future leadership positions" (FM).</p>

Note. US = Undergraduate Student; GS = Graduate Student; FM = Faculty Mentor

Feminist Mentoring...

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Table 2. Perceptions of Recommendations to Manage Vicarious Trauma

Recommendation	Laboratory Members' Perceptions
Assess self-awareness, emotional maturity, & motivations	"It can be helpful to ask questions such as 'Tell me about your reasons for wanting to join this lab' and 'What do you hope to gain from working in a trauma research lab?' when interviewing a potential research assistant for the lab" (GS).
Discuss potential reactions to engaging in trauma research and encourage discussion along these lines	<p>"At the time of the interview, I begin to discuss the potential difficulties a person can encounter in working with interpersonal violence. When a new research assistant begins to work in the lab, I reiterate this information and encourage them to speak openly with me about any concerns or difficulties they have. Additionally, every time I see a research assistant in the lab, I check in with her, asking how she's doing, how things are working on the study, etc., providing opportunities to express any concerns or struggles" (GS).</p> <p>"It is important not just for undergraduate students to discuss their emotional reactions to the research with graduate students, but for graduate students to discuss their emotional reactions with the undergraduates as well. No matter your 'rank' or how long you have been doing interpersonal trauma research, no one remains unaffected and part of feminist mentoring is to acknowledge and appreciate that" (GS).</p> <p>"Throughout my time in the lab graduate students would check in with me to make sure I was doing okay with the material. I really appreciated that they just didn't assume we would be unaffected" (US).</p>
Mentors modeling self-care for mentees	<p>"Making time for friends, family, and working out a priority" (GS).</p> <p>"Trying to set boundaries by not making meetings with undergraduates late at night" (GS).</p>
Engage lab members in non-trauma research related activities	<p>"Making sure to praise and thank [the undergraduates] for their hard work, expressing the important role that they have and offering special events in their honor are very important parts of mentorship" (GS).</p> <p>"These activities helped bring all of the lab together which made the mentoring bonds even stronger. The events made me feel like an important and appreciated part of the lab and research" (US).</p>
Reflection at end of study/student's lab tenure	"These conversations are very rewarding and the undergraduate lab member often seems to be grateful for additional processing of the experience and an opportunity for closure" (GS).

Note. US = Undergraduate Student; GS = Graduate Student

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Katie Edwards is a graduate student in the clinical psychology doctoral program at Ohio University and will graduate in June 2011 following the completion of her current predoctoral internship at Vanderbilt University-Department of Veterans Affairs Consortium. She will join the psychology faculty at the University of New Hampshire in August 2011. Her professional interests broadly include the causes, consequences, and prevention of interpersonal violence. Katie is committed to using research to inform legislative action and promote social change. She can be reached at ke264505@ohio.edu.

Christina A. Myrick graduated with a double major in psychology and social work from Ohio University. Currently, she is part of the MPH program at Simon Fraser University. After she earns her MPH, she will

continue her education in a PhD program for clinical health psychology. Upon the completion of her doctorate, Christina plans to work in the health promotion field. Her main research interest includes the intersection of women's health, global health, and infectious diseases.

Shannon Johnson graduated from Ohio University with honors in psychology and is currently working as a research assistant in the Psychiatry Department at Case Western Reserve University. Ultimately, Shannon plans to obtain her PhD in clinical psychology. Her professional interests include eating disorders, body image, and violence against women.

Christine Gidycz is a Professor of Psychology and Director of Clinical Training at Ohio University. Research interests include the evaluation of sexual assault prevention and risk reduction programs, and correlates, predictors and consequences of various forms of violence. Her work has been funded through the Centers for Disease Control and the Ohio Department of Health. She has served on various state and national panels that address violence-related issues.

Social justice is woven into the fabric of trauma psychology, and today this union is becoming identified as more of a factor in treatment. In an informal roundtable, we brought together diverse voices in the field at different stages of their careers to provide information and inspiration on this sector of increasing relevance to the field.



Aldrich

Our panel:

- **Renu K. Aldrich, MFT candidate**
Saybrook University, New York, NY
- **Carol Chu, PhD candidate**
Fairleigh Dickinson University, Teaneck, NJ
- **Amber Douglas, PhD**, Assistant Professor
Mount Holyoke College Department of Psychology, South Hadley, MA
- **Laura S. Brown, PhD, ABPP**, Director;
President, Fremont Community Therapy Project, Seattle, WA; APA Division of Trauma Psychology, Washington, DC

What is social justice?

Renu Aldrich: Social justice is the equal right of all sentient beings to live dignified, peacefully and free in their homes and in community without regard to their culture, race, creed, gender, sexual orientation or other characteristic.

Laura Brown: There will likely always be truly natural disasters, vehicle accidents, traumatic illnesses and injuries that would require our study



Chu

and care. But the bulk of what most of trauma psychologists research, teach about, practice with, or advocate for is there because there is injustice, large-scale and small, in every corner of the planet. Trauma is the marking of the monster of social injustice. War, genocide, interpersonal violence and abuse of power, poverty, bias, all of these things and more, which constitute the rotten foundations of the invisible world are the evidence that the visible world is not the just place it pretends to be.

Carol Chu: Social justice harbors in our hopes and manifests itself when equality is exercised. Recognizing that everyone should have the same rights, regardless of race, sexual identity, religion, political status, etc., every individual who is a member of a society should be respected and be able to practice those rights. Those are key elements of social justice. Social justice is equality amongst all, and is not limited to courts, schools or employment, but rather should be implemented everywhere.

Amber Douglas: Social justice refers to the equitable (re)distribution of voice and power from those with privilege to those without. Within trauma psychology social justice includes giving voice to those who have been silenced through acts of violence, terror and betrayal.

What were your motivations for getting involved in both trauma work and social justice causes?

Carol Chu: My entire family, with the exception of my sister, two cousins



Douglas



Brown

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Student Spotlight

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and myself, immigrated to the United States many years ago and since that time the immigration process has not become any easier or more pleasant for immigrants. The word immigrant has been stigmatized instead of being recognized as the identity of a strong, resilient individual. Several individuals in our field are beginning to realize that the immigration process can be traumatic, but many have yet to understand that the events prior to immigration play an active role in the beginning of traumatization. Therefore, during the actual immigration process, the individual can become re-traumatized. Immigration is a current situation the United States is dealing with and unfortunately, many immigrants are not receiving any treatment or adequate care, because of their political status.

Amber Douglas: My interest in culture and ethnic minority mental health within trauma psychology naturally led me to questions of social justice. After this initial exposure, it became clear that social justice is inherent in trauma psychology and recovery. Bearing witness to the experiences of others is inherent in our work as trauma psychologists whether we function as clinicians or researchers.

Renu Aldrich: My mission in life is to serve adult survivors of childhood trauma, a very vulnerable and underserved population to which I belong. After college, I worked as a reporter with the idealized notion of bringing about justice through the high-powered lens of the news media. The attention I was able to garner for certain stories and issues was potent, but not long lasting. Perceiving the world to have ADD when it came to social change, I chose to become more involved through public relations. Through my profession as a communications executive, I promote charitable efforts, most notably for cancer research. While I enjoy shining a light on worthwhile measures, I still craved the ability to affect lives in a more personal way.

Laura Brown: I was an accidental tourist in the field of trauma psychology. When I first wandered into this territory in 1973 or so there was no such field. Our culture was in denial over this, but I was passionately engaged in social movements of the time and that brought me to a place where trauma could not be denied. I became involved in movements for social justice as I became an adolescent, diving headlong into the anti-war movement. It was not very far from there to feminism, via which I took my ultimate journey to working as a trauma psychologist. Because feminist practice required me to listen carefully to women's stories of their lives, and to take those stories seriously, to bear witness to their realities rather than dismissing them as hysterical fantasy, I found, by the early 1980s, that without realizing it, that I had gone from being someone who worked with lesbians to someone who worked with trauma survivors, some of whom happened also to be lesbian. Feminism opened up my eyes, and the eyes of many other people in our field, to the ubiquity and invisibility of interpersonal violence.

Please share with us how you have promoted social justice and the rewards of these experiences. How have you incorporated social justice into your work so far and plan to do so in future?

Amber Douglas: I am chairing the Trauma Psychology Task Force on Social Justice. For the past nine months, a small group of us have worked to get a sense of our colleagues' perspectives on social justice. From there, we hope to develop products that will highlight the good and innovative work that people are doing that lies at the intersection of trauma psychology and social justice.

Renu Aldrich: I am a member of the board of the Norma J. Morris Center for Healing from Child Abuse and its newsletter editor as well as a co-facilitator of its New York City Adult Survivors of Child Abuse support group. I am also in the beginning stages of working to develop an umbrella organization for the small, disparate groups that serve this community. I joined the APA trauma division's social justice task force to help call attention to the work already being done at the intersection of trauma psychology with social justice and the efforts yet to be undertaken. Making a difference in individual lives and seeing change occur has by far has been the most rewarding work of my life to date. I plan to expand and incorporate social justice into my work in school and eventually in practice as both a clinician and a researcher.

Laura Brown: I think that I've been about social justice as the foundation for my work since before I started grad school; I was involved in progressive movements starting in high school, and when I first encountered radical and feminist critiques of mainstream psychology as an undergrad I integrated them into my developing identity as a psychologist. So there is no me without social justice work; it's just who I've been.

The rewards are too numerous to list. I have been able to grow as a human being because doing anti-oppression work called me to be my best self and examine the ways in which I participated in oppressive dynamics in our culture. I have had the chance to learn from and with amazing people, because many of the social justice activists in psychology are great human beings who take the risks to tell truths about the world and themselves. I have had the pleasure of seeing my work make a difference in the world, sometimes in small, sometimes in medium-sized ways.

Carol Chu: Currently, I hold the position of Member-at-Larger for the Diversity Committee of the New Jersey Psychological Association for Graduate Students. Other dedicated graduate psychology students and I will be reaching out to psychology graduate programs to encourage the integration of social and diversity issues in their courses. In addition, we will be publishing graduate students' research related to these areas on our website. The purpose of these events is to disseminate information about these areas to graduate psychology students and thereby, hopefully, increasing their awareness of diversity issues and social justice.

I am also involved with the Rapid Response Network, a hotline hosted by bilingual volunteers who provide assistance and information to individuals detained and/or deported because of their legal status in the United

States. Often, these individuals are unaware of their rights or panic when raided by U.S. Immigration and Customs Enforcement. I am also currently an extern at a hospital where we treat refugees who are seeking asylum and residents and laborers from 9/11. This experience, thus far, has been the most gratifying and educational one yet. You begin to see resiliency from a different perspective. I hope to continue working with immigrant populations for the rest of my career.

Why it is important for psychology students to understand, embrace, and apply social justice?

Laura Brown: This field of ours, trauma psychology, requires the presence of social injustice in order for us to exist. That's a problem. That's a fact about which we need to do something, because we need more justice. Even if we pretend not to enter that invisible world I mentioned earlier, we are in fact swimming in it, surrounded by it. Better to see, hear, feel and acknowledge it willingly and mindfully, because in so doing we take into our hands the power to transform that world.

Carol Chu: We should understand social justice because it is our ethical responsibility to apply social justice since we are required to treat all of our patients with respect. Aside from ethics; however, we should embrace social justice because it is inherently part of our field of study.

Amber Douglas: Understanding social justice is imperative for psychology students because it provides a context and framework to understand the social inequities that exacerbate psychological distress, mental health disparities, and mental health care policy shortcomings.

Renu Aldrich: Human rights violations occur every day all over the world from Darfur to New York, out in the open and in secrecy, and to those of all ages. The impact on our society is tremendous, affecting how we all live and the ways in which we connect with one other. In order to carry out the function of all mental health professionals to lessen psychological dysfunction, we must understand the world in which both we and our clients live. Why does a perpetrator harm another being? What effect does it have on the traumatized individual and society as a whole? The implications are endless and we face them in our work on a daily basis so it is imperative to be able to develop awareness if we are to effectively treat our clients.

Students have a long tradition of bringing necessary change and new ideas to humanity. Psychology students, in particular, can manifest greater freedom not only for individuals but for society as a whole by applying social justice as they augment the literature and put treatment methodologies into practice.

What would you say to students who wonder if they should get involved with social justice now or when they have established careers?

Renu Aldrich: In today's world, tomorrow never comes for some. For others, waiting will result in our inability to save them from severe psychological damage. As the emerging leaders in the field, we are at the forefront of new research, treatment efforts and opportunities. Let's

enter our practices without the regret that we haven't already initiated change.

Laura Brown: The unavoidable fact is that most of us in the field make our living because there is injustice. Without injustice, small scale or large, the field of trauma psychology would wither away. There will likely always be truly natural disasters, vehicle accidents, traumatic illnesses and injuries that would require our study and care. But the bulk of what we research, teach about, practice with, or advocate for today is there because of injustice in every corner of the planet. My challenge to all of us is how can we create an ethic of trauma psychology be it researching, teaching, psychotherapy, or advocacy, in which our actions, large and small, expose the injustices inherent in the invisible world of trauma, and in which our actions, at micro and macro levels, create justice when and wherever possible?

Advocating for an ethic of justice in trauma psychology seems to me to be a way to respond to the reality that trauma psychology sits on the foundation of injustice. A justice-informed approach simply asks the psychologist to integrate knowledge of social injustice into what s/he brings to the relationship, and not replicate social dynamics of oppression and devaluation. This will make injustices underlying trauma more apparent because they are being placed in contrast to the attempts to create justice in the consulting room or research lab or classroom.

Taking action is a very personal thing. How we act, where, and in whose company, are not things that I, nor anyone, should be dictating to you. The ethic of pursuing justice as a foundation for trauma psychology is not one that flourishes in ivory towers. I encourage everyone to not only see trauma, but also to see and call by name the injustices that underlie it and create it. Taking action toward justice can be frustrating, confusing, discouraging—and it can be very sweet.

Carol Chu: I would say, "Don't hesitate." Although it can be emotionally taxing, it is one of the most humbling experiences to have. Your stressors become trivial and you begin to view the world as a whole and as a whole, our world still needs a lot of improvement. The more students get involved in promoting social justice, the less injustice will prevail.

Amber Douglas: I think there are so many wonderful ways of getting involved in social justice work and so many worthy organizations that would love to have students become more actively involved in their work—don't be afraid to ask and volunteer your time and talents!

What can students do to promote social justice now (i.e., where are the opportunities)?

Carol Chu: It depends whether you are speaking about opportunities you can use on your CV or everyday opportunities. Every day you are presented with opportunities to promote social justice. But occupationally speaking, you can volunteer in a hospital, law firm, or non-profit organization such as the Rapid Response Network that helps individuals who wouldn't otherwise receive legal

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Student Spotlight

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or mental/medical health services because of their financial limitations or political status.

Amber Douglas: I think that we all have a responsibility to examine questions from a social justice perspective. For example, in classes, raising questions about populations that are not addressed or included in research, asking about circumstances that exacerbate events (e.g., poverty, postcolonial instability, war, sexism, racism) is a good start. Similarly, it is important for all of us to consider and evaluate narratives that we are presented with. Who is telling his or her story, and who is not? Who is in control of the narrative and who is silenced?

Renu Aldrich: There are opportunities for students to promote social justice now. Make it personal—what violations of the human spirit incite your anger? Turn that into a passion for change. For example, if you wish to help children overcome post-conflict atrocities, can you develop research around it? Could you create a therapy group for refugees? If you're drawn to the needs of those in recovery from substance abuse, volunteer at a treatment facility and help them stabilize by understanding and healing from their core issues. We don't have to wait for approved clinical hours in order to do what we're training to do—help others live in harmony with themselves and their world.

Laura Brown: We need to ask ourselves where we have not looked, not heard, not witnessed, and then ask how we might enact our witness to trauma in ways that make that particular segment of the invisible world visible. We can also challenge notions that some things are not traumatic because they are somehow not bad enough to qualify, a statement which functions as a professional looking-away. We will be more able to effectively understand the entire panoply of trauma response, suffering and post-traumatic growth alike if we witness everyone who tells us that their experience was traumatic to them. The reality of what is trauma is not always easy for the person standing outside the shower of acid rain to accurately comprehend.

Do you see the future of trauma work intersecting more and more with social justice issues? Please elaborate your view of where both areas are heading.

Amber Douglas: Yes, I think that social justice will continue to intersect with trauma psychology. In the past couple of years, the two perspectives have received

increased exposure and attention in response to recent events—to the benefit of both fields—I think this marriage will continue.

Renu Aldrich: Social justice is an inherent part of trauma work so I think the integration of the two will naturally continue to escalate as society tackles deep-seated issues. A lot of great work has been done in the past, but I believe that the technology we have to connect to each other today can have a pivotal impact in galvanizing efforts to combat inequities, intolerance and unconscionable behavior. Rather than focusing on the negatives of the Internet, for example, we can value how it brings together massive outcries against victimization such as in the Tyler Clementi suicide. The hope is that we can use the power of the gathered masses to bring about change.

Carol Chu: Definitely. They have been intersecting and continue to be. As I mentioned previously, I believe immigration involves various levels of trauma and the experience of trauma is not limited to the actual immigration itself, but also includes what precipitates the move and what perpetuates the trauma during and after immigration. Immigrants do not have the privileges citizens do, because they do not have the same rights and are therefore a vulnerable cohort that deserves to receive more attention. Thus, social justice and trauma innately cross each other's paths when you are dealing with this population.

Laura Brown: Trauma psychologists have the privilege of being able to see, hear, and know truth in the world. However we arrived here, we have been honored to have become residents of the invisible world. We have been troubled, and yet we have been transmuted and refined like gold in the alchemist's pots by our witness to the injustice that pervades human life. Our field, wonderfully and tragically, stands at the brink of an explosion of knowledge and influence. If we can embrace an ethic of creating justice through the work of trauma psychology, then the tragedy of injustice that is trauma will be redeemed through the sweetness of justice that we increase through our work.

Note: Most of Dr. Brown's comments stem from her presidential address at the APA Convention, "Can We Create Social Justice? A Challenge for Trauma Psychologists," which can be found on the Division's web site: <http://www.apatraumadivision.org/>

Save the Date!

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



New Division 56 Fellow



Caffaro

John Caffaro, PhD, is an internationally recognized expert on sibling aggression and maltreatment. He currently serves as Distinguished Professor at the California School of Professional Psychology—Los Angeles, and Assistant Clinical Professor at the University of California, San Diego, School of Medicine, Child Psychiatry Residency Training Program. He is former expert consultant for the California Statewide Child Welfare Services Redesign and has authored numerous peer-reviewed publications on child maltreatment, sibling abuse, and family systems approaches to treating post-traumatic stress. He draws on more than 20 years of private practice clinical experience working with trauma treatment in Del Mar, California, and currently divides his time between psychotherapy, teaching, and training.

Presidential Voice: Strength in Numbers...

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find a home and can give and receive support in pursuing our challenging work with trauma and the traumatized.

Increasing Division Membership and Membership Diversity

We have a new membership chair, **Lisa Rocchio**, who will lead us in this effort. I encourage each and every one of you to recruit others to join the Division so that we can continue to increase our numbers, and thereby, our influence. Think about your colleagues and students who have an interest in or who work with trauma and who would benefit by having the Division as a professional home base. Also, think internationally. We have an international committee chaired by **Kathy Norsworthy**—the aim of that committee is to get us more active internationally and to invite others from different countries and cultures to join in trauma-related activities. Let me give you an example of how I personally work on recruitment. I make it a habit to carry membership forms around with me (available from the membership committee, on the web site, or here in the newsletter) and to distribute them freely. I mention Division 56 in all of my training workshops and I have the logo and our web address on a PowerPoint slide that all attendees receive (something that is easy to for a course instructor or workshop leader to produce by cutting and pasting the logo from the newsletter or web site and adding contact information to a blank slide. Then just add it to all of your presentations). I talk up our journal, *Psychological Trauma*, emphasize the range and scope of the topics included in it, and mention that it is a benefit of the membership dues (which are quite reasonable) and encourage submission of articles to the journal. I highlight our convention programming and its relevance in addressing a broad range of trauma topics. Finally, and most importantly, I emphasize our current membership and what a pleasure it is to be associated with so many dedicated professionals. We are members with deep convictions and dedication and widespread connections that we extend to others even as we grow in the diversity of our membership and of trauma-related pursuits and interests. Please make a conscious effort to assist the Membership Committee in actively recruiting and

welcoming new members and the International Committee in extending our cultural and international scope!

Another dimension of membership that I want to pursue is to invite eminent traumatologists (psychologists and allied professionals) who are not currently members to join the Division. There are a large number of professionals who have made significant contributions to the field of traumatology over the years and who should be recognized and invited into our membership. We will be working on a list of individuals to invite and welcome your input. Additionally, we would like to encourage the psychologists in this group who meet the criteria to become Fellows of the Division. **Laurie Pearlman** is heading up the Fellows committee this year.

Presidential Theme and Conference Programming

My theme for the year is “Complex Trauma: Relational Healing for Relational Injury.” The call for program submissions went out last fall and we received a record number of submissions. Convention programming under the able leadership of **Kate Richmond** and **Sylvia Marotta** is now complete for our annual conference to be held here in Washington, DC, in August. We have three invited speakers, **Sandra Bloom, MD**, who will speak on the topic of her new book, *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*; **Patricia Crittenden, PhD**, on the topic of “Talking about Trauma: A Dynamic-Maturational Perspective on Danger, Attachment, and Adaptation”; and **Laurie Pearlman, PhD**, on the topic of “Traumatic Bereavement After Group Violence: Restoring Community, Restoring Self.” Additionally, we will have a special panel (in conjunction with APA) to commemorate the tenth anniversary of 9/11 entitled “Transforming Communal Trauma and Grief into a Community of Memory: The 9/11 Legacy.” **Sharon Brennan** was instrumental in getting this organized. My presidential talk is entitled “Incest as Complex Trauma: Relational Healing for Relational Injury.” We have a wide variety of other trauma topics and populations covered on the program ranging from assessment, clergy sexual abuse, older adult trauma survivors, resilience and recovery, trauma narratives, CBT approaches, traumatic stress and combat, complexities of disaster mental health response,

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Presidential Voice: Strength in Numbers...

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and relational TF-CBT approaches to traumatized children. We have a “conference within a conference” on the topic of traumatic dissociation organized by **Bethany Brand** and a day-long CE offering (second time we have been able to offer it) organized by **Joan Cook**. Last but not least, we have two poster sessions, one on the topic of “Advances in Trauma Psychology” and one on “Trauma and Recovery.”

We are also expecting and encouraging active programming in the Division 56 suite over the course of the convention. If you have ideas for suite programming, contact **Kate Richmond**. In addition to programming, we would like to provide opportunities for social networking and mentoring activities and hopefully, we can have an exhibit and auction of books authored by our members. As we did last year, we are hoping to be able to offer low cost housing in the suite to student members.

Awards and Nominations

Our Division has a number of awards that are made each year. Nominations are welcome and we urge you to actively consider nominating someone, individually or under the auspices of your committee, task force, SIG, or other group. Please give consideration of who you would like to nominate for the Awards Committee to consider (chaired this year by **Dawn Hughes**).

The Division is also seeking to nominate members to serve on APA Boards and Committees. Do give consideration to a self-nomination or to others who you might like to see represent the Division on a Board or Committee.

Newsletter

In follow up to the off-schedule ending of the editorship of **Topher Collier** (founding editor of the newsletter), **Ruth Blizard** took the helm as editor and worked under a difficult schedule to get out our fall newsletter. We thank her and encourage you to consider contributing to the newsletter.

Journal

The Division journal, *Psychological Trauma: Theory, Research, Practice, and Policy* is going gangbusters, under the editorship of **Steve Gold** and associate editors **Thema Bryant-Davis**, **Chris Courtois**, **Kathy Kendall-Tackett**, and **Mark Miller**. Two special issues were published this past year, the first on “Trauma and Ethnoracial Diversity,” edited by **Nnamdi Pole** and **Elisa Triffleman**, and the second on “Cultural Consideration of Trauma: Physical, Mental, and Social Correlates of Intimate Partner Violence Exposure,” edited by **Thema Bryant-Davis**. The journal continues to receive numerous submissions and suggestions for special topics/sections for future issues. Quite a number of articles have already been accepted for publication during the coming year.

Student Committee Representative

Under the activist leadership of **Rachel Reed**, the committee is seeking to place students on a range of Division committees and task forces. Contact Rachel to volunteer or to be involved in the student group itself.

Early Career Psychologist Representative

Committee Chair **Lisa Cromer** will help you be involved in issues and activities pertaining to early career status. Contact her with your ideas and needs.

Past President Initiatives

Laura Brown is working on three projects, in addition to being Web Master of our terrific web site. She is chair of the Nominations and Elections Committee charged with drawing up a slate of nominees for Division officers. In addition, she is beginning the development of a Policies and Procedures manual for the Division (much needed!) and is following up on her presidential initiative of getting more members involved. Last year’s business meeting, at Laura’s initiative, involved small group discussions on membership, involvement, and project initiation. The discussions were lively and a number of suggestions were made for us to follow up on. Some of the ideas have already been implemented.

Transitions and Thanks

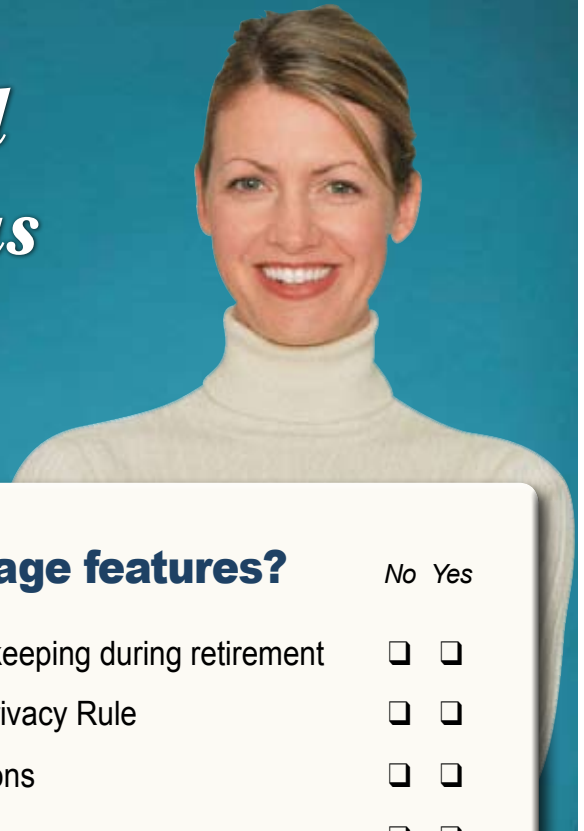
We have a number of individuals who deserve to be thanked for all of the “spade work” they have done through their service to the Division. Although no longer in their formal positions, we encourage their continued involvement and interest. We thank:

- Immediate past president, **Laura Brown**, who used her APA savvy and connections to position the Division within APA on a number of important issues of the day.
- Founding newsletter editor **Topher Collier** for all of his hard work on establishing and editing our impressive newsletter over our first few years.
- **Charles Figley** and **Lisa Butler** for their time on the Council of Representatives, supporting our positions and causes. **Joan Cook** and **Sandra Mattar** were elected our new Council representatives, and **Sylvia Marotta** was elected our newest Member-at-Large.
- **Dawn Hughes**, outgoing program chair for her solid work for two years as Co-Chair of the Program Committee.
- **Harriette Kaley** for her work on designating those to be honored by the Awards Committee.
- **Rochelle Coffey** for her efforts leading the Membership Committee.

Future

I will have more to report after our mid-year meeting. We will be making appointments to Committees and Task Forces during this upcoming time period. Please contact me or any of the officers and committee and task force chairs directly if you are seeking ways to be involved or have ideas or particular needs to discuss.

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The Division of Trauma Psychology-Your Home in APA

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.

If you teach a course on trauma, join to meet colleagues and develop and learn the cutting-edge research and literature for your classes.

If you work on trauma related public policy, join to make sure the expertise of trauma experts is brought to bear on the tough issues APA takes on.

Member Benefits

- Members keep up-to-date on the latest developments in trauma psychology.
- E-newsletters with timely information on traumatic stress are delivered directly to your in-box
- Member-only listserv provides on-going communication with other members and breaking news of trauma-related developments in APA.
- Voting privileges to elect representatives and participation in the Division's annual meetings.
- Eligibility to run for office, chair, and serve on Division committees and task forces.
- Our journal, *Trauma Psychology: Theory, Research, Practice*, Policy at the member rate of 20.00 per year. You do not need to separately subscribe to receive this journal; just be sure that your dues are paid, and your mailing address is up to date.
- 30% discounts on Haworth/Taylor & Francis journals in the field of trauma. To receive these discounts, contact Haworth directly at 1-800-429-6784 (607-722-5857 outside US/Canada) or order on-line and provide the code # TPD20.

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
<input type="checkbox"/> Early Career Psychologist	35.00	included
<input type="checkbox"/> First year APAGS	Free	20.00
<input type="checkbox"/> Student	10.00	20.00

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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.

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January 15, 2012	Winter 2012	February 2012

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