

DIVISION 56

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

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Ten 4 Fifty-Six

Terence M. Keane, PhD

The APA functions
through the leadership
of the Council of

Representatives and the Board of Directors and the portion of Representatives allotted to any Division or entity is based largely upon the **apportionment ballots** sent to each member annually. At our meetings of the Executive Committee this past year, we agreed that we would alert the members of Trauma Psychology to the importance of voting and allocating all or a significant segment of your apportionment (10 votes) to our Division. I am writing today to solicit your votes for our Division. Within the next couple of weeks you will receive this ballot from the APA and it's vital to our growth and influence within the parent organization that we garner as many votes as possible.

*Terence M. Keane, PhD*

Council. Will you please help us? We do need greater representation in Council; this is especially true as the governance of the APA changes in the near term.

First, screen the mail for this apportionment ballot; complete your ballot and include 56 with as many (all 10, please) votes as you can; and then return the ballot to the APA.

You will undoubtedly field many pleas from other Divisions to which you belong. Please consider us heavily in your deliberations. We want to capture at least two if not three seats this coming year.

The Division of Trauma Psychology was founded to bring a stronger and cohesive voice to the leadership of APA; we can do this optimally through this balloting. We are the only Division in all APA that has at its heart prevention of trauma, treatment of people with PTSD and related disorders, advocacy for the needs of trauma-

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Winter 2012-2013 TPN: Call for Articles



Simon A. Rego, PsyD

Trauma Psychology Newsletter is now accepting submissions for the **Winter 2012-2013** issue. All articles related to trauma psychology with a focus on theory, research, clinical or community applications, education and training, or policy will be considered, and articles focusing on disaster recovery work in the wake of hurricane Sandy are particularly encouraged. **Deadline is January 15, 2013.** Please limit length to 1,500-2,000 words, and send in MS Word or WordPerfect formats. Please include a 100-word author bio and high-quality photo (jpg or tiff) with your submission. Article submissions or requests for full editorial guidelines should be sent to either Simon A. Rego, PsyD, Editor (srego@montefiore.org), or Renu Aldrich, MFTi, Associate Editor, (renu@renualdrich.com).



Renu Aldrich, MFTi

The Posttraumatic Checklist: A Screening or a Quick and Easy Diagnostic Interview?

Emily Brooks

For any researcher or clinician intending to screen for Posttraumatic Stress Disorder (PTSD) symptoms, the Posttraumatic Checklist (PCL) has undoubtedly come into consideration. Created and initially tested by a National Center for PTSD team, the measure includes 17 items extracted directly from the disorder's 17 symptom diagnostic criteria in the DSM-IV-TR (Weathers, Litz, Herman, Huska, & Keane, 1993). With approximately 64 trauma and traumatic stress measures to choose from (National Center for PTSD, 2010), the PCL's advantage lies in being a straightforward, quick, and simple rating of diagnostically significant symptoms of PTSD.

The problem lies in how it is used, or rather abused, by researchers and clinicians alike. The blind trust and senseless utilization of psychometric measures in the field of clinical psychology is appalling, and is an issue that individual practitioners and researchers should put more effort into avoiding. With so much to consider in preparing research and with many distractions surrounding the process of making a diagnosis, it often becomes second nature for practitioners and researchers to employ the seemingly most appropriate and frequently used diagnosis-specific measure, with the good intention of maintaining strong empirically supported practices. However, appearances can be deceiving, especially in the case of psychometrics.

More specifically, I have recently become aware of patients being excluded from treatment practices intended for PTSD because they score below the recommended cutoff on the PCL during intake. This situation seems relatively justifiable considering (a) the screen was produced by the National Center for PTSD, (b) the items mirror the 17 DSM-IV-TR symptoms, and (c) the measure has been used and tested enough to calculate a clinician-friendly cut-off score. While true to some degree, it also seems wrong.

Despite the agency or research group associated with a measure, the individual interested in using it has an obligation to review its efficacy and, in non-research cases, its clinical effectiveness. The PCL has been cited in many articles as having high test-retest reliability (.96) and validity ($\kappa = .64$ for SCID diagnosis of PTSD). As a measure of strictly DSM-listed

PTSD symptoms, the PCL's items would, as expected, correlate smoothly with symptoms met to diagnose a patient with the disorder. However, the disorder is more complex than what is covered by the PCL. Beyond the Cluster B, C, and D symptoms, Criterion A (i.e., a traumatic event causing extreme fear, helplessness, or horror), E, and F all need to be met in order to give a full PTSD diagnosis to a patient. It is possible for an individual to score above the cutoff on the PCL by acknowledging only symptoms of general stress and

never have an event which qualifies as meeting Criterion A for a full diagnosis of PTSD. Similarly, patients without symptoms in a particular criterion cluster, who would only be diagnosed as sub-syndromal, could also score above the PCL cutoff.

In a review of the psychometric properties of the PCL, Blanchard, Jones-Alexander, Buckley, and Forneris (1996) determined that the recommended cutoff score of 50 only provided a diagnostic efficiency of .825, a sensitivity of .778, and a specificity of .864. In a sample of 40 survivors of severe automobile accident or sexual assault, Blanchard et al. found that 18 participants were

determined to have PTSD by the CAPS interview. The PCL missed 4 cases—correctly classifying 14—and also picked up 3 sub-syndromal PTSD participants. If the measure was used to screen individuals for prospective participation in a research study, including sub-syndromal and excluding PTSD positive individuals, it may not necessarily have a severe impact. However, if the measure was used to determine further treatment or potential diagnoses, the PCL would have excluded 4 patients who meet diagnostic criteria and also included 3 patients who do not meet the DSM criteria.

To complicate what defines proper use of the PCL even further: If a clinician or a researcher were to not use the appropriate cutoff for their specific trauma population, the diagnostic efficiency would be greatly affected. Blanchard et al. (1996) recommended using a cutoff score more suited to the trauma type and the gender of the sample under investigation. For example, they determined that using a lower cutoff of 44 produced a diagnostic efficiency of .900, a sensitivity of .778, and a specificity of .864 in their sample, as opposed to the cutoff of 50 recommended for Vietnam veterans in the PCL's originally studied sample.

Another overlooked issue with the PCL's effectiveness is its transparency. The PCL is a screening



Emily Brooks

measure, and as such, appropriately values internal consistency at the cost of effectively assessing for the disorder in a clinical situation. It is intended for empirically supporting an inclination towards further diagnostic testing by clinicians or for measuring the presence of symptoms (as opposed to the presence of a disorder) in research. For other disorders, abusing screening devices as determinants of treatment may not be as much of an issue; however, PTSD is a disorder characterized by avoidance. The PCL is short and unprobing, which does not accommodate the avoidant nature of the disorder. In populations aware of the repercussions of traumatic exposure and with the stigma of mental health disorders (e.g. the military, sexual assault, etc.), motivation to avoid being recognized as potentially vulnerable may trump any desire to answer the PCL honestly. In addition, the tendency to avoid reminders of the trauma at all costs adds to the desire to yield a lower score on the PCL. The PCL might as well be asking one question: "Do you want us to determine that you have PTSD or not?" Using that single item during intake would likely result in the same number of patients scoring above the cutoff as using the PCL itself.

This might not matter to some clinicians or researchers, who simply feel the need to prove themselves in numbers. However, they are only proving their ignorance when using a screening measure inappropriately. Accurate results, in both treatment and research, rely heavily on sound methods and compliance with those methods—something that can easily be undermined when the selection of measures becomes tedious or time consuming.

If you would not judge a book by its cover, then I would highly recommend avoiding measures based on assumptions about diagnostic efficiency.

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Presidential Voice: Ten 4 Fifty-Six

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exposed populations, scientific study of trauma and PTSD, and education of professionals and the public about the effects of traumatic life events. Yet we can do much more. Our journal, ***Psychological Trauma***, under the able leadership of Steve Gold from Nova University, is one way we are making a difference to the scholarly and clinical community. We need to do even more.

Future work by our Council Representatives needs to include the development of strong collaborations with allied Divisions. Clinical and Counseling Psychology come immediately to mind, but there are others. The Divisions of Military Psychology and Psychologists in Public Service share many of our trauma-focused values (and members too!). Those in Independent Practice and the Addictions realize the disproportionate representation of trauma-exposed patients in their clinical and scientific work. Surely, the Division of Psychology of Women knows that women are twice as likely to develop PTSD as are men; similarly the Division for Men and Masculinity must know that men are at greater risk for exposure to traumatic life events.

There are others. The Society for the Psychological Study of Ethnic Minority Issues is well aware that minorities in this country are more likely to suffer from PTSD and more likely to serve in a war zone than are those from the majority culture. Hate crimes and harassment of the LGBT community (and, importantly, the teenage constituencies) is still present in 21st Century America. Our Division and Division of LGBT Issues have much in common in terms of goals and objectives. There must, too, be linkages with the Peace Psychology Division upon which we can capitalize to bring a much broader and stronger voice to the Council. The Division of Community Psychology brings a much broader perspective to the issues of violence and trauma in communities by addressing problems from a public health perspective. Alliances here are also possible.

To maximize our influence in the APA, we need our strongest voices in the Council and these voices should represent collaborative approaches to highlighting the importance of psychological trauma to APA through the Council of Representatives. Aligning ourselves with other like-minded Divisions to promote initiatives that prioritize the reduction of violence and the mitigation of PTSD and related psychological responses should be a priority. To accomplish this we really need more than a single representative from our Division. We need many. Please join me in supporting the vision of the Division of Trauma Psychology when a small group of us from many aligned Divisions met at Council many years ago with these goals in mind. These visions require a multitude of voices that coherently and articulately state that we must do everything possible to minimize violence and trauma in our Society and to provide assistance to those who are exposed to trauma.

Please join me and vote Ten 4 Fifty-Six! ■

The “Best Interest” Standard Versus Changing the Standard to Assure Child Safety

Editor's note: This column discusses legal issues related to Trauma Psychology. The author welcomes comments as well as questions to be addressed in future issues.

Toby Kleinman, JD, toby@adlerkleinman.com

I have been thinking about the Penn State scandal and its broader implications. We have all expressed outrage at what Sandusky did. We all feel anger at the cover-up. I query, do most people connect the issue of Sandusky child abuse to the issue of child abuse in the home? Are we outraged at the numbers of Sandusky victims, but not at the individual crime itself against each child? There are things we can all do to assure the safety of children.

Do we recognize that less than 2% of allegations of abuse by children are false (Oates et al., 2000)? Do we recognize that the issue of child abuse gets raised in only about 1-2% of all cases in family courts? Yet do we realize that disproportionately 65-70% of these children who make allegations of abuse during custody litigation get placed in the custodial care of the accused parent (see Saunders, 2011)? Do we realize that, in most of these cases, there is a psychologist who has made that recommendation of custody to the abuser, and that the court listened and followed that psychologist's recommendation?

How can it happen that psychologists make recommendations that children are placed with their abuser? These so-called experts have essentially become accomplices to the abuser, no different from the football and administrative communities at Penn State that protected Sandusky as more and more children were abused. In Sandusky's case, individual people in the broader Penn State community wielded tremendous power to disempower the children and to deflect attention from what they knew or should have known Sandusky was doing to his victims. So too, experts, often improperly trained, wield that same power in our family courts, even as children are sent to

live with their abusers.

In family court, these so-called experts deflect blame from the abuser to the protective parent, even when we know most children do not lie and do not raise these issues falsely. The children are ignored. They get sent home to be abused, despite the fact that it is easy enough to distinguish between actually traumatized children and those with a false story about abuse. It is in the financial interest of the so-called experts who

conduct these evaluations, absent specialized knowledge, to continue the status quo just as it was at Penn State to keep football alive as a thriving business.

Fundamental values must be looked at to try to make change. At Penn State, football was big business. That big business was more important than the welfare of any individual child. Only when the number of children being abused by the same man became too large to ignore was the problem properly examined. In family court, both the prevalent and implicit value

is in keeping the status quo by using the outmoded standard of “best interest,” even where a child has made an accusation of abuse.

Best interests is statutory language used as a guide to determine which parent is better suited as a primary or sole custodian of a child in cases when parents cannot agree on the issue. It varies from state to state and considers various criteria. Some of these criteria are (1) the relative stability of each parent's home, (2) opportunities for the child's social life, (3) which parent is better able to provide appropriate care for the child, and (4) who the child looks to for love, attention, and support. A key element to most of these guides is also which parent can foster the love, affection, and support of the other parent. This last element easily becomes victim to abusers who all too often can maintain their composure and appear loving and supportive of the other parent, while the parent who was actually victimized is regularly found to be too angry to foster a loving relationship with the other parent. Either the



Toby Kleinman, Esq.

impact of the violence in the home on the child or the allegations by the child of abuse often get set aside and are never examined independently.

The best interest standard purports to be for the child, but in essence it is a standard which creates a contest between competing parental rights and interests. The issue of the friendly parent to the other becomes “who appears best,” and the appropriate anger of a parent who is victim of domestic violence or of a child alleging abuse gets used against that parent in portraying him or her as unable to foster a loving relationship with the abusive parent. This standard should be irrelevant where there is domestic violence and where a child has alleged abuse by a parent; however, the status quo maintains the integrity of the courts’ standards for best interests to determine custodial relationships. Courts settle disputes between warring parents while the issues of child abuse take a back seat. I would hope that where child abuse rears its ugly head, this would be the highest priority that the family court would address, yet some experts participate in promulgating a cover-up and enhance their own financial well-being in doing so.

Indeed, addressing the issue of risk to child safety before applying the principle of best interest might resolve most of the emotional, as well as some of the legal, issues in a typical matrimonial case, eliminating the need for a trial. The issue must be safety of children first. Parental rights must come second to the protection of children. In no circumstances should experts benefit financially by placing the rights of paying parents ahead of the welfare of children. To do so means that neither the court nor psychologist is addressing the child’s true best interests, as any reasonable person understands that someone who abuses a child cannot provide for the child’s best interests.

There is social acceptance rather than outrage, much the same as the cover-up done by some in charge at Penn State who had knowledge and chose to ignore it. It is easy to ascribe blame and more difficult to take personal responsibility. It is easy to look the other way, more difficult to try to figure out how to change it. So each day I attempt to look at what I do and to try to figure out what else can be done to assure each child is safe at home. To understand the problem requires that we all take a fresh look at how the family courts operate and to recognize that we have a role in the cover-up

where we know and choose to do nothing.

Psychologists play a pivotal role in the decision to give custody of abused children to their perpetrators where they have made such a recommendation; it also becomes impossible to prosecute these crimes. In virtually every family court case where a child is placed in the custody of an abuser there has been a so-called expert who has opined it is in that child’s best interests. Once this is done, all competing allegations by the child are projected onto the protective parent and the allegations are ignored as a fabrication or a lie, or attributed to some unscientific phenomena.

This may even be worse than the Sandusky cover-up because we are promulgating false premises to the court and teaching judges flawed science. These same judges then use this “knowledge” the next time an issue is raised and the cover-up continues.

Whose job is it to assure the children are safe? The experts’ job would be unnecessary as to best interests if there

were no allowance of risk to the child after a child has made an allegation. Instead, the expert appointed by the court, aware of the legal standard of best interests that the judge must use, would conduct an evaluation of abuse and risk to safety. Specialized knowledge would then be required. It is against the financial interest of the status quo.

Psychologists can take leadership by reframing best interests as an impossible psychological standard whenever safety issues are raised by a child. Safety, without risk to the child, should be society’s standard. Could we send “some” children to be with Sandusky, and still believe he would not hurt “our” child if indeed we knew he was hurting “some” children? Would any psychologist take that risk for his/her own child?

Psychologists can begin to set standards by utilizing what is known in the literature about allegations of abuse, determining whether or not there is any risk, and then advocating for child safety, rather than balancing risks to determine a false premise of best interests. Where the question of abuse is raised by a child, best interests means balancing the risk of a child living with an appropriately angry and protective parent, versus living with a named abuser. It is the child, not the protective parent, making an accusation. By recommending that the child live even part-time with that abuser, a psychologist participates in the crime by

increasing risk of harm to that very child.

There is no accountability for the expert making such a recommendation unless there is outrage and change. These very experts are given immunity, allowing them to continue to promulgate these false premises to the courts. We need to train psychologists in trauma, including the impact of a child's exposure to violence in the home and how to determine whether a child is a victim of abuse himself. In many cases, the trainers themselves are part of the problem, because so many of those who do the training espouse junk science, and then teach judges and other experts that junk science, rather than teaching what is known in the large body of literature about how to determine true allegations of abuse.

I am not arguing here about the discredited "parent alienation syndrome" (PAS) espoused by Richard Gardner. Psychology is aware that this concept remains without any scientific foundation (Hoult, 2006; Meier, 2009). Nonetheless, it is accepted by many judges throughout the country as a valid basis for punishing a protective parent (usually mother), and making custody and visitation decisions that regularly return an abused child to an "at risk" circumstance.

Trainers of judges and other young psychologists too often use this methodology as well to train evaluators. In doing so, they are not only using bad science, they are promulgating abuse. There is a dichotomy here: On the one hand, science has the knowledge and the know-how to ascertain coaching of child witnesses and the likelihood of abuse, even where there are no physical signs; on the other hand, the courts like psychologists to make things simple. It would be simple if child safety and no risk were the standard for best interests. It would be simple if all psychologists were properly trained and junk science was not permitted in the form of PAS and other made-up phenomena. Instead, to assist courts, and with no scientific basis to do so, some psychologists try to measure risk where none can be measured, using legal standards as opposed to scientific data.

It cannot be ignored that some psychologists reap the rewards of making it easier for the court. They are paid well and receive multiple appointments and their names get circulated among other judges. In this equation psychologists too often measure the risk of the parent who is protective and the impact of their anger at the abusive parent where no measurement is appropriate or warranted and there is no science to back it up. Where the child is being harmed, the issue of risk to his or her safety takes a back seat to the anger of the protective parent. The voice of the child is lost. The protective parent's anger becomes the focus of the evaluation instead of applying what is known about false allegations, i.e., the manner in which it is proper

to determine whether allegations are true as told by the child, rather than measuring the parent's anger.

There is a huge body of literature on false allegations and on how to determine if children are telling the truth or being coached, all of which gets set aside when untrained people do evaluations and use the false premise of best interests before looking at abuse.

I have wondered what we all can learn from the Sandusky scandal and the cover-up. There is a wealth of blame to go around. But how do we take what happened and assure the protection of children so that there are no more Sanduskys who receive community protection. There is a scandal ongoing in virtually every family court across America every time the issue of abuse gets raised by a child in a litigated custody case and a child is placed with an abuser. There is a systemic problem. We must end the inertia of the status quo and each of us must raise our voice and not be silent when a child accuses someone, anyone, including their own parent of abuse.

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International Committee

Elizabeth Carll, PhD, Chair

The mission of the International Committee is to ensure that international issues are represented in Division business and policies, and to foster international collaboration and communication concerning trauma-related issues. The committee has a number of projects underway. We also continue to actively recruit student members who will be participating in the committee activities, including conducting interviews with international trauma psychologists residing outside of the U.S.

The interview below by student member Kacey Greening with Dr. Rosalie Kwong-Lo reveals insights from a Hong Kong psychologist about providing psychological trauma services. The interview also addresses how culture informs trauma psychology.

To encourage participation of international students at the APA convention, the committee requested that Division 56 consider providing a **student travel stipend**. The Division approved a \$300 student stipend and complimentary convention registration to support travel. A free one-year membership in Division 56 is also included. The student is required to present a poster at the convention or participate in a session, and he or she needs to be enrolled as a graduate student in psychology from a developing country. In addition, the stipend can and is encouraged to be supplemented with additional grants from other sources.

The committee is also collecting information on international trauma psychology programs within the U.S. and globally. The programs in other countries will give insight as to the practice and research relating to international trauma psychology. If you are aware of programs, which are university-based or established as ongoing institutes, please send us the information.

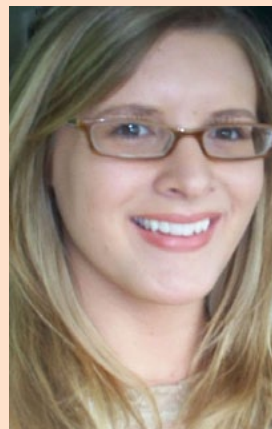
Students interested in the travel stipend or those submitting information about international trauma psychology programs should contact Dr. Elizabeth Carll, Chair, Division 56 International Committee, at ecarll@optonline.net.



Elizabeth Carll, PhD



Rosalie Kwong-Lo, PsyD



Kacey Greening

*Interview With Rosalie Kwong-Lo, PsyD
by Kacey Greening*

Dr. Rosalie Lo is a clinical psychologist and a certified traumatologist at the Hospital Authority of Hong Kong. She works at the Hospital Authority's Center for Personal Growth and Crisis Intervention. Dr. Lo has a rich history of service to trauma survivors: She has been providing comprehensive psychological support to healthcare professionals during the SARS outbreak and has been involved in a number of overseas operations such as the Tsunami in 2005, the Sichuan Earthquake in 2008, and the Manila Hostage Crisis in 2010.

Dr. Lo's current job can require her to be on disaster call 24/7. She described feeling very stressed during her first days on the job because she would have to "be prepared for possible activation all of the time." Dr. Lo shared that she was eventually able to reframe her thinking: "Learning will never be completed if I only acquire the knowledge without any practice." This way of thinking is a lesson to take to heart because trauma psychologists do need to be able to respond at any given moment. Best of all, it was inspiring to hear the respectful way Dr. Lo talked about the range of trauma clients she has worked with. For instance, she stated, "I am grateful to all clients for allowing me to enter their world, and for sharing their precious life experiences with me."

When asked about cultural perceptions of mental health, Dr. Lo explained that people with mental health issues in Hong Kong are sometimes regarded as "dangerous and insane." Some individuals with mental illnesses have attacked their family members or people in public places for no apparent reason, resulting in fear and stigma.

This is why some individuals and families may be reluctant to seek professional help. Dr. Lo pointed out that the government has launched some campaigns to decrease the stigma and to strengthen mental health services, such as the The E.A.S.Y. Programme (Early Assessment Service for Young People with Early Psychosis). While awareness and advocacy are increasing in Hong Kong, according to Dr. Lo there is still much work to be done to promote mental wellness.

It was fascinating to learn about some of the

differences between mainland China and Hong Kong regarding trauma services. One primary difference is the lack of accredited training for clinical psychologists in China. As a result, there are very few clinical psychologists in the country. In fact, most of the clinical psychologists in China are psychiatrists who later received training in psychology. At the same time, there are many psychotherapists in China, and Dr. Lo mentioned that many of these psychotherapists work in private practice. Thus, when trauma survivors need treatment, they are more commonly treated by psychiatrists and nurses in hospitals, instead of clinical psychologists.

Dr. Lo also highlighted some of the barriers to treatment in Hong Kong. For instance, some people are not psychologically minded, and they rather look for immediate symptom relief, such as medication to cure sleeping difficulties. In addition, many people cannot afford to attend the treatment sessions that are needed for optimal healing. “When Heaven is about to place

a great responsibility on a great man, it always first frustrates his spirit and will, exhausts his muscles and bones, exposes him to starvation and poverty, harasses him by troubles and setbacks so as to stimulate his spirit, toughen his nature and enhance his abilities,” Dr. Lo noted, adding that this belief can be beneficial because it helps trauma survivors to see that struggles and setbacks can be opportunities for growth and blessings.

Kacey Greening is a fourth-year doctoral (PsyD) student at Wright State University in Dayton, Ohio. Kacey graduated with her BA in psychology from Capital University. She is currently providing individual and group services to college students at the University of Dayton. Kacey is interested in cultural perceptions of trauma, as well as collaborating with other professionals to foster culturally competent interventions for trauma survivors. ■

Effective Teaching Strategies for Early Career Faculty Members

Lesia M. Ruglass, PhD
CUNY—The City College of New York

As the fall semester gets into full swing, many early career (EC) faculty members may be wondering: How do I balance the competing demands of teaching and scholarship?

Research on faculty development conducted by Robert Boice (1991; 2000), PhD, Professor Emeritus at Stony Brook University, has shown that early career faculty members who struggled to achieve success in their early years had several beliefs and habits that limited their teaching effectiveness and research productivity, including the following: (1) They believed that good teaching involved lecturing about content. (2) They spent too much time on lecture preparation and developed more material than they could reasonably present in the class period. (3) They worried about student evaluations, so they focused on content as a way to avoid complaints. Contrary to their hopes, these habits led to teaching evaluations that were lower than expected.

In contrast, faculty members who were considered quick starters had certain characteristics that allowed them to excel in the first two years of their careers, such as the following: (1) They showed moderation in the time they spent on course preparation. After the end of the first year, they spent no more than 90 minutes of preparation per class hour. (2) Their lecture notes were minimal and informal and their presentation style was relaxed and interactive. (3) They had low levels of classroom incivilities (i.e., behaviors that interfered with students ability to learn and teachers ability to teach) and high levels of student participation. (4) They actively engaged in

faculty development programs and spoke to colleagues about improving their teaching. (5) They spent at least three hours per week on writing, which allowed them to produce publications at a rate that was consistent with tenure requirements.

Based on these findings, Boice (2000) recommends that new faculty members establish a practice of moderation in their teaching and writing, and focus on enhancing student engagement and learning instead of producing lecture-driven content. In addition, he suggests that faculty develop a network of colleagues who they can turn to for advice and support.

I had the opportunity to discuss these issues with Denise Hien, PhD, Full Professor (tenured), and Adeyinka Akinsulure-Smith, PhD, Assistant Professor (tenure track), from the department of psychology at CUNY—The City College of New York.

In the early years of your academic career, how did you balance the demands of teaching, research, and service?

DH: It was very challenging. At the time when I first began teaching, I had just had a child, so that added a lot of demand on my time as well. Basically, I was fortunate in my academic position that they gave me a couple of years to get up to speed. So, initially, I was teaching only 1 course. I didn't have to be there 4 or 5 days a week. So, I was able to still work in my private practice. And at that point, because I entered with a grant, I was able to carve out my own research time, which I did off site. This created a structure for me. Part of it was also the institution's commitment to me. They carved out space for me to be able to get my research up and running. They didn't expect me to participate in any service activities in the early years. Back when I started teaching, you didn't teach with Powerpoint. My



Lesia M. Ruglass, PhD



Denise A. Hien, PhD



Adeyinka M. Akinsulure-Smith, PhD

teaching evolved over time. I had never taught before and I had no instruction on how to teach other than being a student myself. They let me teach a class on my own topic which was on violence. I gave out articles and we would discuss the articles. It was initially hard for me because I felt I had nothing to offer. I didn't have lecture plans and notes. I didn't get bad reviews, though, because they liked me and I was bringing something different to the department. But, I can't say I did a good job teaching. Over time, I did more preparation and thought about how to engage the students. I structured the classes so that they would do in class presentations on the papers that were assigned, which allowed for meaningful discussions. When I taught a research methods course, I selected a good text to follow, brought in real data to work with, and assigned homework related to the readings. For example, if they were reading about how to design a study, I would have them write up a set of research questions or hypotheses. And, they had to follow it through for the rest of the semester. I got better over time with engaging the students.

AAS: In the beginning, especially the first two years, I focused on the teaching. The research was there on the back of my mind but I was working really hard to get the teaching down pat. I'd say 80% went towards that. I had done presentations and adjunct teaching before this position but suddenly teaching was my full-time gig. This created a lot of anxiety. Prior to academia, I was doing mostly clinical work. So, now there was a lot of adjustment and compensation. I was concerned about whether I was going to do it the right way, whether the students were going to get the information, and how I would get the information to them in a clear and comprehensive way. I was a little worried about not producing enough research but things were percolating in the background. Around the end of year two or beginning of year three, I began to make a more conscious effort related to the research. By then, I felt I had the teaching down pat. I had a framework and format that I felt comfortable with. I started picking up more of the research and grant writing piece. And all

along, I was weaving in the service piece. My chair and the program director were also quite protective of me, so the service commitments that I was given were not too demanding.

When and how have you collaborated with colleagues in the teaching process?

DH: In the early years, I wasn't able to collaborate much in the teaching process. When I went up for tenure at my first institution, no one had done a course evaluation or given me any feedback on my classes. (Since then, I have had course evaluations and feedback done by my peers.) However, in the early years, I got very little input at my first institution because teaching wasn't their priority. They were just happy I had a research grant.

AAS: Depending on the class, I do bring other people in to lecture. I pull from my clinical and human rights network and bring in speakers to add to what I am teaching.

Do you solicit student feedback on your course in addition to the university's end-of-course evaluations?

DH: I always had my own student feedback evaluation form so that I could work towards improvement. And, I have changed my course materials in relation to student feedback. I never teach the same course each semester. I also make my own notes about things I haven't delivered well so that I can keep working on teaching it better next time.

AAS: Yes, I developed my own student evaluation form. I told the students it was anonymous (I still do this when I teach a new course), got their feedback about the course content, the speakers I brought in, and my teaching style. I tried not to be defensive when I received the feedback. And, I integrated their feedback the next time around that I taught the class.

How do you typically deal with classroom incivilities?

DH: I'm not so great at dealing with it but I do try to set a tone in the beginning, where I make it

clear that being on the internet and surfing the web is unwelcome. If you leave the classroom or come late I will notice. I come on time and end on time. So, I set the tone for it. It seems like that helps. But towards the end of the term, people do start dropping out and I make comments to the class. I might take something up with individual students if I'm concerned. I do address it and I don't let it go. For example, someone blatantly left the classroom and came back with a coffee, and I brought it up with the class because I feel like it undermines everyone in the class.

AAS: I have parts in the syllabus where that is spelled out. I go over it in the first day of the class. I talk to my students about expectations, about being respectful. I encourage discussions and multi-logs but there are points at which students should be respectful and not talk over each other. I talk about being on time. Attendance is expected and a part of their final grade. If I see a student coming in late repeatedly, I have a conversation with that person. If students are talking to each other while I am speaking, I'll try to say something witty. I walk over to where they are talking so that they know that I'm paying attention. I offer little repeat reminders.

What additional suggestions do you have for EC faculty members about managing competing demands and reducing burnout?

DH: Don't take on too many things. Have solid communication with your department. Ask for a mentor within your department or with the chair of the program so they are aware you are not skirting duties and that you have a plan for working on these different areas. You may have to actively ask for help and support. The department should protect your time and offer support that helps to free up your time. They should give you help with grading. Of course, it also depends on the context of the institution. If you are filling someone else's shoes and they expect you to take up a full course load, it will be much harder to build your own research program on top of that.

AAS: I have a family and work in the community as well, so having a good support system in place is very important. I have amazing girlfriends who will help out at a moment's notice, my mother is around and very helpful, I have a fabulous babysitter, and a supportive husband. I carry things around with me in a big bag and take advantage of times and places where I can write. Once I felt comfortable with the teaching material, I spent less time preparing the lectures, although I still go back and tweak my courses by adding in new literature and materials over time. Sometimes, I think we have to remember we are the experts. I know what I am talking about and I can just come in and talk to you about it. I have had to build that sense of confidence over time. Teaching the same courses over and over again will help you with that. One senior faculty member told me, "you don't get tenure for teaching several different courses, you get tenure for what you produce." So know your course material inside and out and then you can focus on your research and weave in the service along the way.

My research also feeds into my clinical work. What I've tried to do is be strategic about writing about the clinical piece. And I try to develop partnerships with people who do similar research as I do. That has really helped with my productivity.

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Lesia M. Ruglass, PhD, is an Assistant Professor of Psychology at the City College of New York and a Research Scientist in the Trauma and Addictions Project at City College. She is the chair of the Early Career Psychologists Committee. Her research interests center on understanding the influence of race and ethnicity on the diagnosis and treatment of individuals with PTSD and addictions, and understanding and reducing risk factors that contribute to the HIV/AIDS epidemic among African Americans. Dr. Ruglass also maintains a private practice based in Manhattan, NY.

Denise A. Hien, PhD, is Professor of Clinical Psychology at City College of New York and senior research scientist in the Department of Psychiatry at Columbia University College of Physicians and Surgeons. She is the founding executive director of the Women's Health Project. Over the past 16 years, with funding from the National Institute on Drug Abuse, Office of Research on Women's Health, and National Institute on Alcoholism and Alcohol Abuse, she and her team have conducted research to characterize psychosocial and diagnostic correlates of interpersonal violence among inner-city minority women and their families.

Adeyinka M. Akinsulure-Smith, PhD, holds a Doctorate of Philosophy in Counseling Psychology from Columbia University. Originally from Sierra Leone, she is a licensed psychologist and an Assistant Professor in the Department of Psychology at City College of the City University of New York. She has extensive clinical experience working with war trauma survivors, refugees, asylees and asylum seekers, survivors of sexual violence, persons afflicted with and affected by HIV/AIDS, and culturally diverse populations. Since 1999, she has cared for forced migrants from around the world at the Bellevue/NYU Program for Survivors of Torture. ■

Trauma Psychology 2012 Awards Ceremony and Social Hour

*Dawn M. Hughes, PhD, ABPP
Awards Chair*

The Trauma Psychology 2012 Awards Ceremony and Social Hour at APA was held at the Grand Ballroom of the Peabody Hotel. The desserts were plentiful and the crowd energetic. This was an extremely competitive year for the Awards Committee as we had to choose from a pool of stellar candidates. It was incredibly refreshing to learn of so many professionals around the country who are doing amazing work in trauma psychology and ultimately improving the lives of those who suffer tragic circumstances.

This year, we also celebrate two recent APA Fellows to the Division of Trauma Psychology: Bonnie Green, PhD, and Suzy Bird Gulliver, PhD. Below are some brief highlights of the amazing work being done by all of our outstanding honorees.

Yael Danieli, PhD

Yael Danieli, PhD, was awarded Division 56's Distinguished Lifetime Achievement Award in Trauma Psychology. Dr. Danieli's contributions to the field of trauma psychology are so well-known as to require little



Yael Danieli, PhD

elaboration. Her contributions are numerous, and her impact on trauma psychology long-lasting.

Dr. Yael Danieli is a clinical psychologist in private practice, a victimologist, a traumatologist, and the Director of the Group Project for Holocaust Survivors and their Children, which she co-founded in 1975 in the New York City area. She has done extensive

psychotherapy work with survivors and children of survivors on individual, family, group, and community bases. She has studied in depth post-war responses and attitudes toward them, and the impact these and the Holocaust had on survivors' lives. She has lectured worldwide and published in numerous books and journals on optimal care and training for various victim/survivor populations that have been translated into at least 17 languages. She also has received several awards

for her work, the most recent of which is the Lifetime Achievement Award of the International Society for Traumatic Stress Studies (ISTSS). In 2008, she was appointed Advisor on Victims of Terrorism for the office of the Secretary-General of the United Nations, and she helped organize the first Symposium on Supporting Victims of Terrorism at the United Nations.

Most recently, Dr. Danieli was appointed Distinguished Professor of International Psychology at the Chicago School of Professional Psychology, helping to build the first PhD program in international psychology. She has served as consultant to the International Criminal Tribunal for the former Yugoslavia and the International Criminal Court on issues related to victims and staff care as well as a consultant to South Africa's Truth and Reconciliation Commission and the Rwanda government on reparations for victims. A founding director of ISTSS, Dr. Danieli was its President in 1988-89. Dr. Danieli is also Founding Co-President of the International Network of Survivors and Friends of Survivors of Holocaust and Genocide. She has been the Senior Representative to the United Nations for the World Federation for Mental Health and active in its traumatic stress studies as well as its efforts on crime prevention and human rights.

There are few trauma psychologists who have made such pervasive and important contributions to so many aspects of our field, nationally and internationally.

Bonnie L. Green, PhD

Dr. Bonnie L. Green was honored with the Outstanding Contributions to the Science of Trauma award in recognition for her sustained body of research and scholarship in the field of trauma psychology. She is Professor of Psychiatry, Vice-Chair of Research, and Associate Dean for Faculty Development at the Georgetown University Medical School.

Dr. Green's initial contribution to the field of trauma studies was through her work with survivors of the Buffalo Creek disaster; disaster psychology at the time was in its infancy. She went on to serve in several academic, research, and leadership positions, including serving as the Co-Director of the Traumatic Stress



Bonnie L. Green, PhD

Study Center and later Associate Professor of Psychiatry at the University of Cincinnati College of Medicine. Her notoriety as a rising star in the science of psychology was recognized by Georgetown University, where she was recruited as the Director of Research, in the Department of Psychiatry, School of Medicine, where she now has tenure.

Dr. Green's scholarship has been prolific. She contributed to the definition and understanding of the diagnosis for Posttraumatic Stress Disorder, and to the literature on the impact of trauma on mental health functioning, particularly in community settings. She is a published author of more than 90 peer-reviewed academic journals, both nationally and internationally. In addition to her impressive body of work, one of Dr. Green's greatest contributions to the field of trauma psychology has been the training of generations of trauma researchers.

Mary Harvey, PhD

Mary Harvey, PhD, was honored with the Award for Distinguished Contributions to Practice in the Field of Trauma Psychology. Her contributions have had



Mary Harvey, PhD

profound and pervasive positive effects on how psychotherapists work with survivors of trauma.

Dr. Harvey is perhaps best known for her collaboration with Judith Herman to establish the Cambridge Victims of Violence Program and for developing and promulgating the three-stage model of trauma treatment that has become the standard of practice for clinicians,

particularly those working with survivors of complex trauma. Dr. Harvey has had both sharp clinical acumen, using the data of experience as a feminist trauma practitioner to inform the development of theory and practice, and the vision necessary to see where our field needed to grow. Her development of the ecological model of trauma treatment has informed the work of psychotherapists working with trauma survivors. She has not only been an important influence on trauma practice in English-speaking North America, but has also taught internationally, including most recently as a Fulbright Senior Specialist in South Africa.

Dr. Harvey's unique and important contributions to our field have already been recognized by a number

of our sister organizations. For example, she is the 1996 recipient of the ISTSS Sarah Haley Award, which is the organization's highest recognition for a clinical practitioner. Her impact on professional practice in trauma psychology has been singular and much deserving of this award from Division 56.

Kristy Straits-Tröster, PhD

Kristy Straits-Tröster, PhD, was honored with the Award for Outstanding Service to the Field of Trauma Psychology. She joined the staff of the Department of Veterans Affairs (VA) Mid-Atlantic Veterans Health Care Network Mental Illness Research, Education and Clinical Center (MIRECC) for Deployment Mental Health at its inception in 2005 and, as Assistant Director of its Clinical Component, has played a central role in its strategic planning and ongoing program implementation.



Kristy Straits-Tröster, PhD

Building on her expertise as a health psychologist, Dr. Straits-Tröster developed a unique programmatic approach to the deployment of health as a community and national public health issue. Among her many accomplishments area study of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans' responses on VA's national Survey of Health Experiences (SHEP); development of focus groups of OEF/OIF Veterans and their family members, which then informed a unique regional Needs Assessment Survey of OEF/OIF Veterans; the implementation (in partnership with Veterans Integrated Services Network 3) of Multi-Family Group Treatment for Veterans with Traumatic Brain Injury; and the national launch (in partnership with VISN 5 MIRECC leadership) of VA's national Coaching Into Care Project (<http://www.mirecc.va.gov/coaching/>).

Dr. Straits-Tröster's leadership, her accomplishments, her collaborations, and her vision will continue to enrich the VISN 6 MIRECC at the Phoenix VA department and support the efforts of the nation's service members, veterans and family members for many years to come.

Lisa Cromer, PhD

Lisa Cromer, PhD was awarded with the Award for Outstanding Early Career Achievement in Trauma



Lisa Cromer, PhD

Psychology. She is an Assistant Professor of Psychology in the Department of Psychology at the University of Tulsa, Oklahoma. Dr. Cromer was appointed as the Chair of the Early Career Psychologist Committee for Psychology of Trauma, APA Division 56, in 2008

through 2011. During that time, she worked tirelessly as the chair of four subcommittees to promote Division 56 as a resource for early career psychologists to gain mentorship, professional development, networking, and publication opportunities. Indeed, because of her outstanding commitment and creativity in this inaugural role, Division 56 now has a flourishing Early Career Development committee and provides invaluable opportunities for Early Career Psychologists to get involved with APA and the forefront of trauma psychology.

Broadly, Dr. Cromer's academic area of expertise is focused on adaption and resilience after trauma and adversity. She conducts methodologically rigorous, theory-driven research on the role of social cognition in shaping mental health and well-being trajectories after traumatic experience. She examines how attachment and executive function (i.e., inhibition and attention) serve as mechanisms for promoting resilience. In addition to being well-published in field-relevant journals, she makes an explicit practice of translating empirical research into practical interventions and applying them in community settings.

It is clear that Dr. Cromer's contributions are an outstanding example of work that moves this field forward in both knowledge gained and in applied clinical work. This, in combination with her significant contribution to the Early Career Psychologist program for Division 56 and APA, demonstrates that she has already had a high impact in this field and the potential to do so for many years to come!

Kelly Young-Wolff, PhD

Kelly Young-Wolff, PhD, was honored with the Award for Outstanding Dissertation in the Field of Trauma Psychology. She is a clinical psychology doctoral candidate at the University of Southern California (USC) in the dual-degree PhD/MPH program offered through the Keck School of Medicine. Her program of research addresses the complex pathways through which childhood adversity, traumatic events, and biological factors are associated with the etiology of substance abuse and health risk behaviors. Her dissertation produced two journal articles: "Accounting

for the Association Between Childhood Maltreatment and Alcohol-Use Disorders in Males: A Twin Study" (Young-Wolff, Kendler, Ericson, & Prescott, 2011) and "The Interactive Effects of Childhood Maltreatment and Recent Stressful Life Events on Alcohol Consumption in Adulthood" (Young-Wolff, Kendler, & Prescott, 2012).

Dr. Young-Wolff has also applied behavior genetic methodologies to examine how environmental adversity and trauma modify genetic liability for the onset and progression of substance use disorders over time. She has earned significant recognition for her scholarly pursuits. She recently completed a predoctoral clinical fellowship at Yale University and will begin a two-year postdoctoral position at the Stanford Prevention Research Center this fall. She is the author of 12 first-authored national and international conference presentations, as well as nine peer-reviewed manuscripts, which have been published in top journals. In addition to her exceptional program of research, she has also been committed to helping others through her clinical work. Her important scholarship and commitment to medical service promise to have a significant impact on countless lives.



Kelly Young-Wolff, PhD

Lynn Brem

Lynn Brem was honored with this year's Presidential Award for her dedication, determination, and initiative in creating, maintaining, and growing Division 56's website. From the very beginning of our Division of Trauma Psychology, she has faithfully served as



Lynn Brem

the technical genius who created our truly outstanding website. As the electronic face of our Division, our website is creative, colorful, professional, and informative. It is certainly among the very best in all of the American Psychological Association. The Division is exceptionally grateful to Lynn and therefore recognized her with this citation.

Bonnie L. Green, PhD

Bonnie L. Green, PhD (see photo on p. 12), is Professor and Vice Chair for Research in the Department of Psychiatry, and Associate Dean for Faculty Development at Georgetown University Medical School in Washington, DC. She has studied traumatic survivors for decades. Beginning in 1974, while still a graduate student, Dr. Green became involved in a seminal research study of the psychological impact of the Buffalo Creek disaster, which began her career in the area of trauma. The study, supported by an NIMH grant to Goldine Gleser, investigated 2-year psychological outcomes in survivors of a dam collapse that killed 125 people in a poor Appalachian mining community in West Virginia. She later studied another local disaster, the Beverly Hills Supper Club Fire of 1978, which occurred near Cincinnati, Ohio, killing 165 people. Funded by the state of Ohio, her dissertation examined predictors of outcome in a sample of survivors.

As a faculty member in Psychiatry at the University of Cincinnati, and with trauma career thus launched, she and colleagues Jack Lindy and Mary Grace began studying Vietnam combat veterans. An NIMH grant supported the study of long-term (17-year) effects of combat trauma in a local sample of veterans prior to the NVVRS, linking specific aspects of exposure to specific outcomes, and testing risk-factor models that included pre-war mental health and social functioning, complex dimensions of war exposure, and post-war recovery. Dr. Green and her colleagues later received two NIMH grants to follow up the Buffalo Creek survivors at 14 years (adults) and 17 years (children).

Dr. Green's research at Georgetown since that time has been focused on mental health services, targeting low-income women who are often uninsured and who present their trauma-related mental health problems in primary care settings. Her K award from the NIMH reoriented her research to mental health services for trauma survivors in primary care. Since then, she led a research infrastructure grant on mental health services with Jeanne Miranda, which focused on training junior and senior investigators across disciplines about mental health services research. In 2004, she received a developing center from the NIMH that extended this work with a stronger focus on trauma, Trauma Interventions for Low-Income Women in Primary Care.

Currently, Dr. Green is leading an NIMH-funded study to develop training for primary care providers on how to work sensitively with trauma patients, based on Pearlman et al.'s Risking Connection curriculum. She is also PI of an IP-RISP from NIMH, Improving Mental Health Services for Low-Income Latinos in Primary

Care, which addresses mental health disparities by building community capacity to develop and study mental health services for the Latino community in a primary care service provider partner organization in Montgomery County, MD. She serves as site PI on two multisite studies—one developing and testing a collaborative care intervention for PTSD in primary care in low-income settings (Lisa Meredith, PI), and one examining diagnoses and trauma-related pathways to jail for women inmates (Shannon Lynch, PI). With Jan Krupnick (PI), she is developing an online treatment for PTSD in OEF/OIF combat veterans, and she is Co-Investigator on a new NIH Disparities Center at Georgetown.

Dr. Green is past Editor of the *Journal of Traumatic Stress*, and past President of the International Society for Traumatic Stress Studies. She was lead editor of *Trauma Interventions in War and Peace: Prevention, Practice, and Policy*, with colleagues at ISTSS and the United Nations, and co-editor, with Paula Schnurr, of *Trauma and Health: Physical Health Consequences of Exposure to Extreme Stress*.

Thinking back on her career, Dr. Green is most grateful for the warm relationships with colleagues that she has developed, from her trauma colleagues at the University of Cincinnati, and later at Georgetown, to her international trauma family developed through service and membership in ISTSS and Division 56. Having the opportunity to work with trauma survivors, and to help develop prevention and treatment strategies to respond to the mental and physical health consequences of these events has been the heart and soul of her career. Her work with younger colleagues assures her that the trauma field, which grew up around her, and went from being viewed as a “fringe” area to mainstream science, is in excellent hands. She looks forward to following their work from her motor trawler as she and her husband head to warmer waters over the winter months in the years ahead.

Suzy Bird Gulliver, PhD

Suzy Bird Gulliver, PhD, is a 1990 graduate of the University of Vermont Clinical Psychology Training Program. She completed internship at West Haven VA, and NIAAA Postdoctoral Fellowship at Brown University. Her interest in trauma and co-occurring psychopathologies



Suzy Bird Gulliver, PhD

burgeoned in 1995 when she accepted a position at VA Boston and Boston University. In 2007, Dr. Gulliver became the founding Director of VA's VISN 17 Center of Excellence for Research on Returning War Veterans. She has been continuously funded since 1991, and has published over 60 peer-reviewed manuscripts. She is tremendously grateful to her patients, her academic mentors across all University and VA environments, and to her students over the years. It is a particular honor to be named a Fellow in APA Division 56. When she is not working, Suzy can be found with one of her three children, with horses or dogs or longhorns. At the proper times of year, you may just catch her skiing Sugarloaf and, sometimes, Tuckerman's Ravine.

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Division 56 Webinar

The first in a series of free webinars from Division 56 will focus on *How To Write Journal Articles*. The lecture will take place on December 5th, 2012, from 10 to 11 a.m. EST and will be presented by Kathleen Kendall-Tackett, PhD, FAPA. Dr. Kendall-Tackett has been an esteemed author and editor in the field of women's health for nearly two decades, and an International Board Certified Lactation Consultant.

In addition to serving as president-elect of APA Division 56, Trauma Psychology, Dr. Kendall-Tackett is owner and Editor-in-Chief of Praeclarus Press, a small press that focuses on women's health throughout the lifespan. She has written hundreds of journal and magazine articles, and authored and edited 22 books, including an APA book on writing, as well as numerous other book chapters. She serves on five editorial boards and is a reviewer to 40 other journals.

The webinar will cover topics including the typical structure of a journal article and how to write the various sections of a journal article (e.g., introduction, literature review, results, and discussion). RSVP deadline is November 21. For further information about this event or to RSVP, please contact Lesia M. Ruglass, PhD, at ruglass.ccny@gmail.com. ■

Apply for Fellow Status

We invite and encourage individuals who have "shown evidence of unusual and outstanding contributions or performance in the field of (trauma) psychology," APA's hallmark criterion, to apply for Fellowship status within Division 56.

Applicants must meet the APA's guidelines for Fellowship, be an APA member for at least one year, and a current member of Division 56. The process is initiated by applying for Fellow Status according to APA procedures and completing required forms. APA is rolling out a new electronic submission process which we all hope will save time and trees! Descriptions and details regarding the process can be found at <http://www.apa.org/membership/Fellows/index.aspx>. In addition to meeting APA criteria, applicants must meet specific Division 56 conditions, listed below.

For Division 56, we expect that the "unusual and outstanding contribution or performance" specified in the APA criteria for Fellow Status be specific to the field of trauma psychology. Two or more of the following may provide evidence of such distinction:

1. Being a pioneer in the recognition and application of trauma psychology;
2. Publishing important publications to the field of trauma psychology;
3. Producing consistently outstanding instructional or training programs that educate the next generation

of trauma psychologists or developing important innovations in teaching or education in the field;

4. Demonstrating consistently outstanding clinical work with the traumatized as recognized by international or national groups through citations, awards, and other methods of recognition;

5. Demonstrating consistently outstanding public service relevant to trauma psychology over many years that might include (a) leadership within Division 56; (b) testimony about trauma psychology before courts and Congressional committees or government commissions; (c) service on review panels (e.g., NIH, NSF); or (d) public education/advocacy;

6. Demonstrating leadership in the area of trauma psychology across science, education, policy, and practice internationally and/or nationally.

In order to meet APA's February 2013 deadline, Division 56 requires that all new Fellow application materials, including recommendations, be submitted through the APA website by December 1, 2012.

If you are a current Fellow in another APA division, please contact Laurie Pearlman (lpearlmanphd@comcast.net) for information about how to apply for Fellow status in Division 56, as we accept these applications on a rolling basis throughout the year and do not require the web-based application process.

We welcome all who are interested and qualified to apply! ■

Report of the APA Council of Representatives Summer Meeting

Sandra Mattar, PsyD, and Joan Cook, PhD

The APA Council of Representatives (COR) met in Orlando during the APA Convention this summer. We were very pleased to represent Division 56—Trauma Psychology one more time and to represent the interests of all psychologists and others involved in trauma work. We continue to make sure that “our voice” is well-represented on the Council floor.

At this meeting, Council took action in three important issues:

- Approved a \$3 million budget to increase the number of accredited internship slots. The internship stimulus funding is expected to help as many as 150 programs move from non-APA accredited to accredited status and create 520 new accredited internship positions over the next three years.

- Adopted a resolution on psychotherapy effectiveness. This resolution was designed to increase the public and allied health professionals’ awareness of psychotherapy’s effectiveness in reducing people’s need for other health services and in improving long-term health. The resolution was organized by APA Past President Melba J. T. Vasquez, PhD, and its goal is to help educate the public about the value of psychotherapy, particularly as it compares with medications in addressing mental health problems.

- Voted on making bold changes to the structure of APA. These changes were the results of the Good Governance Project and the active input of APA Council members. The changes to the APA structure involve governance transferring responsibility for budgeting, oversight of corporate responsibilities, and internal policies to a newly created Board of Trustees, while a Communities of Interest Assembly will concentrate on strategically driven issues of interest to psychology and the public. These changes will be implemented in a progressive mode and would eventually lead to the creation of a single governing body whose members are selected based on specific competencies. This body will be responsible for gathering broad input on a variety of



Sandra Mattar, PsyD



Joan Cook, PhD

issues through ad hoc advisory groups, expert summits, member surveys, and more.

In other actions, Council:

- Received the report of the Presidential Task Force on Educational Disparities.

- Approved funding for representatives of the four ethnic minority psychological associations (EMPAs) to continue to attend APA Council meetings as delegates/observers. In a related action, the Council approved a bylaws amendment to create official Council seats for the four EMPAs. Because the proposed change requires a bylaws amendment, it will be forwarded to the full APA membership for a vote this fall. The EMPAs are the Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association, and the Society of Indian Psychologists.

- Approved funding for an APA task force that will study the trafficking of women and girls.

If you would like more information on any of these issues or would like to ask any other question, please feel free to contact us: sm26@stmarys-ca.edu or Joan.Cook@yale.edu. ■

Early Career Awards for Ethnic Minority Psychologists in Trauma Psychology

Ethnic and racial minorities have been found to be underrepresented in Psychology, particularly at the doctoral level. Even when students of ethnic and racial minority groups enter doctoral training, the number of ethnic and racial minority students has been found to decrease at each stage of the process from training to licensure.

APA Convention News: Submission Deadline Moved to November 20th

In recognition of the need to support ethnic and racial minority psychologists and their contributions to the field of trauma, the Executive Committee of Division 56 announces the approval of an award honoring those who have made outstanding contributions in the study and practice of trauma psychology within seven years of graduating from their doctoral programs.

The annual award was approved by the APA at the Convention in Orlando, and will consist of \$500 along with the waiver of registration fee for attendance to the following year's APA Convention. Nominees' contributions may be in the areas of clinical/practice, research/writing or other professional contributions (e.g., governance/leadership). Preference will be given to nominees who have made significant contributions in trauma among ethnic and minority populations.

To nominate a candidate, including yourself, please submit a letter outlining the nominee's qualifications and CV to the Division 56 Awards Committee by email. The deadline for nomination is April 15, 2013. The award recipient will be notified one week after the committee has made its selection by the end of June 2013. ■

The 2013 APA convention will be held in Honolulu, HI from July 31 to August 4. The APA convention submission site is now open: <http://www.apa.org/convention/>

The submission deadline for Division Proposals is November 20th, and the deadline for APA Continuing Education Workshop Proposals is November 5th. Late submissions cannot be accepted. Please note that this date is a change from previous years to better accommodate the calendars of the review team.

The program theme of Division 56 is *Emotion Regulation and Distress Tolerance in Trauma*. Since the Division has a limited number of programming hours, only a handful of symposium and workshop submissions are accepted despite their high quality. Consequently, members are strongly encouraged to also consider other divisions when submitting their paper sessions and symposia proposals each year. ■

Enhancing Psychological Research on Trauma Through Interdisciplinary Collaboration

Stephanie Hoover, MS

STUDENT'S CORNER

Many of us in traumatology may assume that trauma's home is in psychology,

but it is also highly relevant to other disciplines in medicine and the social sciences. Integrating knowledge from these disciplines improves the practice of psychotherapy and also is a key ingredient to carving out more relevant research questions as well as for developing more complex and meaningful findings.

Through conducting sexual trauma research in a graduate program for counseling psychology, I have grown in my understanding of the subject and qualitative methods by actively seeking collaboration with those in sociology, anthropology, and nursing. I developed my Master's thesis on how sexual assault survivors experience participation in an interview-based study after conducting undergraduate research on sexual assault disclosures through the lens of sociology and anthropology. Beginning my

research from this perspective helped me to understand how sexual assault disclosures were affected by social assumptions and norms. In interviewing participants, I was struck by the realities of retraumatization and

healing that participants often experienced from disclosing their experiences of sexual assault. This led me to wonder how the participants experienced sexual assault disclosures in the context of interview-based research.

When I began the literature review process for my Master's thesis, I was searching for information about how participants are impacted by the research process. Discovering only a small amount of material available in counseling psychology led me to explore other disciplines. Through my advisor, Dr. Susan Morrow, I became aware of a nursing professor at the University of Utah, Dr. Janice Morse, the editor of *Qualitative Health Research* and whose publications on conducting qualitative research, especially one on sensitive topics (Corbin & Morse, 2003), became essential to my thesis. Even when I used the nursing



Stephanie Hoover, MS

field's term "sensitive topics" as a new keyword in my literature search, I found additional, relevant material that helped me to develop a strong rationale for the thesis.

Had I not used an interdisciplinary approach, I might have developed a study under the false assumption that researchers know little about how people who have experienced trauma are impacted by participating in qualitative research. To my surprise, a great number of studies in other fields have examined the effect of participating in research on sensitive topics. I resolved my initial struggle to formulate a cohesive literature review by expanding my perspective to include work done outside of counseling psychology. Students braving new research areas rarely studied in our field also may develop knowledge by broadening their academic lens. Doing so not only illustrates a commitment to, and engagement with, research, but also fosters creative engagement with the research process itself.

In addition to incorporating research, interdisciplinary collaboration also can foster better design methodology. Dr. Morse became a member of my thesis committee, and her well-developed expertise about grounded theory design in qualitative methods proved most helpful. Even my advisor, Dr. Morrow, who has been fundamental in establishing qualitative methods in the field of counseling psychology (Morrow & Smith, 2000) stated that her horizons as a grounded theory researcher were broadened from this experience.

In developing research designs and methods, seeking an outsider's perspective can enhance psychological research. For the duration of graduate school, I have participated in a qualitative research group with colleagues researching a wide variety of topics. Consulting with peers from disparate areas has helped me move outside the typical, expected research paradigm and creatively develop studies. Prioritizing methods is essential for academic hopefuls, as the scientific rigor of a study is a primary determinant of publication.

Not every specific research topic may lend itself to the same kind of interdisciplinary collaboration I utilized, but incorporating the expertise of other disciplines may be fruitful from a range of other perspectives as well. In looking more broadly to trauma psychology, I wonder which interdisciplinary perspectives might enhance our research agenda and therapy practice. For example, for my PhD dissertation, I studied the social justice development of mental health counselor trainees. I found that learning to provide social justice-oriented therapy to trauma survivors was a meaningful component of trainees' development. Learning to work with trauma survivors through de-pathologizing and empowering interventions contributed

Suggestions for Students Developing Their Research Projects

Develop a team

Do not fall prey to the myth that research is a one-person show. Researchers are not omniscient; the Wizard of Oz (Baum, 1900) is actually just an ordinary person. Inviting people other than your advisor and required committee members into your research process could improve your research and its potential contribution to academia. Investigate if there are professors in other departments at your home institution who have expertise in your area of interest. Pick the brains of your fellow graduate students working in other departments to discover any connections.

Look outside your discipline

Your home discipline may not have all the answers. In the Wizard of Oz (Baum, 1900), Dorothy benefited from the strengths of the tin-man's heart, the scarecrow's brain, and the lion's courage to find her way home. Seek research in other disciplines, including other specialties within psychology. Use databases from other disciplines, multidisciplinary databases, and articles from unfamiliar journals. Seek consultation from librarians to familiarize yourself with prominent journals and what other keywords may be more prevalent in other disciplines.

Love your research

The yellow brick road may be winding, but it led Dorothy home. If you are passionate about your topic, it will sustain you as you brave the sometimes difficult journey of a new study and the challenge of seeking interdisciplinary connection.

to mental health counselor trainees' development as advocates who work with, not for, underserved populations.

Developing our expertise through multidisciplinary knowledge is key. Trauma-focused psychologists may find it valuable to collaborate with Psychologists for Social Responsibility, a professional group that addresses societal challenges, including human rights, peacemaking, sustainability, and trauma specifically (see <http://www.psyr.org/about/programs/wellbeing/projects/trauma/>). Looking outside of psychology to public health or medicine could provide psychotherapists with additional information about the impact of trauma on clients. The Center for Nonviolence and Social Justice promotes trauma-focused interventions and research, including in

emergency room hospital settings (see <http://www.nonviolenceandsocialjustice.org/>).

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Stephanie Hoover, MS, is currently a clinical intern at the University of Central Florida Counseling and Psychological Services' APA-accredited program. She plans to graduate with a PhD in Counseling Psychology from the University of Utah next summer. ■

Yoga as Therapy: A Personal Journey of Healing

Melissa Houser, MA

July 30, 2010 changed my personal and professional lives forever. I drove a lot for my work as psychotherapist working with troubled teens on probation, and my little gray Kia seemed to have a target painted on its rear bumper. I had a minor accident in the fall of 2009, and though I was in and out of physical therapy in six weeks, the threat to my physical integrity and the reminder of my human frailty left me shaken. Almost 11 months later, I was rear-ended again and, as I gazed in shock at the large indentation in my bumper, I wondered if that was what my spine looked like, too.

My shock lasted through a week of vacation, and then the physical and emotional reality of the situation hit home. I sustained sprained ribs, thoracic and cervical spine sprains, and numbness and tingling in my hands and feet that my doctors were never fully able to diagnose. I was in incredible pain, which led to concurrent depression and an existential crisis. Things needed to change and preferably before the next accident, which I was certain would happen the following year.

I developed a deeper yoga practice for the physical benefits, but the emotional rewards have led me to integrate yoga into my therapeutic practice.

Numerous authors have written about yoga psychotherapy, creating programs that strive to

integrate the two domains as further resources in the treatment of trauma (Ajaya & Butler, 2008; Cope, 2007; Emerson, Sharma, Chaudry, & Turner, 2009; Lily & Hedlund, 2010; *Integral Yoga Magazine* & van der Kolk, 2009), though research in this area continues to develop. My personal trauma story provides an illustration of how yoga can be a healing mechanism for both personal and professional benefit.

As both trauma survivors and therapists know, change and healing often do not come easily. My recovery process was long and painful and, though the major accident occurred two

years ago, the recovery process continues to this day. Neither traditional treatments, including chiropractors and physical therapy, nor less common ones such as acupuncture provided much relief. Even with pain medication, I could barely sleep during the first three months. I found it just as difficult to accept what was



Melissa Houser, MA

happening to my body on an emotional level, and I began blaming my job for causing the accident. As much as I tried to remind myself that it could have happened anyway, two work-related car accidents within a year seemed like more than just a little bad luck.

Since traditional treatments did not seem to be helping my injuries, I turned to yoga. In previous group instruction, I did not understand some of the cues that were given regarding alignment because I did not have strong bodily awareness. I began taking private classes that helped me to apply the practice most effectively for my body. I learned how to really engage my core, knit my ribs together, root down in my feet, and externally rotate my shoulders down my back. It sounds simple to me now, but then it was foreign and revolutionary. I became aware of my body in ways that I had not been before and I was able to use what I learned to check my alignment during the day to decrease the pressure on my back and thus alleviate my pain.

Through this healing journey, the increasing awareness of my body enabled me to connect my physical alignment to my breath and emotional state. Yoga, a Sanskrit word that means “union,” helped me unite my outer, physical body with my internal self. Not only did my pain decrease, but I also gained empowerment by actively altering my physical experiences. Additionally, I have become more in tune with experiences of sadness, stress, and anxiety, and I have been more able to cope proactively through restorative yoga techniques, breathing, affirmations/mantras, and other tools. I am more aware of my breath, which has helped me maintain deep breathing throughout the day, slowing down my body from living in constant flight mode or state of chronic stress. When I am not mindful, I catch myself breathing shallowly, and it is no surprise this correlates with greater personal experiences of stress and anxiety.

Somatic experiencing has been an important part of my journey as has the re-storying process I engaged in to put the accident in perspective. I turned to yoga to aid me during a time that was physically challenging, unaware of the additional positive emotional benefits I would experience. I began to feel as though I had the ability to exert influence on my life again, and I became empowered to change negative circumstances in other areas of my life. 2011 brought a “new me.” I left a job that was causing me physical pain and chronic stress for a new position, applied to PhD programs, and enrolled

in a counseling psychology program that fall. The previous steps along my path helped prepare me for the stressful life of being a doctoral student, and I knew that continuing my yogic journey during this time would be essential to empowerment and stress management. In order to deepen the connection, I have completed yoga teacher training, as well as trainings on children’s yoga and restorative yoga.

Yoga has been extremely beneficial to my own coping as a person and professional. Before I started practicing, I sometimes found it difficult to release the

stresses I carried with me from my work as a therapist and sometimes found myself still thinking and worrying about difficult cases at the end of the day. Practicing after work has provided a good transition for me to release my day and re-center myself. In general, I spend a lot more of my time calm and grounded, which helps me to be a more effective therapist. When clients have not received responsive, attuned caregiving or have experienced a significant

trauma, this often impacts their ability to learn emotional regulation skills. A calm, grounded therapist can attune to their clients and help them regulate in session, and these experiences eventually help clients to regulate more independently.

Perhaps the most important thing I have learned through the practice of yoga is about being in the process. Yoga is a practice for a reason: It is intended to be a journey, as are life and recovery from trauma. As a therapist, there is sometimes perceived pressure, both internal and external, to effect change in clients. As a trauma therapist, there is a significant desire to alleviate suffering, but it is important to also accept the process necessary for healing. Even without having their own yoga practice, I believe that many therapists can benefit from using yogic concepts like basic meditative, breath work, and mindfulness techniques with clients who have experienced trauma.

At my current doctoral practicum, I work at the Denver Children’s Advocacy Center, which serves children aged 1-17 who have been the victims of significant traumas, including sexual abuse or witnessing a significant crime. The Neurosequential Model of Therapeutics (Perry, 2009) is used to conceptualize clients through a developmental neuroscience framework that incorporates the

Perhaps the most important thing I have learned through the practice of yoga is about being in the process. Yoga is a practice for a reason: It is intended to be a journey, as are life and recovery from trauma.

developmental sequence at the time the trauma occurred and assesses attachment security because both concepts may affect the way the trauma is coded and stored in the brain. Trauma can be stored at the brainstem, the limbic system, or the cortical system, and different trauma interventions are utilized based on level of neurological functioning. When the trauma is stored in the most primitive areas of the brain, trauma recovery methods incorporating the body are especially salient.

When trauma survivors become aware of the sensations that they are experiencing in their bodies, I believe that they can respond to feelings of anxiety in an adaptive way, before the emotions build to a point where they feel out of control. This is the ideal time for them to incorporate breathing or other coping techniques. When survivors practice those techniques with awareness, they will notice the impact such shifts have on their anxiety and emotions, contributing to empowerment. With both children and adults, deep breathing can be used as a powerful coping skill where they will see immediate effects on anxiety and increased control of their bodies. If clients can notice the ways their bodies and breath shift when their emotions and thoughts shift, they can practice mindfulness and check in with themselves outside the session. Approaching these interventions slowly and with care is important because yoga should bring the client greater empowerment, but when done without enough care, it can cause fear and vulnerability.

With children, bringing a metaphor from their play into their body can be helpful. For instance, I have used Tree Pose, a posture in which the person stands straight and is rooted to the ground, to talk to kids about staying grounded even when life tosses their branches around. Children often like to make up poses, and that can provide a therapist with areas for insight and intervention. Adults are more likely to have an existing yoga practice, and the feelings of safety and empowerment from their practices can be incorporated into trauma work. For instance, when asked to name a place where they feel strongest, several of my clients have chosen their favorite yoga pose and so I was able to channel that feeling of strength to their life off the mat to truly create union.

I appreciate the opportunity to share my journey and interventions for using yoga therapeutically. If you have questions or comments, I welcome feedback at Melissa.houser@du.edu. As we say in yoga, the light in me honors the light in you: Namaste!

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Melissa Houser, MA, has been working with traumatized children and teenagers for over seven years as a counselor and is a second-year Ph.D. student in Counseling Psychology at the University of Denver. She and her repainted Kia live in nearby Lakewood with her husband and two cats. ■

Goodman, N. R. & Meyers, M. B. (2012). *The Power of Witnessing: Reflections, Reverberations, and Traces of the Holocaust*. New York, NY: Routledge (349 pp). ISBN 978-0-415-87903-3. \$39.95

Whitney I. Menarcheck, MSCP

The Power of Witnessing: Reflections, Reverberations and Traces of the Holocaust (Goodman & Meyers, 2012) offers readers an opportunity to learn how to become a witness of traumatic experiences by sincerely listening to survivors' stories. In general, trauma therapy addresses the implications trauma has had on the individual's life. The power of witnessing goes one step further; through the experience of recalling the trauma with the therapist, the survivor pursues their desire to know and remember more about the experience.

The book consists of five sections that illustrate the witnessing process through personal narratives and reflections by Holocaust survivors, their children, and other family members. In the first part, the act of witnessing is described as a genuine, empathic listener providing a secure environment for the survivor to share traumatic experience without concern for external judgments. The intention is for the survivor to become validated by expressing a suppressed experience and to then incorporate that experience into his or her sense of self. The book provides special focus to the Fortunoff Video Archive for Holocaust Testimonies at Yale University—the first organized occurrence of the power of witnessing through the video recording of Holocaust survivors' testimonies.

The second section of *The Power of Witnessing* details the personal experiences of individuals who survived the Holocaust as children. The personal narratives not only provide their testimonies as child survivors, but also reflect how their understanding and insight have evolved throughout their lives. These stories poignantly express the difficulty of living with the identity of a Holocaust survivor long after the initial event. Being a Holocaust survivor is not a one-time occurrence like the Holocaust itself, but rather a life-long identity that becomes integrated into the survivors' post-Holocaust sense of self. Questions arise such as: "What is it like for a Holocaust survivor to share their terrifying experiences with their children? How do children of Holocaust survivors' cope with the knowledge of the terrors their parents experienced?"

The transmission of intergenerational trauma is illustrated in the book's third section through the stories of Holocaust survivors, their children, and other family members. The authors provide an in-depth look at how the experiences survive through the voices, words, and art of witnesses. As the generation

of those who suffered in the Holocaust pass into history, they leave behind those they have entrusted with their memories to never let the world forget the horrors that occurred.

The variety of media through which the power of witnessing can occur is explored in the fourth section of *The Power of Witnessing*. Specifically, works of poetry, needlework, photography, film, and theater are provided as examples of the various ways witnessing can occur for those who best express themselves through a creative medium. One profound work of art was Clemens Loew's sculpture of the memory of his father, a Holocaust survivor. Through the manipulation of clay, he paid homage to the memory of his father through a physical representation while processing his experience of losing a parent during the Holocaust.

For psychologists and therapists looking to use the power of witnessing in their work, the fifth and final section explores how to integrate witnessing into trauma therapy. The therapist may utilize the power of witnessing by gently pushing the survivor to break down the mental wall that has long surrounded the trauma experience. It is through the therapist's expression of a desire to know this experience that the power of witnessing takes place. This final section highlights how to appropriately and effectively witness traumatic experiences to help the survivor and to ensure that the stories and any lessons learned are not lost when the person passes on. For the survivor, peace comes through the knowledge that there is another person other than oneself who is aware of the survivors' traumatic experiences and who will remember long after they have passed.

Through the use of memories, reflections, and art, those who read *The Power of Witnessing* are invited to both intellectually understand and empathetically experience the power of this process. The authors provide a thorough explanation regarding how and why witnessing works through their own reflections as witnesses of Holocaust survivors' experiences. By reading the included vignettes, readers themselves become witnesses to the horrific experiences of those who chose to share their stories with the world and thus join the ranks of survivors and witnesses who together refuse to let the unthinkable acts of the Holocaust be forgotten.

Whitney I. Menarcheck, MSCP, is a mental health counselor in Pittsburgh, Pennsylvania for Alliance Medical Services, specializing in grief and trauma. She is a volunteer at the Good Grief Center for Bereavement Support. She is also a member of the Consumer Advisory Board for the Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents. ■

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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 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.

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