



TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

Why Trauma Psychology?

Terence M. Keane, PhD

In my first year of service on the APA Council of Representatives (representing the Division of Public Sector Psychology), a small group from across Divisions met over lunch. Judie Alpert of NYU, Dean Kilpatrick of Medical University of South Carolina, Ed Nightingale of the Minneapolis VA and I were joined by Seattle's Laura Brown, who knows most everything about the inner workings of the APA. That day we agreed to move forward on the establishment of a new Division to insure that Psychology among all disciplines continued to lead the way in promoting innovative treatments, models of assessment, and the development of new knowledge. Keeping trauma central to the training of clinical and experimental psychologists is also one of our overarching objectives.

Today, we are among the most vibrant of all Divisions although we are the youngest. It

is the case that our website www.apatraumadivision.org is among the best of all divisions and the *Trauma Psychology Newsletter* is amazingly full of important news items affecting the practice of trauma psychology. The Division's journal, *Psychological Trauma*, is rapidly growing in quality, importance, size, and citations. For these and many other reasons, I am grateful to be a part of this group. We are firing

on all cylinders and moving in so many key directions. My message today addresses some of these, but also represents a clarion call to all of the membership. Please become involved!

I mentioned our terrific website, which is truly a fantastic resource for us. Please take a good look at what's there. Since the initiation of the Division, Lynn Brem has been the caretaker of this website for us. Working diligently



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Spring/Summer 2012 TPN Call for Articles



Simon A. Rego, PsyD

The *Trauma Psychology Newsletter* is accepting articles related to trauma psychology for the Spring/Summer 2012 issue. The focus may be theory, research, clinical or community applications, education and training, or policy. Deadline April 15, 2012. Length 1,500-2,000 words, in MS Word or WordPerfect formats. Include 100 word author bio and photo (jpg or tiff). Submit to Simon A. Rego, PsyD, Editor, at srego@montefiore.org and Renu Aldrich, MFTi, Associate Editor, at renu@renualdrich.com.



Renu Aldrich, MFTi

Racial-Cultural Researchers Find a Welcoming Home in Trauma Division

Robert T. Carter, PhD, and Adrienne D. Millican, MPA

We are pleased and honored to have the opportunity to write for the Division's Newsletter. We want to offer information that led to our work in trauma and to share with the Division's members our gratitude and appreciation for being open to and supportive of our ideas, which we recognize are not mainstream. We suspect that many people begin trauma work through their clinical practice and training; therefore, we will begin by sharing the set of experiences that led to the development of the model of race-based traumatic stress injury because we think our path to working in the trauma area is atypical.

The early phases of our research was focused on racial-cultural issues, leading to our being asked for expert testimony and consultations. This has resulted ultimately in the consideration of how mental health and legal professionals might deal with targets of race-based acts, and how to help these victims seek relief. Our forensic work has involved us as expert witnesses in bi-racial custody disputes; equity issues in school systems' racial desegregation plans; racial discrimination and harassment in schools and in the workplace; and in consumer racial profiling.

For the initial forensic endeavor involving bi-racial custody court cases, we were asked to apply and testify about racial identity and cultural issues regarding the parents' ability to raise an adopted bi-racial child. The work required on those cases resulted in a book chapter on racial issues in family law in Thompson and Carter's book (1997) on applications of racial identity. That chapter was the first effort at connecting how race and the law might be interrelated. The next opportunity to understand this association was in school desegregation work, which centered on racial inequity in educational systems in the South. That was followed by a racial discrimination case in California, which involved testifying to the emotional and psychological effect of racial harassment in schools experienced by young people and teachers.

For help in the assessment of psychological harm, mental health literature including the DSM-IV-TR (American Psychiatric Association, 2000) was consulted in an effort to account for the emotional affects of racial harassment and discrimination. It was a surprise to learn that the DSM offered little or no

help: All that was available were the standard disorders. As we learned, Posttraumatic Stress Disorder (PTSD) was an inappropriate diagnosis since the core criteria (threat to life) could not be met. This type of harassment and discrimination, for the most part, results in emotional pain. With this revelation, we eventually began thinking about how, or if, trauma and racial encounters were related.

In collaboration with Janet E. Helms (who is now the Augustus Long Professor of Counseling, Boston College), our discussions and a literature review yielded an answer: Racial encounters could produce trauma reactions. With that belief, we began to present our

thoughts about racial trauma in a series of talks, the first of several called "Racial Harassment: The Identified Trauma" in February of 2002. These presentations were followed by the first study to explore the ideas further, and it was published as a book chapter, "Racial Discrimination and Race-Based Traumatic Stress: An Exploratory Investigation," in the *Handbook of Racial-Cultural Psychology and Counseling* (Carter, 2005). It was our contention in the chapter that there are several contributing factors to the problem of understanding race-related experiences and the

resulting mental health impact. First, there is a failure to comprehend clearly the impact of racism on its targets due to the vagueness associated with the term *racism*. Second, the currently used paradigms of stress reactions were based on narrow criteria that do not capture race-related experiences. However, we argued that targets of racism suffered physical and psychological harm in the form of stress and other symptoms as a consequence of chronic and persistent racism that was not captured by the existing paradigms. Third, there was a failure to clearly document the emotional and psychological effects of chronic racism on its targets, which hinders our understanding of race-related experiences.

Therefore, the chapter in Carter's handbook deconstructed racism through a differentiation between two types of racism, and argued for a distinction that did not exist in the literature. The chapter examined existing evidence that supported the contention that racism was a stressor whose impact stretches beyond that captured by a diagnosis of PTSD. We integrated existing psychological models and research on race and severe stress reactions and proposed a test for



Robert T. Carter, PhD,

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Racial-Cultural Researchers

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race-based traumatic stress reactions. The exploratory study was designed to discover the types of racial discrimination People of Color (POC) continue to experience; and to understand the types of emotional and psychological reactions produced by experiences of racial discrimination. We wanted to determine whether the reports of the psychological and emotional experiences were better captured by the model of traumatic stress or the DSM-IV TR (APA, 2000) criteria for PTSD.

Overall, the results of the investigation supported our primary contention that POC continue to be subjected to experiences of racial discrimination. Of those who encountered racial discrimination, approximately three-quarters reported lasting emotional and psychological effect, and the incidents were experienced as traumatic. We found that, in general, nearly all of the emotional and psychological effects reported by respondents conformed to Carlson's (1997) model of traumatic stress, and that a smaller proportion also fit the narrower PTSD criteria. Additionally, the results revealed that there were apparent differences between racial harassment and racial discrimination, providing support for the deconstruction and redefinition of racism into harassment and discrimination.

A few years after the 9/11 tragedy, we were asked by the State of Connecticut's Department of Mental Health and Addiction Services (DMHAS) to think about how to build culturally responsive disaster preparedness. We researched the mental health, disaster, and trauma literature, and produced a technical report about "Disaster Response to Communities of Color" (Carter, 2004), and additionally designed and conducted training for their staff. But again, we found little help from the literature in understanding the role of race and culture in the development of PTSD. What we found from our review and analysis of the disaster and PTSD literature was that POC had higher levels of PTSD not well explained by the disaster. We offered the hypothesis that POC might have little trust in the disaster response process as a whole, and as well in traditional mental health interventions.

Soon after 9/11, Hurricane Katrina hit the Gulf Coast. During that time, we were working with Fran Norris from the National Center on PTSD, trying to look at whether minorities would trust first responders and if their initial interactions would lead to helpful psychological interventions. If so, would those interventions help them to reduce trauma, or would the interventions be ineffective because of the

absence of racial, ethnic, or cultural considerations in most intervention approaches. The evidence from these experiences and the work at the National Center confirmed that standard and traditional approaches to treating or recognizing trauma did not adequately take into account race or cultural experiences. The next step to rectify this void was a one-year fellowship on the intersection of trauma injury and the law at the national office of the ACLU beginning in 2004. The effort was intended to address racial inequities and to offer new avenues for stalled civil rights and social

justice efforts by integrating psychology and legal issues involving racial encounters and emotional distress. The idea was that if racial trauma could be established in psychological research, then maybe it could be used in legal efforts to redress harmful racial disparities created by individuals, organizations, and social systems.

The damage caused by racial discrimination and racial harassment has nuances reflected in race-based traumatic stress injury.

While not everyone who is exposed to such stress develops psychological symptoms, some who are injured need avenues of redress and recognition. Recently, we had a manuscript accepted by a law review in which we present a path for legal redress. We note that irrespective of progress since *Brown v. Board of Education* (1954), harmful racism and racial harassment continue to exist, especially in the workplace. Attempts for aggrieved employees to redress these ills in the employment setting have been ineffective. Further, when employee-plaintiffs seek to pursue their cases through state or federal administrative agencies or the courts, the standards established in federal statutes as well as court rulings can present a daunting "web" of choices for them. This confusion can be most acutely felt in the case of employees who have experienced severe injuries such as race-based traumatic stress (RBTS) resulting from workplace harassment. The manuscript proposes a legal and policy framework for more effective prevention of and legal redress for workplace harassment and discrimination. The approach focuses on employees who have suffered severe, demonstrable emotional and psychological injury due to harassment or discrimination, i.e., RBTS. A brief overview of current federal employment law related to racial harassment and discrimination, and its deficits, is provided; and the use of tort concepts to complement and strengthen current avenues to legal redress is proposed and discussed. Finally, the article proposes a comprehensive approach to workplace harassment and discrimination.

We were pleased to learn of the addition of a Trauma Division in APA. Yet, at the same time, we



Adrienne Millican

were worried that the new division would promote and support only traditional notions of trauma, and as such, recirculate nothing new and nothing more than standard practice. To our surprise, the experiences and interactions with the Division through the journal and with its members communicated an open and welcoming stance regarding what we consider to be a non-traditional approach to studying and recognizing racial trauma.

The Division's members, through its journal reviewers, journal editors, and convention reviewers, have been warm and receptive of the work we have done in this area. The Race-Based Traumatic Stress Symptom Scale (RBTSSS) (Carter & Mazzula, 2011) we developed was both accepted as a presentation paper at the APA's annual conference in Washington, DC last year and for publication by the journal.

It means a lot to have gained peer recognition and validation for our efforts to connect racial discrimination and harassment to trauma. The publishing of our scale allows us to share with colleagues and hopefully others, such as those concerned with the law, the vision we have about race and the psychological and emotional impact that has been previously unacknowledged. We hope that the publication will impact future assessments and recognition of racial trauma.

Our field has historically worked and continues to work towards promoting people's well-being. We use interventions to help people heal from various aspects of life in our society, a society constrained by racial bias. This bias can take the form of discrimination and harassment in a person's personal life and also in other venues where people interact with those of other racial groups, such as in school and the workplace. With acknowledged measurements like the Helms Racial Identity Scale (1990, 1995, 1996) as a foundation of theory and measurement, the RBTSSS is poised to broaden the scope of techniques available to substantiate experiences that heretofore have not been accepted or recognized.

We would like to thank the division's members for their support and patience through this process, and for their responsiveness to the subject matter. They have proven to be innovative proponents with a willingness to provide a platform for new and unconventional work, acknowledging the importance of new ideas in our complex world of psychology. We hope your vision will further discussion and future research on race and related topics. Please know we have come to see the division as a new and welcoming home.

Thanks.

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- Adrienne Millican** currently serves as Associate Project Manager of the New Jersey Child Welfare Training Partnership through the Center for Child Advocacy at Montclair State University, overseeing delivery of training curricula for the state Department of Youth & Family Services. ■

Targeting and Child Protection: Should Psychologists Stop Doing Evaluations of Children?

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

Toby Kleinman, Esq. toby@adlerkleinman.com

Many competent and ethical psychologists who have worked in the field of child protection and child evaluative forensics have come under personal and professional attack. These attacks come from attorneys of accused parents, organized groups, and sometimes licensing boards.

The organized groups are often referred to as fathers' rights groups. However, the issue here is not about good fathers sharing parental rights. Rather, these self-identified fathers' rights groups seek to vindicate abusers by attacking good mothers and the professionals who work to protect children who have disclosed abuse. These attacks are mounted under the guise of giving equal rights to fathers. All too often these organizations and their members find ways to intimidate licensing boards, which then succumb to the pressure and file complaints against good psychologists. The psychologists then become victims of multiple complaints because of their good work. This is targeting.

Targeted psychologists spend an inordinate amount of time and money to maintain their practices and their dignity. As a result of targeting, I have watched fewer and fewer psychologists willing to step forward to evaluate and protect children who have disclosed sexual, physical, and emotional abuse, especially during divorce. All psychologists should be aware of this pitfall. Yet, it is imperative that these specially trained psychologists continue to evaluate children. Avoiding evaluating these children can be an asset to hate groups. Silence becomes a form of advocacy for abusers. Only with proper evaluations can we prosecute perpetrators for injuring children. Only with properly conducted evaluations can children be protected. And only when we meet this issue head on can we stop these false complaints.



Toby Kleinman, Esq.

I am reminded that Penn State coach Jerry Sandusky was investigated ten years before his arrest. Why the disbelief!? Why the failure to prosecute!? Cynicism about child abuse pervades our culture, even more so where there is a family in divorce. In prosecuting any crime, we do not rely on the mere denial of the named criminal. Would we accept the denial of Brian David Mitchell, who kidnapped Elizabeth Smart, Casey Anthony, or coach Sandusky and decide not to prosecute? Their denials would be an irrelevancy to whether or not to prosecute. Absent a confession, the only issue is whether there is sufficient evidence to go forward. In child abuse, since the literature says that the best evidence is from a child, which should be sufficient. Yet in child abuse cases, we permit the named perpetrator to go on the attack, undermine the child, be kept from prosecution and often continue visitation, all in the name of fairness to the accused parent. What happened to fairness to the child? That fairness can come with an appropriate child abuse evaluation. In the case of Sandusky, it took ten years and we don't know how many children were abused before any child was believed and any action taken. In custody matters, all too frequently visitation or even full custody of child victims is granted to perpetrators by the court.

There is an apparent schism between the world of psychology and the framework of the court, but it can be reconciled. A court cannot interfere with someone's right to parent without a showing that the child is at risk in their care. But the manner in which a psychological evaluation is conducted is in the purview of the evaluator and should be done pursuant to professional guidelines and scientific understanding. It is a child's disclosure which generally raises the issue of abuse, and that disclosure is brought to court by a parent. The courts, however, in the interest of "fairness" to both parents seem to believe that fairness requires that a named perpetrator be interviewed in the presence of the child even where the professional guidelines to assess abuse do not require it. Thus, all too frequently the courts appoint people to conduct evaluations in accord with a court's notion of fairness. Thereafter, the courts make negative judgments and inferences about

the abuse as a result of improperly done evaluations with reliance placed on untested or false criteria. This happens especially where a child does not repeat the allegations or if they appear comfortable with a named perpetrator.

It is up to an evaluator to make the court aware that, for example, The American Professional Society on the Abuse of Children (APSAC) says that the primary information of sexual abuse comes from the child him/herself; that the named abuser should not be present or bring a child to an interview and it is not necessary to interview the accused parent. APSAC guidelines do not require that a person accused of child sexual abuse even be interviewed to determine whether or not a child has been abused by that parent. The APSAC literature specifically states that comfort in the presence of a sexually abusive parent is not an indicator that the abuse did not occur. But the appearance of comfort of the child gets used in courts every day to accuse mothers of coaching, and/or lying even where no evidence of coaching exists. It is used to deny abuse. The psychologist doing an investigative interview must intervene, explain and teach the court. Only then can psychology and the law be reconciled to protect children.

A psychologist should not succumb to court notions of fairness where the professional standards demand otherwise. Instead the psychologist can teach the court proper standards of practice. During a custody evaluation it is appropriate to interview both parents with and without the child. However, take the circumstance where a custody evaluation is performed and a child may have appeared comfortable with a parent. That same parent is later accused of sexual abuse by that same child. It is up to the expert who opines that there is abuse of that child by that parent to explain to the court in a report that no inference of abuse can be made from the fact that the child appeared comfortable with the perpetrator.

It may be difficult to understand why, for example, the children who Sandusky is alleged to have abused repeatedly continued to go with him cheerfully. It is up to the psychologist to explain this phenomenon. Custody statutes vary state to state. Some states, often referred to as “friendly states,” contain a presumption that in divorce, parents should co-parent as joint custodians. Other states have presumptions, for example, that where there is domestic violence that custody should be with the non-violent parent. It is well accepted in all states that there is a correlation between spousal abuse and child abuse, yet invariably courts express surprise when child abuse is raised during divorce, even where spouse abuse is found to have occurred, even at times where restraining orders have been granted.

The psychological report of abuse should contain an answer to presumed skepticism with which a child abuse report will be met. By doing this one can begin to combat the inordinate amount of disbelief that always comes when child abuse is raised, especially in a divorce. In divorce court, absent a psychological report that opines the child was abused, these matters become “he said/she said” cases and too often the children’s voice is lost in the process. Prosecution then becomes impossible. But a properly conducted psychological evaluation of a child, upon a child’s initial disclosure can take a child’s words and contextualize them for a court. The opinion of an expert matters.

I am reminded of what my mother told me as a child; “stand up to the bully on the playground; act like you are not afraid; the bully is more afraid than you are or they would not bully; face them and they will back down.” I learned an important life lesson. I urge competent psychologists to become aware of the pitfalls of doing these critical evaluations and to be willing to face down the bully when necessary by continuing to practice in this field. If psychologists who are attacked openly share their experiences of attack with each other and come to one another’s professional aid, then the bullies can be faced down and children can be protected.

There is no way to stop the attacks against protective parents and child advocates. There is a way to defend against them, that is, to know the literature and to be armed with it, prepared with proper reports to the courts in advance of attack, to be faithful to professional standards and to come to each other’s aid when attacked. Most importantly don’t give up. The children need you.

Toby Kleinman, Esq. is a New Jersey attorney and a partner in the law firm of Adler & Kleinman and has consulted in legal cases in over forty states. She is an associate editor of The Journal of Child Custody, and has published articles in The New Jersey Law Journal. Ms. Kleinman has co-taught a class at the Harvard School of Public Health. She is a director of the advisory board to the Leadership Council on Child Abuse and Interpersonal Violence (LC), has served as the Professional Liaison to the APA, Division 56, and has been voted a New Jersey Super Lawyer. She has presented at IVAT, AFCC, and Battered Mothers Custody Conferences as an invited Keynote speaker and has trained family court judges. She has lectured at several colleges. Ms. Kleinman is also called as a guest expert on network television, including Good Morning America and World News Tonight.■

Trauma Psychology in Israel: An Interview With Danny Brom, PhD, Director, Israel Center for the Treatment of Psychotrauma

From the International Committee: The Division 56 International Committee is undertaking a project in which current U.S.-based graduate students and early career professionals interview more senior members of our committee from outside the United States. In this newsletter, we are featuring Dr. Danny Brom, who lives and works in Israel. Dr. Brom was interviewed by April Obermeyer, graduate student member of Division 56. Enjoy! —Kathryn Norsworthy, Chair

Interviewer: April Obermeyer, BA, Rollins College, Winter Park, Florida, Student Member of Division 56

Resilience; how does an individual develop it? How does a society create resilience? How do you define resilience and teach it to others? These are some of the questions that Dr. Danny Brom grapples with in his work as Director of the Israel Center for the Treatment of Psychotrauma (ICTP), in his research, and in teaching at the Hebrew University Paul Baerwald School of Social Work and Social Welfare in Jerusalem.

Active in the field of traumatic stress since 1979, Dr. Brom, a certified clinical psychologist, completed his studies in Holland with a PhD from the University of Amsterdam. During that period, he conducted an outcome study of three brief therapy methods for Post-Traumatic Stress Disorder (PTSD). He then helped found and became the director of the Dutch Institute for Psychotrauma until 1988, when he moved to Israel.

I was curious about how Dr. Brom came to live and work in Jerusalem. He responded that he basically never really felt Dutch. Following the Holocaust, all that was left in Holland was a very tiny Jewish community, where, for example, he was the only Jewish boy in his class. Dr. Brom and his wife wanted their children to grow up in a larger Jewish community, so I asked him if he felt that living in Israel had provided that for them. He replied that it did much more so than in Holland, but that it is funny because in Holland he was the Jewish person and in Israel he is the Dutchman! He and his family, however, feel very much at home in Jerusalem.



Danny Brom, PhD

As Director of the ICTP, Dr. Brom reported that he brings his expertise to the fields of education, community resilience, wellness, and mental health care with a goal of increasing the capacity of Israeli society to cope with the ongoing existential threat. An accomplished scholar, Dr. Brom has published numerous books and articles on PTSD, including the first controlled outcome study on short-term therapy for PTSD, which, in 1990 was awarded the Dutch Academy of Science Award. He has also given a congressional briefing on the effects of terrorism and trauma hosted by then Senator Hillary Clinton.

When I asked Dr. Brom to tell me about his position in a socio-political context, he responded,

“Well, I have great difficulty with the whole political situation. It is not only hard on everyone but I feel that the whole survival situation of our country makes people fight the line to all kinds of things. So, for example, I have a collaborative program with the Palestinian University. Many people wonder, “Why do you do that?” I am very much in favor of communication and breaking out of survival mode. Most people don’t seem to understand that when you are in survival mode, you stigmatize very easily and so it makes it very difficult work. The level of traumatization in both Palestine and Israel is both really quite high. Initially, I thought that [the Israelis] wouldn’t need my expertise in trauma, but found

out that the level of overall trauma is quite high and they didn’t know what to do with it—their services were much less developed than I thought they would be.”

According to Dr. Brom, “When I came to Israel in 1988, they were quite blind about post-traumatic consequences.” When he went to work, he remembers being told, “I know you’re an expert in trauma, but we don’t see trauma here.” Dr. Brom went on to say, “In the past twenty years there has been recognition of the trauma that does exist, for example, in the way Israelis relate to the Holocaust survivors. On the Day of Remembrance and Heroism, Holocaust Memorial Day, you would hear a lot about heroism; however, people were not allowed to talk about the pain and the horrible things they went through.” Dr. Brom recounted, “When you are in a survival society, sometimes you can’t see

what is happening.” However, sometime after the enormous influx of over a million Russian Jews in 1992 and 1993, Brom pointed out, “our population got big enough [as a country] for us to realize, ah ... now they will never get rid of us,” and the trauma work began.

This reminded me of Judith Herman’s (1992) description of the stages of trauma recovery for individual trauma survivors. According to Herman, one must first establish safety before moving on to remembrance and mourning, which then leads to reconnection.

Brom attributed a certain level of trauma to just living in Israel. Two of the factors that he describes are having parents or grandparents who were in the Holocaust or fled from somewhere else, and being surrounded by hostile governments, which makes it very hard to consider thinking about peace. “The whole feeling of enemies connects so clearly with the narrative of persecution. People get really very suspicious and cannot really let go of that very easily.” Dr. Brom went on to say that the public dialogue by some Arab countries concerning destroying Israel, a dialogue known by Israelis, complicates the background of trauma work in the country.

When asked how trauma survivors confront and go on in the face of trauma in their lives, Brom marveled,

“Yes, that’s one of the wonders ... I have worked also with Holocaust survivors, all of whom have gone through hell and many of whom have built productive lives. But I have always been amazed by how much people can endure and still build a life.”

Brom finds the concept of resilience interesting. He believes that there is probably some genetic disposition to optimism and positive feeling, attributing some of it to having had attachment to important figures in life and to maintaining relationships. Another factor he believes is important is continuing to find meaning in life.

Appreciating the complexities of PTSD is important in understanding why sometimes when people with very high symptom expression are asked if they need treatment respond, “No, I’m okay!” and remain functional. As a psychologist, Brom would love to have them suffer less, but in his words, “To put the name ‘suffering’ on is my label, the label I give to it. It’s amazing how some people have multiple symptoms and don’t call it suffering.” He has seen this, especially among Holocaust survivors, who, as a group, generally have high levels of symptoms but do not necessarily

seek or want help. Rather, they have a certain pride, that although they have gone through trauma, they have managed to build a life.

I asked Dr. Brom what trauma looked like within the cultural context of Israel and how it might be mediated by contextual factors. He responded that this was a very broad question and pointed out that as a country of refugees, there are a lot of different cultures in Israel. One example he used to demonstrate culturally sensitive trauma work was with his work with Ethiopian refugees, who endured a horrific journey through the Sudan. Twenty percent of Ethiopian Jews were murdered by Sudanese. They have horrible stories and bring a really different culture than the western culture. “In Ethiopia, the whole idea was, ‘you can keep things in your belly;’ that’s an Ethiopian saying which says that the belly is big enough to contain the whole world,” which Brom believes worked well for them while in

Ethiopia. On their way to Israel, not only did they go through major and massive trauma and persecution, but, upon arrival, they settled in a western-oriented society with a tradition of talking about things. Brom, cautioning us to be very modest about what we think we know, stated, “There’s an interaction between the culture they came with and the culture they got into. The question is, how do you do that?” Brom believes that although there may be general patterns of trauma with methods that work well in treating these patterns, there are still so many cultural, ethnic, and religious variations that color and change based on one’s history and the nature of the trauma; thus, requiring humility, insight, and being open to what the client brings.

In the west, we distinguish between healthy coping and PTSD, Brom goes on to say. “PTSD is a

western concept, so in western trauma work ‘you have it or you don’t have it’, as if it’s not relative. However, [in non-western cultures] there might be very different concepts about PTSD and what you do to heal it and what you do when you don’t feel healthy.”

Brom described one approach used in Thailand by local healers. He asked a priest in a shrine what he would do when people are very upset about something that has happened. The priest then showed Brom that there are many different ways of meditation. “One of them is meditation where the Buddha is in a certain position. That position is basically the position of stopping the sea—symbolically coping with being overwhelmed—demonstrating how that [form of] meditation can make people calm.” What Brom learned



April Obermeyer, PhD

is that we really need to have respect for how different people use different healers and learn from them. He cited a recent study from Bessel van der Kolk regarding how yoga can work in treating PTSD, commenting that “it is interesting that there is so much to learn from other cultures.”

When asked which methods and tools he and other Israeli trauma professionals and community-based interveners use to work with individuals, families, and/or traumatized communities, Dr. Brom responded that he primarily uses methods from cognitive behavioral therapy. Additionally, he uses integrated methods from somatic experiencing, which is body oriented – “I think it is very important to relate to the body and how people stabilize and ground themselves. And it is still not evidenced-based but I think [recovery work] is very effective with that.” He explained, “On an individual level, somatic experiencing has a wonderful way of helping people connect with the body, understand what’s happening there, using it for having their body relax [rather than instructing clients to actively relax their bodies].” As a young therapist, Brom learned Jacobson’s progressive muscle relaxation and a number of other relaxation methods; however, he now favors the newer, mindfulness approaches, which emphasize allowing the body to relax naturally. Brom suggests, “If you monitor your body and are not afraid of it then you’re in a different place.”

I invited Dr. Brom to describe how he approaches his work. While he didn’t know exactly how to frame it neatly from a theoretical perspective, he conveyed that pure curiosity is “the main tool and asset to this work. Just being interested in what people have to say and not assuming that you know something is key.” Dr. Brom said that he goes wrong when he starts to assume things or think he understands. He also stressed the importance of really relating to people and being inviting. “We do a lot of work now with Ethiopian Jews who come to Israel from a very different culture. I am learning so much and it is so interesting.” He finds this to be true for people from all kinds of different backgrounds.

When I asked Dr. Brom if he ever experienced vicarious traumatization as part of his work, I was moved by his story. He recounted that when he himself had small children, he conducted four or five new patient interviews with people who lost children suddenly through crib death. He remembers that night having horrible dreams about children dying. Yet, Brom sees a different part of his work that is very hopeful and gratifying. “I feel that although there are horrible things happening in the world, things that people are doing to each other, still our field is a field of hope and empowerment.” What also helps him prevent vicarious trauma is doing a combination of professional activities—some treatment, some research, and some teaching. “So sometimes I am much more in a scientific mode, thinking in an analytic mode, and sometimes I am in a much more emotional mode ... I think it helps me balance.”

With regard to the advantages and disadvantages of collaborating with U.S.-based trauma scholars, workers, and/or activists, Brom could not think of any disadvantages. He believes that working together with a lot of different people is inevitable, “a prerequisite for good work,” which is partially why he created the ICTP (www.traumaweb.org). He also emphasized, “That’s why I’m a member of the International Society for Traumatic Stress Studies (ISTSS; www.istss.org), it’s really the way to go.”

To work across borders, Brom relayed that the first step is to understand the environment in which we are working. The second step is to find out what we expect from those with whom we work and what they expect from us. Then, we think together about needs, solutions, and responses. He believes that it is important to analyze local strengths and difficulties and to build upon the strengths. “It helps a lot to work with others. When there was a high level of stress in Israel we worked a lot with people from New York, and when 9/11 happened, we could pay them back by working with them.” When he and others are doing this work and living under extreme stress, he found it very useful to be able to use outside eyes. “To look at yourself, to look at the situation with the recognition; it gives you the auxiliary ego to look at yourself.”

When I asked what the most current needs facing trauma scholars, workers, activists in Israel were, he replied, “If trauma specialists would know how to make peace it would be really helpful.” But, since that is not the case, he did recommend the need for knowledge and skills in resilience building for trauma survivors and in creating resilience in the general population.

I wondered how graduate students could get their feet wet in trauma work in Israel. Dr. Brom suggested by walking on the streets, volunteering, and taking advantage of research opportunities since Israel is the ideal lab for trauma research. The center founded by Dr. Brom actually offers an international course in winter and summer. The summer course is a three-week, very intensive format that works well for students travelling to Israel to study (in general they have 25 people from 10 or 11 different countries). The first two weeks provide an introduction to trauma, resilience, and how to build programs to address recovery. The third week is a clinical week.

After interviewing Dr. Brom, I came away with a much deeper respect for the value of staying curious and “being in the moment” with my future clients, and a keen interest in learning ways to assist clients in their development of resilience. He encourages us to look at clients’ sources of strength, at the personal and social level to help them develop resiliency, which will be ongoing protective and healing factors for trauma clients. Dr. Brom shone a light on a path of inquiry I would now like to follow along with my interests in mindfulness, trauma, and multicultural approaches

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Making the Time to Write About Your Research:

Tips for Early Career Psychologists and Professionals

Lisa DeMarni Cromer, PhD, Assistant Professor of Psychology, University of Tulsa, Co-Director Tulsa Institute of Trauma Abuse and Neglect, Division 56 ECP Chair, 2008-2011

What was I thinking when I agreed to write an article about productivity in writing? When was I going to find the time to write this article? Like many of you, I have: teaching, advising, too many service responsibilities (including a review that is overdue), and a grant due in 6 days. Because so many of us have the dilemma of conflicting priorities, I was asked to share with you some strategies I have learned that have helped to increase my productivity. These strategies have enabled me to not only meet immediate obligations within my life and department, but also achieve the all-important publish-so-you-don't-perish goal.

Early Career Psychologists/Professionals (ECPs) are often pulled in multiple directions. We have careers to build and many have young families to raise. The pressure to publish, while ever-present, can get waylaid by immediate demands. A colleague once called these “winks.” We have winks on our phone, email, desk, walls, which are all calling for our attention. Our own work tends to be quiet and patient, and does not wink. I am going to share with you what it is that I am doing right now and what I did last night and this morning; this is how I got my fingers on the keyboard in order to spend the time to write. Ultimately, there is one word that sums it up: PRIORITY. If we prioritize writing—truly prioritize it—then we will take actions. (Yes, that is actions in the plural; there is not a single key). The underlying tenet in prioritizing is that we tend to be present-focused in how we spend our time. Thus, planning to write can stay off in the not-so-distant (we tell ourselves) future; rarely does writing come into the present until summer rolls around. By taking actions that prioritize writing, we take a present-focused approach by managing it into our schedules now. Then, importantly, we treat it the same as other high priority items.

First: credit where credit is due. For years, along with colleagues and mentors, I have lamented that “Writing is a priority, but I end up having other things take my time away.” At a symposium sponsored by the Early Career Psychologist Network at APA in August 2011, I learned that I was lying to myself. The speakers emphasized that “priority” is not an idea;

it is an action. At the symposium, the suggestions of Roxanne Donovan, Assistant Professor of Psychology at Kennesaw State University, and Mark Hoyert, Dean of Arts and Science and Professor of Psychology at Indiana University Northwest, were particularly helpful. Here is what I took away from that symposium and have been able to apply to my own life, as well as other useful advice I have acquired via experience and mentors over the last four years.

Say “No.” But first: Consult. You will always be offered more than you can do, so do not spread yourself too thin. Always say “Thank you” and “Let me get back to you by [day that is 48 hours from now].” Before considering it, ask: “What are you asking of me?” “What is expected?” “How often are the meetings?” If you ask about time commitment, you may get an inaccurate estimate because the individual soliciting your help often does not know what real time commitment is involved. On the other hand, you know your own work ethic. If you have a sense of the responsibilities involved, it will allow you to see what you would personally be investing in the task. This relates to writing because we need to think about our time commitments and they (including total service) should mimic the expectations of tenure. So, if tenure is only 30% weighted to service, do not spend more than 30% of your time/effort on service. One speaker stated it as “Know what to churn and what to burn. Engage your time commensurate with how you will be evaluated.”

Outsource. You cannot do it all—at least not while you are building a research program and working toward tenure. Be realistic about life/balance and what you need to be healthy and happy. Prioritize family and exercise over laundry, lawns, and dusting. Yes, it is time to outsource. You do not need to be rich, but you do need tenure. So have someone else do these time-consuming things, even if you find it relaxing to mow the lawn. Have lunch with your child. Go to the game, the gym, for a bike ride, or whatever you need for work/life balance. Do not paint the kitchen: It can wait. “Home-work” and chores do not give you balance and they do not get you tenure. Still struggling with paying someone to clean your house? Consider priorities: How much would you pay someone per hour to clean your data while you are doing the \$20/hour job of cleaning your garage?

Outsource what you can at work too! If someone else (maybe an advanced undergrad or grad student,



Lisa DeMarni Cromer, PhD

depending on your institution) can grade those assignments, let them. Use your start up funds to outsource your statistics. Get coauthors and let them write too. One of the biggest surprises to me at the symposium was that all of the speakers stated that we cannot be awesome and perfectionists at everything! (Why didn't I get that memo a couple years ago?) They emphasized that we need to recognize that only we can do our own writing (e.g., the theory or interpretation of results) but that we should also recognize the law of diminishing returns. When you try to do it all yourself, you become your own bottleneck. Find collaborators and let go of some of the pieces, such as literature reviews outside your main area or methods sections.

The most insightful piece of advice I learned at the APA symposium was: Become incredibly inflexible about research time. Research/writing time is sacred. Have agency over this time. Structure it. That means turning off some winks such as your: (1) office phone, (2) cell phone (You would not answer while lecturing, would you? So do not answer it while you are in dedicated research time), and (3) email. Do not even look at it. Email is very "noisy." Email is the squeaky wheel that will not get you tenure, praise, or love, and checking email does not have a section on your CV. Not checking email ended up being the biggest factor that helped me find research time. There are other things that have also helped me protect this time:

(a) Put "write manuscript" in the calendar. Daily. One hour. And then refuse to give that time away to students, committee meetings, etc. The significant shift in my self-talk was, "Treat it as if that time is a scheduled class." When I confronted myself with the fact that for years I would put writing time in my schedule but then consistently give that time up for other things, I realized that I was not truly prioritizing writing.

(b) I put it at the start of the day: Writing happens first thing. The ECP symposium speakers advised putting a sign on one's office door that states: "Writing in progress. Please do not disturb. I will be done at approximately 10 a.m." They said that this would stop people from knocking on the door. I was skeptical, but in 14 weeks, only one person disregarded the sign. It also created accountability for me, because it was also an announcement to the world that I was writing, so I had better be doing just that.

(c) I turned on my computer, sat down, pulled out the hard copy file from yesterday, and the current electronic version of the manuscript, and started writing or outlining, or editing. The hard copy file allowed me to recreate my desktop exactly where I had left off 23 hours before, and it allowed me to mentally recreate the state I was in when I finished the last session. This file also physically covered up other distractions such as undone grading.

(d) As advised, I never ever checked email during this time. Email is petulant and can be a vortex. If this seems unrealistic, let me offer this comparison: When was the last time you checked email while

lecturing? OK, given that, what is a higher priority: Writing? Or, any single lecture you might give? If you will not check email while in a meeting with your Dean or Department Head, why would you check email during your prioritized writing time? Give yourself and your own time the same respect and value that you give administration and students.

(e) I stopped answering the phone. Yes, even my cell phone.

(f) After one person ignored my "Please do not disturb" sign, I started locking my door. Guess what? If someone does ignore the sign and knocks, you do not have to answer it. Dr. Hoyert suggested that for additional back up, you might want to tell your department secretary about not wanting to be disturbed during those key writing times. He or she then has permission to disturb you for a true emergency.

(g) Do not give the protected writing time to anyone having a "crisis" before your afternoon exam, colleagues who cannot find another time to meet, or students who need to reschedule so they can go home early. Again, for me, the reality about priorities came when I asked myself, "Would I cancel a class for this?" If it is not something for which I would cancel a class, then it is not something for which I would cancel writing/research time.

So, what have been the consequences of changes in my actions? Well, there have been a number of benefits actually. Overall, I receive fewer emails. As I stopped checking email first thing in the morning, I had fewer back-and-forth correspondences. This was especially true with committees. I realized that in the past I was often the first committee member to respond to group emails. When I moved email time to "When I could fit it in," I learned that problems were often solved before I got to the initial email in the thread! Nonetheless, my email inbox has more unanswered and unread emails that it has ever had before. Oh well. If it were that important, I would do it on the weekends or evenings. It turns out, that when I bump checking email, that those messages wait and when I have a chance, sometimes at an airport or when someone is late for a scheduled meeting, I can respond to a few. In contrast, I would never squeeze out a paragraph of writing when I have an extra ten minutes toward the end of office hours.

Requests for my time went down. As I got slower on email, and as I had less time to schedule meetings, colleagues started to realize that I was "full" and the rate of increase of demands on my time went down slightly. I think about it as a bank balance. Some people have a \$10,000 overdraft and they are always at that limit. Others have no overdraft and their bank balance is always even. Both groups have the same operating cash flow but one is always in a deficit mode. By protecting time for writing, you are operating at even, and not going into deficit mode.

The most important benefit of this action plan is that I sent things out for review and publication. I got more research protocols started, and my graduate students were having more fun because they were now

working on publications and seeing daily and weekly progress. My entire lab substantially increased in productivity because they witnessed the leader of the lab whipping manuscripts into shape with only an hour of investment a day. (OK, a bonus is that sometimes I got carried away and worked more than the hour).

So what is my advice to you? Do not just say that writing is a priority. Put your currency (time) where your priorities are. And if you cannot do it daily, pick a day, or two or three, where you have that protected time. It works. Shut off the winks, the things that distract you. For you, that might be email, phone, mobile, pager, or even post-it notes that distract you. Turn them off and allow yourself to focus, just for that hour, on YOUR stuff. You will see your anxiety go down and your productivity go up. Case in point: The first draft of this column was done in 55 minutes of protected time in a single day and edits in less than one hour blocks of time

in the days that followed. But do not take my word for it. Try it out. And do not forget to eventually take the sign off of your door or your students and colleagues will never disturb you again!

Lisa DeMarni Cromer, PhD, obtained her doctorate in clinical psychology from the University of Oregon in 2006. She is a charter member of Division 56 and served with Carolyn Allard, PhD, as the first co-chair of the ECP committee of Division 56 in 2008. She was re-elected and served as chair until this past December. Dr. Cromer is an Assistant Professor in the Department of Psychology at the University of Tulsa. She is the director of the SPARTA Lab—<http://orgs.utulsa.edu/sparta/>—and is a co-director of the University of Tulsa Institute of Trauma, Abuse and Neglect (T.I.T.A.N.)—<http://www.utulsa.edu/titan>. You can contact her at lisa-cromer@utulsa.edu. ■

Call for Division 56 Awards Nominations

The Division of Trauma Psychology (Division 56) is now accepting nominations for the following awards. Previous winners are listed on the Division's website: www.apatraumadivision.org. To nominate, please electronically submit a nominating letter describing the candidate's suitability, accomplishments, and specifically, the contributions made to the field of trauma psychology. Please include a copy of the nominee's curriculum vitae. Self-nominations are accepted. Deadline: April 15, 2012.

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

Outstanding Contributions to the Science of Trauma Psychology recognizes distinguished contributions to scientific research. It may be given in recognition of a particular discovery or for a sustained body of research and scholarship.

Outstanding Service to the Field of Trauma Psychology recognizes sustained contributions of leadership in the field of trauma psychology.

Outstanding Dissertation in the Field of Trauma Psychology recognizes the most outstanding dissertation defended in the prior academic year on a topic in the field of trauma psychology. Quantitative, qualitative, and theoretical dissertations are all welcome. Nominations must include a copy of the dissertation abstract and a manuscript or publication derived from the dissertation. Dissertations

must have been defended in the previous year (January - December 2010).

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

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

Outstanding Early Career Achievement in Trauma Psychology recognizes psychologists in the early stages of their careers who have shown outstanding achievement or who have made outstanding contributions to the study of psychological trauma. Nominees' contributions may be in the areas of clinical practice/research and writing or basic/applied empirical research. Nominees should have earned their degrees no more than seven years prior to the year in which they are nominated. For the year 2011, eligible individuals will have received the doctoral degree in 2004 or thereafter. Deadline for nominations: April 15, 2012

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

Student's Corner: Recommendations for Matching With a Trauma-Focused Internship

Tara Samples, MS, MA

As a student and predoctoral trainee in trauma psychology, I have experienced excitement and dread embedded in the internship application and match process. Matching with a predoctoral internship is a triathlon of educational, emotional and financial challenges.

Students devote years to undergraduate and graduate training, volunteer for thousands of hours of clinical and research practica, and then enter the increasingly competitive APPIC match process in hopes of matching with a training program compatible with their career goals (Williams-Nicholson, Prestige, & Keilen, 2008). Ideally, each internship site offers a well-rounded opportunity for both general practice training and initiation into specialty training (Eby, Chin, Rollock, Schwartz, & Worrell, 2011; Yutzenka & Naifeh, 2008). Potential applicants must sort through internship descriptions with care to select training programs that are congruent with their own training goals. Careful selection is likely to increase a student's odds of being chosen for an interview and subsequently matching with a desired program (Williams-Nicholson, et al., 2008).

The application process involves months of preparation as students research potential sites, prepare their applications, customize essays and recommendation letters, and rehearse interview skills. After submitting their applications, students wait nervously for interview invitations. Once these are extended, potential trainees speed date their way across the country, interviewing with their carefully selected sites, spending thousands of dollars on travel and transportation. Sites and trainees then rank the sites according to their experiences, submit them to APPIC and wait for the match process to assign them to a training program, or to another year of pursuing a training placement.

One area of psychology that is of common interest increasingly to graduate students and internship sites alike is psychological trauma. There is a growing need for psychologists to build expertise in treating

traumatized individuals and populations (Courtois & Gold, 2009), especially with so many soldiers currently returning home from military deployments. However, trauma training is not uniform among graduate programs and, as a specialty, encompasses a wide variety of clinical and research subspecialties including specific populations (e.g., children, adolescents, adults, culture-specific populations, veterans, victims of crime, etc.) and treatment modalities (e.g. evidence based, psychodynamic, crisis oriented, disaster relief, etc.) While many internship programs advertise themselves as providing trauma training, no uniform guidelines exist to define a trauma-focused internship at this time, so there are wide differences in didactic and firsthand training experiences across sites (Yutzenka & Naifeh, 2008). It is therefore important that students clarify their career goals and training objectives when seeking specialty training in the field of trauma psychology.

Several directories may be of assistance to students interested in researching potential trauma-focused internships. Division 56 maintains a list of internships with a trauma focus at http://www.apatraumadivision.org/resources/apa_doctoral_sites.pdf.

The APPIC internship directory is also a wonderful source of training information (APPIC, 2011). APPIC allows potential training sites to self-identify as offering trauma training either as a major (16-20 hours a week) or minor (8-10 hours a week) rotation. A survey of APPIC's directory for the 2012-2013 internship year revealed that of the 369 internships that offer a trauma major, 269 are APA accredited. Among accredited programs offering trauma as a major rotation, only 173 identify themselves as offering training in empirically based treatments. Trauma majors exist for internships working with individuals and groups across the lifespan and in a variety of treatment settings.

In addition to directories, networking continues to be an important avenue for educational opportunities. The American Psychological Association's Annual Convention as well as several trauma-focused organizations including the International Society for Traumatic Stress Studies (ISTSS) offer networking events for students to meet with potential practicum and internship sites.



Tara Samples, MS, MA

During my own internship search, I found that obtaining internship training congruent with my own career goals took a lot of time and careful preparation. I corresponded with multiple training directors, sought trauma-specific practicum and research experience, and applied to sites that provided evidence-based trauma treatments. Despite my efforts to carefully screen programs for trauma-specific training, during one interview a site faculty member stated “we serve a lot of traumatized people in all of our services,” but when prompted to identify specific trauma training, it was revealed that there was no trauma-focused therapy training. Other sites had well-developed programs for teaching multiple modalities of trauma-focused therapies. Based upon my experiences, here are suggestions for other trainees seeking trauma specific internship training.

1) Begin your preparations early by educating yourself in trauma-specific research and by learning about trauma treatment modalities.

2) Seek out trauma-specific training in your practicum experiences.

3) Formulate your own career goals. Do you prefer research or clinical settings? Do you have a specific population you desire to serve? Is there an evidence-based treatment you find compelling?

4) Attend networking opportunities at conventions. ISTSS and other trauma-focused conventions offer student lunches with established professionals in the field.

5) Become involved in Division 56 student leadership opportunities.

6) Contact internship directors if you have questions about their program offerings. You are more likely to receive a meaningful response if you contact them in the spring and summer before the pressures of the match process escalate. However, make sure to only contact directors with questions that are not posted elsewhere such as on the APPIC website or in the internship site’s brochure.

7) Select carefully when you apply for internship sites. Just because a program offers trauma training as a major rotation does not mean that it will necessarily provide the experience you are looking to obtain.

8) Apply to internships that match your career goals. The match imbalance is frightening and a lot of students are so concerned with matching that they are less selective in the application process. Internship training is very important for career formation, so choose carefully.

I hope that you will find these suggestions helpful in your search for training in trauma competencies. Good luck in the match process.

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Tara Samples is the former chair of the student publications subcommittee, the mother of two amazing elementary aged- daughters, a licensed professional counselor, a doctoral student at Fielding Graduate University, and a very grateful predoctoral intern in clinical psychology. She is currently working in the outpatient PTSD clinic with the Charles George Veteran’s Administration Medical Center and receiving training in Cognitive Processing Therapy, Exposure Therapy and brief Behavioral Activation therapies for PTSD.■

Trauma Psychology in Israel

continued from p. 10

to healing. What a gift to have had this inspiring conversation!

Reference

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April Obermeyer, a graduate student member of Division 56, is completing her Master’s Degree in Clinical Mental Health Counseling at Rollins College, Winter Park, Florida. She holds a BA in International Relations from Michigan State University and is very interested in trauma and trauma care at the international, national, and community levels. Her other areas of primary study include mindfulness in counseling and psychotherapy and multicultural approaches in healing.■

Who's Who: Barton Evans, PhD



Barton Evans, PhD

What is your current occupation?

These days I work for the VA in Bozeman, Montana doing Compensation & Pension examinations. I also have a small private psychotherapy practice with traumatized clients with strong characterological issues.

Where were you educated?

I have a PhD in clinical psychology from The American University. I interned at the Brentwood VA Center for Psychosocial Medicine (now West Los Angeles VAMC) and was a Post-Doctoral Fellow at Yale University School of Medicine. I had other important post-doctoral training at the Washington School of Psychiatry; the National Center for PTSD in Palo Alto, CA; and the Center for Therapeutic Assessment in Austin, TX.

What is the nature of your forensic practice?

I did primarily forensic assessment of torture victims beginning in 1991. I've done about 600 immigration cases of varying types including torture, domestic abuse, criminal, hardship and J-1 cases. I still do an occasional immigration case, though I have not done a torture case in many years. Instead, I teach people how to do them for free, as long as they are willing to do three pro bono cases in return.

What was your practice in Washington, DC?

My forensic work was pretty broad in DC including immigration, child custody, personal injury and criminal. My psychotherapy practice was largely with severe personality disordered clients, who naturally had pretty horrific childhoods. It was through work with borderline clients that I got to Judith Herman's Trauma and Recovery, which made things click into place for me.

How did you come to live in Bozeman, Montana?

I moved here seven years ago after my children were launched. I'd been to Bozeman many times and was invited to join a practice with two clinical psychologists. One was a Jungian analyst and the other an object relations psychotherapist, which fit well with my own background as an interpersonal psychotherapist influenced heavily by Harry Stack Sullivan.

Is your practice now exclusively cowboys?

There are plenty of cowboys in Montana, but Bozeman also has Montana State University, a highly regarded research institute; plus an opera and a symphony orchestra. It's in the beautiful Gallatin Valley, surrounded by the Northern Rockies. Here is perhaps the best fly fishing in the U.S., a hobby that keeps me sane.

Why did you join Division 56?

I am pleased to be a Charter Member of Division 56. I thought the division would draw many of the best minds and most productive scholars in trauma psychology. That assumption has been borne out.

Besides fly fishing, how do you keep yourself healthy?

I cherish the time with my wife, Judy Maris, a psychotherapist. We enjoy travel, great conversation, good food and wine. Judy is an excellent photographer; in fact, she took this photo of me.

A footnote...

I'm on the move again. Judy and I are headed to Asheville, NC where I'll work at the Charles George VA Medical Center. A good opportunity suddenly came up and we decided to move back to the East coast. We're thinking about retirement in the next five years or so. It's also a good place for fly fishing by the way.■

Block, S. H. & Block, C. B. (2010). *Mind-body workbook for PTSD: A 10-week program for healing after trauma.* Oakland, CA: New Harbinger Publications. (230pp). ISBN 978-1-57224-923-3 (\$21.95 paperback)

Patti Giffin, PhD

In the *Mind-Body Workbook for PTSD: A 10-Week Program for Healing After Trauma*, Stanley and Carolyn Block present the basics of mind-body bridging techniques for clients with post-traumatic stress disorder. Mind-body bridging refers to the tools they offer in the workbook to progressively change negative thought patterns and body tension. Page after page of carefully guided exercises are designed to help a person turn off their “Identity System” (I-System), which is defined as the “spinning thoughts and physical distress ... which disrupt our natural self-healing processes” (p. 2). Basic to the 10-week program is the notion that trauma clients are lost inside their experience and need to learn how to step outside of it and just observe. The self-guided steps help these clients live in the “now” instead of in their memories of the “past” or in their fears of the future.

Clinicians may recognize many of the techniques as being already in popular use such as progressive relaxation and meditation or mindfulness. These are offered along with numerous exercises and guidance for mapping one’s thoughts out on paper. In chapter one, the authors advise, “The most important feature of this workbook is ... your doing the exercises” (p. 4). So the first key to use of this book in one’s practice with PTSD clients is having individuals who are willing and able to read a book about the dysfunctional connection between mind and body due to trauma. The second key is ensuring that clients are motivated and able to write brief essays over a 10-week period. Exercises take them more deeply into the terrain of body sensations and the morass of unobserved cognitive beliefs and thinking patterns. Progress is assessed through a weekly evaluation scale and by quality-of-life markers.

The chapters carefully build on each other until the reader is able to recognize subtle distinctions between negative ego states and natural functioning. The exercises start with teaching awareness of body sensations and using that knowledge to shift the gears of attention. Clients learn that the body reacts specifically to the thoughts they choose to think, and that these changes set the stage for repeated trauma reactions. By labeling their thoughts, they can actually step outside of them, and by sensing their body, they can stop falling into the cycle of fear-based behavior.

Numerous brief examples illustrate the behavioral and cognitive problems that are addressed via the tools in the workbook. These case examples are necessary to understand the ways stories and thought patterns influence behavior. Clients who can relate to particular examples may be more motivated to continue the

workbook. The basic practices include: bridging mind-body awareness, thought-labeling, recognizing and reducing mental rules, and identifying triggers. The clients’ completed worksheets can serve as a foundation for monitoring their progress. Writing down their thoughts and feelings can be useful in helping them to integrate new information.

Work on personal trauma memories comes late in the book after the foundation skills of mind-body bridging and thought-labeling have been well rehearsed. At this point, the client is more self-aware and ready to assess their expectations for themselves and the people in their life. The assumption is that this leads to distancing, which in turn results in a relaxation of the grip of demands that reality be different from what it actually is. Taking responsibility for expectations versus blaming and shaming of self or others allows an empowered position in regard to stress, and consequently deactivates the I-System.

Regarding my personal assessment of the utility of this book, some of my clients need skills training and attachment work before being able to do exercises like these as homework. Some lack the intellectual capacity to benefit from the book; some lack the ability to concentrate intensely due to the severity of their depression; and some would be unwilling to spend money purchasing the book. Due to the clinical presentation of concepts such as negative self-beliefs, storylines, and ego states in the form of “fixer” and “depressor,” some clients may benefit more from the safety and attunement provided by the therapeutic dyad than by reading alone. Even though the authors provide clear guidance for grounding and remaining centered early in the book, some clients may experience shame or numbness. On the other hand, clients who love homework and like continuing their inquiry outside of therapy sessions will appreciate the framework and potential insights possible through the workbook exercises. Trauma clients are regularly triggered by incidents out in the world and may benefit from being able to work through an exercise that can help them make it through an emergency. Another benefit of the workbook format is that it is a hands-on tool that can be utilized at any time, day or night.

As I am a teacher of yoga and meditation as well as a psychologist, the practices in this workbook are old standbys for me. What is new is the sequence and structure of these exercises and the base of knowledge offered in short, understandable descriptions. The authors have made the challenge of changing trauma clients’ core beliefs and consequent behaviors into a manageable set of goals.

Stanley H. Block, MD, is adjunct professor of law and psychiatry at Seattle University School of Law, adjunct professor of psychiatry at the University of Utah School of Medicine, and a board-certified psychiatrist and psychoanalyst. **Carolyn Bryant Block** is the co-developer of Identity System (I-System) theory and techniques and is the co-author of *Bridging the I-System*.

The authors, a married couple who live in Copalis Beach, WA, have an award-winning book, Come to Your Senses, and offer seminars and events such as online training in mind-body bridging that are listed on their website at www.ptsdworkbook.com.



Patty Giffin, PhD, has a private practice in Bend, OR, specializing in working with clients diagnosed with PTSD. She also volunteers at Hospice and teaches yoga and meditation. She is a certified EMDR consultant. Her own stress-reduction techniques include skiing, kayaking, gardening and traveling to Mexico. ■

Rothschild, B. (2010). *8 keys to safe trauma recovery: Take charge strategies to empower your healing*. New York: W.W. Norton. (174 pp.). ISBN-978-0-393-70605-5. \$19.95.

Amie Lemos-Miller, PhD

Babette Rothschild's *8 Keys to Safe Trauma Recovery* is specifically designed as a self-help guide for people recovering from trauma. Although the intended audience is trauma victims, clinical professionals specializing in trauma treatment would also benefit from applying these strategies in their work with clients. The guide leads the trauma victim through various "keys" or strategies that they can apply independently or with the help of a therapist as they undergo trauma recovery.

The book is well structured with every chapter offering a similar outline, which parses each strategy into easy-to-understand components. All of the eight keys to recovery encompass a target issue and are illustrated by a brief case example, relevant theoretical background, and examples of exercises to implement the strategy. People affected by trauma will be comforted by the descriptions of special circumstances that may preclude or effect implementation of each exercise. Further, Rothschild encourages readers to carefully consider the appropriateness of implementing various keys, instructing readers to review the chapters in a method that suits their needs and advising them to skip strategies if they are not ready to take those steps.

A clear illustration of how clients can take charge of their trauma recovery was provided in the first strategy introduced. Although the concept of mindfulness is becoming relevant increasingly in clinical practice, this book only offers limited application of such tools. The author offers a basic explanation and a technique called the mindfulness gauge, which encourages readers to become aware

of how they respond to various internal states and external stimuli. Using this principle, trauma survivors can become more equipped to discern which treatment strategies will be most effective and which strategies may prove premature as they seek a safe recovery. The mindfulness gauge is continuously applied throughout the book, and readers are encouraged to consult it prior to implementing each key.

A primary influence for the book was Dr. Pierre Janet's approach for trauma recovery, which involved stabilization, processing trauma memories, and integration of learned skills into daily life. While concurring with Janet's phase-oriented approach, Rothschild opposes an often-held traditional belief of narrative and trauma-based therapies that all survivors must process their traumatic memories. A primary belief resonating throughout the book is that achieving the goal of stabilization, and thus improving quality of life, will empower them. After these goals are met, a survivor may or may not choose to process trauma memories.

Rothschild's philosophy on trauma recovery encourages each survivor to pursue flexibility and caution as they recover from trauma, helping clinicians to realize that even traditional gold-standard treatments for trauma may not fit each person. The writing style is very relatable; Rothschild provides personal narrative describing the limitations inherent in her own recovery from trauma. The author describes feeling overwhelmed when professionals persuaded her to undergo steps that were evidence-based even when she did not feel that these methods fit her particular situation. In fact, some tried-and-true methods for trauma recovery may even cause harm to a survivor if they do not suit the specific person. Frustrated with the limitations inherent in traditional trauma treatment protocols, Rothschild was inspired to eventually become a clinician herself, and now is a widely respected trauma expert.

Regarding the relevance for self-help readers, this book empowers trauma survivors to become navigators in the journey to recovery. They are encouraged to carefully assess their readiness to undertake each strategy, which allows them to proceed in a graduated and safe manner. Many are actively seeking out a sense of safety, and at times may feel misunderstood. The concepts presented in this guide are relevant to trauma survivors experiencing PTSD as well as those experiencing other mild to moderate psychological symptoms related to trauma. For those experiencing severe psychological symptoms, this book may be best implemented in partnership with a mental health professional.

In reading *8 Keys to Safe Trauma Recovery*, I was delighted by several aspects of the book. The writing style is engaging and easy to read. The book offers a balance of theoretical underpinnings as well as case studies, which would be of interest to consumers and professionals alike. As a clinician who is familiar with various treatment modalities for trauma, I found that the explanations of the biological underpinnings of various trauma symptoms were framed in a manner that

will help clinicians educate their clients.

Only one particular limitation to the book is worth noting. While the approaches offered in this book are well structured and easy to implement, the strategies somewhat parallel existing strategies used in other trauma modalities. Despite this, a primary contribution for professionals is that this book reminds us “one size does not fit all” as we approach clinical work with people affected by trauma.

The examples provided in this guide will also assist clinicians in presenting treatment strategies in more engaging ways. Rothschild presents each strategy in a way that professionals can translate directly into their clinical practice. Trauma recovery can be overwhelming for our clients, and even well-meaning professionals may inadvertently pressure a client to progress in a manner that is not suited for them. Sometimes, the definition of recovery may differ between client and therapist. This book will empower

clinicians and trauma survivors alike. Survivors will have the ability to take charge of their recovery, and clinicians will have additional ways in which to better work with their clients in a collaborative and safe manner.



Amie Lemos-Miller received her PhD from the University of Nevada, Las Vegas. She runs an active private practice and also works at a federally run vocational setting with disadvantaged transitional aged youth. Specialty areas include providing clinical care for individuals affected by trauma and at-risk youths.■

Seeking a Few Good Psychologists

We invite Current Fellows in other APA divisions who have made unusual and outstanding contributions to trauma psychology to apply for Division 56 Fellow status. To do so, submit your vita and a cover letter highlighting the ways in which your work addresses the Division 56 criteria (below) to Laurie Pearlman at any time. The Division 56 Fellow committee reviews these applications on an ongoing basis. The committee decides whether to elevate the applicant to Division 56 Fellow status. The committee chair notifies the applicant and APA, at which point the Fellow status is official. APA is not involved in the decision to confer Division Fellow status on a Current Fellow. APA will add these Fellows to their list in the following September.

Division 56 Fellow Criteria

In addition to the APA criteria (<http://www.apa.org/membership/fellows/index.aspx>), 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.

For more information, please contact Laurie Pearlman, lpearlmanphd@comcast.net, phone 413-636-8210.



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Presidential Voice: Why Trauma Psychology?

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PRESIDENTIAL VOICE

on our behalf, she singlehandedly created a flexible format that can be readily updated and accommodates well the growing needs of our Division. Personally, I can't thank Lynn enough for this key contribution to Trauma Psychology. The website is our window on the world, and what a beautiful view it provides! Thanks, Lynn, very much for all of this work for all these years.

Tyson Bailey will assume the duties of webmaster this year and we're looking forward to collaborating with Tyson as he learns the inner workings of the software and the importance of the content. I'm excited about working with him during this transition.

Did I mention that we also have an impressive Newsletter? Topher Collier led the way as our founding editor and set the trail ablaze. Simon Rego and Renu Aldrich are now taking over the reins with exceptional promise to keep all of us informed and moving in important directions. I also look forward to working with them.

Finally, *Psychological Trauma*, our Division journal has an enviable record of achievement. Founding Editor Steve Gold continues to plow new ground highlighting the work of our membership and pushing the boundaries of the field more broadly. The APA Journals group is making a significant contribution to our Division in the interest of growth, expansion, and quality of the publication. Their investment in us represents, in my eyes, their growing respect for the journal, our editorial group, and the importance of this field to psychology overall.

It is indeed an exciting time to be President. Working closely with past Presidents Laura Brown and Christine Courtois has provided me with the tools to continue their work while cultivating new ground. Our Executive Committee met in early February by conference call and for four full hours we heard of the many accomplishments made by the group and by Committee Chairs all working for the membership to improve their practices and to do good things. This all-volunteer group donated time and dedicated their effort to make the Division stronger. Listening to the reports made me feel very proud to be a part of the many initiatives we are taking on behalf of the members of the Division of Trauma Psychology. Let me describe just a few:

- Continue the tradition of financially supporting the Multicultural Summit for Psychology.

- Financially support the travel of our Early Career Psychologist representative to attend APA.

- Financially support a proposal by Joan Cook and Elana Newman to develop a set of competencies for the treatment of patients exposed to traumatic life events.

- Assemble a portfolio of conference presentations that represent the broad base of clinicians, researchers, and teachers who comprise our Division. Sylvia Marotta, Denise Sloan, and Carlos Cuevas are working to create a program of which we can all be very proud. My deepest thanks to them.

- For the first time at the convention, we are planning a very significant program to maximize the use of our hospitality suite. Topics such as establishing a practice in Trauma Psychology, Self Care for Clinicians, Forensic Psychology in Trauma, The Ins and Outs of Grant Preparation, and Publishing in Trauma Journals will be presented by invited members and guests of our Division. It will be a great learning environment and optimize the use of our suite by the membership.

- Judith Armstrong and a committee of outstanding members of our Division developed a Best Practices Guideline for the Assessment of Trauma and PTSD which is now wending its way to the membership for their input.

Finally, we all do need to attend to several key matters and I'd like your help. Please invite friends and students to become members of our Division; please nominate worthy candidates for Fellowship status; consider submitting the names of colleagues for Awards (headed again by Dawn Hughes); select Division 56 as your primary Division when you register for APA (listing us first does matter!); and finally please allocate all 10 of your apportionment votes to our Division. This is how we aggregate additional representatives to the APA Council of Representatives.

I'd also like to extend my heartfelt appreciation to two vital members of our Executive Committee: Kathy Kendall-Tackett (Secretary) and Beth Rom-Rymer (Treasurer). Working with each is a true pleasure for me because of their competence, responsiveness, hard-working nature, and thoughtfulness.

Did I mention to you that I'm really looking forward to being this year's President of Trauma Psychology? Thanks for giving me this opportunity to work with such great people. ■

Save the Date!
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The Division of Trauma Psychology-Your Home in APA

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

Why join Division 56?

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

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

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

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

Member Benefits

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

Membership Categories

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

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The TRAUMA PSYCHOLOGY NEWSLETTER is a membership publication of the Division of Trauma Psychology, Division 56, of the American Psychological Association and, currently, produced three times a year. The newsletter provides a forum for sharing news and advances in practice, policy, and research, as well as information about professional activities and opportunities, within the field of trauma psychology.

The TRAUMA PSYCHOLOGY NEWSLETTER is distributed to the complete membership of Division 56 and includes academics, clinicians, students, and affiliates who share a common interest in trauma psychology. Unless otherwise stated, opinions expressed by authors, contributors, and advertisers are their own and not necessarily those of APA, Division 56, the editorial staff, or any member of the editorial advisory board.

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

PUBLICATION SCHEDULE AND SUBMISSION DEADLINES

Authors' Submission Deadline	Issue	Publication Date
September 15	Fall	October
January 15	Winter	February
April 15	Spring/Summer	May

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

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