

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

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PRESIDENTIAL VOICE

2014 Presidential Wrap-Up

By Kathleen Kendall-Tackett, PhD

As we come to the end of 2014, I want to reflect back on this year and thank all the people who made it happen. We should be very proud of what we have accomplished.

The highlight each year for our division is always the APA convention. We had a fantastic program with many other divisions signing on to co-sponsor our sessions. All were well-attended and a couple had standing room only. I want to thank all of our speakers for sharing their knowledge with us.

I want to thank our Program Committee, Carlos Cuevas, Walker Karraa, and Nnamdi Pole, as well as Charles Figley, chair of our Awards Committee, for making our conference program and social hour such a roaring success.

My presidential address was part of a panel on trauma and health disparities with co-presenters Sandra Mattar and Sherry Hamby. This session was part of the collaborative agenda and was co-sponsored by Division 45. (See article on p. 18 for a summary of that address.)



Kathleen Kendall-Tackett, PhD

In addition to the work put in at the convention, several members of our Executive Committee have worked hard to make sure that our organization continues to grow and thrive.

Denise Sloan has our Publications Committee up and running. This

committee will oversee all division publications including the journal, newsletter, website, webinars, and our social media.

Our social media presence has nearly tripled over the past year with more Likes being added to our Facebook page every week. We also

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The President's Year in Photos



Clockwise from top left: 1. Record attendance at our Executive Council meeting at the beginning of the APA convention. 2. With co-presenters Sherry Hamby and Sandra Mattar at our session on health disparities. 3. We continue to work closely with APA Publications. Sharing a laugh with Gary VandenBos, Executive Director, APA Publications & Databases, at the Publications Reception. 4. With the panel on Trauma and Health at the U.N. Committee on Mental Health. 5. With the U.S. Surgeon General at the U.S. Breastfeeding Committee meeting. 6. Presenting on compassion fatigue to a large audience in London, Ontario.

Presidential Voice

continued from p. 1

now have a very active presence on Twitter and LinkedIn. Our social media team includes Tyson Bailey, Lesia Ruglass, Jessica Punzo, Christine Valdez, me, and Beth Rom-Rymer, who has recently joined us.

George Rhoades has successfully launched our first webinar series. These webinars are offered for free or for a small fee for those earning CEs. The recorded webinars are available on our website.

Our Division Services rep, Keith Cooke, has worked hard with us to get our bylaws updated and develop our first-ever Policies and Procedures manual. Not too exciting, perhaps, but essential to a well-run organization.

Tyson Bailey and Renu Aldrich have been working on major changes and updates to the website and newsletter, respectively. These updates will allow us to access our content across platforms and devices, and to more fully integrate the content of the newsletter, journal, website, and webinars with social media. We're looking forward to big things in the coming year.

Our officers, Beth Rom-Rymer, Connie Dalenberg, Amber Douglas, Lisa Rocchio put in many hours behind the scenes to ensure that our division continues to run well. And Jessica Punzo, our Membership chair, has done a great job this year in recruiting new members, especially students and ECPs, thus ensuring our future.

Our transition year for our journal, *Psychological Trauma*, is nearly complete. Current editor-in-chief, Steve Gold, has been overseeing production of manuscripts that were in process before 2014, while I have been working with manuscripts submitted this year. Our incoming associate editors, Sandra Mattar, Sylvia Marrota-Walters, Diane Castillo, and Zhen Cong have been doing excellent work, while handling close to 200 new manuscripts submitted this year and learning a new online submission system. Staff at APA continues to

offer great support, especially Amanda Conley and John Hill, our manuscript coordinators.

During my presidential year, I have had lots of great opportunities to represent the Division, speaking at 38 conferences this year in the U.S., Canada, Australia, and New Zealand.

Elizabeth Carll, chair of our International Committee, invited me to participate in a panel on trauma and health at the U.N's Committee on Mental Health. Elizabeth also put together a great panel for the convention on Global Perspectives on Mental Health.

Diane Elmore and I went to Capitol Hill to meet with staffers (see Diane's article, p. 37), and I had a chance to meet the U.S. Surgeon General, Boris Lushniak, MD, MPH.

The job of president is quite a bit of work, but it is never boring. As I wrap up this year, I am confident that incoming-president, Beth Rom-Rymer, will do an amazing job carrying forward the goal of advancing the field of trauma psychology. I want to thank you for this wonderful opportunity.

Wishing you a happy and healthy 2015.

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA, is a health psychologist, International Board Certified Lactation Consultant, and the Owner and Editor-in-Chief of Praeclarus Press, a small press specializing in women's health. She is Editor-in-Chief of *Clinical Lactation*, Fellow of the American Psychological Association in Health and Trauma Psychology, President of the APA Division of Trauma Psychology, and Editor-in-Chief-elect of *Psychological Trauma*. Dr. Kendall-Tackett is a Clinical Associate Professor of Pediatrics at the Texas Tech University School of Medicine in Amarillo, Texas and Research Associate at the Crimes against Children Research Center at the University of New Hampshire.

Division Fellows List Update

The list of Division 56 Fellows on our website is being updated. If you believe you are a Fellow in our division and you do not see your name there, please contact Laurie Pearlman, Division 56 Fellows Committee Chair (lpearlmanphd@comcast.net).

A Time of Change



Renu Aldrich, MA, LMFT
Editor-in-Chief



Tyson Bailey, PsyD
Associate Editor

Dear Colleagues,

As winter approaches, we are firmly nestled in the dark half of the year. This is the time when the earth in the Northern Hemisphere slides into hibernation so that the cycle of life can begin anew in spring. This rest is crucial for the soil to rejuvenate and it reflects our own need for renewal. Many take the opportunity to turn inward for the deep wisdom that fuels our personal growth, to make friends with the shadow self, and to reflect on the things we want to leave behind as well as that which we wish to bring into our lives.

It is also a time of change for Division 56. In this issue of *Trauma Psychology News*, we say goodbye to President Kathy Kendall-Tackett. She has been an inspiration, and will continue to be a valuable asset to the division. We want to give her a standing ovation in thanks for all she has done on our behalf.

Among her many accomplishments we share in this issue, she and Diane Elmore, our Policy Committee Chair, visited lawmakers on Capitol Hill recently to discuss trauma initiatives (p. 37). The popular webinar series is now being archived on the division website for all to hear (p. 38). Her latest Trauma and Health column focuses on the important issue of health disparities by race and ethnicity (p. 18). In addition, we summarize

the accomplishments of the division at the 122nd annual convention in Washington, DC (p. 6).

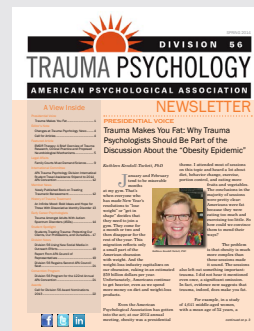
Also in this issue, Bethany Brand and Linda McEwen explore coverage of trauma in introductory psychology textbooks (p. 8), while ECP Katrina Sanford shares her research on African-American lesbians and intimate partner violence (p. 23). Helena Young considers spiritual trauma in treating veterans in her Treatment and Techniques column (p. 15), and Bob Stolorow reviews a novel that depicts the emotional trauma of a soldier (p. 35). We also provide a glimpse into active Division 56 member Sandra Mattar (p. 34), and include many member highlights in the new column Member News (p. 39).

We remain on schedule to launch the online version of the newsletter early next year with an issue focusing on international trauma psychology with topics ranging from treatment to research and training to advocacy. Those interested in participating in this special section should contact Elizabeth Carll, Ph.D., chair of the International Committee, at drcarll@optonline.net.

Best wishes,
Renu Aldrich, MA, LMFT
Editor-in-Chief

Call for Articles

Trauma Psychology Newsletter is now accepting submissions for the Spring 2015 issue. All articles related to trauma psychology with a focus on theory, research, clinical or community applications, education and training, or policy will be considered. The deadline is Feb. 1, 2015. For submission guidelines per department, please see the TPN Editorial Manual, which is available upon request by contacting Editor-in-Chief Renu Aldrich, MA, LMFT, tpndiv56editor@gmail.com, and Associate Editor Tyson Bailey, PsyD, tdbaileypsych@gmail.com.



Division 56 at the Convention: Highlights From This Year's APA Annual Meeting

By Carlos A. Cuevas, PhD, Division 56 Programming Committee Co-Chair, 2014

The 2014 APA Convention marked another year of an engaging, diverse, and well-attended program for Division 56. This year's theme highlighted research focusing on the health-related impact of trauma including obesity, diabetes, heart disease, and health disparities. In my third year of involvement with the Programming Committee, I have had a chance to see the different challenges that go into putting the division program together. It is a tall order, and I want to thank my fellow Programming Committee members, Co-Chair Walker Karraa, and Suite Programming Coordinator, Nnamdi Pole for the great work they have done.

This was the first year that APA had the collaborative program as part of the convention, and, as such, we had opportunities to submit both for collaborative programming as well as for division hours. As a result, our presence was far-reaching this year, highlighting the diversity of topics that fall under the trauma umbrella and allowing for some innovative programs that had wide appeal to the general convention attendees. In that spirit, let me first share some of the statistics related to our programming. First, we had a total of 19 division programming hours. There is no longer a distinction between substantive and non-substantive hours, but we used all for substantive programming, giving the largest number of hours in recent years, if not ever. This resulted in 14 symposia and five invited presentations in addition to the two poster session hours. Furthermore, 68% of our program (13 hours) was accepted for CE credits by APA, which likely assisted in what were consistently well-attended sessions for our division.

In this first year of collaborative programming, Division 56 was the lead or co-sponsoring division for six sessions. This included being the lead division for "Furthering the Understanding of the Relationship Between Intimate Partner Violence and Suicide" and "Addressing Health Disparities in Trauma-Informed Care: Research, Education, and Training." The sessions that the

division co-sponsored included those focusing on juvenile offenders, partner violence, hospital based interventions, and global violence against girls and women. Other division-sponsored sessions included those that looked at health outcomes, global health effects, adult disease prevention, the integration of trauma care into health care, human trafficking, DBT, veteran-based

findings, intimate partner violence, and dissociative disorders. All of the sessions were well attended, which speaks to the universal interest of trauma-related topics to the convention attendees. The breadth of topics shows how trauma cuts across various domains and disciplines and how integral it is to the understanding and helping of various populations.

The division suite continues to grow as a place to gather and promote additional programming. This year, the suite provided both the opportunity for social gathering as well as additional educational opportunities. The ever-popular student/early career/senior professional mixer continues to be one of the traditionally popular and engaging suite events. As in past years, a great crowd gathered to

socialize and share ideas across various stages of one's career. Also, we held popular returning sessions on how to set up a forensic trauma practice and research mentoring while offering new sessions on how to get excellent training (i.e., internships and post-docs) and how to design a course on trauma psychology.

Overall, the convention was a great success for the division, highlighting the diversity of topics that fall under the umbrella of trauma psychology. The inception of collaborative programming provided additional opportunities for presenters to have greater visibility within the convention. In addition, the diversity of presentations and presenters made for an excellent program that was well received for both Division 56 members and convention attendees in general. We are all looking forward to 2015.

Dr. Cuevas is an Associate Professor at Northeastern University in the School of Criminology and Criminal Justice. His work focuses on family violence, abuse, and trauma with an emphasis on Latinos.



Carlos A. Cuevas, PhD

APA Convention 2014



Division 56 members enjoying the APA Convention social hour

Coverage of Child Maltreatment and Its Effects in Three Introductory Psychology Textbooks

By *Bethany L. Brand, PhD, and Linda E. McEwen, MA*

Despite child maltreatment (CM) being more recognized and reported by child health and welfare agencies (U.S. Department of Health and Human Services, 2013; Centers for Disease Control and Prevention, n.d.; World Health Organization, 2006), law enforcement (U.S. Department of Justice, n.d.) and clinical psychologists (American Psychological Association, n.d.), it is inadequately and inaccurately discussed in Introductory Psychology courses taken by more than one million students each year (Griggs and Jackson, 2013). We are concerned that students who take such an introductory course, many of them survivors of CM themselves, will not gain a balanced or accurate understanding of the issues based on current textbooks. These students may leave the class less knowledgeable about CM, less willing to speak about it or skeptical of those who do speak, less willing to pursue treatment, or be less effective in careers in which they may directly deal with the impact of CM (e.g., teaching children, law enforcement, health care worker). Looking for evidence that the textbook authors understand and convey the prevalence and impact of childhood trauma, specifically CM, the authors of this article recently reviewed three current best-selling introductory psychology textbooks: Myers (2013); Weiten (2013); and Hockenbury and Hockenbury (2013).

Previous Textbook Studies

The few researchers who have assessed textbooks for their trauma-related content have raised similar concerns. Gleaves (2007) found that introductory textbooks provided inaccurate and biased information related to trauma, dissociation, and memory. Unfortunately, not much has changed in the last 15 years since the first trauma-related review (Letourneau, 1999) of Introductory Psychology textbooks found inadequate coverage of child sexual abuse (CSA) and too much focus on the debate about false memories. Describing a decline in the quality of coverage of these

issues due largely to over-inclusion of “false memory” material, Gleaves (2007) concluded that psychology textbooks provided inadequate coverage of CSA and dissociative disorders (DD). Kisse, Isaacson, and Miller-Perrin (2014) reached similar conclusions in their assessment of 15 Introductory Psychology textbooks that were published between 2003 and 2005. They found that the textbooks failed to appropriately educate undergraduate students about CM and recommended that it be covered in its own section, including discussion of all subtypes and the prevalence and consequences of this type of trauma. Wilgus, Brand, and Chasson (2013) reached similar conclusions about 10 Abnormal Psychology textbooks; they advised that textbooks need to present unbiased information about CM that is substantiated in empirical data. Given the tremendous progress in trauma research in recent years, it is concerning that textbook authors are not yet adequately presenting information about CM.



Bethany L. Brand, PhD



Linda E. McEwen, MA

Limited and One-sided Coverage of Child Maltreatment and Trauma Memories

We conducted our review to determine if authors of Introductory Psychology textbooks have improved their coverage of CM in current editions. The authors who wrote the three texts used in this review rarely mention CM and, when they do, it is primarily in the context of memory and eyewitness testimony. Each author challenges the credibility and accuracy of both memory and eyewitness testimony for trauma, and they are particularly focused on “recovered memories” of trauma.

Although memory is characterized as defining our lives and providing a “continuous sense of self” (Myers, p. 299), major portions of the memory chapters in these three textbooks are

devoted to discrediting the accuracy of memory. The authors discuss memory errors as being caused by the misinformation effect, imagination inflation, source amnesia/confusion, “memory reconstruction errors,” and therapy-induced false memories (citing Garry,

Manning, Loftus, & Sherman, 1996; Henkel, Johnson, & De Leonardis, 1998; Johnson, 1996, 2006; Lindsay, 2008; Loftus & Palmer, 1974; Roediger & McDermott, 1995; Roediger, Wheeler, & Rajaram, 1993). In one study of the misinformation effect, memories were tested (and found wanting) for minor details of an auto accident—such as the perceived speed of the car and the presence of broken glass—not for the more salient facts of the accident (Loftus & Palmer, 1974). Other research focused on creating memories of becoming lost in a mall (Loftus & Pickrell, 1995) or recalling an incorrect word in a word recall experiment (Roediger & McDermott, 1995) are presented as if they definitively challenge the accuracy of memories of CM regardless of these studies' weak ecological validity. None of the authors question the generalizability of this laboratory research to the shame- and terror-inducing experiences of CM. These textbooks leave students with the impression that "... the most fascinating aspect of human memory is its fallibility" (Hockenbury & Hockenbury, p. 271).

Readers are left with the conclusion that unless trauma memories have been carefully corroborated, they are highly unlikely to be accurate. Unfortunately, the textbooks do not spend equal space reviewing research that supports the accuracy of recovered trauma memories. For example, in Weiten's (2013) coverage of the "Recovered Memories Controversy," he gives two paragraphs, 14 citations, and 36 lines to content that supports the credibility of recovered memories compared to eight paragraphs, 41 citations, and 128 lines to research challenging the credibility of recovered memories (pp. 295-298). Weiten (2013) is the only author to mention studies that corroborate recovered memories, but he adds caveats that leave readers questioning the accuracy of such trauma memories. The other two texts do not cite the research documenting corroboration of recovered memories (Cheit, 2011; Crook, n.d.; Dalenberg, 2006; Williams, 1995).

Contrary to what these textbooks present, Dalenberg et al. (2012) recently reviewed this literature and concluded, "Across all samples—abused or nonabused, clinical, nonclinical and experimental—it has been found that (a) recovered memories and continuous memories were equally accurate and (b) both recovered and continuous memories of trauma are more likely to be true than false (cf. Dalenberg, 2006)" (p. 567). Indeed, even steadfast critics of recovered memories have now conceded that they are "open (to) the possibility that some recovered memories are genuine" (Lynn et al.,

2014, p. 904). The views presented in these textbooks appear both one-sided and lagging behind research.

Limited Coverage of Child Maltreatment's Role in the Etiology of Psychological Disorders

It is clear that CM is associated with many psychological and medical illnesses (U.S. Department of Health, 2013a). If adverse childhood events were eradicated, 60% or more of the onset of mood, behavior and substance disorders in children would be prevented (Kessler et al., 2010). The books' discussion of the etiology of disorders focuses heavily on biological and cognitive causes with little discussion of CM. When discussing those disorders with a particularly strong connection to CM, such as Dissociative Identity Disorder (DID), the textbooks provide lengthy coverage of the debate about whether CM causes

DID without providing much review of the empirical literature linking CM to the development of DID.

Myers (2013) calls dissociative disorders bewildering and rare. He dedicates only a third of the space about DID to discussion of research showing it to be a valid disorder compared to the much larger space given to the views of those skeptical about DID. Weiten (2013) similarly refers to dissociative disorders as controversial and relatively uncommon. He cites an article that argued that scientific interest in DID has dwindled since the mid-1990s (Pope, Barry, Bodkin, & Hudson, 2006), despite empirically based reviews showing that research on DID continues to flourish around the globe (e.g., Dalenberg et al., 2007; Dalenberg et al., 2012; Dorahy et al., 2014). Hockenbury and Hockenbury (2013) state that dissociative disorders were rare until the 1970s when a surge occurred, suggesting, "that DID patients learned 'how to behave like a multiple' from media portrayals of sensational cases or by responding to their therapists' suggestions" (pp. 589-590). Readers are left with the impression that DID is a disorder that is caused by suggestion and fantasy, contrary to research that shows that individuals with DID have brain activation patterns and psychological testing profiles that cannot be simulated by individuals feigning DID, and that only 1-3% of the variance in suggestibility is predicted by dissociation (reviewed in Dalenberg et al., 2012; Dorahy et al., 2014).

Lack of Recognition of Trauma's Effects on Children versus Adults

One major failing of the textbooks, especially in relation

to the relatively new field of positive psychology and resilience, is the lack of coverage about trauma's effects on children as opposed to adults. More attention should be given to topics such as CM's impact on attachment, the limbic and HPA¹ systems, gene activation, and the ability to regulate emotions, impulses, and social relationships, among other effects that make it difficult for children to "bounce back" from traumas (Dackis, Rogosch, Oshri, & Cicchetti, 2012; Jaffee & Christian, 2014; Romans, McDonald, Svaren, & Pollak, 2014; Shea, Walsh, Macmillan, & Steiner, 2005; van der Kolk & Fisler, 1994). Resilience should be defined as more than outward appearance, such as holding a job. Myers is quite admiring of Holocaust survivors' resilience, but he ignores available research (e.g. Barak, 2013; Kellermann, 2001) that shows serious psychological and health problems among Holocaust survivors as they age, issues that the survivors did not acknowledge when they were previously struggling to hold jobs and raise families. The field of psychology should have something to offer the majority who cannot just "bounce back" from trauma, especially from CM. Students who have endured CM and are struggling with its effects may feel more self-critical and ashamed for not only having been abused but for also "failing" to be resilient.

Critical Thinking and Leading Questions

Each author emphasizes the importance of critical thinking, and provides critical thinking questions relevant to recovered memory. However, the authors present evidence that primarily supports one side of the debate, and their questions further emphasize the view that recovered memories are not likely to be accurate. Myers (2013) includes a critical thinking question: "Is Repression a Myth?" (p. xxii) and grants that "some researchers do believe that extreme, prolonged stress, such as stress some severely abused children experience, might disrupt memory by damaging the hippocampus (Schacter, 1996)" (p. 522). This is preceded by a quote from one researcher, "Dozens of formal studies have yielded not a single convincing case of repression in the entire literature on trauma..." (Kihlstrom, 2006) followed by, "But the far more common reality is that high stress and associated stress hormones enhance memory..." (p. 522). Myers does not cite the research that shows that recovered memories are generally as accurate as continuously recalled memories. Weiten (2013) and Hockenbury and Hockenbury (2013) provide similarly one-sided presentations of this debate, despite their intention to foster critical thinking. An approach that would invite critical thinking would be to pose the questions: "What are the arguments for and against dissociation as a defense mechanism to deal with trauma and painful memories?" or "What kind of laboratory research could ethically and validly examine whether

trauma memories can be forgotten and later accurately recalled?"

Conclusion

Students enroll in Introductory Psychology for a number of reasons. They may want to make psychology a career or to satisfy an elective, or they may have psychological issues of their own and seek understanding. Whatever the motivation, those who read these texts will not gain a balanced understanding of CM and its long-term effects.

Research shows that one in four women and one in six men have suffered from CSA by the time they are 18 (Centers for Disease Control, n.d.). However, CSA is not the most common form of substantiated CM; neglect and physical abuse are more common (U.S. Department of Health, 2013b). In a classroom environment where negative stereotypes about mental illness are reinforced, where doubt is cast upon individuals who recall trauma, and where CM's impact is not adequately described, students who experienced CM may leave the class hesitant to speak about the abuse or to pursue treatment. Students who have not experienced CM may leave the class more skeptical of anyone who reports that they were traumatized as a child, and less compassionate. Textbooks with one-sided presentations do not enhance students' learning nor do they contribute to wider recognition, prevention, or treatment of CM, or deeper understanding of those with psychological disorders. Professors may want to select textbooks that provide more accurate education about CM than found in these texts or supplement their texts with material from the websites below.

- The National Child Traumatic Stress Network at www.nctsn.org
- Childwelfare.gov
- Child Maltreatment 2012 report at <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012>

References

- American Psychological Association. Division 56 Publications. Retrieved from <http://www.apa.org/about/division/div56.aspx>
- Barak, Y. (2013). Aging of child Holocaust survivors, *Kavod Electronic Journal*, 3, Winter 2013, Retrieved from <http://kavod.claimscon.org/kavod-journal-issue-3/>
- Centers for Disease Control (n.d.). Prevalence of individual adverse childhood experiences. *Adverse Childhood Experiences (ACE) Study of 1995-1997*. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/prevalence.html>
- Cheit, R. E. (2001). *Recovered Memory Project, Case Archive, 110 Corroborated Cases of Recovered Memory*. Retrieved from <http://blogs.brown.edu/recoveredmemory/case-archive>
- Crook, L. S. (n.d.). *Research discussing corroboration and accuracy of recovered memories: An annotated bibliography*. Retrieved from <http://dynamic.uoregon.edu/jjf/suggestedrefs.html>
- Dackis, M. N., Rogosch, F. A., Oshri, A., & Cicchetti, D. (2012). The role of limbic system irritability in linking history of childhood maltreatment and psychiatric outcomes in low-income, high-risk women: Moderation by FKBP5. *Development and Psychopathology*,

¹Hypothalamic Pituitary-Adrenal

- 24(4), 1237-1252. doi: 10.1017/S0954579412000673
- Dalenberg, C. J. (2006). Recovered memory and the Daubert criteria: Recovered memory as professionally tested, peer reviewed, and accepted in the relevant scientific community. *Trauma, Violence, & Abuse*, 7, 274-310. doi:10.1177/1524838006294572
- Dalenberg C. J., Loewenstein R. J., Spiegel D., Brewin C. R., Lanius R. A., Frankel S.,... Paulson K (2007) Scientific study of the dissociative disorders. *Psychotherapy and Psychosomatics*, 76, 400-1; author reply 401-3.
- Dalenberg, C. J., Brand, B. L., Gleaves, D. H., Dorahy, M. J., Loewenstein, R. J., Cardena, E.,... Spiegel, D. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin*, 138(3), 550-88. doi: 10.1037/a0027447
- Dorahy, M.J., Brand, B.L., Sar, V. Krüger, C., Stavropoulos, P., Martínez-Taboas, A.,... Middleton, M., (2014). Dissociative Identity Disorder: An empirical review. *Australian and New Zealand Journal of Psychiatry*, 48(5), 402 – 417. doi: 10.1177/0004867414527523
- Garry, M., Manning, C. G., Loftus, E. F., & Sherman, S. J. (1996). Imagination inflation: Imagining a childhood event inflates confidence that it occurred. *Psychonomic Bulletin & Review*, 3(2), 208-214.
- Gleaves, D. H. (2007). What are students learning about trauma, memory, and dissociation? *Journal of Trauma & Dissociation*, 8(4), 1-5.
- Griggs, R. A. & Jackson, S. L. (2013). Introductory Psychology Textbooks: An Objective Analysis Update. *Teaching of Psychology*, 40(3), 163-168.
- Henkel, L. A., Johnson, M. K., & De Leonardis, D. M. (1998). Aging and source monitoring: Cognitive processes and neuropsychological correlates. *Journal of Experimental Psychology: General*, 127(3), 251-268. doi: 10.1037/0096-3445.127.3.251
- Hockenbury, D. H. & Hockenbury, S. E. (2013). *Psychology* (6th ed.). New York, NY: Worth Publishers.
- Jaffee, S. R., & Christian, C. W. (2014). The biological embedding of child abuse and neglect: Implications for policy and practice. *Sharing Child And Youth Development Knowledge*, 28(1), 1-19.
- Johnson, M.K. (1996). Fact, fantasy, and public policy. In D. Hermann, C. McEvoy, C. Hertzog, P. Hertel, & M.K. Johnson (Eds.), *Basic and Applied Memory Research: Theory in Context*, 83-103. Mahwah, NJ: Erlbaum.
- Johnson, M.K. (2006). Memory and reality. *American Psychologist*, 61, 760-771.
- Kellermann, N. P. F. (2001). The long-term psychological effects and treatment of Holocaust trauma. *Journal of Loss and Trauma: International Perspectives on Stress and Coping*, 6(3), 197-218. doi: 10.1080/108114401753201660
- Kessler, R. C., McLaughlin, K. A., Green, J., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., ...Williams, D. R. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197(5), 378-385. doi:10.1192/bjp.bp.110.080499
- Kihlstrom, J. F. (2006). Repression: A unified theory of a will-o'-the-wisp. *Behavioral and Brain Sciences*, 29(5), 523-523. doi: 10.1017/S0140525X06339118
- Kissee, J. L., Isaacson, L. J., & Miller-Perrin, C. (2014). An analysis of child maltreatment content in introductory psychology textbooks. *Journal of Aggression, Maltreatment & Trauma*, 23(3), 215-228. doi: 10.1080/10926771.2014.878891
- Letourneau, E. J., & Lewis, T. C. (1999). The portrayal of child sexual assault in introductory psychology textbooks. *Teaching of Psychology*, 26(4), 253-258.
- Lindsay, D. S. (2008). Source monitoring. *Cognitive Psychology of Memory. Volume 2 of Learning and Memory: A Comprehensive Reference*. (2), 325-328. J. Byrne & H. L. Roediger III, (Eds.). Oxford: Elsevier.
- Loftus, E. F., & Palmer, J. C. (1974). Reconstruction of Automobile Destruction: An Example of the Interaction Between Language and Memory. *Journal of Verbal Learning and Verbal Behavior*, 13, 585-589.
- Loftus, E. F., & Pickrell, J. E. (1995). The Formation of False Memories. *Psychiatric Annals*, 25(12), 720-725.
- Lynn, S. J., Lilienfeld, S. O., Merckelbach, H., Giesbrecht, T., McNally, R. J., Loftus, E. F.,... Malaktaris, A. (2014). The trauma model of dissociation: Inconvenient truths and stubborn fictions: Comment on Dalenberg et al. (2012). *Psychological Bulletin*, 140(3), 896-910.
- Myers, D. G. (2013). *Psychology* (10th ed.). New York, NY: Worth Publishers.
- Pope Jr., H. G., Barry, S., Bodkin, A., & Hudson, J. I. (2006). Tracking scientific interest in the dissociative disorders: A study of scientific publication output. *Psychotherapy and Psychosomatics*, 75, 19-24. doi: 10.1159/000089223
- Roediger, H. L., Wheeler, M. A., & Rajaram, S. (1993). Remembering, Knowing, and Reconstructing the Past. *Psychology of Learning and Motivation: Advances in Research and Theory*, 30, p. 97-134. D. L. Medin (Ed.). San Diego, CA: Academic Press, Inc.
- Roediger, H. L., & McDermott, K. B. (1995). Creating False Memories: Remembering Words Not Presented in Lists. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 21(4), 803-814. doi: 10.1037/0278-7393.21.4.803
- Romens, S. E., McDonald, J., Svaren, J., & Pollak, S. D. (2014). Associations Between Early Life Stress and Gene Methylation in Children. *Child Development*. doi: 10.1111/cdev.12270
- Schacter, D. L., Koutstaal, W., & Norman, K. A. (1996). Can cognitive neuroscience illuminate the nature of traumatic childhood memories? *Current Opinion in Neurobiology*, 6, 207-214.
- Shea, A., Walsh, C., Macmillan, H., & Steiner, M. (2005). Child maltreatment and HPA axis dysregulation: Relationship to major depressive disorder and post traumatic disorder in females. *Psychoneuroendocrinology*, 30(2), 162-178.
- U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Child Welfare Information Gateway (2013a). *Long-term consequences of child abuse and neglect*. Retrieved from https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm
- U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2013b). *Child Maltreatment 2012*, 31, Table 3-8. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012>
- U.S. Department of Justice. Research and Publications. Retrieved from <http://www.nij.gov/publications/Pages/publication-list.aspx?pubtype=article&tags=Child%20Abuse/Exploitation>
- Van der Kolk, B. A., & Fislser, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic*, 58(2), 145-168.
- Weiten, W. (2013). *Psychology: Themes and Variations* (9th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Wilgus, S., Brand, B., & Chasson, G. (November, 2013). *Child Maltreatment in Abnormal Psychology Textbooks: Let's Read Into It*. Paper presented at the 30th annual conference for the International Society for the Study of Trauma and Dissociation, Baltimore, MD.
- Williams, L. M. (1995). Recovered memories of abuse in women with documented child sexual victimization histories. *Journal of Traumatic Stress*, 8, 649-673. doi: 10.1007/BF02102893
- World Health Organization and International Society for Prevention of Child Abuse and Neglect. *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. WHO Press, 2006.

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International Committee

The mission of the International Committee is to ensure that international issues are represented in Division 56 activities and policies and to foster international collaboration and communication concerning trauma related issues. The committee organizes a variety of activities.

To encourage participation of international students at the APA convention, the division approved an annual \$500 student stipend and complimentary convention registration to support travel of a student from a developing country who has a poster or paper accepted for presentation at the convention. A free one-year membership in Division 56 is also included. Candidates interested in the travel stipend should contact: Elizabeth Carll, PhD, Chair, Division 56 International Committee, at ecarll@optonline.net

An international symposium was organized for the 2014 convention: *"Integrating Mental Health and Trauma Care Into Health Care Globally,"* which was chaired by Kathy Kendall-Tackett. Participants included Elizabeth Carll, Jorge Rodriguez, Laura Murray, and Ellen Garrison.

As part of the interview series conducted by student members with trauma psychologists from various parts of the world, Christopher R. DeCou interviewed Jane Shakespeare-Finch, PhD, an Associate Professor of Psychology and Counseling at the Queensland University of Technology in Brisbane, Australia. Previous interviews included trauma psychologists from Africa, Asia, Australia, and Europe.



Elizabeth Carll, PhD

—Elizabeth Carll, PhD, International Committee Chair



Symposium participants, left to right, Laura Murray, Ellen Garrison, Jorge Rodriguez, Elizabeth Carll, and Kathy Kendall-Tackett.

An Interview With Jane Shakespeare-Finch, PhD

By Christopher R. DeCou, BA

Dr. Jane Shakespeare-Finch is an Associate Professor of Psychology and Counseling at the Queensland University of Technology in Brisbane, Australia. Her research focuses on the process of posttraumatic growth and resiliency among various populations of trauma survivors, including first responders, refugees, cancer patients, and survivors of childhood sexual abuse. Dr. Shakespeare-Finch authored and co-authored more than 100 peer-reviewed articles, and has been involved in numerous mixed methods research projects about the process of posttraumatic growth and the utility of interventions to promote posttraumatic growth among trauma survivors.

During our interview, Dr. Shakespeare-Finch described how her experiences as a caseworker in the child welfare system helped her understand the importance of identifying means of effective coping for those frequently exposed to trauma and its consequences. Similarly, when researching traumatic stress among ambulance officers as an early career researcher, Dr. Shakespeare-Finch described how surprised she was by the adjustment and well-being she observed among first responders who encountered difficult and traumatic circumstances on a regular basis.

This led her to further consider the process and importance of effective coping and the possibility that individuals may be able to develop effective and meaningful coping strategies in response to trauma exposure.

Building upon these insights, Dr. Shakespeare-Finch's research emphasizes the importance of considering the experiences of trauma survivors holistically and moving beyond approaches that focus primarily on symptom identification and reduction. Although symptoms represent important domains of distress and dysfunction, Dr. Shakespeare-Finch suggests that it is also helpful for clinicians to approach therapy in view of how posttraumatic stress and posttraumatic growth may occur concordantly, as both represent

powerful determinants of long-term recovery and well-being. Therefore, in addition to symptom reduction, it is important to consider the ways in which trauma survivors may experience meaningful change and transformation in the wake of their trauma. As

summarized by Dr. Shakespeare-Finch, "People don't get over trauma; rather, they weave posttraumatic experiences into the story of their lives."

Dr. Shakespeare-Finch has undertaken several empirical studies to understand survivors' experiences of posttraumatic growth across various contexts, using qualitative and quantitative research designs. During our interview, she emphasized the importance of implementing mixed methodological approaches to the study of traumatization and victimization, and how the ability to assess both the breadth and depth of survivors' experiences is essential to effectively address the treatment needs of trauma survivors. Dr. Shakespeare-Finch noted how her own qualitative work, which has included hundreds of in-depth interviews, has identified the importance of meaning-making across different populations of trauma survivors and the ways in which different cultures approach the process of recovery from trauma. She also explained how people in different cultures may conceptualize the cultural meaning of resilience differently. In this way, posttraumatic growth appears present across cultures but also represents distinct cultural understandings of traumatization and victimization.

In addition to highlighting the importance of considering posttraumatic growth in response to experiences of trauma and victimization, Dr. Shakespeare-Finch's

work also highlights the importance of understanding the complex ecology of circumstances and environmental influences that underpin the needs of trauma survivors. Specifically, she focuses on how the long-term recovery and well-being of refugees is often closely related to their ability to successfully immigrate to Australia along with close relatives, which is not always possible. Indeed, Dr. Shakespeare-Finch's research team examined the relationship between refugees' posttraumatic growth and their experience of dislocation from their home



Jane Shakespeare-Finch, PhD



Christopher R. DeCou, BA

country, native language, and close relatives, and found that those who are unable to relocate with the support of close relatives often experience poorer outcomes compared to those who were. This finding supports the importance of understanding the broader host of issues facing trauma survivors, particularly for those seeking asylum, who may not consider specific symptoms of posttraumatic stress as their primary concern relative to profound experiences of dislocation and separation from close relatives. Therefore, it is important for clinicians and researchers to continually assess the expressed needs and lived experiences of survivors within specific contexts. As noted by Dr. Shakespeare-Finch, an over-emphasis on specific symptoms to the exclusion of contextual factors “sells people short,” and may limit the overall effectiveness of interventions for trauma survivors.

Dr. Shakespeare-Finch continues to explore the process of resiliency and recovery among diverse groups of

trauma survivors, and she is committed to providing survivors a “framework” within which to conceptualize the potential for posttraumatic growth. She recommends that researchers and clinicians continue to increase awareness of posttraumatic growth as an integral domain of intervention and recovery for those exposed to trauma, and that this type of awareness may empower survivors by granting them “permission to think about the possibility of growth after trauma.”

Christopher R. DeCou, BA, is a Doctoral Candidate in the Clinical Psychology program at Idaho State University in Pocatello, Idaho. He is a student member of the Division 56 International Committee as well as a Jens Peder Hart Hansen Fellow of the International Union for Circumpolar Health. His research interests center on the study and prevention of suicide, including suicide prevention among indigenous peoples, and the association between trauma exposure and suicidality.

Division 56 Listservs

Anyone who belongs to Division 56 is added to **div56announce@lists.apa.org** listserv, for news and announcements. Join any of the following lists by sending an email to listserv@lists.apa.org and typing the following in the body of the note: subscribe name (where name is the part before the @, for example, subscribe div56stu):

div56@lists.apa.org

for discussion among members

div56childtrauma@lists.apa.org

for child trauma topics

div56dissociation@lists.apa.org

for post-traumatic dissociative mechanisms development

div56ecpn@lists.apa.org

for early career psychologists networking

div56stu@lists.apa.org

for student forum

Considering Spiritual Trauma in the Assessment and Treatment of Combat Veterans: A Case for Addressing the I-Thou Relationship in Cognitive Processing and Other Evidence-Based Therapies

By Helena E. Young, PhD

It is becoming increasingly clear that there is value in considering spiritual dynamics as a core component of trauma therapy. Broad summaries of two clinical case studies presented here describe how traumatic life events can be used to explore personal models of meaning; the formulation assumes the synergy of various factors in shaping response to trauma: family constellation, cultural milieu, and representations of God/godliness. Two embodiments of God-image are explored: the transcendent (having to do with a reality outside the bounds of the physical and psychological), and the immanent (relating to here-and-now experience).

Formulation of the I-Thou Conflict

Various theoretical frameworks speak to the individual's need to imbue stressor events with meaning in order to integrate post-traumatic dissonance into one's representations of self and others. The psychodynamic formulation posits that primary trauma derives from stressor-related inconsistencies in schema that articulate the self with the world; the mismatch drives defense, control, and coping behavior (Horowitz, Stinson & Field, 1991). Discrepancy theory (e.g., Mandler, 1990) affords a cognitive perspective, asserting that an aversive, drive-like state is precipitated (through the autonomic nervous system) when perceptual or cognitive incongruity violates expectations. These disparities produce motions of alarm.

A secondary trauma (Catherall, 1989) ensues when stressor events create a misalignment between the survivor and the social environment. One's internal, value-laden representation of culture, the cultural self-object (Kohut, 1984), is a private working model of the functions provided by the milieu (e.g., the family, the tribe, the military) as an extension of the self.

The Tertiary Trauma: Sacred Experience. A rupture between the combat veteran and his or her God-representation constitutes a "tertiary trauma." How

people come to know and understand God, or godliness, has been suggested as a means of understanding the psychological processes by which parent-child models are experienced (Bowman, 1989). Conversely, the parent-child dynamic can hint at schemas

about spirituality; in cognitive processing therapy (CPT), clinicians can activate and re-work early caregiver images that contribute to the veteran's "spiritual self-object" symbolism, incorporating spiritual experience into a "coherent narrative of self-identity" (Marcus & Rosenberg, 1995, p. 88). Spiritual evolution may derive from a new understanding of these earlier object relations, an alteration in relationship with the actual source object in the present or a more mature comprehension of religious doctrine (Rizzuto, 1974).

Some Case Examples

In the cases discussed here, the trauma narrative was associated with a spiritual confound, the key that afforded

interpretation of the veteran's core combat-related dilemma. In trauma therapy, spiritual and psychological transformation is often thwarted by an inability to resolve the nature and source of "evil" (exemplified by prejudice, in the following example) and man's aesthetic insensibility (explored in the second case).

The "Prodigal Son": Schemas about Power and Control, and Intimacy

"Pat" presented with a classic symptom profile of PTSD, as assessed in a structured clinical interview. He served in the brown-water Navy during his Vietnam tour, assigned to river patrols vulnerable to ambush. His self-reported stressor event involved his responsibility to scour a boat following a rocket attack during which several of his comrades were killed.

Pat, who is African-American, was brought up in the segregated South of the 1940s and 50s, where racism was highly institutionalized. Reared in a religious household, he loved and respected his father, a deacon of his Baptist church. Yet, he derided what he saw as his fa-



Helena E. Young, PhD

ther's cowardice and complacency; an admirer of Martin Luther King, Pat's father advocated nonviolent reaction to provocation: "He didn't have enough guts to get out and fight." When Pat was issued a weapon, he "felt powerful for the first time in [his] life"; assigned as a forward gunner, he began to "enjoy the killing." After returning stateside, he became involved with the Black Panthers, engaging in illegal street culture transactions not condoned by the Civil Rights Movement and self-medicating intrusive memories and nightmares with heroin. At the time of his enrollment in residential treatment, he had been estranged from his two daughters for over 20 years.

Pat's work in a CPT group took a new direction when it became clear that his personal spiritual beliefs and perspectives were the expression of a deep-seated, culturally mediated contest with faith. As we probed for other life-changing events, Pat alluded to witnessing the self-immolation of a Buddhist monk protesting the American presence in Vietnam. This proved to be the most provocative incident he described in the session, its affective content an indication of the relevance of the material: "he just sat there, burning...his hand in his lap...he didn't flinch...he had to be in pain...it was like he was sitting at a table, eating...I was angry, I should have shot him...I wanted to destroy him, I wanted to destroy whatever it was he was doing because it was in my face...and the only thing my government had given me was a gun, it was the only thing I had...I wanted to stop the idea." We began to explore Pat's concretization of an "idea" as the enemy, an entity that a gun is unable to destroy.

As we explored the story within the story, we discovered that Pat was called *phật đen* ("Black Buddha") by the Vietnamese children in the village outside his support base (because his head was shaven), and that he assumed the street moniker of "Monk" after his tour (asked why, he responded, "for Thelonius, you know...[long pause]...oh my God, are you thinking what I'm thinking?"). Asked to reflect on this seeming coincidence, Pat remembered feeling the power of the monk (Pat's anthropomorphized God-image) was "unreal...I couldn't get my mind behind it." When the group facilitators commented that the monk had taken passivity to the extreme, Pat responded: "yeah, it reinforced me being wrong...and I didn't want my father to be right." Pat spent the next 30 years of his life in a symbolic struggle to at once kill the monk and to incorporate his faculties; the war within was also reflected in his attempts to deconstruct various theologies in order to pinpoint their fallibility ("when I got home [after the war] something was broke...I was

broke...life didn't make sense...so I kept searching even though in my studies of religion after that, I always looked to tear them down...I looked for what was powerful, then I looked for the weak spots"), not realizing that this search was sustaining him.

Shortly before beginning treatment, Pat experienced a spontaneous spiritual calling, which he felt is the underpinning of his recovery and healing. Now an evangelist minister, Pat acknowledges the power of non-militant resistance and the wisdom of his father's teachings, to

which he has come full circle. He has drafted a letter to his children in the service of explication and reconciliation.

From a dynamic perspective, Pat's seminal dissonant experience is that his father required him to accept intolerance with peaceful resistance; his response to stressful

events was to become angry and self-destructive. This construction is reflected in Pat's anger at his father for his passivity and in Pat's guilt for having disappointed his parent.

The cultural and spiritual dimensions of the formulation emphasize Pat's loss of self-cohesion. Although Pat's distress did not initially have an acknowledged spiritual dimension, his history suggests a lack of consonance between his various ethnocultural and spiritual identities (e.g., the deacon's son and the militant); his war trauma was characterized by dissonance in his God-representations, augmenting his inability to reconcile the existence of God with the prejudice of the time. He experienced himself as being punished (i.e., taken advantage of) when the "weak," spiritually supplied aspects of himself were allowed to emerge; that which was "strong" was non-passive. As a result, Pat developed a fear that others might see these deficient aspects of himself; the split was emphasized in the warzone where his engagement with an impotent, spiritually based self-construal became interwoven with the belief that the Buddhist's God-representation was more powerful than his own. His anger was a self-defeating attempt to resolve these discrepancies, but it did not result in gratification.

Pat was conflicted about his roles both as a Black man and as a spiritual one. His struggle for spiritual identity was compounded by cultural traumatization, and the CPT group addressed Pat's aggravated sense of alienation in the context of how collective experience shaped his perception. The therapy also helped Pat to synthesize his discrepant experiences by providing a theodicy—a way of reconciling belief in a benevolent God with the

presence of suffering and prejudice. Pat interpreted his trials as stages in a journey to repair what was broken in his life.

“give unto them beauty for ashes...”: The Destruction of Beauty and Intimacy Forfeiture

“Bill’s” focal trauma involved a struggle for meaning along an immanent dimension of spiritual orientation: one with an emphasis on the culmination of experience in the present moment (Burris & Tarpley, 1998). The clarifying event did not turn on the threat of death or injury to himself or others, per se, although Bill’s response of helplessness in the face of destruction was no doubt exacerbated by the carnage he witnessed.

Bill was born into a close-knit, upper-class Mexican family; as a child, he was indulged with possessions, and he moved between beautifully appointed homes in California and Mexico. He enjoyed the sense of place and history his visits to the Aztec and Mayan ruins afforded. He was raised in the Catholic tradition, attending church with his family as a child, the most cogent memory of his religious upbringing a visit to a cathedral in Mexico City, relayed with a faint singsong-like prosody: “it was just beautiful...it had tinted windows all around, even the ceiling had tinted windows...it was calm, everything was OK in there.” Bill did not consider himself to be a religious person, having suffered a crisis of faith in the warzone. He enlisted in the Marines, serving as a squad leader with First Force Reconnaissance in Vietnam, an elite team trained in intelligence gathering. Bill satisfied Criterion A eligibility during the diagnostic interview through report of numerous patrols, often involving hand-to-hand combat and, in a CPT group, communication of his initial trauma account, involving his perceived failure to save the life of a friend in his squad, was accompanied by appropriate, tearful response.

However, a much stronger emotional charge accompanied his retelling of walking through Hue City during the 1968 Tet offensive. Having occasioned to visit Hue before the destruction of that city, Bill remembered the Citadel as “calm, like a church.” He described, in great detail, the colors and designs in the mosaics, the sun glancing off the scales of the fish swimming in the canals—with much the same prosodic quality as he had described the church of his youth. Bill was devastated by the destruction of the palace: “it was like tearing apart a museum for no reason...it was hundreds of years old...it defied everything I’d been taught...the canals were muddy...everything was dirty...I felt abandoned.”

A compulsive hand-washer since Vietnam, the perfectionistic Marine became a civil engineer, obsessed with “getting it right.” Although he was financially secure and owned an expensive home, he came to treatment from a shelter for the homeless; his antiques were in storage, a protest against his disappointing God-image: “I didn’t want to be abandoned again.” Isolative and withdrawn,

for years he spent weekends in the mountains trying to evoke his rapture for the beauty of the outdoors, but found himself looking for tripwires instead. Bill’s vigilance and conformance to high standards were no doubt adaptive during his tour and contributed, for a time, to his success as an engineer. This defensive posture, however, eventually gave rise to anxiety and closed him off from spontaneous aesthetic experience.

This veteran’s quest after beauty, in material acquisitions and in the landscape, exemplifies the search for a transformational object—an object that is identified with self-metamorphosis, its roots in the caregiver’s transmission to the infant of an “aesthetic of being” (Bollas, 1978). When an individual feels a deep rapport with an object of beauty, such moments evoke the anticipation of being changed, and they inspire a reverential attitude toward the object.

Therapeutic intervention during the group work reinforced his appreciation of the aesthetic. On weekend pass from the residential program, Bill went hiking in the nearby mountains with a peer, and reported to facilitators his pleasure in watching the flow of water over a rock face and the prismatic colors of the fall as it merged with the creek below, the “hidden narrative” reflected in an unconscious rising and falling rhythm to his speech. As he struggled to vindicate divine justice with the devastation he witnessed in Vietnam, Bill acknowledged a spiritual component to the connection he felt with the land and its people. Today, beauty provides him with a subjective sense of identity, continuity and cohesion. At follow-up, he was in process of buying a house, where he planned to showcase his treasures.

Conclusion

The invitation to examine spiritual identity creates an environment wherein veterans can restructure attributions about numinous role-relationship models, and it pulls for an understanding of their origin and the life events and issues that shaped them. Through the medium of CPT, individuals with PTSD can come to understand spirituality through the agency of relationship intimacy, and to see spirituality as accessible, not distant or esoteric. Working through stuck cognitions in the spiritual domain can promote a “mature forgiveness” (Gartner, 1992, p.23) that integrates otherwise opposing views of self and others. This exploration reinforces for the clinician that the most powerfully traumatic life experience may not be the one that is the most life-threatening or fear-engendering; rather, it may be the one that disrupts some prevailing concept of faith or continuity.

References

- Bollas, C. (1978). The transformational object. *International Journal of Psycho-analysis* 60, 97-107.
- Bowman, E. S. (1989). Understanding and responding to religious material in the therapy of multiple personality disorder. *Dissociation*,

2, 231-238.

Burris, C. T. & Tarpley, W. R. (1998). Religion as being: Preliminary validation of the scale. *Journal of Research in Personality*, 32, 55-79.

Catherall, D. R. (1989). Differentiating intervention strategies for primary and secondary trauma in post-traumatic stress disorder: The example of Vietnam veterans. *Journal of Traumatic Stress*, 2, 289-304.

Gartner, J. (1992). The capacity to forgive: An object relations perspective. In M. Finn & J. Gartner (Eds.), *Object relations theory and religion: Clinical applications* (pp. 21-33). Westport, CT: Praeger.

Horowitz, M. J., Stinson, C. & Field, N. (1991). Natural disasters and stress response syndromes. *Psychiatric Annals*, 21, 556-562.

Kohut, H. (1984). *How does analysis cure?* Chicago: The University of Chicago Press.

Marcus, P. & Rosenberg, A. (1995). The value of religion in sustaining the self in extreme situations. *Psychoanalytic Review*, 82, 81-105.

Mandler, G. (1990). A constructivist theory of emotion. In N. L. Stein,

B. Leventhal, & T. Trabasso (Eds.), *Psychological and biological approaches to emotion* (pp. 21-43). Hillsdale, NJ: Lawrence Erlbaum Associates.

Rizzuto, A.-M. (1974). Object relations and the formation of the image of God. *British Journal of Medical Psychology*, 47, 83-99.

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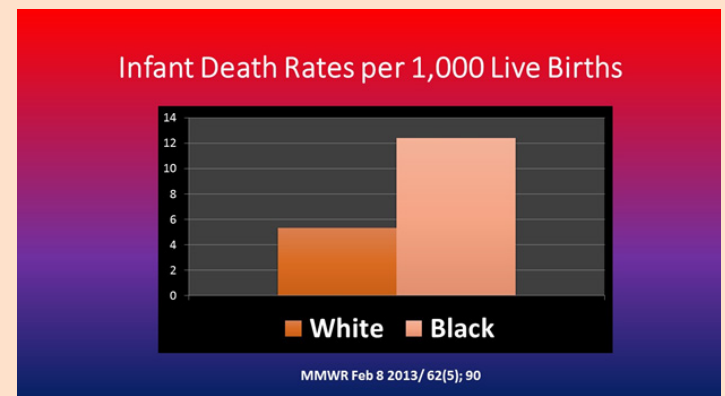
Trauma, Inflammation, and Racial/Ethnic Health Disparities: 2014 Division 56 Presidential Address

By Kathleen Kendall-Tackett, PhD, President, Division 56

According to the National Institutes of Health, health disparities refer to health differences between groups of people. These differences can affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death. Over the past 20 years, researchers, advocates, and public health officials have documented, and tried to address, the striking health disparities between racial/ethnic minority populations and Whites. The differences between Blacks and Whites are particularly striking and have been frequently documented in research studies. Some of these disparities include rates of infant mortality, obesity, cardiovascular disease, metabolic syndrome, and diabetes, resulting in overall premature mortality.

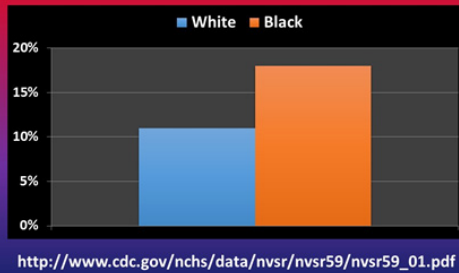
Disparities in Infant Mortality Rates

While the rate of infant mortality is 5.5 per 1000 for Whites, it is 12.4 for Blacks, which is actually an improvement from 13.8 per 1000 found up until last year. (The CDC credits the increase in breastfeeding rates among African Americans for this decrease.) This dismal statistic accounts for the fact that the United States is ranked 41st in the world in terms of infant mortality, a key index of overall health of a country. Our rank puts us behind many developing countries.



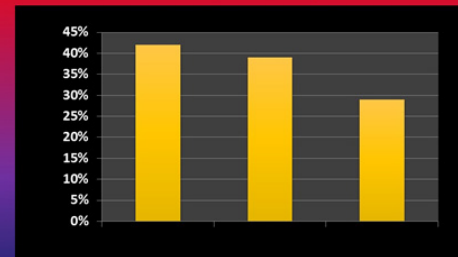
Much of the high mortality rate among Black infants is due to high rates of preterm birth. According to the World Health Organization, preterm birth is the number one cause of infant mortality. Here, too, there are disparities between racial groups.

Percentage of Preterm Births



There is also a similar pattern based on socioeconomic status, with lower income people having significantly higher rates of obesity.

U.S. Obesity Rates by Income

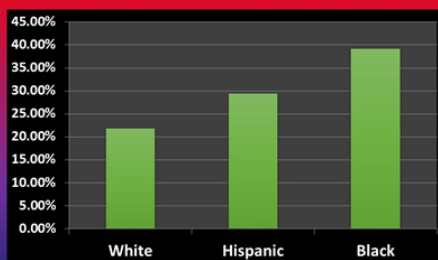


National Center on Health Statistics 2011

Racial/Ethnic Differences in Obesity Rates

Obesity rates also show striking ethnic-group differences, with African Americans having significantly higher rates than Whites.

U.S. Obesity Rates by Ethnicity



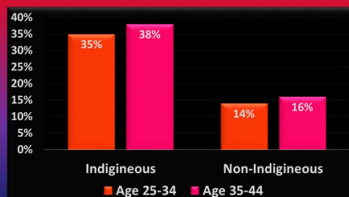
CDC, 2010, <http://www.cdc.gov/Features/dsObesityAdults>

Diabetes and Heart Disease

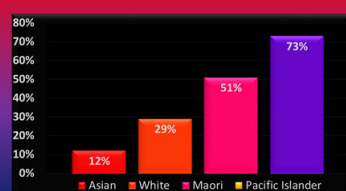
We see similar patterns in rates of diabetes, metabolic syndrome, and heart disease, particularly for African Americans and Native Americans. For example, the rate for diabetes in the United States is 7.6 per 1000 for Whites, 13.2 for non-Hispanic Blacks, and 15.6 for American Indians/Alaska Natives (Centers for Disease Control and Prevention, 2014b). Not surprisingly, African American men tend to die at a younger age than men or women of other ethnic groups (Centers for Disease Control and Prevention, 2014a). (Hispanic women actually have the greatest longevity.)

Interestingly, a similar pattern appears for indigenous people in Australia and Maori and Pacific Islanders in New Zealand.

Australia Obesity Rates for Women



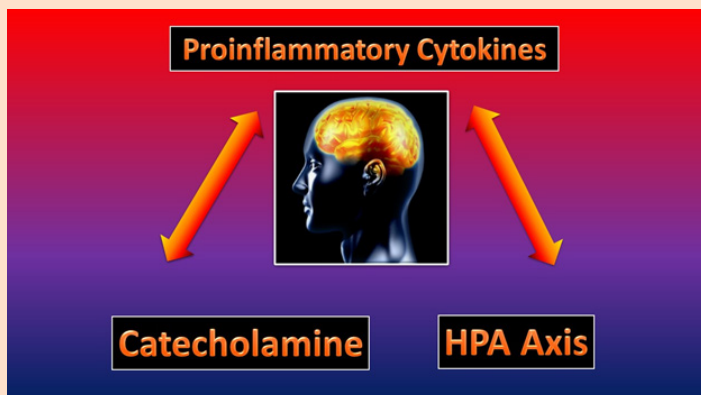
New Zealand Obesity Rates for Women



What may surprise you is that these various manifestations of health disparity have the same underlying physiology. Inflammation, or more specifically, the up-regulation of the inflammatory response system, underlies them all. To understand these inflammation effects, we need to draw from the research in the field of psychoneuroimmunology. Trauma intersects with these physiological effects in some interesting ways and enhances them (Kendall-Tackett, 2010b).

The Physiology of Stress

In a simplified form, we can think of the stress response as having three key components (Kendall-Tackett, 2010b). The first is the catecholamine, or fight-or-flight response. In response to a perceived threat, our bodies secrete three neurotransmitters: epinephrine, norepinephrine, and dopamine. The second component of the stress response is the HPA (hypothalamic-pituitary-adrenal) axis. This is a cascade response, meaning that in response to threat, the hypothalamus secretes the stress hormone CRH, which causes the pituitary to secrete the stress hormone ACTH, which causes the cortex of the adrenal gland to secrete the stress hormone cortisol.



The third component of the stress response is the immune response. In response to threat, the immune system increases inflammation by releasing pro-inflammatory cytokines, messenger molecules of the immune system. These molecules have two important functions: fighting infections and healing wounds. When under threat, the body prepares for possible attack—and injury—by being ready to heal wounds.

All components of the stress response are adaptive, meaning that they increase the likelihood of survival. This three-part stress response is meant to be acute: It turns on and it turns back off when the threat is over. The problem is that chronic stress, trauma, or even daily social rejection can keep this system activated, and that increases the likelihood of disease.

The Metabolic Syndrome

One other physiological state is necessary to describe, and that is the metabolic syndrome. The metabolic syndrome is the precursor syndrome to Type-2 diabetes and is also a risk factor for heart disease (Haffner & Taegtmeyer, 2003). There are four key symptoms of the metabolic syndrome: insulin resistance, high LDL and VLDL cholesterol, high triglycerides, and visceral (abdominal) obesity. Metabolic syndrome, particularly insulin resistance, is related to increased inflammation, and inflammation increases insulin resistance. Both are related to a chronically up-regulated stress system.

Social Rejection and Inflammation: The Key to Understanding Health Disparities

In the introduction to a recently published book, *Social Pain* (Jenson-Campbell & MacDonald, 2011), the authors describe how we are designed to be in relationship with each other. Being socially connected increases our chances of survival, and being part of a group provides resources, protection, and safety. When we perceive that we are not part of a group, we experience this rejection in the same part of our brains that process physical pain: the anterior cingulate cortex. Physiologically, humans experience social rejection as a threat to their physical survival (Dickerson, 2011; Eisenberger, 2011; Panksepp, 2011).

Microaggressions and Physical Health

Given that social rejection is perceived as a threat to survival, it is reasonable to hypothesize that it would increase inflammation. And it does. Health psychologists have documented that “perceived discrimination” (i.e., perceiving yourself as low in the social hierarchy) increases inflammation. In one study of 296 African Americans, Lewis et al. (2006) found that self-reported experiences of discrimination increased C-reactive protein (CRP; a common marker of chronic inflammation. It predicts risk of cardiovascular disease). Their measure included the following questions:

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants and stores.
- People act as if they think you are not smart.

In another study (McDade, Hawkey, & Cacioppo, 2006), perceived low social status was related to elevated C-reactive protein. This was a three-year longitudinal study of 188 middle-aged and older adults. African Americans, women, and those with low education levels had the highest CRP. Another study (Hong, Nelesen, Krohn, Mills, & Dimsdale, 2006) found that perceived low social status was related to vascular inflammation, with elevated levels of the inflammatory molecules, ET-1 and sICAM. These effects were independent of hypertension status or ethnicity.

The effects of perceived discrimination can show up rather early. In a study of high school students (Goodman, McEwen, Huang, Dolan, & Adler, 2005), low parental education (a marker of socioeconomic status) predicted metabolic and cardiovascular risk factors including higher insulin levels, higher glucose, greater insulin resistance, higher HDL and lower LDL cholesterol, higher waist circumference, and higher BMI in students.

The Role of Sleep

Sleep is another factor that can be affected by everyday experiences of discrimination, and it, too, has a major impact on health (Kendall-Tackett, 2009b). For example, sleep problems can make you fat. In a meta-analysis of 36 studies ($N = 634,511$ adults and children), short sleep duration (<5 hours) was related to obesity worldwide (Cappuccio et al., 2008).

Sleep problems increase symptoms of metabolic syndrome and inflammation, thereby increasing the risk of diseases such as heart disease and diabetes (Suarez & Goforth, 2010). One study found that short sleep duration was related to metabolic syndrome in middle-aged adults (Hall et al., 2008). These symptoms included

abdominal obesity, elevated fasting glucose, and high triglycerides. Suarez and Goforth (Suarez & Goforth, 2010) noted that even subclinical sleep disorders increase risk for cardiovascular disease, hypertension, type-2 diabetes, metabolic syndrome, and all-cause mortality. And even short periods of sleep deprivation (e.g., 1 or 2 days) can elevate cortisol and glucose levels as well as increase insulin resistance (McEwen, 2003).

Ethnic Differences in Sleep

Given these health effects, it's interesting to note striking ethnic group differences in sleep. These could be the result of daily exposure to microaggressions or a result of trauma (or both). Either of these appear to up-regulate the inflammatory response system. For example, a study of Black and White adults

($N = 187$) found that Blacks had shorter sleep duration and lower sleep efficiency than Whites (Mezick et al., 2008). On average, Blacks took 25 minutes to fall asleep compared to 16 minutes for Whites. The percentage of slow-wave sleep was 3.6% for Blacks and 6.8% for Whites. Both

are markers of sleep quality. Longer sleep latency (time to get to sleep) and lower percentage of slow-wave sleep both reflect poor sleep quality and a higher state of hyperarousal consistent with the daily experiences of perceived threat. This difference persisted even after controlling for SES. Another study of 97 Black and White adults had similar findings (Beatty et al., 2011). Perceived unfair treatment for both groups was associated with poorer sleep quality, more daytime fatigue, shorter sleep duration, and a smaller proportion of REM. Blacks had lower sleep time and poorer sleep efficiency overall.

Ethnic-Group Differences in Trauma

Trauma can also increase the risk of diseases, such as diabetes and heart disease, and it does it by increasing inflammation. For example, data from year 32 of the Dunedin Multidisciplinary Health and Development study, a birth-cohort study from Dunedin, New Zealand, revealed that those who experienced adverse childhood experiences (defined in this study as low SES, maltreatment, or social isolation) had higher rates of major depression, systemic inflammation, and having at least 3 metabolic risk markers (Danese et al., 2009).

Data from the Nurses' Health Study II, a study of more than 73,000 nurses, revealed that physical and sexual abuse in childhood or as a teen increased the risk of Type-2 diabetes, even after adjusting for age, race, body type at age five, parental education, and parental history

of diabetes (Rich-Edwards et al., 2010). Severity of abuse increased symptoms dramatically. There was a 50% increase in diabetes risk for those who experienced severe physical abuse and a 69% increase in risk in those who experienced repeated forced sex. Body Mass Index (BMI) was also influenced by past abuse. Physically and sexually abused girls had higher BMIs and the trajectories grew wider as the girls grew (i.e., they gained weight at a faster clip). This was particularly true for those who experienced repeated forced sex.

Unfortunately, there are ethnic group differences in experiences of trauma and the impact that it has. For example, a study of 177 Blacks and 822 Whites compiled a composite of early life adversities and five measures of inflammation. They found that early-life adversity

predicted higher levels of inflammation for Blacks, but not Whites (Slopen et al., 2010). Researchers from the Black Women's Health Study ($N = 33,298$) found that early-life sexual and physical abuse was related to overall and central obesity (Boynton-Jarrett, Rosenberg, Palmer, Boggs, & Wise, 2012).

This relationship existed even after controlling for lifestyle factors.

Research in perinatal health suggests that Black women may have more lifetime exposure to trauma, and this directly affects their rates of preterm birth. For example, in a national survey of 1,581 pregnant women (709 were Black), Black women experienced more lifetime PTSD and trauma exposure and current prevalence for PTSD was four times higher for them (Seng, Kohn-Wood, McPherson, & Sperlich, 2011). The rates did not differ by SES and are explained by Black women's greater trauma exposure. Child abuse was the most common cause of PTSD for both groups.

High rates of trauma and PTSD during pregnancy are concerning because of their relationship to both low birthweight and gestational age. A prospective, three-cohort sample of first-time pregnant women compared 255 women with PTSD; 307 trauma-exposed, resilient women (no PTSD); and 277 non-trauma-exposed women (Seng, Low, Sperlich, Ronis, & Liberzon, 2011). They found that babies born to PTSD+ women weighed 283 g less than those born to resilient women and 221 g less than those born to women without trauma exposure. PTSD was also associated with a shorter gestation. These findings suggest trauma exposure and PTSD in pregnancy increased the risk for preterm birth, and both are more common in Black women.

Inflammation is a possible mechanism for this relation-

While we continue to work for social justice in the wider society, there are ways we can intervene when working with a particular client or patient.

ship. A study of mothers with stress and depression revealed high levels of the inflammatory molecules IL-6 and TNF- α (Coussons-Read, 2005). In addition to fighting infections and healing wounds, these molecules also ripen the cervix, increasing the likelihood of preterm birth. Along these same lines, a randomized clinical trial using DHA-enhanced eggs also suggest that inflammation is related to preterm birth (Smuts, 2003). In this trial, 291 mothers were asked to eat one egg a day for the last trimester of their pregnancies. The eggs were either regular or were enriched with the omega-3 fatty acid DHA. DHA is highly anti-inflammatory. The mothers were participating in the WIC program (the Women, Infants, and Children supplemental feeding program) in Kansas City. Approximately 70% of the sample was African American. This simple, cheap intervention increased gestation length by six days.

How Shall We Then Treat?

Understanding the mechanism underlying health disparities gives us some possible places to intervene. While we continue to work for social justice in the wider society, there are ways we can intervene when working with a particular client or patient.

We must start by acknowledging the health effects of discrimination and recognizing how it contributes to health disparities. In fact, given these health effects, we might even argue that microaggressions rise to the status of trauma exposure (i.e., the body is perceiving that it these events are a physical threat).

To address preterm birth, we need to be proactive in screening for depression and PTSD in pregnancy. We also need to counter the effects of chronic inflammation directly by supplementing with omega-3 fatty acids (particularly DHA and EPA) (Kendall-Tackett, 2010a). Most American women are deficient in these and they are safe to use in pregnant women (see Kendall-Tackett, 2009a). In postpartum women, breastfeeding down-regulates the stress response and decreases inflammation. It is important to continue to support community organizations that are increasing breastfeeding rates in the African American community. This will help with the health of both mothers and babies (Groer & Kendall-Tackett, 2011).

Finally, we need to recommend activities that we know down-regulate the stress and inflammatory response systems, including both exercise and long-chain omega-3s (Kendall-Tackett, 2009b). Both help and will improve the health of African Americans and hopefully decrease health disparities.

References

- Beatty, D. L., Hall, M. H., Kamarck, T. W., Buysse, D. J., Owens, J. F., Reis, S. E., . . . Matthews, K. A. (2011). Unfair treatment is associated with poor sleep in African American and Caucasian adults: Pittsburgh SleepSCORE Project. *Health Psychology, 30*(3), 351-359.
- Boynton-Jarrett, R., Rosenberg, L., Palmer, J. R., Boggs, D. A., & Wise, L. A. (2012). Child and adolescent abuse in relation to obesity in adulthood: The Black Women's Health Study. *Pediatrics, 130*(2), 245-253.
- Cappuccio, F. P., Taggart, F. M., Kandala, N. B., Currie, A., Peile, E., Stranges, S., & Miller, M. A. (2008). Meta-analysis of short sleep duration and obesity in children and adults. *Sleep, 31*(5), 19-26.
- Centers for Disease Control and Prevention. (2014a). *Life expectancy at birth, by sex and race/ethnicity--United States, 2011*. From http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf
- Centers for Disease Control and Prevention. (2014b). *Racial and ethnic differences in diagnosed diabetes among people aged 20 years or older, United States, 2010-2012*.
- Coussons-Read, M. E., Okun, M.L., Schmitt, M.P., & Giese, S. (2005). Prenatal stress alters cytokine levels in a manner that may endanger human pregnancy. *Psychosomatic Medicine, 67*, 625-631.
- Danese, A., Moffitt, T. E., Harrington, H., Milne, B. J., Polanczyk, G., Pariante, C. M., & Caspi, A. (2009). Adverse childhood experiences and adult risk factors for age-related disease: Depression, inflammation, and clustering of metabolic risk factors. *Archives of Pediatric and Adolescent Medicine, 163*(12), 1135-1143.
- Dickerson, S. S. (2011). Physiological responses to experiences of social pain. In G. MacDonald & L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of social loss and exclusion* (pp. 79-94). Washington, DC: American Psychological Association
- Eisenberger, N. I. (2011). The neural basis of social pain: Findings and implications. In G. MacDonald & L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of loss and exclusions* (pp. 53-78). Washington, DC: American Psychological Association.
- Goodman, E., McEwen, B. S., Huang, B., Dolan, L. M., & Adler, N. E. (2005). Social inequalities in biomarkers of cardiovascular risk in adolescence. *Psychosomatic Medicine, 67*, 9-15.
- Groer, M. W., & Kendall-Tackett, K. A. (2011). *How breastfeeding protects women's health throughout the lifespan: The psychoneuroimmunology of human lactation*. Amarillo, TX: Hale Publishing.
- Haffner, S., & Taegtmeier, H. (2003). Epidemic obesity and the metabolic syndrome. *Circulation, 108*, 1541-1545.
- Hall, M. H., Muldoon, M. F., Jennings, J. R., Buysse, D. J., Flory, J. D., & Manuck, S. B. (2008). Self-reported sleep duration is associated with the metabolic syndrome in midlife adults. *Sleep, 31*(5), 635-643.
- Hong, S., Nelesen, R. A., Krohn, P. L., Mills, P. J., & Dimsdale, J. E. (2006). The association of social status and blood pressure with markers of vascular inflammation. *Psychosomatic Medicine, 68*, 517-523.
- Jenson-Campbell, L. A., & MacDonald, G. (2011). Introduction: Experiencing the ache of social injuries--an integrative approach to understanding social pain. In G. MacDonald & L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of loss and exclusino* (pp. 3-8). Washington, DC: American Psychological Association.
- Kendall-Tackett, K. A. (2009a). Can fats make you happy? Depression and long-chain Omega-3 fatty acids in the perinatal period. *Medications and More, 38*(1), 1-2.
- Kendall-Tackett, K. A. (2009b). Psychological trauma and physical health: A psychoneuroimmunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma,*

- I(1), 35-48.
- Kendall-Tackett, K. A. (2010a). Long-chain omega-3 fatty acids and women's mental health in the perinatal period. *Journal of Midwifery and Women's Health*, 55(6), 561-567.
- Kendall-Tackett, K. A. (Ed.). (2010b). *The psychoneuroimmunology of chronic disease*. Washington, DC: American Psychological Association.
- Lewis, T. T., Everson-Rose, S. A., Powell, L. H., Matthews, K. A., Brown, C., Karavolos, K., & al., e. (2006). Chronic exposure to everyday discrimination and coronary artery calcification in African American women: The SWAN Heart Study. *Psychosomatic Medicine*, 68, 362-368.
- McDade, T. W., Hawkey, L. C., & Cacioppo, J. T. (2006). Psychosocial and behavioral predictors of inflammation in middle-aged and older adults: The Chicago Health, Aging, and Social Relations Study. *Psychosomatic Medicine*, 68, 376-381.
- McEwen, B. S. (2003). Mood disorders and allostatic load. *Biological Psychiatry*, 54, 200-207.
- Mezick, E. J., Matthews, K. A., Hall, M., Strollo, P. J., Buysse, D. J., Kamarck, T. W., . . . Reis, S. E. (2008). Influence of race and socioeconomic status on sleep: Pittsburgh SleepSCORE Project. *Psychosomatic Medicine*, 70, 410-416.
- Panksepp, J. (2011). The neurobiology of social loss in animals: Some keys to the puzzle of psychic pain in humans. In G. MacDonald & L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of loss and exclusion* (pp. 11-51). Washington, DC: American Psychological Association.
- Rich-Edwards, J. W., Spiegelman, D., Hibert, E. N. L., Jun, H.-J., Todd, T. J., Kawachi, I., & Wright, R. J. (2010). Abuse in childhood and adolescence as a predictor of type-2 diabetes in adult women. *American Journal of Preventive Medicine*, 39(6), 529-536.
- Seng, J. S., Kohn-Wood, L. P., McPherson, M. D., & Sperlich, M. A. (2011). Disparity in posttraumatic stress disorder diagnosis among African American pregnant women. *Archives of Women's Mental Health*, 14(4), 295-306.
- Seng, J. S., Low, L. K., Sperlich, M. A., Ronis, D. L., & Liberzon, I. (2011). Posttraumatic stress disorder, child abuse history, birth weight, and gestational age: A prospective cohort study. *British Journal of Obstetrics & Gynecology*, 118(11), 1329-1339.
- Slopen, N., Lewis, T. T., Gruenewald, T. L., Mujahid, M. S., Ryff, C. D., Albert, M. A., & Williams, D. R. (2010). Early life adversity and inflammation in African Americans and whites in midlife in the United States Survey. *Psychosomatic Medicine*, 72, 694-701.
- Smuts, C. M., Huang, M., Mundy, D., Plasse, T., Major, S., & Carlson, S.E. (2003). A randomized trial of docosahexaenoic acid supplementation during the third trimester of pregnancy. *Obstetrics & Gynecology*, 101, 469-479.
- Suarez, E. C., & Goforth, H. (2010). Sleep and inflammation: A potential link to chronic diseases. In K. A. Kendall-Tackett (Ed.), *The psychoneuroimmunology of chronic disease* (pp. 53-75). Washington, DC: American Psychological Association.

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African-American Lesbian Intimate Partner Violence: Bringing Light to Their Darkness

By Katrina M. Sanford, PsyD

One of my favorite authors, a well-known writer and Radical Feminist, Audre Lorde, has a quote that succinctly sums up the experience for those of us whose multiple identities are difficult to integrate fully:

"I recognize that my power as well as my primary oppressions come as a result of my blackness as well as my womanness. And therefore, my struggle on both of these fronts are inseparable" (1984, p. 58).

Just as womyn's issues have historically been an afterthought or a footnote compared to men's issues, the



Katrina M. Sanford, PsyD

needs of lesbians, particularly African-American lesbians, continue to be a footnote when it comes to sexuality and gender. We all live in a culture that whether we like it or not, sometimes makes use of stereotypical or erroneous beliefs centered on sexist, racist, and heterocentric ideals to rule how we support our citizens. Unfortunately, this lack of understanding is pervasive and longstanding, particularly within our social, political, structural, and research arenas, showing a disproportionate advantage given to White heterosexual people. Is it any wonder that the needs of womyn and people of color are suppressed and ignored? We have been taught to do so from the very beginning. An area in particular that has received little

research attention for African-American womyn is that of lesbian Intimate Partner Violence (IPV). To help bring these disparities out of the shadows, my research has been focused on African-American lesbians and violence within their relationships.

Just the Stats

Shockingly, IPV affects over one million people in the United States alone every year (Seelau & Seelau, 2005). Unfortunately, like the majority of the data gathered globally, statistics on IPV are primarily gathered from heterosexual relationships often leaving sexual minority information invisible (Bornstein, Fawcett, Sullivan, Senturia, & Thornton, 2006). Not surprisingly, that makes it much more difficult to accurately assess how prevalent IPV is within the lesbian community. For that reason, it is safe to say that like heterosexual IPV, lesbian IPV is extremely underreported, especially among African Americans. The lack of reporting is often centered on the layers of oppression these womyn endure, particularly race and gender subjugation. Regardless, the National Coalition Against Domestic Violence, estimate that between 25-33% of all same sex relationships include IPV (Peterman & Dixon, 2003; Renzetti, 1992; Seelau, & Seelau, 2005). If close to one third of lesbian relationships involve IPV and that is an understatement, how could we not be doing more to prevent such harm and trauma? We have the knowledge and influence as mental health professionals/researchers to do more.

Examinations of IPV within the research and advocacy arenas show a bias towards the needs of the White and heterosexual populations. That is still the case, even though research also shows that African-American womyn regardless of sexual orientation are more susceptible to; and more likely to have experienced IPV compared to heterosexual individuals (Hill, Woodson, Ferguson, & Parks, 2012). Moreover, IPV is experienced by African-American womyn at 22 times the rate seen in other racial groups and is frequently committed at a more severe and sometimes lethal, level than other races (Chronister & Aldarondo, 2012; Rennison & Planty, 2003; West, 2012).

How Do We Explain These Higher Rates of IPV Experiences?

Performing my research within the African-American lesbian community gave me many moments of pause. At

times, I was so disheartened by the level of struggle for these womyn, but also impressed by their strength and resilience. How they are able to still function as healthy and integral members of our society stunned me after finding out how much more often they endure some of the most challenging phenomenon that make up the human condition.

It is important to note the following information on prevalence rates for African-American lesbians is not an exhaustive list, as a detailed approach of the literature is beyond the scope of this article. For African-

American womyn, whether heterosexual or lesbian, their higher rates of IPV related experiences have been attributed to: cultural invisibility, poverty (Balsam & Symanzski, 2005; Hill et al., 2012; Lockhart, White, Causby, & Isaac, 1994; McKenry, Serovich, Mason, & Mosack, 2006), insufficient access to educational and employment opportunities, and complex trauma caused by a higher level

of childhood sexual assault or victimization, including, physical, sexual, and vicarious abuse (Descamps, Rothblum, Bradford, & Caitlin, 2000; Heidt, Marx, & Gold, 2005), a history of mental health symptoms (including substance abuse), witnessing community or family violence (Coleman 2003; Greene, 2003; Liesring, Lynn, & Rosenbaum, 2003; McKenry et al., 2006; Miller, Greene, Causby, White, & Lockhart, 2001; Poorman & Seelau 2001; Powell 2008; West, 2002), and stressors caused by their multiple and intersecting forms of oppression. All of these factors, particularly the social and economic disadvantages, contribute to the disproportionately high risk of IPV in these women (Chronister & Aldarondo, 2012; Greene, 2003; Hill et al., 2012; West, 2002). Moreover, lesbians who have been victimized appear to manifest more depression, anxiety, self-destructive behavior, and substance abuse, while also being more likely to experience subsequent abuse in adulthood, including physical and sexual abuse (Descamps et al., 2000; Heidt et al., 2005; Hill et al., 2012).

Barriers to Treatment

The systemic underpinnings of homophobia and heterocentricity within social and legal areas constitutes a significant and almost insurmountable barrier to prevention and treatment for African American lesbians (Hill et al., 2012; Little & Terrance, 2010). African-American lesbians are less likely to report IPV within their relationships for several reasons related to the misconceptions and misguided ideals of society.

These social and legal restrictions do not leave safe or appropriate venues for these womyn to report the abuse they are enduring.

In addition, there is a severe lack of training for police officers, IPV shelter staff, and criminal justice personnel when it comes to the unique issues that are involved in same sex IPV. This lack of training coupled with sometimes blatant homophobia and racist tendencies of these systems has made it less likely that many lesbians, especially those of color seek treatment (Duke & Davidson, 2009). Moreover, womyn who are not “out” as lesbians are much less likely to make use of needed services for fear of being outed. Lastly, some African-American lesbians may be afraid that by exposing the IPV within their relationships, they may be perpetuating negative societal stereotypes about African-American lesbians, such as notions that they are innately aggressive and masculinized (Hill et al., 2012).

What Can We Do to Help as Psychologists?

Many of you may feel as though there is not much you can do to provide help to this population because you do not primarily work with African American lesbians or you have little knowledge of the nuances within this group, but there is no time better than the present to start using our skills to make society more inclusive. This final section gives some guidelines and ways that even the newest psychologist may provide support to African-American lesbians.

The first and most important contribution one can make as a mental health professional, agency, or service provider to help mitigate some of consequences associated with African American lesbians is to:

- Be open to their experiences and do not assume. Showing an openness to this community through outreach efforts, advertising, in discussions with other mental health professionals, or with community members can help increase acceptance of these womyn and their issues.
- Ask questions; no two womyn have the same experience regardless of their similarities.
- Remind yourself and them of their unique strengths and resiliencies. Overcoming many forms of discrimination daily can take a toll on these womyn. Additional support to them is always needed.
- Need a few CEUs? Add to your knowledge of the African-American population through research, conferences, or workshops. Try one focused on this group. Even psychologists who do not specialize in working with this community will likely have a client at some point who identifies as African American, or lesbian. Having at least

a basic level of knowledge about this community will give one the ability to talk confidently about how we can all contribute to this underserved population.

- On an individual level, the impact of oppression on African-American lesbians can be lessened by helping this community within therapy increase factors associated with resiliency through empowerment, enhance coping skills, strengthen self-esteem, and find ways to increase their social support network.

Finally, do not be afraid to seek supervision or consult with colleagues that you know are well-versed in queer womyn of color issues. You would be surprised how much we can learn from each other. The more informed we all are, the better the outcomes will be for these womyn.

References

- Balsam, K., & Szymanski, D. (2005). Relationship quality and domestic violence in women's same sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29, 258-269. doi:10.1111/j.1471-6402.2005.00220.x
- Bornstein, D., Fawcett, J., Sullivan, M., Senturia, K., & Thornton, S. (2006). Understanding the experiences of lesbian, bisexual, and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality* 51(1), 159-181. doi:10.1300/j082v51n01_08
- Chronister, K., & Aldarondo, E. (2012). Partner violence victimization and perpetration: Developmental and contextual implications for effective practice. *APA Handbook of Counseling Psychology*, 2, 125-151. doi:10.1037/13755-006
- Coleman, V. (2003). Treating the lesbian batterer: Theoretical and clinical considerations: A contemporary psychoanalytic perspective. *Journal of Aggression, Maltreatment, & Trauma*, 7, 159-205. doi: 10.1300/j146v07n01_08
- Descamps, M., Rothblum, E., Bradford, J., & Caitlin, R. (2000). Mental health impact of child sexual abuse, rape, intimate partner violence, and hate crimes in the National Lesbian Health Care Survey. *Journal of Gay & Lesbian Social Services*, 11(1), 27-107. doi:10.1300/J041v11n01_02
- Duke, A., & Davidson, M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18:795-816. doi: 10.1080/10926770903291787
- Greene, B. (2003). Lesbian and bisexual women's mental health. *Journal of Psychology & Human Sexuality*, 15(2/3), xvii-xviii. doi: 10.1300/j056v15n02_a
- Heidt, J., Marx, B., & Gold, S. (2005). Sexual revictimization among sexual minorities: A preliminary study. *Journal of Traumatic Stress*, 18(5), 533-540. doi:10.1002/jts.20061
- Hill, N., Woodson, K., Ferguson, A., & Parks, C. (2012). Intimate partner abuse among African American lesbians: Prevalence, risk factors, theory, and resilience. *Journal of Family Violence*, 27, 401-413. doi:10.1007/s10896-012-9439-z
- Liesring, P., Lynn, D., & Rosenbaum, A. (2003). Treatment of partner aggressive women. *Journal of Aggression, Maltreatment, & Trauma*, 7(1/2), 257-277. doi:10.1300/j146v07n01_11
- Little, B., & Terrance, C. (2010). Perception of domestic violence in lesbian relationships: Stereotypes and gender role expectations. *Journal of Homosexuality*, 57(3), 429-440. doi:10.1080/00918360903543170
- Lockhart, L., White, B., Causby, V., & Isaac, A. (1994). Letting out the secret: Violence in lesbian relationships. *Journal of Interpersonal Violence*, 9, 469-479. doi:10.1177/088626094009004003
- Lorde, A. (1984). *Sister Outsider: Essays and speeches*. Freedom, CA: Crossing Press
- McKenry, P., Serovich, J., Mason, D., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A

- disempowerment perspective. *Journal of Family Violence*, 21, 233–243. doi:10.1007/s10896-006-9020-8\
- Miller, D., Greene, K., Causby, V., White, D., & Lockhart, L. (2001). Domestic violence in lesbian relationships. *Women & Therapy*, 23(3), 107–127. doi: 10.1300/j015v23n03_08
- Peterman, L., & Dixon, C. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling and Development*, 81(1), 40–47. doi:10.1002/j.1556-6678.2003.tb00223.x
- Poorman, P., & Seelau, S. (2001). Lesbians who abuse their partners: Using the FIRO-B to assess interpersonal characteristics. *Women & Therapy*, 23(3), 87–105. doi:10.1300/j015v23n03_07
- Powell, J. (2008). The impact of societal systems on black male violence. *Journal of Aggression, Maltreatment & Trauma*, 16(3), 311–329. doi: 10.1080/10926770801925742
- Rennison, C., & Planty, M. (2003). Nonlethal intimate partner violence: Examining race, gender, and income patterns. *Violence and Victims*, 18(4), 433–443. doi:10.1891/vivi.2003.18.4.433
- Renzetti, C. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Newbury Park, CA: Sage Publications.
- Seelau, S., & Seelau, E. (2005). Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence. *Journal of Family Violence*, 20(6), 363–371. doi:10.1007/s10896-005-

7798-4

- West, C. (2002). Battered, black, and blue: An overview of violence in the lives of black women. *Women and Therapy* 25(3/4), 5–27. doi:10.1300/j015v25n03_02
- West, C. (2012). Partner abuse in ethnic minority and gay, lesbian, bisexual, and transgender populations. *Partner Abuse*, 3(3), 336–357. doi:10.1891/1946-6560.3.3.336

Katrina M. Sanford, PsyD is currently transitioning from her role as a student to developing her own private practice in the DC metro area. She hopes to use her specialization in Sex Therapy to work with couples and individual clients. She is also the Executive Director of a queer womyn of color organization called Earth Pearl Collective whose purpose is to challenge racial, gender, and sexual orientation stereotypes by inspiring action amongst queer black womyn to empower themselves and heal their communities through the arts.

2014 Awards Presented

By Charles Figley, PhD

Award for Media Contributions to the Field of Trauma Psychology

This award recognizes the creators 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). 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.

The Award goes to **Dr. Julia Hoffman** for her innovative work leading the development of mobile applications for VA's National Center for PTSD and now all of mental health services at the Dept of Veterans Affairs. She has led this team into not only embracing the new technology but making significant differences in the lives of those who have come to depend upon mobile devices as a way to enhance their mental health or healthcare.

According to Dr. Josef Ruzek at the National Center for PTSD,

Dr. Hoffman “. . . is clinically savvy, scientifically competent, technologically adept, and able to use her excellent interpersonal skills and organizational awareness to create exceptional products that are well-known and respected at the highest levels of the federal agencies in which she has worked.”

This may explain why the Mobile Apps Team remains a leader of app development in service of those who have experienced trauma and the first Federal team to offer apps in public app stores.

Among the 34 apps that Dr. Hoffman has developed for management of trauma and related problems, her team at the National Center for PTSD created VA's most celebrated mobile app: the multi-award winning **PTSD Coach** and its many translations and applications. It provides education, self-assessment, links to support, and cognitive-behaviorally based self-management tools for acute distress. This app has been downloaded nearly 200,000 times in 84 countries since its launch in April 2011. It has been awarded the Chairman's Award for Advancement in Accessibility by the Federal Communications Commission and the President's Award for Innovation in the Advancement of Telemedicine from the American Telemedicine Association. It has been translated into 9 languages so far, in order to aid trauma survivors around the world and has been adapted for specific populations such as cancer survivors.

Award for Outstanding Contribution to Trauma Psychology by an Early Career Psychologist

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

The 2014 Award goes to **Erika J. Wolf**, Assistant Pro-

Photos From the 2014 Awards Program



Clockwise from top left: 1. Steve Gold and others celebrate his winning the Award for Outstanding Service to the Field of Trauma Psychology. 2. Kathy Kendall-Tackett and Elizabeth Carll flank Krithika Malhotra, winner of the Division 56 International Student Travel Stipend. 3. Charles Figley and Kathy Kendall-Tackett congratulate Stevan E. Hobfoll on winning the Award for Lifetime Achievement in the Field of Trauma Psychology. 4. Charles Figley and Kathy Kendall-Tackett present Steve Gold with his award. 5. Erika Wolf is recognized with the Award for Outstanding Contribution to Trauma Psychology by an Early Career Psychologist. 6. Brian P. Marx is announced as Fellow of Division 56 by Charles Figley.

fessor of Psychiatry, Boston University School of Medicine and the National Center for PTSD. She is a graduate of the Boston University with a PhD in Psychology.

Mark W. Miller of the National Center and colleagues who nominated her, noted that she is an exceptional and highly productive clinical investigator who "... demonstrates world-class expertise, creativity, and conceptual sophistication that are uncommon among early career scientists."

They based this on Erika's scientific productivity for an early career psychologist as evidenced by authorship on 42 peer-reviewed publications, including 16 as first-author, plus three book chapters. She is so productive that she has been invited by three separate journals' editors to serve on their editorial board, including the Division's *Psychological Trauma: Theory, Research, Practice and Policy*, as well as the *Journal of Abnormal Psychology*, *Journal of Traumatic Stress*, and not surprisingly, according to her colleagues, Erika has exceeded expectations by her very strong record of securing external grant funding. In addition to acquiring a 5-year Career Development Award she is also PI for a research grant focusing on DSM-5 PTSD assessment using the MMPI.

According to her colleagues

Dr. Erika Wolf has made influential contributions to the field of traumatic stress through her research, and she has directly improved the lives of veterans with PTSD through her clinical work.

Award for Outstanding Contributions to the Science of Trauma Psychology

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

The 2014 Award goes to **Dr. Fran Norris**.

After spending many years as a Professor of Psychology at Georgia State University, Dr. Norris completed her career as a Research Professor in the Department of Psychiatry at Dartmouth Medical School where she was affiliated with the Executive Division of the National Center for PTSD. Having recently retired, she and her husband of 38 years will soon be moving back to her hometown of Louisville, Kentucky.

The science of trauma psychology has been greatly enriched by her innovative and scholarly approach to the complex challenges of the epidemiology of post-traumatic stress when applied to disasters, cross-cultural studies, and the systemic issues in providing disaster mental health services.

She has published over 150 articles and chapters and has

been the recipient of numerous NIMH grants.

Fran Norris tends to be involved in the critical studies of some of the most important traumatic events in the United States. She was lead investigator, for example, on lessons learned from mental health systems' responses to the Oklahoma City bombing and 9/11 attacks on New York, and later, in collaboration with administrators at SAMHSA, she designed and implemented a cross-site evaluation of 17 federally funded state-level mental health programs after Hurricane Katrina. Her beat is exclusively trauma, stress, disaster, and uncertainty. Yet, she goes about her work with a calm sense of confidence. She sorts through the horror, sadness, and distress to find the active ingredients in human survival and thriving. In doing so she has raised the bar for all of us, methodologically and philosophically.

Over the last many years, Fran Norris has served as a research methodology pioneer. She has contributed to the science of trauma psychology through the power of her data. She has also shaped the field's philosophy about what needs attention and how best to go about it. In so doing she has influenced our national attention toward trauma, mitigation, and the human factors that enable us all to feel safe.

Roxanne Silver has noted in her nomination letter:

The field of trauma psychology is fortunate and privileged that Dr. Norris has dedicated the past 30 years to our field—indeed, long before the formation of our division. Many researchers—both young and older—have come to rely on Dr. Norris for continuous scholarly advice, experience, and wisdom. Dr. Norris's scholarship will undoubtedly continue to influence and define our field for many years to come.

Award for Outstanding Dissertation in the Field of Trauma Psychology

This award recognizes the most outstanding dissertation defended in the prior academic year on a topic in the field of trauma psychology.

The 2014 Award goes to **Darryl Etter**.

Darryl is a doctoral Student in Clinical Psychology at the APA-accredited PGSP-Stanford Consortium composed of the Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences and Palo Alto University.

According to his dissertation chair, Cheryl Gore-Felton, PhD, Professor & Associate Chairman, Psychiatry and Behavioral Sciences at Stanford, Darryl defended his dissertation May 30, 2013 with the title *Modern warfare: Video game playing and posttraumatic symptoms in veterans*. The dissertation examined the impact of video

games on combat veterans exposed to trauma. Video game playing was common and substantial in duration and frequency in this sample, and participants indicated that some games, particularly military first-person shooter games, reminded them of traumatic experiences. Players of trauma-congruent video games reported higher levels of PTSD symptoms in this study.

Despite this finding, these results did not indicate that video game playing contributed to PTSD symptoms beyond the effects associated with personality, combat exposure, and social support. The relative prevalence of video game play and its ties to psychopathology indicate that clinicians should assess the video game playing behavior of their patients, including veterans, with a particular eye to the duration of play sessions. Additionally, because these results suggest that video game playing is not necessarily harmful and that military first-person shooter games are reminiscent of trauma, this study suggests that video game-based exposure therapy is theoretically feasible. Much lower cost than virtual reality exposure therapy systems, video game-based exposure therapy could represent a means to increase access and utilization of trauma therapy among veterans broadly, especially among younger and more symptomatic cohorts that are less likely to engage with traditional talk therapies.

Professor Gore-Felton notes that the study extends what we know about the potential impact of video game playing on mental health and informs innovative treatment that leverages technology. Later she notes that in addition to the science, his “. . . research has clinical implications which will undoubtedly contribute to our understanding of coping, exposure, and avoidance in the context of combat trauma.” In this way, Dr. Etter embodies the practitioner–researcher as his program of study had a strong emphasis on clinical demands, including his year-long experience working at a VA hospital, where his patients with TBI and PTSD informed his hypotheses for this study. Based on her experiences as his dissertation committee chair and as a mentor on multiple other projects, she notes that, ranked with his peers, “. . . he would be in the top 1% without fail—he is just that talented.”

As an emerging prominent young scholar, in addition to his dissertation research Dr. Etter has five peer-reviewed manuscript submissions (three of which have been published and two are under review) and six peer-reviewed abstracts approved as research poster presentations.

In closing, Dr. Gore-Felton notes that Etter:

He brings poise, confidence, wisdom, and a fierce work ethic to everything he engages in, which results in the production of the highest quality work that increases our collective knowledge

and will benefit the communities he serves. Indeed, he embodies the mission of APA and will make substantial contributions to the field of trauma psychology for many years to come.

Award for Outstanding Service to the Field of Trauma Psychology

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

The 2014 Award goes to **Dr. Steve Gold**, Professor of Psychology at Nova Southeastern University, in Florida. This award recognizes Dr. Gold's remarkable career and especially his service to the field as a teacher, supervisor, mentor, clinical innovator, scholar, editor, and co-creator of journals and this division.

Dr. Gold was nominated by 6 of his former doctoral trainees who are now among the leaders in the field. Their letter of nomination was three single-spaced pages that described his amazing contributions to trauma psychology through his service and leadership.

1. He was a founding/chapter APA Fellow of the Division.
2. In 2009, he served as President of Division 56.
3. During his tenure, he helped to establish the Division 56 book series on trauma and was instrumental in the movement towards the formulation of competency guidelines in psychological trauma at the New Haven Consensus Conference in the Spring of 2013.
4. He is Founding Editor of Division 56's *Psychological Trauma: Theory, Research, Practice and Policy* since 2008. Through his service and leadership the Journal became one of the fastest growing and highly cited APA journals in history.
5. President of the International Society for the Study of Trauma and Dissociation in 2004
6. Founding co-editor of *Journal of Trauma Practice* (subsequently renamed *Journal of Psychological Trauma*).
7. Last year he was invited by the APA Publications Office to serve as editor of the two-volume *APA Handbook of Trauma Psychology*.
8. Leadership and service as Professor at the Center for Psychological Studies at Nova Southeastern University (NSU) since 1994, where he has conducted research, teaches courses, advises doctoral students, and oversees a training and service clinic (TRIP—the Trauma Resolution & Integration Program), all focused on trauma psychology.
9. Over the past 24 years, he has supervised over 150 doctoral trainees who have treated well over 2,000 trauma survivors at TRIP.

The six¹ who wrote the letter of nomination struck a chord with the Awards Committee:

Dr. Gold the deserves this award not only for his impact on us and many of our colleagues as an educator, but also for his contributions to trauma psychology in the areas of clinical theory, practice, research and leadership.

Award for Lifetime Achievement in the Field of Trauma Psychology

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

The 2014 Award goes to **Stevan E. Hobfoll**.

Dr. Hobfoll is the Judd and Marjorie Weinberg Presidential Professor and also the Chair of the Department of Behavioral Sciences at the Rush Medical College in Chicago. He is also Senior Fellow at the prestigious Center for National Security Studies at the University of Haifa in Israel. Steven is also a military veteran officer in the Israeli Defense Forces. He is a Charter/Founding Fellow of this division and is among its most prolific members.

Professor Hobfoll has advanced the field of Trauma Psychology throughout his distinguished career starting with his 1988 book, *The Ecology of Stress* and the 1989 *American Psychologist* article, "Conservation of resources: A new attempt at conceptualizing stress." This one paper alone has generated more than 3359 citations according to Google Scholar. As a true indicator of a career of achievements, Dr. Hobfoll is credited with more than 18,147 citations of his work and growing. He has helped to shape our views of how people cope with stress—being it traumas or dramas—and the world is a better place because of it.

Charles Benight, Professor of Psychology Trauma, Health, & Hazards Center in Colorado who wrote the nomination letter notes:

[Dr. Hobfoll's] . . . sophisticated theoretical approach has informed a vast array of research on traumatic stress, coupled at the same time with a profound practical impact on the treatment of trauma and especially mass casualty in regions around the world. Indeed,

his impact may be most felt in regions of the world where psychiatry and psychological care is nowhere to be found and people are suffering from disaster, war, and famine.

In short, he has been a guiding light in the world of darkness and stress, toward understanding and healing. He has helped us all to pay attention to the humanity of the traumatized and has inspired us to do more and to do it better. And thus the 2014 Awards Committee is happy to award its highest honor to Stevan E. Hobfoll.

Early Career Awards for Ethnic Minority Psychologists in Trauma Psychology

This award recognizes those ethnic/racial minority psychologists who have made outstanding contributions in the study and practice of trauma psychology within seven years of graduating from doctoral programs.

Nominees' contributions may be in the areas of clinical/practice, research/writing, basic/applied research, or other professional contributions (e.g., governance/leadership) and are more heavily weighted toward nominees who have made contributions in traumas affecting or are associated with ethnic minority status/issues.

The 2014 Award goes to **Betty S. Lai, PhD**.

She is an Assistant Professor in the Division of Epidemiology and Biostatistics within the School of Public Health at Georgia State University. She is also a 2014 National Scholar for the Academy on Violence & Abuse.

Her research focuses on how children and families respond to trauma and violence. In her work, she has examined child and family responses to a number of forms of community and family violence, as well as reactions to more subtle forms of victimization (e.g., peer victimization, cyber victimization). This spring she won an award to examine and describe patterns in barriers to treatment enrollment and engagement among parents of children exposed to abuse and trauma. This is the latest of many studies that have been reported in more than 21 refereed journal articles and 7 book chapters, with more in the works.

The special relevance to this award is Dr. Lai's tireless work in trauma response. The poor and indigenous people are always at great risk of inadequate resilience to disasters, which may lead to mental and physical illness. They often have no insurance to pay for the consequences of trauma in terms of mental health services. She is editing a special issue in the *Journal of Pediatric Psychology* that focuses on the youth and trauma.

¹Joan M. Cook, PhD, Jon Elhai, PhD, Amy E. Ellis, MA, MS, Dawn Hughes, PhD, Bryan T. Reuther, PsyD, Kelly Araujo, PsyD.

John Lutzker, Distinguished University Professor at Georgia State University, made special note in his nomination letter of Dr. Lai's innovation in reaching poor youth affected by disasters through the Internet. With Drs. Mary Lou Kelley and Shannon Self-Brown, she is helping to develop a web-based intervention for children after disasters. Dr. Lutzker wrote:

This web-based intervention for disaster-affected youth is critically needed. This project has the potential to help millions of youth with psychological distress symptoms after disasters, especially children of ethnic minority

status, who may have more limited access to treatment in the post-disaster recovery environment.

And later he notes,

In sum, Dr. Betty Lai has truly made outstanding early career contributions to the study of psychological trauma. I am very proud to nominate her for this award, and I hope you will seriously consider recognizing her with the award.

Call for Division 56 Awards Nominations 2015

AWARDS

Division 56: Trauma Psychology is now accepting nominations for its awards on outstanding contributions to the field. It's easy to nominate! Just send your nomination in the body of an email or as an attachment (electronic submissions only) to the Awards Chair, Dr. Charles Figley, at Figley@tulane.edu.

In the nominating letter, it is of utmost importance to explain the candidate's suitability for the particular award, their accomplishments, and specifically, their contributions made to the field of trauma psychology. Please also include a copy of the nominee's curriculum vitae. Self-nominations are accepted. **Deadline: April 20, 2015.**

Previous winners are listed on the Division's website: www.apatraumadivision.org.

Award for Outstanding Contributions to Practice in Trauma Psychology

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

Award for Outstanding Contributions to the Science of Trauma Psychology

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

Award for Outstanding Service to the Field of Trauma Psychology

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

Award for Outstanding Dissertation in the Field of Trauma Psychology

This award recognizes the most outstanding dissertation defended in the prior academic year on a topic in the field of trauma psychology. Quantitative, qualitative, and theoretical dissertations are all welcome. Nominations must include a copy of the dissertation abstract and a manuscript or publication derived from the dissertation. Dissertations must have been defended in the previous year (January-December 2014).

Award for Lifetime Achievement in the Field of Trauma Psychology

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

Award for Outstanding Media Contributions to Trauma Psychology

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

Award for Outstanding Early Career Achievement in Trauma Psychology

This award recognizes psychologists in the early stages of their careers who have shown outstanding achievement or who have made outstanding contributions to the study of psychological trauma.

Nominees' contributions may be in the areas of clinical practice/research and writing or basic/applied empirical research. Nominees should have earned their degrees no more than seven years prior to the year in which they are nominated. For the year 2014, eligible individuals will have received the doctoral degree in 2007 or thereafter.

Early Career Awards for Ethnic Minority Psychologists in Trauma Psychology

This award recognizes those ethnic/racial minority

psychologists who have made outstanding contributions in the study and practice of trauma psychology within seven years of graduating from doctoral programs. Nominees' contributions may be in the areas of clinical/practice, research/writing, basic/applied research, or other professional contributions (e.g., governance/leadership) and are more heavily weighted toward nominees who have made contributions in traumas affecting or are associated with ethnic minority status/issues. For the year 2014, eligible individuals will have received the doctoral degree in 2007 or thereafter.

New Fellows Announced

Diane Castillo, PhD

Diane Castillo, PhD, is the Coordinator of the Women's Stress Disorder Treatment Team at the New Mexico VA Health Care System in Albuquerque, and she has served in that position for the past 19 years. She is an Assistant Professor in the Psychiatry Department and an Associate Professor (Clinical) in the Psychology Department at the University of New Mexico. Dr. Castillo has developed and implemented programmatic, evidence-based assessments and treatments for women Veterans with PTSD. She has conducted research in the area of PTSD and is the Principal Investigator on a Department of Defense funded research study. In addition, she has published in the area of PTSD, Hispanic veterans, and ethics.

Dr. Castillo is an Associate Editor for APA's *Psychological Trauma* journal and guest editor of *Behavioral Sciences* journal. She was recently elected to the Board of Directors for the International Society for Traumatic Stress Studies. She is a trainer and consultant in the Prolonged Exposure for PTSD dissemination initiative in the VA through the National Center for PTSD.

She is also active in the training of psychology interns and postdocs. She received her bachelor's degree from the University of New Mexico and her PhD from the University of Iowa. According to Dr. Castillo, the best thing about being a trauma psychologist is having



Diane Castillo, PhD



Brian P. Marx, PhD

such a great impact on the lives of the Veterans she treats and seeing the tremendous improvements they make in their lives. Her advice for new trauma psychologists is to explore the wide variety of opportunities awaiting and available to you and try as many as you can. On a personal level, when she isn't working, she loves hanging out with her family and her chocolate lab, Molly. She hikes and hopes to get her pilot's license. She has fun playing with beads and making (not-so-bad-looking) pieces of jewelry, her most recent creative endeavor.

Brian P. Marx, PhD

Brian P. Marx, PhD, is a Professor of Psychiatry at Boston University School of Medicine and staff psychologist at the National Center for PTSD, VA Boston Healthcare System. He graduated with Honors in Psychology from Boston University in 1989 and completed his PhD in Clinical Psychology from the University of Mississippi in 1996. He began his career as an assistant professor of psychology at Oklahoma State University (OSU) where he conducted research on the connection between childhood sexual abuse and adult sexual assault.

After three years at OSU, Dr. Marx relocated to the department of psychology at Temple University in Philadelphia, where he continued his research on sexual revictimization as well as began another line of work with his collaborator Denise Sloan on the use of written disclosure protocols to treat trauma

survivors. He also conducted research on the relation between the peritraumatic experience and the development of PTSD. In 2006, Dr. Marx joined the Behavioral Science Division of the National Center for PTSD in Boston, where he has continued his work on understanding the peritraumatic experience and developing treatments for PTSD.

Dr. Marx's additional research interests include the association between PTSD and functional impairment, PTSD and memory, and understanding factors that influence outcome trajectories following trauma exposure. He serves on the editorial board of several scientific journals and has served as a grant reviewer for the National Institute of Mental Health, Department of Defense and Department of Veterans Affairs. Dr. Marx has been Co-Investigator (Co-I) and Principle Investigator (PI) on multiple Department of Defense, Veterans Affairs,

and NIMH-funded grants to examine neurocognitive and other risk factors associated with PTSD, suicidality, functional impairment, and other trauma-related outcomes.

In addition, he has studied methods for the assessment and treatment of PTSD, and to explore risk and resilience factors associated with PTSD. He is site-PI on a DARPA funded project to develop novel methods of assessing and identifying at risk veterans and service members and delivering mental health interventions using mobile and other technologies. He is also Co-PI on a large registry of returning veterans with and without PTSD who are using VHA mental healthcare services.

When not working, Dr. Marx enjoys spending time with his family, playing fetch with his dog, working out, going to the movies, trying new restaurants, and traveling.

Call for Fellows Applications

FELLOWS

We invite and encourage individuals who have “shown evidence of unusual and outstanding contributions or performance in the field of (trauma) psychology” (APA’s hallmark criterion) to apply for Fellowship status within Division 56. You must be an APA member for one year, and a current member of Division 56.

APA members who are not yet Fellows of any APA division must meet APA Fellow criteria, apply for Fellow Status according to APA procedures, and complete the APA forms, all described at <http://www.apa.org/membership/Fellows/index.aspx>. You will find everything you need to know about applying at the above APA web address.

In addition to meeting the APA criteria, applicants must meet Division 56 criteria, listed below.

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

1. Being a pioneer in the recognition and application of trauma psychology
2. Publishing important publications to the field of trauma psychology
3. Producing consistently outstanding instructional or training programs that educate the next generation of trauma psychologists or developing important innovations in teaching or education in the field.
4. Demonstrating consistently outstanding clinical work with the traumatized as recognized by international or national groups through citations, awards, and other methods of recognition.

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

In order to meet APA’s February 2015 deadline, Division 56 requires that all new Fellow application materials (including recommendations) be submitted through the APA web site by **November 1**. This timeframe will allow our Fellow committee to review all materials, make a recommendation, and forward completed application materials to APA in time to meet their deadline.

If you are a current Fellow in another APA division, we ask for a letter describing the ways your work meets the above Division 56 Fellow criteria. We also ask for three letters of recommendation from current Fellows, at least one of which must come from a Division 56 Fellow (listed on our web site at <http://www.apatraumadivision.org/honors.php>). Please submit these materials by e-mail to Laurie Pearlman (lpearlmanphd@comcast.net). We accept these applications on a rolling basis throughout the year. They do not go through the APA web-based application process.

We welcome all who are interested and qualified to apply! If you know a Division 56 member whose work meets these criteria, please encourage that person to apply.

Who's Who:

Sandra Mattar, PsyD

What is your current occupation?

I am currently an independent practitioner. I just finished a job as Associate Dean and Professor in the School of Education and Counseling at Saint Mary's College of California. Recently we decided to move near family in Boston, and just settled here about two months ago. In the meantime, I am also chair-elect of the Committee of Ethnic Minority Affairs of APA, and Associate Editor of *Psychological Trauma: Theory, Research, Practice and Policy*.

Where were you educated?

I did my undergraduate education in psychology in Caracas, Venezuela, at the Universidad Católica Andrés Bello. Later on, I completed my graduate education at the Massachusetts School of Professional Psychology and did a post-doctoral fellowship in behavioral medicine at a county hospital in Northern California.

Why did you choose this field?

I was initially interested in medicine; however, I later realized that I was better suited for psychology. I was passionate about helping others (even though it sounds cliché). My interest in trauma began when I decided to do research in Lebanon to study the war's effects on people. I was not aware at the time of the new diagnosis of PTSD, and I decided to study time perspective and locus of control in people immersed in war zones. This study also triggered my interest in the intersection of culture and trauma.

A few years later, I finished my internship at Cambridge Hospital at the Victims of Violence Program. I had Judith Herman as my supervisor, which had a great influence on my trauma-focused career. In addition, as a professor, I created the first trauma psychology course in the doctoral program where I was teaching. I continued to teach different versions of that course until last year.

What is most rewarding about this work for you?

Trauma psychology has provided me with many tools to understand human behavior. I can't conceive of any mental health training without trauma-informed training because trauma histories have a deep influence on mental health outcomes.

When I started teaching my trauma classes, my students were very thankful because they saw these classes as the "missing link" in their training. It amazed me at that time (and it applies today as well) how people could properly diagnose someone without taking a trauma history. Adding the cultural perspective to this class

was also very rewarding for me, as I believe that culture deeply affects our reactions and assessment of traumatic experiences.

I also consider my work with Division 56 as my "trauma work." I was a charter member and the division's first membership chair. I was also a Division 56 Council Representative. It gives me much pleasure to continue working toward promoting the relevance of trauma psychology and to advocate for the need to train future psychologists in this area.

What is most frustrating about your work?

People still consider trauma psychology a specialty. I believe trauma psychology should be part of the foundational training of every psychologist. In this sense, I don't think it is a specialty.

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

I love to be in nature so I am an avid hiker. Hiking helps me put my life into perspective and keeps me in touch with a higher being. I also enjoy traveling, photography, and reading.

What are your future plans?

My move to Massachusetts has granted me the privilege of starting anew and of reassessing my career in the years to come. Stay tuned.



Sandra Mattar, PsyD

Next Issue

The deadline for the Winter issue of TPN is February 1, 2015.

Review Essay on Sarah Stark's *Out There*

By Robert D. Stolorow, PhD

Deployed in Iraq in 2008, Navy psychiatrist Russell Carr searched the internet for psychoanalytic literature that would help him understand and reach the experiences of traumatized soldiers, and he came upon my book, *Trauma and Human Existence* (Stolorow, 2007). In an article that Carr (2011) subsequently wrote, he describes how his encounter with my ideas fundamentally transformed his approach to combat-related trauma: "In my remaining months in Iraq, I read Stolorow's book repeatedly, carrying it with me as I traveled between forward operating bases and outposts" (p. 474). In addition to supplying him with guiding ideas, the book seemed to provide him with what psychoanalyst Donald Winnicott calls a *transitional object*, a symbolic *blanket of comfort*, as Sarah Stark calls such objects in the novel under review.

Stark is a first-time novelist who teaches literature and creative writing at the Institute of American Indian Arts in Santa Fe, NM. When she learned of my work on emotional trauma, she contacted me to see whether I might be interested in reviewing her new novel, *Out There*, which she described as "the story of mostly-Native Jefferson Long Soldier returning home to New Mexico after two tours of duty in Iraq. Believing that the novel he carried with him (*One Hundred Years of Solitude* by Gabriel Garcia Marquez) saved his life, Jefferson borrows his cousin's motorcycle and rides to Mexico City to find the great writer." The remarkable parallel between Carr's use of my book and Jefferson's use of Marquez's book, both in the context of combat-related trauma suffered in Iraq, intrigued me, so I accepted the assignment. I anticipated that Stark's novel might contain rich and valuable descriptions of the experience of combat-related trauma, and I was not disappointed.

In my book, I contend that the essence of emotional trauma lies in the shattering of what I call the *absolutisms of everyday life*: "When a person says to a friend, 'I'll see you later,' or a parent says to a child at bedtime, 'I'll see you in the morning,' these are statements, like delusions, whose validity is not open for discussion. Such absolutisms are the basis for a kind of naive realism and optimism that allow one to function in the world, experienced as stable and predictable. It is in the essence of emotional trauma that it shatters these absolutisms, a catastrophic loss of innocence that permanently alters one's sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence on a universe that is random and unpredictable and in which no safety or continuity of being can be assured" (Stolorow, 2007, p. 16).

Stark evocatively captures this profound and pervasive sense of endangerment and existential vulnerability in

the novel's second paragraph, describing Jefferson's experience of reentry at the Albuquerque airport:

It was not a matter of hoping it was safe out. It was not a matter of being careful or identifying the exit signs or saying his prayers or dodging bullets. There were definitely snipers in the airport, explosive tumbleweeds on the highway, insurgents in stolen minivans, undercover extremists buying lattes in front of him and single mothers wired for explosives behind. A whole non-war-zone world on the brink of apocalypse (Stark, 2014, pp. 1-2).

A second essential characteristic of emotional trauma is the profound sense of isolation and aloneness that inevitably accompanies it:

[T]he traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness. It is in this sense that the worlds of traumatized persons are felt to be fundamentally incommensurable with those of others, the deep chasm in which an anguished sense of estrangement and solitude takes form (Stolorow, 2007, p. 16).

This sense of alienation from the everyday world is captured in a line that Jefferson borrowed from the Marquez novel (which Jefferson continued to carry with him, his "blanket of comfort," hidden under his shirt), uttered by a soldier when he was asked where he had been upon returning home from 20 years of civil war: "*Out there*, an incomprehensible faraway place. As in, *You cannot understand where I have been.*" Jefferson often chants these words, especially when he feels misunderstood, and they, of course, became the basis for the title of Stark's novel. He began chanting lines from Marquez's novel in response to the first of 41 deaths of comrades that he witnessed at close range.

A third essential characteristic is trauma's impact on the experience of time or temporality. Trauma devastatingly disrupts the linearity of ordinary, everyday temporality, the sense of stretching-along from the past to an open future:

Experiences of emotional trauma become freeze-framed into an eternal present in which one remains forever trapped, or to which one is condemned to be perpetually returned ... by life's slings and arrows.... In the region of trauma all duration or stretching along collapses, past becomes present, and future loses all meaning other than endless repetition (Stolorow, 2007, p. 20).

Because trauma so profoundly modifies the universal or shared structure of temporality, the

traumatized person quite literally lives in another kind of reality, an experiential world felt to be incommensurable with those of others (Stolorow, 2007). This felt incommensurability contributes to the sense of estrangement from other human beings that typically haunts the traumatized person.

Stark's second chapter gives a brief but compelling description of Jefferson's traumatic temporality: Although his body was unscathed, "some large, unidentified piece of his spirit—he didn't know where it was, or how long it had been missing—had remained behind" (Stark, 2014, p.12). And later, in chapter 7, "Now that he was home, he feared that time was not passing..." (Stark, 2014, p. 30). The unspeakable horrors of combat had been seared into his being.

The agonizing sense of estrangement experienced by traumatized persons spawns a longing for what I (Stolorow, 2007) call a *sibling in the same darkness*—for a bond of existential kinship with another traumatized soul who knows the experience of having one's emotional world shattered and who thereby can be a context of emotional understanding. Jefferson found this kinship-in-darkness in a character in Marquez's novel and in Marquez himself, just as Russell Carr found in me for I had used my own experience of a traumatic loss as the principal "clinical" example in the book he carried with him in Iraq. Jefferson longs to be with his savior, the writer who understands his life.

When Jefferson feels grossly misunderstood by a VA psychiatrist during his sole appointment with her, he decides to embark upon a quest to find his brother-in-darkness, Gabriel Garcia Marquez. The remainder of the book is in large part devoted to the vicissitudes of this quest, his adventures punctuated by memories of combat traumas and losses, accompanied by the chanting of lines from Marquez's novel. "A day without sad tears is a good reason for journeying," he chants while making his way (Stark, 2014, p. 125).

The book ends with Jefferson's poem and tribute, "Out There," an experiential collage composed by Jefferson during his journey, which, when he finds Marquez, he chants to him while telling his story of trauma. Being a work of fiction, the novel has a happy ending, with Jefferson returning home miraculously healed.

I am grateful to Sarah Stark for writing a novel that so beautifully and grippingly illustrates the essential features of emotional trauma.

References

- Carr, R. B. (2011). Combat and human existence: Toward an intersubjective approach to combat-related PTSD. *Psychoanalytic Psychology*, 28(4), 471-496.
- Stark, S. (2014). *Out There*. Santa Fe, NM: Leaf Storm Press.
- Stolorow, R. D. (2007). *Trauma and Human Existence: Autobiographical, Psychoanalytic, and Philosophical Reflections*. New York: Routledge.

APA Convention 2015 | Toronto | August 6-9, 2015



Division 56 President Takes to Capitol Hill to Educate Policymakers About Trauma and Health

By Diane Elmore, PhD, MPH, Division 56 Policy Committee Chair, and Kathleen Kendall-Tackett, PhD, Division 56 President

On August 5, 2014, we took advantage of our APA Convention location in Washington, D.C. to visit with policymakers on Capitol Hill. These visits provided an opportunity to introduce the extraordinary expertise and resources of our Division and to share timely and critical information regarding the impact of traumatic events on individuals across the lifespan.

First we headed to the U.S. House of Representatives, where we met with key staff in the office of Representative Mac Thornberry (R-TX). He serves on the House Armed Services Committee, which oversees the Department of Defense, including health and mental health initiatives. Given the Congressman's commitment to military issues, we highlighted the important role that psychologists play as scientists and practitioners assisting service members and Veterans in the Department of Defense, the Department of Veterans Affairs, and in the community. Rep. Thornberry is also a co-sponsor of bipartisan legislation to address the issue of sex trafficking. We highlighted the recent report of the [APA Task Force on Trafficking of Women and Girls](#) and offered Division experts for follow-up on this and other trauma psychology issues.

Next, we headed over to the U.S. Senate for a meeting with key staff in the office of Senator John Cornyn (R-TX). He serves as a member of the Senate Finance Committee, which has jurisdiction over important health

programs (e.g., Medicare, Medicaid, Children's Health Insurance Program, and Temporary Assistance to Needy Families) and the Senate Judiciary Committee, which oversees the Department of Justice, including initiatives to address the needs of victims of crime. Sen. Cornyn

is also the lead sponsor of several bipartisan bills to combat sex trafficking. Given these interests and key challenges facing Texas, we had an engaging dialogue with staff about a range of issues, including the needs of military service members and Veterans, the enduring health effects of childhood abuse and neglect, and the importance of understanding trauma exposure among unaccompanied immigrant minors.

Overall, it was an exciting and productive day on Capitol Hill which provided an important opportunity to educate policymakers about Division 56 and the scientific and clinical resources we can offer. To learn more about the important role that psychologists can play in public policy and advocacy, please visit the [APA Government Relations website](#) and participate in the [APA PsycAdvocate® training modules](#), which are designed to provide

psychologists and psychology students/trainees with the skills to become effective public policy advocates at the federal, state, and local level.



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information about events, awards, and other achievements—to tpndiv56editor@gmail.com.

Division 56 Webinar Series

Bob Geffner, Ph.D., ABN, ABPP, hosted a popular webinar for Division 56 on “Children Exposed to Violence and Other Adverse Experiences, Trauma and the Brain.” Geffner, co-chair, National Partnership to End Interpersonal Violence Across the Lifespan, is president of the American Academy of Couple & Family Psychology and is past president of the division. He has conducted evaluations of child abuse, sexual assault, and domestic violence cases for courts, Child Protective Services (CPS) and other referral agencies.

Research over the past two decades has clearly demonstrated that trauma changes the body and mind. During the first five years, the brain is more malleable and vulnerable to trauma exposure. Children exposed to adversity and trauma in the first five years are vulnerable throughout their lives to physical and psychological effects. In this webinar, Dr. Geffner summarized this research and described what we know about trauma and adversity and the developing brain. He also answered numerous questions on related topics; technical difficulties at the beginning enabled the 55 live participants on Oct. 24, 2014 to interact with George Rhoades, PhD, on future topics for the series.

Bethany Brand, Ph.D., hosted another webinar on “Understanding and Stabilizing Safety Problems with Severely Dissociative Clients.” A professor of psychology at Towson University in Maryland and a clinician in private practice, Dr. Brand specializes in the assessment and treatment of trauma related disorders including posttraumatic stress and dissociative disorders. She

is the primary investigator on the largest longitudinal treatment outcome study to date of dissociative disorders (the TOP DD study) and has served on national task forces that developed guidelines for the assessment and treatment of trauma-related disorders and conducts research on trauma disorders.

Dissociative patients are among the most self-destructive and suicidal clients in the mental health system. In this seminar, which was held live on Friday, Dec. 5, 2014 with 37 participants, Dr. Brand reviewed the research about safety problems in this population and discussed why they struggle so much with unsafe behavior. She introduced a series of steps that clinicians can follow to assist dissociative clients in stabilizing safety problems. Dr. Brand also described productive ways to discuss safety problems with clients.

The next webinar is Friday, Dec. 19, 2:00-3:15 pm EST:

Posttraumatic Growth in the Military: Theory, Research and Practice, Rich Tedeschi, PhD, Professor of Psychology, UNC, Charlotte
<https://www3.gotomeeting.com/register/559095126>

After this one, webinars will be monthly in 2015 except for January and August. Watch for emails.

**Webinars are now freely
available on the web:**

<http://www.apatraumadivision.org/webinar.php>

Division 56 Member Services

Join Division 56: www.apa.org/divapp

Renew Division 56: APA Members, Associates, and Fellows may renew via www.apa.org/membership/renew.aspx. Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at www.apa.org/divapp.

Membership Term: Membership is for January-December. If you apply during August-December, your membership will be applied to the following January-December.

Website: www.apatraumadivision.org

Listserves: Everyone is added to the announce listserv, div56announce@lists.apa.org (where news and announcements are sent out; membership in Division 56 is required).

To join the discussion listserv, div56@lists.apa.org (where discussion happens; membership is not required), send a note to listserv@lists.apa.org and type the following in the body of the note: subscribe div56

Journal: You can access the journal, *Psychological Trauma: Theory, Research, Practice, and Policy*, online at www.apa.org via your myAPA profile. Log in with your user ID or email and password.

Newsletter: The newsletter is sent out on the division listservs and is available on the website at www.apatraumadivision.org/newsletter.php

Membership Issues: Email division@apa.org or phone 202-336-6013.

Division 56 Member Activities

General Member News

Donna Bassin, PhD: Wrote and produced the documentary, *Leave No Solider*. It won a number of film festival awards when it was first released in 2008. She has re-edited the film and is hoping that communities will use it to set up screenings and town hall meetings focused around the trauma of our returning combat veterans.

Joseph Bianco, PhD: In the process of developing a trauma-informed training program specifically for primary care medical settings that aid underserved patients. The program, aimed at early career physicians, incorporates didactic training, and experiential groups for physicians to process and reduce work-related stress. The aim is to raise physicians' awareness of the ubiquity of trauma among underserved populations and to improve their perceptions of, and care delivery to, patients who may have complex trauma histories. A parallel aim is to address the provider burnout associated with serving high volumes of patients with traumatic stress.

Catherine C. Classen, PhD, CPsych: Recently co-authored an online CME course with psychiatrist Alex Heber initiated and funded by the Mood Disorders Society of Canada. This course was written to teach family physicians (or primary care providers) about PTSD and trauma-informed care. Along with written information, there are video testimonials from several trauma survivors representing a broad range of traumatic experiences as well as two case vignettes with actors playing the roles of trauma survivor patient and doctor interacting in the doctor's office. This course is about to launch in Canada and it is free and accessible to anyone.



Priscilla Dass-Brailsford, EdD



John H. Diepold, Jr., PhD

Lisa Danylchuk, EdM, MFT, E-RYT: Teaching youth development programs to use yoga as a tool for healing trauma by integrating yoga into trauma treatment and connecting the philosophies of yoga with trauma theory (via work of Dan Siegel, Pat Ogden, Bessel van der Kolk). She has been teaching yoga in prisons, recovery centers, juvenile halls and schools and often presents on trauma-informed yoga to mental health professionals and also to yoga teachers.

Ricky Greenwald, PhD: Working on a meta-analysis of EMDR in comparison to other trauma treatments. He has also been in the process of developing another trauma treatment, Progressive Counting. This treatment was recently compared to EMDR in an efficiency study and outperformed it in efficiency. This study was also recently accepted for publication by the APA journal *Traumatology*.

Ani Kalayjian, EdD, DDL, BC-RN, BCETS, DSc (Hon): Developed a unique 7-Step Integrative Healing Model, which is multicultural and integrates Mind-Body-Eco-Spirit for transforming trauma. She has used it successfully in over 45 countries addressing both human-made and natural disasters. This year she mobilized three humanitarian teams to the Middle East, Haiti and Armenia working with Palestinian, Syrian, and Iraqi refugees, as well as training psychology students and faculty in each country they served.

Lou A. Lichti, PhD: Offering support groups on pet bereavement and for owners of pets with chronic or terminally ill pets. This was created out of the realization that a human's bonds with their pets can be so intimate and strong that the loss can be traumatic and sometimes triggering other traumatic losses. Moreover, recognizing the agony that comes along with caring for a sick pet and making end of life decisions are made easier by sharing with others who have gone through the same experience.

Philip Wenk, MBA: Currently developing and evolving evidence-based therapies (mostly TF-CBT) to include mindfulness, movement, music and other techniques

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achievements—to tpndiv56editor@gmail.com.

to “involve” the base brain more in therapy with traumatized children.

Newly Published

Naji Abi-Hashem, PhD: Authored an article, “Cross-Cultural Psychology and Counseling: A Middle Eastern Perspective,” in the *Journal of Psychology and Christianity*.

Chris Courtois, PhD, ABPP, co-edited with **Donald Walker** and **Jamie Aten**: *Spiritually-Oriented Psychotherapy for Trauma* published by APA Books. (<http://www.apa.org/pubs/books/4317354.aspx>)

Michael Eigen, PhD: Authored three new books published by Karnac Books 1) *A Felt Sense: More Explorations of Psychoanalysis and Kabbalah*, 2) *The Birth of Experience*, and 3) *Faith*. (<http://www.karnacbooks.com/Author.asp?AID=2931>)

Lorna Myers, PhD: Director of the Psychogenic Non-Epileptic Seizures (PNES-a form of conversion disorder) Program has been doing interesting research with those who are dually diagnosed with PNES/PTSD. Recently authored articles include: (1) *Psychological trauma in patients with psychogenic non-epileptic seizures: Trauma characteristics and those who develop PTSD* and (2) *Cognitive differences between patients who have psychogenic non-epileptic seizures (PNESs) and posttraumatic stress disorder (PTSD) and patients who have PNESs without PTSD*. (<http://blog.nonepilepticseizures.com/author/admin/page/4/>)

Laurie Anne Pearlman, PhD: Authored *Treating Traumatic Bereavement* published by Guilford Press. (<http://www.guilford.com/books/Treating-Traumatic-Bereavement/Pearlman-Wortman-Feuer-Farber/9781462513178>)

Sophia Richman, Ph.D., ABPP: Authored *Mended by the Muse; Creative Transformations of Trauma* published by Routledge. This book powerfully articulates

the ways in which artistic self-expression can be a path to healing in the aftermath of trauma. (http://www.routledgejournalofhealth.com/catalogs/psychoanalysis_and_psychoanalytic_psychotherapy_2014/)

Lesia Ruglass, PhD & **Kathy Kendall-Tackett**, PhD: Authors of *Psychology of Trauma 101*, published by Springer. (<http://www.springerpub.com/psychology-of-trauma-101.html>)

Awards

Priscilla Dass-Brailsford, EdD: Received the Don Fridley Memorial Award for Excellence in Training & Mentoring at the 2014 International Conference on Violence, Abuse and Trauma Conference in San Diego, CA.

Lening A. Olivera-Figueroa, PsyD, ABPP: Recently received the American Board of Professional Psychology's (ABPP) Diversity Scholarship Award, which recognizes a new specialist from an underrepresented multicultural group whose accomplishments and credentials show promise for their future role as a leader in their field of specialization.

Paula Thomson, PsyD: Was named one of the top 20 female professors in California and was recognized by the Los Angeles City Council for her work last September. She was also named the outstanding faculty for 2013 at California State University, Northridge.

Presentations

John H. Diepold, Jr., PhD: Presented on “Heart Assisted Therapy®: Applications for Trauma and Dissociation” on March 29, 2014 at the Annual Conference of the European Society for Trauma and Dissociation in Copenhagen, Denmark.

Robert (Bob) D. Stolorow, PhD: Invited speaker on emotional trauma at the World Congress for Existential Therapy in London, England, May, 2015.

Social Media News

Division 56 is on social media! Please join us to get the latest announcements, news, and events.

Facebook:

<https://www.facebook.com/apadivision56>

Twitter:

<https://twitter.com/APADiv56>

LinkedIn:

go to <http://www.linkedin.com> and search in groups for Division 56



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Student Members: Become part of a Division committee and serve on Division committees and

forces

- Subscription to our journal, Psychological Trauma: Theory, Research, Practice, and Policy, at the member rate of \$22.50 per year

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***Professional Affiliate Membership** is offered to individuals who are not members of APA. Applicants in this category must submit a description of professional training in trauma psychology or a related field, a curriculum vitae, and the name of a current member willing to provide a brief statement of endorsement. These materials should be submitted to the current Membership Chair at APADiv56Membership@gmail.com.

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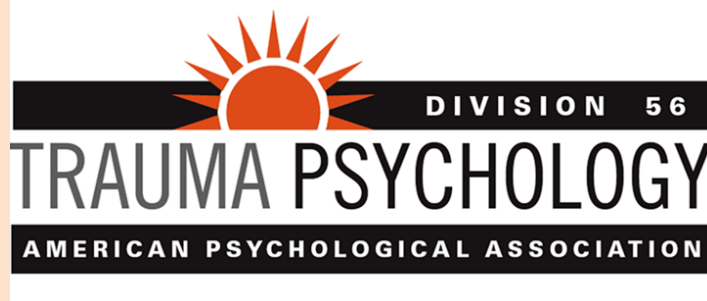
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The **TRAUMA PSYCHOLOGY NEWS** is a membership publication of the Division of Trauma Psychology, Division 56, of the American Psychological Association and, currently, produced three times a year. The newsletter provides a forum for sharing news and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

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

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PUBLICATION SCHEDULE

Issue	Submission Deadline	Publication Date
Winter	February 1	March
Spring/Summer	June 1	July
Fall	October 1	November

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