



DIVISION 56

TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

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PRESIDENTIAL VOICE

These Are Turbulent Times

By Beth N. Rom-Rymer, Ph.D.
President, Division 56

We are reeling from the revelations from the Hoffman Report and working hard to pursue a productive path forward as trauma psychologists.

The theme of our Toronto Convention was "Trauma and Social Justice." Resonating well with our members, I am happy to report that our many symposia and Suite Programs were very well attended and received. I will only describe a few highlights, here. But, I want to take this opportunity to congratulate and thank all of our panel chairs (and each and every one of our panelists and discussants) for their excellent work: Dr. Sandra Mattar, Dr. Terry Keane, Dr. Beverly Greene, Dr. Lindsay Orchowski, Dr. Katie Edwards, Dr. Constance Dalenberg, Dr. Andreea Tamaian, Dr. Mindy Mechanic, Dr. Ani Kalayjian, Dr. Georgiana Sofletea, Dr. Nnamdi Pole, Dr. Heather Littleton, Dan

Grech, M.A., Dr. Anne Wagner, and Dr. Richard Tedeschi. And, I want to thank each of our Suite Program leaders: Dr. Nnamdi Pole, Dr. Amber Douglas, Dr. Amy Ellis,

Dr. Bryan Reuther, Dr. Vanessa Simiola, Dr. Janna Henning, Dr. Jessica Punzo, Dr. Kathleen Kendall Tackett, Dr. Charles Figley, and Dr. Kathy Figley. Above all, I want to give many, many thanks to my Convention Chair, Dr. Nnamdi Pole, and my Suite Coordinator, Dr. Jessica Punzo, for their dedicated, year-long, conscientious, highly skilled efforts, as we three worked

closely together to create a very successful Convention Program for our members.



Beth Rom-Rymer, Ph.D.

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Award Photos

Turn to p. 7 for photos from convention awards program.

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Presidential Voice

continued from p. 1

Keynoter Bryan Stevenson, nationally recognized and admired as a brilliant, singularly focused anti-death penalty, Harvard trained lawyer, is a fierce advocate for significant reductions in the incarceration rate (he wants to reduce the numbers of incarcerated Americans by 50% in the next 7 years); terminating the practice of incarceration of juveniles as adults; eliminating excessive and unfair sentencing; removing abusive practices aimed at the mentally ill in prisons. As determined as Bryan Stevenson is to radically reform our criminal justice system, he is equally reflective and compassionate, demonstrating a keen understanding of the traumatic psychological sequelae of incarceration. In beautiful, soft cadences, Bryan Stevenson spoke to a packed room, receiving two standing ovations. At the conclusion of this session, I had the distinct honor of presenting Mr. Stevenson with the Division 56 Presidential Award for Social Justice.

Keynoter Dr. Stevan Hobfoll, the 2014 winner of the Division 56 Lifetime Achievement Award, and the Judd and Marjorie Weinberg Presidential Professor and Chair of the Department of Behavioral Sciences at Rush Medical College in Chicago, is also a Senior Fellow at the Center for National Security Studies at the University of Haifa in Israel and has served as an officer in the Israeli Defense Forces. Dr. Hobfoll has consulted with national and international agencies on topics such as the effects of war and terrorism on the experience of stress, global dimensions of mental health, human resiliency, and emergency preparedness and response. With his unique breadth of international experience in combating terrorism and managing stress responses, Dr. Hobfoll expertly spoke on “caravan passageways and the creation of trauma resilience.” Dr. Hobfoll’s talk sparked much lively discussion!

Pioneering psychologist, Dr. Rachel Yehuda, Professor of Psychiatry and Neuroscience and the Director of the Traumatic Stress Studies Division at Mount Sinai School of Medicine, was one of the first scientists to conceptualize how the neurobiological effects of trauma can be transmitted from one generation to the next (historical trauma). Early in the 1990’s, Dr. Yehuda unexpectedly found that the children of Holocaust survivors had the same low cortisol levels as their parents, and the same low cortisol levels as found in Vietnam War veterans diagnosed with PTSD. Until Dr. Yehuda had found symptoms of PTSD in Holocaust survivors, it was not widely known that Holocaust survivors were suffering from PTSD. Nor was it understood that the children of Holocaust survivors could have “inherited” their parents’ PTSD. Dr. Yehuda drew vigorous applause after she expertly talked about the neurobiological, heritable changes that occur when individuals are exposed to severe, overwhelming, early trauma and the neurobiological transformations that occur directly to the developing

fetus when mothers, who are trauma survivors, undergo significant stress during pregnancy, stress that is attributable to symptoms of PTSD.

Other panelists on the superb Historical Trauma panel were: Dr. Thema Bryant-Davis, feminist psychologist, poet, dancer, and singer, who drew appreciative response for her powerful talk, punctuated with poetry and song, on the behavioral and emotional evidence of the historical trauma suffered by the African American community; Dr. Donna Nagata, who talked about historical trauma in Japanese-American communities, attributable to their incarceration during World War II; and Dr. Jacob Tebes, who gave an overview of how historical trauma impacts present-day health, completed the scholarly and evocative panel, chaired by Dr. Nnamdi Pole.

One of the most moving Division 56 community events came with our Suite program that focused on “Black Lives Matter.” Drs. Nnamdi Pole and Amber Douglas led an hour and a half discussion on how we, as treating clinicians, experience our own vulnerability to being the victims of violence; how we can manage our feelings of vulnerability; and how we can help our clients talk about and manage their sense of vulnerability, particularly as we are informed by daily reports of deadly violence against men and women of color.

The Suite Program, that had attracted a great deal of attention prior to the Convention, concerned the ramifications of the revelations of the Hoffman Report, “APA Crisis: Institutional Betrayal and Recovery.” Dr. Beth Rom-Rymer and Dr. Nnamdi Pole chaired this session with expert discussants: Dr. Laura Brown, Dr. Charles Figley, Dr. Robyn Gobin, Dr. Steve Gold, Dr. Sandra Mattar, and Carly Smith, MA, MS. This session was very well attended and focused on: a/ the feelings of institutional betrayal; b/ how we recover from these feelings; and, c/ what Division 56 psychologists can do, as trauma experts, to bear witness to the suffering of victims of torture. This includes providing psychological assistance to victims of torture, calling attention to the suffering of victims of torture, and providing empirical understanding of the psychological sequelae of torture.

The Toronto Convention gave us a strong sense of community with a shared purpose. We are committed to excellence in the identification, assessment, and treatment of trauma and in the dissemination of scholarly, evidence-based, information on trauma. We are also committed to promoting social justice in all environments by working to prevent traumatogenic events from occurring, often by speaking out for more just social policies and by treating victims who have been harmed by random environmental catastrophes and/or by egregious political activity.

Because we, as a Division, are committed to social justice, we have taken several measures, pursuant to the revelations of the Hoffman Report:

1. On August 8th, at Convention, we organized a productive discussion: “The APA Crisis: Institutional Betrayal and Recovery” during which we discussed our next steps in responding to the Hoffman revelations.
2. Division 56 Past President, Dr. Bob Geffner, was one of the founders and the first president of the Divisions for Social Justice (DSJ) consortium at APA. Dr. Sandra Mattar and Dr. Charles Figley have represented Division 56 in this consortium during the last several years. Dr. Figley and Dr. Geffner represented us this year (2015). Dr. Diane Castillo and Dr. Charles Figley will continue to represent us. Our DSJ representatives will talk to our Division members, throughout the coming months, about the work that the DSJ is doing in the context of the APA Crisis.
3. On September 25, 2015, we produced a webinar on the Division 56 Response to the Hoffman Report, administered by our Education and Training Chair, Dr. George Rhoades, chaired by Drs. Beth Rom-Rymer and Nnamdi Pole, with expert discussants: Dr. Robyn Gobin and Carly Smith, MS, MA, (speaking about institutional betrayal and recovery); Drs. Charles Figley and Steve Gold (speaking about the most recent APA response to the Hoffman Report), and Drs. Katherine Porterfield and Charles Figley (speaking about the horrific psychological sequelae to torture). This webinar is now available on the Division 56 website. Dr. Katherine Porterfield is a psychologist at the Bellevue/NYU Program for Survivors of Torture and a Clinical Instructor at the NYU School of Medicine. Dr. Porterfield supervises trainees and teaches about the treatment and evaluation of survivors of torture and war trauma. Dr. Porterfield has worked as a clinical evaluator of defendants on several capital cases as well as in “war on terror” cases, involving torture, rendition and maltreatment, at the Guantanamo Bay detention center, as well as at other detention sites.
4. Dr. Charles Figley, the Division 56 Representative to the APA Council, is a towering figure in the traumatic stress field, having founded some of the most renowned national organizations that focus on PTSD, including the International Society for Traumatic Stress Studies (ISTSS). Dr. Figley and Dr. Katherine Porterfield are chairing the Division 56 Torture Trauma Research Project that will address the work that our Division plans to do in providing evidence-based psychological and other assistance, as needed, and as specifically requested, to victims of torture throughout the world. Voluntary financial contributions will help to support this project.
5. Dr. Nnamdi Pole is a Professor of Psychology at Smith College, whose work focuses on trauma in ethnic minority populations as well as the trauma experienced by law enforcement officers. Dr. Pole (as noted above) was the Convention Program Chair for the Division 56 2015 Convention and the Chair of two Presidential task forces related to the issue of APA’s policy on torture. The first task force, initiated in 2006, completed its work in 2009. The second Presidential Task Force, titled “The Impact of Institutional Betrayal on our Psychological Community and the Larger Society,” has just begun to respond to the revelations of the Hoffman Report. Dr. Pole was also invited to be the guest editor of a Section of the Spring 2016 issue of our Journal, *Psychological Trauma*. This Section will be devoted to further discussion of the Division 56 response to the Hoffman Report. Dr. Pole’s co-editor will be Dr. Bridget Klest, a trauma psychologist at the University of Regina, Saskatchewan. Dr. Pole has already lined up an impressive list of authors and articles.
6. Dr. Beth Rom-Rymer is consulting with Dr. Katherine Porterfield and other experts in the treatment of torture survivors as she plans to lead a delegation of Division 56 psychologists to Guantanamo to bear witness to the experience of the detainees.
7. Dr. Beth Rom-Rymer and Dr. Charles Figley are working together to explore ways in which they can support the ACLU lawsuit against psychologists James Mitchell and John “Bruce” Jessen, who designed, implemented, and oversaw the CIA’s post-9/11 torture program. To date, the Division 56 Executive Committee has unanimously agreed that Division 56 will:
 - a. Go on record as supporting APA’s direct, positive engagement with the ACLU lawsuit.
 - b. Directly support the ACLU lawsuit with financial contributions, expert testimony, and any other assistance that we can provide for this lawsuit.

The Hoffman Report has opened our eyes to occurrences that had been beyond belief for most of us. As we now monitor the larger APA culture, we need to keep a primary focus on keeping our own house in order. As a Division, we want to focus on what is important for the training and education of trauma psychologists and what is important for the identification, assessment, and treatment of trauma, and the dissemination of scholarly, evidence-based, information on trauma. At the same time, it is important that we nurture a culture, within our Division, that is honest, open to minority opinions, and vigilant to transgressions against marginalized individuals and societal groups. We strive to provide a model for APA in creating open and supportive forums

for the expression of a wide range of ideas.

Our Division 56 representatives to APA Council (Dr. Charles Figley and Dr. Steve Gold) and our Division 56 colleagues who are members of APA Boards and Committees are our best connectors to the larger APA culture. We rely on these representatives to bring APA issues back to our Division and to bring significant Division issues forward to our institutional colleagues.

It is certainly appropriate that we monitor decision-making processes in the larger APA as we monitor the group dynamics within our Division. The revelations of wrongdoing among our highest ranking APA officials have demonstrated for us the many ways in which destructive

and harmful actions can take place.

Focusing on the needs of victims of torture, involving our Division in important outreach to the international communities of torture victims, and joining the ACLU effort to hold psychologists accountable for their egregious involvement in the torture of U.S. detained prisoners are just some of the ways our Division is working to create and sustain a professional culture whose priority it is to engage in activities that promote humanitarian interests.

Thank-you, Division 56 members, all of you, for your commitment to our work and to social justice, and to enhancing our larger field of professional psychology.

A New Beginning



*Brayn T. Reuther, Psy.D.
Editor-in-Chief*



*Tyson Bailey, Psy.D.
Associate Editor*

Dear Colleagues,

The Fall and Winter months, and particular the closing of the year, beckons us to reflect on our pasts. This reflection may take place around family or friends, or perhaps by oneself. For some, this is a difficult time, as memories from the past reemerge, and intrude upon the present. It can, however, also be a time of renewal—a new beginning. A fresh start glistening with potential and possibility.

In this issue, we take the time to reflect on the convention, where many of us were able to rekindle old friendships, discuss critically important issues, and establish new connections. In their opening section, both Drs. Rom-Rymer and Nnamdi Pole review the wonderful programming and stellar contributions of our members during this last convention. It is also important during this time to reflect on the ugly stain left on the history of the APA revealed by the Hoffman report, and specifi-

cally the steps that have been taken and how to proceed. I would personally like to take the opportunity to thank Dr. Rom-Rymer for all her hard work and diligent leadership, not only through this terrible situation, but also for all of her contributions throughout her entire presidency. With many of the initiatives discussed over the past few months, Division 56 is certainly taking a leadership role.

Included in this issue are fantastic articles, a multimedia review, poetry, and many announcements of the fine work and accomplishments of our members. I hope that all of you (and those near and dear to you) remain well through the closing of the year, and best wishes as we plunge into a new one.

All the Best,

Bryan T. Reuther, Psy.D.
Editor-in-Chief

Highlights From the 2015 APA Convention

By Nnamdi Pole, Ph.D., Convention Chair

The American Psychological Association (APA) held its 2015 Convention in Toronto, Ontario, Canada. Though the revelations of the Hoffman Report brought unwelcome news of APA's complicity in human rights abuses, Division 56 was able (almost presciently) to offer a hopeful program devoted to the theme of "Trauma and Social Justice."

Our interest in orienting psychologists toward understanding the traumatogenic aspects of social injustice was evident in symposia with the following titles:

(a) "Trauma and Resilience Among Diverse Survivors of Violence Against Women and Girls"; (b) "The Impact of Institutional Betrayal Resulting from Law Enforcement Perpetrated Violence"; (c) "Race and Trauma Knowledge in Treatment and Research"; (d) "Violence and Social Justice: Women's Perspectives from Africa, Prison, and Social Media"; (e) "The Seriously Mentally Ill: Perpetrators of Violence or Victims of Suicide and Violence?"; (f) "Bringing Best Practices to Underserved Populations: A Biopsychosocial Approach to Treating Trauma"; and (g) "The Trauma of Incarceration." Yet, we went further by

inspiring and mobilizing psychologists to remediate some of the harm ascribed to our profession by engaging in action to promote social justice. A key example was the symposium entitled "So, You Want to Pass a Law? How Psychologists Can Inform Public Policy at Local, State, and Federal Levels" led by our Division President, Beth Rom-Rymer, whose legislative expertise has already proven instrumental in changing Illinois law.

The 2015 Division 56 program was also distinguished by its invited speakers. Steven Hobfoll, Ph.D., a senior leader in the field of trauma psychology, delivered a keynote address entitled "Caravan Passageways and the Creation of Trauma Resilience" which offered new perspectives on how to stay strong in the face of trauma. Rachel Yehuda, Ph.D., a world expert on the biology of trauma, presented a paper entitled "Intergenerational Transmission of Trauma and PTSD" as part of a symposium entitled "Historical Trauma: The View Through Different Cultural Lenses." Finally, and most notably, Bryan Stevenson, JD, accepted the Presidential Award for Social Justice and delivered arguably the most moving keynote address of the convention. His talk, which highlighted the devastating effects of mass incarceration in juveniles, was delivered to a packed room and earned thunderous applause and a standing ovation!

The program also featured excellent oral presentations by

other trauma experts such as: Laura Brown, Terry Keane, Constance Dalenberg, Denise Sloan, Kathleen Kendall-Tackett, Beverly Greene, Pat DeLeon, Morgan Sammons, Casey Taft, Anne DePrince, Vicky Mays, Heather Littleton, Tara Galovski, Joseph Gone, Katie Edwards, Thema-Bryant Davis, Lindsay Orchowski, Diane Elmore, Robert Carter, and Richard Tedeschi. These symposium presentations were supplemented by close to 80 poster presentations addressing a rich diversity of topics including:

mediators of the relationship between child abuse and interpersonal problems, posttraumatic growth in U.S. military veterans, emotion dysregulation and PTSD symptoms, PTSD among incarcerated veterans, posttraumatic stress among journalists, yoga treatment for women with chronic PTSD, personality and PTSD among cancer patients, child abuse and eating disorders, moderators of PTSD in homeless people, informed consent in trauma research, rethinking PTSD in refugees and torture survivors, and testing the trauma and fantasy models of dissociation.

While all of this was unfolding in the convention center, Division 56 also had the privilege of hosting a number of events in a beautiful and spacious hospital

suite at the top of the Westin Harbour Castle Hotel overlooking the Toronto Bay. These events, which were expertly organized by Jessica Punzo, included a social mixer for junior and senior professionals, and a series of conversation hours focused on the Division 56 symposia, the Black Lives Matter movement, the future of practice, how to teach a trauma course, getting published, and self care. We are particularly proud of our conversation hour devoted to the consequences of the Hoffman Report with particular attention to finding ways to ameliorate the suffering of the detainees.

In sum, the 2015 Convention was far from "business as usual." Instead, it was an opportunity for self-reflection, grieving, education, inspiration, course correction, and action. We believe that the events of this convention will influence the agenda and priorities of Division 56 and the rest of APA for years to come. If you were not able to attend we hope that you join us in the future on our continued quest to reclaim the soul of APA by seeking social justice.

Nnamdi Pole, Ph.D. was the 2015 Convention Programming Chair for Division 56. He is also a Professor of Psychology at Smith College and a licensed clinical psychologist. His areas of expertise include the psychophysiology of trauma disorders and ethnocultural variation in traumatic stress.



Namdi Pole, Ph.D.

2015 Awards Program



1. Korrin Saunders, Grace Verbeck, Jan Estrellado, Garrett Work, Danielle McGraw, Lisa Goldberg-Looney, Elizabeth Straus, and Vanessa Wu. 2. Jeffrey Ellis, Amy Ellis, and Bryan Reuther. 3. Robyn Gobin, Jessica Punzo, Genesis Vergara, Elizabeth Straus, and Janelle Smith.



4. Brian Marx, Michelle Bovin, Jonathan Green, Jasmeet Hayes, and Denise Sloan. 5. Beth Rom-Rymer and Constance Dahlenberg at the podium as the crowd looks on. 6. Beth Rom-Rymer, Lifetime Achievement Award Winner Laura Brown, and Constance Dahlenberg.



7. Beth Rom-Rymer, Contributions to Practice Award Winner Marylene Cloitre, and Constance Dahlenberg. 8. Beth Rom-Rymer, Outstanding Service Award Winner Joan Cook, and Constance Dahlenberg. 9. Beth Rom-Rymer, Outstanding Dissertation Award Winner Elizabeth Verbeck, and Constance Dahlenberg.



10. Elizabeth Carll, Division 56 Student Stipend Winner Claudine Anderson, and Beth Rom-Rymer. 11. Joan Cook and Lisa Rocchio. 12. Monique Brown and Joanne Sparrow. All photos by Tyson Bailey.

Parenting With PTSD: Helping Veterans Talk With Their Kids About PTSD

By Kristy Straits-Troster, Ph.D., Michelle D. Sherman, Ph.D., Jenna L. Gress-Smith Ph.D., and Jessica L. Larsen, Ph.D.

Although the majority of adults with posttraumatic stress disorder (PTSD) are parents, very little is known about parent-child communication about the symptoms. Rates of parenthood among Iraq and Afghanistan veterans are unknown, but estimates suggest that over half may have at least one child living in the home (Teten et al., 2010). While some parents living with mental health problems experience parenthood as a positive role in their lives, providing a sense of purpose or meaning (Evenson et al., 2008), others feel overwhelmed and question their parenting abilities. Further, several well controlled studies have found a significant relationship between parental PTSD and child distress and behavioral problems (Lambert, Holzer & Hasbun, 2014).

Communication challenges in intimate partnerships are well documented for individuals with PTSD, and two international studies suggest that these challenges may extend to broader family functioning (Solomon et al., 2011; Davidson and Mellor, 2001). Though research with parents experiencing physical health problems has found open communication correlates with better overall family functioning, parents with serious mental illness have reported uncertainty and concerns about how to talk with their children about their condition (Ueno & Kamibepou, 2012). A notable gap in the literature is research that specifically addresses communication between parents and children about parental PTSD. Given PTSD can involve avoidance of trauma-related stimuli, difficulty experiencing positive emotions such as closeness and intimacy, and feelings of detachment or estrangement from others, impairments in parent-child communication about this difficult topic would not be surprising.

The Current Study

We conducted a three-site, mixed methods study to

examine the perceptions and communication concerns of veterans with PTSD who had at least one child under 18 years of age in the home. Veterans completed structured interviews that included questions about parental experiences, the impact of PTSD symptoms on parenting, and their children's reactions to their symptomatology. Ten interviews (7 individual interviews and 3 focus groups) were conducted at Department of Veterans Affairs Medical Centers in Minneapolis, Phoenix and Oklahoma City. Additional questions about resources accessed and experiences seeking care as a parent at VA were queried during the interviews. Standardized self-report measures of PTSD symptom severity, alcohol use, depression and anger were also collected. Content analysis procedures were utilized in coding the interview transcripts and identifying themes regarding communication and desired VA resources (see Sherman et al., 2015 for additional study methods details). Participants were predominantly male ($n=17$, 87%); average age was 39 years ($SD = 6.9$) over half were married or partnered, and 79% were deployed once or more to Iraq or Afghanistan.

Themes Regarding Communicating about PTSD

Overall, veterans described a strong desire to share information about PTSD, hoping to educate and reassure their children. For example, one veteran stated "they want to know that you're okay. You know you're the parent and you're the ones that they look



Kristy Straits-Troster, Ph.D.



Michelle D. Sherman, Ph.D.

Acknowledgements: This project was funded by a clinical education grant from the VA South Central Mental Illness Research, Education and Clinical Center (MIRECC). We are deeply grateful to our project Expert Advisory Board, and our colleagues Christopher Erbes, PhD (Minneapolis VAMC) and John Tassey PhD (Oklahoma City VA). We also sincerely appreciate the helpful feedback we received on the booklet from many veterans and mental health professionals, including the VISN 16 Consumer Advisory Board (CAB) and the Phoenix VA's Mental Health Advisory Council.

up to....” However, veterans reported numerous fears and barriers to talking about their experiences, which emerged in two categories: personal barriers for not disclosing information and worries about negative impacts on their children.

Sample personal barriers included:

- Confusion: “I don’t have a grasp of it myself so I wouldn’t know what to say”
- Avoidance of talking about PTSD: “I don’t want to relive it. I relive it enough. I don’t want to relive it in front of somebody else”
- Desire to avoid describing the traumatic event: “It’s hard to talk about the symptoms and what’s going on today without talking about why”

Sample barriers reflecting concern about the impact on children included:

- Fear children could be upset: “I don’t want them to feel bad...that Daddy has mental problems... that Daddy’s crazy”
- Worry children will no longer respect parent: “your kids ... not respecting you now because they feel you’re weak or now you’re just- now they’re just running rip shod all over the place. Your authority now is...no longer”
- Fear children would ridicule the parent: “you don’t want {PTSD} to become part of jokes at dinner”

Additional barriers to disclosure reported by veterans included needing to be seen as strong and not weak, desire to protect their children and not make them uncomfortable or upset, and fears that children could see the veteran as “crazy” or become disrespectful and use the information against him/her, perhaps telling others indiscriminately.

Themes regarding Desired VA Support for Parenting

Veterans also shared a desire for more services at the VA to help them in their role as parents. Almost half of the participants reported that their mental health providers do not discuss parenting as part of treatment (e.g., “they don’t go too much into family or kids”), and

many shared a desire for childcare services (e.g., “I don’t feel like I’m getting the proper care when I’m worrying about my kids out in the lobby”). Veterans offered

numerous suggestions for potentially useful services, including parenting classes, family therapy, workshops for families and youth, and written resources. For example, one veteran shared he wanted classes that could teach “how to open up and relate to children...to communicate what we’re going through to our families effectively”.

These concerns and specific examples of communication issues and barriers to disclosure about PTSD to one’s children were used to develop an educational resource for veteran parents to help provide the support they described as lacking, and to suggest ways to communicate with their children in a recovery model for PTSD.



Jenna L. Gress-Smith, Ph.D.



Jessica L. Larsen, Ph.D.

New Free Online Resource: A Veterans Guide to Talking with Kids about PTSD

Based on our findings and a broader review of available resources, we developed a 25-page interactive pamphlet for veteran parents. It can be used independently by veterans, included as part of individual or group therapy, or in a psychoeducational class or workshop. The pamphlet is interactive and encourages reflection and personalization of the information. Activities are suggested throughout the pamphlet, such as a pros and cons list about sharing with children. The pamphlet not only addresses family challenges, but also empowers veterans to identify and focus on their strengths as parents as well as their children’s strengths.

Sections of the pamphlet include:

- What Do You Enjoy About Parenting?
- How Can PTSD Affect Families?
- Should I Tell My Kids About PTSD?
- How Might I Prepare To Have These Conversations With My Kids?
- How Might I Approach the Discussion?
- What Should I Tell My Kids?
- What Should I Do If I Get Upset When Talking With My Kids About PTSD?
- What Should I Do If My Child Becomes Upset During the Discussion?
- How Do I Deal With Questions My Child Asks?
- How Can I Be an Effective Parent?

Resource List

The entire pamphlet is available for free download on the MIRECC website:

http://www.mirecc.va.gov/VISN16/docs/Talking_with_Kids_about_PTSD.pdf

The strengths, challenges, and needs of veterans with PTSD as parents have long been neglected in the research domain, and this timely area is ripe for further inquiry. It is hoped that this pilot study will stimulate additional research in the area, and that our pamphlet may spur reflection and discussions, both in psychotherapy and among families.

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Kristy Straits-Troster, Ph.D., is a clinical psychologist currently working at the Phoenix VA Medical Center, serving as Program Manager for Primary Care Mental Health Integration (PCMHI) and Section Chief for PCMHI and CBOCs. She trained in San Diego at the UCSD/SDSU Joint Doctoral Program in Clinical Psychology, is board certified in Clinical Health Psychology, and continues to be affiliated with the Mid-Atlantic Region's Mental Illness Research, Education and Clinical Center focused on post deployment mental health and the Department of Psychiatry and Behavioral Sciences at Duke University. Her recent research has focused on readjustment, family resilience, and development of effective interventions for veterans and their families.

Michelle D. Sherman, Ph.D. is a clinical psychologist who has dedicated her career to supporting families affected by mental illness, deployment and PTSD/trauma. While working in the VA healthcare system for 17 years, she developed family education programs that were recognized as best practices nationally. She now works at the University of Minnesota-Twin Cities, doing research on military families. In her personal life, she writes books for teens affected by parental trauma/mental illness, including *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma*.

Jenna L. Gress-Smith Ph.D received her doctorate in Clinical Psychology (Health Psychology emphasis) from Arizona State University. Her major research interests include the physiological processes associated with mental health outcomes during major life events, such as pregnancy, postpartum adjustment, and parenting transitions. She is also interested in resilience theory and how physiological and biological processes, such as cortisol and sleep, are associated with stress, affect, and well-being in populations facing health disparities.

Jessica L. Larsen, Ph.D. is a clinical psychologist at the Oklahoma City VA Healthcare system. She specializes in providing couples and family interventions for Veterans suffering with a variety of mental and physical challenges. Dr. Larsen's research interests include military families, trauma, and systems-based interventions.

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).

International Activities

By Elizabeth Carll, Ph.D., International Committee Chair

As part of the series of interviews conducted by student members with trauma psychologists from various parts of the world, Claudine Anderson, a student member of the International Committee interviewed, Dr. Gregory N. Lewis. Dr. Lewis has worked with immigrants and refugees from countries in Africa, Asia, the Middle East, and Central America (see interview below). The interview series is timely, as it provides a window into the work of trauma psychologists throughout the world to better understand cultural issues relating to psychology.

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 trauma related poster or paper accepted for the presentation at the convention. The 2016 APA Convention will take place in Denver, Colorado. A free one year membership in Division 56 is also included. Interested candidates for the travel stipend should contact: Dr. Elizabeth Carll, Chair, Division 56 International Committee, at ecarll@optonline.net



Elizabeth Carll, PhD

With the emerging immigration crisis occurring globally, the committee is developing a project on issues related to refugees and immigration and Carl Auerbach, PhD, a long standing member of the committee, is the focal point on this project. More information will be forthcoming.

A list of international trauma psychology programs (both outside of the U.S. and within) continues to be compiled. Please send the name of programs of which you may be aware.



Left to right: Elizabeth Carll, Claudine Anderson, and Beth Rom-Rymer. Ms. Anderson was presented with the Division 56 student stipend at the Division Awards Ceremony during the APA Convention in August 2015.

Interview With Dr. Gregory N. Lewis

By Claudine Anderson

Dr. Lewis, how you did you become involved in international trauma psychology?

My work at John H. Stroger, Jr. Hospital of Cook County, a large public hospital in Chicago, provided a wealth of clinical and cultural experiences which spurred my interest in trauma work. As a staff psychologist, I consulted to the Child Protective Services team, the burn unit, the pediatric and trauma units, and the emergency room. Trauma was embedded in my work and I became more attuned to the international perspective as I interacted with traumatized individuals from other countries who presented at the hospital.

My interest expanded through contacts with national organizations that worked with refugees and immigrants such as The Young Center for Immigrant Children's Rights, the Loyola Center for the Human Rights of Children, and Physicians For Human Rights.

Describe some of the professional opportunities that you have accessed.

I have provided pro bono services for 11 years. I have conducted forensic psychological evaluations and served as an expert witness in asylum cases for immigrants and refugees from countries such as Africa, Asia, and Central America. I have also served on the Best Interests Determination (BID) Panels held at the Young Center for unaccompanied children and youth with complex immigration cases. I have done human rights work in Honduras and participated in a medical mission with the Syrian American Medical Society at the Al Zaatari refugee camp near Amman, Jordan.

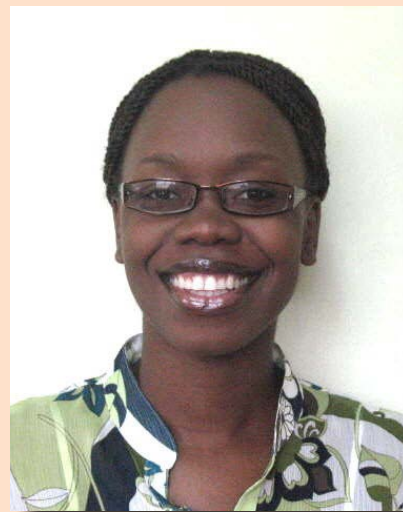
What were your experiences in Honduras and the Al Zaatari refugee camp?

I traveled to Honduras to assist Texas RioGrande Legal

Aid in locating three boys from Honduras who had been illegally deported from federal detention in the U.S. after being abused by guards. With the help of an immigration lawyer, I was able to locate these boys and conduct psychological evaluations that was used in their civil case against the federal government and immigration proceedings.



Dr. Gregory N. Lewis



Claudine Anderson

In March of this year I joined a group of 30 health care workers at the Zaatari Refugee Camp. The camp has about 85,000 residents and is the second largest refugee camp in the world. The camp was established almost four years ago by the U.N to host Syrians fleeing the violence in the Syrian civil war, but appears to be evolving into a permanent settlement. Most of the residents live in concrete and steel cubicles with desert flooring. Medical and educational supplies and personnel are sparse and children go without toys and other basic comforts. The refugees have witnessed executions, bombings, and have lost physical functioning, limbs, family members and friends to the war. The refugees presented with a variety of difficulties including psychosomatic complaints, enuresis, mutism, depression, anxiety, posttraumatic stress disorder, developmental disorders and psychosis.

How would you characterize your experiences in Honduras and the Al Zaatari refugee camp?

These experiences were life changing. I experienced firsthand the tremendous poverty that exists in Honduras and the desperate plight of the Syrian refugees. I have positive memories of locating the three Honduran boys and assisting in their legal cases and kneeling to help children at Al Zaatari as they drew pictures of their experiences.

I provided psychoeducation about PTSD to help refugees understand the cause of their symptoms. I was humbled by the Syrian refugees' expressions of gratitude and amazed at their hospitality and resilience. I had anxieties as to whether I could be meaningfully utilized as a psychologist in Al Zaatari, but my worries abated when I arrived and saw the range of opportunities for my skills. I left Al Zaatari with the realization that my presence had validated the refugees' existence and instilled hope.

What were some of the specific services that you offered in these settings?

In Honduras, I did forensic psychological evaluations. While at the Zaatari Refugee Camp, I conducted brief clinical assessments, did medication screens to assist the psychiatrist, and provided treatment referrals. I utilized play, supportive, and cognitive-behavioral strategies and provided grief counseling and psychoeducation on trauma. I provided basic stress management strategies (e.g., deep breathing, muscle relaxation, visualization), taught basic grounding techniques, helped residents reframe their difficult situations, and worked to instill hope. I also helped the medical team process their experiences at the end of our stay.

What are the cultural factors that influenced service provision in the Al Zaatari Refugee Camp?

The factors that were most salient were religion, language and the collectivist cultural orientation. All of the refugees spoke Arabic and were Muslim, although some spoke English. Interventions explored the spiritual questions resulting from client traumas and helped them utilize their faith to cope. I provided services with the help of translators and consulted with residents and the medical team to frame trauma discussions and conceptualize trauma responses in indigenous terms. Through these consultations I learned that there were females in the camp mosques that were available to listen to the stories of women who had been traumatized. The communal culture was evident. Family members were present during treatment and served as valued supports.

What have been the most challenging aspects of your work?

I have been frustrated at the lack of available healthcare services and resources for Syrian refugees living in the camps. The mental health services were disorganized and I was not always aware of available referral options. There is need for more coordination and local partnership in the refugee camps. I have also had to learn to cope with the feelings of sadness, anger, and helplessness brought on by the refugees traumatic stories and losses.

What are your future plans?

My trauma work has been extremely fulfilling and I plan to remain involved in this type of work. I will continue doing asylum work, participate in BID Panels, and to remain involved in medical missions. I hope to return to the Zaatari Refugee Camp in the future. I will continue giving talks at universities and hospitals to encourage more professionals to participate in international trauma work and will continue to train psychology students to work with immigrants and refugees.

***Claudine Anderson** is a Counseling Psychology doctoral student at Georgia State University. She earned her BSc. in Psychology and Sociology and a MSc in Clinical Psychology from the University of the West Indies. Claudine is interested in research on resilience factors that modulate chronic exposure for individuals living in violence prone communities and the protective strategies and coping resources used to respond and adapt to life in these environments.*

International Psychologists

Division 56 is seeking international psychologists to write articles for upcoming editions of the *Trauma Psychology Newsletter*. Please contact Elizabeth Carll at ecarll@optonline.net for more information or to submit an article.

Caring for Abuse Survivors With Medically Unexplained Symptoms in Primary Care

By Cameron Kiely Froude, Ph.D., M.A., LMFT

Ruth was a young adult woman living with chronic numbness in her hands and pain in her pelvis and abdomen. Ruth described sensations that she was “spinning,” “floating above” herself, and “living in a dream.” After refusing a routine pap smear, Ruth shared with her primary care doctor that she experienced childhood incest and “gets shook up” during gynecological examinations. Ruth’s symptoms intensified after the recent death of her father. Since that time, Ruth sought treatment from the emergency department four times, her primary care doctor 12 times, a gynecologist two times, and a gastroenterologist one time. Physicians were unable to tie Ruth’s symptoms to a biomedical cause and recommended psychological treatment for Somatization Disorder. Ruth refused outpatient psychological treatment due to concerns that providers would label her “crazy” and that the state would place her children in foster care. However, Ruth was open and willing to meet with the integrated behavioral health (IBH) provider during medical visits with her primary care physician.



Cameron Kiely Froude,
Ph.D., M.A., LMFT

Ruth’s case illustrates the intersection of trauma, biomedicine, and medically unexplained symptoms (MUS). The complexity of treating individuals at this intersection challenges both providers and patients, possibly leading to strained doctor-patient relationships (Konnopka, 2012). The purpose of this article is to discuss the role of IBH in primary care settings for the treatment of MUS in patients reporting a history of abuse. Here, I will use Ruth’s case study alongside empirical research to address the issues and difficulties in treating abuse survivors with MUS in the primary care setting. All identifying information has been removed to protect the patient’s identity.

MUS, also known as functional, non-specific, inorganic, conversion, and somatoform disorders, are chronic physical experiences that cannot be explained solely with biomedicine. Studies have found that a, and meta-analysis revealed a significant association between reported MUS and a history of trauma (Afari et al., 2014). Furthermore,

MUS have been linked to anxiety, depression, stressful life events, and trauma in childhood and adulthood

(Katon, Sullivan, & Walker, 2001; Roelofs & Spinhoven, 2007). Affect dysregulation, both for individuals with MUS and a trauma history, often comes in the form of alexithymia, a personality construct marked by difficulty distinguishing emotional and somatic experiences and describing feelings (Güleç, Altinas, Inanc, Bezgin, Koca, & Güleç, 2013; Waller & Scheidt, 2006; De Gucht & Heiser, 2003).

Integrated Behavioral Healthcare

Individuals with MUS may be selective about the provider with whom they discuss their innermost experiences (Waller & Scheidt, 2006). Childhood abuse survivors with MUS require coordinated medical and behavioral health care, which can be problematic for those who have difficulty discussing their experiences. Patients with uncertain diagnoses and ambiguous symptoms are unlikely to follow-through on a referral to mental health, and even when they do, patients experience mixed symptom relief (Whiting et al., 2001). However, most patients with MUS seek psychosocial treatment

from their primary care doctor (Speckens et al., 1995). Unfortunately, primary care physicians are often left to treat this challenging and perplexing population without collaboration with behavioral health. Integrating a behavioral health provider into medical visits fills this gap and provides patients with appropriate holistic treatment for MUS and trauma.

For example, when healthcare providers asked Ruth to elaborate on her abdominal and pelvic pain, she was unable to verbalize her somatic and intrapsychic experiences. Instead, Ruth expressed her immediate sensorimotor experiences. Case in point, Ruth hunched forward, moaned in pain, and clutched her stomach to describe a sharp, shooting pain extending from her stomach to her pelvis. When physicians referred Ruth to an outpatient therapist, she refused on the basis of distrust for wider systems of power and stigma around mental health. She expressed concern and fear that the systems would label her “crazy” and remove her children from her custody. This was exacerbated by her own experience, as the state removed Ruth’s siblings and placed them in foster care because her mother was “hearing voices” during her childhood. Ruth’s experiences framed her choice to refrain from building a relationship with a mental health system outside of her doctor’s office. However, Ruth

requested to see the IBH provider in the primary care office, an institution that she trusted.

IBH providers work collaboratively with physicians to incorporate trauma-informed, psychosocial care into medical visits and long-term treatment planning. Antidepressant medication and cognitive behavioral therapy are mainstay approaches to reduce somatic symptoms for individuals with MUS (Sumathipala, 2007; Witthöft & Hiller, 2010). Symptom reduction for MUS is a worthwhile goal that undeniably improves individuals' overall quality of life (Koelan et al., 2014). For example, during joint medical visits the IBH provider and physician collaborated with Ruth to contextualize her somatic experiences. When Ruth experienced somatic pain, the physician assisted Ruth in naming and explaining those experiences. Likewise, the IBH provider explored the history of somatic pain and numbness, which connected to childhood abuse.

Primary care physicians and IBH providers scheduled regular, time limited appointments with patients with MUS to discuss their complaints, a recommended practice for individuals with MUS. True to best practice for IBH, behavioral interventions focus on reducing mental health symptoms using evidence based treatment (Collins et al., 2010). In addition, IBH interventions help foster rapport between patients and the health-care team, which assists in symptom reduction (Croicu, 2014).

Conclusion

Primary care settings must build trauma-informed practice, which includes recognizing the prevalence and effects of trauma, as well as tailoring treatment with traumatized patients, and resisting retraumatization (Huang, Sharp, & Gunther, 2013). By extension, patients will express and understand their core organizing beliefs about the relationship between their trauma history, body, and illness, which is a critical component of therapy for individuals with somatic manifestations of trauma (Weiss, Johanson, & Monda, 2015). For example, joint meetings with the IBH provider and physician offered Ruth a safe holding environment for her multifaceted lived experience. The goal of these meetings was to provide a place for Ruth to learn and to share the connection between past trauma and current somatic experience. After a series of joint meetings, Ruth's systemic symptoms of somatic numbness and derealization declined and she began to build a secure relationship with her body, mind, and memories. As she continued in treatment, her standing appointment with primary care reduced emergency room and specialist visits. Instead, Ruth coped with somatic pain within her social support networks and integrated medical team. When Ruth presented to other providers for treatment, she had both a lexicon and a sociohistorical context to explain her experiences of trauma and somatization.

Given the propensity for individuals with MUS to present to their general practitioner, primary care clinics are likely a common site for trauma-informed practice and integrated behavioral healthcare. Mental healthcare professionals in practice outside of a medical setting can also engage in integrated care with medical providers. For example, inviting primary care doctors to discuss treatment planning is a first step in building a collaborative relationship with patients' doctors. Additionally, engaging in joint meetings with patients and their doctors provides opportunity for collaboration across the illness trajectory.

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Cameron Kiely Froude graduated with a doctoral degree in Human Development and Family Studies from the University of Connecticut. Cameron is an LMFT with experience providing clinical care to culturally diverse, multi-stressed families in rural and urban healthcare settings. As a psychosocial health researcher, Cameron has focused on studying the systemic influences on individuals' perceptions of social and medical support across the illness trajectory. Currently, Cameron is completing a medical family therapy postdoctoral fellowship at St. Mary's Family Medicine Residency, University of Colorado.

Sleepwalk.

I read the headlines and I saw
More reports of pain
The truncated title
Reducing the resonance of it

What if we come clean
To show our hurts and scars
The seams that hold us together
Proof we are more than
The sum of our parts

Opening up won't kill you
Or I would have died long ago.

This dream through which we walk
Assuredly we touch and see
Until we wake
And again, we walk with assurance

We have never dreamed.
We have traveled.

When does one dream begin
And another end
And the matters in between
Perhaps seamless is
What Occum would suggest

I am limited by the construction
Of rods and cones and
Of curvaceous audio filters
To choose whether I am a
Somnabulist
Or partaking of reality.

I choose to not choose
For I feel I am not equipped
To say

I'm then left with the thing
That seems like a risk
Or an equation that may add up
To uncertainty

What I am left with
Is faith,
And it is enough
To circumvent the trap
Of insecurity



Kelly Mastros is a writer of poetry and prose. She resides in the southern United States with her husband. Visit her blog at www.kellykronicle.wordpress.com.

“Fighting” Post-Combat Adjustment With Traditional Martial Arts

By Robert A. Jakucs

Traditional warrior societies of the past had certain rituals that enabled returning warriors to shed their “blood guilt” and return to society (Grossman, 2011, p. 139); however, these rituals have been largely removed from contemporary society. My Marines and I experienced this firsthand as we returned from Afghanistan in 2010 after a very kinetic deployment, marked by frequent contact with insurgents. As Marines, we are trained to be the strongest warriors. We believe in the concepts of right and wrong, good and evil, and are fully convinced, as are those who meet us in battle, that we are the finest fighting force on earth. Our training is coldly realistic and inculcates the controlled aggression, unit cohesion and tactical proficiency that are hallmarks of the Marine Corps and are quintessential to survive the rigors of battle. While operating in Afghanistan we were armed with the latest weaponry, the most advanced protective equipment, and the ability to call death from the sky at the push of a button. With that said, in the crucible of combat, we learned the fullest limits of our humanity, felt the fear of losing our lives, and even worse, letting down our fellow Marines. We also felt the sting of grief as comrades were maimed and killed. Through this hardship we bonded deeply.

Now, contrast these experiences with our return. After a 24 hour flight, a quick layover in Dublin, and a bus ride from the airport, we were met by our families, eager to enjoy all the people and activities we had been thinking of for seven long months. For me, this was a cheeseburger, a hot shower, and air conditioning. Immediately, we returned to business as usual; routine paperwork, post-deployment tasks, and other mundane chores. We were no longer the Herculean heroes who waged war against the enemies of our country—we were now waiting in line at the market like everyone else. This shift was sudden, abrupt, and unexpected.

While this transition was difficult for all, I noticed that the Marines in my unit who adjusted the easiest were those most active in the Marine Corps Martial Arts Program with seemingly lower occurrences of post-deployment related issues. This led me to ask whether traditional martial arts, informed by psychology, might offer an alternative to the rituals of earlier warrior soci-

eties, facilitate effective post-combat transition, and reduce post-traumatic stress. As a long-time martial artist, I believe this to be the case, particularly in regards to increased awareness/self-regulation, resiliency, and as a replacement for lost brotherhood.



Robert A. Jakucs

So what are traditional martial arts? More than just a set of techniques, traditional martial arts represent a comprehensive system of living based on philosophical principles. In a study on the link between martial arts training and aggressiveness, Nosanchuk (1981) described traditional martial arts as those that emphasize self-control, conflict avoidance, and respect toward the sensei (instructor), the uniform, and others. These fundamentals may prove therapeutic to individuals with trauma, especially now that the DSM-5 has restructured the Posttraumatic Stress Disorder (PTSD) diagnosis as a “disorder of emotion regulation rather than only anxiety based emotional avoidance, numbing, and hyper vigilance” (Ford, 2015, p. 242). Consequently, this dysregulation and related post-traumatic symptoms often manifest in an anxious or avoidant attachment style and adverse relationships (Ferrajão & Oliveira, 2015; Clark & Owens, 2013; Renaud, 2008).

One of the greatest values that traditional martial arts offer is that they provide a means for the individual to become aware of their thoughts, feelings, and emotions and ultimately more able to control them (Aindow, 2013; Lakes & Hoyt, 2004; Lantz, 2003; Oulanova, 2009; Twemlow, Saco & Fonagy, 2008). Through the repetitious learning of forms, such as kata, free-sparring and controlled breathing, a mind-body connection is formed (Oulanova, 2009). Twemlow et al. (2008) described this acute awareness of body and mind as the “embodiment of the mind” (p. 4). This process occurs as an individual, under the guidance of an instructor, studies their art and becomes aware of their emotions, cognitions, and somatic functioning. Feelings can then be “acted on” in the controlled ritual of training rather than “acted out” in unhealthy ways (Twemlow et al., 2008, p. 11). During this process, the student-instructor relationship that develops may serve as a healthy model and address attachment issues that have been identified as critical factors in both prevention and reduction of PTSD symptomology (Ferrajão & Oliveira, 2015; Clark & Owens, 2013; Renaud, 2008).

Within the controlled yet combative training environment, students are faced with the fear of suffering and death (Aidnow, 2013; Lantz, 2003; Oulnova, 2009). At its heart, martial arts seek to create a sense of confidence in spite of fear (Aidnow, 2013). Aidnow (2013) described that repeated, controlled exposure to anxiety and fear through martial arts training makes these emotions tangible, and learned adaptive skills become a conditioned response. This concept is akin to exposure therapy, as discussed by Paul et al. (2014), whereby individuals with PTSD are repeatedly exposed to feared stimuli and taught to respond in healthier ways.

However, the therapeutic aspects of martial arts go a step beyond adaptation to feared stimuli in that students build resiliency to deal with future challenges (Oulnova, 2009). Bell (2008) defined resiliency as the “ability to recover or adjust easily to misfortune or change” (p. 11). In a 2013 study, Escolas, Pitt, Bartone and Safer examined the concept of “hardiness,” or a trainable resiliency, in 591 individuals from all branches of the United States military. The study concluded that more hardy individuals had a lower prevalence of PTSD, regardless of number of deployments. Traditional martial arts offer specific mechanisms for developing resiliency: cultivation of internal energy and *kokoro*, described as the “indomitable fighting will” (Bell, 2008, p. 14). Internal energy is developed by using the mind and body to grasp the concepts of the art and through learned relaxation techniques (Bell, 2008). Once relaxation skills are acquired inside the dojo (training hall), they can be used in other aspects of one’s life, positively impacting the student’s mental state (Oulanova, 2009). However, what makes martial arts unique as compared to meditative modalities, is the development of *kokoro*, (Bell, 2008). Through training, students develop a stronger, more resilient, character (Aidnow, 2013), a greater sense of freedom and responsibility (Lantz, 2003) and an increased empathy for others (Twemlow et al., 2008). These concepts are further transmitted to students in the ethical codes and principles inherent in traditional martial arts, where loyalty, duty, respect, and social harmony are studied in the ritualized contacts with others (Oulanova, 2009).

These ritualized, communal aspects of traditional martial arts may themselves offer further benefits for combat veterans. In a qualitative study involving peacekeepers suffering from PTSD, Ray (2009) identified the critical roles that community and brotherhood play in the healing process. In addition, Pietzrek and Cook (2013) in a national study of 2,025 elderly veterans, identified that those who were most resilient had the least psychological distress and the greatest sense of community. In traditional martial arts, community ties are governed by etiquette and ritual, and the dojo in essence, is a “social microcosm, analogous to the group therapy environment” (Oulanova, 2009, p. 49). Within this social microcosm, individuals who may be suffering from social isolation are given precise rules of how to

interact with others in an environment of mutual respect (Lantz, 2003). Furthermore, within this structured environment, being compassionate is reinforced, as students learn together (Twemlow et al., 2008), and share in the mutual suffering of physical training (Oulanova, 2009). Accordingly, traditional martial arts may directly impact an individual’s level of conscientiousness, which has shown to be a moderating factor in the development and severity of PTSD in Iraq and Afghanistan veterans (Clark & Owens, 2013).

Currently meditative movement modalities, such as yoga, have been shown to be effective as a therapeutic intervention for PTSD (van der Kolk et al., 2014). However, to my knowledge, there are no studies that examine whether traditional martial arts could be efficacious for veterans. Cultivating the warrior spirit of returning/re-assimilating warriors through traditional martial arts and building on the positive aspects of the brotherhood and community of the military, may be a critical component to readjustment and prevention of post-traumatic stress. Research is needed in order to demonstrate the effectiveness of using martial arts as a therapeutic technique. Veterans Administration hospitals could provide a sizeable pool of participants as would university student-veteran groups. Clinical applications might include traditional martial arts groups for veterans and returning warriors as an adjunct to group therapy or as part of the post-deployment readjustment process.

Thankfully, I have not had to personally deal with the hardships of PTSD. I have, however, found a sense of purpose and community in traditional martial arts. In the art I currently study, Bujinkan Budo Taijutsu, techniques often use an attacker’s force against them. I believe that traditional martial arts as a therapeutic intervention for PTSD would be similar: using the very feelings, thoughts and behaviors that induce post-deployment difficulties as a tool to ultimately ameliorate them.

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Robert Jakucs recently completed his M.A. in Psychology at Pepperdine University and is applying to clinical psychology doctoral programs with the goal of assisting the military, veteran and law enforcement/first responder populations. Robert deployed to Afghanistan in 2010 as a Marine Corps Combat Engineer Officer and is currently a Captain in the Selected Marine Corps Reserve. A long time martial artist, he earned a black belt in Tang Soo Do, a green belt in Marine Corps Martial Arts and is currently studying Bujinkan Budo Taijutsu and Tai Chi.

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):

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for discussion among members

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for child trauma topics

div56dissociation@lists.apa.org

for post-traumatic dissociative mechanisms development

div56ecpn@lists.apa.org

for early career psychologists networking

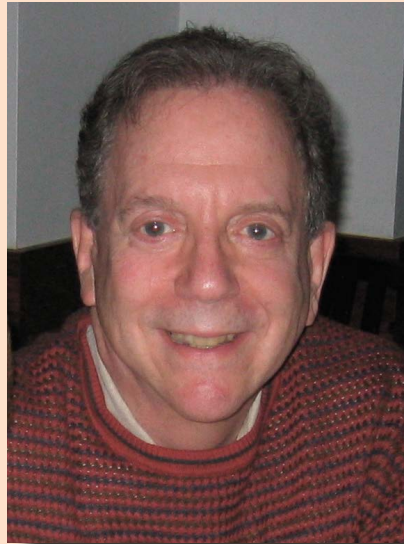
div56stu@lists.apa.org

for student forum

New Fellow: Richard Gartner, Ph.D.

Richard Gartner, Ph.D. has been a member of Division 56 since its inception. A graduate of Haverford College and Columbia University and a Fellow of Division 39 (Psychoanalysis), he is best known for his work with men with histories of sexual abuse.

Dr. Gartner received post-doctoral training in family therapy at the Bronx Psychiatric Center's Family Studies Program and for six years was Director of Family Therapy for Partial Hospitalization Services at the North Richmond CMHC on Staten Island. He then began psychoanalytic training at the William Alanson White Psychoanalytic Institute in New York City. A graduate analyst and now Training and Supervising Analyst as well as Faculty at the White Institute, he became the Founding Director of its Sexual Abuse Service in 1993 and also directed its Center for the Study of Psychological Trauma for six years. In honor of his contributions to the psychoanalytic understanding of trauma, Dr. Gartner was given the White Institute's Director's Award in 2004.



Richard Gartner, Ph.D.

Dr. Gartner's work with sexually abused and assaulted men goes back to the 1980s. In 1994 he was a Co-Founder of MaleSurvivor: National Organization against Male Sexual Victimization (malesurvivor.org) and has remained active in the organization, serving on its Board of Directors for seven years and as its President for two years. He is currently Chair of its Advisory Board. In his honor, MaleSurvivor has established the Richard Gartner Award for Clinical Contribution.

Having presented a series of papers at Division 39 on male sexual victimization, he then wrote *Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men* (1999), which was runner up for the Gradiva Award of the National Association for the Advancement of Psychoanalysis (NAAP) for best book on a clinical subject. He followed this with a book for the general public, *Beyond Betrayal: Taking Charge of Your Life after Boyhood Sexual Abuse* (2005).

Since 1992, Dr. Gartner has written and spoken widely about the sexual abuse of boys and the treatment of men sexually abused in childhood. He has presented papers about sexually abused men at, among other venues, Divisions 39 and 51 of the APA; the American Psychiatric Association; the Sandor Ferenczi Society in Budapest; the Federal Bureau of Investigation; the International Society for Traumatic Stress Studies (ISTSS); the International Society for the Study of

Trauma and Dissociation (ISSTD); the International Society for the Study of Dissociation (ISSD); the Institute on Violence, Abuse and Trauma (IVAT); the Association for the Treatment of Sexual Abusers [ATSA]; the American Professional Society on the Abuse of Children [APSAC]; Harvard, Columbia, Adelphi, and New York Universities and the University of Wisconsin; Oberlin, Haverford, and Vassar Colleges; and numerous clinics, hospitals, trauma treatment services and rape intervention programs in the U.S. and Canada.

Dr. Gartner has been quoted widely in the media about the subject of male sexual victimization, including a full-length interview in the Science Times section of the New York Times and an interview in the Emmy-nominated WABC television special *Protecting Our Children: Teenage Boys and the Wall of Silence*. He has written op-ed columns published in the New York Times, the New York Daily News, and New York Newsday. A sampling of the print media outlets in which he has been interviewed or quoted includes the New York, Los Angeles, and London Times; the Washington Post; USA Today; The Nation; the

Associated Press; the Baltimore Sun; the New York Review of Books; and Rolling Stone. He has also appeared on television and on line in outlets including 20/20 (John Stossel); CNN (Paula Zahn Now); CBS (The Early Show); Fox News (Geraldo at Large); WABC TV-New York; NBC News Channel; MSNBC Cable; and ABC.com. His radio appearances have included NPR (the Diane Rehm Show); WOR (The Joey Reynolds Show); and WHYY (Philadelphia Public Radio). In addition, he has testified about issues related to sexual abuse for the New York State Assembly Subcommittee on Codes and the New Jersey Senate Judiciary Committee.

Dr. Gartner serves on the editorial boards of *Contemporary Psychoanalysis*, the *American Journal of Psychoanalysis*, and the *Journal of Trauma and Dissociation*. He is also Supervisor and Consultant at the Trauma Treatment Center of the Manhattan Institute for Psychoanalysis; supervisor in the clinical psychology program at Columbia University for twenty years; and serves on the Advisory Board of the Leadership Council on Child Abuse and Interpersonal Violence.

Having edited *Memories of Sexual Betrayal: Truth Fantasy, Repression, and Dissociation* (1997), he is currently editing for Routledge a book tentatively titled *Trauma and Countertrauma, Resilience and*

Counterresilience and two companion books tentatively titled *Boys and Men Betrayed: Understanding the Trauma of Sexual Abuse and Assault* and *Healing Sexually Betrayed Men and Boys: Treatment for Sexual Abuse, Assault, and Trauma*.

A New York native, Dr. Gartner has lived in Brooklyn since 1973 (as he says, “long before Brooklyn was considered a cool city”) and practices in Manhattan. He is married with two children and three grandchildren. His favorite recreational activities include attending New York’s rich theater offerings and world travel, having in

the last few years visited India, Turkey, Patagonia, the Galapagos Islands, and various countries in Europe and Asia.

His advice to people beginning to work with trauma is to practice self-care on a daily basis, and if at all possible to be part of a mutually supportive peer supervision group. He says, “This work can be overwhelming. In addition to needing help understanding how to do the work, anyone who works with trauma should have a safe place to talk through internal processes and reactions.” He himself has been in a weekly peer group since 1983.

Apply for Fellowship Status

FELLOWS

We invite and encourage individuals who have “shown evidence of unusual and outstanding contributions or performance in the field of (trauma) psychology” with national or international impact (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 deadline, Division 56 requires that all new Fellow application materials (including three letters of recommendation from APA Fellows, at least one of whom must be a Division 56 Fellow) be submitted through the APA web site by **November 1** of each year. 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 either (1) three letters of recommendation from current APA Fellows, at least one of which must come from a Division 56 Fellow or (2) two letters from Division 56 Fellows (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.

Review of *Psychotherapy for Chronic PTSD: A Vietnam Vet's Journey*

Psychotherapy for Chronic PTSD: A Vietnam Vet's Journey. Featuring Frank Ochberg Ph.D. and Victor Yalom Ph.D. Producer: Psychotherapy.net. 2hrs. 47 minutes. 2 DVDs. Streaming available from \$69. CE credits and instructors manual available.

By Rachel Saks, Psy.D.

Psychotherapy for Chronic PTSD: A Vietnam Vet's Journey is a well-organized, informative, and often touching video appropriate for use as an introductory training tool for graduate level instruction in trauma theory and treatment. Practicing clinicians seeking to increase competence working with combat veterans and other trauma survivors may also find it useful. The video features Dr. Frank Ochberg, psychotherapist and leading authority on PTSD, Dr. Victor Yalom, serving as interviewer, and Terry, a Vietnam combat veteran suffering from 40 years of untreated chronic PTSD. Through interviews, commentary, and excerpts from actual sessions, the video details specific concepts, interventions, and strategies for working with this population. In addition, it offers the viewer an opportunity to hear the self-experience and impact of PTSD as described in eloquent detail by an older veteran.

Divided into chapters, the video is organized around a series of interviews and accompanying live footage demonstrating the diagnosis and two-year treatment of Terry. This format offers the instructor the opportunity to present the video as a whole, or select specific excerpts to supplement classroom learning. It begins with Dr. Ochberg offering his considerable expertise in reviewing specific aspects of PTSD in concise, jargon-free terms. He then details aspects of his approach to Post-Traumatic Therapy (PTT), including developing a collaborative relationship, psychoeducation, the promotion of holistic health, employing creative techniques, involving family members, and the use of humor and spirituality (Ochberg, 1991). Dr. Ochberg goes on to introduce the viewer to the case of Terry, whom he describes with notable warmth and humanity.

Dr. Yalom then interviews Terry, who provides us with a vivid depiction of the experiential reality of living with PTSD. In moving and evocative detail, he describes his vacillating states of numbness, anger, and guilt and

his ongoing compulsion to revisit traumatic events. He explores the impact his illness has had on his family, and relates the strain of managing his symptoms, at one point describing himself as continually feeling pulled down "into a funnel, standing on my tiptoes."

Following the interviews of Dr. Ochberg and Terry, the video offers a series of session segments with accompanying commentary illustrating specific treatment techniques. While the video description notes the opportunity to view actual sessions of the ongoing two-year treatment of Terry, this is perhaps a bit misleading, as these excerpts at times appear to be centered around reviewing and describing previous interventions. Nonetheless, the selections are informative and provide examples of helpful tools.

These include the use of a poem, exploration of Terry's spiritual beliefs to lift the burden of survival guilt, and the use of Dr. Ochberg's Color Wheel technique as a strategy for managing anxiety. Each color on this wheel is associated with some positive emotion. Dr. Ochberg invites Terry to start with one color and to concentrate on visualizing associations to that feeling with the goal of increasing the color's intensity. As Terry moves from color to color, describing his thoughts, we witness his anxiety decrease.

Finally, the viewer is given the opportunity to observe Ochberg's use of the Counting Method. In this procedure the client, in this case Terry, is invited to silently recall a traumatic

event in as vivid detail as possible, while the clinician counts slowly to one hundred. Terry then carefully describes the event, while the Dr. Ochberg transcribes it and then reads it back, thus transforming the traumatic material into autobiographical memory. Ochberg notes that recent research (Jonson & Lubin, 2005) has demonstrated that this method of exposure therapy is as effective as Prolonged Exposure (Foa, Rothbaum, Riggs, & Murdoch, 1991) and Eye Movement Desensitization (Shapiro, 1989) at reducing PTSD symptoms. This is by far the most informative excerpt in the video. Here the viewer is able to observe exposure therapy as it occurs, leading to decreased anxiety and increased insight about the nature of dissociation and numbing in perpetuating Terry's symptoms. (Viewers should be aware that some of the material Terry discusses within this segment may be disturbing.) What is perhaps most striking about this session is the comfortable rapport between Dr. Ochberg



Rachel Saks, Psy.D.

and Terry, which allows the client to maintain a sense of safety throughout the process.

Dr. Ochberg has been practicing and writing about PTSD for over 50 years, and his framework for PTT was published in 1991 (Ochberg, 1991). This video is not an example of new ideas or recently developed treatment techniques, but rather a vivid presentation of the utility of Ochberg's work. It is, most notably, a touching and powerful demonstration of the importance of the collaborative relationship in the treatment of PTSD. Dr. Ochberg's genuine warmth, empathy and readily apparent affinity for this client are evident throughout, and represent a master class in the development and maintenance of a therapeutic alliance. This, along with Terry's capacity to describe his experience of PTSD, distinguishes *Psychotherapy for Chronic PTSD: A Vietnam Vet's Journey* as a potentially powerful training tool.

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Dr. Saks is a licensed psychologist with extensive clinical experience providing psychodynamic psychotherapy and supervision. Dr. Saks has over ten years experience providing psychotherapy, evaluation and consultation for geriatric and medical patients in inpatient healthcare settings. In addition, she provided intensive outpatient treatment for children and families in the New Jersey foster care system. Dr. Saks' scholarly interests include, trauma and its impact across the lifespan, geriatric psychology, the impact of psychotherapeutic interventions in healthcare settings, attachment issues and treatment for children and families in foster care, and cultural competency in clinical care for the aging. She is a member of APA and the Philadelphia Society of Psychoanalytic Psychology.

Division 56 Member Services

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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

Listservs: 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/207/division-newsletter.html

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

Who's Who: Charles Figley, Ph.D.

What is your current occupation?

I am a professor focusing on trauma psychology and the Kurzweg Chair in Disaster Mental Health at Tulane University in New Orleans. I co-founded the CCC PhD Program and the [Disaster Resilience Leadership Academy](#).

Where were you educated?

USMC 1963-1967; undergraduate at Ohio State then graduated from the University of Hawaii (1970) with a bachelor science; Penn State for the PhD in human development.

Why did you choose this field?

I chose the field of trauma psychology because that is who I am as a scholar, practitioner, theorist, and humanitarian.

What is most rewarding about this work for you?

By helping to start the field of trauma after recognizing early in 1975 that trauma is a universal human experience from my early research with Vietnam War veterans. I began to reach out to others studying veterans (Consortium on Veteran Studies) and organized a series of national symposia to compare findings. I am delighted to have been part of the evolution of the field, founding of three journals (e.g., Journal of Traumatic Stress), three trauma-related organizations

(e.g., ISTSS). Among them is the [Green Cross](#) that led to the establishment of the journal, Traumatology, now an APA journal.

What is most frustrating about your work?

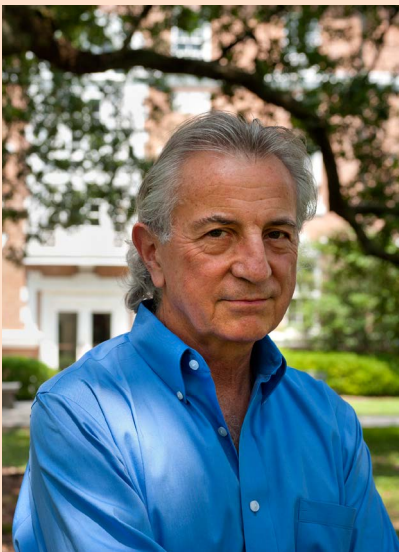
Lack of lessons learned. [Mark Russell](#) and I have published a series of literature reviews that demonstrate how we forget the lessons of trauma, such as the cyclical nature of mental health crisis within the military and DVA following each US war.

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

Balance comes from my family – especially our four grandkids, our friends, home, vacations, and our dogs. I also a writer, runner (holding 16 pounds of barbells), and photographer.

What are your future plans?

Two major research and social justice initiatives: (1) Focus my attention on the horrors and failures of torture and somehow lead an effort to focus on the victims of torture, particularly in cases in which psychologists may have enabled torture. (2) Also, my colleague Catherine Burnett and I are focusing on Indigenous peoples' violence and health disparities and building framework to help explain Historical Oppression Resilience. Anyone interested in following my work should go to [ResearchGate.net](#) or [Academe.edu](#).



Charles Figley, Ph.D.

Social Media News

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

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LinkedIn:

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

John P. Wilson: Pioneer Trauma Psychologist¹

By Charles R. Figley, Ph.D.

John Wilson was a pioneer trauma psychologist who became involved in helping Vietnam War veterans and was intrigued as a psychology researcher about how memories could impact trauma survivors in similar yet different ways. His life and works touched thousands of people throughout the world. He was a co-founder of the Society for Traumatic Stress Studies and was elected President of the Society in 1987. He was instrumental in bringing attention to Vietnam combat veterans through his innovative and pioneering work in the study and treatment of trauma.

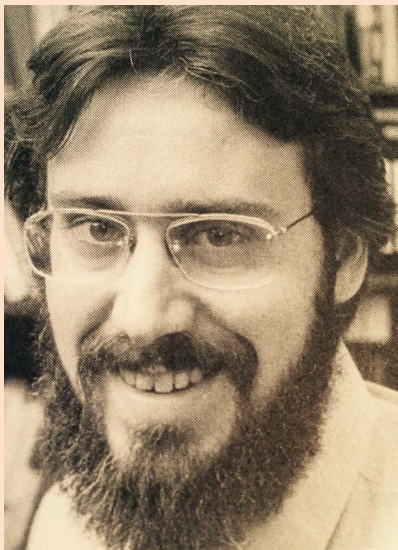
The above picture appeared at the end of his autobiographical essay (Wilson, 2006) published as Chapter 17 in Mapping Trauma and its Wake (Figley, 2006). Much of Wilson's life works can be found in his books. Six of his books represent his most significant contributions to trauma psychology.

Vietnam War Combat Veterans' Struggles

Wilson (2004) noted in his chapter that he learned about trauma through interviews with war veterans. He received considerable support from the Disabled Veterans of America who contributed to his Forgotten Warrior Project that led to several unpublished papers (Wilson, 1977; 1980). Out of his work with Vietnam War combat veterans he wrote the chapter Conflict, Stress and Growth: The Effects of War on the Psychosocial Development Among Vietnam Veterans (Wilson, 1980). In it he presented a psychodynamic perspective of war stressors on ego-identity formation and PTSD, a perspective that was represented in three subsequent chapters in two different books. Furthermore, he was among the first to find evidence that war-zone related stressors are primary predictors of PTSD symptoms as well as the role of personality.

Wilsonian Vision of Trauma

All of this is explained in more detail in his first sole-authored book, *Trauma, Transformation and Healing* (Wilson, 1989), in which he explains the 'Person- Environment Approach to Traumatic Stress Reaction' theoretical model of traumatic stress. In this same book he wrote about the Sacred Pipe ceremony and examined Native American and cultural rituals in relation to recovery and healing from profoundly traumatic experiences.



John P. Wilson, 1977

In terms of the application of these models, Wilson & Raphael (2000) proposed the first version of what became Psychological First Aid. Here, they attempted to help standardize research and training on crisis debriefings, spearheading the attempt to synthesize the literature on acute interventions following trauma.

Mechanisms of Emotional Reactions to Trauma

Another area of Wilson's contributions was identifying the mechanisms that underlie a complex matrix of emotional reactions of trauma patients with PTSD, in collaboration with Jack Lindy in their book *Countertransference in the Treatment of PTSD* (Wilson & Lindy, 2013). Here they identified Type I and Type II countertransference and four different modalities of empathic strain experienced during clinical work.

Building on this work, Friedman, Lindy and Wilson (2001) proposed a comprehensive psychobiological framework by which to understand the different psychosocial treatments for PTSD. They developed a "tetrahedral model of PTSD and dissociative processes" that enables the development of precise treatment plans with clearly identified treatment goals. They also attempted to provide a critical analysis of treatment approaches and where they succeed or fail in eliminating the emotional sting of memories.

Empathy in the Treatment of Trauma and PTSD (Wilson & Thomas, 2004) explores the matrix of empathy and its relation to the psychotherapy of PTSD. Here they build on Wilson & Lindy's (1994) earlier work by analyzing empathy as the key to facilitating the transformation of trauma in patients as well as expanding into new areas. Equally important, they discussed how empathy is a key construct in predicting the psychological impact on trauma mental health in their efforts to maintain therapeutic equilibrium and "empathic attunement" with the

¹John P. Wilson, PhD, Professor Emeritus of Psychology at Cleveland State University, and an internationally known trauma psychologist died midday July 6, 2015 in his home in Cleveland, Ohio. The Cleveland Plain Dealer obituary appeared a few days later. This brief article is not an obituary but, rather, a note of introduction to those who may not be familiar with his work.

traumatized. This stance helped provide a useful understanding of the role of empathy and “empathic strain” as practitioners.

Effectively, Wilson (2006b) drew from his scholarship in personality to understand the need to restore meaning and a sense of wholeness following trauma. He noted that the research supports post-traumatic growth and other positive effects of trauma on the development of the recovery of one’s identity, character, and purpose in the aftermath of trauma. Long before others, Wilson noted the importance of focusing on human resilience; while acknowledging pathological consequences of trauma, including the impact on the “inner self.”

Cross-Cultural and Global Understanding

Wilson’s humanitarian work and lecture invitations introduced him to war victims, refugees, and displaced persons led to his greater awareness of the special needs of traumatized asylum seekers and refugees. In collaboration with Boris Drozdek of the Netherlands they edited two books (Drozdek & Wilson, 2004) in Hertogenbosch. This critically needed professional reference book helped standardize the care for victims of terrorism, war, and political oppression.

His humanitarian work, together with his experience in the cross-cultural and global understanding of trauma, is obvious in his international handbook he edited with Beverly Raphael (Wilson & Raphael 1993). This book was important because it was the largest book on trauma to date and was only slightly thinner than the *2012 Encyclopedia of Trauma*. It also was significantly because it was a more interdisciplinary effort to define and classify the field of traumatic stress (e.g., incorporating theory, assessment, research methods, victim populations, treatment methods, social policy issues), as was noted in the first issue of the *Journal of Traumatic Stress* (Figley, 1988).

His last book (Wilson & Lindy, 2013) explores the language of both individual and collective trauma, which is often ignored by Western scholars and practitioners. In a systematic way, these scholars built a conceptualization of the etymology of trauma-related terms used in non-Western countries and their counterpart concepts. Together with his other works that tried to bridge cultures, this book succeeded in providing both researchers and practitioners with a framework for working with trauma survivors using a cross-cultural vocabulary—one often based in metaphor—to fully address the experience of trauma and to begin work on reconnection and self-reinvention.

Trauma Measurements

Another area of Wilson’s contribution was in collaboration with Terrence Keane (Wilson & Keane, 1997; 2004), in which they produced a reference book for trauma

scholars and practitioners, the only one of its kind. The second edition of the book was published in 2004. The increase in the quality and quantity of the instruments they included reflects the extraordinary increase in interest in trauma and especially PTSD. It remains the gold standard reference volume for clinicians and research throughout the world.

In his only autobiographical work, Wilson (2006) concluded with this observation that, perhaps, illuminates the single most focused objective of his life’s work:

If there is an overarching humanitarian mission for future scholars, it is to find a way to prevent the conditions in the world that produce trauma, violence, war and human suffering. Until that occurs, the scientific knowledge about trauma and PTSD is critical for the evolution of the species. As Freud (1917) understood, love and hate (Eros and Thanatos) are rooted in the psychology of humans. The forces of hate lead to trauma. The forces of love lead to peace and altruism, and what Buddhists refer to as compassionate wisdom (p.257).

Conclusion

John Wilson’s leadership beyond his term as the Second President of ISTSS is his successful effort to bring critically needed attention to Vietnam War veterans in the decade following the end of that war. This led him to study and lead a movement to improve the diagnosis and treatment of PTSD, including the role of personality, empathy, psychobiology, culture, countertransference, and measurement in understanding and mitigating the unwanted impact of trauma and celebrating new and profound awareness it can bring to the survivors.²

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A website to discuss his work was established at the [John P. Wilson Page](#) within the [Trauma Pioneers](#) site.

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Charles R. Figley, PhD is the Founding President of ISTSS, and the Founding Editor of the *Journal of Traumatic Stress*. He currently holds the Paul Henry Kurzweg, MD Distinguished Chair in Disaster Mental Health and heads the Traumatology Institute at Tulane University where he also serves as Associate Dean for Research in the School of Social Work. The author of over 150 journal articles and 25 books, his current research interests include trauma resilience among Native Americans. Email: Figley@Tulane.edu.

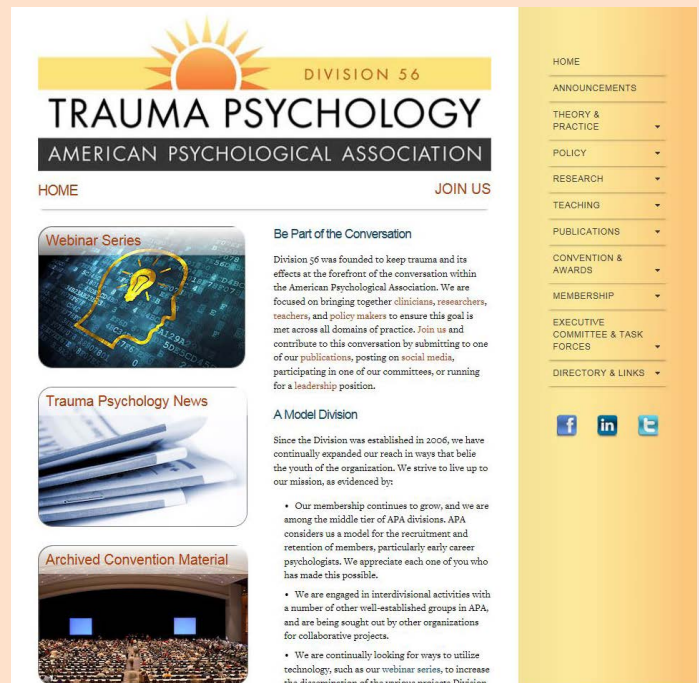
Division 56 Launches a New Website!

By Tyson D. Bailey, Psy.D.

Division 56 has redesigned and added new features to its website, www.apatraumadivision.org, which launched in the middle of October. Updates include organizing the content into specific domains to allow members easier access to the material that is directly relevant to their area of practice. In addition, it is our hope to further highlight the diverse areas of interest of our members and committees. Currently, we have the following sections:

1. Theory & Practice
2. Policy
3. Research
4. Teaching

Within each domain, you will find the relevant committees that are doing work in these areas, as well as important resources that include the work our Presidential Task Forces have completed. In addition, other information relevant to the research, practice, and teaching of trauma can be located on these pages. If you are aware of any resources not included in the various sections, please submit them to the website editor, Tyson Bailey, for consideration. We have also retained a number of features within the old website, including our archived convention material, webinar series, and the Division newsletter, *Trauma Psychology News*.



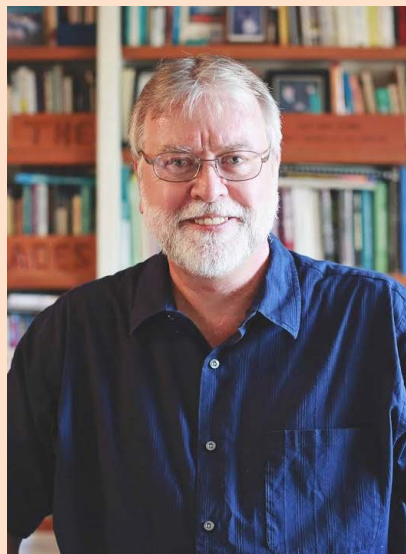
Please check back to the site frequently, as we will continue to add new content over the coming months. Each time an update is made, we will send out notices on social media, so like or follow us to ensure you do not miss any of the exciting changes or chances to participate in the conversation!

Division 56 Webinars:

A “Hit” in the APA That You Don’t Want to Miss!

By George F. Rhoades, Jr., Ph.D.
Chair, Education and Training Committee

I became the Chair of the Education and Training Committee for our Division in 2014. It was during that year that our Division President, Dr. Kathleen Kendall-Tackett suggested that we start a Webinar Series with the American Psychological Association (APA). Having personally had over 15 years’ experience in radio and TV, this was an exciting prospect for our committee to pursue. Working with Dr. Lucia Gutierrez and Veronica Allen of the APA’s Division Service Office, we developed a format that has proven a “Hit” within the APA. Several other APA Divisions have consulted with us in the development of their own webinars and we have received many compliments on the quality of our Division 56 presentations.



George F. Rhoades, Jr., Ph.D.

Webinars provide a venue where we are able to match up Experts in the field of Trauma Psychology with current critical topics, presented with current technology in the United States and around the world. It was Friday, June 27, 2014 that we started the webinar series with Dr. Kathleen Kendall-Tackett on the topic “Why Child Abuse Makes People Sick. The lifetime Health Effects of Adverse Childhood Experiences.” The webinar was well received and had a lot of questions from our participants. We offered the webinars for free to gain a larger audience and to disseminate more broadly the knowledge and treatment of trauma.

The webinars have continued on a monthly basis, except for January and August of each year as this is the time for APA Conventions or meetings. The webinars available on the Division 56 Website are as follows:

- Dr. George F. Rhoades, Jr., “Understanding and Treatment of Sexually Trafficked Children, Teens and Young Women.”
- Dr. Robert Geffner, “Children Exposed to Violence and Other Adverse Experiences, Trauma and the Brain.”
- Dr. Bethany Brand, “Understanding and Stabilizing Safety Problems with Severely Dissociative Clients.”

- Dr. Rich Tedeschi, “Posttraumatic Growth in the Military: Theory, Research and Practice.”
- Dr. Tyson Bailey, “Working with Chronically Suicidal Clients: A Trauma Informed, Empowerment Focused Perspective.”
- Dr. Kathleen Kendall-Tackett & Dr. Wendy Middlemiss. “Early Life Adversity.”
- Dr. Erin Smith & Katherine Porter, “Prolonged Exposure Therapy with Veterans”.
- Dr. Laurie Anne Pearlman, “Traumatic Bereavement.”
- Dr. Michelle Bovin, “PTSD in DSM-5.”
- Dr. Gilbert Reyes, “Multi-Systemic Psychosocial Support Model for Responding to Disasters and Mass Violence.”
- Dr. Beth Rom-Rymer (Chair), Dr. Nnamdi Pole (Co-Chair), Dr. Katherine Porterfield, Dr. Charles Figley, Dr. Steve Gold, Ms. Carly Smith and Dr. Robyn Gobin, “The Hoffman Report: Division 56 Discusses Initial Reactions and Plans.”
- Dr. Nnamdi Pole & Dr. Amber Douglas, “The Black Lives Matter Movement: Implications for Professional Psychologists”

The webinar on the Hoffman Report was a special panel put together by our current Division 56 President, Dr. Beth Rom-Rymer. It is our desire to continue to be on the cutting edge of what is important in Trauma Psychology and to present this knowledge and practice to Professionals and the General Population-at-Large.

In the near future our desire is to offer Continuing Education Credits for the live Webinars and then at a later date for the Webinars that we host on our Division 56 Website. In the meantime please check out the past Division 56 Webinars at <http://www.apatraumadivision.org/81/webinar-series.html>.

If you have comments on this article, past webinars or suggestions for webinars or presenters, contact the Education & Training Committee at dr.grhoades@gmail.com.

Division 56 Member News

By Jessica Punzo, Psy.D.

Nora Baladerian, Ph.D., is continuing to provide trainings on and disseminate copies of two books that details how to reduce the risk of abuse (and its impact) for people with intellectual and developmental disabilities. One of the books is for parents and caregivers (and service agencies for corporate changes) and the other is for individuals with intellectual and developmental disabilities. She is also rolling out the Rule Out Abuse Campaign for physicians and mental health practitioners. The purpose of the campaign is to get “child abuse” or “dependent adult abuse” onto the list of possible causes of the constellation of symptoms that can often be seen in children and adults with intellectual and developmental disabilities (mood, conduct, eating and sleeping patterns, a decline in communication, and self-care skills, as well as resistance to going to school or day program). Ambassadors of the Rule Out Abuse Campaign can download all of the materials from disabilityandabuse.org homepage and personally use or distribute the information.

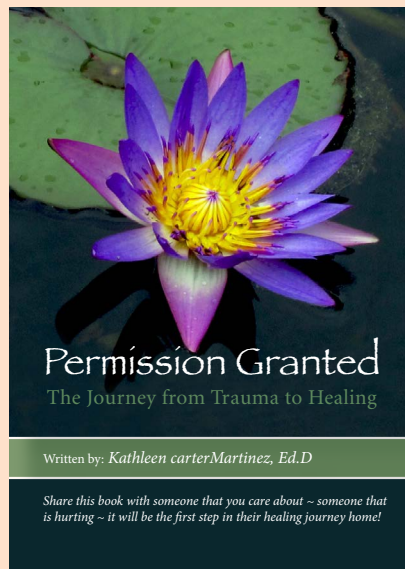
Courtney A. Barrett, Psy.D., is celebrating three years since the creation and implementation of the Captain James A. Lovell Federal Health Care Center, Partners' Empowerment Program (PEP). PEP is a support group designed for partners', spouses and family members of active duty service members and veterans diagnosed with combat related Posttraumatic Stress Disorder. PEP utilizes an evidence based framework to allow for generations of families from World War II to Operation Enduring Freedom/Operation Iraqi Freedom conflict eras to reclaim their voice through psychoeducation of PTSD, gained coping skills and the richness of social connection. Multimodal therapeutic intervention promotes trauma recovery and self-expression. Families are strengthened through effective relational coping, communication and intimacy. Inclusion of Integrative Restoration (iRest) further increases mind and body wellness, decreasing secondary traumatization and caregiver burden. PEP highlights the essential and important need to embed family focused work in trauma

treatment, providing the opportunity for decreased severity and longevity of the impact of PTSD on our military and veteran families.

Steve Brown, Psy.D., in collaboration with Courtney Baker, Ph.D. of Tulane University, created one of the first psychometric measures of trauma-informed care called the ARTIC (Attitudes Related to Trauma-Informed Care). The study resulting in the measure of 760 respondents will be published in a special issue of the *Journal of School Mental Health* on trauma-informed schools in March 2016.



Dr. Kathleen carterMartinez



Dr. Kathleen carterMartinez announces the upcoming release of her book entitled: *Permission Granted: The Journey from Trauma to Healing from Rape, Sexual Assault and Emotional Abuse* December 15, 2015 by Chey-WindPress. “Dr. Kc” is an author, personal trauma specialist and clinical psychotherapist. For years, she has been a tireless advocate and voice for women affected by physical and emotional trauma. In *Permission Granted*, Dr. Kc shares her insight and wisdom learned over the years and describes with empathy and compassion the struggle to find a way back home and rediscover oneself. Using her gift as a storyteller to weave a tapestry of empathy, compassion and understanding she gives a voice to women everywhere who have a story to tell; her words resonate as she reminds us that trauma affects each and every one of us. Dr. Kc compels us to remember that we are all members of the human condition as she calls us to sit together in the circle of life and invites us to travel the journey to healing together. From the first chapter to the last, *Permission Granted* takes us on the journey of healing after experiencing the physical and emotional trauma of rape, sexual assault, and emotional abuse. This book is written in the collective voice of “We” as it is written for each and every one of us. We do not ask you to identify if you are a “victim” of a traumatic event or if you are the friend or loved one of someone who has been in harm’s way, all are welcome here. More in-

formation on *Permission Granted* can be found at <http://www.cheywindpress.com/>.

Ashley Clayton, M.A., recently published a mental health policy article as a follow-up to an article she published in *Health Affairs* in 2013. <http://healthaffairs.org/blog/2015/08/24/narrative-matters-the-next-chapter-the-winding-road-of-mental-health-recovery/>

Priscilla Dass-Brailsford, Chair of International Psychology at The Chicago School of Professional Psychology and Adjunct faculty at Georgetown University is collaborating on a new research project with faculty at the University of Guatemala. The project is focused on the Kakchiqueles in Guatemala, who constitute 8.4% of the indigenous population (22 indigenous groups in total). This region of Latin America has experienced high levels of political violence due to Civil Wars and other post-war conflicts. The WHO (World Health Organization) defines traumatic experiences as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Dinesen et al, 2013). The purpose of this research is to explore the effects of traumatic experiences among a group of Kakchiqueles (N=17), to compare the reactions of this indigenous people to the DSMV criteria of Post Traumatic Stress Disorder (PTSD) and most importantly, to address the dire need for literature in this neglected area of cross cultural psychology.

Mary Gregerson, Ph.D., is the lead for Media First Response, which is a consultation initiative to assist local community officials and journalists providing mass media messages during natural disasters and community crises. A dozen original Media First Responders from around the world “trained to train” small groups for the first full fledged MFR training composed of psychologists from each state (the MFR First Fifty) and foreign countries scheduled before the 2016 APA Convention in Denver, Colorado. In addition, she plans on providing MFR consultation training to their respective hometown officials and journalists covering crises and disasters. This evidence informed consultation service networks with key local stakeholders (officials, reporters) to redress problems/challenges associated with trauma-by-television, ethnic/racial bias in crime reporting, and global reach of local news. Through hometown networking and consultation training (composure promotion [compartmentalization, composed breathing] and contexting [framing, social and physical environment, social justice]), MFR psychologists prepare local officials and reporters in socially just, peace promoting crisis/risk communication methods that are evidence informed. Later, MFR psychologists directly consult during crises/disasters to create socially just and calming messages aimed to diffuse rather than escalate volatile, incendiary community situations.

Richard James, EdS, is currently working on a pilot project with an Army Forward Surgical Unit due to deploy to Afghanistan in December. His team developed a one day training program for the unit and trained them in triage assessment, basic listening skills, and dealing with crises in August. A manual and army smart cards were also created for the unit. They plan to follow them in Afghanistan and provide support as they experience and attempt to deal with soldiers experiencing psychological crises. His team has also been contacted by Border Patrol to start training their peer support officers in crisis intervention skills.

Andy Johnson, Ph.D., has recently edited a new book titled, *Religion and Men's Violence Against Women*, published by Springer. This book focuses on some of the most serious and common forms of interpersonal violence—men's violence against women—as they affect persons in diverse religious cultural groups. Religious clients struggling with men's violence against women can pose interesting challenges for psychotherapists. Counselors might not be familiar with the vast array of different religious cultural groups. This multipurpose work serves as a reference guide for culturally sensitive treatment of women survivors of men's violence, bystanders, and men with violent behavior in diverse religious groups.

Ani Kalayjian, EdD, DDL, BC-RN, BCETS, DSc (Hon), presented at an all-day conference on trauma healing at the University of Palo Alto in October. She also participated in an Interfaith Panel on Dignity, at the United Nations, for their 70th Anniversary. Her organization is also planning an all-day training program on Disaster Relief, Rehabilitation and Meaning-Making, at the end of October. To learn more visit www.Meaningfulworld.com

Patricia K. Kerig, Ph.D.'s lab has a new article in press in which, in a sample of detained youth, they found that those who were gang-involved—especially girls—reported higher levels of exposure to certain kinds of traumatic experiences. Further, that gang-involved youth were more likely than their peers to report having experienced traumas in which they themselves had been compelled to perpetrate violence against others. This concept of “perpetration-induced trauma” hasn't been studied in an adolescent sample before nor in the context of gangs. As they predicted, perpetration-induced trauma accounted for the association between gang involvement and posttraumatic stress symptoms. These findings have implications for guiding interventions designed to divert youth from a delinquent pathway by pointing toward trauma as an overlooked by potentially key target for treatment.

Andrew M. Leeds, Ph.D., will have a second edition to his 2009 book on EMDR protocols coming out in February of 2016 titled, *A guide to the standard EMDR therapy protocols for clinicians, supervisors, and consultants, 2nd Edition*, by Springer Publishers. He has also recently published articles relating to Borderline Personality Disorder: (1) Mosquera, D., Gonzalez, A., & Leeds, A. M. (2014). Early experience, structural dissociation, and emotional dysregulation in borderline personality disorder: The role of insecure and disorganized attachment. *Borderline Personality Disorder and Emotion Dysregulation*, 1(15), 1-8. (2) Mosquera, D., Leeds, A. M., & Gonzalez, A. (2014). Application of EMDR therapy for borderline personality disorder. *Journal of EMDR Practice and Research*, 8(2), 74-89.

Robert F. Morgan, Ph.D., recently published a book entitled: *Trauma Psychology in Context: International Vignettes and Applications from a Lifespan Clinical-Community Psychology Perspective*. With growing trauma from economic and natural disasters, the massive influx of returning veterans and victims of the various on-going wars and other conflicts, interest in the psychology of trauma expanded exponentially, moving from important to essential. Graduate and post-graduate programs for mental health practitioners now need strong curricular opportunities for training in the psychology of trauma. Current innovations in this field draw from lifespan development, community, social, existential, and clinical psychology, as will this book. The recent applications of Chaos Theory to clinical psychology, and now trauma psychology, initiated by the work of Michael Butz (1997, 2004) has been added to this mix and will be part of many chapters. Many of the vignette contributors teach this class and supervise graduate students in practicum and internship settings at universities in the United States and in an Australian university in Singapore. This is current international text replete with vignettes, applications, and case histories.

Lorna Myers, Ph.D., director of the psychogenic non-epileptic seizures (PNES) treatment program at the Northeast Regional Epilepsy Group in New York, will be presenting a poster at the American Epilepsy Society Annual Meeting in December titled, *The utility of Prolonged Exposure Therapy (PET) in the treatment of patients who are dually diagnosed with psychogenic non-epileptic seizures (PNES) and PTSD*. She also recently published a book with her coauthor Mary Martiros called *In Our Own Words: Stories of those living with, learning from and overcoming the challenges of psychogenic non-epileptic seizures (PNES)*. This book is a compilation of testimonials given by people from across the US and abroad about their experiences of living with psychogenic non-epileptic seizures (PNES).

Ilene Serlin Ph.D., recently completed trainings in the use of dance movement therapy to work with trauma in Istanbul, Beijing and Hong Kong. Students are generally mental health or health professionals who want to integrate embodied, nonverbal and symbolic methods into their work. In Istanbul some are already working with the Syrian refugees, and students at the China Institute of Psychology in Beijing and the University of Hong Kong are eager to take the work to their home cities and hungry to learn more. Further information about these trainings can be found at union-street-health-associates.com

Janelle Smith, M.A. and colleagues at the Naval Medical Center San Diego are currently conducting a study looking specifically at secondary victimization in U.S. active duty service members. Research among civilian populations has found that services intended to support victims of sexual harassment and assault often inhibit disclosure and help-seeking behaviors, and result in perceptions of victim-blaming. Their study evaluates the psychological, physical, and psychosocial effects of the sexual assault reporting process in a population of active duty Service Members and DoD civilians. They are specifically assessing military sexual assault survivors' post-assault interactions with community supports (police, JAG, SARC, medical staff) as well as their chain of command and are currently recruiting participants. Other investigators on the study include: George Loeffler, MD; Jeffrey Millegan, MD; Laretta Ziajko, MD; and Michael Bowen, MD.

Robert Stolorow, Ph.D., recently published an article entitled: Stolorow, R. D. (2015). A phenomenological-contextual, existential, and ethical perspective on emotional trauma. *Psychoanalytic Review*, 102:123-138.

Jack Tsai, Ph.D., is currently leading a project funded by the Bristol-Myers Squibb Foundation looking at how medical-legal partnerships can help veterans with mental illness. Medical-legal partnerships involve lawyers working with health professionals to address civil legal issues and social determinants of health. There are medical-legal partnerships that help veterans with PTSD apply for disability compensation, housing, and other social needs.

Jin Wu, Psy.D., is working on a case study of client-centered therapy (CCT) with a client who identified as an adult Chinese survivor of early childhood sexual abuse. Jin is currently interested in the use of dream work and imagery as it applies to the client's ability to make meaning and heal from early trauma.



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The Division of Trauma Psychology—Your Home in APA

The Division of Trauma Psychology adds a psychological voice to the interdisciplinary study of trauma, offering knowledge from science and practice with the goal of enhancing clinical care, research, and education of psychologists.

Why join Division 56?

Members: Join a community of professionals committed to scientific research, professional and public education, and the exchange of collegial support for professional activities related to psychological trauma.

Early Career Psychologist Members (ECP's): Gain access to extensive networking opportunities with colleagues in the trauma field. Other benefits include professional development training, social hours and mentoring sessions at our annual conferences, and opportunities to write for the Division 56 newsletter.

Student Members: Become part of a nationwide network of fellow students with professional interests in psychological trauma. Benefits include opportunities for networking with experts in the field and access to the Division 56 Student Listserv, a forum in which students can participate in academic conversations and events regarding cutting-edge work in trauma psychology.

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- Member-only listserv provides ongoing communication with other members and breaking news of trauma-related developments in APA
- Opportunities to network with colleagues and potential collaborators through social hours and mentoring events
- Participation in the Division's annual meetings and voting privileges to elect representatives
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- Subscription to our journal, *Psychological Trauma: Theory, Research, Practice, and Policy*, at the member rate of \$22.50 per year

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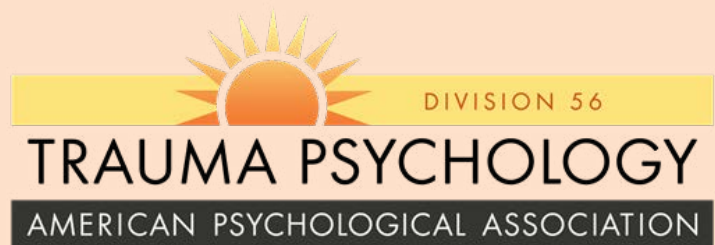
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