



TRAUMA PSYCHOLOGY

AMERICAN PSYCHOLOGICAL ASSOCIATION

NEWSLETTER

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Presidential Voice

You Spoke, We're Listening (We Hope)

It's astonishing how quickly a year can pass. It's Labor Day weekend again, and I'm wrapping up loose ends from attending the APA Convention, enjoying the bite of coolness in the Seattle air. I'm also wrapping up the loose ends of my year as Division 56 President, one of the most enjoyable of the many jobs in APA governance that I've ever had the honor to hold.

Because my roots are in the world of feminist psychology, I did several things this year that I learned in that world, where I have been active since my second month of grad school back in the fall of 1973. We opened the Division hospitality suite at convention at a place where students and ECPs could stay for a much-reduced fee, making it possible for more of those junior colleagues to attend and participate fully in the convention. This is a tradition

that I learned from Division 35, in whose suite I stayed at my first four APA conventions—it's one I hope we'll find a way to keep up. I also did a lot of thinking about how to make Division 56 more of a participatory democracy. That's a challenging thing to do in an organization that's scattered not only across the entire U.S., but through several continents as well. Yet back in the 1970s before there was email or cell phones that made long-distance communications simple and cheap, the group that I became involved with in 1973, the

Association for Women in Psychology (AWP), which is Division 35's sister organization, managed to have participatory democracy with an equally far-flung group of members. Its business meetings were often raucous and unruly—and I know that only too well, because I learned the ropes of running meetings by



Laura S. Brown, PhD, ABPP

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If you ran Division 56, what would you do? See Business Meeting Minutes on page 31.

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Childhood Trauma: The Impact of Childhood Adversity on Education, Learning, and Development

Michael Changaris, PsyD

Education is a child's main job. While the effects of many learning disabilities including dyslexia and ADHD are well recognized, the effects of PTSD on learning appear to not have garnered the same attention. Much data has shown that effects of childhood trauma are immense and can be catastrophic to the educational process (Yasik, Saigh, Oberfield, & Halamandaris, 2007). Symptoms of PTSD can interrupt neurological, social, and academic development (Gabowitz, Zucker, & Cook, 2008). While educators are trained in many aspects of child development there is often little training on the impact of PTSD on education, despite the fact that PTSD often carries with it behavioral, emotional and learning challenges that will directly impact the ability of a child to succeed academically (M. Slaone, personal communication, May 1, 2009).



Michael Changaris, PsyD

Childhood Trauma Is Not Rare

Children who experience traumatic events are more likely than adults to develop symptoms of PTSD. Sadly, the occurrence of childhood trauma is far from rare. Every year 3,000,000 children are involved in a child protective services (CPS) report in America and if a child is indirectly involved in the incident the number grows to 5,500,000 children (Hamblen & Barnett, 2009). These numbers are virtually pandemic. While not all children who experience traumatic events develop PTSD, many do and in some age groups rates can be as high as 25%. It is important to note that being from lower SES groups or other marginalized identities could mean a dramatic increase in these numbers. The effects of childhood adversity can be seen even fifty years later in poor health, behaviors destructive to health (e.g., drug abuse, smoking and obesity) and even early death (Felitti, 2004; Felitti, Anda, Nordenberg, Williamson, Spitz, & Edwards, 1998).

Effects of Trauma Are More Than Affect

Psychotherapists often have a strong focus on the emotional and social disruptions for traumatized children. However, children who are traumatized routinely have developmental disruptions in other key neuropsychological domains (Gabowitz, Zucker, & Cook, 2008). Deficits in these domains can affect a child's ability to achieve academic success. Some of these key domains are: attention/concentration, language development, memory, neuromotor development, visual processing, temporal special processing, higher-level thinking and social skills (Gabowitz, Zucker, & Cook, 2008; M. Slaone, personal communication, May 1, 2009). In most of these domains more than 60% of children who have been traumatized will display moderate to severe difficulties. There could be major

compounding effects if the stereotype threat associated with a child's identity status is likely to increase the difficulties a child displays in a given neurocognitive domain.

One feature common to children with PTSD is difficulty with attention. This includes concentration (e.g., the ability to sustain focus on a single task) and levels of arousal (e.g., the brains' ability to produce optimal arousal for the task at hand) (Weinstein, Staffelbach, & Biaggio, 2000; Gabowitz, Zucker, & Cook, 2008; M. Slaone, personal communication, May 1, 2009). Children with symptoms of PTSD can show two main patterns of alterations in their modulation of arousal levels. At points children could become hyperactive and have difficulty containing themselves; the same children may also withdraw inward or dampen arousal levels through dissociative processes (Lanius, & Hopper, 2008; van der Kolk, McFarlane, & Weisaeth, 1996). Most children who have developed PTSD symptoms after a traumatic event will also display more aggression, oppositional behavior and anxiety in social settings (Herrenkohl & Herrenkohl, 2007). Social skills are learned behaviors. The disruptions in memory seen in traumatized children can impair social learning. Impaired social skills, in turn can lead to isolation, difficult relationships with authority figures and missing key social cues (M. Slaone, personal communication, May 1, 2009).

Trauma Symptoms Across Childhood

There are sets of symptoms that are more common for children of different age groups. Toddlers may be more likely to break their toys or become so anxious around other children that they hit the other child. Toddlers also often display hyperactivity and have delays in age appropriate development. As a group, toddlers display less avoidance and numbing symptoms than older children and adults (Scheeringa, Zeanah, Drell, Larrieu, 1995; Scheeringa, Zeanah, Myers, & Putnam, 2003). They may also have disruptions in their potty training, anticipate aggression from others, increased startle response and higher levels of separation anxiety (Mongillo, Briggs-Gowan, Ford, & Carter, 2009). They tend to engage in re-enactment play that can include violent or sexual themes. Many parents of young children who have been traumatized report dramatic changes in their personality. Scheeringa et al. (1995) called for a change in criteria for the diagnosis of PTSD for toddlers to include the symptom category called "new fears and aggression" and reduced the number of required symptoms to one in each of the other diagnostic categories.

School-age children display similar deficits. They may also have graphomotor (difficulty with handwriting) disruptions significant enough that it impacts their ability to complete assignments (M. Slaone, personal

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Childhood Trauma

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communication, May 1, 2009). Children who have been traumatized have affect instability and lower frustration tolerance (Herrenkohl, & Herrenkohl, 2007). The combination of difficulty with graphomotor ability and lower frustration tolerance could lead to temper tantrums and poor learning. Demands on memory peak for most children in the middle school years and children who have been traumatized have significant deficits in their declarative memory formation (M. Slaone, personal communication, May 1, 2009).

Education demands an increased amount of higher order processing from high school students compared to younger children. These higher-level thinking skills such as metacognition and rule formation show strong deficits in traumatized high-school students. Children who have been traumatized have a mean IQ score of eight points lower than average population (i.e., full-scale intelligence quotient FSIQ of 92; M. Slaone, personal communication, May 1, 2009). Working memory is one of the most affected domains for these children. This may be due to working memory's sensitivity to anxiety. High-school children who have been traumatized will also be more likely to engage in self-harm and other high-risk social behaviors such as drug use and unprotected sex (Herrenkohl, & Herrenkohl, 2007).

Building Educator Understanding

Educators are more and more forced to manage classrooms with too many children, too few resources, and to pay for supplies out of their own pockets. Classroom management is a vital skill set against that backdrop. Most educator classroom management techniques and interventions are driven by two factors; (a) behavioral interventions, and (b) punishment. While both of these factors can be effective with most children, children who have been traumatized do not respond well to these interventions (M. Slaone, personal communication, May 1, 2009). A child who has been traumatized may have so much difficulty with frustration tolerance that they are not able to effectively make use of traditional punishment. Their sensitivity to shame and disgust could make even small correction feel like an assault. Similarly a child who has difficulty with temporal spatial sequencing could have challenges establishing cause and effect relationships between their behavior and outcomes. This last skill is necessary for the effective use of behavioral techniques. Supporting educators to understand the impact of trauma on the learning process could increase educator effectiveness and student success.

Building Trauma Safe Classrooms

Helping teachers to understand the symptoms the child is facing and build a tool kit to foster optimal learning for the traumatized child could enhance the child's education tremendously. For many children teachers can be central attachment figures creating islands of safety in their classroom far from the child's chaotic life. On the other hand, education can feel to some children like a series of

continual failures. Giving teachers tools to work with affect dysregulation and helping educators to understand trauma could lead to more classrooms being islands of safety rather than another place the child is ship wrecked.

A traumatized child who is having difficulty with temporal sequencing might forget school equipment, arrive late, and have difficulty putting together complex tasks. Highly intelligent children may have a solid understanding of a lesson and even identify a good solution to a problem, but still remain unable to organize the process necessary to create the output matching their understanding. This could increase the children's frustration with learning and possibly lead to them dropping out entirely. These factors could be increased dramatically if the child is from a marginalized identity group.

Teaching children with trauma has multiple challenges. A child who has been traumatized might need to be told multiple times how to complete a task (M. Slaone, personal communication, May 1, 2009). They may also require that the teacher function as scaffolding for their limited affect regulation ability while they are learning the new task. Learning itself can be challenging and very frustrating. Children who have been traumatized can display significant amounts of shame. Seemingly normal frustration at the inevitable mistakes made during learning could be nearly unbearable for the traumatized child. Many educators have observed children who get themselves kicked out of class rather than face the social stigma of not being able to complete an assignment.

Trauma's Impact on Educators

Working with traumatized children can have a profound effect on educators and staff. Children who have faced traumatizing events can have difficulty trusting authority figures. They often display high-levels of externalizing and internalizing behaviors (Dykman, McPherson, Ackerman, Newton, Mooney, Wherry, & Chaffin, 1997). Externalizing behaviors are some of the most challenging for educators to manage. On top of the behavioral difficulties, traumatized children are more likely to have multiple long-term difficulties with learning and language (M. Slaone, personal communication, May 1, 2009). Educators working with traumatized children also must tolerate the child's willfulness, distraction and difficulty learning. The child's tendency to externalize may in fact blame the educator for their difficulties. These factors could increase teacher and staff burn out.

Children who have been traumatized will also often have poor social skills, interrupt teachers, talk back and do other things that could damage their relationship with the teaching staff (M. Slaone, personal communication, May 1, 2009). Considering the statistics on the number of individuals who have faced traumatic events it is highly likely that teachers have their own affect dysregulation making these behaviors quite difficult to tolerate (Stamm, Varra, Pearlman, & Giller, 2002). While clinicians work with supervisors to learn to manage their counter-transference, teachers are not given the same level of professional development in this area. Adding to this is the possibility of vicarious traumatization that teachers

might experience due to hearing year after year the horrific stories of children's lives (Dykman, McPherson, Ackerman, Newton, Mooney Wherry, & Chaffin, 1997; Stamm, Varra, Pearlman, & Giller, 2002). Building educator resilience through learning affect regulation skills and self-care could make teachers working in some of the most difficult educational environments more effective.

Multidisciplinary Teams ... It takes a village

Working with children who have been traumatized takes a village. For many of the developmental domains, having specifically tailored programs aimed at building these neurological skills can be vital. Occupational therapists can help the child develop motor skills and motoric sequencing (M. Slaone, personal communication, May 1, 2009). Speech and language pathologists can help children who have been traumatized develop better expressive and receptive language skills. Trauma sensitive psychiatrists can help provide medication that allows the child to stabilize enough to effectively participate in other treatments. Psychotherapists can be effective consultants in the educational environment and support the child to integrate the traumatic event into their self-story, build affect regulation skills and support development of the multidisciplinary teams needed to help children become successful students and adults (M. Slaone, personal communication, May 1, 2009). Education is vital for the success of America as a nation and humans in general. The effects of PTSD on learning, although currently undocumented, are profound. It will take many professions working together to build truly trauma safe schools. As community violence continues to increase, it is up to the clinical community to begin the dialog to make this transformation possible.

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Navigating the Job Market: Tips from the Experts for Psychologists Specializing in Trauma

Rachel E. Goldsmith, PhD

As an “Early Career Professional,” I have had many questions about navigating the job search process. Like many job applicants, my efforts occurred in the context of a work situation that



Rachel E. Goldsmith, PhD

had its own demands. I developed some strategies that were helpful, but at other times found myself confused or unprepared. One practical approach that expedited my efforts was to have an “assembly line” in my office of CVs, article reprints, research statements, envelopes and labels that I could easily pick up and combine with those components of the application that needed to be individually tailored. I followed a colleague’s recommendation to

create an Excel spreadsheet where I listed each position, the deadline for applications, and the dates on which I sent applications, received confirmation, or heard a response. For each interview, I created a folder that included my interview schedule along with information on each faculty member in the department (sometimes just the blurb from their website, and often a few abstracts from published papers).

However, there were areas of my search where more organization and information would have been beneficial. There was one instance where I forgot to bring fresh copies of my CV. An “interview checklist” would have helped me as I set off on multiple interviews amidst my current responsibilities. I also learned that it is essential to keep all VA forms handy and to request early any forms that may be missing. In addition to the regular required materials, VA applications require a form (SF-50-B) from anyone who has previously worked at a VA. Because I had completed a VA internship, I needed, and could not find, this form, which then had to be requested through multiple channels. Besides my obvious mistakes, I had plenty of uncertainties: How should I structure my cover letter? To what extent should I emphasize traumatic stress as my area of focus? Was it ok to have a glass of wine when offered at a dinner interview? How long is reasonable to request for considering an offer? I was fortunate to have several colleagues, including my graduate advisor, who provided their guidance. My hope is that you will have even more information than I had, because you will benefit from the advice of two top senior-level psychologists with years of experience evaluating candidates in the field of trauma psychology and considering relevant issues.

I recently spoke with Drs. Kate Chard and Elana Newman, two leaders in trauma psychology, who provided their advice about several issues pertinent to

those of us who have recently completed our training and hope to secure a suitable position. Dr. Kate Chard is the Director of the PTSD and Anxiety Disorders Clinic at the Cincinnati VA Medical Center. She is a leading expert in Cognitive Processing Therapy, and has provided training for therapists, clinics, and VA medical centers nationwide. Dr. Chard was previously an Associate Professor at the University of Kentucky. Dr. Elana Newman is the McFarlin Chair of Psychology at the University of Tulsa, where she is also the Director of Clinical Training Programs. A leading expert in depictions of trauma in the media, Dr. Newman is the Research Director for the Dart Center for Journalism and Trauma. She served as the President of the International Society for Traumatic Stress Studies from 2006 to 2007.

1. As we go on the job market and prepare for interviews, how do we address negative reactions to hearing about trauma that may surface among those evaluating our candidacy?

Kate Chard: People have the idea that, “This doesn’t happen to very many people—so why do we need to devote a position to it?” I’ve had to educate people as to rates of trauma exposure, and to train people to identify trauma and its effects. I’ve taken to using research literature to help inform people.

Elana Newman: In terms of bias, it may be important to indicate that everyone chooses a specialty, and the reason that I study this is ____ (fill in the blank). People who study substance use aren’t necessarily substance abusers. It’s perfectly normal to indicate that many people have strong reactions to the work. Make this an explicit part



Dr. Kate Chard



Dr. Elana Newman

of the job presentation. In your job talk, educate them that trauma is a major public health problem, and focus on the scientific aspects of why it’s important. For people who are applying to research careers, it’s important to demonstrate that one is a rigorous scholar, whether the setting is a job talk or class. Demonstrating that one is a good methodologist and conceptualizer will go a long way. Even though there are social and political issues associated with studying trauma, your job talk can focus on methodological rigor and how it can answer scientific questions. People have very strong opinions about trauma. There’s an assumption that people who study trauma have a trauma history.

Be prepared to answer difficult questions and questions that may be inappropriate, and to address assumptions explicitly in your job talk. Be conscious that interviewers may have gender or ethnic/cultural assumptions that may also play a role such that some candidates are going to be asked personal or inappropriate questions more than others. People may have different reasons for asking you these kinds of questions.

2. How should we approach faculty or other clinic members who seem concerned about whether trauma psychologists will bring controversy to the university or practice because of the kind of work that we do?

Elana Newman: Presenting as a serious scholar can mitigate some of those concerns. The biggest issues involve IRBs. When applicants interview, they should ask lots of questions about their IRB, and consider asking to speak to an IRB representative. Candidates should ask prospective institutions, "This is the kind of research I do, can you see any issues?" and attempt to understand potential institutional barriers. This approach can also set in motion a good working relationship with the IRB. I recommend addressing the situation from the standpoint that, "This is a science, it's important to be rational, it's important to think carefully." It's reasonable to say that there are controversies, and to name them. It's effective to say where the positions are, in the following manner, "Let me explain the controversy in the field. The truth is somewhere in the middle."

Kate Chard: I've had professors say, "Your research is going to gain a lot of attention, because people don't want to talk about trauma." It is true that my work would bring attention that would need to be dealt with—not necessarily negative attention. People have been concerned that participants in trauma research are vulnerable or may feel violated, so the smartest thing I ever did was to get on the IRB of the University of Kentucky, and I'm on the IRB in Cincinnati. It is worth your volunteer time and allows you to learn the ins and outs. I don't think people realize how much is federally regulated and instead they blame all decisions on the local IRB.

3. As trauma psychologists, how should we market ourselves? For instances, should we accentuate trauma as our specialty, or should we describe ourselves as clinical, health, developmental, cognitive, or social psychologists who focus on trauma?

Kate Chard: You can take either route. I used to specialize in CSA, but now I focus more broadly on s Cognitive Processing. The VA would want you to be open to many things in order to function well on their PTSD teams. In either case, you must market yourself. You have to make them think you're an addition to their program, and that you're filling a hole they didn't know they're missing. Even if you're applying for a position at the VA that's not advertised as a PTSD position, you should state that you've had experience working with trauma survivors if that is part of your background.

Elana Newman: It depends on who you are. If you are qualified as a child or health psychologist, I think it makes sense to portray yourself that way. But I think that you have to market yourself as who you really are. You have a lot of flexibility in how you present yourself.

4. What are some common mistakes that job candidates make that we can learn to avoid?

Elana Newman: Candidates should be themselves, and be consistent. Every interaction they have with faculty should be a behavioral snapshot of their best self, and the message should be consistent across faculty interactions. When candidates are not themselves, that's a problem. They should admit what they know and don't know. In terms of dinner, don't have more than one drink. I have had a person ask for six shots at a meal, and three candidates who drank heavily. It is fine to have one drink, but don't have more, even if you think it may relieve anxiety. Another strength and potential setback about candidates involves flexibility. Be as flexible as you can be. Recognize that schools are under a lot of financial duress. Candidates can demonstrate their collegiality by not asking for the most expensive tickets and connections. Making plans and arrangements nicely gives a lot of information as to how you'll be as a colleague. With respect to job talks, it's important to remember the context of the specific audience and institution. Each institution has its own history, legacy, and traditions.

Kate Chard: Some people still talk about how their own trauma history has influenced their career direction. I'd advise against this, and advocate "heal thyself" before approaching your professional career. Everyone does need a motivation, but it's important to have clear boundaries as you approach the job search process. For cover letters, don't use blanket cover letters; tailor them for each site. Other mistakes include wanting to talk salary at the interview. Also, don't request a spousal hire until after the offer. Some candidates demonstrate that they are rigid in their thinking, and tell people at their prospective job site what they could do better. This is a delicate balance, because candidates should indicate what they can add, but should not suggest that their prospective colleagues are not doing things the "best way." Candidates should arrive early, should be prepared, and should be wearing a suit. They should know with whom they're meeting, and should send a thank-you letter (rather than email).

5. What is your advice when responding to an offer (negotiating salary and startup, etc.)?

Kate Chard: Candidates should be up front, but not "gamey." Some people are demanding 2-4 weeks to consider offers, and some institutions now only allow 24 hours to 3 days for the decision. Don't ask for the moon and the stars, as bad feelings can result. Get advice for what constitutes a reasonable request. For instance, VAs typically do not supply SPSS. Candidates should request

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specific information regarding teaching load, thesis advising responsibilities, office space, and startup funds (including how long the funds will last). When making requests, candidates should justify their needs (e.g., explain why you need both a desktop and a laptop).

Elana Newman: The bottom line is: know the institution, and what's possible. I think also, that people have to have a sense (at least internally) about what it is they would like. They should ask themselves, "What do I absolutely at minimum need to be successful here? What would make me happier (heaven on earth)? What would be impossible?" Ask for a little more than what you absolutely need to be successful. If the institution cannot provide the things you need to be successful, you shouldn't go there. Assume, even if you're only thinking you're going to be at a place to be a short time, it needs to be a fit that could be right long-term. Be flexible but reasonable. Remember that they also have a list of candidates for the position. They want you to be there, but they don't want you to dangle them forever. You want to try to be as nice as you can, because you will interact with them again. Our field is small.

6. What are your tips for cover letters, research statements, teaching statements, and job talks?

Elana Newman: I like to know why a person is interested in a particular job. I'm sort of curious (e.g., "I'm ready for a change"). I like a cover letter that's somewhat honest. Most cover letters say why candidates are interested and why they can fulfill the job requirements. The ones that catch my eye say things such as, "I'd like to move back to this area," or "There's a specific thing about your program that attracted me." Something more personalized. You want to know that they're serious about their institution. Teaching statements are probably the hardest to write. I want candidates' teaching statement to match the population served and to be specific to the environment. Don't focus just on graduates and forget the undergrads, or vice versa. We like to know both what people are equipped to teach, and what they could teach over time. Candidates' research statements should indicate what excites them, and where they see the research going.

Kate Chard: You have the opportunity to show that your work is multi-faceted, and to portray the broad impact of trauma across people's lives in our society. Your examples can include school shootings, suicide, etc. For work in VAs, I would emphasize evidence-based experience and conceptualizations, the ability to function as a member of a team, adherence to a recovery model rather than having patients stay stable or maintain their status, a "whole person" view of care rather than a specialist's perspective, a willingness to work with case managers and other care providers, and the capacity to work in a multitude of milieus. Cover letters should be specific for each position, and should include the

institution's name. Cover letters should include: (1) a first paragraph in which you introduce yourself; (2) a second paragraph that articulates why the position is a good fit for you; (3) an integration of these elements that demonstrates why you are a good fit for them. They should be free of typos. In terms of research statements, it is helpful to ask someone who is unrelated to your field to read your statements in order to make sure that they are understandable. The VA will sometimes ask for a clinical presentation. For your job talk, don't do too much (only present multiple studies if they're very succinct and overlap), and do not read from handouts. Practice your presentation with someone really honest about your presentation skills.

7. What are other issues or resources to keep in mind when looking and applying for jobs?

Kate Chard: VA positions are commonly posted at www.USAJobs.gov. It's important to know that many of these positions are only posted for 2 weeks. I recommend that applicants check the site every Sunday. Often, even if no jobs are posted, you can send a cover letter and CV to the Chief of Psychology, and they will keep a file. When sending an unsolicited application, it's fine to send a brief email explaining your background and your interest, along with your CV. I have had several instances where even though I did not have a position available initially, I intentionally kept a qualified applicant in mind and contacted him or her when I did have a position to fill.

Elana Newman: To find positions early in your career, you can always look to see who's being funded in trauma research. If you visit www.Grants.gov, you can look it up. People may need a project manager. Word of mouth is also an important pathway. I'm now the Division 56 Chair of Education, and I get emails from people asking about jobs. I recommend just asking around, and staying in touch with your network. Pay attention to when people go on sabbatical, because visitor gigs are sometimes less well advertised. Also, more and more community colleges are interested, and those positions may not be advertised in the same way. It's a heavy teaching load, but it could suit some people very well.

I am grateful to Drs. Newman and Chard for sharing their advice with us. I hope that it is useful to you as you approach the job search process. Below are some additional resources that may be helpful. Best of luck!

Websites

- **American Psychological Association:** <http://www.apa.org/careers/psycareers/> and <http://www.apa.org/careers/resources/profiles/index.aspx>
- **Association of Psychological Science:** <http://www.psychologicalscience.org/index.php/employment>
- **Department of Veterans Affairs:** www.USAJobs.gov

- **Idealist:** <http://www.idealist.org/>
- **Psychology Job Wiki:** <http://psychjobsearch.wikidot.com>

Books

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Rachel Goldsmith received her doctorate in Clinical Psychology from the University of Oregon, and completed a post-doctoral fellowship at the Mount Sinai School of Medicine. Her research examines emotional awareness and regulation following stress and trauma, and investigates associations among trauma, psychological symptoms, and physical health. Her work also explores how trauma is represented and understood among survivors, health professionals, and broader cultures. She has published this work in journals such as Child Abuse & Neglect, Health Psychology and Personality and Social Psychology Bulletin. She is currently an Assistant Professor at Rush University Medical Center in Chicago, IL, where she divides her time between clinical work, research, and teaching.

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Rosenbloom, D., Williams, M. B., & Watkins, B. E. (2010). *Life without trauma: A workbook for healing* (2nd ed.). New York: The Guilford Press. (295 pp.). ISBN: 978-1-60623-608-6. \$19.95. (paperback)

Most trauma survivors who come to me for treatment know that certain events in their lives have caused them great harm. Some have spent years trying to forget those painful memories and express reluctance to reopen the wounds. Others are unable to think about anything else. Many come with a constant undercurrent of fear in their lives, for themselves and their loved ones. Or they report that they are always second-guessing themselves, unable to make decisions. I also hear patients complain about constant power struggles with their partners. Yet others report feeling that they have no control over decisions in their relationship. Many of my patients have difficulty valuing themselves. And most wish that their connections with others were stronger. Such presenting symptoms offer insight into the ways in which our patients are impacted by overwhelming trauma, whether these events occurred only once or over time. These symptoms also reveal something about our basic psychological needs. Laurie Anne Pearlman, Karen Saakvitne, Lisa McCann and their colleagues examined these needs in their clinical research. These clinical psychologists came to understand from their research that trauma affects the development of the self. Their constructivist self-development theory (CSDT) posits that overwhelming traumatic events produce changes in an individual's (1) frame of reference, (2) capacity to modulate affect, (3) ability to meet one's psychological needs in mature ways, (4) central psychological needs, and (5) memory systems (Pearlman & Saakvitne, 1995, 60–61.).

It was with this theoretical foundation that psychologists Dena Rosenbloom and Mary Beth Williams and writer Barbara E. Watkins published a workbook in 1999 to address in particular the impact of trauma on these central psychological needs of safety, trust, control, self-esteem, and intimacy. Now they have updated their workbook, adding mindfulness techniques for affect management and an additional appendix addressing strategies for dealing with the health-care system. Pearlman provides an updated foreword.

Rosenbloom, Williams, and Watkins wrote this handbook for survivors who are trying to understand how trauma has changed their lives. The workbook benefits survivors of recent trauma or of events from the past. It is written for an individual to use on one's own but it could be used as an adjunct to psychotherapy. An appendix is included that recommends how a professional might use the workbook. The advice includes timing and pacing of the material. The authors also stress the importance of training when working with trauma survivors. They strongly suggest working in the present and recognizing when it is appropriate to consult or refer on to a specialist.

Working in the present is wise counsel that the

authors offer frequently throughout the workbook. The prologue sets the tone: cautioning readers to stay in the present, offering exercises to build on current self-care strategies, and advising them to seek professional help if they need additional support. The authors frequently remind readers not to work on traumatic memories on their own. They acknowledge that most trauma survivors will inevitably be triggered by some of the content in the workbook, but recommend ways to handle those circumstances. One of the strengths of the workbook is its continuing attention to self-care strategies. Rosenbloom, Williams, and Watkins are mindful of the need to build (or rebuild) trauma survivors' sense of efficacy.

The authors ask the readers to read the prologue and first three chapters in sequence before the rest of the book to prepare themselves for the more difficult work ahead. The first chapter offers a primer on trauma, including a discussion of common reactions. It also teaches readers how to check in with themselves to gauge if they need to make use of self-care strategies. Throughout the book there are boxes that alert readers to check in with themselves. Chapter two asks readers to identify and assess how they cope with problems and introduces the management of negative feelings. Chapter two also introduces mindfulness as a skill for affect regulation. The authors address affect management throughout the book in helpful, non-pejorative ways. Chapter three introduces the scheme by which the rest of the book proceeds: first by thinking things through, and then by weighing the evidence. Becoming conscious about how one has changed is not easy work. Rosenbloom and Williams offer constructive, intelligent strategies to begin to do that work.

The remaining chapters of *Life Without Trauma* address each one of the fundamental psychological needs: safety, trust, control, self-esteem, and intimacy. Introductory information in each chapter helps readers flesh out their understanding of each need. These discussions are filled with interesting clinical examples, followed by exercises to help readers examine their beliefs, track their reactions to their beliefs, weigh the evidence regarding their beliefs, and explore alternatives. These chapters are thought provoking for survivors and for treaters.

There is helpful auxiliary information throughout the workbook. An early sidebar offers pertinent information and suggestions for family and friends who want to understand how to help. The appendices are a welcome resource. They include information to guide people navigating health care systems. There is a helpful bibliography by topic, including websites. Recognizing that dealing with the health care system can be difficult for interpersonal trauma survivors, the authors included an appendix addressing various aspects of the system.

Although Rosenbloom and Williams have built their workbook on constructivist self-development theory, the material in this workbook is relevant for those clinicians from other theoretical approaches. I recommend a handful of books for patients and will certainly put this one near the top of the list. I work with trainees who

have limited training in trauma theory and who worry about what to do in the room when faced with a “trauma survivor.” *Life After Trauma* could be a wonderful introduction to working in the room during the safety-building period of trauma treatment.

The thinking in the workbook is simple and complex at the same time. Although written for a reader unschooled in the impact of trauma, it could also benefit patients who have been in treatment for some time. Becoming conscious is a long and circuitous path. The workbook is also respectful of survivors. The authors caution readers to take recovery slowly, proceeding only at a pace that they can tolerate. “Healing consists of alternating states of readiness for moving ahead, times for digesting what has been done, and shifting focus temporarily away when necessary,” they write. “There is no right or wrong way to heal. What is important is that you do it in your way, respecting your own personal pace, feelings, and needs” (p. 82). Rosenbloom and Williams have updated a helpful workbook for helping people heal.

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Rhodes

Ginger Rhodes, PhD, is in independent practice in San Francisco. She specializes in treating trauma survivors, including survivors and perpetrators of violent crime. In addition, she conducts psychological evaluations of political-asylum seekers. Dr. Rhodes teaches and supervises trainees at the San Francisco Psychotherapy Research Group Training Clinic.

Freeman, S. M., Moore, B. A., & Freeman, A. (Eds.). (2009). *Living and surviving in harm's way: A psychological treatment handbook for pre- and post-deployment of military personnel*. New York: Routledge. (513 pp.). ISBN-13: 978-0415988681. \$44.95.

Living and Surviving in Harm's Way: A Psychological Treatment Handbook for Pre- and Post-Deployment of Military Personnel brings together the collective clinical experience of a number of practitioners who served in the Armed Forces. The credentials of chapter authors include deployments to the Middle East during Operation Desert Storm, Somalia during Operation Restore Hope, Afghanistan during Operation Enduring Freedom, and Iraq during Operation Iraqi Freedom. In addition, a number of authors contribute expertise gained as civilian providers in Department of Defense (DoD) and Veterans Affairs (VA) Health Care System clinics. The editors brought these authors together to provide a comprehensive sourcebook for the treatment of behavioral health problems before, during, and after deployment to a warzone.

The primary purpose of the book is to orient clinicians to aspects of treating behavioral health problems in active duty service members and veterans. In particular, clinicians who may be new to DoD or VA clinics can utilize this book to familiarize themselves with various aspects of military culture and the roles played by behavioral health providers within that culture. At the end of most chapters, summaries of clinical implications are provided in order to translate “lessons learned” into specific improvements that can be integrated into working with service members and their families. Because the intended audience of the book is clinicians, it likely would not be appropriate to suggest this book to service members or veterans who are struggling with the clinical problems addressed in this book.

This book makes a unique contribution to the literature on treating service members and veterans, as the authors emphasize wellness and positive approaches to treating deployed and returned military personnel. The authors are keenly aware that the majority of service members never develop psychopathology, despite exposure to significant trauma and stressors in both the deployed and garrison environments. Notwithstanding trends toward greater psychopathology in the military, the approach in this book de-emphasizes pathology and presents the treatment of returning service members within a light that promotes resilience, health, and recovery. Within this perspective, the book is divided into four parts that address specific facets of working with service members and veterans.

Part I provides an orientation for researchers and clinicians to the “warrior mind,” including chapters on the Warrior Ethos, the stressors associated with deployment, and the specific challenges faced by women in the military. This includes challenging stigmatizing myths regarding military culture, such as “military service is like prison,” “service members mainly train to kill,” and “all service members have PTSD.” These chapters provide a framework for treating and developing rapport with service members, and paint a vivid picture of what it is like to sit with a service member in a therapy session, both in deployed and clinic settings.

Part II provides a model for the conceptualization of risk and protective factors in the face of the traumas and stressors commonly experienced by service members and veterans. This includes a chapter on assessment within this model, with specific focus on identifying individual vulnerability and resilience factors. This is a unique approach, as the majority of assessment chapters focus on the administrative aspects of assessments in DoD and VA contexts, such as the establishment of combat exposure, symptom validity, or the specifics of disability ratings for PTSD diagnosis. By focusing on treatment rather than pathology, this approach can allow the clinician to promote wellness in service members and veterans. Other chapters in Part II address the process of readjustment in service members, with a specific focus

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on adjusting to perceived threats. In particular, these chapters provide treatment considerations for helping the service member transition from the combat environment, where vigilance is necessary, to the noncombat environment, where hypervigilance can be problematic and distressing.

Part III provides an overview for case conceptualization and treatment, including a theoretical overview of the application of cognitive and behavioral therapies to the challenges faced by service members. In addition, an outline of core therapeutic areas of intervention when treating service members and veterans is provided. These chapters may be especially helpful in guiding treatment planning for service members or veterans who present with a number of stressors or co-morbidities. Subsequent chapters authored by subject matter experts describe empirically supported treatments for common behavioral health problems in service members. These include clinical approaches to anxiety disorders, suicide intervention, substance abuse, sleep disruption, anger management, and psychopharmacology.

In Part IV, the focus of the book expands to the children, spouses, families, and others who are affected by the stress of deployment. Topics in this section include helping service members and spouses maintain intimate relationships throughout the deployment cycle, addressing children's coping with parental deployment, and adjusting to the return of a service member. Specific techniques also are discussed for dealing with grief in children and spouses whose service members may be killed or injured. There also is a dedicated chapter on service member's use of resources outside the DoD and VA, and the specific concerns that may contribute to seeking help through community resources.

Because of the broad experience of the authors who contributed to this book, the tone has a tendency to oscillate its emphasis between veterans seen in active duty versus VA contexts. Although these groups face similar stressors, the readers will need to use a keen eye in determining whether particular treatment considerations are applicable to the groups with whom they work. In the military culture, as with any aspect of diversity, researchers and clinicians should not assume that particular group characteristics will be applicable to all cases. For example, noticeably absent from the book is a specific focus on the plight of service members in the National Guard and Reserve components of the Armed Forces, who may fit into both and neither of the above contexts.

Overall, *Living and Surviving in Harm's Way: A Psychological Treatment Handbook for Pre- and Post-Deployment of Military Personnel* is a foundational resource for any clinician, researcher, or trainee who works with service members or veterans. This book is an excellent reference that provides an orientation to military culture, a framework for case conceptualization

within this culture, and specific guidelines for treatment when working with service members and veterans. As the number of service members with symptoms of PTSD increases daily, those who treat these symptoms can rely on this resource for guidance.



Hoyt

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Courtois, C. A., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guildford Press. (488 pp.). ISBN-13: 978-1-60623-039-8. \$55.00.

In recent years, an increasing amount of research has been directed towards what Judith Herman (1997) originally termed *complex trauma*. A book detailing a variety of empirically-supported assessment and treatment strategies specific to those that have suffered from complex trauma is overdue. Christine A. Courtois and Julian D. Ford address this pressing need in this comprehensive reference that encompasses 20 chapters on complex traumatic stress disorders. *Treating Complex Traumatic Stress Disorders* will be a valuable addition to the libraries of both novice and experienced clinicians who treat patients with disorders as varied as reactive attachment disorder, borderline personality disorder, depression, dissociative disorders, and post-traumatic stress disorder. Many patients not formally diagnosed with a trauma disorder have endured attachment disruptions, abandonment, loss, or abuse. In their chapter on dissociation, Kathy Steele and Onno van der Hart wisely state that “those who specialize in the treatment of classic PTSD have a responsibility to become more familiar with the assessment and treatment of cases involving more attachment and developmental complexity” (p. 162).

Treating Complex Traumatic Stress Disorders is an unparalleled contribution to the existing literature on assessment and intervention with survivors of complex trauma. There are few existing compilations that have collected such a wide variety of treatment approaches from such prominent authors, and it is probable that this is the most comprehensive and current review to date. While multiple evidence-based treatment strategies are given attention in this book, it is detailed enough so that the reader is able to make an informed decision about whether to further pursue an approach. In addition, several chapters describe essential understanding required for working with any survivor of complex trauma regardless of the particular intervention style, such as cultural competence, dissociation, and vicarious traumatization. Most existing literature on complex trauma describes one model of intervention in detail,

which is especially useful for practitioners who find a particular approach appealing and wish to go in greater depth. However, this book is a detailed sampler of the empirically-supported approaches in both intervention and assessment that are currently available and widely accepted in the field of complex trauma. This makes it a particularly good choice for a reader who is curious about the evidence base and the practical applications of many diverse models.

In *Treating Complex Traumatic Stress Disorders*, complex psychological trauma is defined as experiences that are

(1) repetitive, chronic, or prolonged; (2) involve harm, such as physical, sexual, and emotional abuse and/or neglect or abandonment by parents, caregivers and other ostensibly responsible adults; and (3) occur at developmentally vulnerable times in the person's life, especially over the course of childhood, and become embedded in or intertwined with the individual's development and maturation (p. 442).

Complex trauma affects a wide range of experiences, including affect regulation, somatization, attention and consciousness, perception of the perpetrator, perception of self, relationships with others, and systems of meaning (p. 23).

The book is divided into three sections: an overview, including general definitions, neurobiological research, best practices guidelines and assessment; individual treatment approaches; and systemic treatment approaches. A common theme that runs through almost all of the contributions is the concept of phase-oriented treatment. Phase-oriented treatment is most widely used in the contemporary treatment of complex traumatic stress disorders and includes three stages of treatment that organize the timing of specific therapeutic tasks. Phase 1 includes pretreatment issues, the establishment of relational and physical safety in the client's life, the development of a therapeutic alliance, psychoeducation, and mastery of coping skills that allow for the regulation of hyperarousal and dissociation. In Phase 2, the clinician guides the patient in processing traumatic memories and developing a coherent narrative. Phase 3 requires a return to the fear of attachment and loss in the context of developing healthy relationships with others. Although phase-oriented treatment of complex traumatic stress disorders needs more systematic study to determine its effectiveness, general clinical experience supports its use for patients who have experienced relational abuse and persistent victimization. Most of the authors in *Treating Complex Traumatic Stress Disorders* incorporated phase-oriented treatment into their interventions, making it a metamodel in the treatment of complex traumatic stress disorders.

In the overview section, Ford and Courtois begin in chapter 1 by discussing the rationale for developing a coherent conceptualization of complex traumatic stress disorders. They offer several formulations that have emerged from the research, including posttraumatic personality disorders, Disorders of Extreme Stress Not

Otherwise Specified (DESNOS), and Developmental Trauma Disorder. In chapter 2, Ford delineates the neurobiological and developmental research that has consequences for the formulation of complex traumatic stress. He discusses the shift in brain function when psychological trauma interferes with normal development, causing persistent activation of areas of the brain focused on survival and anticipating danger to the detriment of areas of the brain concerned with learning and exploration. These state-based neurobiological shifts inform a primary goal in psychotherapy with individuals who have experienced complex trauma: to reduce automaticity and enhance self-awareness by attuning to sensations, emotions, thoughts and states.

One of the book's highlights is its thoughtful and comprehensive summary of assessment tools for the clinician treating survivors of complex traumatic stress. John Briere and Joseph Spinazzola offer practical assessment tools in chapter 5 with the goal of providing a means for a complete assessment of the sequelae of complex trauma. The authors discuss the empirical basis for each measure and suggest situations in which each measure would be most useful. These assessment instruments are divided into measures for children and adolescents, adult self-report measures, and adult interview-based measures. In chapter 6, Daniel Brown discusses the importance of assessing attachment and abuse history and adult attachment style in individuals who have suffered from complex trauma. The highlight of this chapter is Brown's description of his study with men in forensic settings. In his investigation, each participant was administered comprehensive psychological assessment interviews and instruments relating to attachment status and abuse history. Brown concludes that "disorganized attachment is correlated with adult personality disorders and major dissociative disorders, and that secure attachment is rarely associated with personality disorders or major dissociative disorders... even among men who experienced severe and recurrent childhood abuse" (p. 133). This study supports the significance of a thorough assessment of childhood and adult attachment status among patients who have experienced persistent victimization and trauma, and Brown suggests several self-report measures and clinician-administered interviews that will aid an assessor in this task.

Dissociation is given special treatment consideration by Steele and van der Hart in chapter 7. The authors' conceptualization of structural dissociation posits the basic "division of personality as a biopsychosocial system into two or more subsystems of personality that should normally be integrated" (p. 146). These dissociative parts are called the Emotional Personality (EP) and the Apparently Normal Personality (ANP), which mirror the distinct neurological networks that Ford discusses in his earlier contribution—action systems that organize an organism to mobilize towards goals relating to exploration/learning or survival/

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defense. The authors discuss principles of treatment of dissociation in the context of phase-oriented treatment. A wide range of practitioners will find something useful in this chapter: clinicians who treat patients with severe dissociative disorders, and clinicians who treat patients who do not have a unified sense of self or have difficulty with regulatory and reflective skills.

Laura Brown's chapter on cultural competence is a thoughtful and elegant contribution to the body of professional knowledge. She asserts a powerful rationale for considering cultural competence in the treatment of traumatic stress disorders, arguing that "complex trauma occurs within the psychosocial framework of external cultural realities, and the internal, intrapsychic representations of those realities" (p. 166). She corrects the modern notion of cultural competence, which often falls along the lines of being able to attain as much information as possible about a given target group and the ways in which it differs from a dominant group. Brown summarizes the etic and emic epistemologies, claiming that the truly culturally competent therapist embraces the inherent ambiguity of the psychotherapeutic encounter and thus acknowledges with compassion how he or she he may fail to understand the client's experience. Brown elaborates on this understanding of cultural competence in her discussion of nonconscious biases held by the clinician: privilege, representation, and transference.

The chapter on therapeutic alliance and risk management by Philip J. Kinsler, Christine A. Courtois and A. Steven Frankel offers guidance on how to approach the treatment relationship and successfully cope with the risks inherent in it. Although the relationship is inseparable from the intervention for survivors of complex trauma, it can be a source of strong feelings for both the client and therapist. These authors illustrate ways to respond to common relational 'demands' made by clients that pose a challenge for clinicians. The chapter by Laurie Anne Pearlman and James Caringi on vicarious trauma immediately following is a welcome and vital addition to this book. All training for clinicians treating survivors of complex trauma should include conceptualizations of vicarious trauma and methods of coping on a personal, professional, and policy level. Pearlman and Caringi define vicarious trauma as the "negative transformation in the helper that results from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them" (p. 202). In this compassionate contribution, the authors discuss precipitating factors in aspects of the work, the helper, and the social-cultural context, as well as practical strategies for coping with and transforming vicarious trauma.

In Part II of *Treating Complex Traumatic Stress Disorders*, attention is focused on individual psychotherapy models empirically supported for adults

who have experienced a history of neglect, abandonment, and abuse. The chapters follow a pattern: a description of the goals and theory of the intervention, a summary of the empirical support, and the application of the intervention to a case vignette, often including a transcript excerpt. The first three chapters describe models that support a shift from helplessness, shame, and isolation to a sense of self-worth and self-efficacy. Chapter 11 by Steven N. Gold explains contextual therapy, which addresses the context of the abuse experienced in the bleak, unpredictable, and inadequate environment in which complex trauma survivors often remember growing up, and which appears to contribute to adult symptoms as much or more than traumatic experiences in themselves. Chapters 12 and 13 describe variations on cognitive-behavioral therapy for use with survivors of complex traumatic stress. Chapter 14, a highlight of this section, details accelerated experiential-dynamic processing (AEDP) and emotion-focused therapy for trauma (EFTT). AEDP and EFTT offer a formulation for understanding and achieving emotional experiencing after relational trauma. This occurs by tracking emotional experiences in the moment and being present with the client, who moves through intense emotional experiences in the context of a validating and empathy-based relationship. In chapter 15, Janina Fisher and Pat Ogden discuss sensorimotor therapy, one of the only psychotherapy models that can directly facilitate the achievement of different physiological responses. The authors argue that complex trauma affects basic and primitive memories of states, and therapy geared solely towards adjusting distorted cognitions or emotional experiencing will not directly alleviate complex physiological symptoms associated with these disorders. Sensorimotor therapy utilizes body-centered interventions in the context of an affirming and attuned relational context to help a client gain mastery over states of automatic arousal. The final chapter in this section offers practical and applicable information on the use of pharmacotherapy with survivors of complex trauma and dissociative disorders following a comprehensive assessment of posttraumatic sequelae. The authors, Lewis A. Opler, Michelle S. Grennan and Julian D. Ford, argue for the development of a truly collaborative approach to pharmacotherapy so that medication does not "inadvertently replicate coercive, insensitive, inconsistent, critical, or traumatic past experiences" (p. 340).

Part III of *Treating Complex Traumatic Stress Disorders* describes systemic interventions for those who have experienced complex trauma. Systemic interventions such as family systems therapy and couple therapy are often neglected by literature that focuses primarily on individual modes of treatment, rendering this section a necessary addition to the book. Chapter 17 details Internal Family Systems therapy, originally designed by Richard C. Schwartz, which conceptualizes the functioning of internal parts, or subpersonalities, of a client as a system. In this intriguing and thought-provoking contribution, the authors describe how trauma

forces the internal system out of balance, unable to be led by the client's Self, which holds the resources that clients need to access in order to transform their inner experience. The following chapter on couple therapy by Susan M. Johnson and Christine A. Courtois provides a thoughtful formulation of emotionally focused therapy (EFT) for couples, using attachment theory and the effects of attachment styles on emotional experiencing to inform therapeutic interventions. The authors argue that "couple therapy provides an ideal opportunity to clarify and revise survivors' negative models of self and others, and constrained affect regulation strategies and patterns of engagement with key others in the context in which they occur" (p. 374). Chapter 19 on family systems therapy by Julian D. Ford and William Saltzman describes some of the book's only interventions directed at children and adolescents in the context of the family environment. Two empirically-informed therapies are detailed more closely, Family Systems Trauma Affect Regulation: Guide for Education and Therapy (FS/TARGET) and Families Overcoming and Coping Under Stress (FOCUS). The final chapter of the book describes the rationale and empirical basis for group therapy for those who have survived complex traumatic stress, as well as practical considerations applicable to this population. A specific model of group therapy, the Trauma Recovery and Empowerment Model (TREM), is illustrated through a group therapy transcript.

Overall, the contributions in this collection are of exceptional quality and describe various forms of treatment for complex trauma with clarity, compassion, and a sense of the humanity inherent in the therapeutic encounter. The approaches are empirically-informed, while the authors also describe the areas in which more systematic research is necessary. The most noteworthy limitation to *Treating Complex Traumatic Stress Disorders* is the dearth of interventions geared towards children and adolescents. The book is overwhelmingly directed towards adults, who require very different approaches from younger clients. Chapter 3 did attempt to address this vast need by providing best practices in psychotherapy for children and adolescents, but there

were so many empirically-based treatments listed in the chapter that none could be explained in sufficient and satisfactory detail. Another chapter or two in this book would have been helpful in describing attachment-informed models of psychotherapy with this population, as well as practical suggestions for building a therapeutic alliance with both motivated and unmotivated children and adolescents.

Research has consistently supported the notion that abandonment, neglect and abuse by one's caregivers are more globally harmful to psychobiological systems than acute traumas such as motor vehicle accidents or natural disasters. Treating complex trauma as unique from other forms of psychological trauma makes a considerable difference in clinical assessment and treatment. Despite this, complex trauma has not been diagnostically distinguished from other forms of trauma, which continue to be lumped into the single category of post-traumatic stress disorder. Because there are no diagnostic criteria that institutionally validate the posttraumatic sequelae experienced by those exposed to abuse and betrayal at the hands of caregivers, it is more difficult for researchers to study the specific effects of complex trauma in any organized or coherent way. In spite of our diagnostic system's inadequate response to the realities of complex trauma, editors Courtois and Ford have assembled an impressive volume of empirically-informed assessment and treatment approaches that "honor and support the resilience of trauma survivors as they carry on with their lives and enrich the lives on their families and communities" (p. 452).



Halvorsen

Reference

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Laura Halvorsen is a 2nd-year student in a clinical psychology PsyD program at Antioch University New England in Keene, NH.

Please Stay on the Division 56 Announce-Only Listserv!

Hi all. Division 56 has many listservs, but only one that we use for division-critical announcements that we want all of you to receive. It's the Div56Announce listserv, and we add every new member to it automatically. It's how you get your newsletter delivered-how you learn about calls for nominations- how you get important information from the Division 56 leadership. You will generally get no more than a dozen announcements on this listserv all year, and no one can write back to it.

In November we had a spate of people trying to find out how to unsubscribe from this listserv. They did so by posting sometimes frustrated messages on a different divisional listserv. That overflow of messages led other people in turn to send messages to the listserv asking to be unsubscribed.

Folks, please consider staying on the Announce-only listserv. We promise we won't flood you with e-spam. But if you must unsubscribe, please follow proper netiquette and use the unsubscribing instructions that you received when you were first added to the list. If you don't remember them, please contact our listserv manager directly (that person's name and e-dress will always be on the Contact Us page of our website); please don't sent those messages to the list, where they will be read by hundreds of your colleagues who can't help you out.

Thanks for staying connected to Division 56.

The Division 56 International Committee is undertaking a project in which current U.S. based graduate students and early career professionals interview more senior members of our committee from outside the United States. In this newsletter we are featuring two Latin American colleagues. Dr. Amanda Romero, from Colombia, was interviewed by graduate student international committee member, Jenny Escobar. Sandra Baita, from Argentina, was interviewed by international committee member, Amy Wilter, who is currently in a post-doctoral residency. Jenny and Amy conducted the interviews via Skype and have submitted the following articles. Enjoy!

Interview With Psychologist Sandra Baita, Buenos Aires, Argentina

Amy Wilter, PhD
Member, Division 56 International Committee

“Does this remind you of something that has happened to you?” This question is posed routinely by Argentine psychologist Sandra Baita, to her young clients using a protocol she developed and presented at the 2009 ISSTD Conference in Washington DC to treat trauma in children experiencing dissociation. As the children with whom she works author stories about the bad things that happened to someone else, they engage in indirect processing of their own trauma. While some children ultimately answer the question affirmatively, many others maintain it was someone else’s sad and frightening story. In either case, Sandra is seeing real results in the form of significantly reduced symptoms in these young children whose well-being is often continually threatened by trauma combined with the effects of poverty.



Amy Wilter, PhD

Meaningful treatment gains in a short period of time were the objective that motivated Sandra to pursue training in Eye Movement Desensitization and Reprocessing (EMDR), an uncommon path in a professional culture that continues to be dominated by psychoanalytic theory, training, and practice. From Sandra’s perspective, this is true of psychology in Buenos Aires, home of her alma mater, Buenos Aires University, and city where she has practiced in public agencies and private practice for nearly 15 years. She contends that although psychoanalytic practice has always had a strong following in Argentina, one consequence of its suppression under military dictatorships from 1976 to 1983 has been strict adherence to psychoanalytic theory among educators and practitioners in Buenos Aires. During this period, the school of psychology at Buenos Aires University was essentially closed. In Sandra’s opinion, a result of the censorship and brutality against those identified with Freudian ideas has been a fierce and singular loyalty to psychoanalytic theory and practice.

Economics has played an additional role. Limited public monies in Argentina support research programs in the hard sciences, and as such, researchers in the behavioral sciences contend with limited budgets and resources and low pay. According to Sandra, the dearth of active research programs in other areas of psychology

inadvertently support adherence to a psychoanalytic practice as it has been divorced historically from research.

There is a final and more nuanced factor contributing to the continued dominance of psychoanalytic practice in Buenos Aires, which Sandra identifies as “a general attitude of disdain for North American psychology and ideas” among many of her colleagues. She believes they tend to view interventions developed in North America as “quick and not in depth,” thus ineffective, although the situation has moved to one of greater openness over the past 10 years.

Sandra has pursued an alternative path. Five years of “only Freud” in university left her frustrated and unable to make the connection between psychoanalytic theory and effective treatment. After graduation, she attended a Latin American Psychology Congress in Santiago, Chile, where she was exposed to new ideas including treatment approaches for women suffering from domestic violence. She subsequently accepted a position with the Child Abuse Assistance Program within the Department of Women Affairs in Buenos Aires and began a 15 year career working with child victims of violence and sexual abuse, and young people traumatized by exposure to violence.

Challenging and difficult agency work in trauma led Sandra to continually seek out resources and more effective treatments. In 2001, she attended an international conference on trauma in Argentina, where she heard Bessel van der Kolk present and was introduced to EMDR. She found the focus on neuroscience and understanding the nervous system’s response to trauma necessary, but lacking in alternative approaches. There was a corresponding absence of blame that was both refreshing and necessary to counter shame, captured in the statement Sandra has since repeated to countless survivors: “Your brain did the best it could do.” Energized by this perspective and the effectiveness of EMDR, Sandra began a process of intense self-education, involving searching out and accessing trauma research articles and books online. In the process, she transitioned from consumer to contributor in her collaborative work with ISSTD. She emphasized fluency in English, dedication, and the financial resources needed to access articles and literature online (citing with humor her amazon.com bills over the years) to pursue such a career path, stating: “You cannot visit the university library and find what you are looking for. You must search, find it, and pay for it on your own. It takes money and real effort.”



Sandra Baita

In addition to these efforts, Sandra completed postgraduate training at the Argentine Society for Psychotrauma, whose website lists featured presentations at the International Trauma Conference, on topics including Attachment and Trauma, Dialectical Behavioral Therapy, and EMDR. This raised a question for me regarding the danger of North American psychology's dominance of the field. Sandra's reply is simple, "I am interested in what works. I don't care what country develops it." It is this spirit of pragmatism that has informed Sandra's career and professional development, despite significant challenges, including ongoing work to translate measures and modify treatments developed and researched in North America in order to effectively serve her young clients.

Beyond the knowledge and effort required to translate measures and treatment protocols for Argentine children, a more challenging aspect of Sandra's work that is also more difficult for her North American colleagues to grasp are the difficulties associated with the unique political and socioeconomic context in Buenos Aires. She reported that there is a tendency, for instance, for the family court system in Buenos Aires to prioritize reunification over the safety of children. As a result, many of the children Sandra treats continually experience abuse or are destined to return to an abusive environment. Alternatives to reunification are rare. She cites this factor as having been the most difficult for her personally and professionally throughout her career, stating that it continues to be "a very, very hard part" of her work. An additional challenge is the skepticism among some judges in the Buenos Aires court system with regard to the verity of children reporting sexual abuse when the sexual abuse is discovered in therapy. I asked if this was similar to the debate over recovered versus false memories in the U.S. "Not really. There is a 12-year limit to press charges in Argentina, so we do not have the same issues with adults, but the problem arises with child clients." In terms of managing this ongoing challenge, Sandra states: "There is not much to be done with the judges who have strong attitudes about therapists offering specialized treatment". Additional, more chronic challenges with which to contend, include working with a large and inefficient bureaucracy, ever-increasing poverty, working with families who are often second or third generation welfare recipients, and families discontinuing treatment when housing and other services they desperately need are not provided. In sum, Sandra states that "you really have to spend a season here" to understand the various and complex ways in which treatment effectiveness is impacted by socioeconomic and political factors.

Related to this challenge is the relative newness of laws to protect women and children coupled with the lack of resources to enforce new legislation. According to Sandra, the first law to protect women from domestic violence in Argentina was ratified in 1996 [Protection against Family Violence] and the first law to protect the welfare of children passed as recently as 2003 [the Comprehensive Protection of the Rights of Children and Adolescents]. She emphasizes,

however, that "laws are meaningless without the resources to enforce them" and, sadly, this has been her experience working with the youngest victims these laws are designed to protect. Further, there are limited resources for families, and treatment in the public sector is still focused on the child and not the perpetrator or family system. Finally, Sandra believes that, although children in Argentina are more protected than they were 10 years ago, similar cycles of discovery and suppression with regard to sexual abuse identified in other cultures are also at play in Argentina. As such, the battle against silence and complicity as a society is ongoing.

Sandra currently works in private practice, having transitioned to full-time private practice 3 years ago. I immediately wondered what it must be like to be an "other than psychanalytic" private practitioner in Buenos Aires. How does she get clients in the door when the therapy she practices is not what many consumers in Buenos Aires understand to be therapy? How do her colleagues regard her? She responds that "EMDR is growing year by year"; thus, some clients come to her seeking EMDR specifically. As one would suspect, she is also known in Buenos Aires as a reputable clinician particularly in the area of child sexual abuse, and this reputation carries weight. She has also gathered around her a small support group of like-minded clinicians in Buenos Aires who have integrated EMDR into their practice. Indeed, referring to her introduction to new clients and colleagues alike, Sandra states with humor: "The first thing I say is I am not a psychoanalyst."

This proclamation captures what impressed me most interviewing Sandra: her courage and wit as a pioneer doing what she concludes to be most effective to alleviate suffering in the young children she serves. She is, above all, a pragmatist. Her attitude is less anti-establishment than one of doing what works, establishment be damned. This position has led her to forge an alternative path in Argentine professional psychology with a degree of dedication and determination that is difficult to grasp for those of us with English as a first language, easy and often free access to relevant literature, oftentimes available norms for the populations we serve, a diversity of training opportunities, collegial support, and shared interests among colleagues. This is the short list. In sum, Sandra's passion and dedication make a deep impression. Despite considerable obstacles, she continues to contribute to the field of trauma psychology both at home and abroad and is improving the lives of traumatized young people in Argentina and internationally in the process. This progress must be the promise of an international psychology.

Amy Wilter recently earned her PhD in Clinical Psychology from the School of Psychology, Family, and Community at Seattle Pacific University. She interned at the Fremont Community Therapy Project in Seattle where she continues in postdoctoral training with a focus on feminist theory and therapy and complex trauma treatment. Amy has additional research and clinical interests in the relationship between spirituality and healing.

Buscar Berraquera Resiliency in the Midst of an Armed Conflict: A Conversation With Dr. Amanda Romero-Medina

Jenny Escobar, MA
Division 56 International Committee

On April 21–23 2010, 25 countries from around the world converged in Bogotá, Colombia for the Second World Conference on Psychosocial Work in Forced Displacements, Exhumation Processes, Truth and Justice. The goal of this conference was to develop a set of Minimum International Standards, or *normas mínimas*, that could guide psychosocial work with survivors of forced displacement and other grave, human rights violations.¹ Dr. Amanda Romero-Medina, a Colombian educator and consultant, was the moderator and one of the leading participants of this gathering. Having worked with victims and family members of forced disappearance in Colombia since the 1980s and on the defense for human rights for over 30 years, Dr. Romero-Medina's essential role in this conference is the culmination of a lifetime of work. In this article, I seek to provide a glimpse of Dr. Romero-Medina's long commitment to issues of human rights, trauma, and psychosocial strategies of empowerment.



Jenny Escobar, MA

Growing up in Bogotá to a working class family, Dr. Romero-Medina is part of an "80-member clan" as she called her 10 siblings and their respective families. Her family has been a source of learning and support through her childhood years, which were filled with economic hardships and life-long health problems. Having been diagnosed with facial paralysis at the age of 12, hypoglycemia at the age of 16, and breast cancer at the age of 41, Dr. Romero-Medina has not only survived these life challenges, but has been able to dedicate most of her life to ensuring the physical and psychological well-being of others. Dr. Romero-Medina has developed her work through her participation with Colombian organizations such as Centro de Investigación y Educación Popular (Center for Investigation and Popular Education); Instituto Latino Americano de Servicios Legales Alternativos (Latin American Institute of Alternative Legal Services); La Asociación de Familiares de Detenidos y Desaparecidos (Association of Families of the Detained and Disappeared); Corporación AVRE, Acompañamiento Psicosocial y Atención en Salud Mental a víctimas de violencia política (Psychosocial Support and Mental Health Assistance to victims of political violence); Equipo Colombiano de Trabajo Forense y Asistencia Psicosocial (Colombian Interdisciplinary

Team for Forensic Work and Psychosocial Assistance); and international organizations such as American Friends Service Committee, CHF International, and the Civil Society Organizations Committee to the United Nations Development Program.

As a young scholar and first-generation Colombian immigrant, I have been inspired by Dr. Romero-Medina's on-the-ground work with victims of armed conflict. Her courage and leadership as an advocate for the respect of human rights through a psychosocial framework has encouraged me to integrate the role of psychology with the empowerment and liberation of marginalized groups in my own work on memory, social trauma, collective identity and collective action. She is one of the most respected and experienced human rights defenders and psychosocial workers in Latin America that I have found in my intellectual and political journey. As a result, I was very excited to be asked to interview and spotlight Dr. Amanda Romero-Medina as one of our Division 56 international members. What follows is a summary of our conversation about Dr. Romero-Medina's work, her understanding of trauma in the context of Colombia, international collaboration among trauma scholars, and much more.²



Dr. Romero-Medina

Q: What led you to first work on the topic of trauma and human rights?

A: When I was attending the National University of Colombia, some of my classmates who were protesting against cuts in basic services at the university were detained and tortured. As a result, I, along with some of my siblings and other students, decided to start a student support group to gather funds to be able to visit them in prison. Shortly after that, we realized that our friends were not the only ones who had been through this experience but that in Colombia there was a group of people who were referred to as political prisoners. This led us to seek out collaboration with the first non-profit organization in Colombia known as Fundación Comité de Solidaridad Con los Presos Políticos (Committee of Solidarity with Political Prisoners). We were admitted into that NGO as members and in 6 months I was named Secretary of the committee. I helped with developing archives, testimonies of cases, and visiting prisoners.

During 9 years of work, I visited almost all Colombian prisons and I was able to interview many political prisoners, men and women. I was able to closely

¹ <http://www.congresoexhumaciones.com/>; Also see Dr. Amanda Romero-Medina's article titled "Minimum Standards for Psychosocial Work on Forced Disappearances: Why Are They Necessary?"

² The interview was conducted in Spanish. The author has conducted all translation for this article.

learn about torture cases from these interviews. This was a major factor since it led me to seek out tools that could help to handle the trauma that comes from an experience such as torture. For instance, we had cases of people who were tortured but had never received assistance or therapy with psychological treatment.

Q: How do you understand the concept of trauma given the social, political and cultural context in which you have worked?

A: In Latin America the term *trauma* is not generally used. Psychologists and psychiatrists have used the term based on translated works examining processes such as traumatic-stress and traumatic healing. Instead of using the term *trauma*, we use the concept of psychosocial impact/effects. In the case of Colombia, it was not until the increased rates of massacres committed in the 1990s by the paramilitaries that a preoccupation with the psychological well-being of victims of socio-political violence emerged explicitly among psychologists and psychiatrists. However, their approach was focused on the negative physical impacts and individual responses to the violence. It has not been until recently that there has been a focus on the psychosocial impacts of this type of violence at a broader collective level. There are three general types of impacts a person/group can experience: (1) psychosomatic impacts where people develop physical ailments such as cardio-vascular problems, high blood pressure, arthritis, cancer, insomnia, anxiety, depression; (2) relational impacts where individuals cannot relate to others, whether their family members or friends; and (3) mental disorders. In my work with torture victims in contexts of intense violence that do not receive psychosocial help, there is a high incidence of suicide. This has become a social symptom in Colombia. For example, you have indigenous communities and youth from Choco, the Pacific region of the country (mostly Afro-Colombian and Indigenous Peoples population) committing suicide due to their loss of cultural references and tools as a result of the deadly conflict.

Q: What have been some theoretical or grassroots frameworks that have helped you the most in understanding the impacts of violence on communities?

A: One of the frameworks that best captures the realities of people at the grassroots level comes from Central America with the work of Ignacio Martin-Baro and his critiques of Post-traumatic Stress Disorder (PTSD). His analysis of the impact of political violence on communities and families challenges the notion that trauma derives from the individual and his/her personality characteristics but rather places the effects of violence on communities that have been harmed by an external agent of violence.

Based on Ignacio Martin-Baro's work, we were able to find a basis in which to develop a framework that stemmed from the experiences of the most vulnerable victims themselves. I, along with Dr. Carlos Martin

Beristain, who had experienced working with victims of disappeared families and had developed with his colleague, Francesc Riera, a model of understanding the impacts of violence in a published booklet titled *Afirmación y resistencia: La comunidad como apoyo* [Affirmation and resistance: The community as support] (1993), began to further conceptualize a model of community social psychology. We found that frameworks deriving from North American scholars that understood trauma as a disorder and the role of psychology as one to provide individuals with tools to adjust their maladaptive reaction to a traumatic event did not apply necessarily in a context of protracted sociopolitical violence. Instead we found that individuals were not having dysfunctional post-traumatic stress reactions but that their reactions were normal given the abnormal nature of the violence inflicted on them.

Moreover, we found that the North American and European conception of the victim as lacking agency did not coincide with the reality we had witnessed in Colombia and Latin America. Instead we recognize in the victim the capacity and full of potential to, (1) reconstruct their sense of life, and (2) understand the sociopolitical causes of their experience so as to allow them to take a political position. As a result, the therapist also is asked to take a political stand with the victim and leave aside ideas of apparent neutrality. One cannot, "Do no harm," without being fully committed to the person's suffering and immersed in the context in which the victim lives.

Q: How is resiliency/resistance taking place in a context of protracted violence?

A: Well, first I think it is important to define resiliency. Resiliency is the capacity to emerge from a negative situation or as some of the victims I worked with termed it *sacar berraquera*, the Colombian phrase which roughly translates to "get/find strength/might from within." Victims tend first to seek out help within their family circle, and then they seek out groups for support. These groups range from churches, labor unions, peasant associations, and women's groups. In these groups they are able to not only understand their experiences of violence, but for many, overcome the loss of basic needs due to the violence. It is essential for victims to be able to talk about both of these factors together since the lack of having their basic needs met, such as food, employment, and education, exacerbates the impact of violence. Another major element of resiliency is the ability to have judicial advancements in victims' cases. For example, to have a legal case for a family member who has disappeared provides hope for those searching for them. In addition, to find the remains of their family member allows mourning to begin. Another important element of resiliency is to allow for the commemoration of loved ones in spaces such as Gallery of Memories. This commemoration allows family members to recover the dignity and essence of their disappeared loved ones.

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Q: Finally, what are some factors you think are important to keep in mind when building international collaboration among trauma scholars?

A: The first factor is to create a horizontal and mutual relationship. I have found Chicano/a, Feminist, African American, and Indigenous models to be the most useful and applicable for the Latin American context. Second, it is important that initiatives focused on the perpetrators are weighted in the Colombian context. We have found that United States institutions such as USAID have invested resources and money on providing psychosocial help to perpetrators and other governmental-based support. Even though we recognize that perpetrators might need psychological treatment for they have also been indirect victims of the conflict, we feel that right now this issue can cause more harm than good to the victims because there has not been justice. These victimizers have not told the whole truth of their crimes and they continue to live alongside with the victims. Third, we find that centering the victims themselves in any discussion or initiatives is vital to a successful collaboration. Victims need to be protagonists of their own lives and recovery. This prohibits professionals in any one discipline or field

from becoming the “owners/experts” of a topic and calls for an interdisciplinary collaboration. Interdisciplinary exchange allows for the mutual exchange of ideas and tools leading to networks working with victims of violence.

After interviewing Dr. Romero-Medina, I was able to learn about the differing ways that trauma as an explanatory concept and embodied experience can manifest in contexts of prolonged social political violence. Similar to Ignacio Martin-Baro, Dr. Romero-Medina calls on us to go beyond conceptualizations of trauma (as posttraumatic stress) and effective individual treatments, and rather to investigate the roots of the trauma by highlighting the social and political conditions that are causing the trauma to occur in the first place. Let's recognize the *berraquera* of survivors of violence and become their partners and not the experts in their healing process.

Jenny Escobar is a PhD candidate at the University of California, Santa Cruz in the Social Psychology Program. She is a first generation Colombian immigrant raised in New York City. Jenny is currently working on a dissertation project examining the role of memory in mobilizing collective identity formations and understandings of social trauma. In particular, she is examining the cultural memory practices of social movements in Colombia

Division 56 Fellows

Being a Division 56 APA Fellow is a great honor within the Division, and within APA as a whole. Did you know that only 8 percent of all APA members are Fellows? About 10 percent of Division 56 members are Fellows, so we are a distinguished crowd!

A Special Welcome to Our Newest Fellows!

Roxane Cohen Silver is Professor in the Department of Psychology and Social Behavior and the Department of Medicine at the University of California,



Roxane Cohen Silver

Irvine, where she has been actively involved in research, teaching, mentoring and administration since 1989. Dr. Silver completed her undergraduate and graduate training in Social Psychology at Northwestern University. For the past 30 years, she has studied acute and long-term psychological and physical reactions to stressful life experiences, including personal traumas such as physical disability, loss, and childhood sexual

victimization, as well as community disasters such as firestorms, the September 11 terrorist attacks, and the recent 8.8 earthquake in Chile. Since December 2003, Dr. Silver has served on several senior advisory

committees and task forces for the US Department of Homeland Security, providing ongoing advice to DHS and its component agencies on the psychological impact of disasters and terrorism. Dr. Silver is also one of the founding Directors of Psychology Beyond Borders, an international NGO that facilitates research, intervention and policy development in the prevention, preparedness and response to terror attacks, conflict, or natural disasters across the world. In 2007 Dr. Silver received the American Psychological Association's Award for Distinguished Service to Psychological Science and in 2010 she received the International Society for Traumatic Stress Study's Public Advocacy Award. When she is not working or sitting on an airplane, she spends her free time as a spectator on sports fields, watching her son play soccer, baseball and football (with her cell phone or Blackberry in hand).

Elana Newman's primary area of work focuses upon assessing, understanding, and treating maladaptive responses to traumatic life events. She examines traumatic stress and journalism, investigating the occupational health of journalists as well as the effect of news coverage on audiences and victims. Elana's



Dr. Elana Newman

work has led to a systematic program of scholarship regarding research ethics that has been very influential in helping researchers and Institutional Review Boards (IRBs) promote the safe study of traumatic stress. Finally, her interests in evidence-based approaches to assessment and intervention and dissemination science have led to activities to raise the standard of mental health. Elana is a past president of the International Society for Traumatic Stress Studies. Elana advocated for the creation of our Division early on and has served on the Division Education and Training Committee. She is a fine scholar, mentor, and colleague. When Elana isn't working, she enjoys glass blowing, cooking, and reading. She is currently living in Tulsa, Oklahoma. The best part about Tulsa has been work-related. She adores her colleagues and students at the University of Tulsa and is proud of all the clinical, research and policy collaborations and partnerships that have been created. She is especially excited about the opportunities and openness the Tulsa community has demonstrated in its willingness to hone its responsiveness to survivors of trauma and their families.

George Everly is co-founder of, and Representative to the United Nations for, the International Critical Incident Stress Foundation, a non-profit United Nations-affiliated public health and safety organization. He is a member of the Johns

Hopkins Center for Public Health Preparedness and serves on the faculties of The Johns Hopkins University School of Medicine, The Johns Hopkins University



George Everly

Bloomberg School of Public Health, and Loyola College in Maryland. He is the author, co-author, or editor of numerous textbooks and professional papers. George has won numerous awards, including the Certificate of Honor from the Baltimore Police Department, the Honor Award from the American Red Cross, the Leadership Award from the American Red Cross, and the Maryland Psychological Association's Award for Scientific Contributions to Psychology. At the

top of George's current agenda is research in human resilience. Based on his research with law enforcement and former US Navy SEALs, his current goal is to develop training programs to enhance resiliency within high risk professional groups such as law enforcement, emergency services, and the military. George is currently living near the colonial seaport of Annapolis, Maryland. When he isn't working, he plays golf, or he states, "at least tries."

2010 Awards for Distinguished Contributions to Trauma Psychology

Harriette Kaley, PhD, ABPP
2010 Awards Chair

This year's panel of awardees is exemplary. We honored eight people in six categories, whose achievements on behalf of trauma psychology are at the highest level. The awards were presented by President Laura S. Brown at the APA Convention in San Diego.



Kaley

With pride and great appreciation, we present the 2010 awardees and their citations. The awards are listed in the order in which they were created by the Executive Committee. Sadly, there were no nominations for the category of Early Career Professional. The Awards Committee consisted of Peter Barach, Carla Bradshaw, Lisa D. Butler, Doug Haldeman, and Harriette Kaley.

Outstanding Contributions to the Practice of Trauma Psychology

This award goes to a team who have created and evaluated the use of Virtual Reality Exposure Therapies. This work integrates new technologies to deliver exposure therapy in a fashion that appeals to a generation that has grown up digital.



Rothbaum

Barbara Olasov Rothbaum, currently professor in psychiatry at the Emory School of Medicine. A pioneer and patent holder in the application of virtual reality to the treatment of psychological disorders, she developed a Virtual Vietnam system in the 1990s.



Reger

JoAnn Difede is Associate Professor at the Weill Medical College of Cornell University. A clinical psychologist and prolific researcher, she helped to create the World Trade Center VR treatment application for PTSD. She consults to military offices on behalf of the mental health of U.S. military personnel.



Difede

Greg Reger, a clinical psychologist, leads the aptly named Innovative Technology Applications Division of the National Center for Telehealth and Technology. Formerly an Army officer who was deployed to Iraq, he now leads cutting-edge innovative pilot projects in the use of virtual worlds and evaluates the efficacy of virtual reality therapy.

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2010 Awards

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Albert “Skip” Rizzo, a clinical psychologist, is the inventor of Virtual Iraq. He is Research Professor at the University of Southern California, and Associate Director of the Institute for Creative Technologies. He is Associate Editor for several technology-relevant peer reviewed publications and serves on the editorial boards of several others.



Rizzo

Outstanding Contributions to the Science of Trauma Psychology

If we tell you that **John Briere** is Associate Professor of Psychiatry and Psychology at the University of Southern California Medical School and Director of the Psychological Trauma Program at LAC-USC Medical Center, we are telling you merely about the most viable tip of the iceberg. Dr. Briere has been justly honored often in the past by his colleagues, and he was nominated for this award by the Division's own Practice committee. It cited his career-long and tireless innovations in research and their tremendous influence on the trauma field.



Briere

His pioneering research documents and measures the impact of trauma. His assessment tools help evaluate the potential difficulties that individuals may struggle with due to trauma exposure, and using these measures, Dr. Briere demonstrates the extensive damage that trauma generates. He has shown that trauma throughout the developmental years can create pervasive and enduring harm to fundamental aspects of personality, including sexuality, and one's sense of self and others. Not only a researcher and therapist, Dr. Briere is also a master teacher; lecturing, speaking and giving workshops internationally, it sometimes seems as though virtually all well-trained trauma therapists have heard him speak at one time or another. And if you miss hearing him in person, there are 20 books, over 70 articles, 20 chapters and encyclopedia entries in the areas of trauma, child abuse and interpersonal violence. Given his emphasis on such painful topics, it is soothing to learn that he incorporates the application of Buddhist mindfulness practices in trauma therapy.

Outstanding Service to the Field of Trauma Psychology

For her pioneering work on the effects of psychological trauma on personality development and the psychological assessment of dissociative disorders, this award goes to **Judith Armstrong**. Her deep integration of science and practice over the past 25 years in developing a theory on the function of dissociation in personality development and in the development of psychological



Armstrong

testing instruments to detect dissociation and traumatic intrusions have changed the once-popular view that such people were malingering or within the schizophrenic spectrum. She has raised the profession's attitude to one of respect and collaboration that potentiates a deeper self-understanding and self-respect in those who have suffered such severe trauma. She is responsible for developing well-known measures such as the Adolescent Dissociative Experiences Scale, the Rorschach Trauma Content Index, and the Dissociative Behavior Checklist. Her service to the field of Trauma Psychology includes Division 56, where she currently chairs the Task Force on Assessment of Trauma Sequelae. Dr. Armstrong is Clinical Assoc. Professor in the Psychology Dept. at the University of Southern California and also is in private practice providing assessment and clinical consultation for post traumatic disorders as well as forensic consultation. Prior to this, she was a research psychologist at the Sheppard and Enoch Pratt Hospital. She is justly praised and appreciated by peers and colleagues and honored with prestigious awards for the richness of her thinking and her ability to take on the most challenging of complex cases.

Lifetime Achievement in the Field of Trauma Psychology

A towering figure in the field of trauma psychology, **Edna Foa's** stature has been recognized way beyond our professional borders. Time Magazine this year cited her as one of the world's 100 most influential people. The immediate reason is her development and impassioned dissemination internationally of Prolonged Exposure therapy, known as PE, which has distinguished itself as a highly effective way to treat combat-related trauma in these days when the need is monumental. The Veterans Health Administration and the U.S. Army are among the beneficiaries. The more long-term reason is her lifetime devotion to science, practice, advocacy and education and training in the field of trauma psychology. Dr. Foa studied first in her native Israel and then in the United States, and has devoted her academic career to the psychopathology and treatment of anxiety disorders. With 19 books and over 350 articles and book chapters, her work is broad in scope, emphasizing the interrelationships among therapy outcome, process and psychopathology. It includes elucidating the mechanisms in pathological fear and anxiety, developing treatments for them, examining their efficacy, exploring variables that predict outcome and studying treatment process. Dr. Foa serves numerous scientific committees, including the DSM-V Subcommittee for PTSD, and holds numerous editorial positions. She has received numerous awards and honors. It is with great respect that we honor Edna Foa for her lifetime of work.



Foa

Outstanding Dissertation in the Field of Trauma Psychology

Erika Wolf completed her PhD in psychology at

Boston University. At the Behavioral Sciences Division of the National Center for PTSD, she studied with Mark Miller, who, along with Terry Keane, nominated her for this award. Dr. Wolf completed her clinical internship with the Women's Stress Disorder Treatment Team at the VA Boston Healthcare System, and she demonstrates her ongoing commitment to clinical work by conducting psychological assessment and psychotherapy with trauma survivors. On the research side, she has a particular interest in the use of multivariate data analytic techniques to study the latent structure of psychopathology and co morbidity. To help her develop her expertise in this area, she received a National Research Service Award (NRSA) from NIMH and she is also the recipient of several student awards from the International Society for Traumatic Stress Studies. Her current professional interests center around the study of genetic and environmental interactions in the prediction of latent psychopathology domains and, to gain additional training and research experience in this area, she recently submitted for a Career Development Award. Her current employment is as Clinical Research Fellow at the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. Actually, at the time we told her about this award, she was on maternity leave and now has an infant daughter, Juliet, and a four-year-old son Ellis who, Dr. Wolf says, still talks about "when Mommy was doing her dissertation."

Outstanding Media Contributions to the Field of Trauma Psychology

When **Garry Trudeau** launched his *Doonesbury* strip in 1970, it was a momentous occasion. Taking the form of the oft-scorned comic strip, *Doonesbury* turned out to be an immensely popular medium for incisive, often biting commentary on all the important political issues and follies of the day. The draftsmanship was excellent, as befits Trudeau's MFA from Yale in graphic design, but so was the writing. As early as 1975, his work was recognized by the Pulitzer Prize, the first ever for political cartooning. He has since been heaped with honors and awards, including many from military, governmental and veterans' groups recognizing his work on wounded warriors. Trudeau's work goes far beyond *Doonesbury*. He has made animated films, TV satires and collaborated on theater pieces, and writes for major periodicals. Everywhere he demonstrates his deep engagement with the crucial political issues of his time. What matters most to Division 56 is Trudeau's series of story lines about trauma. Three characters with combat-related PTSD are shown sympathetically and accurately, allowing his millions of readers to have a more nuanced and compassionate understanding of PTSD suffering. Further, Trudeau has created a blog on the *Doonesbury* website especially for military members to share their



Trudeau

combat experiences; Division 56 understands that as using the media to prevent PTSD by creating a safe social networking web environment where active duty military members can share experiences. Trudeau is a native New Yorker, married to the television journalist Jane Pauley and they have three grown children.

The biographies of **Sheryl WuDunn** and **Nicholas Kristof** are both highly individual and tightly intertwined. WuDunn is a 3rd generation Chinese American native New Yorker, educated at Cornell, Harvard Business School and Princeton's Woodrow Wilson School. Kristof, whose Armenian father immigrated from the former Austro-Hungary, grew up on a farm in Oregon. Educated at Harvard, he studied law as a Rhodes Scholar. WuDunn and Kristof married in 1988, and have three children. By 1989 they reported together on the Tiananmen Square protests in China, earning the first Pulitzer Prize ever for a married couple; Kristof has since earned another. Together they have written about humanitarian concerns in the developing world, including global health, poverty and gender issues. WuDunn is now a banker and Kristof a columnist for *The New York Times* keeping an active presence in the multi-media, with his blog, Twitter, Facebook, and YouTube channel.



WuDunn & Kristof

We honor them for their most recent book, *Half the Sky*. It addresses the traumatic oppression of women in most of the world and limns the damage it does not only to the individuals involved but to the social fabric. Since 2006, Kristof has run a contest for students and teachers; the prize is a trip with him to war-torn, impoverished, unhealthy, traumatized places in the world. Such exemplary if daunting mentorship commends him to us with our similar concerns about training the next generation. In his reply to our nomination, Kristof commented, "We're not motivated by awards. But we do deeply appreciate your voice of confidence in our work—as well as the work that you and your colleagues do in trauma psychology. I should also say that when you see some important issue that isn't being addressed, feel free to let me know."

Winter 2011 TPN



Ruth A. Blizard

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

Call for Division 56 Awards Nominations

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

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

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

Award for Outstanding Contributions to Practice in Trauma Psychology

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

Award for Outstanding Contributions to the Science of Trauma Psychology

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

Award for Outstanding Service to the Field of Trauma Psychology

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

Award for Outstanding Dissertation in the Field of Trauma Psychology

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

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

Award for Lifetime Achievement in the Field of Trauma Psychology

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

Award for Outstanding Media Contributions to Trauma Psychology

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

Award for Outstanding Early Career Achievement in Trauma Psychology

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

Deadline for nominations: April 15, 2011

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

STUDENT SPOTLIGHT Trends in Division 56 Student Research

*Nathan Moon, MA
Student Publications Committee Co-Chair
Pepperdine University, Los Angeles, CA
Pre-Doctoral Intern, Sport Concussion Institute and
Union Rescue Mission*

*Tara Samples, MS, MA, LPC
Student Publications Committee Co-Chair*

*Nicole JoAnne Wood, Jennifer Doran, and Nicole Johnson
Student Publications Committee Members*



Nathan Moon, MA

Division 56 has an active student membership. Due to the nature of psychology education and training, many of our student members are deeply involved in research and practice as well as regular studies. Students often contribute their time to research in areas in which they receive mentorship and have particular interest. Students often spend years working in a specific area

either for dissertation or as part of a research lab. The extensive hours spent on literature reviews and data analysis is not only worthy of academic award, but also contributes to the entire field. Student research is used to explore new possibilities in prevention, management, and treatment of psychological issues.

We are happy to highlight some of the hard work some of our student members have put forth to further the understanding of trauma and factors that mitigate the negative consequences to trauma exposure. The research described below ranges from studies that are under review for publication and have been presented at conferences to research that is in development or in progress.

Tyson D. Bailey, MA **Washington State University, WA**

Tyson Bailey demonstrates a strong drive to research and further our understanding of working with trauma survivors. He is currently the student representative for the Taskforce of the Assessment of Trauma Sequelae of Division 56. Although he is excited to be working with this taskforce, he believes that the only reasonable long-term goal is to commit to eradicating the human-made injustice that leaves so many people feeling unsafe, shattered, and unable to effectively cope with distress. The following are some excerpts from his research, "Martial Arts after Interpersonal Trauma: A Qualitative Analysis."

This study seeks to explore the phenomenological experience of martial arts practice in the wake of one or more traumatic events. While research has established the multiple cognitive and affective regulation benefits

of participating in a martial arts practice, there is a paucity of data that explore how martial arts practice might benefit trauma exposed individuals. Given the popularity of martial arts (approximately six million people are currently enrolled in some form of martial art in the United States) and the high rates of trauma exposure in the general population, Bailey is seeking to explore the potential benefit, if any, that martial arts practice may contribute to the overall well-being in trauma exposed individuals. The focus of this study is the impact of martial arts practice in a sample of individuals who have experienced interpersonal trauma and have practiced a martial art for at least six months. Research has established that trauma can lead to distress reactions, but that individuals are more likely to develop psychological difficulties when this trauma is related to interpersonal relationships. Bailey is investigating the impact of martial arts practice on individuals who have experienced interpersonal trauma and who have trained for a minimum of six months in a martial art. Data analysis is in the preliminary stages. However, preliminary analysis indicates beneficial effects of martial arts practice including cultivation of the mind, self-confidence, and character.



Tara Samples, MS, MA

Sarah Carter **University of Colorado Denver, CO**

Sarah Carter conducts research at the Army Marriage Project at the University of Denver in Colorado, focusing on how relationships may buffer against or exacerbate posttraumatic stress symptoms in soldiers. Carter has been active in disseminating her work, presenting posters and dedicating her thesis to this topic. She currently has two papers under review for publication.

More specifically, Carter has investigated how spousal communication during deployment may mitigate the severity of soldiers' combat-related PTSD symptoms. She notes that during deployment, soldiers face compounding traumatic events in the absence of the social support structure they have at home. As a researcher Carter began to consider the possible factors which might mitigate severity. Can a care package filled with cookies and pictures help a soldier cope? What role does a phone call from a loved one play? Analysis revealed that contrary to her initial hypotheses, interactive communications (phone calls, instant messaging) did not play a significant mediating role. Surprisingly, the timeless written letter, for happily married couples, did. Additionally Carter also found that interactive communication can have negative effects.

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Div. 56 Student Research

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For those who were happily married, communication frequency was correlated with lower PTSD symptoms. For those who were less satisfied in their marriages, higher communication seemed to exacerbate later symptomatology. Here again, delayed communications (written letters) had the most impact. These findings are currently under review at *The Journal of Traumatic Stress*, in a paper entitled “Tie a yellow ribbon 'round the old oak tree: Relationships between spousal communication during deployment and PTSD symptoms.” Carter is grateful to her mentor and the research team at the Army Marriage Project, and feels honored to engage in research that is both personally fascinating and important in helping to understand the mental health outcomes of combat soldiers.

Stacy Cecchet, MA **Seattle Pacific University, WA**

Stacy Cecchet has been involved in understanding and treating domestic and international child traumatic stress. Clinically, she is certified in Critical Incident Stress Management (CISM) and Flexible Psychological First Aid (FPFA). She has traveled to Haiti to provide mental health services to those affected by recent disaster. During her trip she was struck by the number of children affected. In response, she organized a children’s mental health team to provide supportive therapy to children in medical care, ran play therapy groups, and provided trauma-focused CBT through the use of an interpreter. Cecchet’s research focuses on children and family systems with an emphasis on traumatic stress. Her dissertation is a qualitative study that is investigating the psychological impact of child sex trafficking on survivors of human sex trade. She is trying to capture an understanding of the meaning and impact that survivors attribute to their early trauma experiences. She emphasizes how critical this area is, with between 100,000 and 300,000 children exploited annually. She is attempting to bring greater awareness and a holistic understanding to the phenomenon, looking at resilience and what factors help people cope and survive. Her data collection is not complete yet, but Cecchet currently has three manuscripts in progress on this important topic, and is planning on presenting her experience of the efficacy of using interpreters in trauma-focused therapy at an upcoming conference. She plans to continue working with trauma survivors throughout her career.

George Kalpaxis, MS Ed **Illinois School of Professional Psychology-Argosy University, IL**

George Kalpaxis’s research focuses on a concept known as the Intergenerational Transmission of Trauma (ITT), also referred to as the Transgenerational Transmission of Trauma. Kalpaxis notes that while trauma is a broad and complex field, we tend to focus

on Posttraumatic Stress Disorder (PTSD). While a major criterion of PTSD is that one has to have directly seen or experienced a traumatic event that involved the threat of injury or death, many studies have shown that those who have directly experienced a traumatic event may unwittingly “transfer” their trauma to someone. Most often, this is seen in parents who have experienced a traumatic event transmitting their own trauma unto their children. This is particularly evident in the example of genocide. While some acts of genocide have received public attention others, including the Cambodian genocide inflicted during the Khmer Rouge period which entailed horrendous acts of violence against humanity, have received less notoriety. Kalpaxis has a desire to expand the field of ITT and shed light into how victims of the Khmer Rouge may transmit their trauma to their offspring. Kalpaxis’s research is currently in the development stage. He plans to utilize the Harvard Trauma Questionnaire to assess the severity and extent of the survivors’ trauma, followed by an assessment of their children to examine whether trauma related symptoms are present. In addition, he plans to have a focus group with parents who survived Khmer Rouge, to gain more insight into the dynamics of Cambodian families and how traumatic experiences are addressed. The main goal of his research is to further add to the importance of addressing ITT as a valid occurrence and to aid in discovering innovative techniques and methods to help parents and their children heal.

Karin Vanderzee, MA **Miami University**

Karin Vanderzee’s research focuses on PTSD and juveniles. She has co-authored several articles on related subjects. Her practical experiences and research have demonstrated a strong interest and budding expertise in uncovering factors that promote resilience among children exposed to violence and trauma. In one study, Vanderzee examined the relationships among trauma, PTSD symptoms, and mental health problems among youth who were detained at a local juvenile detention center. Her findings indicate that PTSD mediates the relationship between trauma and mental health symptoms and suggest that attending to PTSD symptoms may help improve these youths’ mental health functioning. These findings have led to several conference presentations, a publication in the *Journal of Youth and Adolescence*, and another manuscript in progress. Consistent with recent theories of the underlying mechanisms linking trauma and delinquency, her dissertation will continue this line of inquiry by examining the factor structure of PTSD among traumatized delinquent youth and the specific role that emotional numbing may play in mediating the relationship between trauma and mental health problems.

Another project she has been involved in examined the system of care intended to support maltreated children and their families on a local level. In one study, she collaborated with the local child protective services

agency in order to examine whether the flexible use of funding increased the rates at which maltreated or neglected children at risk of or residing in foster placement were maintained in their homes or reunified with their families. In another study, she interviewed approximately 30 local service agencies about the strengths, weaknesses, and overall functioning of the current system of care for maltreated children and their families in the county. Findings from these studies have been used locally to inform child protective services' programs and the development of a child advocacy center.

In keeping with the scientist-practitioner model, one of her other goals has been to integrate her clinical work with traumatized children and families with her scholarship. In that regard, after working successfully with a multiply-traumatized caregiver to two traumatized children, she co-authored a case study in the *Journal of Clinical Child and Adolescent Psychology* on the implementation of Trauma-Focused Cognitive Behavioral Therapy with diverse types of traumas and clients. This article provides an example of using creativity and flexibility to maximize the effectiveness of manualized treatments for traumatized children and families.

Division 56 (Trauma Psychology) Annual EC Meeting, San Diego, CA

Hospitality Suite, San Diego Marriot
Wednesday, August 11, 2010, 2:30–7:45 pm

Executive Committee of the Council: Laura Brown, Steve Gold, Chris Courtois, Kathy Kendall-Tackett, Beth Rom-Rymer, Charles Figley, Lisa Butler, Diane Castillo, Harriette Kaley, Rachel Reed, Lisa Cromer, David Albright

Council Members Present: Laura Brown, Steve Gold, Chris Courtois, Kathy Kendall-Tackett, Beth Rom-Rymer, David Albright, Judith Armstrong, Kathryn Norsworthy, Diane Castillo, Joan Cook, Lisa Cromer, Elana Newman, Rachel Reed, Sylvia Marotta, Stacey Seibel, Dawn Hughes, Terry Keane, Topher Collier, Connie Dalenberg, Amber Douglas, Charles Figley, Sandra Mattar, Diane Elmore

Guests from APA: Lynn Bufka, Margie Bird

Welcome & Discussion of Business Meeting Activities— Laura Brown, President

Laura opened the meeting by welcoming the group and providing an overview of the meeting topics. She asked attendees to do a very brief report in the EC meeting as committee reports will be on the website within the month. At the business meeting, attendees will break into small groups, and Laura asked EC members to lead these group discussions. Each group will answer four questions about how to move the Division forward. Division 56 continues to expand while other APA divisions are shrinking in membership. We are at an important point developmentally. We can deepen and broaden or become stagnant. We want to capture the energy we have and use it. She also encouraged EC members to run for Division president.

Minutes of the Mid-Winter Meeting

Action: Vote to approve the minutes. Motion was made to accept the minutes from the 2010 mid-winter meeting. These were approved unanimously.

2011 Volume of the Journal—Steve Gold

Action: Vote to approve expanding the journal from 4 issues per year to 6. Steve reported that the journal is doing quite well and that it is flooded with

submissions. We added two new associate editors this year. Volume 2 is now complete. Steve proposed that the journal go from 4 to 6 issues per year. Terry added that the *Journal of Traumatic Stress* faced a similar issue of many submissions, resulting in a long publication lag. People stopped submitting articles to *JTS* as a result until the problem was resolved. He said that expanding the number of pages we publish each year would help avert this problem. Since there are financial implications involved in this decision, this topic was tabled until Beth Rom-Rymer, Division Treasurer, could join the discussion.

Steve also gave an update to the group on how the journal chose to handle submissions from colleagues who are from outside the U.S., particularly those who are non-native speakers of English. These papers often get turned down for publication because of language difficulties. Since we want participation from international authors, the journal editors decided to team with Early Career Psychologists Committee. The journal would offer authors a chance to collaborate with ECPs in trauma psychology in exchange for co-authorship. This arrangement benefits both the ECPs and the original author. The group was pleased by this plan.

Laura asked the Executive Committee to give the editors of *Psychological Trauma* a big hand for their excellent work on behalf of the Division.

Formation of a Standing Dissemination Committee— Joan Cook

Action: Vote to make the Dissemination Committee a standing committee. Joan asked the EC to create a standing Dissemination Committee. This requires EC approval since it would involve a bylaw change. The mandate of the Committee would be to make trauma psychology more accessible to students and the general public. There is currently a Dissemination Task Force, but its two-year term is ending.

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Some goals of this new committee include providing CE workshops at the APA Convention, grant writing, developing core competencies on trauma (there may be grant money for this), and possible partnership with other organizations interested in trauma. A recent survey of clinical psychologists indicated that clinicians are interested in learning more about trauma.

Laura indicated that there appeared to be a good rationale for considering creating a committee. But the significant issue was how this committee differed from the mandate of the Education & Training Committee. Elana and Joan will work together to differentiate the mandates for each of these committees. Chris suggested that the Committee on Collaborative Endeavors should also be included.

Joan will meet with Elana and report back at the next meeting. The motion to form a Dissemination Committee was tabled until the mid-winter meeting.

Vote to Officially Endorse the Division's Statement on the AZ Immigration Law—Diane Castillo

Action: Vote to approve this as a Division 56 Position Statement. Sandra, Diane Castillo, and Beth authored a Division position statement in response to the Arizona Immigration Law. They indicated that this law would potentially have a traumagenic effect on Latinos and other ethnic minority populations. There are also potential traumagenic effects on children as well.

Other Divisions have also made statements on the Immigration Law and that it would be appropriate for us to do so. APA has also reviewed and approved our proposed statement.

The group discussed possible ways to disseminate this information. Some possibilities include letters to the editor. We could also disseminate this to state psychological associations, and ask them which papers are key in their states so we could send letters to them as well.

The group also discussed the general tone of the letter. Would it be more effective if it was less confrontational? Some thought it depended on the target audience. If we wanted to affirm people who might be affected by the law, we should keep the tone the same. If we want to reach and educate people who are on the fence, then we might want to tone it down. Laura thought we should emphasize how this affects communities.

Diane moved to accept the letter as is. The group voted to accept the letter. David, Connie, Joan, and Steve abstained from the vote. Laura commended the group on their reasoned discussion on this topic and hoped we can use this approach with other potentially difficult topics.

Review of Conflict of Interest Draft—David Albright, Professional Liaison

David presented the draft of the Policy concerning

Conflict of Interest and Sponsorship. The COI document would govern the type of collaborative agreements the Division should participate in. We have a “brand” that we need to be careful with and we should err on the side of caution. We don’t want to risk our reputation and should consider how we want to be seen. We must be capable of surviving public and membership scrutiny. The Statement on Conflict of Interest should also include our advertising policy. What type of organizations should we accept advertising in for the newsletter and journal?

A policy on official sponsorship should include the Committee on Collaborative Endeavors. The Publications Committee should also be involved. The final statement should be published in the newsletter.

Laura commended David for taking the lead on drafting this statement.

Presentation of Trauma Assessment Outline—Judith Armstrong, Chair, Trauma Assessment for Clinicians Task Force

Judith presented an initial version of Guidelines for Trauma Assessment. Since these are still in a formative stage, the group was not asked to vote on them during the meeting. It was the initial draft was put together by a committee. She asked for feedback from the EC, by Labor Day if possible. Judith will integrate the feedback and resubmit the next draft before the mid-winter meeting. After the draft is accepted by the group, we will contact a guideline expert at APA and eventually take it to Council. Steve commended the work so far and felt that it was clear about best practices. The document provides more standards than guidelines. Laura also commended the group and pointed out that the Division has a very good team working on this issue.

Conference Call between ECPs and Senior Psychologists—Lisa Cromer, Early Career Psychologists Committee

Lisa provided an update on ECP activities. The first was the mentorship project. She solicited some articles from the group. She asked if there was another way for ECPs and more senior psychologists to connect, perhaps using Skype or via Webinars. Laura asked Lisa to put forward a specific proposal. Lisa will put a call out. Connie suggested that perhaps we offer a way to provide contacts for students and ECPs who want to do trauma research or dissertations on trauma. Diane E. said that APA has some resources that could help. Sandra also has some names of people who might be interested.

Ideas for Possible Division 56 Giveaways—Lisa Cromer

Lisa also suggested another idea for getting the word out about the Division to ECPs: giveaways with the Division logo (hats, notebooks, pens, etc...). The EC liked this idea and asked Lisa for a specific proposal.

Treasurer's Report—Beth Rom-Rymer, Treasurer

Action: Vote to accept the 2010 budget. Beth reported that financially we are doing quite well. We had much higher than expected revenue from the

journal (\$500 projected, \$12,000 actual). In addition, we continue to add new members while other APA divisions are losing theirs. We are also saving in many categories and our assets are approximately the same.

She identified some challenges for the future:

- We need to continue to grow the membership.
- We are now missing some of the sponsorship we've had in previous years.
- We need to think about ways to increase revenue in light of the current economy.

One way to accomplish some of the goals for the future is to develop a Fundraising Committee.

Motion: To formally develop a fundraising working group. **Friendly amendment to the motion:** To refer to this group as the Revenue Generation Committee. Motion passed unanimously.

In terms of the future of the Division, we need to give some thought about how to spend the money that we raise. How should we prioritize this? Do we have any goals we want to attain or rules for spending or saving? She asked the group for volunteers for the Financial Committee to work on developing a financial policy. Terry indicated that he was willing to participate. Beth asked that the EC forward any other ideas or suggestions to her. She is especially interested in people who have financial expertise.

The group then discussed some possible expenditures. Terry suggested that we consider funding speakers to go to conferences who would not normally have a trauma speaker. Chris suggested we could also fund a speaker for next year's convention. And Kathryn suggested bringing in more international speakers.

However the EC decides to spend this money, we need to keep in mind that Division spending should advance the Division's goals.

Beth also informed the EC that she was accepting donations for the Hospitality Suite.

Motion: Moved to approve the 2010 budget. The motion passed unanimously.

Update on National Partnership to End Interpersonal Violence—*Sylvia Marotta, Interpersonal Violence Prevention Task Force*

Sylvia updated the group on the current activities of the National Partnership to End Interpersonal Violence. There are currently 180 co-sponsoring organizations and there will be another think tank in September. There are an increasing number of working groups, but they are struggling with fundraising. The Interpersonal Violence Prevention Task Force is sunsetting out. So we need to consider whether we want to continue this collaboration. And are we willing to fund a representative to attend these meetings? We would need to provide at least travel expenses for a delegate. There was some discussion about this since we don't fund liaisons to other groups. Bob Geffner was suggested as our liaison. The Division is interested in continuing the collaboration.

Motion: Moved that we continue our participation in the partnership, asking Bob to be our liaison. Bob

would work with Catherine Classen. All approved the motion.

Report from the APA Council Meeting—*Charles Figley, Representative to Council*

Charles reported briefly on the 2010 APA Council meeting:

- Our Fellows were all approved.
- Council issued a statement on marriage equality for same-sex couples.
- There was a change in the Council meeting from Wednesday and Sunday to Wednesday and Friday.
- The APA budget has improved. APA has made up half the loss from the previous year.
- The move to switch from *DSM* to *ICD*-diagnostic categories continues to move forward. Psychologists have become involved in this process for the first time ever.

Laura commended Charles for his hard work on APA Council.

Newsletter—*Topher Collier, Newsletter Editor*

Topher updated the group on the activities of the newsletter. Articles for the next issue are due September 15. The two current associate editors will become the new co-editors in 2011. Topher is in the process of putting together a manual for this job.

Motion: Moved to affirm the current associate editors as new co-editors. **Friendly amendment:** Ruth as editor, and Joe as editor-elect. The motion passed unanimously.

Laura thanked Topher for his excellent work on the newsletter.

Guests from APA

Margie Bird, Director, Disaster Response Network; Public Relations Representatives of the APA Practice Directorate

Margie reported on the activities of the Disaster Relief Network. APA is working on this with Division 56. They are currently collaborating with the Red Cross in providing half-day trainings on disaster relief. They are also offering a condensed version of this training at APA and are working with Gil Reyes. The session had a great attendance. APA has coordinated a response to a number of disasters this year.

Laura asked what else we could do to help them in their work. Margie indicated that assistance with research is one area where we could help.

Lynn Bufka, PhD, Assistant Executive Director, Research & Policy, Practice Directorate

Lynn reported on a survey of psychologists that indicated that 64% want to know more about trauma. Guidelines that are specific to trauma are in the works. They have an Advisory Committee and are developing the process to develop these treatment guidelines.

Laura praised the Practice Directorate for interacting with us so well. Terry also praised the group

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EC Meeting Minutes

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for working so well with the VA. Laura indicated that the Division would like to be a resource for the Practice Directorate. One possibility is for us to share trauma research with practitioners via their e-newsletter. Joan will follow up with the Practice Directorate as part of her work with the Dissemination Task Force/Committee.

Another way for Division members to get involved is with the Practice Wiki. There are many opportunities for Division 56 members to post trauma-related information that is helpful in practice. Others can then search and download this information.

Policy Committee—Diane Elmore, Policy Committee

Diane reported on the activities of the APA Public Interest Directorate. She handles the trauma, violence and abuse list. It's been a big year for policy, largely because of Health Care Reform. There were some victories related to trauma. Some states could use past abuse to deny health care coverage. Now there is a law against that. There is also a comprehensive federal law about elder abuse.

She also told the group about the next advocacy training that will take place around the time of the APA convention in Washington, DC in 2011. Please plan to attend the training and then we will "hit the Hill" with a Division 56 presence.

Terry thanked Diane for all she has done for the Division. Diane thanked the group for all the help Division members have provided on technical issues.

Collaborative Endeavors—Connie Dalenberg, Committee on Collaborative Endeavors

Connie reported briefly on the work of the Collaborative Endeavors Committee. They are currently coordinating their efforts with the Science Committee in describing evidence-based care. They are considering collaborating on a description of trauma treatments. Each will be vetted by people who have published on it. Laura and Terry both issued cautions. Connie will pass along these concerns to her committee.

Bylaws Discussion—Chris Courtois, President-Elect

Action: Chris proposed a change in the definition of affiliate status, and proposed removing the

"professional affiliate" category. Laura thought that it might be better to change the requirements. Admission may need to be at the discretion of the membership. Topher suggested having two or three current members sign a new professional affiliate's membership application. Topher will send Chris some draft language she can use. Once she has the proposed language, she will run it by the APA Council's office so Division membership can be vetted. The policy needs to apply to everyone.

Report from the President-Elect—Chris Courtois

Chris indicated that she was delighted to be incoming president. Her presidential theme is "Complex trauma: Relational healing for relational injury." She really wants to emphasize the importance of a kind, compassionate approach to trauma survivors.

The 2011 program co-chair will be Sylvia Marotta, who is looking for volunteers for the Program Committee. Chris wants high-profile plenary speakers. She solicited suggestions from the group.

She is putting together a working group on complex trauma treatment guidelines (with ISSTD). She wants preliminary best-practice guidelines by next summer.

DSM-V Update—Terry Keane, President-Elect (2012)

Terry reported on the ongoing efforts regarding the update of *DSM-V*. There is currently a website that lists the proposed modifications to the PTSD diagnosis. They will be comparing current and proposed PTSD diagnostic criteria. He said that some proposed changes in the wording are improvements. And there's more of an international perspective. Overall, Terry thought Division members would be pleased with the final version.

Friday night the Awards/Social Hour will be held at 8 p.m. in the Manchester Room of the Marriot. Saturday will be the Presidential Address and Business meeting starting by 4 p.m.

The meeting was adjourned at 7:45 p.m.

Respectfully submitted,
Kathleen Kendall-Tackett
Secretary, Division 56

Save the Date!

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



Division 56 (Trauma Psychology) Business Meeting, San Diego, CA

San Diego Marriot
Saturday, August 14, 2010, 5:00–6:00 pm

Executive Committee of the Council: Laura Brown, Steve Gold, Chris Courtois, Kathy Kendall-Tackett, Beth Rom-Rymer, Charles Figley, Lisa Butler, Diane Castillo, Harriette Kaley, Rachel Reed, Lisa Cromer, David Albright

Council Members Present: Laura Brown, Steve Gold, Chris Courtois, Kathy Kendall-Tackett, Beth Rom-Rymer, Kathryn Norsworthy, Diane Castillo, Joan Cook, Rachel Reed, Sylvia Marotta, Dawn Hughes, Connie Dalenberg, Amber Douglas, Sandra Mattar, Lisa Rocchio

Laura opened the meeting and welcomed the group. She introduced the Executive Committee to the attendees. She gave a brief overview of Division activities over that past year, and told the assembled group that Division 56 continues to grow while membership in many other divisions continues to drop. Financially, we are doing well. Our expenses are down, while revenue is up. Our Division journal is doing quite well, and made substantially more money last year than anticipated. Reports from the various committees in the Division will be posted on the website.

APA members who are not yet members of the Division can join on our website (APATraumaDivision.org).

Laura then asked for feedback from the group. Attendees were asked to divide into small groups and answer four questions regarding future direction for the Division. The answers from these group discussions are compiled below.

1. If you ran Division 56, what should the Division do in the next 5 years to keep you as a member?

A general theme of the answers was increased collaboration with other divisions and organizations, and increased number of ways to connect with others with similar interests. Some of the specific comments are summarized below.

- Collaborate with other divisions and other trauma organizations.
- Continue to provide a “big tent.”
- Continue cutting edge programming and publishing.
- Encourage even greater activity in the Special Interest Groups (SIGS).
- Increase ways to foster involvement and connection throughout the year.
- Provide more mentoring/leadership training for students, early- and mid-career, psychologists, and psychologists in rural areas.
- Have local and regional meetings.
- Reach out to those who are interested in trauma, but don’t know where to go.
- Provide a platform to express doubt and have safe conflict.

- Offer opportunities to get involved with specific projects.
- Provide a blog on the website to encourage group process.
- Provide more in-depth convention programming.
- Publish more clinical research in the journal.
- Publish more on trauma and health, and trauma in the military.
- Help members keep abreast of topics/world events that are relevant to trauma.
- Provide a place for students to get dissertation ideas.

2. What should the Division do to get friends and colleagues to join?

The general theme of the responses was to get the word out about the Division in various ways including coordinating with other groups and divisions, publicizing members’ ongoing projects, and making the Division’s resources and expertise available to other groups both inside and outside APA.

- Let people know about the Division.
- Invite leaders in the field to present at our meetings.
- List of member’s new publications updated on our website
- Provide convention programming about analysis of research and statistical methods.
- Advertise the Division’s resources and assets to educational and practice sites.
- Develop local groups for regional networking.
- Encourage members to talk with their friends, students and colleagues.
- Plan Division exhibits at other conferences.
- Clearly delineate the value of Division member benefits.
- Provide easily accessible flyers, brochures and information about events so members can hand them out to colleagues. Make these in a format that will allow members to write a personal note on the bottom.
- Provide marketing tools, such as Division pens or magnets.
- Keep membership fee low. Offer a special rate for group membership, a first-year free membership, and Division incentives for students.
- Communicate that we are open to all professionals with a trauma interest.
- Provide a friend or colleague referral bonus.
- Provide more opportunities for involvement with descriptions of various tasks so that

Div. 56 Business Meeting Minutes

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members will know whether they have sufficient time to participate.

- Help members understand how much the field has grown.
- Look at current topics: health and trauma, resiliency and health, qualitative methodology.
- Offer field trips in convention cities relevant to trauma (e.g., one-day preconference meetings to communities where locals are doing trauma work). Give members a chance to participate in these activities.

3. What can Division 56 do to invite members to become even more active?

Attendees expressed an interest in networking and getting more involved in Division activities. Below are some specific ways that that could happen for them.

- Invite a student to be on each committee.
- Post member highlights on the website.
- Form more Special Interest Groups on topics, such as religion and trauma, or military and family trauma
- Advertise for members to serve on committees via the website. Provide a list of volunteer activities and other ways to become involved.
- Provide more information on the listserv.
- Be more specific with requests for help. Tell members what jobs need to be done instead of simply saying members should join a committee.
- Provide more information on the social justice piece. This makes the work more meaningful.
- Plan more fun and social opportunities at the convention.

4. What projects should Division 56 do over the next 5 years?

Attendees also offered a wide range of suggestions on projects the Division should be involved in over the next five years. Some suggestions included more advanced training opportunities, development of treatment guidelines, and increased political involvement.

- Develop a master clinician and master research series.
- Collaborate with cutting edge trauma organizations.
- Provide a forum for consultation/supervision.
- Offer opportunities to include a social-justice perspective. Help members become more politically active around trauma issues (e.g., on issues such as immigration).
- Expand trauma work to include a broader range of modalities (e.g., mindfulness as a trauma treatment).
- Develop a DVD series on traumatic experiences (impact, consequences).
- Continue to develop assessment guidelines and publish these widely.
- Infuse cultural and diversity competence into current testing and treatment guidelines.
- Create a more trauma-aware APA.
- Sponsor Division 56 conferences in various locations in the U.S. and internationally.
- Disseminate trauma trainings. Provide webinars on trauma-related topics.
- Continue to nurture the Division's embrace of both science and practice.

The meeting adjourned at 6:00 p.m.

Respectfully submitted,
Kathy Kendall-Tackett
Secretary, Division 56

Presidential Voice: You Spoke, We're Listening (We Hope)

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being the person who was running some of those AWP meetings back in the 1970s.

So, inspired by my experiences with AWP, in which many voices were heard and fewer people experienced the sort of alienation from the organization that seems endemic in APA members, I resolved to have a more participatory business meeting at convention this year. To my delight, despite the fact that it was 5 pm on a gorgeous cool and sunny Saturday evening, about 40 of you stayed after my presidential talk and took part in our first ever member-focused business meeting. I promised, during that meeting, that I would read your comments, try to summarize them, and write about

them in my final presidential column—and that I would spend my past-president year trying to figure out how to make some of your suggestions happen. My thanks to the members of the Division 56 leadership team who recorded those suggestions, and to our Secretary, Kathy Kendall-Tackett, who summarized them neatly for me in record time.

I asked the group to address four questions. First, if you ran Division 56, what should the Division do in the next 5 years to keep you as a member? Second, what should the division do to get your friends and colleges to join? Third, what can Division 56 do to invite members to become even more active? And finally, what projects would you like to see Division 56 do over the next 5 years? Your responses were thoughtful, creative, and provocative. They were also incredibly instructive to me, and I hope to our entire leadership team, about how we can do a better job of serving our membership.

One thing I learned from your comments is how much our members don't know about what the division is already doing—or don't know about how to make what we already have work for you. This is a problem common to many organizations; there is a perception of insider/outsider realities, and a reluctance to raise one's hand and ask for directions in what appears to be the organization's private maze. People seem to wait to be invited to join in—and those who should be offering the invitations don't know this.

I haven't yet figured out how to subvert that particular narrative of organizations comprised of psychologists (and I wonder, given my own history as the consummate outsider, how many of us started out lives as outsider/observer geeky kids, and then carried that experience into our beliefs about every group we ever joined—but that's another article, for some other time), but your comments and feedback have renewed my determination to do my best to try. So here are some of the themes of your comments in response to the four questions—and some of what I want to say in response.

Theme #1—I don't know how to get involved/I don't think I am ready to get involved/Maybe they don't want me involved or they would have already asked me. But get me involved, please!

This theme is a problematic norm in groups such as ours. When I have a job in the division that needs doing, I find myself asking people I already know, or asking the people I know to ask those they know. Six degrees of separation or less exist between one or the other of the people who chair our various committees and task forces. Trying to escape this small circle I do, on a regular basis, post requests for people to participate in various ways on our division listserv. Few, if any, people respond to those requests.

So let's be creative about this dilemma. Perhaps we need a divisional talent bank? A searchable database for which you all could sign up, and that the leadership would be able to tap when we get a call for an expert in traumatic grief? If we had this, would you answer the call when we asked you to be involved? How else might we invite you, the members, to make yourselves and your talents visible to the leadership? What would make the requests for assistance that show up on the listservs more attractive to you?

Theme #2—I wish the division felt more response to clinicians/researchers/academics/practitioners; it seems too focused on researchers/clinicians/practitioners/academics.

Another endemic theme (hmm, she thinks, perhaps 56 can solve this problem where other similar divisions have not). What's true is that the first five presidents of Division 56 have been more clinically oriented. Although our first three presidents are all full-time academics (as are many of the people in the leadership team), we had many comments about needing to get the academy more involved. Similarly, although the fourth and fifth presidents (and many of the people in

the leadership team) are full-time practitioners, we had many comments about needing to get practitioners more involved. While many people in the leadership team have been involved in research and the publications process, we had many comments about needing to get more researchers involved.

So, how do we make our diverse and intersecting professional identities more apparent, so that those of us who share identities with one another will be able to know that you are not only not alone, you are in the company of many. Trauma is a field in which people frequently do not simply inhabit one of the Balkan states of psychology; I, for instance, am a full-time practitioner who publishes qualitative research and runs a training clinic. Might we randomly invite members to be interviewed for brief vignettes in the newsletter (a bit like that new feature in the *Monitor* that gives a snapshot of a member)? Could we create some kind of threaded online discussion? We have a Facebook page with 108 members—in fact, we have two of them, a general one and an ECP one. I joined Facebook so I could start the division's page, and have tried to stimulate precisely this discussion on the general Facebook page. Luckily I do not have issues about being ignored ☺ because no one in the group responded to my question. How could we get you all talking to each other on the Facebook page so that you could know one another?

This leads to another theme, **Help us to connect and collaborate**. We have recently initiated an online project to facilitate just this sort of thing, thanks to the hard work of our Early Career Psychologist Committee. Our new research wiki, the link for which you can find on the website at <http://apatraumadivision.org/resources.php> offers excellent opportunities for anyone working in trauma to share ideas in real time and collaborate with one another. It's particularly set up for practitioners to share ideas and work hand-in-hand with researchers, and for researchers to get information about what practitioners are doing and use it to develop more focused questions.

Several of you suggested that we create regional groups. This is a really excellent idea, and supplements the Special Interest Group (SIG) phenomenon that we already have. Here's my challenge to you all. We get people expressing interest in SIGS, and then when we ask those folks who will take on the leadership of their SIG it's very quiet in cyberspace. So if we create Regional Interest Groups (RIGs—sounds sort of like an RV, but now I am having a loose association), can we count on someone to raise their electronic hand to take leadership? The Division can easily assist you to set up a listserv for your group (or to create a Google groups thread, which is way more interactive), but without someone to take the helm these efforts become like grass in Seattle in the summer—withered. Is there an "I'll be glad to be the first RIGs chair" person out there?

Lots of you like it that we had our own hospitality suite at the convention this year. I think that as people

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Presidential Voice: You Spoke, We're Listening (We Hope)

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become more aware of its existence they'll start to see it as a place for interaction and networking. Several of you suggested that the division do its own orientation to the convention, supplementing the one that APA offers, as well as other mentoring activities. We had two incredibly successful mentoring meetings in the suite for students and ECPs—I think, from your comments, that we could do something similar for mid-and-beyond career psychologists that would be very welcome. I'll be sharing that idea with next year's program chairs, who organize the suite program. The suite is a space that we control at convention, and we would love to fill it with discussion programs, mentoring programming, experiential programming, you name it. Our suite chair for this last year sent several requests out to the listserv for suite programming, and said yes to everyone who asked.

Theme #3: Help us to get the word out about Division 56.

I could not agree more. Our fabulous ECPs have once again come up with a very cool thing to advance this goal by creating the Division 56 Store at Zazzle, <http://www.zazzle.com/ecptrama56>.

Zazzle is a site that allows you to create logo products on demand using any logo. We currently have mugs, tote bags, and magnets with the 56 sunrise logo on them (and apparently if you know how to navigate Zazzle you can make it appear on a hat or a T-shirt). So go to the link, get your logo products, and use them where your friends and colleagues can see them and ask you about 56.

Several of you suggested that we have a downloadable version of our membership brochure on the website. We have actually had one there since day one—but the file size is huge, it's cumbersome to download, and until recently it's been out of date. We are updating the brochure and making it a reasonable download size so that by the time you read this you should be able to go to <http://www.zazzle.com/ecptrama56>, click on the link for the brochure under the heading *Joining- It's Easy*, and ta-da, you'll have a

copy of the brochure that you can make copies of to take with you to your local professional organization meeting. If every member did this every time she or he went to such a gathering we would double our membership in no time at all.

There were many, many other comments that did not fit easily into themes—don't think for a moment that I'm ignoring your suggestion, though. I intend to spend time during the coming year doing a more thorough qualitative analysis of these data and developing suggestions for our leadership team. I'm hoping that by the time I present that information that some of you who were in the room having great ideas will have decided that you want to be part of that team. We have tasks that are discrete and time-limited (chair or be a member of a task force; review programs for convention); we have tasks that are larger and longer-lasting (run for member-at-large). We have tasks all of you can do repeatedly and in two minutes (give all ten of your apportionment ballots to Division 56 every year; designate Division 56 as your primary division every time you register for the APA Convention).

In my presidential address, I argued that one of the terrible truths about trauma psychology is that we rest on a foundation of injustice, of the evils done by humans to one another, the earth, and all of its species. Because such injustice is in ample supply, and unlikely to end in our lifetimes, psychology as a profession needs a robust, thriving Division of Trauma Psychology. We will remain robust, thrive and grow only if more of our members are involved in the heart of the division. No one enters the field of trauma psychology because she or he is a passive bystander—we are a discipline rich in activists, in people who see a problem and step forward to fill it. Please share some of that activist energy with Division 56. Please give your support to our 2011 President, Christine Courtois, and her wonderful initiatives on the topic of complex trauma by participating, raising your hands, in person and electronically. Thank you, all of you, for having given me the honor of serving you as your president for 2010. This has been the most fun I've had leading a group of psychologists in a very long time.

We're interested in our Members...



Kathy Kendall-Tackett

The *Trauma Psychology Newsletter* is interested in getting to know you and what you're doing. Have you been promoted or just had a new book or paper published? Are you speaking at a conference or being recognized for your work? Please let us know so we can share the news with your colleagues in a column devoted to our members' accomplishments. Please send information and details, including any relevant photos, to Kathy Kendall-Tackett (KKendallT@aol.com).

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The Division of Trauma Psychology-Your Home in APA

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

Why join Division 56?

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

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

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

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

Member Benefits

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

Membership Categories

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

Join Division 56 Now!

Membership Category	Rate	Journal included
<input type="checkbox"/> APA Associate, Member or Fellow	45.00	included
<input type="checkbox"/> Professional Affiliate	45.00	included
<input type="checkbox"/> Early Career Psychologist	35.00	included
<input type="checkbox"/> First year APAGS	Free	20.00
<input type="checkbox"/> Student	10.00	20.00

56

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