

# stress points

November 2009 Volume 23, Issue 6

**International Society for Traumatic Stress Studies** 

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### 25th Silver Anniversary – An Opportunity to Reflect in Atlanta

The celebration of the 25<sup>th</sup> Anniversary of ISTSS offers an important opportunity to reflect upon and remember where this all started. Dr. Sandra L. Bloom's (2000) chapter, *Our Hearts and Our Hopes are Turned to Peace: Origins of the International Society for Traumatic Stress Studies*, does just that. Below is an excerpt from the introduction to Dr. Bloom's chapter on the history of ISTSS.

(Published in the International Handbook of Human Response to Trauma (2000), New York: Kluwer Academic/Plenum Publishers. Edited by Arieh Y. Shalev, Rachel Yehuda and Alexander C. McFarlane.)

"...The ISTSS was born out of the clashing ideologies that became so well articulated in the 1960's and 1970's. War crimes, war protests and war babies; child abuse, incest and women's liberation; burning monks, burning draft cards, and burning crosses; murdered college kids and show trials of accused radicals; kidnappings, terrorism and bombings; a citizenry betrayed by its government and mass protests in front of the Capitol in Washington - all play a role in the backgrounds of the people who founded the organization and in the evolution of the organization itself.

If I have learned anything from my contact with victims of violence, I have learned that it is vitally important to remember - and honor - the lessons of the past. We have to know where we came from if we are to know who we are now.

But it is extremely difficult to write history as history is being made. Since this chapter can only serve as a marker along the way, I have chosen to concentrate my attention on the origins of the Society, before those roots become even more lost in the darkness that envelops those who move offstage. There are two fundamental aspects of the growth of this group.

First, there are the individuals who provided the action - both the victims and their advocates. One

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remarkable aspect of our history is the extent to which the founding mothers and fathers have had personal experience with trauma, as pointed out by van der Kolk, Weisaeth, and Van der Hart (1996).

It may be that it was this close brush with the Angel of Death that has given the growing field such a continuing sense of passion, devotion and commitment. Whatever the case, there are a multitude of stories begging to be told, severely limited here by time and space. The second aspect of organizational growth is the group-as-a-whole growth that I hope will emerge in the structure of the chapter.

The origins cannot be placed at the foot of one powerful individual and did not derive from a clearly thought-out, hierarchical, managerial demand. Instead, it has grown organically, from the grassroots, and has remained multidisciplinary, multinational and multi-opinioned..."

### Click here to read the entire story.

We look forward to seeing you at the Annual Meeting in Atlanta next week where we will have further opportunities to reflect on where ISTSS has been and where we are going. For information about planned activities, please visit the <a href="mailto:program schedule">program schedule</a> as well as see announcements in this issue.

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### **Annual Meeting Announcements**

### Task Force on Leadership Development

The ISTSS Task Force on Leadership Development is in the process of formulating recommendations to the ISTSS Board of Directors about initiatives and opportunities which the organization could offer to enhance future leadership for the organization. This leadership process begins with involvement at the committee level and culminates with election to the Board or other offices. The Leadership Developmental Task Force will sponsor a special focus group at the Annual Meeting on Thursday, November 5<sup>th</sup>, 11 a.m. – 12:15 p.m. in Tower Room 1203. The focus group will provide a venue for all members to share their thoughts about ways ISTSS can improve the cultivation of leadership from the rich diversity of our membership.

The focus group will be facilitated by Thomas Demaria, PhD, and Brian Allen, PsyD. If you have any questions, please contact Tom, tdemaria@liu.edu, or Brian, bja009@shsu.edu.

### Orientation Meeting for All Interested Participants at the 25<sup>th</sup> Annual Meeting

As part of ISTSS's welcome to the 25<sup>th</sup> meeting, experienced members of ISTSS will be available and will facilitate discussion on Wednesday, November 4, from 7 – 8 p.m. during an Orientation Meeting, in order to provide a framework for navigating the Annual Meeting and to introduce participants to ISTSS as an organization.

While geared toward first-time attendees, all ISTSS participants are invited to join in, ask questions and add comments and insights. Following the Orientation Meeting, which will be held in International Room H on the 6<sup>th</sup> floor of the Westin Peachtree Plaza, a cash bar will be available from 8 – 10 p.m. down the hall in Vining Room I. For further information, please feel free to contact Elisa Triffleman, chair, ISTSS Diversity Committee at <a href="mailto:elisatriffleman@earthlink.net">elisatriffleman@earthlink.net</a>.

### Special Interest Group (SIG) Announcements

The following Annual Meeting announcements were submitted by SIGs. To learn more about SIGs, consider attending SIG meetings during the Annual Meeting on Thursday (November 5) or Saturday (November 7). For a complete list of SIG meeting times, please visit the Annual Meeting schedule. (Please note that the Human Rights and Social Policy SIG room has changed to Augusta I.)

**Diversity and Cultural Competence Related Activities.** The ISTSS Diversity and Cultural
Competence Special Interest Group is meeting on
Thursday, November 5, from 12:30 – 1:45 p.m. The
meeting is open to all and we welcome new members.
We wish to encourage you to consider attending the
following presentations:

The Cutting Edge of Research in Diversity Thursday, November 5, 8:00 a.m. – 9:15 a.m.

Race Sexual Minority-Related Stressors in the Intersection Between Diversity and Trauma Saturday, November 7, 9:30 a.m. – 10:45 a.m.

Comparative Analyses of Cross-Cultural Trauma Symptoms, and the Influence on Clinical Services

Thursday, November 5, 3:30 p.m. – 4:45 p.m.

Group Psychodynamic Research and Practice SIG

The Psychodynamic Research and Practice SIG invites you to attend their meeting on Thursday, November 5, 12:30 - 1:45 p.m. during the 25th Annual Meeting in Atlanta.

Contact Lutz Wittmann for more information at lutz.wittmann@usz.ch.

Lesbian, Gay, Bisexual and Transgendered Related

SIGS continued page 3

### Just Added - Featured Sessions!

The Neurobiology Angle: PTSD Risk, Comorbidity, and Treatment Response November 6, 3:30 p.m. - 4:45 p.m. Ann Rasmusson, MD

Considering PTSD for *DSM-V*November 7, 3:30 p.m. - 4:45 p.m.

Chair: Matthew J. Friedman, MD, PhD, National Center for PTSD and Dartmouth Medical School

<u>Click here</u> to read the full abstracts, or to view other Featured Sessions.

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**Activities.** At this year's Annual Meeting, the first meeting of the Lesbian, Gay, Bisexual and Transgendered Issues SIG will be held on Saturday, November 7, from 12:30 – 1:45 p.m. in the Roswell Room of the Westin Peachtree Plaza.

Also of relevance are the following presentations:

Symposium: Race - and Sexual Minority - Related Stressors in the Intersection between Diversity and Trauma

November 7, 9:30 a.m. – 10:45 a.m. International Ballroom C, 6<sup>th</sup> Floor of the Westin

This will include a presentation by Peter Goldblum regarding, "The Development of the Sexual

Minority Stress Scale," a measure of group-specific stressors and potentially traumatic events, including internalized homonegativity, discrimination and episodes of bullying and other violence specifically linked to being a sexual minority. Dr. Goldblum also is tentatively planning to attend the LGBTI SIG meeting.

Poster S-152: Intimate Partner Violence and the Role of Masculinity in Male Same-Sex Relationships

Poster Session 3, November 7 5:00 p.m. – 6:00 p.m. Atlanta Ballroom

For further information, please contact Elisa Triffleman, chair of the ISTSS Diversity Committee at <a href="mailto:elisatriffleman@earthlink.net">elisatriffleman@earthlink.net</a>.



### Welcome New *StressPoints* Contributing Editors

With the November issue of *StressPoints*, the baton passes between outgoing and incoming contributing editors. We offer our most sincere gratitude to **Dr. Onno van der Hart** and **Heidi LaBash** for their contributions over the last several years to *StressPoints*.

Please join us now in welcoming four new contributing editors:



**Thomas Ehring**, PhD, studied psychology at the Universities of Mainz and Hamburg (Germany) and was a visiting research student at the Department of Psychiatry, University of Oxford (UK). From 2001-2004, he was a PhD student at the Institute of Psychiatry, King's College London (UK) and was awarded a 'Wellcome Prize Studentship' by the Wellcome Trust (UK). His PhD project focused on cognitive factors involved in the development and maintenance of PTSD, phobias and depression following accidents. In 2004, he became a lecturer at the Department of Psychology, University of Bielefeld (Germany). Since 2007, he is an Assistant Professor at the Department of Clinical Psychology, University of Amsterdam.



**Joanna Legerski**, MA, is currently a clinical psychology intern at Primary Children's Medical Center for Safe and Healthy Families in Salt Lake City, UT treating children and families affected by trauma, abuse, and/or neglect; and a 6<sup>th</sup> year doctoral student at The University of Montana. Joanna is completing her dissertation on the resource utilization, help-seeking barriers, and trauma symptoms of rural battered women. Prior to graduate school, Joanna worked for several years as a research assistant in New York City on a multi-site empirical research study implementing and evaluating evidence-based trauma treatment for children and youth affected by 9/11. Joanna's clinical and research interests include child and adolescent psychology, the affects of complex trauma, and the mental health needs of rural families. Joanna served as the 2007-2009 ISTSS Student Section chair.



**Julia Müller**, PhD, is senior researcher and cognitive behavioural psychotherapist at the outpatient clinic for victims of torture and war (AFK), Department of Psychiatry, Zurich University Hospital. She received her diploma at the University of Hamburg (1999), and her PhD at the University of Zurich (2003). She has been engaged in traumatic stress research over many years, focusing on interpersonal PTSD predictors, intercultural aspects in the assessment and treatment of PTSD and psychosocial consequences of migration.



Bronwyn Jones Wolfgang, PhD is a research fellow at the Australian Centre for Posttraumatic Mental Health. She received her Masters from the Humboldt Universitaet zu Berlin in 2003 and her PhD from the Department of Psychology, University of Melbourne in 2007. Her doctoral research explored the role of emotion regulation in recovery from trauma. Bronwyn's work at the ACPMH includes on a range of policy, service development and knowledge dissemination initiatives. In particular, her interests lie in putting research findings into action. She is involved in translating national treatment guidelines accessible materials for practitioners and the community. She also interested in program and policy evaluation and is currently working on a three-year strategic evaluation of the Department of Veteran's Affairs Mental Health Initiatives.

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### Trauma and World Literature: Waltz with Bashir: A Lebanon War Story

Ari Folman and David Polonsky's animated film and graphic novel are based on Folman's combat and post-war experiences. Notably, a scene with ISTSS member Dr. Zahava Solomon is part of these works as well.

The following dialogue is from the opening scene of the film and pages 1-12 of the novel:

<u>The Narrator (Folman)</u>: "The night Boaz called was the worst night that winter. It was January 2006. Nothing in our thirty years of friendship had prepared me for the story he was about to tell."

<u>Boaz</u>: "The dogs gave been coming for two years he said. Twenty-six dogs. I see their mean faces from the window. They've come to kill me. They tell Bertold, the guy who owns the office downstairs either to give us Boaz Rein's head or we'll eat your clients. You've got one minute."

<u>Narrator</u>: "How do you know it's twenty-six and not thirty?"

<u>Boaz</u>: "Believe me, I know. These dreams don't come from nowhere. There are things I haven't told you."

Narrator: "Like what?"

<u>Boaz</u>: "You know...from Lebanon. At the beginning of the war, in the summer of '82 we'd go into the villages searching for Palestinians on our wanted list. When you come to a village the dogs smell you first and start barking. The whole village wakes up and the man you're looking for gets away. Somehow we had to finish the dogs off. They knew I was incapable of shooting people, so they said, Okay Boaz... You go in

### Visit the ISTSS Amazon Store

The ISTSS Amazon Store (also accessible from the ISTSS homepage) features trauma-related books for professionals and the public. The store allows ISTSS members and others to locate useful resources, while helping to support ISTSS. ISTSS earns a referral fee of 4% to 10% for items purchased through the site. Any Amazon purchase that originates through our store helps to support ISTSS. To find other Amazon items, just click the "Powered by Amazon" button in the upper left corner of the page and continue shopping.

Titles featured in this issue are available at the ISTSS Amazon Store, including:

Waltz with Bashir (DVD and paperback)

Please send suggestions to Nancy Kassam-Adams at <a href="mailto:nlkaphd@mail.med.upenn.edu">nlkaphd@mail.med.upenn.edu</a>.

with your silencer and take care of the dogs. I remember every one of them. Every face, every scar, the look in their eyes as they died."

<u>Narrator</u>: "How long was it before they stared showing up in your dreams?"

Boaz: "Twenty years."

Narrator: "Have you seen anyone?"

Boaz: "Like who?

Narrator: "A therapist, a shrink, Shiatsu, someone?"

Boaz: "No, no one. I called you instead."

Narrator: "What do I know I'm a screenwriter?"

<u>Boaz</u>: "That's kind of psychotherapy, too, isn't it?" Don't you ever have flashbacks from Lebanon? From Beirut, Sabra and Shatila?"

Narrator: "What about Sabra and Shatila?"

<u>Boaz</u>: "You were, what a hundred yards away from the massacre?"

<u>Narrator</u>: "Two hundred, three hundred. No, to tell you the truth, it's not in my system. No, there is nothing. You'll be okay, right?"

Boaz: "Think so?"

They embrace, and the narrator walks away into the night.

Narrator: "That night, for the first time in twenty years I had a terrible flashback from the Lebanon War, and not just from Lebanon, but from West Beirut, and not just from West Beirut..."

#### Reference

Folman, A. & Polansky, A. (2009). Waltz with Bashir. New York: Metropolitan Books.

Featured title: ISTSS Amazon Store

Passages from literature can capture truths about trauma and its survivors. ISTSS members are invited to share a favorite passage or quote from literature that might not be well known, but which offers insight about the psychological effects of trauma or path of healing.

Send submissions to Howard Lipke and Harold Kudler at HLipke@aol.com.

### The National Center for PTSD Celebrates a Birthday!

Elana Newman, PhD University of Tulsa

This month, the National Center for PTSD (NC-PTSD) officially celebrates its 20<sup>th</sup> birthday in the U.S. Created in 1989 in response to a 1984 Congressional mandate, the NC-PTSD has from its earliest inception instigated and synthesized research as well as fostered education among health professionals, veterans, and the public about traumatic stress. The NC-PTSD has played a key role in both shaping and responding to the field of

traumatic stress at large.

To appreciate the NC-PTSD's long record of accomplishment, it's helpful to consider the circumstances of its creation. In February of 1984 – just four years after the acceptance of PTSD in *DSM-III* – Senator Alan Cranston (D-California), a World War II Veteran and an early advocate for Vietnam veterans' mental health needs, introduced a bill directing the Veterans Administration for the first time to establish a National Center on PTSD "to carry out and promote research into, and the training of health care and related personnel in, the diagnosis and treatment of veterans with PTSD." Cranston's bill specifically mandated that this new project serve as a resource center to coordinate research and training on PTSD both within and outside of government.

Cranston, at that time the ranking Democrat on the Senate Veterans Affairs Committee, later said on the Senate floor that his bill mandated creation of the National Center in part because of widespread disagreement among clinicians about how to treat PTSD; and in part out of frustration that the VA had ignored two earlier Congressional requests for greater commitment to PTSD research. The VA, Cranston said, "has a strong obligation to be at the forefront of efforts to understand and treat PTSD."

It would take another five years, and a national competition, before in 1989 the VA officially dedicated the NC-PTSD as a center for excellence, with divisions based in White River Junction, VT, Boston, MA; West Haven, CT; and Palo Alto, CA (and later Honolulu, HI).

In the two decades since then, the NC-PTSD has lived up to its mandate to foster innovation and development of the field, creating essential tools and discovering key facts that have, in turn, helped traumatic stress studies advance. The Center's psychometric accomplishments in creating standardized reliable assessments of PTSD were critical to the success of the field as a whole (e.g., the CAPS, PCL, and PC-PTSD). The Center published some of the earliest studies examining the physical health as well as structural and chemical changes

**Bruce Shapiro** 

Dart Center for Journalism and Trauma

### ISTSS and NC-PTSD

The NC-PTSD has also had a great influence on ISTSS. Over the years, NC-PTSD staff and alumni have presented at conferences, and provided leadership within the Society at all levels. For example, several NC-PTSD members have played pivotal roles with respect to the Practice Guidelines for PTSD and the United Nations/ISTSS collaborative project, *International Responses to Traumatic Stress*.

We are also certain that if you play six degrees of separation with any ISTSS member, you will discover that someone has collaborated or benefited from the mentorship of someone from the NC-PTSD. Go ahead – try it out at the conference this year!

associated with PTSD. From its earliest inception, the Center has been an innovator of evidence-based disaster mental health, most recently collaborating with the National Child Traumatic Stress Network to create the Psychological First Aid Operations manual. The Center has used advanced statistical techniques to understand the etiology and presentation of PTSD.

The Center has remained responsive to the changing needs of veterans, and to trauma study and treatment at large. The Center has developed research examining the unique challenges and effects of peacekeeping missions, sexual harassment in Reserve forces, PTSD among minority groups, military sexual trauma and resiliency. When critical concerns about PTSD emerge - whether it is about early intervention, brain injury, primary care or ethnocultural issues - the National Center is a key sponsor or participant in consensus or summit conferences. Further, the Center has responded to technological changes, embracing the internet and telehealth in outreach to veterans and their families, researchers and clinicians alike: The NC-PTSD public Web site was created in 1995, and has been repeatedly upgraded and redesigned. Educational videos and courses are now available at the Web site.

The Center has always influenced practice leading the way to new approaches and responding to the needs of the VA. In the early 1990s, the Evaluation Division demonstrated that brief PTSD programs were as effective, and less costly, than longer-term inpatient programs, leading to a change in VA policy. The Center research agenda has consistently examined both the efficacy and

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### NC-PTSD from page 5

effectiveness of PTSD treatments. The Center also supported the development of the first VA inpatient program for female veterans in 1992. Further, the NC-PTSD develops important clinical tools and guides. For example, NC-PTSD staff developed or contributed to the Best Practice Manual for PTSD Compensation and Pension Evaluations and the VA/DOD Clinical Practice Guidelines for the Management of Post-Traumatic Stress. NC-PTSD also collaborated with Walter Reed

staff to create the *Iraq War Clinician Guide*. Currently NC-PTSD members are leading rollouts of Cognitive Processing Therapy and Exposure Therapy throughout the VA system.

The Center has also been a leader in translating science to clinical practice, beginning by offering face-to-face training and consultation on national VA

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### An Abridged Intellectual History of the NC-PTSD

Although the NC-PTSD officially celebrates its 20<sup>th</sup> birthday, the efforts to create a National Center actually go back at least an additional 5 years to the same time period when ISTSS was created. According to the legislative history and Congressional record transcripts from April 11,1984, Cranston introduced the key legislation in the Senate on February 7, 1984. The other sponsors were Senators Randolph, DeConcini, and Matsungana. A parallel House of Representatives bill that year also mandated increased VA PTSD treatment; however, according to the staff comparison of the two bills (p. 679), only Cranston's Senate bill called for the creation of a National Center. Ultimately, Cranston's provision finally made it into the final House-Senate compromise.

The VA initially established a center housed at the Brecksville Division of the Cleveland VA Medical Center. But eventually, a national competition was formed to create and fund a multi-site Center. As a result of this competition, in 1989, William Derwinski, Secretary of Veterans Affairs, officially dedicated the National Center for PTSD with its 5 Divisions: Executive, Evaluation, Education (later named Dissemination and Training), Behavioral Science, and Clinical Neurosciences. From the beginning, these divisions were created to represent a wide range of disciplines, foci, expertise, resources, and geographical areas. As the scope and the needs of the field changed, two more divisions --- the Women's Health Sciences Division and the Pacific Islands Division were added to the consortium.

Transcripts of the Senate Veterans Affairs Committee hearing on Cranston's bill on April 11,1984 trace the intellectual, political, and cultural history of the field, not just the National Center. The early passion of advocates for our field is alive in these documents, as is also some of the period's skepticism about PTSD. The testimony also communicates just how little we once knew about PTSD, and how far the field has advanced. While we continue to debate approaches to treatment, the knowledge base 20 years ago is an entirely different entity.

The 1984 hearing reveals concerns about PTSD and traumatic stress as well as interesting historical trends. For example, tensions about the degree to which knowledge about PTSD can be generated from research versus direct clinical experience were noted early in the field. The testimony is also striking in its stress on the importance of dialogue among diverse disciplines and geographical areas in promoting knowledge of PTSD within the VA. These core values reflect the interdisciplinary roots of the field of traumatic stress as a whole.

The need for knowledge of civilian PTSD and military PTSD to be merged was recognized early on. For example, John Smith's testimony discussed disaster mental health as a key mission for PTSD experts from both within and outside the VA. He defined the critical role the VA needed to play in leadership in the whole field of PTSD.

In retrospect, what at the time appeared to minor comments – almost asides - take on historical significance. For example, the co-morbidity of PTSD and substance abuse were identified as needs as were the divisions between those services. Now, twenty years later, we have been developing strong, concurrent disorder treatment packages for PTSD.

Finally, it is fascinating to understand the key roles that particular individuals play in creating a field and helping trauma survivors. Rather than remembering Senator Cranston for the disgraced twilight of his career as a member of the Keating Five, his testimony places him as a staunch advocate of veterans, someone who fights against corruption for truth. John Smith's pivotal role in influencing Congress to address the needs of veterans and create the NC-PTSD is moving. Figures such as Arthur Blank pass across the stage in supporting roles. While Jack Smith is well known for advocating for the Legacies of Vietnam Study, his pivotal role in creating the NC-PTSD is not well publicized. In fact, he appears to have first petitioned Congress to establish such a center in testimony on April 30, 1981.

### NC-PTSD from page 6

conference calls as well as participation in on-site clinical training programs. Over time, the Center has created several innovative dissemination vehicles. The PTSD Quarterly provides pithy reviews for researchers. The Clinician's Trauma Update provides summaries of articles relevant to clinical assessment and treatment. The Web site <a href="http://www.ptsd.va.gov">http://www.ptsd.va.gov</a>, which has more than 1,000,000 unique visitors annually, has many resources for educating veterans, family members, journalists, and the general public. The new PTSD 101 course has 22 courses related to war zone stress and PTSD. Of course, most *Traumatic Stresspoints* readers are familiar with PILOTS, the Published International Literature on Traumatic Stress, which is the largest database of publications on PTSD. PILOTS has existed since 1991.

The Center's original mandate in the Cranston bill included collaboration with other entities, and clearly NC-PTSD has achieved that. The Center has collaborated with scholars and clinicians from the National Institutes for Health, Department of Defense, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, as well as major academic establishments both in the US and abroad. It has collaborated on the creation of the Center for disaster Mental Health Research funded by the National Institutes

of Health (NIH). The Center collaborated with the Department of Defense (DOD) to create a Strong STAR multidisciplinary research consortium for prevention and treatment of combat-related PTSD in active duty military personnel.

The Center has clearly advanced science and promoted understanding of traumatic stress in ways that the Senators who envisioned the Center probably never imagined would be realized. In fact, much of the knowledge we have about PTSD at this point has been generated and disseminated through the efforts of the National Center staff. The Center has sparked changes in the field that have fostered general understanding of PTSD as well as translated into concrete benefits for survivors of trauma, the VA/DOD system, and family members.

In 1984, Jack Smith stated, "support for a National center for PTSD in the VA would generate benefits beyond the agency itself" and indeed his testimony has proven true. The NC-PTSD has leveraged its core funding to obtain additional grants and contracts to support research and educational projects on PTSD that not only benefit the VA but the field at large.



# Members on the Move...

Elizabeth Carll, PhD, has been elected the chair of the United Nations NGO Committee on Mental Health, a consortium of non governmental organizations, in Consultative Status with the United Nations Economic and Social Council. She is the first psychologist to be elected chair of the UN NGO Committee on Mental Health. She is also the founder and chair of the Media/ICT Working Group of the Committee on Mental Health, which focuses on media advocacy and human rights, peace building, and intervention in the wake of violence and crises. She is a trauma psychologist in practice in New York and is a United Nations Representative for ISTSS.



Do you know of ISTSS members who have been recognized for significant achievements?

Please send announcements to Editor Anne DePrince for our new Members on the Move feature.

# Combined Federal Campaign - Donate to ISTSS

For more than four decades, the U.S. government has sponsored the Combined Federal Campaign (CFC) -- the world's largest workplace giving fundraising drive. In the last quarter of every calendar year, the CFC invites civilian, military and postal employees to support eligible national and local charities. In 2008, roughly 1.4 million federal workers chose to pledge to those charities an amount totaling almost a quarter of a billion dollars.

ISTSS is qualified by the CFC to be among the charities involved in the program and very much appreciates all who have donated in the past. This year, employees can choose to donate to ISTSS by using ISTSS's individual number CFC #11227 when applying. For details about how to apply, visit the Mental Health Federation's Web site.



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### **Book Corner**

### Review by Daniel Mosca, M.D.

Sociedad Argentina De Psicotrauma, Alvear Psychiatric Emergency Hospital, Buenos Aires, Argentina

Review of: *Maltrato y Estrés Postraumático*. Coordinator and principal author: Dr. Francisco Orengo García. Authors and collaborators: Dr. Guillermo Lahera Forteza y Dra. Pilar Blanco Prieto. Copies of this book, available for 40 Euros, can be ordered directly from Dr. Francisco Orengo García at <a href="mailto:franciscoorengo@gmail.com">franciscoorengo@gmail.com</a>.

**Editor's Note:** We are pleased to present our first Book Corner feature of a Spanish-language book. The review is provided in both Spanish and English. Thank you to our guest editor, **Rheena Pineda**, MA, for her copy editing and translation of this article to English.

La publicación es una iniciativa de la Editorial Entheos, apoyada y puesta en marcha por Laboratorios Pfizer S.A., y sus coautores son los doctores Orengo, Blanco y Lahera.

La obra está dirigida a médicos de Atención Primaria con el objetivo primordial de brindar conocimiento sobre las secuelas potenciales frente a la exposición a eventos potencialmente traumáticos.

El titulo expresa el amplio espectro de situaciones que podrían impactar severamente el psiquismo, generando reacciones traumatogénicas (como los desastres, los accidentes y la diversas formas de violencia y maltrato, el acoso laboral y el abuso sexual infantil).

El texto esta separado en dos tomos en los que se articula la descripción del estrés traumático, sus potenciales causas, los posibles cursos del TEPT, tanto como sus bases neurobiológicas y los posibles abordajes psicoterapéuticos específicos y validados, incluido el psicofarmacológico en adultos, niños y adolescentes.

En el primer tomo se realiza una reseña historia de la noción de Trauma Psíquico, junto con el desarrollo de la prevalencia, incidencia y comorbilidad del TEPT, los factores protectores y la resiliencia, el concepto de disociación, la compulsión al trauma y diversas teorías explicativas del TEPT.

Se presentan instrumentos diagnósticos y escalas especificas para la evaluación y diagnostico del TEPT y una guía rápida para los clínicos de atención primaria con la cual explorar la presencia de experiencias traumatogénicas en la entrevista inicial.

Se incluye en capítulos específicos la temática de la simulación en el TEPT y los aspectos psicopatológicos y psiquiatrico legales de frecuente presentación en las personas afectadas por estrés postraumático.

En el segundo tomo se abordan específicamente las consecuencias psíquicas de diferentes poblaciones, separadas según el tipo de evento experimentado, incluyendo estadísticas españolas e internacionales.

The publication is an initiative of Entheos Editorial, supported and initiated by Pfizer Laborotaries, and their co-authors Drs. Orengo, Blanco and Lahera.

The book is intended for primary care physicians with the primary objective of providing knowledge about the potential sequelae of exposure to potentially traumatic events.

The title expresses the broad spectrum of situations that may severely impact the psyche, generating traumatic reactions (such as disasters, accidents and various forms of violence and abuse, bullying (mobbing) and child sexual abuse).

The text is separated into two volumes which articulates the description of traumatic stress, its potential causes, possible courses of PTSD, as well as neurobiological bases and the possible approaches of specific and validated psychotherapies; including psychopharmacological approaches in adults, children and adolescents.

The first volume reviews the history of the concept of Psychic Trauma, including the prevalence, incidence and comorbidity of PTSD, protective factors and resilience, the concept of dissociation, the compulsion to trauma and various explanatory theories PTSD.

It presents diagnostic instruments and specific scales for the assessment and diagnosis of PTSD and a quick guide for primary care clinicians with which to explore the presence of traumatic experiences in the initial interview.

Specific chapters include the subject of malingering in PTSD and psychopathological and psychiatric legal aspects of frequent presentation in persons affected by posttraumatic stress.

The second volume specifically addresses the psychological consequences of different populations, separated according to the type of event, including Spanish and international statistics

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Se desarrolla por separado la presentación del trauma complejo o DESNOS y su abordaje psicoterapéutico, junto con las dificultades mas frecuentes en los tratamientos de personas traumatizadas.

Al final de cada uno de los capitulos se sintetizan los aspectos sobre los conceptos mas destacados de cada area abordada dentro del campo del psicotrauma.

Tiene una buena recopilación de literatura y referencias bibliográficas, asi como de centros de trauma y de derivación (nacionales e internacionales). Se dedica un espacio dentro de la obra a una guía de paginas electrónicas donde puede buscarse mayor información, de interés tanto para profesionales de la salud como para pacientes.

Se dirige en principio al tratamiento de adultos traumatizados, aunque se incluyen capítulos sobre tratamiento del TEPT en población infantil y adolescente, y ancianos.

De importante valor para la detección del TEPT como de los cuadros asociados, tanto como de las diversas formas de manifestación del Trauma Psíquico a través del espectro postraumático. Sirve para médicos y psicólogos, y como bibliografía básica para quienes se forman en intervención en Psicotrauma. No reemplaza la formación específica en el área.

Es una buena recopilación y presentación del estado de la arte de la "psicotraumatología", e inclusive al tener un lenguaje accesible puede ser utilizado como material psicoeducativo sobre el Estrés Traumático para pacientes y familiares, ya se incluyen guías específicas para sobrevivientes y allegados.

The presentation of Complex Trauma or DESNOS is developed separately and its psychotherapeutic approach, along with more common problems in the treatment of traumatized individuals.

The end of each chapter summarizes the most prominent concepts in each area addressed within the field of psychotrauma.

It has a good collection of literature and bibliographic references, as well as trauma centers and resources (national and international). A space in the publication is devoted to a website directory where one can search for more information, of interest to health professionals as well as patients.

It is primarily aimed at the treatment of traumatized adults, although it includes chapters regarding the treatment of PTSD in children and adolescents and elderly populations.

[It is] of significant value for the detection of PTSD and associated themes as well as the diverse forms of manifestations of Psychic Trauma through the posttraumatic spectrum. It serves doctors and psychologists, and is a basic reference for those who are trained in Psychotruama intervention. It does not replace specific training in the area.

It is a good compilation and presentation of the state of the science of "psychotraumatology" and it even has accessible language that may be used as psychoeducational material about Traumatic Stress for patients and their family, and includes specific guidelines for survivors and their loved ones.

### Focusing on the Needs of Women Veterans and Veterans of Color

Diane L. Elmore, PhD, MPH

Chair, ISTSS Public Policy Committee Contributing Editor, ISTSS Traumatic StressPoints American Psychological Association

On September 25, ISTSS Diversity Committee member **Kristin Lester**, **PhD**, presented at the Congressional Black Caucus Foundation's 39th Annual Legislative Conference.

The Annual Legislative Conference, which is held in Washington, DC, includes more than 70 issue forums, braintrusts and ancillary events that attract approximately 18,000 attendees from across the U.S. and around the world, including elected officials,



(L-R): VA Secretary Eric Shinseki and Kristin Lester, PhD

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business and industry leaders, celebrities, media, emerging leaders and members of the general public.

Dr. Lester was invited to represent the American Psychological Association (APA) in a special track of events focused on military veterans hosted by the Congressional Black Caucus Veterans Braintrust. As a Clinical Psychologist with the Women's Health Sciences Division of the National Center for PTSD at the Department of Veterans Affairs (VA) Boston Healthcare System, Dr. Lester spoke about the needs of women veterans and veterans of color at two important panel presentations throughout the day.

Dr. Lester discussed the expanding role of women in the military...

The morning session, which was convened by Representatives Charles Rangel (D-NY), Corrine Brown (D-FL), and Sanford Bishop, Jr. (D-GA), included two distinguished panels of experts. The first panel began with a keynote presentation by the VA Secretary Eric Shinseki, who is the first Asian American Four Star General in American military history. Secretary Shinseki discussed his own military experience and described his commitment to ensuring that all who have served in the armed forces are well taken care of upon their return. He was joined by other distinguished panelists, including Rear Admiral Michelle Howard, who is the first female graduate of the U.S. Naval Academy to be promoted to Rear Admiral and the first African American woman in U.S. Naval history to command a ship. Rear Admiral Howard discussed her own unique experiences as a female commander and described the struggles that many women in the military encounter in breaking through the "brass ceiling."

Dr. Lester was a member of the second panel of the morning where she was joined by VA and other federal government leaders who focused on key veterans' issues, including mental health, suicide prevention, housing, employment, education and entrepreneurship. During her remarks, Dr. Lester discussed the expanding role of women in the military and explained that while many female veterans are adjusting well with the support of the VA and family and friends, some women experience unique deployment and post-deployment stressors that make the transition more difficult. In addition, she educated participants about the unique role

...reiterated the importance of understanding and meeting the unique needs of women veterans and veterans of color.

of the National Center for PTSD and highlighted some of the VA efforts to address the needs of women veterans, including dissemination of evidence-based psychotherapies for PTSD, depression, and other disorders; increasing VA clinicians' sensitivity and responsiveness to the needs of female veterans; mandatory VA PTSD and military sexual trauma screenings; and research targeting issues of relevance to women who have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

During the afternoon session, Dr. Lester participated in a veterans' stakeholder roundtable discussion focused on promoting a successful homecoming for service members returning from Iraq and Afghanistan. She was joined by an interdisciplinary panel of notable military and veterans' experts who focused on issues including quality of life, health, suicide prevention, veteran education, health disparities, employment, homelessness and health and social policy. In this session, Dr. Lester reiterated the importance of understanding and meeting the unique needs of women veterans and veterans of color. She shared some examples from her clinical and research experience focused on the influence of ethnicity on the effectiveness of PTSD treatments as well as on barriers and solutions to retaining African Americans in mental health treatment. She highlighted the significant progress that has been made in treating those with PTSD, but also cautioned that continued efforts must focus on ensuring the efficacy of these treatments with diverse populations, including women and ethnic minorities. The afternoon roundtable ended with a lively question and answer session highlighting some of the challenges that remain ahead for returning services members and veterans from diverse backgrounds.

To learn more about the work of Dr. Kristin Lester, please contact her at <a href="Kristin.Lester@va.gov">Kristin.Lester@va.gov</a>. For more information about this event, please visit the APA Web site at <a href="www.apa.org/ppo/pi">www.apa.org/ppo/pi</a>. To learn more about the Congressional Black Caucus Foundation, Inc. and the Annual Legislative Conference, please visit <a href="http://www.cbcfinc.org">http://www.cbcfinc.org</a>.

### The Power of Latent Models: How Much Power Do You Have

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### The Power of Latent Models: How Much Power Do You Have?

Latent modeling (i.e., structural equation modeling (SEM), confirmatory factor analysis (CFA), etc.) is an incredibly informative and adaptive approach to understanding and confirming relationships in a multivariate context. The use of latent variables in one multivariate model allows for the sophisticated incorporation of indirectly measured constructs, such as depression or fatigue. Unfortunately, one key aspect to latent modeling that may be equally sophisticated is determining the necessary sample size to obtain highly replicable results. Mostly, researchers have relied on rules-of-thumb for determining their latent model's necessary sample size, despite their well-known inability to provide accurate estimates.

There are three common methods used to estimate necessary sample size for a latent model, varying in both ease of use and accuracy (as one might expect, these are negatively related). On the easy, yet less accurate, end of the scale, there is the N:q hypothesis, which states that 10 participants are required for every free parameter. Importantly, this is different than a lot of poorer rules-of-thumb which are based on the number of variables in the model. Rather, Bentler (various writings) understood that it was the number of free parameters in the model that impacted its stability (i.e., stable parameters are obtained from sample to sample). Importantly, this process presumes you are conducting a simple SEM/CFA analysis with multivariate normality, maximum likelihood extraction, and no missing data. Even then, too many other influences on the model's stability are present to rely on this method when results are going to drive important decisions.

On the sophisticated, yet highly accurate, end of the scale is Monte Carlo simulation. With Mplus software, Monte Carlo simulations can be conducted for the exact model you will test. This can include almost any latent modeling variant one would ever want, thereby allowing for excellent specificity in your sample size estimation. Moreover, you can allow for various rates and patterns of missing data, different extractions, specific effect sizes, differences by groups, and much more. Unfortunately, Monte Carlo simulations are both methodologically demanding and have very little

supporting documentation. For the curious reader, please see the paper by Muthén and Muthén (2002) for a starting point.

Finally, there are RMSEA-based sample size estimation approaches. It is not as accurate nor as flexible as a Monte Carlo simulation, nor is it as quick as the N:q approach. However, it is accessible to most latent modelers and provides sufficient accuracy. Moreover, RMSEA-based power can be used in two different and complementary ways. First, one can estimate the sample size needed to obtain sufficient model fit for a given model. Second, one can estimate the sample necessary to detect difference in RMSEA overall model-data fit between two nested models. This article will review the methods for these two approaches, beginning first with an understanding of the logic behind RMSEA-based power analyses for latent models.

### The Logic of Sample Size Estimation in RMSEA

When one reviews model-fit output for a given latent model, RMSEA stands out: it is the only model-data fit statistic presented with confidence intervals.

Understanding the sampling distribution for RMSEA allows us to not only review confidence intervals for RMSEA, but it allows us to use it for understanding how much power is obtained looking at the difference between an acceptable level of RMSEA (its cutoff) and our expected RMSEA (akin to a measure of effect size). Specifically, RMSEA is a measure of the misfit of the data from the maximum-likelihood model parameters per each degree of model complexity (degrees of freedom; df).

For the purposes of calculating the necessary sample size for a given power in latent models, we need to understand two levels of RMSEA a priori. First, we need to set the null hypothesis RMSEA value (hereinafter, called  $\varepsilon_0$ ).  $\varepsilon_0$  should be set at a cutoff level where you deem RMSEA as appropriately fit. Commonly, .05 or .06 is used for RMSEA. For more exploratory models where the accuracy of the results is more acceptably variant, you may go as high as .1, though such uses should be limited and conducted with appropriate explanation of their problems. Second, we need to set the alternative RMSEA value  $(\varepsilon_1)$ .  $\varepsilon_1$  is akin to an effect size in that it is our expected level of fit for our model and should be based on a combination of prior research and researcher understanding. Whereas standard effect sizes often can be garnered from a variety of publications, prior

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RMSEA results for one's model may be far less common. Therefore, it may be important to run your sample size calculations with a few levels of  $\epsilon_1$ . As our model's power comes from the ability to distinguish  $\epsilon_0$  from  $\epsilon_1$ , larger differences between these two values require fewer subjects to achieve a given power. Figure 1 shows  $\epsilon_0$  of .06 and two different values for  $\epsilon_1$  (.00 and .05), along with hypothetical confidence intervals. The goal is to find a sample size that will shrink the confidence intervals for all values of  $\epsilon$  so that they are statistically distinguishable from one another.

One tenet to the calculation of necessary sample size for model-data fit is that we are not striving for exact fit. Most researchers view trivially small misspecification as acceptable (though this is an area of controversy among theoretical statisticians in latent modeling). Thus, for purposes of setting sample sizes based on model fit we want to consider acceptable vs. unacceptable fit, not exact fit and inexact fit. Therefore, the null hypothesis is that the model has unacceptable fit as we cannot differentiate our RMSEA value from our criterion RMSEA value. Additionally, the alternative hypothesis contends that the model has acceptable fit.

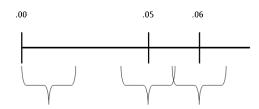
### Sample Size Estimation for a Single Latent Model

The formulas to calculate estimated sample size in latent models via RMSEA are burdensome, especially given the nonlinear nature between various components. The curious reader can find SAS code in either MacCallum et al. (1996) or more simplified code in Hancock and Freeman (2001). However, the remainder of this paper focuses on a much simpler approach. Preacher and Coffman (2006) have written a web page that will do almost everything you need for the power calculation. Therefore, the use of this page will be detailed. Their web page can be accessed directly at http://people.ku.edu/~preacher/rmsea/rmsea.htm.

After the introduction on Preacher and Coffman page, you will find four different boxes for entry: the first two boxes are for power analysis and sample size estimation, respectively, of a single model, whereas the third and fourth boxes are for power analysis and sample size estimation, respectively, for comparing nested models.

Figure 1. RMSEA values of .00, .05, and .06 with confidence intervals displayed below.

RMSEA Values



For the calculation of a sample size estimate for a single latent model, we will use the second data entry box, Compute Sample Size for RMSEA. Five pieces of information need to be entered: alpha, df, power,  $\varepsilon_0$ , and  $\varepsilon_1$ . We have already discussed how to establish the null and alterative RMSEA values. Power and alpha were described more fully in my last Traumatic Stresspoints power paper (Cole, 2009). Briefly, power is typically no less than .8 and rarely higher than .9 and refers to the likelihood of finding a significant result, presuming the true result is significant (i.e., finding RMSEA to have sufficient fit when a model with population data would have sufficient fit). Alpha is always tricky, and is far more complicated if you are testing multiple models independently. If, however, you are testing the fit of a single model, then an alpha of .05 is probably appropriate. This leaves the model *df* to be calculated. Although there are formula for this calculation, all of the population SEM software will provide you with your model df, even before you have data, presuming your model is properly specified (e.g., AMOS has a df button; see your software for details on getting the df before data are available). Overall, RMSEA likes larger models with few constraints, hence larger df results in smaller necessary sample sizes.

Entering a simple example, enter an alpha = .05, df = 17, power = .8,  $\varepsilon_0$  = .06 and  $\varepsilon_1$  = .045. Once you have these values entered, hit the large button that reads Generate R code. The blank box below will then be populated with code to calculate your sample size in R software. After you have the generated code (which should be almost instantly), you can get R to run the code in one of several ways. First, you click the Submit above to Rweb button. However, my experience with this on Preacher and Coffman's page has been fraught with difficulty. Second, if you have R on your own PC, you could run the code through your own version of R. As noted on the top of Preacher and Coffman's page, you can get a free copy of R from http://cran.r-project.org/. Finally, you can use another Rweb website. For example, I use http://baves.math.montana.edu/Rweb/Rweb.general.htm I and enter the Preacher and Coffman generated code into the first text box, hitting submit afterwards. It can take a few minutes to run the code over the web.

Back to our example, the aforementioned Montana website outputs a host of information, including all of the code we entered (see Figure 2). At the end of the output, one line reads as "[1] 1775," which is called out in Figure 2. The 1775 is our necessary minimum sample size. To continue the example, let's vary a few numbers. If we change  $\epsilon_1$  = .02 then the necessary sample size drops to 422. Also, if we increase the model complexity to df = 40 (leave  $\epsilon_1$  = .045), our necessary sample size drops to 838. Combining the drop of  $\epsilon_1$  = .02 and df = 40

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results in a necessary sample size of 241. Of course, changing the df and  $\epsilon_1$  should be done only because of substantive reasons and based on prior research, not because they reduce the necessary sample size dramatically. Finally, do remember to always round up when your output provides a decimal place: 720.1 should be 721 minimum sample size, not 720.

### Sample Size Estimation for the Comparison of Nested Models

Latent modeling rarely capitalizes on its strength with the use of a single model as when multiple models are compared to one another. For example, a substantive theoretical model may have multiple variants, such as conceptualizing depression as four orthogonal latent factors or as a second-order unidimensional factor that subsumes the same four factors of depression. The concept underlying our sample size determination is essentially the same - we need to find a sample size that allows us to statistically differentiate the RMSEA and related confidence intervals of one model from the other. In Figure 1, we have sufficient power to distinguish a model with perfect fit (RMSEA = .00) from a model with RMSEA = .05. However, if our models had .05 and .06 with CIs akin to Figure 1, we might not have sufficient power to distinguish them. 1 Please note that the appropriate comparison of models via RMSEA should only be conducted if the models are nested (one model is a subset of the other model).

To determine the necessary sample size to compare nested models, we will use the fourth box on Preacher and Coffman's website. The data entry points are mostly self-explanatory: alpha, *df* for Model A, *df* for Model B, power, RMSEA for Model A, and RMSEA for Model B. Model A is presumed to be nested within Model B, therefore it should have a larger *df* and RMSEA compared to Model B. As an example, set the following options: alpha = .05, *df* A = 20, *df* B = 18, power = .80, RMSEA A = .06, and RMSEA B = .02. For this model, 150 participants will be required (Figure 3 demonstrates this with output from the *R* software

rather than the Montana website, calling out the sample size). If we decrease the distance between RMSEA by making RMSEA A = .03, our sample size increases to 894. Alternatively, if we increase the difference in df such that df A = 40 and df B = 20 (leave RMSEA A = .06), our sample size increases to 156.

### Summary

RMSEA-based sample size estimation for latent modeling was introduced in 1996, but was onerous and difficult to understand for most applied researchers. The writings of Hancock have improved the understanding of these concepts and made them more accessible to the applied researcher. With the introduction of Preacher and Coffman's website, RMSEA-based sample size estimation for basic latent models has become so easy it should be conducted for every befitting latent model one plans.

The befitting model is, however, limited. First, we presume that the model is analyzed with maximum likelihood extraction, has appropriate multivariate normality (or that is controlled through ML-based techniques, such as bootstrapping), and that the model has appropriate model-data fit. Additionally, RMSEAbased power analyses are appropriate for basic SEMtype models: CFA, standard SEM, and even path analysis and regression will work appropriately. However, RMSEA-based power analyses do not work well for more advanced latent models, such as multigroup SEM, multilevel models, latent classes/profiles, latent survival analysis, and similar such extrapolations. Should any of these assumptions be incorrect, important research should be examined a priori with Monte Carlo simulation to estimate the sample size needed.

For additional reading, I strongly recommend Hancock's work on RMSEA-based power analysis (Hancock, 1999, 2006; Hancock & Freeman, 2001).

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### <u></u>

### Re-Making the World of the Trauma Survivor: The Treatment of Extreme Trauma

### Robin A Craig, MS, MA, LPC, SEP

Northland Family Help Center

Hosted by the Hopi Foundation and co-sponsored by ISTSS, the conference began with a prayer. After hearing the presentations, the stories of fellow attendees, and updates from all of the former recipients of the <u>Barbara Chester award</u>, it was clear that opening with a prayer was needed to set the container for the conference itself. In her opening remarks, Barbara Poley, executive director of The Hopi Foundation, encouraged attendees to step outside and not only appreciate the view of the San Francisco Peaks, a sacred mountain to many Native American tribes, but to take time to say their own prayers for themselves, for the conference and for the community created by all of the attendees.

This was not a conference where people tiptoed around controversial topics. Dr. Keller directly addressed the issue of the accountability of United States (U.S.) officials for the U.S.' participation in torture and the short and long term impacts of not having that accountability. This was put into perspective by Shari Eppel's statement in her presentation that in her lifetime there have been only two leaders in Zimbabwe, making accountability difficult and dangerous/life threatening for many decades after an event.

Another keynote speaker, Dr. Maria Yellow Horse Brave Heart, discussed historical trauma in terms of both "trauma up to one minute ago" and traumatic events experienced by ancestors. Dr. Yellow Horse Brave Heart provided an outline for working with groups of individuals who have experienced this type of historical trauma, emphasizing that what Native Americans experienced in the U.S. fits the Geneva Convention definition of genocide.

The issue of culturally-appropriate treatment was addressed throughout the conference, including presentations on the culturally appropriate use of the

sweat lodge and alterative treatments for returning Native American veterans and a presentation on healing families and communities in Zimbabwe through exhumation and reburial in order to allow the village and the ancestors to rest.

Dr. Spero Manson discussed the cultural differences in seeking treatment for drug and alcohol dependence and for mental health. Dr. Manson also provided statistics about the connections between early sexual abuse and addictions and early physical abuse and depression. Dr. Judith Herman, appearing briefly via teleconference, offered statistics about how many individuals who experience a traumatic event recover well without any "treatment," bringing out the role of community and family in healing.

Since this conference I have been thinking about my role as a therapist and as a member of my community, and about how many of my clients have had difficulties healing due to a lack of community or appropriate family safety. Inspired by the speakers, award recipients and the many attendees from all over the world, I return to work wondering about my role. I am incorporating a renewed awareness of cultural issues in working with victims of crime and at the domestic violence shelter where my office is, and also remembering and teaching the importance of community in making my job, hopefully someday, unnecessary.

All of the prior recipients of the Barbara Chester Award attended the conference and gave brief presentations on the state of things in their home countries. Prior award winners include Shari Eppel, Zimbabwe (2000), Dr. Juan Almendares, Honduras (2001), Dr. Allen Keller, USA (2003) and Dr. Alp Ayan, Turkey (2006). This year's award winner is Dr. Mary Fabri of Chicago. Click <a href="here">here</a> for more information about Barbara Chester and the award.

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### **Upcoming Events**

### November 5-7, 2009

ISTSS 25th Annual Meeting with Pre-Meeting Institutes Nov. 4 The Westin Peachtree Plaza Atlanta, Georgia, USA www.istss.org

### February 24-26, 2010

National Summit on Interpersonal Violence and Abuse Across the Lifespan:
Forging a Shared Agenda
Sheraton Dallas Hotel
Dallas, Texas USA

### April 7-10, 2010

Association for Death Education and Counseling (ADEC) 32nd Annual Conference
Hyatt Regency Crown Center
Kansas City, Missouri, USA
<a href="https://www.adec.org/conf/index.cfm">www.adec.org/conf/index.cfm</a>

### April 8-10, 2010

European Society for Trauma and Dissociation International Conference Queens University Belfast, Northern Ireland <a href="http://www.estd.2010.org">http://www.estd.2010.org</a>

### April 17, 2010

ISTSS Psychotraumatology Meeting Zürich World Trade Center Zürich, Switzerland

#### June 2-5, 2010

6th World Congress of Behavioral and Cognitive Therapies (WCBCT)

<u>Association for Behavioral and Cognitive Therapies</u>

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### November 4-6, 2010

ISTSS 25th Annual Meeting with Pre-Meeting Institutes Nov. 3 Le Centre Sheraton Montreal Hotel Montreal, Quebec, Canada www.istss.org

#### November 3-5, 2011

ISTSS 26th Annual Meeting with Pre-Meeting Institutes Nov. 2 Baltimore Marriott Waterfront Baltimore, Maryland, USA www.istss.org