25th Silver Anniversary – An Opportunity to Reflect in Atlanta

The celebration of the 25th 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.


...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 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 program schedule as well as see announcements in this issue.

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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 5th, 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 25th Annual Meeting

As part of ISTSS’s welcome to the 25th 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 6th 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 elisatrifflleman@earthlink.net.

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 lautz.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

Click here to read the full abstracts, or to view other Featured Sessions.
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 6th 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.
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:

The Narrator (Folman): “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.”

Boaz: “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.”

Narrator: “How do you know it’s twenty-six and not thirty?”

Boaz: “Believe me, I know. These dreams don’t come from nowhere. There are things I haven’t told you.”

Narrator: “Like what?”

Boaz: “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… I remember every one of them. Every face, every scar, the look in their eyes as they died.”

Narrator: “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?”

Boaz: “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?”

Boaz: “You were, what a hundred yards away from the massacre?”

Narrator: “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…”

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 nlkaphd@mail.med.upenn.edu.

Send submissions to Howard Lipke and Harold Kudler at HLPike@aol.com.
This month, the National Center for PTSD (NC-PTSD) officially celebrates its 20th 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 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...
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

An Abridged Intellectual History of the NC-PTSD

Although the NC-PTSD officially celebrates its 20th 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.
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 http://www.ptsd.va.gov, 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.
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 franciscoorengo@gmail.com.

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

El texto está 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, el concepto de disociación, la compulsión al trauma y diversas teorías explicativas del TEPT.

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

Se incluye en capítulos específicos la temática de la simulación en el TEPT y los aspectos psicopatológicos y psiquiátricos 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 Laboratories, 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.
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,

Women Veterans continued page 10
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.

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 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 service members and veterans from diverse backgrounds.

To learn more about the work of Dr. Kristin Lester, please contact her at Kristin.Lester@va.gov. For more information about this event, please visit the APA Web site at www.apa.org/ppp/pi. To learn more about the Congressional Black Caucus Foundation, Inc. and the Annual Legislative Conference, please visit http://www.cbcfinc.org.
Author Note: Correspondence concerning this article should be addressed to Jason C. Cole, PhD, 2390 Crenshaw Boulevard, #110, Torrance, California 90501. E-mail: jcole@webcmg.com

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 $\epsilon_0$). $\epsilon_0$ 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 ($\epsilon_1$). $\epsilon_1$ 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 \( \varepsilon_1 \). As our model’s power comes from the ability to distinguish \( \varepsilon_0 \) from \( \varepsilon_1 \), larger differences between these two values require fewer subjects to achieve a given power. Figure 1 shows \( \varepsilon_0 \) of .06 and two different values for \( \varepsilon_1 \) (.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 \( \varepsilon \) 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.

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 alternative 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://bayes.math.montana.edu/Rweb/Rweb.general.htm 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 \( \varepsilon_1 = .02 \) then the necessary sample size drops to 422. Also, if we increase the model complexity to \( df = 40 \) (leave \( \varepsilon_1 = .045 \)), our necessary sample size drops to 838. Combining the drop of \( \varepsilon_1 = .02 \) and \( df = 40 \)
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results in a necessary sample size of 241. Of course, changing the df and ε 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. 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, RMSEA-based power analyses are appropriate for basic SEM-type 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).
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 Barbara Chester award, 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 itself. In her opening remarks, Barbara Chester award winner is Dr. Mary Fabri of Chicago. Click here for more information about Barbara Chester and the award.

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 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 alternative 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 here for more information about Barbara Chester and the award.
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](http://www.istss.org)

**February 24-26, 2010**  
[National Summit on Interpersonal Violence and Abuse Across the Lifespan: Forging a Shared Agenda](http://www.istss.org)  
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  
[www.aedc.org/conf/index.cfm](http://www.aedc.org/conf/index.cfm)

**April 8-10, 2010**  
European Society for Trauma and Dissociation International Conference  
Queens University Belfast, Northern Ireland  

**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)  
[Association for Behavioral and Cognitive Therapies](http://www.abct.org)  
Boston, Massachusetts, USA  
[Boston University](http://www.bu.edu) and the (ABCT)

**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](http://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](http://www.istss.org)