



International Society for Traumatic Stress Studies | www.istss.org | istss@istss.org | +1-847-480-9028



President's Column

*Eve Carlson, PhD
President*

ISTSS President Eve Carlson, PhD, and Past President Marylène Cloitre, PhD.

As a new year begins, I want to take this opportunity to update you and invite you to join in ISTSS activities – if you haven't already!

Our annual meeting in Baltimore was very successful, thanks to hard work by our staff, President Marylène Cloitre, Program Chairs Christie Jackson and Bradley Stolbach, a cadre of more than 150 annual meeting deputies and reviewers, and all of the presenters.

The board of directors met and focused on two major strategic planning efforts: continued work on whether an alternative structure might help ISTSS better address global issues and needs of members from outside the U.S. and work on how ISTSS work groups should be organized to maximize our effectiveness. Task forces will continue to work on these two issues during the coming year and you can expect to hear more about them and be asked for your input.

Since the meeting, the board has been working on enhancing planning and communications for our 30+ work groups. By the time you read this, each work group will have made initial plans for the year. Many groups will need additional members to get their work accomplished, so keep an eye out for ads in *StressPoints* seeking volunteers for various efforts and on the website for a new portal for volunteering. In the meantime or any time, you can always volunteer by emailing a work group chair. You will find descriptions of work groups and the email addresses for work group chairs on the [ISTSS website](http://www.istss.org).

Another major effort since the meeting is to expand the online CE programs and reduce prices for

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members. Videos and audio expert trainings (recordings of conference pre-meeting institutes) are now half price for members!

We have also added the option to purchase a program at a lower cost without CE credits, which may be of special interest to members from outside the U.S. Lastly, for audio programs, in addition to live streaming, you will have the option to download an mp3 file of the recording so you can listen to it on your phone, iPod® or mp3 player. This is a great way to make commuting and exercising time more interesting and useful.

Lastly, I am delighted to announce that since the November meeting the board of directors has accepted a challenge from an anonymous donor to match a \$5,000 gift to ISTSS! This kind of support from the board is very important, because it helps us raise funds for our programs from foundations that look at board giving when they consider requests for funding.



28th Annual Meeting News

November 1–3, 2012 • Los Angeles, California, USA

Want to be part of the 2012 annual meeting program in Los Angeles? Be a reviewer!

The 2012 annual meeting theme is "Beyond Boundaries: Innovations to Expand Services and Tailor Traumatic Stress Treatments." We invite you to build professional bonds by serving as a reviewer for the 2012 meeting. You can help ensure our annual meeting includes excellent content covering a wide array of topic areas.

Reviewers must be current members of ISTSS. It is also helpful if reviewers have the following:

1. At least three years postgraduate professional experience.
2. Attendance at two or more past ISTSS meetings.
3. Oral presentations at two previous ISTSS meetings.
4. Availability during review period, March 26 - April 19, 2012.
5. Organized, timely and responsible in meeting deadlines and completing tasks.

Inform us of your interest in serving as a reviewer for the 2012 meeting by emailing 2012 program co-chairs Dr. Debra Kaysen and Dr. Wietse Tol directly at dkaysen@u.washington.edu and wietse.tol@yale.edu.

Pre-Submission Resources Available for Prospective Authors of ISTSS Annual Meeting Proposals

Are you thinking about submitting a presentation proposal for the ISTSS 2012 Annual Meeting in Los Angeles next November? Have you ever wondered what kinds of criteria the Program Committee tends to use when judging annual meeting proposals? Have you ever wished for some impartial feedback about your draft proposal before it's submitted? Well, wonder and wish no more. There are a range of resources available for prospective proposal authors, whether you're an ISTSS member or not.

The first resource to know about is a list of sample abstracts, which purposefully vary in quality. Each abstract is accompanied by an assessment of the abstract's strengths and weaknesses, from the point of view of past program committee members and chairs. This resource will be posted on the annual meeting website prior to the opening of the electronic submission portal on February 1, 2012, but until then, is available via email at elisatrifleman@earthlink.net.

The second resource to know about is that the members of the Diversity Committee are available to provide impartial pre-submission review of draft presentation proposals, no later than March 7, 2012 (one week in advance of the proposal submission deadline). We do so as part of our commitment to helping innovative ideas and authors new to ISTSS find a home at the annual meeting. Many of the Diversity Committee's members have served on the Program Committee recommending to the program co-chairs which proposals to accept, as well as having had several years' worth of presentation proposals accepted.

We will also, upon request, provide general advisement regarding ideas for proposals, but in our experience, the ideas for proposals tend to become fleshed out during the process of first authors' identifying and communicating with potential speakers. Either way, please note that there are no guarantees that pre-submission review of either draft proposals or of ideas will result in a given proposal actually being accepted by the Program Committee. If you are interested, or have a question or comment about this, please contact Elisa Trifleman.

ISTSS Honors Leaders in the Traumatic Stress Treatment and Research Fields at the 2011 Annual Meeting in Baltimore

ISTSS is pleased to acknowledge the 2011 award winners, which were announced at the annual meeting in November.

The **Lifetime Achievement Award** is the highest honor given by ISTSS and is awarded to the individual who has made great lifetime contributions to the field of traumatic stress. This award was given to **Professor Mark Creamer**.



Mark Creamer has had a long and esteemed career as a clinical psychologist and researcher in the area of traumatic mental health. His career as a psychologist commenced in 1980, and his research into the impact of trauma began when he was seconded to oversee the recovery of those involved in the 1987 Queen Street shootings that occurred in Melbourne, Australia. In 1995, Mark developed what is now known as the [Australian Centre for Post-Traumatic Mental Health](#) (ACPMH), which is internationally recognized for conducting research of the highest standard, developing policy and providing training across government and industry, including the Commonwealth Departments of Veterans Affairs, Defense and Health.

The caliber of research and staff at ACPMH is a reflection of Mark's drive for excellence. In addition, despite his hectic schedule, Mark has always made time for the supervision of postgraduate students. He has provided invaluable mentorship to many researchers, and has passed on his enthusiasm for this field of research in a way that has fostered many careers in the area of traumatic stress.

Mark also has contributed greatly to the development of ISTSS as an organization. He has attended and presented papers at every meeting since 1990, completed two terms as a board member and has been involved in numerous ISTSS working parties including chairing the Dissemination Task force (2005-2008), the International Structures and Affiliations Committee (2005-2010), and Website Task Force (2008-2010). He also has been an editorial board member of the *Journal of Traumatic Stress* (1991-1996 & 2000-2010), program deputy chair for two ISTSS meetings (2003, 2004), and co-chair of the awards committee (2000-2003).

Mark has been highly influential in raising the awareness of post-traumatic mental health, having published more than 100 articles or book chapters on the topic. He is currently a member of the National Mental Health Disaster Task Force in Australia (2004-present), was a member of the steering committee and working party for the National Healthy Marriage Resource Center Clinical Practice Guidelines on the Treatment of Adults with ASD and PTSD (2005-2007), and was a member of the Victorian Bushfire Psychosocial Recovery Advisory Group (2009-2011) initiated after Australia's greatest natural disaster. He currently is on many scientific advisory committees across a range of Australian Commonwealth and governmental departments.

Mark has made an enormous contribution to our understanding of post-traumatic mental health and this award is a true testament to his resourcefulness and commitment to delivering the best possible standard of care to people experiencing trauma.

The **Chaim and Bela Danieli Young Professional Award**, which was established by Dr. Yael Danieli in commemoration of her father and mother, recognizes excellence in traumatic stress service or research by an individual who has completed his or her training within the past five years. This award was granted to **Dr. Wietse Tol**.

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Dr. Wietse Tol is a postdoctoral associate and lecturer with the Global Health Initiative, MacMillan Center at Yale University. He also is a senior advisor to the non-governmental organization HealthNet TPO and a World Health Organization (WHO) consultant on a number of projects. Wietse received his doctorate in 2009 in the Faculty of Medicine, Vrije University Amsterdam and has already published more than 30 peer-reviewed papers in exceptionally high ranking journals such as the *Journal of the American Medical Association*, *Journal of Consulting & Clinical Psychology* and *Journal of Child Psychology and Psychiatry*. He holds numerous WHO research grants, and is co-chairing the 2012 ISTSS Annual Meeting.

Wietse's professional interests include the development and evaluation of mental health and psychosocial support programs in humanitarian settings, especially disasters and political violence in low- and middle-income countries. He has established and trained research teams in four low- and middle-income countries: Burundi, Indonesia, Nepal and Sri Lanka. This is an important achievement, and even more so given the extreme circumstances of ongoing political violence in these countries. Given all of the above it was no surprise that the awards committee unanimously voted Wietse as this year's ISTSS Young Professional Award.

The **Public Advocacy Award**, given for outstanding and fundamental contributions to advancing social understanding of trauma, was presented to **Lisa Bernhardt**.



Lisa Bernhardt is a senior public policy professional in the U.S. Congress and the U.S. Department of Health and Human Services (DHHS). She has dedicated her career to addressing the mental health needs of children and adults who have survived traumatic experiences, and does so with extraordinary intelligence, grace and generosity. Her efforts have focused on advancing services for those most in need, changing the lives of traumatized children and families, as well as improving lives at the individual, community, national and international levels.

Lisa regularly provides key assistance to the committee chairman and staff director on policy and funding questions, and often meets with U.S. government officials, grantees, advocates, and stakeholders to responsibly determine the priorities of the DHHS. In this capacity, Lisa has worked tirelessly to ensure high quality programs for children and families affected by trauma. This is evidenced most directly in her support for the National Child Traumatic Stress Network, a national network of more than 130 hospital, university and community-based child trauma centers committed to improving treatment access and raising the standard of care for children and families affected by traumatic stress.

Lisa also supports related DHHS efforts, including Project Launch, whose purpose is to promote the wellness of young children in safe, supportive environments; a residential substance abuse treatment, prevention and recovery support services program for pregnant and postpartum women and their minor children, which includes a focus on trauma history and treatment; and the establishment of an Office for Adolescent Health at DHHS, which includes a focus on domestic violence. Lisa is an outstanding public servant and is an exceptionally deserving recipient of the ISTSS Public Policy Award.

The **Frank Ochberg Award for Media and Trauma Study** recognizes significant contributions by clinicians and researchers regarding the relations between media and trauma. The 2011 award was presented to **Dr. Stephen Cozza**.

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Steve served as chief of psychiatry at Walter Reed Army Medical Center during the early years of the wars in Afghanistan and Iraq and, after retiring from the military, joined the staff of the Uniform Services University of Health Studies Center for Traumatic Stress. As a child psychiatrist at Walter Reed Army Medical Center, Steve became acutely aware that hundreds of children were visiting parents who were at various stages of recovery from grievous, often disfiguring wounds, without any significant preparation or meaningful institutional support. In addition to this, it has been estimated that over one million American children have had at least one parent deploy at least once to Afghanistan or Iraq. Steve was concerned with the question of psychosocial support for these children and after joining Health Studies Center for Traumatic Stress he took action to address this significant yet overlooked need.

Steve has taken effective action to create a media intervention that is informed by his unique clinical experience and understanding of the deployment-related mental health of children and their families as a critical public health issue. His advocacy and expert application of principles and clinical understanding became key drivers in the development of the Sesame Workshop's *Talk, Listen, Connect* series for military children and their families. These programs feature Elmo and other Sesame Street Muppet characters as they confront deployment stress within their own families.

[Talk, Listen, Connect](#) has been widely viewed and continues to be in great demand among military families and organizations. A new Canadian version is currently in production and other nations are expected to follow suit. Steve's achievement, in collaboration with the Sesame Workshop, is significant, and the fact that Steve has blazed a media trail/process for other trauma experts to follow deserves special attention.

The **Sarah Haley Memorial Award for Clinical Excellence** is given to a clinician or group of clinicians providing direct service to traumatized individuals whose contributions to the field exemplify the work of Sarah Haley. This year the award was shared between **Vanessa Kelly** and **The EMDR-Humanitarian Assistance Programs (EMDR-HAP)** which was accepted by EMDR-HAP founder **Dr. Francine Shapiro**.



Vanessa Kelly has directly treated urban victims of violent crime, victims of sexual assault, prostitution and family members of homicide more than 25 years. She started out at the Boulder County Rape Treatment Center and has been in her current position at the University of California, San Francisco (UCSF) Trauma Recovery Center for 10 years. Vanessa is well known for being remarkably effective in helping even the most difficult-to-treat acute and complex trauma cases.

As a direct service provider, Vanessa took the knowledge she gained from being on the front lines to advocate for systems-level change. To respond to the complexity and intensity of treatment issues in this most vulnerable population, Vanessa co-founded the UCSF Trauma Recovery Center in 2001. Conjointly working with the State of California Victim Compensation Board and with Senator John Burton's office, she was a key figure in developing a four-year demonstration program designed to offer a new model of care to victims of crime for the State of California. A primary goal of this model was to increase treatment access to disadvantaged crime victims by reducing barriers and providing comprehensive services, including assertive outreach, psychological first aid, clinical case management and trauma-focused psychotherapy. Subsequently Vanessa worked with the California State Assembly to draft and introduce a new legislative bill to create and implement statewide Trauma Recovery Centers. The Bill was signed into effect in 2006 by the Governor of California.

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In addition, Vanessa has been an impassioned teacher to hundreds of psychology and social work interns, fellows, medical students, residents and staff. Over the years she has developed a powerful and popular year-long weekly Traumatic Stress Treatment Seminar where she successfully imparts her in-depth knowledge of the unique conditions required for providing effective psychotherapy to acute and chronic trauma survivors. She also disseminates her vast clinical knowledge through her work as a clinical supervisor, trauma consultant across the medical center, community and state, as well as through multiple publications in trauma and treatment journals.



The **EMDR-Humanitarian Assistance Programs (EMDR-HAP)** was established in the U.S. in 1995 as a non-profit organization in response to the Oklahoma City bombing and now extends evidence-based trauma treatment capacity across the U.S. and in war-torn regions, disaster sites, and third world countries by providing training to public and non-profit clinical agencies. Within the U.S., EMDR-HAP also provides services in inner cities, treating survivors and witnesses of urban violence and exploring how trauma treatment can break the cycle of violence by working within the prison system.

EMDR-HAP's trainers, facilitators and consultants are all licensed clinicians who volunteer their services towards empowering local clinicians to continue the cycle of healing in their own communities. Over its sixteen-year history, EMDR-HAP has come to understand the many facets of making effective trauma treatment accessible to diverse populations. Although EMDR-HAP continues to respond to major disasters, such as the earthquake in Haiti, its overarching aim is to build treatment capacity in vulnerable parts of the world and to encourage clinicians to master, in advance, methods of treatment for use in the wake of traumatic events. In the U.S., this has given rise to EMDR-HAP's Trauma Recovery Network, a group of regional associations in which volunteer clinicians develop expertise in methods of emergency response, educate local emergency managers about the nature and treatment of trauma, and stand ready to offer pro bono service in disaster, whether needed in their home communities or elsewhere in the network.

The **Robert S. Laufer, PhD, Memorial Award for Outstanding Scientific Achievement** was established by Ellen Frey-Wouters, PhD, in memory of her husband, Robert S. Laufer to acknowledge an individual or group who has made an outstanding contribution to research in the field of traumatic stress. This year's recipient of the Laufer Award was **Dr. Kerry James Ressler**.



Dr. Kerry James Ressler's expertise is in translational neuroscience, specifically focused on biological mechanisms of fear disorders and their underlying neurocircuitry. His overall goal is to understand the risk factors that lead to psychopathology, including those in the developmental, genetic and environmental domains. He is currently principal investigator on two National Institutes of Health (NIH) Research Project Grants and an NIH Challenge Grant to investigate translational genetic and psychological risk factors for PTSD. He is a standing member of the VA Merit Review study section for the genetics of PTSD and mental health related grants, a post-hoc member of the NIH Center for Scientific Review Learning and Memory study section, is on the Simons foundation grant review board for genetics of autism, and is a member of the Scientific Advisory Board for the Department of Defense funded clinical and genetic investigations into PTSD and traumatic brain injury.

Together, these experiences and his labs' expertise provide for a powerful team to conduct sophisticated behavioral, physiological, molecular and genetic inquiries using mouse models to understand the effects of trauma on emotional memory. Not surprisingly, he has received numerous prestigious national research awards for basic and translational research on fear in

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animals and humans, including the Freeman Award in Basic Science, the Clinical Scientist Award in Translational Research from Burroughs Wellcome Fund and he recently was named a Howard Hughes Medical Institute Investigator.

His most recent publication in *Nature* may help to unlock the puzzle of why PTSD occurs more frequently in women than men. Taken together, his research and publications give evidence that Kerry is putting together a powerful narrative of how our brains work to process fear, to learn from fear-inducing events, and to learn from the experience of safety. His work will have direct implications for treatments for PTSD and what has been termed “rational pharmacotherapy,” the development of medications based on what we know about how the brain functions to process information regarding fear and safety.



Photos from the 2011 Annual Meeting in Baltimore

Top Row (L to R): Award winner Dr. Wietse Tol and Dr. Yael Danieli, poster session presenters, Marylène Cloitre and award winner Mark Creamer, PhD. Middle Row (L to R): Elmo presents award to Dr. Stephen Cozza, a packed room enjoys the pioneer panel discussion. Bottom Row (L to R): Marylène Cloitre and award winner Dr. Kerry James Ressler, Kathak dance performers, Marylène Cloitre and Dr. Francine Shapiro accepting the award for EMDR-HAP.



When America Works

Karestan C. Koenen, PhD, ISTSS President-Elect

*Associate Professor of Epidemiology at Columbia's Mailman School of Public Health
and Harvard School of Public Health*



Dr. Koenen (far right) watches President Obama sign the Kate Puzey Peace Corps Volunteer Protection Act on November 21, 2011.

The American people are often told that our public officials do not care about real people, and our government is broken. My experience has taught me just the opposite. America works.

On March 12, 2009, Kate Puzey's body was found outside her home in the West African nation of Benin. She was brutally murdered after exposing a Peace Corps contractor who sexually abused girls in her school. The leaking of her statement is believed to have directly led to her murder. She was 24 years old.

After more than a year of being rebuffed by the Peace Corps in their requests for answers about their daughter's death, the Puzey family told Kate's story to the news media.

Their courage in pursuing answers proved to be a tipping point that revealed a longstanding Peace Corps culture of denial and victim-blaming.

I experienced the negative effects of this culture first hand. I was raped while serving as a Peace Corps volunteer in Niger in 1991. The rape occurred in broad daylight, at the home of another volunteer. My perpetrator was a Nigerian man who sought to sell me jewelry. I was a virgin. When I sought justice from Peace Corps, I was told the rape was my fault. I had 'asked for it.' Devastated, I left the Peace Corps, my dreams of a career in economic development in tatters.

Twenty years later, I was shocked to discover my experience was not unique. A new generation of women who had been victims of the Peace Corps' callous and indifferent treatment of rape victims were inspired by the Puzey family to come forward and publicly share their stories.

Motivated by the news coverage, a bi-partisan congressional alliance formed to investigate and solve the problem. The House Foreign Affairs Committee held a hearing to investigate the Peace Corps' sexual assault prevention and response policies.

I was one of three rape victims who testified at the House hearing on May 11, 2011. The testimony and affidavits collected for the hearings documented 50 years of victim-blaming by the Peace Corps. Most shocking were the similarities in our temporally and geographically disparate experiences. The hearing revealed that by blaming survivors, discrediting our experiences, and failing to provide adequate recovery services, the Peace Corps exacerbated our suffering. We asked Congress to take action. Congress heard us. They drafted and unanimously passed the Kate Puzey Peace Corps Volunteer Protection Act of 2011, which President Obama will sign into law today.

Kate died protecting victims of sexual assault. Kate's bill will continue her legacy. It will ensure that the Peace Corps institutes much needed sexual assault training and response protocols. An Office of Victims

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Advocacy in D.C. and Sexual Assault Response Liaisons in each country will ensure sexual assault victims receive the proper support and the medical, legal and counseling resources they need to recover. Whistle-blowers, like Kate, will be protected by new confidentiality protocols. A Sexual Assault Working Group will review the Peace Corps' policies to ensure they conform to best practices. Congressional oversight will be rigorous and ongoing.

The passage of this bill shows that America works. The news media reported the stories of four ordinary women -- a mom, a school teacher, a student and a college professor. The government listened and acted. True public servants -- like Senators Boxer and Isakson and Representatives Poe and Berman -- championed the issue ferociously and tirelessly. My own congressional representatives, Congressman Capuano and Senators Kerry and Brown, not only advocated for the bill but provided personal support and advice as the other women and I navigated Congress. Peace Corps Director Aaron Williams, and Anita Botti and Lynn Rosenthal of the Obama Administration, reached out to us to better understand the problem. And a new law was passed to protect Americans and to fix long-standing problems with a government agency.

To pass Kate's law, men and women from all ends of the spectrum united, despite their differences, to conquer a challenge and do the right thing. Like Kate Puzey, the passage of her bill shows the best of what America has to offer. Nothing can bring Kate Puzey back or make up for the lost potential of her promising life. But, even after death, she continues to make this world a better place.

This article was originally published on the [Huffington Post](http://www.huffpost.com) website on November 21, 2011.



From Our Website: Do you know?

The ISTSS website now features Google Translate. You can now translate Web pages into dozens of languages with just the click of your mouse. This makes the ISTSS website more accessible to members across the globe.

Visit www.istss.org to check out this new feature.



Interested in getting more involved with ISTSS but worried about time constraints?

You no longer have to worry or wait. ISTSS is looking for volunteers to help with an ongoing project of transforming pre-meeting institutes and workshops from our annual meetings into online continuing education programs. You can help ISTSS while you learn and earn a program (with or without CE credits) in compensation. The work involves spending 6-10 hours listening to a program, viewing the slides and writing the continuing education items over a 3-4 week period. This is a great way to join in the "behind the scenes" work at ISTSS.

For more information, contact:

Sara Aboul-Hosn

Online Expert Training Development Coordinator

Email: Sara.at.istss@gmail.com



Trauma and World Literature: New Challenges Await Psychiatrist Used to Difficult Assignments



Aaron Levin
Psychiatric News

It isn't often that we feel moved to share a news story with the readers of our Trauma and World Literature column but, then, it isn't often that a prominent member of ISTSS is featured in the news both as a trauma expert and as a poet. Here, with kind permission from the author and from Dr. Ritchie and with credit to Psychiatric News, is an excerpt from that article. The original story appeared in Psychiatric News 40(20):9 on October 21, 2011, and can be accessed [here](#).

The big windows in her office overlooking the intersection of Florida and New York avenues, which form the mundane gateway to the capital of the free world, are a long way from the rutted roads of Somalia or the Green Zone in Baghdad.

Elsbeth Cameron Ritchie, MD, MPH, retired as a U.S. Army colonel several months ago after a 24-year career as a military psychiatrist. Her new job is chief clinical officer of the District of Columbia's Department of Mental Health.

"I like challenges," she said during an interview in her new office, still sparsely decorated. "This is a big, complex job, and I like big, complex jobs."

It was also a kind of homecoming for Ritchie ("Cam" to those who know her). She grew up in Washington, D.C., before going off to Harvard as an undergraduate and then to George Washington University for medical school. After graduation she completed a residency at Walter Reed Army Medical Center.

Ritchie came from a family with a long military tradition. Both grandfathers were in World War II. Her father fought in the Korean War, and her stepfather served there as a medic.

She has always seen psychiatry in its broader settings.

"I like looking at human beings acting in the context of their community," she said. "How do people act in groups, and what makes them successful or not? What are the therapeutic interventions—not necessarily medications—that enhance their sense of belonging to an organization?"

Ritchie spent a year as division psychiatrist for the 2nd Infantry Division in Korea, the first woman to hold that position.

After another stint at Walter Reed, she served for four months in early 1993 as executive officer with the 528th Combat Stress Control Unit in Mogadishu, Somalia.

Ritchie returned to Walter Reed for a forensic psychiatry fellowship. She later earned her M.P.H. and was the first disaster psychiatry fellow at the Uniformed Services University of the Health Sciences in Bethesda, Md.

After the September 11, 2001, attack on the Pentagon, she helped set up and run the family-assistance

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center in a hotel nearby. She also roamed the halls of the Pentagon in the weeks afterward practicing "therapy by walking around."

In 2004, she went to the Office of Army Surgeon General as the psychiatry consultant and in 2007 was named director of the Proponency of Behavioral Health there.

She has also served on the American Psychiatric Association's (APA) Committee on the Psychiatric Dimensions of Disasters and represented the APA at meetings in Baghdad that were intended to revive the medical profession in Iraq after the fall of Saddam Hussein.

Battling stigma was perhaps Ritchie's most significant task within the Army's health infrastructure.

"Stigma is a problem in society too, but it's especially true in cultures that value strength," she said.

The problem existed on two levels: policies and personal views, she explained. She knows firsthand the struggles military families experience with extended times away from home.

"Being a female psychiatrist, a mother, and a soldier is complex," she said. Her husband is an attorney at a federal agency in Washington, D.C., and she has two children, ages 11 and 13.

"It hasn't been easy. Korea and Somalia predated husband and children," she explained.

She did find time to edit *Combat and Operational Behavioral Health*, an updated version of the Army's standard textbooks on military psychiatry, published a few months ago.

At her retirement ceremony, Ritchie heard her former boss, Army Surgeon General Lt. Gen. Eric Schoomaker, sum up the effect of her military career.

"Aside from trauma care, no area of military medicine is under greater challenge than behavioral elements of this war," Schoomaker said. "No officer has borne more of the burden to support those efforts than you. The force is far healthier because of the attention you've drawn to behavioral health."

Another side of Ritchie's personality came to light for many at the same event, when she handed out copies of a very different sort of book, one of poetry and essays she had been working on over years in the Army. (Her mother is also a published writer.)

"I've been writing all my professional life," she said. "I've written less poetry lately, just because it grew out of intense clinical experience, and I've had less of that recently."

The last poem in the book sums up her career in Army medicine. In it she says:

*I write about Soldiers, but I am one too.
Shot at infrequently, more often simply
Sick of sandstorms or missing
home and kids or a cold Diet Coke
Images cross my eyeballs:
the fireballs outside the Pentagon,
taps at Arlington Cemetery,
another burned Iraqi child,
And notes, and smells.
More taps, sweet dung from horses
drawing the caissons of our dead.*

Contribute to *StressPoints* Trauma and World Literature Feature

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.

In Memoriam

ISTSS would like to recognize Dr. Dave Cabrera, ISTSS member and presenter at the 2010 annual meeting, who was killed in action October 29, 2011, in Afghanistan.

Our deepest condolences go out to Dr. Cabrera's family and friends.



The Journal of Traumatic Stress Virtual Issue on Returning from the Warzone is now available

This is the first virtual issue of the *Journal of Traumatic Stress*, a communication mechanism made possible by the increasingly rapid and growing presence of scientific publication online. A virtual issue gathers articles previously published in the Journal and groups them together with cost-free access for non-subscriber readers. This device dramatically widens the audience who can learn from and cite the excellent work authors have created and also puts a set of articles together that regular readers might not consider as a set.

[Read it now!](#)

Members on the Move

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

Please send announcements to Editor Patricia Kerig, p.kerig@utah.edu,
for the *Members on the Move* feature.

Cooperation Networks for Treating Female Victims of Intimate Partner Violence and Displacement due to Armed Conflict in Colombia

Eduin Caceres-Ortiz, PhD

*Universidad Complutense de Madrid/Fundación Fomentar Colombia
Recipient of the 2011 ISTSS Outstanding Student Achievement Award*

The pillars of my research, clinical practice and social service have been my work with female victims of intimate partner violence (IPV), victims of displacement in Colombia and girls who are victims of sexual abuse.

A major focus of my research has been a three phase evidence-based clinical study of trauma among female victims of IPV. The first phase was a pilot study implementing a psychological treatment protocol developed by Labrador and Rincón (2002) which has proven effective in Spain, Mexico and Chile. The clinical protocol was adapted for use with a sample of Colombian women and the reliability of the instruments originally validated in the Spanish sample were confirmed, including the Severity of PTSD Symptoms Scale (Echeburúa et al., 1997), Beck Anxiety Inventory, Beck Depression Inventory, Rosenberg Self-Esteem Scale, Post-Traumatic Cognitions Inventory (Foa et al., 1999) and the Maladjustment Scale (Echeburúa et al., 2000).

Participants with a current PTSD diagnosis were recruited from legal assistance services, associations of displaced persons and community leaders. Informed consent was requested to record the eight treatment sessions for academic and training purposes with the group of women (N = 20) included in the initial phase. Once the pilot program was developed, changes were made in the psychoeducational materials and several new instruments were designed including an interview for follow-up and relapse (Cáceres, Labrador & Ardila, 2009), and an interview for female victims of IPV (Cáceres, Labrador, Ardila & Peña, 2009).

The second phase was funded and subsidized by four entities: two from Spain (a private sector company and the Universidad Complutense de Madrid) and two from Colombia (Fundación Fomentar and the Government of the Department of Santander). Through the creation of this international network, a group of four Spanish experts and three Colombian therapists trained

and mentored eight psychologists in the Department of Santander in Colombia.

Following training, these psychologists took over treatment and the original therapists managed treatment monitoring and adherence. The outcome of this phase of study indicated that the treatment protocol was strictly adhered to and did demonstrate effectiveness in this population as significant reductions in post-traumatic symptomology were noted. The effect sizes were large for each of the outcome variables: PTSD ($g=1.98$), anxiety ($g=1.33$), depression ($g=1.07$), self-esteem ($g=1.58$), maladjustment ($g=1.24$) and post-traumatic cognitions ($g=1.17$). At the end of treatment, 95% of the sample (N = 73) no longer met criteria for PTSD and only two women retained the diagnosis.

In the third phase, follow-ups were performed at one, three, six and twelve months with the 73 women included in the full study to evaluate the maintenance of treatment gains. At the present time, follow-ups are being conducted with several women at two and three years post-treatment. Findings showed that the symptoms that improved most quickly included re-experiencing, anxiety, self-esteem, depression and maladjustment, with self-esteem improving the most rapidly of all. The data suggested that more time is needed for significant improvement in avoidance, hyperarousal and post-traumatic cognitions.

The results also showed that the skills most used by the participants during and after therapy were breathing techniques, problem-solving and thought-stopping. The skills participants reported having difficulty with and said they did not use regularly outside of treatment were cognitive restructuring and performance reactivation (e.g. enjoyable and fulfilling activities in which they used to, but no longer participate in, such as visiting friends and relatives, playing sports, etc.). Participants' perceptions of change and

Cooperation Networks continued from page 13

satisfaction with treatment were high, as were ratings of the adherence of the therapists to the treatment protocol. Follow-up evaluations showed that 75.8% of the women used the techniques they learned during conflicts with their partner and in other stressful situations. In the future, I hope to assess the effectiveness of this treatment with other populations, including couples and to adapt the cognitive restructuring and performance reactivation activities to make them more usable and beneficial for participants.

The work I have performed in clinical practice during the past 11 years while treating female victims of IPV, as well as displaced and sexually abused children, has afforded me valuable practical experience. This has been enriched by the opportunities I have had to participate in training courses on psychological and complex trauma and treatment interventions offered by ISTSS. Further, [ISTSS Treatment Guideline #4](#) for adults with trauma has served as a reference for me while performing my work providing clinical treatment with victims, training therapists, and conducting continuing education courses for clinical psychologists in Colombia.

Another facet of my work has involved social service related to professional responsibility and sensitivity to the problems of the Colombian population. While providing free treatment and social services through the Fundación Fomentar, the non-profit foundation I have the honor of chairing in the village of Girón, Santander, Colombia, we have been able to offer much-needed treatment to women and children with minimal economic and social resources. This work has allowed me to further develop my knowledge and skills and establish strong social networks with clinical programs having a strong social component. In addition to working with the psychological and social needs of women, we have been able to offer a progressive development program that has helped victims of violence in Colombia.

Finally, through my involvement in ISTSS and APA Division 56 I have been able to expand my knowledge and skills, share my expertise and experiences, and establish social networks to

advance the study of psychological trauma.

In conclusion, I would like to express my appreciation for having been selected as the recipient of the 2011 ISTSS Outstanding Student Achievement Award. For me, this represents a great motivator to go forward with my research and contributions to society. This award also stimulates me to encourage my colleagues to carry on with their studies and research so that we can continue to see each other at annual meetings and share our experiences, progress and, in general, contribute to building a better world.



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Important Relational Factors for New Clinicians to Consider When Working with Combat Veterans with PTSD

L. John Riley Jr. LMSW, LCSW
U.S. Department of Veterans Affairs

For new clinicians, working with combat veterans who suffer from post-traumatic stress disorder can be a significant challenge. To become effective, we must acquire an understanding of who combat veterans are and how they see the world. There are two particularly important factors that I believe will benefit clinicians to consider when beginning and developing a therapeutic relationship with the U.S.'s finest. These two factors are fundamentally concerned with understanding how traumatic events change a combat veteran. According to McCann & Pearlman (1990), following trauma there are significant changes in how one views oneself, others and the world, as well as changes in psychological needs related to a sense of control, esteem, safety, trust and intimacy. A clinician working to develop a therapeutic relationship with combat veterans suffering from PTSD must consider such changes.

Understanding the Values: It cannot be emphasized enough that in order to work effectively with combat veterans we must know and understand their values. We must explore their personal, military and combat or survival values. Our values are shaped by our environment, beliefs and experiences. However, for combat veterans, the very experiences and environment that developed values during survival and combat can hinder their ability to meet basic needs in civilian society. For example, a veteran might value "not trusting" given that this has had "protection value" in shielding him or her from emotional and relational loss or pain in the past, however such a stance may hinder him or her from developing supportive relationships today. For many combat veterans, the beliefs and understandings about the world that are most changed due to trauma are those connected to loss of safety, loss of power and control, and the belief that few can be trusted (McCann & Pearlman, 1990). Clinicians must be mindful that combat veterans may evaluate our words or the ideas that we present with the intention of determining what underlying values those ideas and words convey.

Perceived extreme differences in values between therapist and client may be interpreted as a source of danger in the relationship. Therefore, as clinicians, we should strive to foster a relationship with combat veteran clients through seeking initially to identify and utilize our similarities regarding our values and the intensity of those values. In this way, we can establish a therapeutic relationship based upon characteristics such as commonality and predictability, which foster a sense of safety for combat veterans. As the relationship further develops and trust takes root, we will then find ourselves in a position to introduce differences and to counter psychological and emotional rigidity, and to assist combat veteran clients in expanding their understandings of themselves, others and the world.

Maintaining a Non-Judgmental Attitude: Between the personal/social world of civilian living and the chaotic world of the combat environment lies a vast contradiction. The combat environment demands that combat veterans contradict many of the norms and values they once knew to be true. Those contradicted norms and values constituted their understanding of truths, understanding of themselves, others and the world. The "combat contradiction" seems to dismantle or disrupt such truths, leaving guilt and shame in their place. In order to develop an effective therapeutic relationship, we clinicians must be willing to resist judgment, to embrace the humanity in war, and to strive to gain insight into and empathize with how and why combat veterans performed certain actions under extremely chaotic, intense and survival-based conditions during young developmental periods. We must seek to normalize, universalize, sustain and give credence to their reflective wisdom as combat veterans recall such painful memories. At times, if needed, we must also help guide veterans to accept responsibility for their actions in combat. Expressing a non-judgmental attitude will inject a significant degree of trust into the therapeutic relationship, promoting a safe environment in which combat veterans will feel empowered to discuss even the most camouflaged and shamefully regretful events in their lives.

L. John Riley Jr., is graduate of the University of Michigan School of Clinical Social Work, a Licensed Clinical Social Worker, and a combat veteran serving as a machine gunner during Oper. Desert Shield / Storm. Mr. Riley is currently a post combat readjustment therapist for the Dept. Of Veterans Affairs, seeking to assist and increase quality of life for combat veterans and their families through therapy, education and advocacy. If you have any comments or questions feel free to contact him at knowcombatptsd@gmail.com.

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Upcoming Events

March 28 - 31, 2012

“Being a Healing Presence in a Hurting World”

[Association for Death Education and Counseling \(ADEC\)
34th Annual Meeting](#)
Atlanta, Georgia, USA

April 12 - 15, 2012

*“Integrating Mind-Body Connections: Advancing Science,
Informing Practice for Anxiety and Related Disorders”*

[Anxiety Disorders Association of America \(ADAA\)
32nd Annual Conference](#)
Arlington, Virginia, USA

April 20, 2012

*“Emerging from the Heart of Darkness: Guided Imagery and
Breakthroughs in Healing Post-Traumatic Stress”* Workshop

[Grace and Growth Counseling Center](#)
Mercer University
Atlanta, Georgia, USA

November 1 - 3, 2012

*“Beyond Boundaries: Innovations to Expand Services and
Tailor Traumatic Stress Treatments”*

[ISTSS 28th Annual Meeting](#) with Pre-Meeting Institutes on
October 31
JW Marriott Los Angeles at L.A. LIVE
Los Angeles, California, USA

Visit the [ISTSS website](#) for more upcoming events,
continuing education opportunities and ISTSS news!

V World Congress on Traumatic Stress

*“Addressing trauma in medical, emergency and mental
health settings”*

May 23-26, 2012
Centro Banamex
Mexico City, Mexico

The congress will bring together more than 1,500 professionals from five continents in a unique opportunity for sharing different experiences from different realities and perspectives. For more information about the program, visit the [Preliminary Program](#) for a detailed list of the confirmed speakers.

The submission deadline for **abstracts** is January 31, 2012..

Information and registration: <http://www.5tswc.org/>