



President's Column

Ulrich Schnyder, MD

President

A very warm welcome to our new affiliate society, the Canadian Psychological Association, Traumatic Stress Section (CPA TSS)! The CPA TSS was formally founded in 2007, based on a "Disaster & Trauma" special interest group that had existed since 2001. **Alain Brunet**, the current chair of the CPA TSS, is currently part of our core organizing team for the 26th ISTSS Annual Meeting, which will take place in Montréal this forthcoming November. Thus, collaboration between CPA TSS and ISTSS on a very concrete level is taking place already! Alain is going to great lengths to ensure that our annual meeting will have a special, Canadian flavor! To read more about CPA TSS, please visit our [March issue](#).

On April 17-19, the ISTSS Board of directors held their mid-year Board meeting in Zürich, Switzerland. The meeting took place under a cloud of volcano ashes hovering over Europe: Only a few days earlier, the volcano "Eyjafjallajökull" in Iceland had erupted, making it difficult, if not impossible for Board members to travel to Zürich. Despite this, the 15th Zürich Psychotraumatology Meeting was a full success, with ISTSS Board members giving plenary lectures and workshops, thus raising ISTSS's profile and recognition internationally – some even had to give their lectures over the telephone. The Board of Directors also held a strategic planning retreat in Zürich. Our purpose was to define what success will look like for ISTSS in the future; to focus ISTSS energy and resources towards the highest impact practical opportunities to add value for members and for the trauma field and to strengthen the connection and build a culture of trust as a byproduct of strategically thinking and planning together. Once the report of our retreat is finalized and approved, I will inform you about the key results of this planning process.

We have made substantial progress in our plans to completely re-design our Web site and to reconfigure the Web editor position, in order to support a more dynamic and engaging Web presence for the Society. These

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changes will allow us to accomplish key parts of our mission and strategic plan, to provide valuable resources and connections to our members and to create additional sources of revenue for the Society.

I am delighted to announce that we have just recently appointed Dr. **Eric Kuhn**, PhD, to serve a 3-year term as ISTSS's new Web site editor. Eric is currently working as a co-director for Education at Sierra Pacific Mental Illness Research, Education, & Clinical Center (MIRECC), PTSD Core, National Center for Posttraumatic Stress Disorder at Menlo Park, California. He will work with the ISTSS Board of Directors and headquarters to generate and update relevant content and features, and to ensure that the Web site is effectively reaching members as well as potential members. A very warm welcome to our new Web site editor! I hope and trust Eric will quickly become one of the most important persons at ISTSS!

Finally, we have contracted PanBuilt, a graphic design studio based in the Seattle area, to support us with the complete redesign of our Web site. As PanBuilt owner Henry Pan says, "The primary focus from a design standpoint is to create a fresh and engaging online personality for the ISTSS. The design must speak to the primary users (current and potential members), as well as the public in general." We are looking forward to working with both PanBuilt and headquarters to make this happen!



Psychosocial Response to the Victorian Bushfires

Margaret Grigg, Brigid Clarke, Lothar Wahl
Victorian Department of Health

Genelle Ryan
Victorian Department of Human Services

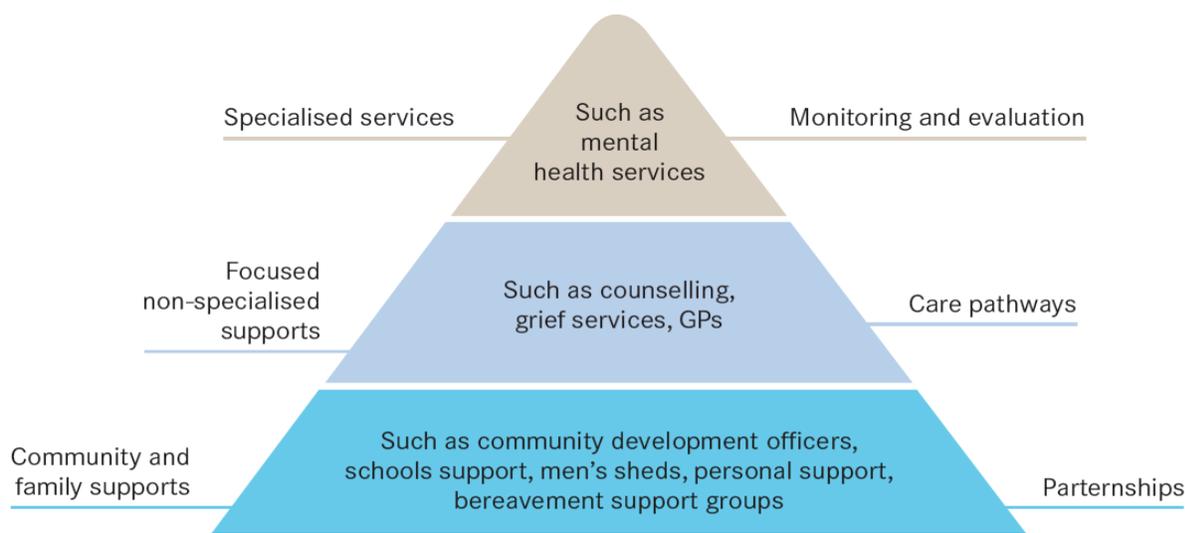
In February 2009, the State of Victoria, Australia, experienced its worst natural disaster in more than 100 years. Bushfires had a devastating impact on individuals, families and communities with the death of 173 people, destruction of over 2000 houses and the displacement of thousands of people.

The psychosocial response to the disaster was instituted in the immediate aftermath of the disaster, and effort is underway to ensure that there is sustainable capacity to respond to the complex mental health issues that are likely to emerge in the future. *“After the bushfires: Victoria’s psychosocial recovery framework”* articulates the principles and priorities that have underpinned the investment in psychosocial recovery.

Six core principles have underpinned the development of the framework:

- Coordination and integration
- Enhancing local services
- Community involvement
- Flexibility
- Sharing information
- Training and support

The diagram below illustrates the framework that underpinned Victoria’s response:



Source: Department of Human Services, *After the bushfires Victoria’s psychosocial recovery framework* Victorian Government Department of Human Services, Melbourne 2009 p. 9)
<http://www.health.vic.gov.au/mentalhealth/publications>

A comprehensive outline of all the psychosocial initiatives implemented following the bushfires is beyond the scope of this paper, but the following descriptions have been included to illustrate key features of the psychosocial response.

The Victorian Bushfire Case Management Service was established in the days following the disaster to assist people to access practical assistance and support during the response and recovery phases. Case managers were also essential in providing emotional support to affected people, facilitating access to psychological services and providing feedback on the emerging issues and service gaps. Following the disaster more than 5,500 individuals and families accessed case management with 3,000 still receiving support eight months after the event.

A key feature of disaster is the destruction of the social infrastructure and the psychosocial response implemented a wide range of strategies to support community rebuilding. Community development officers have been used effectively in a wide range of disasters, and Victoria implemented these roles to support the development of local community networks to inform the recovery and reconstruction process, promote engagement with affected communities, inform the development of local services and support accurate and timely information flows.

Bushfires continued from page 2

While individualised interventions utilised the principles of psychological first aid in the immediate period after the disaster, a wide range of additional counseling services were also provided. To support the use evidence based interventions, a training package in 'Skills for Psychological Recovery.' which was originally developed in the USA in the aftermath of hurricane Katrina, was adapted and 365 counselors were trained within the first six months. In addition, clinical mental health treatment training was developed and provided to over 150 experienced practitioners in the first twelve months. This training included a curriculum component developed specifically for practitioners responding to children and young people. More than 30 mental health literacy sessions were provided to local community members to assist them in understanding normal responses post a disaster, support each other, and learn how and when to access appropriate local supports.

With the goal of enhancing resilience, normal recovery and timely referral to specialist counseling services, there was a major commitment to increase capacity and enhance counseling access. A range of programs were provided at no cost, allowing people easy access to counselors of their choice. In the first 12 months, more than 1,400 people sought bushfire counseling assistance ranging from grief and bereavement counseling, relationship support, to assistance responding to distressed and anxious children. Pathways between providers were enhanced, with case managers frequently acting as the system navigator to assist people in accessing an appropriate service.

Peer support and discussion groups for people who lost someone close to them were established to provide an opportunity for people to meet regularly, share their stories and stimulate a shared sense of understanding and hope. Groups were established according to local request and were facilitated by counsellors skilled in traumatic bereavement with specific groups developed to meet the needs of children. A range of responses were developed to reduce the vulnerability of children and enhance their recovery. Principals and staff in 100 bushfire-affected schools were offered training and

additional evidence informed classroom resources developed to enhance schools capacity to foster recovery and ensure timely referral and access of specialist responses. Outreach and participation programs were established to respond to isolated young people and create opportunities for them to actively engage in the local recovery process. Complementing these initiatives, a [bushfire mental health Web portal](#) providing fact sheets, expert advice and opportunities for peer support was also developed.

Specialist mental health trauma treatment capacity was enhanced not only by the clinical training described earlier, but also by the creation of an expert trauma treatment outreach team. Designed to complement existing public mental health options, the team's aims are to assess and advise on the mental health treatment of complex trauma presentations; and offer consultation, support, education and training to people supporting and treating bushfire affected individuals, families and communities who are at risk of vicarious traumatisation.

With the goal of enhancing resilience, normal recovery and timely referral to specialist counseling services, there was a major commitment to increase capacity and enhance counseling access.

While there has been a focus on prevention and resilience strategies to enhance individual and community capacity and reduce the risk of mental health issues, the extent of the destruction caused by the bushfires, the loss of life and the impact on community infrastructure will inevitably have significant mental health impact. The policy commitment is to ensure that the impact is minimised and that a flexible multilevel response continues into the longer term.



Award Nominations – Deadline June 1

The 2010 Awards Committee seeks nominations for this year's awards. Nominations should include two documents: a one-page statement summarizing the major achievements of the nominee, and the nominee's summarized curriculum vitae. E-mail the information as a Word document attachment to [Karestan Koenen, PhD](#), Awards Committee chair. Be sure to state the award for which your nominee should be considered. **Nominations are due June 1, 2010.**

Note: Non-elected Board members are eligible to be nominated for awards (ex-officios).

School-Based Interventions and a Public Health Response to Complex Trauma in Children

Christopher Blodgett, Roy Harrington and Natalie Turner
Washington State University

Trauma identification and intervention is currently dominated by behavioral health treatment services. This approach produced significant gains in assessment and evidence-based intervention models over the past 20 years. However, with at least one in four individuals exposed to significant childhood trauma, the dominance of this treatment-oriented perspective limits our responses to what is a pervasive public health risk. Given the evidence that less than one in ten children with serious emotional disturbances ever receive services (National Workgroup, 2001), it is clear that population-based strategies to address trauma risk reduction and remediation are required if trauma's social burden is to be reduced. Engaging schools becomes central to any population strategy to identify and care for trauma-exposed children.

Trauma's consequences so compromise school success that schools have compelling reasons to engage in trauma response. Emotional and behavioral problems in children are primary predictors of school dropout, academic failure and school discipline problems (Kutash et al., 2006). The behavioral issues children bring to school challenge their own learning and create significant burden for schools as systems because these behaviors affect other students and teachers (Zins et al., 2007). Schools are the principal provider of mental health services to children in the United States with 70-80% of services delivered in school-based programs (Burns et al., 1995). Schools' efforts, however, are typically fragmented and focused on specific behaviors rather than generated from a comprehensive model that integrates responses with the core educational mission of schools. Programs intended to reduce social and behavioral risk have to both address at-risk students and create the culture that increases the resiliency and developmental success of all students based on understanding both the conditions that facilitate development success and contribute to risk of development failure (Nation et al., 2003). While school-based trauma interventions are in use (e.g., Cognitive Behavioral Intervention for Trauma in Schools), the systemic integration of trauma and social emotional learning in all aspects of educational practice is a significant departure from current discussions of how trauma can be integrated in universal systems.

In work underway at the Area Health Education Center at Washington State University Spokane, we integrate the concepts of complex trauma as principal risks to development with the social emotional competence in children as the principal predictor of school success for all children. We adapt public health practice to apply common concepts in a continuum of response including universal classroom social emotional competency efforts and phased interventions with individuals suffering significant disability because of the risks they have experienced. This work adapts 'mental health in schools' and behavioral support principles developed by several researchers (Adelman & Taylor, 2008; Sugai et al., 2000; Weist et al., 2007) to address complex trauma as the primary threat to children's school success. This approach also aligns with the recent emergence of response to intervention principles in school improvement practice.

The resiliency and social emotional learning research literatures (Masten & Curtis, 2000; Zins et al., 2007) gives us a strong basis for hope that early identification and intervention can significantly change the risk profile for trauma-exposed children. Resiliency moderates the effects of stress and is enhanced through social support and skills development. The quality of relationship with significant adult caregivers, social support, improvement in social emotional self-management skills and improved reasoning skills all may reduce the risk of long-term adverse consequences from complex trauma. As a result, targeted efforts to improve our intervention and environmental supports for complex trauma-exposed children may result in better outcomes. Understanding complex trauma adds two critical components to this argument. First, awareness of how trauma may impact cognition, relationships and self-regulation creates a powerful set of tools for planning that enhance existing best teaching practice. Second, when trauma-related development problems overwhelm a child's efforts in school, introducing trauma-specific interventions will more effectively meet the specific needs of children and increase the potential for children to benefit from standard educational practice following time-limited interventions based in the school.

Over the past three years, efforts include an awareness and call-to-action education campaign, pilot interventions in multiple elementary buildings across school districts in Spokane WA, preliminary research documenting school capacity, trauma exposure and impact in schools, development of partnership

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agreements with school systems and development of series of research proposals to test the overall model. These efforts have been funded from multiple sources including the State Department of Health, the State Office of Public Instruction, the State Family Policy Council, and SAMHSA awards to the state and this development team. [Summary information on these efforts is available.](#)

Emotional and behavioral problems in children are primary predictors of school dropout, academic failure and school discipline problems.

While trauma is well-recognized in behavioral health, trauma and its implications remain a relatively unknown set of issues in other professions, including education. To the degree that trauma is recognized, it often is viewed as a need only in subpopulations of children and the responsibility of treatment professionals. We deliver educational programs presenting the research on level of need, scope of impact, best practice recommendations in social emotional learning and trauma response, and actions that are available to professionals with a particular emphasis on educators and allied professionals from social service and criminal justice disciplines. Similar to concepts popularized by Massachusetts Advocates for Children in their work, *Helping Traumatized Children Learn*, http://www.massadvocates.org/trauma_and_learning_policy_initiative, we support the principles that knowledge of trauma's presentation and potential effects on children offer a series of practical options to improve learning outcomes for children. We have trained more than 10,000 individuals in a variety of workshop, large conferences, and briefer presentations with a consistent presentation of research findings and a consistent call to action that all adults are responsible for care of children. Following initial trainings, the focus of continued training shifts to specific, staff and building level strategies to engage and support trauma-exposed children. These education efforts are used as a principal means of developing implementation partnerships with schools that are ready and interested in this development work. These education efforts have contributed to independent development efforts by Office of Public Instruction staff to adopt trauma-informed care student learning support practices and classroom teacher resources under the umbrella of [Compassionate Schools](#).

In pilot work, we provide a professional development model that involves training for all building staff combined with time-limited consultation within building level

management teams. Training addresses the role that teachers can play in helping with affect regulation in students, mindfulness in self-monitoring by teachers with regard to their reactions to traumatized children, alignment of social emotional learning principles with best practice classroom management practice, strategies to increase predictability for children, management of transitions as key times for rule violation, and effective accountability practices in place of punitive disciplinary actions. Case study findings from this training and consultation model demonstrate that staff at all levels find the concepts highly relevant to their students and practice, discipline referrals drop significantly, and teacher morale improves. Studies to more formally test this brief intervention model are underway.

Finally, in research currently underway in Spokane as part of this effort, early findings dramatically underscore the scope of need and the impact of trauma. At this time, 1,000 randomly selected students in Grades K-6 have been reviewed by teachers and building administrators based on school records and the factual knowledge these professionals have regarding their students. We ask three sets of questions in addition to collecting demographic information: students' school success (current academic failure, attendance problems that interfere with school success and school behaviors that interfere with school success), the presence of chronic health concerns in the students and exposure lifetime and in the past 12 months to a set of adverse events adapted from the Adverse Childhood Events study (Felitti et al., 1998). To this point in the study, 26% of these young children have experienced two or more traumatic events and 16% three or more traumatic events. Controlling for other student characteristics, we find that trauma exposure is a principal predictor of school success and health status. With three or more traumatic experiences compared to no known adverse events, students are four times more likely to be failing academically, seven times more likely to have attendance problems that compromise learning, and five times more likely to have behavior problems that interfere with learning. Chronic health problems in children in regular education programs occurred twice as often if a child was exposed to any trauma compared to children with no known trauma. These findings confirm that the consequences of complex trauma exposure are extensive in the general student population, and in primary school students already contribute to academic failure and poor health outcomes.

Readers may contact [Dr. Blodgett](#), [Ms. Turner](#), or [Mr. Harrington](#), for more details on the full model. The full study will be completed in June 2010.

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- [Recorded Pre-Meeting Institute Sessions](#) from the 2009 Annual Meeting offered for 4 CE each.
- [Recorded Master Clinician Sessions](#) Several 2009 Annual Meeting sessions were and will be available for 1.5 hours of CE each.

Non-Credit Offering:

- [MP3 Downloadable Audio Recordings](#) of most sessions of the 2009 Annual Meeting with accompanying slides.

Choosing education sessions from ISTSS ensures you the most relevant and sensitive training from the best minds in the field, at a price that won't break your budget. Questions? Contact: emoy@istss.org.

Favorite U.S. Traumatic Stress Web Sites for Professionals and Clients

Eve B. Carlson, PhD

National Center for PTSD, VA Palo Alto Health Care System

Julia Hoffman, PsyD

National Center for Telehealth & Technology, Defense Centers of Excellence

A great deal of information about traumatic stress reactions and coping with traumatic stress is available on the Internet, but it can take a lot of time to find the best content. This article is the first of a series that will direct members to some favorite Web sites on traumatic stress. Below are the Web sites for professionals and for clients that we visit often. We've listed some of the largest sites that provide a wealth of information, some favorite sites focused on assessment of traumatic stress exposure and responses, and sites designed for trauma clients that provide education about traumatic stress and self-help materials.

Below are some large Web sites that contain a huge amount of information about traumatic stress and its treatment. We've also listed URLs for some particularly useful resources posted on those Web sites.

International Society for Traumatic Stress Studies

Our own [ISTSS Web site](#) provides some great resources for the public including [general information about traumatic stress](#), [links to streaming videos on various trauma-related topics](#) and [links to a variety of printable pamphlets on trauma subjects prepared by ISTSS](#).

Several of the pamphlets are available in Spanish, Arabic and Chinese. Printed versions of several of the pamphlets available in English can also be [purchased from ISTSS](#).

National Center for PTSD

For professionals:

Mental health providers treating veterans or others may find a lot of useful information in the [Iraq War Clinician Guide](#), which can be downloaded in its entirety.

[The assessment pages](#) provide details on self-report and interview measures of exposure, symptoms for children and adults. There is also contact information for obtaining measures.

You can take advantage of a database containing ONLY literature on traumatic stress by clicking on the link to PILOTS on the NC-PTSD home page. One unusual feature of PILOTS is that you can search by measure name and retrieve articles describing studies that used the measure. [A detailed guide to searching the PILOTS database is available here](#).

For clients:

This site provides information primarily aimed at veterans and their families, but much of it is also useful to survivors of other types of trauma and their families. Clients may find the materials related to [family and friends](#) particularly useful. [Videos on a range of topics](#) are professionally produced. Many have won awards.

Sidran Institute

For professionals:

Sidran has a good [collection of books for adult trauma](#) and a [collection of books for child trauma survivors](#).

For clients:

Sidran has an [assortment of articles on traumatic stress](#), a good collection of [books for adult trauma](#) and for [child trauma survivors](#).



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National Child Traumatic Stress Network

This site breaks down the material for different audiences and provides [extensive materials for parents and caregivers, school personnel, the media, professionals, and Spanish speakers](#).

An [assessment database](#) lets you search for measures in a variety of ways and provides very detailed reviews of myriad measures.

www.afterdeployment.org

This site includes numerous resources for recent [returnees and their families](#). Service members and veterans struggling with posttraumatic stress may engage in the self-guided workshops to learn evidence-informed tools for managing symptoms. Clients may use the [extensive e-library](#) in order to read about various deployment-related problems as well as ways to increase resilience.

Users can find [validation and normalization of symptoms in video segments](#) of real individuals who have experienced posttraumatic stress.

Real Warriors Campaign

This site includes various [media that normalizes challenges and opportunities for growth at various stages of the deployment cycle](#). There are resources for active duty service members as well as [National Guard and Reserve, veterans](#) and [military families](#).



Trauma and World Literature: Salinger's *Nine Stories*

J.D. Salinger was a military school graduate and a combat veteran who fought in the Battle of the Bulge in World War II. His story 'For Esme' – with Love and Squalor, which is about a combat veteran, provides a poignant example of the positive effects of social support for which the entire story must be read. The story also includes an important example of the opposite of social support.

In the passage below X, a soldier recently returned to duty after being wounded in the D Day invasion, is talking with his buddy, Clay. Clay's comments reflect an attitude about the psychological effects of war which has probably always existed, and which, unfortunately, continues with us to this day.

Clay suddenly looked at X with new- higher – interest than before. "Hey" he said, Did you know the goddam side of your face is jumping all over the place?"

X said he knew all about it, and covered his tic with his hand. Clay stared at him for a moment, then said rather vividly, as if he were the bearer of exceptionally good news, "I wrote Loretta you had a nervous breakdown."

"Oh?"

"Yeah. She is interested in all that stuff. She's majoring in psychology." Clay stretched himself out

on the bed, shoes included. " You know what she said? She says nobody gets a nervous breakdown just from the war and all. She says you probably were unstable like, your whole goddam life."

X bridged his hands over his eyes – the light over the bed seemed to be blinding him – and said that Loretta's insight into things was always a joy.

Clay glanced over at him, "Listen ya bastard." he said, "She knows a goddam sight more psychology than you do."

"Do you think you can bring yourself to take your stinking feet off my bed?" X asked.

Reference:

Salinger, J. D. (1953). *Nine stories*. New York: Little, Brown, p. 109.



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.

ISTSS 2010 Election Slate

The ISTSS Nominating Committee, chaired by board member and past president Patricia Resick, PhD, has nominated the individuals listed below.

ISTSS nominees for President-Elect:

Eve Carlson, PhD Arik Shalev, MD

ISTSS nominees for Board Members (electing six):

Brian Allen, PhD	Joan Cook, PhD
Charles Engel, MD, MPH	Kathryn Magruder, MPH
Alexander (Sandy) McFarlane, MD	* Gladys Mwiti, PhD
Meaghan O'Donnell, PhD	Murray Stein, MD, MPH
Elisa Triffleman, MD	Stevan Weine, MD
Bessel van der Kolk, MD*	

*Current board member running for re-election

Note that, with the exception of the president, individuals are typically limited to two consecutive terms on the board. This year, ISTSS members will elect six board members to serve three-year terms beginning November, 2010. Members will also elect a president-elect who will assume the office of President in November 2011.

Frequently Asked Questions:

What if I want to propose a candidate who is not listed on the slate above?

Per the ISTSS Bylaws: "The general membership may place additional names in nomination by offering a petition signed by at least (16) members in good standing." Individuals may nominate someone by petition by submitting the name of the ISTSS member being nominated via mail or fax, along with the name and original signature of the ISTSS member making the nomination. A total of at least 16 original signatures must be received at ISTSS Headquarters no later than Friday, June 18 for the name of the ISTSS member being nominated to be placed on the ballot. Petitions via e-mail will not be accepted.

How Does Voting Work?

Voting for the 2010 election will begin Thursday, August 5 and close Thursday, September 9. You will receive an e-mail from headquarters on or before August 5 with online voting instructions.

Who is eligible to vote?

Any current 2010 member of ISTSS who has joined on or before September 3, 2010.

What if I don't have e-mail address?

By July 31, mail ballots will be distributed to members without e-mail addresses.

What if I have e-mail but I would rather not vote electronically?

If you prefer to vote by mail, contact administrative director, Pamela Boea at pboea@istss.org, or +1-847-480-9028, ext. 262; ISTSS, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA. You must make the request prior to July 20 to allow for mailing time. Remember: Your mail vote must be postmarked by Friday, August 27 and received by September 10.

May I fax my vote?

Only non-North American members may fax their vote if they cannot vote online.

Balloting Information:

Watch for more details about electronic balloting. Again this year, the election will take place by electronic ballot in August 2010. Mail ballots will be distributed to members without e-mail addresses and upon request made to Pamela Boea, Administrative Director, ISTSS, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA or via e-mail to: pboea@istss.org or via telephone at 1-847-480-9028, X-225. You must make the request prior to July 20 to allow for mailing time.

Any member desiring to cast a mail ballot will be accommodated. Mail ballots will be sent prior to July 31. Only non-North American members may fax their vote if they do not vote online. All candidates accepted for the final ballot will provide a statement that will be available on the election and ISTSS Web sites. More details regarding electronic balloting are forthcoming. Results will be announced in November.



Edna Foa, PhD

Members on the Move

Edna Foa Named to Time Magazines 100 Most Influential People List

TIME Magazine named ISTSS member, [Edna Foa, PhD](#), to the 2010 [TIME 100](#), the magazine's annual list of the 100 most influential people in the world.

Dr. Foa is the developer of Prolonged Exposure Therapy for PTSD, a topic on which she presented at the ISTSS meeting last November in Atlanta, Georgia.

Dr. Foa's career has been devoted to the understanding of the psychopathology of anxiety disorders and the development of short-term, evidenced-based treatments for these disorders, including obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). Her theoretical and empirical work has been highly influential among researchers and clinicians in the U.S. and abroad. Dr. Foa served as the chair of the OCD and PTSD work groups of the *DSM-IV*.

The recent dramatic increase of PTSD sufferers in the U.S. and around the world, following increased terror attacks and the wars in Iraq and Afghanistan, has resulted in urgent need to disseminate Dr. Foa's treatment for PTSD, Prolonged Exposure (PE), to mental health professionals. In response to this need, Dr. Foa has been devoting time to disseminating PE among mental health professionals in Veterans Affairs (VA), the U.S. military and around the world. Dr. Foa is the lead investigator studying PTSD for military personnel serving in and returning from combat in Iraq and Afghanistan as part of multidisciplinary and multi-institutional research consortium funded by the U.S. Department of Defense's Psychological Health and Traumatic Brain Injury Research Program. This program aims to develop and evaluate the most effective early interventions possible for the detection, prevention, and treatment of combat-related posttraumatic stress disorder (PTSD) in active-duty military personnel and recently discharged veterans.

In addition to her studies with military personnel and veterans, Dr. Foa is also leading additional clinical trials for members of the general public with OCD and PTSD. Studies are underway at the Penn Center for the Treatment and Study of Anxiety for: patients with

OCD who are partial responders to medication; smokers with PTSD and Adolescents suffering from sexual trauma.

ISTSS President Ulrich Schnyder said, "On behalf of the Board of Directors and the whole ISTSS membership, I would like to congratulate Edna Foa, PhD. This is a wonderful and well deserved personal achievement. It also reflects the increasing recognition in our society of how important it is to keep calling attention to the devastating consequences of trauma, and to disseminate evidence-based treatments for PTSD and other trauma-related disorders around the world. And finally, I am just simply proud to have such an outstanding colleague among the ISTSS membership."

Dr. Foa has authored 20 books – some translated into multiple languages, including Spanish, German, Japanese and Chinese – and has published over 200 papers and book chapters. She has been honored for her contributions by the American Psychological Association, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Philadelphia Society of Clinical Psychologists. Dr. Foa received the Lifetime Achievement Award from the International Society for Traumatic Stress Studies and the Association for the Advancement of Behavior Therapy (ABCT). She is also the recipient of the Annual Signature Service Award from Women Organized Against Rape.

The full *TIME* 100 list and related tributes appear in the May 10 issue of *TIME*, available on newsstands on Friday, April 30, and now at time.com.



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

Please send announcements to Editor Anne DePrince at adeprinc@du.edu for the *Members on the Move* feature.

Congratulations to the Featured 2009 ISTSS Award Recipient



Lin Piowarczyk, MD
2009 Recipient of the
Sarah Haley Memorial Award
for Clinical Excellence

Dr. Lin Piowarczyk is currently the co-director of the Boston Center for Refugee Health and Human Rights at the Boston Medical Center and serves as director of the International Mental Health Program, BCRHHRB.

Beginning early in her career as a physician and psychiatrist, Dr. Piowarczyk was committed to the study of refugee problems; her work in Europe during medical school in Communist Poland was the stimulus. Her training first as a primary care physician and then as a community psychiatrist prepared her well for entering the arena of refugee trauma. The genesis of her work with refugees and torture survivors was a result of her observation that surviving communities wanted and needed psychological assistance. Dr. Piowarczyk is committed to clinical care, research and teaching about the refugee population. This work has been recognized in the past by several major awards for service to the city of Boston.

Dr. Piowarczyk proposes to continue her work in the area of refugee trauma, torture and related problems in resettlement and readjustment. This is her life's work. The area of refugee mental health is not a well-developed one, although it is a high priority among policy makers, human rights activists, and the Department of Health and Human Services. She has already made numerous contributions to the literature as a presenter at the annual meeting in a symposia about related activities. With more than thirty publications on this topic, she's one of the country's leading advocates for survivors of torture.

Beyond the intellectual skills that she brings to the field of refugee trauma, Dr. Piowarczyk also brings a passion for the clinical work, the community work, teaching and supervising students, and above all an interest in prevention of trauma. As a part of this commitment she has been a pivotal force in the development of the BCRHHR.

The Sarah Haley Memorial Award for Clinical Excellence is given to a clinician or group of clinicians in direct service to traumatized individuals. This written and/or verbal communication to the field must exemplify the work of Sarah Haley. Dr. Piowarczyk's work and devotion to the refugee population is reminiscent of the commitment that Sarah Haley herself had in providing treatment to an underserved population: Vietnam Theater Veterans

[View past Sarah Haley Award winners.](#)



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.

Works mentioned in this issue of StressPoints are available in the ISTSS Amazon Store, including J.D. Salinger's [Nine Stories](#).

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.

Please send suggestions to Nancy Kassam-Adams at nlkaphd@mail.med.upenn.edu.

Traumatic StressPoints Leadership

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Upcoming Events

June 2-5, 2010

6th World Congress of Behavioral and Cognitive Therapies (WCBCT)
[Association for Behavioral and Cognitive Therapies](#) (ABCT)
[Boston University](#)
Boston, Massachusetts, USA

October 16-18, 2010

27th Annual ISSTD Conference
Pre-conference Workshops, October 14-15, 2010
Hilton Atlanta Hotel, Atlanta, GA
<http://www.isst-d.org/>

November 4-6, 2010

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

November 3-5, 2011

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

November 1-3, 2012

ISTSS 28th Annual Meeting
with Pre-Meeting Institutes Oct. 31
JW Marriott Los Angeles at L.A. LIVE
Los Angeles, California, USA

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