



President's Column

Ulrich Schnyder, MD

President

The Annual Meeting in the beautiful city of Montréal in November is fast approaching and the organizing committee is working hard at making final arrangements. This year's meeting has been planned in collaboration with Veterans Affairs Canada and for the first time will include some bilingual English and French tracks with simultaneous translation. More abstracts have been submitted than ever before! The emerging program covers a broad range of trauma-related topics and includes many exciting presentations and speakers. Confirmed contributions include an opening plenary debate between Richard Bryant and Simon Wessely titled, "When Bad Things Happen to You, the First Person You Need to See Should Not be One of Us," and plenary presentations from Lt. Gen. the Hon. Romeo Dallaire, Naomi Tutu and Roger Pitman. Other highlights include featured sessions on neuroplasticity, complex PTSD, ISTSS' collaboration with the UN and the use of new technologies in treatment.

Conference co-chairs Jonathan Bisson and Neil Roberts are currently working hard to finalize the program. Presenters of accepted abstracts will be notified shortly. We are all looking forward to what promises to be an excellent meeting, and hope to see you there!

The ISTSS Board of Directors' strategic planning process is progressing nicely. This initiative is aimed at determining where ISTSS currently stands and where we want to go in the future. We are determined to focus our energy and resources towards the highest impact practical opportunities to add value for our members and to the field of traumatic stress, and to strengthen connections and build a culture of trust as a bi-product of strategically thinking and planning together. The Board of Directors developed a number of outcome-oriented goals which we want to achieve over the next three-to-five years.

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Task forces are now working on each of these goals to answer the following questions:

1. What is ISTSS doing now that supports this goal?
2. What else should we do and could we do to support this goal?
3. Is there anything we are doing now that does not sufficiently support this goal that we should consider stopping or discontinuing?
4. Is this goal dependent on the achievement of other goals?
5. What priority actions do we recommend and what are the resource implications, i.e. money, volunteer time, staff time, etc.?
6. How might we measure and monitor progress?

This is a major collaborative effort. In addition to the Board of Directors, all current chairs of committees and task forces as well as ex-officio board members and representatives of affiliate societies have been approached and invited to join one of the task forces. In September, the Board of Directors will hold a conference call to review and discuss the task forces' recommendations. We will link the 2011 budget to our new priorities and review the structure and appointments of our committees. More about this in the near future and at the annual meeting in Montréal!

ISTSS and the United Nations Convention on the Rights of the Child

Nancy Dubrow, PhD

The Chicago School of Professional Psychology

Despite the numerous challenges that remain in realizing children's rights, the Convention offers a vision of a world in which all children survive and develop, and are protected, respected and encouraged to participate in decisions that affect them. This vision promotes a world of peace and tolerance, equity, respect for human rights and shared responsibility – in short, a world fit for children (UNICEF, The State of the World's Children, 2010, The Timeless Relevance of the Convention, p. 1).

On November 20, 2009, child rights advocates around the world celebrated the twentieth anniversary of the adoption by the United Nations General Assembly of the Convention on the Rights of the Child (CRC). The CRC is the first legally binding international instrument to incorporate the full range of human rights – civil, cultural, economic, political and social rights. In 1989, world leaders recognized that children, all individuals below age eighteen needed a special convention to promote and protect them. The convention sets out these rights in 54 articles and two Optional Protocols. Ratified by 193 states parties, it is the most widely endorsed human rights treaty in history. At this time, the United States and Somalia are the only members of the United Nations who have yet to ratify the CRC.

The International Society for Traumatic Stress Studies has joined the U.S. Campaign to Ratify the CRC adding its support to hundreds of individuals, academic institutions and partner organizations. The U.S. Campaign is a volunteer-driven network of academics, attorneys, child and human rights advocates, educators, members of religious and faith-based communities, physicians, representatives from non-governmental organizations, students and other concerned citizens who seek to bring about U.S. ratification and implementation of the CRC. Leadership for the campaign has its roots in the Child Welfare League of America, the nation's oldest and largest organization devoted entirely to the well-being of America's vulnerable children.

The U.S. has some of the best laws in the world to protect children, yet too many of them face considerable hardships, including insufficient health care coverage, inadequate educational opportunities and high rates of poverty, abuse and neglect, hunger, infant mortality, incarceration, homicide, suicide and firearm-related deaths. In the US, the CRC would establish a useful framework from which our elected officials could create cost-effective and comprehensive policies and programs that address the specific needs of children and families.

What you can do to support the CRC

- Join the U.S. Campaign to Ratify the CRC; sign up at www.childrightscampaign.org.
- Learn about the CRC and how it has improved the lives of children worldwide www.unicef.org.
- Write a letter of support for ratification and implementation to your government representatives
- Draft and enact a local or national CRC resolution.
- Incorporate the CRC into your organization's advocacy agenda or your course curricula.
- Educate family, friends, colleagues, community leaders and organizations on the Convention.
- Include information about the CRC in your newsletters and conference workshops and presentations.
- Write letters to the editor and op-eds in support of the CRC.
- Post a link to the Campaign for U.S. Ratification of the CRC on your website.
- Use the CRC as a tool to evaluate and guide the development of your organization's policies and programs.
- Host an event, such as an educational presentation. Use the [Campaign's PowerPoint Presentation](#), show a film or invite an expert from the speakers bureau to discuss the CRC with participants.



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The Intersection of Psychotherapy, Pharmacotherapy and PTSD: Perspectives on Prescribing

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Expanding psychologists' scope of practice to include prescription privileges (R_xP) is an idea that began nearly two decades ago. Today, two U.S. states (New Mexico and Louisiana) have licensed psychologists to prescribe a formulary of psychotropic agents. Legislation allowing prescribing rights has been proposed but thwarted in several other states. Psychologists themselves remain divided on this issue and many arguments both for and against R_xP exist (for a detailed review see McGrath, 2010). Some of the key issues will be reviewed here, and the benefits that prescribing psychologists could provide to trauma populations will be discussed.

A commonly heard argument against R_xP is that psychologists' lack of formal medical education will lead to prescribing errors, resulting primarily in client safety concerns and secondarily, to liability issues. Clearly, client safety needs to be of the highest priority when determining whether or not to expand psychologists' scope of practice. Fortunately, data exist on prescribing psychologists' safety record, allowing for an objective examination of this issue. In 1991, the U.S. Department of Defense's Psychopharmacology Demonstration Program (PDP) trained ten psychologists to prescribe. In 1999, a U.S. General Accounting Office (GAO) report evaluating the program was released with all ten psychologists being highly evaluated by supervisory MDs. All were deemed medically safe and effective, with no adverse patient outcomes (U.S. General Accounting Office HEHS-99-98, 1999). Additionally, in the two U.S. states where R_xP is in effect (New Mexico and Louisiana), psychologists have written more than 250,000 prescriptions without any reported safety or liability issues (Fox, et al., 2009).

Concerns have also been voiced about the ability of psychologists to provide efficacious treatment based on the modality, length and content of training programs, as well as the number of supervised practicum hours required for licensure (Heiby, 2010; Robiner, et al., 2003). While standardization of programs is needed, several currently available training programs have been modeled on the PDP curriculum. According to the 1999 GAO report, graduates of the PDP provided "good to excellent" quality of care, as rated by both supervisors and an ACNP panel composed of board-certified psychiatrists and licensed clinical psychologists (U.S. General Accounting Office HEHS-99-98, 1999). Within this efficacious training model, R_xP programs have a

rigorous curriculum that goes far beyond conveying to the student a familiarity with psychotropic agents and their FDA-approved uses and doses. While a review of all R_xP curricula is beyond the scope of this article (see table below for a sample curriculum), foundational knowledge is provided via classes in chemistry, neurosciences, anatomy/physiology, and pathophysiology. Rigorous pharmacology training includes all major classes of pharmacological agents, their mechanisms of action, pharmacodynamic and pharmacokinetic principles, side effects, dosing, and the impact of disease processes and other pharmacological agents on psychopharmacological treatment options. These programs focus on how to critically evaluate and select an agent or combination of agents (both FDA-approved and off-label) to treat specific mental disorders based on empirically derived criteria from the extant literature.

*Sample curriculum: Nova Southeastern University,
Ft. Lauderdale, FL*

Foundational Knowledge
Organic Chemistry/Biochemistry Neurophysiology Neurochemistry Neuroanatomy/Neuropathology Human Anatomy & Physiology Pathophysiology I, II
Pharmacology/Psychopharmacology
General Pharmacology I, II Clinical Psychopharmacology I, II Developmental Psychopharmacology
Special Topics
Drug Information Resources Chemical Dependency & Pain Management Professional, Ethical & Legal Issues Psychotherapy/Pharmacotherapy Interactions Pharmacoepidemiology Introduction to Physical Assessment & Lab Exams
Practicum
Practicum I, II (minimum 50 clients seen each placement)

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Appropriate laboratory monitoring and effective evaluation of client response is taught in detail. While the number of supervised clinical hours required for graduation varies across programs, the current APA curriculum guidelines for psychopharmacology education outline a practicum experience involving at least 100 patients (APA, 1996).

Proponents of R_xP have also argued that in addition to the requisite psychopharmacology education for R_xP licensure, psychologists have highly specialized doctoral training. On average, this includes at least four years of mental health focused coursework paired with 4,000 supervised clinical hours in the assessment, diagnosis and treatment of psychiatric disorders. This experience is particularly salient when contrasted with the education of primary care physicians (PCPs), who often prescribe psychotropic medications. Indeed, 75% of office visits resulting in prescription of a psychotropic medication involve a nonpsychiatric physician (Pincus, et al. 1998). During their medical education, PCP's seldom receive formal training in the assessment, diagnosis, or treatment of psychiatric disorders. In fact, Muse and McGrath (2010) directly compared the training received by prescribing psychologists and physicians. They concluded that psychologists receive four times as much pharmacology coursework as physicians do during medical school, 15 times more training in assessment and diagnosis and 27 times more training in psychosocial interventions (Muse & McGrath, 2010). Irrespective of the training, experience prescribing is the most valuable instruction, and all healthcare providers may benefit from consultation from more experienced prescribers for difficult, complex and/or refractory clients.

Some psychologists feel that introducing the ability to prescribe will result in a loss of professional identity (DeNelsky, 1996; Hayes & Heiby, 1996). The fear is that psychologists will no longer continue to provide psychotherapy as a primary service to clients, instead opting to function primarily in the domain of prescription writing and medication management. However, expanding scope of practice need not translate to abandoning other areas of expertise. Psychologists with the ability to prescribe medication as part of a client's treatment plan can also provide psychotherapy in an integrated fashion for the presenting complaint. Historically, psychology has demonstrated that there is room for many approaches to the diagnosis and treatment of mental disorders, and this could include integrated provision of psychotherapy and adjunctive psychotropic medications.

While the debate over prescription privileges continues, evidence for psychologists to fill a need in this domain continues to mount. Particularly within the domain of PTSD treatment and research, prescriptive authority for psychologists would allow for better integration of psychotherapy and pharmacotherapy. It is unusual for a psychologist treating trauma sequelae to encounter a client who is psychotropic-naive. Many have been prescribed psychopharmacological agents prior to engaging in psychotherapy, and many continue to take these medications adjunctively throughout the therapy process. Furthermore, clients often present with prescriptions for multiple medications to target their PTSD symptoms. Fortunately, R_xP training programs prepare prescribing psychologists to address issues of prescribing first-line and adjunctive psychotropics as well off-label agents. As an example of the complicated clinical picture that must be addressed, 93% of clients treated by psychologists via the Women's Stress Disorders Treatment Team at the VA Medical Center in Boston are also taking psychotropic medications (Eve Davison, personal communication, Jan. 13, 2010). Fortunately in this ideal scenario, clients have access to a psychiatrist, psychologist, PCP and social work staff all working as part of an integrated team with seamless communication. However, for rural and underserved populations or in overburdened systems, this ideal type of care does not exist or is difficult to access. The availability of well-trained prescribing psychologists could provide integrated, evidence-based care for the presenting complaint in a single visit. This would reduce health care costs, increase access to health care and allow clients to be monitored for medication-related issues in conjunction with the delivery of psychotherapy.

Based on available research, both pharmacological and psychological treatments are currently considered first-line treatments for PTSD (e.g., Foa, Keane, Friedman, & Cohen, 2009). Psychiatrists generally prescribe FDA-approved medications (Paxil, Zoloft) and other agents with proven efficacy as first-line PTSD treatments (i.e. SSRI's and SNRI's), and a variety of other agents as second-line or adjunctive treatments (e.g. second generation neuroleptics, mood stabilizers, beta blockers). In contrast, psychologists generally prescribe a course of evidence-based treatment (Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing). None of the singular approaches is without problems. Looking to peer-reviewed literature, efficacy studies of psychological treatments for PTSD have rarely excluded people on psychotropic medication (e.g. Foa, et al., 1999; Foa, et al., 2005; Foa, Rothbaum, Riggs, & Murdock, 1991; Monson, et al., 2006; Resick, et al., 2008; Resick, Nishith, Weaver, Astin, & Feuer, 2002;

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Rothbaum, Astin, & Marsteller, 2005; Schnurr, et al., 2007). While this mirrors the real world, there is unknown efficacy for CBT treatments in the absence of medication, and widespread access to CBT treatments administered by well-trained clinicians remains an issue. Pharmacological treatment outcome studies have typically excluded patients receiving CBT before or during the trial (e.g. Brady, et al., 2000; Davidson, Rothbaum, van der Kolk, Sikes, & Farfel, 2001; Marshall, Beebe, Oldham, & Zaninelli, 2001), but the issue of significant relapse rates following medication discontinuation remains (e.g. Davidson, et al., 2005b). Additionally, some medications commonly prescribed for PTSD symptoms (i.e. benzodiazepines such as Xanax, anxiolytic SSRI's such as Paxil) can be contraindicated when implementing an exposure-based protocol. Finally, for both psychological and pharmacological treatments, there will always be treatment-resistant clients and non-responders. This underscores the need for more comprehensive evaluation of our treatments in order to determine which treatments are most effective for which clients.

Given these issues, it is clear that additional research is needed into PTSD treatments and their combinations. Interestingly, a gap exists in the literature testing the efficacy of combination (pharmacotherapy + psychotherapy) treatments for PTSD. Researchers acknowledge the efficacy of both approaches, are aware that most clients are already receiving two or more treatments, and have expressed a need for studies investigating combination treatments (Davidson, et al., 2005; Friedman, 2006; Friedman, Davidson, & Stein, 2009; Simon, et al., 2008). However, these authors are aware of only three small studies that have been published to date on the efficacy of combination treatments for PTSD, primarily in refractory populations (Otto, et al., 2003; Rothbaum, et al., 2006; Simpson, et al., 2008). Psychologists with R_xP licensure would be well positioned and motivated to conduct combination treatment efficacy studies. The outcomes of these studies could help elucidate the most effective treatment combinations for clients with PTSD, which in turn could prompt a paradigm shift in what is recommended as first-line treatment.

It is clear that the R_xP movement has a difficult path ahead if it is to succeed. The number of post-graduate psychopharmacology training programs for psychologists has fluctuated as psychologists weigh the considerations of effortful and expensive training against prospective job opportunities. Available programs must be standardized and of the highest quality. Of paramount importance, currently prescribing psychologists must continue to maintain the highest

standards of evidence-based care for their clients. If these objectives can be achieved, R_xP has the potential to have a significant impact on PTSD research, treatment, and most importantly, client outcomes.

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ISTSS Announces Final 2010 Election Slate

Beginning August 5 - Cast Your Votes Online for the ISTSS 2010 Election

Nominees for President-Elect (select one):

Eve Carlson, PhD
Arik Shalev, MD

Nominees for Board Members (select six):

Brian Allen, PhD
Joan Cook, PhD
Charles Engel, MD, MPH
Kathryn Magruder, PhD, MPH
Alexander (Sandy) McFarlane, MD*
Gladys Mwititi, 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. Visit the ISTSS website to view candidate statements and photos, or for a list of frequently asked questions (You will be prompted to log in to the "member's area" to access these links.) **You will not be able to access the ballot until voting opens on August 5, 2010.**

If you have questions about the election, contact Pamela Boea at ISTSS Headquarters, pboea@istss.org.

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Trauma and World Literature: Perspectives on World War I

Harold Kudler, MD
Duke University, Durham, NC

Pat Barker's novel, *Life Class*, offers another perspective of World War I in counterpoint to that of her well known *Regeneration* trilogy. Whereas the *Regeneration* novels provide ever deepening insight into war and warriors through the evolving interactions between shell shocked patients and their military doctors, in *Life Class* Barker focuses on the growth and development of Paul Tarrant, a frustrated art student who volunteers as an orderly and ambulance driver at an English Army Hospital just behind the front lines. Paradoxically, Tarrant finds his own artistic vision and voice only after coming close to losing himself physically and mentally among the horrors of war. As he describes his work as an ambulance driver to his classmate and lover who is safely home in England, I can't help but wonder if Barker is suggesting that, by coming to grips with his own dissociative responses, Tarrant learns something essential about the relationship between life, art and the nature of representation, itself which comes to guide his development as an artist.

Watching ambulances lumber round the turning circle at the hospital I used to think they were huge, but inside the cabin's rather cramped. The stretchers are level with the back of the driver's seat so the groans and cries go right to your ears. Sometimes they seem to be inside your own head. You can hear pleas for water but you can't answer them, only drive hell for leather down dark, rutted, congested roads. I never get used to the screams that are jolted out of people when I get it wrong and bump into a shell hole. Sometimes they die on the way to the hospital. That's hard.

I'm surprised how difficult it is. I thought because I didn't have time to get to know them I wouldn't mind so much. Instead I feel personally responsible in a

"Sometimes they seem to be inside your own head. You can hear pleas for water but you can't answer them, only drive hell for leather down dark, rutted, congested roads..."

way I never did on the ward, where you were always part of a team. One morning driving back to base just before dawn I found myself crying, and yet nothing worse had happened on that trip than on any other. Big fat baby tears trickling down my cheeks. I didn't even feel particularly upset. It seemed to be something my body had decided to do without consulting me.

Reference

Barker, P. (2009). *Life class: A novel*. New York: Anchor Books, p. 270. (Originally published in hard cover by Hamish Hamilton, an imprint of Penguin Books, London 2007.)



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.

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. The book, [Life Class](#), featured in this issue of StressPoints is now available in the Amazon store.

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.

Learn From the Masters

Master Clinician Sessions Available: 1.5 CE Credits Each

The ISTSS Annual Meeting brings together the leaders in the field in order to educate attendees about important topics in traumatic stress studies. This year, we showcased five different Master Clinicians who demonstrated interventions from their respective psychotherapy models with a common pseudo-patient diagnosed with combat-related PTSD. The sessions were recorded and are now available to you for CE Credit.

Don't miss this opportunity to learn from the masters and enjoy the top-notch educational opportunities offered by the premier society in traumatic stress studies while conveniently earning CE credit.

Riggs, David, PhD

[Using Prolonged Exposure Therapy to Emotionally Process Traumatic Memories](#)

Though many individuals who experience trauma such as war, terror attacks, violence and disaster will recover, those who suffer with post traumatic stress disorder may struggle for years and still be unable to regain a sense of normalcy in their lives. Prolonged Exposure therapy (PE) is one of the most effective and extensively researched approaches to treating PTSD arising from a wide variety of traumas and in individuals with varied and complex presentations including patients with multiple trauma exposures (e.g. chronic abuse, combat, etc.), extremely chronic PTSD, multiple comorbidities, and clinicians who see it as unduly harsh, inflexible and potentially harmful.

Kate Chard, PhD

[Cognitive Processing Therapy for the Treatment of PTSD](#)

Dr. Chard is an active researcher and she has conducted several funded studies on the treatment and etiology of PTSD. Currently Dr. Chard is exploring the efficacy of CPT with veterans with PTSD and comorbid traumatic brain injury.

David Barlow, PhD

[A Transdiagnostic Unified Treatment for Emotional Disorders](#)

Dr. Barlow has published more than 500 articles and chapters and 60 books mostly in the area of the nature and treatment of emotional disorders. He is the recipient of numerous awards, including the Distinguished Scientific Award for Applications of Psychology from the American Psychological Association.

Barbara O. Rothbaum, PhD, ABPP

[Virtual Reality Exposure Therapy for the Treatment of PTSD](#)

Dr. Barbara Olasov Rothbaum received her PhD in clinical psychology and is currently a professor in psychiatry at the Emory School of Medicine in the Department of Psychiatry and Behavioral Sciences and director of the Trauma and Anxiety Recovery Program at Emory. Dr. Rothbaum specializes in research on the treatment of individuals with anxiety disorders, particularly focusing on Posttraumatic Stress Disorder (PTSD).

Visit the [ISTSS Bookstore](#) to purchase any of this or any of the Master Clinician Session - Plus select [Pre-Meeting Institutes](#) are also available for purchase.

Questions?

Contact [Erika Moy](#) at ISTSS Headquarters.

For the Greater Good — Get on Board with National Depression Screening Day

Screening for Mental Health invites you to join us in celebrating the 20th year of National Depression Screening Day (NDSD). Held annually in early October, thousands of community-based organizations register for screening kits, and host National Depression Screening Day events, giving thousands of ordinary people access to a confidential screening – in-person or online – and in the process educating the public, and reducing stigma about mental illness.

This year NDSD is October 7th, 2010.

Please visit our website to learn more or register for materials to participate:

<http://www.mentalhealthscreening.org/events/ndsd/index.aspx>

You may also contact us at 781-239-0071 or ndsd@mentalhealthscreening.org

Student Section Announcements and Reminders: The New Distinguished Mentorship Award & the Existing Award for Outstanding Student Achievement

Lynnette Averill, MS, Student Section Chair

The Student Section Leadership is very excited to announce a new award, the **ISTSS Distinguished Mentorship Award**. This award is intended to honor and encourage the considerable efforts and accomplishments of individuals who consistently serve as effective mentors of students in the field of traumatic stress under any discipline. The award recognizes individuals who effectively guide students throughout their professional training in a continuing, multifaceted partnership sustained by mutual respect and concern. The relationship between a student and his or her mentor is one that can have a profound, lifelong influence on both parties. At its best, this mentoring relationship inspires and gives confidence to the student while providing the mentor with a valued colleague. Students, if you know someone who is an excellent mentor, please consider nominating him/her for this award. Nominations may be submitted by any student members of ISTSS and all nominations should be sent electronically to Lynnette Averill, Student Section chair at averill.psych@utah.edu with the e-mail subject: ISTSS

Mentorship Award. If you are interested in learning more about this award including the eligibility requirements, submissions requirements, or selection process, please e-mail Lynnette Averill to receive the award notification.

The new Distinguished Mentorship Award joins the other Student Section initiated award for Outstanding Student Achievement, designed to recognize a graduate student member of ISTSS who has made a significant contribution to the field of traumatic stress through research, clinical activity or advocacy. ISTSS members, please nominate your students for this award. Send nominations electronically to Lynnette Averill, Student Section Chair at averill.psych@utah.edu with the e-mail subject: ISTSS Student Achievement Award. Information about this award can be found on the annual meeting page of the [ISTSS website](#).

I look forward to seeing you in Montréal!

ISTSS Continuing Education (CE) Programs

ISTSS understands your needs as a professional in the traumatic stress field and now offers [new ways to earn CE credit](#) from your home or office. Earn CE's conveniently online without the cost and inconvenience of travel. Members enjoy reduced rates!

For Credit Offerings:

- [Journal CE](#) – Each issue of the *Journal for Traumatic Stress Studies* offers 3 CE credits. Credits can be purchased by month or with a discounted subscription.
- [Recorded Pre-Meeting Institute Sessions](#) from the 2009 Annual Meeting offered for 4 CE credits each.
- [Recorded Master Clinician Sessions](#) from the 2009 Annual Meeting are now 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.

ISTSS Headquarters Update

Diane Rutherford, who has been the administrative director for ISTSS for the past six years, is moving on to new responsibilities. ISTSS wishes to thank Diane for her hard work and dedicated service to ISTSS. [Pamela Boea](#) and [Susan Burkhardt](#) have joined the team at ISTSS headquarters to provide administrative support to boards and committees and the annual meeting, respectively.



Translation, Collaboration and Mutual Learning

International Society
for Traumatic Stress Studies

**ISTSS 26th
Annual Meeting**

November 4 – 6, 2010
Pre-Meeting Institutes – November 3
Le Centre Sheraton Montréal Hôtel
Montréal, Québec, Canada
www.istss.org



The ISTSS Annual Meeting is a unique opportunity to learn the latest in traumatic stress research, hear about clinical insights and innovations, earn continuing education credits, and network with colleagues.

The 2010 meeting in Montréal will be the year's largest gathering of professionals dedicated to trauma treatment, education, research and prevention. More than 100 symposia, workshops, panel discussions, cases and media presentations will be presented on a wide variety of topics related to traumatic stress.

Visit the [ISTSS website](http://www.istss.org) for information on:
Master Clinician Sessions, Featured and Keynote Speakers
Pre-Meeting Institutes
Exhibit and Support Opportunities
Hotel and Travel
and more...

ISTSS Featured 2009 Award Recipient



Matthew Friedman, MD, PhD
2009 Public Advocacy Award

ISTSS presented former ISTSS president, Matthew Friedman, MD, PhD, with the 2009 Public Advocacy Award at the 25th Silver Anniversary Annual Meeting last November. As an international expert in trauma, psychiatry, and pharmacology, Dr. Friedman has devoted his career to advancing the understanding of traumatic stress and improving the lives of individuals who experience trauma. With deep personal and professional commitment, Dr. Friedman has generously shared his own scientific and medical expertise to help decision-makers throughout the world understand what trauma survivors need.

Since 1988, Dr. Friedman has been a professor of psychiatry and pharmacology at Dartmouth Medical School. During this same period, Dr. Friedman has

served as the executive director at the National Center for PTSD (NC-PTSD) of the Department of Veteran's Affairs (VA).

Dr. Friedman has made extraordinary contributions to the advancement of trauma policy. He has published nearly 20 books and monographs that focus not just on research and clinical issues, but also on critically important public policy concerns. As one example, *After the War Zone*, his most recent book (coauthored with Laurie Sloane), is based on his work with the Vermont National Guard, advocating for a close national partnership between veterans, their families, and community, and top leadership, including the Governor, Adjutant General, U.S. congressional representatives, and the VA. This work was written for military troops and their families and economically priced, at Dr. Friedman's insistence, to increase accessibility.

His work has addressed many trauma types, including combat, natural disasters, terrorism, bioterrorism, pandemic flu and domestic violence.



Traumatic StressPoints Leadership

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Upcoming Events

September 2-4, 2010

ASTSS – Australian Conference on Traumatic Stress
Park Hotel Brisbane, Queensland
<http://www.astss.org.au/content/view/1954/126/>

September 12-15, 2010

[15th International Conference on Violence, Abuse & Trauma](#)
San Diego, CA

October 7, 2010

National Depression Screening Day 2010
[Click here for details](#)

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 Montreal Hotel
Montreal, Quebec, Canada
www.istss.org

June 2-5, 2011

12th European Conference on Traumatic Stress
Human Rights & Psychotraumatology.
Vienna, Austria
<http://ecots2011.univie.ac.at/>

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