



President's Column

Ulrich Schnyder, MD
President

The most devastating floods in 80 years in Pakistan have affected approximately 20 million people. While the death toll appears to be relatively low as compared to other recent major disasters, the sheer number of people who are affected in some way or another is huge: For instance, literally millions of people are forced to drink unsafe water. Let's not forget about our Pakistani fellow human beings! If you are looking for ways to donate in support of the rescue activities in Pakistan, please visit the [ISTSS website](http://www.istss.org).

As I mentioned in my last column, the ISTSS Board of Directors is currently undertaking a major strategic planning process. We are trying to focus on the big picture: What is our vision of a better world with regard to traumatic stress? What are our main goals to actually create a better world? What are the most powerful (and feasible) strategies that will likely help us achieve these goals?

ISTSS wants to make a difference, and we strongly believe that you, the ISTSS members, want to make a difference as individuals as well: as clinicians, researchers, policy makers, social workers, teachers, advocates, and other professionals. However, the task is huge, and our resources are limited. Can we really make a difference?

Now, here is what I think, based on my very personal experience: If I really believe that my goals are important, I can achieve them! I can make it happen! I know... there are all sorts of restrictions, economical restraints, contextual barriers, not to speak of my own personal limitations. Nevertheless, I am deeply convinced that I will ultimately succeed if the goal I am trying to achieve is truly close to my heart. I hope that each of us finds a goal within ISTSS that is close to our hearts so that we can achieve something important together.

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Can I do this by myself? The answer is no. We are fortunate to have many exceptionally capable, brilliant professionals among our membership and leadership. However, this is not enough. It is virtually impossible that the most important goals of ISTSS can be achieved by single, outstanding individuals. Given the complexity of our world, and of the field of traumatic stress, true excellence will always result from a joint, collaborative effort. Therefore, I would like to invite you all to participate in this effort. Together, we can achieve the goals that are close to our hearts! One of ISTSS's characteristics is the international, interdisciplinary diversity of our membership. Let's build on this unique strength! The ISTSS leadership is determined to open up to, share power with and encourage those among our membership who are willing to make a difference together! Once we have finalized our strategy (i.e., in a few months time, the Board of Directors will share with you our vision, goals and objectives), we will ask you to participate.

For the first time ever, the ISTSS Board of Directors will hold their mid-year Board meeting in Asia. Maeda Masaharu, president of the Japanese Society for Traumatic Stress Studies (JSTSS), has kindly invited us to organize a joint JSTSS-ISTSS symposium during the JSTSS annual meeting, which will take place in Omiya (near Tokyo) on 23.-24. April 2011. This is a wonderful opportunity to raise ISTSS' international profile, deepen our friendship with our Japanese colleagues and engage in a mutual exchange of clinical experiences as well as research findings!

A Psychosocial Approach to Veteran Rehabilitation

Francine Hanley, PhD¹ Lynda R. Matthews, PhD² Virginia Lewis, PhD¹ Dr. Lisa Gardner, PhD¹

¹The University of Melbourne

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The Australian Centre for Posttraumatic Mental Health (ACPMH) was recently commissioned by the Australian Government, Department of Veterans Affairs (DVA) to undertake research into Psychosocial Rehabilitation (PSR) for veterans, including reviewing the current practices and policies in place to support PSR. The report outlined the findings of a literature review and described ten key best practice elements. The full report is available on the DVA website (www.dva.gov.au). PSR is a comprehensive approach that has its origins in services provided to people suffering from chronic and severe mental disorders. As a service approach, it aims to promote optimal levels of functioning in people with both physical and mental health conditions. It is regularly referred to as a client-focused or client-centred approach. The main goals include recovery, community integration, effective life management, and improved quality of life. PSR services are designed using a multidisciplinary team approach that structures interventions according to the personal goals and preferences of the client, and provides opportunities for revision over time in support of the client's ongoing recovery.

PSR is considered particularly apt to the treatment of veterans as they often experience a high incidence of persistent, chronic physical and mental health conditions. Mental illnesses are one of the main causes of functional impairment for veterans. Treatment of specific physical and psychological conditions using evidence-based best practice is an important element of supporting veterans. Many, however, will require ongoing support in order to maximise their level of functioning over their lifetime.

The central role of psychosocial rehabilitation is recognised in Australia through the Military Rehabilitation and Compensation Act (MRCA), which was enacted in July 2004. Rehabilitation under the MRCA represented a move away from a primary focus on compensation entitlements and broadened the definition to go beyond vocational rehabilitation in isolation. This development followed a comprehensive review of veterans' medical, social and vocational rehabilitation undertaken by the Government of the day which noted that¹: "the objective of rehabilitation should be to restore veterans to their optimal level of function commensurate with their service-related disabilities, in order to provide them with better quality of life,

maximised vocational outcomes and reduced dependency on financial disability compensation."

PSR services are designed using a multidisciplinary team approach that structures interventions according to the personal goals and preferences of the client, and provides opportunities for revision over time in support of the client's ongoing recovery.

Based on data collected from clients, providers, and key stakeholders, the research by ACPMH confirmed that the DVA rehabilitation approach under MRCA is developing well and has the potential to support the highest standards of PSR service delivery. The report identified a number of areas that emerged as particularly important to providing this model of support to veterans in a nationally based system. These areas include:

- 1. Commitment to change**
Introducing an effective PSR model, particularly in the context of a system previously focused on vocational rehabilitation, requires committed leadership that is proactive, open and responsive. Technical and theoretical expertise needs to be clearly linked to the operational level of implementation within the organisation.
- 2. Availability and access to comprehensive rehabilitation services**
The rehabilitation workforce requires training in best practice approaches, including having a good knowledge of issues and experiences common to veterans. Regular monitoring of provider performance and outcomes is required.
- 3. Increasing the client's role in his or her care plan**
Clients should play an active role in the development of their own care plan. Guidelines for rehabilitation providers should ensure collaboration between clients and providers in care planning, with a focus on all

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areas of the client's life and experiences.

4. Continuity of access for clients with multiple needs

Comprehensive and coordinated case management services, supported by clear crisis response strategies, lead this model of care and need to be purchased as part of the suite of rehabilitation services for veterans

5. Ongoing contact with services

Providing a safety net for clients over their lifespan is important, particularly for veterans. Re-entry into rehabilitation as individual needs change needs to be enabled, with clear entry points and processes promoted to clients.

6. Comprehensive family services

Family cohesion is essential to veteran wellbeing. The family should play a central role in the assessment process and should have access to resources and services as required.

7. Keeping abreast of client's wellbeing

Up-to-date client records are crucial. Accurate records reduce the need for clients to repeat their stories and ensure that staff conducting needs assessments have a foundation for understanding the

client's condition. Integrated data management systems are important in improving the transitions that occur between different service types.

8. Quality assurance

Client feedback about services, as well as routine collection and monitoring of other service quality and safety data, plays an important role in providing best practices and in planning for future needs.

In providing the best possible care for veterans with serious mental health problems, interventions need to go well beyond clinical treatment. Psychosocial rehabilitation provides a pathway to optimising functioning and quality of life, serving to minimize the human and economic costs of military mental health problems.

¹ Australian Centre for Posttraumatic Mental Health (2010). [Psychosocial Rehabilitation for Veterans: Final Report](#). ACPMH, Melbourne, Victoria.



President's Message continued from page 1

With the support of Dani Mosca, president of the Argentine Society for Psychotrauma (SAPsi), a new „Sociedad Latinoamericana de Psicotrauma - Latin American Society for Psychotrauma (LASP)“ has recently been established. LATS' first congress will be held on 24.-27, May 2012 in Acapulco, Mexico. Recently, Dani Mosca formally proposed to ISTSS to “upgrade“ the Acapulco conference, and organize it as the 5th World Congress of Traumatic Stress, with the active participation of other traumatic stress organizations across the world.

The ISTSS Executive Committee fully supports this plan. All presidents of our affiliate societies have now been approached, and invited to join forces. A first planning meeting will take place during the forthcoming ISTSS Annual Meeting in Montreal. Stay tuned for more details!

Thank you in advance for taking up this call to engage with your ISTSS to make a difference in our world together.



[ISTSS Continuing Education \(CE\) Programs](#)

ISTSS understands your needs as a professional in the traumatic stress field and 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!

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.

Correction

Please note that authorship for the July, 2010 article “The Intersection of Psychotherapy, Pharmacotherapy, and PTSD: Perspectives on Prescribing” should have appeared as **Joanne Fordiani, PhD** and **Jillian C. Shipherd, PhD**. You can access a corrected version of this article in our [archives](#).

Creating an International Data Archive for Prospective Child Trauma Studies

Nancy Kassam-Adams, PhD
The Children's Hospital of Philadelphia

This article presents the rationale for establishing a sustainable archive of data from prospective studies of child traumatic stress after acute events, and describes key decision points in the process of creating this archive.

Why a data archive?

There is a rich and growing literature on the prevalence and development of traumatic stress in children after acute events. Historically, many such studies have been cross-sectional, evaluating PTSD outcomes months or years post-trauma, with risk or protective factors assessed via retrospective report. In the past several years, an increasing number of studies have identified children or adolescents in the immediate aftermath of an acute trauma exposure and then prospectively tracked trauma responses, including the development of PTSD symptoms. This body of research has greatly advanced our understanding of child traumatic stress after acute events, but has not been without limitations. Because of the considerable resources (in time and money) required to successfully accomplish this kind of prospective recruitment and follow-up, many samples are relatively small, which can limit both power and generalizability. Comparing results across studies can be challenging due to variations in measures and in the timing of assessments.

The PTSD after Acute Child Trauma (PACT) Data Archive has been created to help address these limitations. The broad, long-term goal of the archive is to enable researchers to better examine early predictors of PTSD and the course of child traumatic stress responses after potentially traumatic events, by combining data from multiple sources for more robust analyses. The archive was created by an international collaboration among investigators in the US, Australia, and the UK: Nancy Kassam-Adams, Douglas Delahanty, Justin Kenardy, Patrick Palmieri, Richard Meiser-Stedman, and Reginald Nixon. The first set of approximately 20 studies included in the archive comes from this core group of investigators, and contains data from more than 2100 children exposed to acute trauma.

The PACT Data Archive grew out of a project funded by the National Institute for Mental Health (NIMH) in the US, as a collaborative effort between the Children's Hospital of Philadelphia, Kent State

University, Summa Health System, and the University of Queensland. The primary aim of the two year parent project is to conduct secondary data analyses of existing data to develop a preliminary set of PTSD risk prediction tools for trauma-exposed children and adolescents. In order to accomplish this, the team needed to develop an efficient means to combine multiple existing datasets and to explore optimal ways of formulating common predictor and outcome variables across datasets. Thus the idea was born to create a data archive that would not only support the prediction tool project but would also have utility beyond this initial project. We anticipate that the lessons learned in examining this rich trove of data will lead to recommendations for common measurement strategies and assessment points for future prospective child studies.

Other trauma-related data archives.

To date, there are few data archives that are specific to trauma exposed populations or trauma sequelae. Several notable exceptions include the National Data Archive on Child Abuse and Neglect (<http://www.ndacan.cornell.edu/index.htm>), and data repositories that focus on crime victims such as the International Crime Victim Survey (ICVS) (<http://rechten.uvt.nl/icvs/index.htm>) or the US National Crime Victimization Survey (NCVS) (<http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=9#ncvs>). Other, broader social science data archives and repositories contain datasets that may be relevant to the interests of traumatic stress researchers, e.g., the Inter-University Consortium for Political and Social Research (ICPSR) (<http://www.icpsr.umich.edu>), Council of European Social Science Data Archives (<http://www.cessda.org/>), or the Australian Social Science Data Archive (<http://www.assda.edu.au/>). Some trauma-related program initiatives are collecting centralized and standardized clinical data within national or international networks (e.g., in the US, the [National Child Traumatic Stress Network](#) or the [National Consortium of Torture Treatment Programs](#)). But to our knowledge no current data archive focuses on prospective studies of child traumatic stress following acute traumatic events.

Key decision points in setting up the archive.

The following summarizes several of the key decision points we faced in establishing the basic structure and procedures for a sustainable data archive.

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Setting criteria for inclusion of datasets and determining minimum data element.

Because a primary aim of the PACT Archive is to support research to better understand the early course of development of PTSD in children, we determined that to be included in the Archive, a study must have assessed children or adolescents (ages 0 through 17) prospectively, at a minimum of two time points: a) at least one predictor assessed within 3 months of a potentially traumatic event, and b) at least one later assessment of traumatic stress outcomes (this assessment must be at least one month post-event).

Recognizing the wide range of variables available from different studies, we then clarified which data elements must be included in datasets submitted to the Archive. At a minimum, each dataset should include, about each participant:

- Calendar year in which first assessment was done
- Demographic data: age (in years) at time of trauma, gender, race and/or ethnicity
- Index event: Type(s) of potentially traumatic event(s) experienced
- Assessment of at least one potential risk or protective factor and of later traumatic stress symptoms, as well as the timing (in days post-event) of each of these assessments

Additional data points are highly desirable, and may include further details about the nature or severity of trauma exposure, additional risk or protective factors assessed at multiple time points, or the presence and severity of relevant outcomes other than traumatic stress. For multi-item measures of symptomatology or other constructs, investigators are asked to provide item-level data rather than derived scores, in order to allow the most flexibility in cross-dataset analyses.

Creating variable naming conventions and standard codes for assessment timing.

We quickly realized that to facilitate cross-dataset analyses, we would need to employ standard names and values for variables present in most or all datasets, such as demographics, event characteristics, trauma history, and physiological variables. Some of these were straightforward choices, others were more challenging, e.g., finding a way to code for race/ethnicity across international samples. We also created naming conventions for item-level data from larger measures. The variable name for each item captures time of assessment, reporter (e.g., child vs parent), measure name, and the item number.

Because the Archive will contain data assessed at multiple time points for each individual, we created standard codes for time to assessment. Our “time bucket” categories aim to capture meaningfully different time frames in the process of adaptation to trauma. These codes are determined for each study as a whole, and are included in variable names at the item level. To create maximum flexibility for future analyses, each case will also have a separate variable indicating the time (in days) from the index event to this individual’s assessment. For example, item-level variables beginning with “t2” denote that they were part of a study assessment designed to occur in the “t2” time frame (more than 24 hours but less than 2 weeks post-event), but for a given individual the variable “days_t2” might indicate that their “t2” assessment occurred 10 days post-event.

Protection of human subjects.

We have become very aware that the rules regarding human subjects protection with regard to secondary analysis of de-identified data vary between countries, and can be interpreted differently by institutions within the same country. We submitted a protocol for the creation of a data repository to the Institutional Review Board (IRB) of The Children’s Hospital of Philadelphia (where the Archive is housed). The IRB determined that the PACT Data Archive is research but is exempt from IRB review per 45CFR 46.101(b)4, because the Archive’s activities involve only the collection or study of existing data that is recorded in such a manner that the subjects cannot be identified.

The PACT Data Archive protocol requires that studies from which data are drawn must have been conducted with IRB approval (US studies), or equivalent ethics board approval (other countries). All datasets must be de-identified (anonymized) by the investigator before submission to the PACT Data Archive. Depending on one’s home institution’s interpretation of relevant regulations, submission of de-identified datasets to the PACT Data Archive may not constitute human subjects research, and thus may not require approval by an IRB or other ethics board. It is the responsibility of the original investigator to determine whether such approval is required by their institution’s ethics body, and if required, to secure approval for submission of their dataset to the PACT Data Archive.

Oversight of the Archive.

Finally, we needed to create an oversight body for the PACT Data Archive. The Archive’s Steering Committee is made up of five investigators who have contributed data to the archive. This group oversees the acceptance

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of datasets into the Archive, and will review and make determinations about requests for access to data from the Archive. Our intention is to eventually be able to make data from the Archive available to investigators seeking to understand the development of PTSD in children exposed to potentially traumatic acute events.

How to submit data to the PACT Data Archive.

Investigators who are interested in submitting existing datasets are asked to communicate with the steering committee and to provide some initial information about their dataset and study. As investigators plan future projects, they may wish to include plans to submit data to the PACT Data Archive in their application for IRB or equivalent ethics approval.

Submitting a dataset entails some careful data preparation (e.g., renaming or recoding variables), creation of a final de-identified dataset (usually as an SPSS data file) that

contains only the elements relevant to the PACT Data Archive, and transmitting this data file in a secure manner to the Children's Hospital of Philadelphia team. Investigators are asked to provide information about the study (including documentation of IRB or equivalent ethics approval), and additional documentation such as codebooks or copies of data collection instruments that will help future Archive users understand the data elements. Each investigator submitting a dataset signs an agreement assuring that they have secured all relevant permissions or approvals, that the dataset they are providing is de-identified and cannot be re-identified, and that they have disclosed all restrictions on re-issue of the data.

Investigators who have conducted relevant research are invited to contact [Nancy Kassam-Adams](#), or [Kristen Kohser](#), project coordinator for information about submitting datasets to the PACT Data Archive.



Trauma and World Literature

Pieter Breughel and W. H. Auden: A Unique Collaboration

Robert H. Tinker, PhD, PC

Private Practice in Colorado Springs, CO

It is unusual for an artist to paint a "commentary" on trauma, as in Breughel's *Death of Icarus*, and it is even more unusual for a poet to notice the meaning of the [painting](#) and write a poem in response. However, it makes for a wonderful and fascinating interaction of talents (cross-culturally, even) between Pieter Breughel and W. H. Auden, and one that has interested me for years.

Musee des Beaux Arts

About suffering they were never wrong,
The Old Masters: how well, they understood
Its human position; how it takes place
While someone else is eating or opening a window or just
walking dully along
How, when the aged are reverently, passionately waiting
For the miraculous birth, there always must be
Children who did not specially want it to happen, skating
On a pond at the edge of the wood:
They never forgot

That even the dreadful martyrdom must run its course
Anyhow in a corner, some untidy spot
Where the dogs go on their doggy life and the torturer's
horse
Scratches its innocent behind on a tree.

In Brueghel's *Icarus*, for instance: how everything turns
away

Quite leisurely from the disaster; the ploughman may
Have heard the splash, the forsaken cry,
But for him it was not an important failure; the sun shone
As it had on the white legs disappearing into the green
Water; and the expensive delicate ship that must have
seen

Something amazing, a boy falling out to the sky,
Had somewhere to get to and sailed calmly on.

Reference

W. H. Auden (December, 1938). In Mendelson, E. (1991) *W.H. Auden: Collected Poems*. New York: Vintage.



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.



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

ISTSS Annual Meeting Early Registration Deadline: September 23

Register today and save up to \$100 in registration fees!

Haven't registered for the 26th Annual Meeting yet? The deadline to receive the early registration rate is **September 23**. [Register online today](#). Plus, don't forget to [make your hotel and travel arrangements](#).



Exciting Updates This Year!

For the first time in conference history, the annual meeting will offer **complimentary wireless access** throughout all of the session rooms. Check your e-mail and conduct business without having to visit the business center or incurring daily internet fees, plus enjoy easy access to all of the presentation abstracts online before, during and after the meeting.

The Final Program book will offer a daily schedule, poster listings and an author index, however, session abstracts will no longer be included. This mindful decision significantly reduces the number of pages in the book, which makes it more convenient to reference, at the same time, allowing ISTSS to preserve the earth's natural resources.

ISTSS offers 2 convenient ways to access abstracts:

Abstract Search Tool and Itinerary Builder

Maximize your meeting experience by using the [Abstract Search Tool and Itinerary Builder](#). The Abstract Search Tool gives you a sneak peak at the meeting's content before, during and after the meeting. You will have access to all of the 26th Annual Meeting abstracts at your fingertips. Plus, use the **Itinerary Builder** function to create a personalized schedule of the sessions and presentations of interest.

Access the [Abstract Search Tool and Itinerary Builder](#) and begin planning your meeting experience today!

E-books

Coming soon! The second way attendees can access presentation abstracts is by using the new **e-book** feature. An e-book is a portable electronic device used to download and read books or magazines that are in digital form. E-books are usually read on dedicated hardware devices known as *e-readers* or *e-book devices* – these include personal computers, smartphones such as the iPhone, the Amazon Kindle and the iPad to name a few. The abstract e-book will contain all of the 26th Annual Meeting presentation abstracts. More information about this new feature will be available soon. Keep an eye out on your ISTSS e-mail for instructions on where to download the abstract e-book.

Congratulations to the ISTSS 2010–11 Elected Board Members



President-Elect
Eve Carlson, PhD

Newly elected:



Joan Cook, PhD



Charles Engel, MD, MPH



Alexander
(Sandy) McFarlane, MD



Bessel van der Kolk, MD



Gladys Mwiti, PhD



Meaghan O'Donnell, PhD

ISTSS thanks all of the candidates
and congratulates those elected.

And, thanks to all members who
voted in the 2010–11 election!

Members on the Move!



On 14 September 2010, the U.S. Senate Judiciary Committee held a hearing entitled "*Rape in the United States: The Chronic Failure to Report and Investigate Sex Crimes.*" Dr. Dean Kilpatrick (Board of Directors, ISTSS) was among those invited to testify before key policymakers, experts, survivors, advocates, and media from the U.S. and around the world. A [webcast](#) of the hearing is available with Dr. Kilpatrick's testimony beginning at approximately minute 103.

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

Please send announcements to Editor
[Anne DePrince](#) for the *Members on the Move* feature.

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 several 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.



Visit the ISTSS Amazon Store

The [ISTSS Amazon Store](#) (also accessible from the ISTSS homepage) features trauma-related books for professionals and the public, like W.H. Auden's [Collected Poems](#) featured in this issue of *StressPoints*. The store allows ISTSS members and others to locate useful resources, while helping to support ISTSS.

ISTSS earns a referral fee of 4% to 10% for items purchased through the site. Any Amazon purchase that originates through our store helps to support ISTSS. To find other Amazon items, just click the "Powered by Amazon" button in the upper left corner of the page and continue shopping.

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



Dr. Roger Pitman
Lifetime Achievement Award

ISTSS Featured 2009 Award Recipient

Congratulations to Dr. Roger Pitman, the 2009 recipient of the ISTSS Lifetime Achievement award – the highest honor given by ISTSS. The honor is awarded to the individual who has made great lifetime contributions to the field of traumatic stress. Roger is Professor Psychiatry at Harvard Medical School. His research into the psychobiology of post-traumatic stress disorder (PTSD) spans more than 25 years.

Over this time, he has studied combat veterans, nurses who served in the combat arena, women sexually abused as children, breast cancer patients, firefighters, police, and accident victims. Specific research topics have included peripheral autonomic and electromyographic responses during script-driven imagery and audio-visual presentations of traumatic events; autonomic and electromyographic components of the startle response; brain electrophysiologic responses to trauma-related and -unrelated stimuli; neurologic and neuropsychologic abnormalities in PTSD; pre-combat risk factors for PTSD; structural neuroimaging of neuroanatomic correlates of PTSD and the effects of psychologic trauma upon the human brain; and functional neuroimaging of brain changes in response to trauma-related and -unrelated stimuli.

For the past 12 years, he has conducted a large-scale, psychobiologic investigation of a national sample of monozygotic twins discordant for combat exposure in Vietnam. This seminar research has considerably

advanced our understanding of which biological features of PTSD are acquired and which may be markers of vulnerability. He also pioneered research into whether medications administered immediately following traumatic memory reactivation can weaken traumatic memories through reconsolidation blockade, which represents a potential novel treatment for PTSD. Roger's contributions to the field of traumatic stress are too numerous to be recounted here.

However, his work is described by colleagues as: a "pioneer"; "ahead of his time bringing new technologies to bear on questions related to PTSD." Roger is also noted for his dedication as a mentor and clinician. He has inspired numerous more junior colleagues to pursue careers in traumatic stress research, many who have gone on to become well-recognized scientists themselves. One cannot be to count the number of hours Roger has devoted to helping a colleague write a grant proposal, editing a manuscript, consulting on a project or mentoring young investigators.

Finally, Roger is noted for his devotion to patients with severe PTSD. Concern for their suffering is at the core of his dedication to pursue every possible means for making clinical science relevant for PTSD patients and helping them get better today rather than tomorrow.

For being an inspiration to others, for having initiated ideas and techniques that are now the bread and butter of research on PTSD everywhere, for his consistent high profile at ISTSS meetings in the US and abroad, for always seeing what others could barely imagine, and for keeping us honest, Roger Pitman is the embodiment of the Lifetime Achiever – a person without whom our field would not be what it is now.

Roger Pitman will present a [Keynote Address](#) at the [26th Annual Meeting](#) this November in Montréal.



Saying Goodbye

We are saddened to note that the traumatic stress studies field has lost one of our leaders: Dr. **Sandy Kaplan** died on July 23, 2010. Dr. Kaplan was a pediatrician, child psychiatrist, and forensic psychologist. Spending almost 30 years at the Division of Child and Adolescent Psychiatry at the North Shore-Long Island Jewish Health Care System University Hospital, she served as Vice Chairman of the Department of Psychiatry for Child and Adolescent Medicine. She was the Director of the Division of Trauma Psychiatry where she cared for Iraq veterans and family members of 9/11 victims. In addition, she directed the Adolescent Trauma Treatment

Development Center and was involved in the National Child Traumatic Stress Network. She held an appointment as Professor of Psychiatry at New York University School of Medicine and was the recipient of numerous awards and fellowships. One of the early pioneers in the traumatic stress field to explore the psychiatric elements of child abuse, she edited and authored numerous books and articles. Dr. Kaplan was a graduate of the Temple University School of Medicine and fellow at Children's Hospital of Washington, DC.



Traumatic StressPoints Leadership

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Upcoming Events

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
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

April 23 - 24, 2011

Japanese Society for Traumatic Stress Studies (JSTSS)
Omiya, Japan

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

May 24 - 27, 2012

Latin American Society for Psychotrauma (LASP)
Acapulco, Mexico

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