



President's Column

Marylène Cloitre, Ph.D.
President

I would like to extend my warmest wishes to all of you for the New Year.

In 2010, Past President Ueli Schnyder reported regularly on the development of a new strategic plan for ISTSS. The goal of this process has been to clarify our vision of what we wish our organization to be and how to increase its relevance to our membership and to society at large. At the April board meeting in Zürich, Switzerland, the ISTSS Board of Directors held a one-day retreat to clarify the mission of the organization and to identify preliminary big picture goals for our society. Six key goals were identified and over the remainder of the year, were reshaped and refined, with feedback from a set of six task forces, each of which was dedicated to the consideration of a strategic goal. The task forces were a major collaborative effort and included, in addition to the board of directors, all current chairs of committees and task forces, ex-officio board members and representatives of affiliate societies. The final report will be available this month on the ISTSS website.

I am very happy to see that among the most important identified goal is a commitment to creating the perception and the reality of a 'professional home' for our diverse members. Meeting this goal includes organizing the annual conference so that content is diverse and relevant to a variety of audiences, facilitating exchange among members during the year through technology-supported activities such as learning collaboratives and webinars, and ensuring that the

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content of the ISTSS website, *StressPoints* and the *Journal of Traumatic Stress* reflects the interests of membership and highlights innovative trends and ideas in traumatic stress studies.

It is clear to me through the conversations I have had in the course of participating in committees, attending the annual meeting and most particularly, attending the student lunch at the annual conference, that there is huge talent, enthusiasm and energy among our members, which remains untapped. The idea of creating a 'professional home' for members is very closely aligned with the ISTSS strategic goal of organizational excellence. Changing our organization so that there is the opportunity for increased engagement of our members through committee work, leadership activities and special projects goes hand-in-hand with our relevance and capacity to be innovative as a society.

The ISTSS website now has a 'volunteer' button. Use it to find out ways that you can become involved in important activities. The goal of mentoring individuals in leadership roles is also essential to our growth, and you will hear more

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about this in the near future.

In addition, ISTSS is currently evaluating what the 'international' in International Society for Traumatic Stress Studies could and should mean. An 18-month-long task force, led by Past President Ueli

Schnyder, gathered a variety of perspectives about how ISTSS can face the future in an effective way as the world becomes more truly global in its concerns and activities. I will report on the work of this task force as its findings become available.



ISTSS 26th Annual Meeting Wrap Up



Past President Ulrich Schnyder, M.D., and President Marylène Cloitre, Ph.D., pose for a photo after Dr. Cloitre was officially sworn in as ISTSS President.

Special thanks to our conference partner **Veterans Affairs Canada** and sponsors **National Institute of Mental Health, Canadian Institutes of Health Research, Wiley-Blackwell** and **Valerie Copping**.

The ISTSS 26th Annual Meeting brought together professionals from around the world in Montréal in November.

Attendees enjoyed a variety of research and clinical tracks, explored the exhibit hall and visited the bookstore, not to mention, the many networking events and the informative keynote sessions.

"Very moving and important topics were discussed. This conference gave a much more human approach to working with trauma victims," one attendee noted.

ISTSS honored several of its members with well-deserved awards. Recipients are listed on page 4 in this issue of *StressPoints*.

For more information about the meeting, visit the [Annual Meeting archives](#).

The 26th Annual Meeting was a huge success and we look forward to seeing you in Baltimore in November!

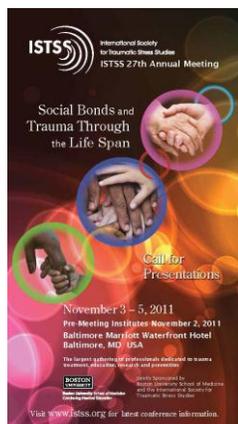
ISTSS Call for Presentations – Be a Part of the Program

ISTSS will begin accepting abstract submissions February 1 until March 16, 2011, 5 p.m., CST (no exceptions).

This year's meeting theme is "**Social Bonds and Trauma Through the Life Span**" and will focus on the learning objectives of:

- Discussing how early positive attachment to a caregiver can facilitate one's recovery following trauma
- Identifying ways you can improve your own social support and connection to the community
- Describing how social support can serve as a protective factor in the face of traumatic stress

Download the call for presentations and begin preparing your submission to be a part of the great event! Or visit the [ISTSS website](#) for more information.



Trauma and World Literature: *The Hungry Tide*, By Amitav Ghosh

In his novel, *The Hungry Tide*, Amitav Ghosh tells a multigenerational story of people politically dispossessed and of their struggles to survive. In the course of events, Piya, a marine biologist, is rescued from a crocodile attack. In the passage below she has returned to the room where she stays. Her acute intrusive memories and projections are exquisitely described.

Note that while this is a column about how art provides a helpful perspective for our work as scientists and clinicians, Ghosh's reference to "unprocessed" events "not yet...absorbed as memory" appears to be science influencing literature.

"The feeling of being on the boat suddenly brought back the terror she had felt that morning. It had happened so recently that the sensations still seemed to be present, unprocessed, in her mind – they had not yet been absorbed as memory. She saw once again the wrenching, twisting motion of the reptile's head as its jaws closed over the spot where her wrist had been, it was as if it had been so certain of its aim, so sure of seizing her arm, that it had already launched into the movement that would drag her out of the boat and into the water. She imagined the tug that would have pulled her below the surface, and the momentary release before the jaws closed again, around her midsection, pulling her into those swift, eerily glowing depths where the sunlight had no orientation and there was neither up nor down. She remembered her panic in falling from the launch, and it made her think of the numbing horror that would accompany the awareness that you were imprisoned in a grasp from which there was no escape. The overlapping of these images created a montage of such vividness that her hands began to tremble. And now, with Fokir absent, the experience seemed even more frightening than it had at the time." (pp. 161 – 162)



Reference

Ghosh, A. (2005). *The Hungry Tide*. New York: Houghton Mifflin.

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, like [The Hungry Tide](#), 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.

Watch, Learn & Earn CE Credits from Home

2010 ISTSS Annual Meeting Video-Recorded Sessions Available Online: 4 CE Credits Each

If you couldn't attend the 2010 annual meeting, or were there but missed a key session, there is now a convenient way to catch up on what you may have missed and earn CE credits! Plus — members enjoy reduced rates!

- Select from Pre-Meeting Institute sessions
- View a video recording of the expert presenter along with the coordinating slides
- Earn CE credits for viewing conference session recordings online and completing a brief quiz

Sessions available for credit:

[Recorded Pre-Meeting Institute Sessions](#) from 2010 Annual Meeting offered for 4 credits each.

- [Group Applications of Cognitive Processing Therapy](#)
- [Acceptance Commitment Therapy: Bringing Values to Life Following Trauma](#)
- [Treating Posttraumatic Sleep Problems, Applying CBT for Insomnia to Traumatized Populations](#)

Non-credit sessions available:

[MP3 Downloadable Audio Recordings or DVDs](#) of most sessions of the 2010 Annual Meeting

Watch, learn...and earn credits today! Questions? Contact [Erika Moy](#) at ISTSS Headquarters.

Congratulations to the 2010 Award Recipients

The following recipients were presented with individual awards during the 26th Annual Meeting in Montréal, Québec, Canada in November:

Lifetime Achievement Award: Dr. Joseph Boscarino

Robert S. Laufer, PhD, Memorial Award for Outstanding Scientific Achievement: Dr. Barbara Rothbaum

Frank Ochberg Award for Media and Trauma Study:
Dr. Liselotte Englund

Chaim and Bela Danieli Young Professional Award:
Dr. Ananda Amstadter

Public Advocacy Award: Dr. Roxane Cohen Silver

Sarah Haley Memorial Award for Clinical Excellence:
Dr. Stuart Turner

Look for articles featuring award winners in future issues of *StressPoints*.



More than 1,300 people attended the Annual Meeting in Montréal in November!

Trauma and PTSD Among Youth Involved with the Juvenile Justice System

Patricia K. Kerig, Ph.D.

University of Utah

In recent years, increasing attention of clinicians and researchers has been drawn to one group of young people among whom trauma and posttraumatic stress are highly prevalent: youth involved with the juvenile justice system. Research consistently shows that the majority of detained youth have experienced traumatic events consistent with Criterion for the DSM-IV posttraumatic stress disorder (PTSD) diagnosis, with prevalence rates ranging from 61 to 93 percent (Chamberlain & Moore, 2002; Ford et al., 2008; Kerig et al., 2009, in press). These generally are not single-incident stressors; for example, Abram and colleagues (2004) found that the typical delinquent youth in their sample had experienced 14 distinct traumatic events in his or her lifetime.

Although findings regarding gender differences are not always consistent, the majority of studies find that detained girls have experienced even more traumatic events than boys, particularly in the form of interpersonal victimization such as child abuse and sexual assault (see Kerig & Becker, in press). Given their trauma histories, it is not surprising that the prevalence of PTSD is three to eight times higher among delinquent youth than their peers (Wolpaw & Ford, 2004), with rates of approximately 50 percent for girls and 30 percent for boys (e.g., Cauffman et al., 1998; Kerig et al., 2009, in press; Martin et al., 2008; Wood et al., 2002). Studies that take a developmental trauma disorder perspective rather than using the standard PTSD criteria also find that juvenile justice involved youth exhibit many of the characteristics of dysregulated affect, relationships and behavior associated with this proposed diagnostic category (McClintic & Silvern, 2010; van der Kolk et al., 2009).

The observation of the link between trauma and delinquency is not new—for example, in his 1944 article, John Bowlby noted the common childhood “occurrence of emotional traumas” (p. 19) among these troubled youth. However, relatively little research has systematically investigated the question of how trauma is related to juvenile justice involvement, nor how the role of trauma might be

understood in relation to the many other factors that certainly must contribute to a phenomenon as complex as juvenile delinquency. Some prospective longitudinal research demonstrates that exposure to trauma, particularly related to childhood maltreatment, increases the risk of antisocial behavior in adolescence (e.g., Feiring et al., 2007; Lansford et al., 2007; Widom & White, 2009).

Nonetheless, important questions remain to be answered about the underlying developmental mechanisms that account for the association between trauma and juvenile delinquency (Kerig & Becker, 2010). For example, one compelling model offered by Ford and colleagues (2002, 2006) focuses particularly on the ways in which trauma disrupts emotion regulation and interpersonal processing skills and thus contributes to the development of youth antisocial attitudes and problem behavior. Attachment theory, in turn, offers another integrative perspective regarding how early trauma may interfere with the successful attainment of critical developmental capacities necessary to master the stage-salient issues of adolescence (e.g., Allen et al., 2007), including interpersonal trust, self-respect, regulation of affect and self-mastery, self-protection and the ability to distinguish between threat and safety, moral engagement, good reality testing and executive functioning (Kerig & Becker, 2010).

Although research on the relationship between trauma and delinquency is still in its infancy, there nevertheless are important advances being made in the development of interventions for traumatized youth involved with the juvenile justice system. As will be presented in an upcoming special double issue of the *Journal of Child and Adolescent Trauma* (Kerig in press-a, in press-b), many of these interventions are undergoing empirical validation and a number of the developers of these treatments are active in working with the juvenile justice system to create trauma-informed systems of care. Of particular concern is the fact that, once involved in delinquent behavior, youth are at increased risk of exposure to violence, traumatic stress and victimization—thus, it is important that the juvenile

Trauma and PTSD continued from page 5

justice system itself not be a source of iatrogenic effects, particularly for those already-traumatized youth who are the most vulnerable among them (Acoca, 1998; Hennessey et al., 2004; Steinberg et al., 1994).



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Goodbyes and Hellos

ISTSS Board Leadership

After many years of dedicated service to ISTSS, **Dr. Sandy McFarlane** is resigning from the ISTSS Board. During his tenure with the board, from 1992-2000 and 2007-2010, he served as president, treasurer, secretary and board member and was deeply dedicated to the enriching the identity of the ISTSS as an international body representing the field of traumatic stress. Thank you Dr. McFarlane for your countless contributions to ISTSS!

Dr. Kathryn Magruder will fill this vacancy on the ISTSS Board. Dr. Magruder is a professor in the Department of Psychiatry and Behavioral Sciences, Division of Military Science at the Medical University of South Carolina and Research Health Scientist at the VA Medical Center in Charleston, South Carolina. Her research focuses on studying and understanding trauma, stress and PTSD. Her expertise and passion are a welcome addition to the ISTSS Board!

StressPoints Leadership

Contributing editors make *StressPoints* possible. Though they largely remain behind-the-scenes, these are the people who seek out high-quality articles for the newsletter as well as fulfill and advance our vision for the newsletter, bringing new ideas for regular features and drawing in cutting-edge articles.

This is the time of year when we say goodbye and offer our heartfelt thanks to contributing editors who have finished their terms of service to *StressPoints*. Please join us in thanking contributing editors **Dr. Patrick Palmieri**, **Dr. Andrew Stone** and student contributing editor **Joanna Legerski**. Each of these individuals made substantive and important contributions to *StressPoints* during their tenure – our sincerest thanks for their dedicated efforts!

On the heels of saying goodbye, we are fortunate to be able to welcome two very talented contributing editors to the *StressPoints* team:



Brian J. Hall, M.A., is a doctoral candidate in the Clinical Ph.D. program at Kent State University. He is currently completing his predoctoral clinical internship at the Charleston Consortium, Medical University of South Carolina. Mr. Hall's research is broadly focused on the identification of risk and protective factors for posttraumatic stress disorder (PTSD) and the potential for resiliency following trauma. He also investigates the psychiatric etiology and consequences of medical illness. Mr. Hall applies advanced statistical methods to better understand mechanisms underlying human behavior and the underlying latent dimensions of psychiatric disorders. As a contributing editor for *StressPoints*, he will solicit articles focused on innovative approaches to research methods in the traumatic stress field.



Lynnette Averill is a fifth year doctoral student in the Counseling Psychology program at the University of Utah. She plans to specialize in posttraumatic mental health among military veterans, with emphasis on PTSD, traumatic brain injury and substance abuse. She spent 2008 to 2009 in Melbourne, Australia, at the Centre for Posttraumatic Mental Health as a Fulbright Scholar researching PTSD and alcohol abuse among veterans. Lynnette served a two-year term as the ISTSS student section vice chair and is currently serving as the student section chair. She is eager and excited to continue her involvement with ISTSS as the student contributing editor for *StressPoints*.

We are also fortunate to welcome new staff to the ISTSS team. **Lindsay Arends** is the new managing editor for *StressPoints* and **Clare Bodenshok** is the new ISTSS Administrative Director. We look forward to working with our new team members!

Psychotherapy in War and Crisis Regions: Narrative Exposure Therapy and Beyond

Frank Neuner, Ph.D., Bielefeld University, Bielefeld, Germany

Maggie Schauer, Ph.D. and **Thomas Elbert, Ph.D.**, University of Konstanz, Konstanz, Germany

Within the last decades, more than 150 epidemiological surveys have studied the mental health of survivors in the many conflict zones globally (for a meta-analysis see Steel et al., 2009). A closer look at the data from these studies reveal the barbarity of current warfare. The vast majority of survivors who have been exposed to war or torture are civilians. In addition to organized violence, domestic and familial violence is usually elevated in these regions (Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani, Schauer, & Neuner, 2008). Endemic rates of posttraumatic stress disorder (PTSD), depression and sometimes substance use disorders are but one consequence. In addition to the individual suffering reflected in prevalence rates of PTSD and depression of up to 50 percent, families and communities suffer when deprived of economic recovery and development (Schauer & Schauer, 2010). The international community has little means to counter the social, political and economic failure of disorganized states in conflict zones, such as Somalia, the Eastern Congo or Afghanistan.

Despite the clear picture that emerges from past research with regard to the dire consequences of war, intervention research lags behind. Our own observation is that hardly any governmental or non-governmental aid organization delivers evidence-based methods for the treatment of PTSD. Members of vulnerable groups like rape victims, orphans or former child soldiers are sometimes provided with livestock, vocational training, unspecific counseling or play activities. But there is not a single study that would indicate that any of these psychosocial measures can alleviate the mental distress of trauma.

For survivors of violence who often or continuously have to endure chronic traumatic stress, we have developed Narrative Exposure Therapy (NET) (Schauer, Neuner, & Elbert, 2005). The treatment, suitable for victims of war, torture and/or domestic violence has been successfully applied even in settings that remain volatile and insecure. In NET,

the patient, with the assistance of the therapist, constructs a chronological narrative of his life story with a focus on the traumatic experiences. The aim of NET is to transform the generally fragmented reports of the traumatic experiences into a coherent narrative. For traumatic stress experiences, the therapist asks in detail for emotions, cognitions, sensory information and physiological reactions; probes for respective observations and records this information. The patient is encouraged to relive these emotions while narrating without losing the connection to the present. Using permanent reminders that the feelings and physiological responses result from memories, the therapist links the experiences to episodic facts like time and place. At the end of treatment, the patient receives the written report of their story. If requested by the patient, this document may be used for rights and human rights advocacy.

NET has several advantages in comparison to other treatment approaches. Although the duration of the treatment is short (variants between four and 12 sessions have been tested), the method of narrating the whole life story does not require the patient to select a single traumatic event from their trauma history. The procedure is straightforward and can be easily understood by local therapists, even lay counselors. And the fact that the patient receives a written biography as a result of the treatment has turned out as a major incentive to complete treatment. Across quite a number of trials, dropout rates among NET patients have been remarkably low (Robjant & Fazel, 2010).

The systematic evaluation of a treatment approach in crisis areas in Africa and Asia requires special considerations. Daily threats and stressful conditions, such as poverty, continuing persecution, discrimination and fears of being rejected and deported, interfere with psychological recovery. At the same time, migration and political threats may hinder the long-term observation of

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participants. Nevertheless, we have carried out randomized controlled trials to test the efficacy of NET with asylum seekers and refugee children in Germany as well as with war and torture victims, former child soldiers and orphans in Uganda, Rwanda, Ethiopia and Sri Lanka. In a review of NET studies (Robjant & Fazel, 2010) conclude that NET can effectively reduce PTSD symptoms in adult and child victims of violence, even when living under stressful conditions. Across cultures, NET can be disseminated to local counselors who do not have any medical or psychosocial background.

Research on NET is consistent with other studies that showed promising results of other evidence-based psychotherapy approaches in low-income countries, including with clients who are war victims (Bolton et al., 2003; Layne et al., 2008; Tol et al., 2008). Even more important, these studies demonstrate that it is possible to perform high-standard intervention research even in a difficult context. However, evidence based approaches have rarely reached humanitarian aid organizations, and unsubstantiated skepticism about the transfer of so-called Western concepts of illness and therapy to other cultures hinders the rational discussion about effective intervention.

But we should also note that in regions with endemic rates of trauma-related illness, individual psychotherapy could never reach the majority of the afflicted. While some of the worst affected individuals may be treated with one-to-one therapy, or small group sessions, and while treatment approaches like NET can be delivered by lay therapists and possibly peers, we ought to focus on new models of delivering psychotherapy.

The important research question is thus: how can various community, family and individual factors interact to produce or prevent PTSD and depression? Increasing evidence suggests that there might be a vicious circle of family and war violence (Catani et al., 2008), and that community factors might contribute to the mutual maintenance of mental disorders and violence in conflict areas (Panter-Brick, Eggerman, Mojadidi, & McDade, 2008; Catani et al., 2009). Dissolving the complex interaction of psychological and social factors might help to create the base for intervention and prevention on the community

level in order to counteract the epidemic of mental disorders in conflict populations. Ethically, trauma survivors living in resource-poor settings have the right to access evidence-based treatments.



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Media Matters:

Dart Center for Journalism Announces New Research Database

The Dart Center for Journalism recently announced the launch of a new [Dart Research Database](#) that offers, journalists, clinicians, scholars and researchers a tool to keep current with scholarly work on the intersection of journalism and human tragedy.

Discussing the new database, ISTSS Past President Elana Newman noted, “When I started working in this field I was frustrated by how difficult it was to find articles on topics of interest since every discipline used entirely different terms to describe the same phenomenon. My hope is that this evolving tool will solve this problem and as a

result encourage greater interest in this new subspecialty field.”

Newman continued, “My hope is that this tool will enhance the ability of scholars to quickly access the interdisciplinary scholarship on journalism and trauma. It should also help journalists with background for stories and help clinicians who are interested in aiding journalists.”

Read about the development and launch of this exciting resource at the [Dart Center website](#).



Members on the Move:

Helping Communities Recover from Disaster

Several ISTSS members, including Drs. **Fran Norris** and **Ryan Kilmer** contributed to a new manual entitled, *How to Help Your Community Recover from Disaster: A Manual for Planning and Action*.

The manual is available online at the [Society for Community Research and Action website](#).

According to Kilmer, representing the task force that developed the manual, it is designed to guide both lay and professional readers through the steps required to understand the potential effects of disaster, organize the community, assess its needs, make an action plan, choose a strategy or strategies for intervention, reach out to various constituencies, track results and share lessons learned.

The initiative for a manual that could provide practical guidance to community leaders began after Hurricane Katrina when a Task Force on Disaster, Community Readiness, and Recovery was formed by the Society for Community Research and Action (SCRA; Division 27 of the American Psychological Association). The task force, led by Fran Norris, Dartmouth Medical School, and Brad Olson, Northwestern University, involved contributions from dozens of professionals within and outside academic settings who had experiences in post-disaster settings.

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

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

Traumatic StressPoints Leadership

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Upcoming Events

Courses Start February 15, 2011

ISSTD Professional Training Child & Adolescent Course
[Register Online](#)

March 8 - 10, 2011

IVAT 8th Annual Hawai'i Conference on Preventing, Assessing & Treating Child, Adolescent and Adult Trauma
Honolulu, Hawai'i, USA

April 23 - 24, 2011

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

May 29 - June 1, 2011

Violence Against Women - International Conference
Montréal, Quebec, Canada

June 2 - 4, 2011

Canadian Psychological Association 72nd Annual Convention
Toronto, Ontario, Canada

June 2 - 5, 2011

12th European Conference on Traumatic Stress, Human Rights & Psychotraumatology
Vienna, Austria

November 3 - 5, 2011

ISTSS 27th Annual Meeting with Pre-Meeting Institutes Nov. 2
Baltimore Marriott Waterfront
Baltimore, Maryland, USA

May 24 - 27, 2012

Latin American Society for Psychotrauma (LASP)
Acapulco, Mexico

June 11 - 17, 2012

Canadian Psychological Association 73rd Annual Convention
Halifax, Nova Scotia, Canada

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

Check out the newly redesigned [ISTSS website](#) for other upcoming events, continuing education opportunities and ISTSS news!