TRAUMATIC stress points

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President's Column

Marylène Cloitre, Ph.D.
President

Dear Colleagues,

In the next week, the European Society for Traumatic Stress Studies will be hosting its biannual conference in Vienna. The conference theme will focus on human rights, human rights violations and the role of mental health providers in facilitating recovery. Many of the presentations will be organized as papers in their new online journal, The European Journal of Psychotraumatology. I encourage you all to take a look.

This month, ISTSS made very strong moves to engage in government policy activity to support and facilitate trauma sensitive policy activity within the Peace Corps, a nongovernmental organization started in the United States 50 years ago.

Karestan Koenen, who was a volunteer for the Peace Corps, as well as several other individuals with Peace Corps experience, testified before the U.S. Congress regarding the lack of effective policy regarding sensitivity for and appropriate treatment of individuals who experience sexual assault during their service for the Peace Corps.

Over several decades it has been clear that the Peace Corps has engaged in systematic denial and cover up of sexual assault. By requesting survivors not tell coworkers, family or friends about their experiences and by providing training suggesting acts of interpersonal violence are a result of the victim's behaviors and is their responsibility to manage, Peace Corps has put their volunteers at risk.

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Karestan, and several other individuals, have been influential in convincing the Peace Corps that their training, attitude and recovery plan for victims are woefully inadequate. The response of various members was extremely positive, with many vowing to help the Peace Corps engage in needed change and ensure that this change takes place.

Led by Diane Elmore, chair of the ISTSS Public Policy Committee, ISTSS developed a briefing document submitted to Congress that provides background on the prevalence of sexual assault, important factors which facilitate recovery and a set of recommendations for the Peace Corps.

The testimony provided by Karestan Koenen at the hearing, along with other women and family members, was quite moving, persuasive and practical. It reminded me of the power of individuals to make a difference for the better where we live and work.

To watch the congressional hearing and access the ISTSS briefing go to the ISTSS website.

ISTSS 2011 Board Elections – Voting Opens August 2011!

The ISTSS Nominating Committee, chaired by board member and past president Ulrich Schnyder, M.D., has nominated the following individuals:

ISTSS nominees for President-Elect:
Jonathan I. Bisson, D.M.
Karestan C. Koenen, Ph.D. * **

ISTSS nominees for Board Members (electing six):
Bekh Bradley, Ph.D.
Alain Brunet, Ph.D.
Kathleen Chard, Ph.D.
Grete A. Dyb, M.D., Ph.D.
Justin A. Kenardy, Ph.D.
Dean Kilpatrick, Ph.D. **
Karestan C. Koenen, Ph.D. * **
Ruth A. Lanius, M.D., Ph.D.
Daniel L. Mosca, M.D.
Eric Vermetten, M.D., Ph.D.

* Candidates may simultaneously run for president-elect and re-election to the Board of Directors. If such candidate is elected to both positions, the election to the Board of Directors will be void and the position will be filled by the candidate receiving the next highest number of votes.
** Current board member running for re-election

Note: 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 2011. Members will also elect a president-elect who will assume the office of president in November 2012.

Frequently Asked Questions:

What if I want to propose a candidate who is not listed on the slate above?
Per the ISTSS Bylaws: "The general membership may place additional names in nomination by offering a petition signed by at least (16) members in good standing." Individuals may nominate someone by petition by submitting the name of the ISTSS member being nominated, along with the name and signature of the ISTSS member making the nomination. A total of at least 16 signatures must be received at ISTSS Headquarters no later than Friday, June 24, for the name of the ISTSS member being nominated to be placed on the ballot. Petitions with signatures may be submitted by mail, fax or PDF sent as an attachment to an email. Petitions submitted as an email message without a PDF attachment will not be accepted.

How does voting work?
The election will take place by electronic ballot in August 2011. Voting for the 2011 election will begin Thursday, August 4, and close Thursday, September 8. You will receive an email from ISTSS on or before August 4 with online voting instructions.

Who is eligible to vote?
Any current 2011 member of ISTSS who has joined on or before September 1, 2011.

What if I don't have an email address?
By July 30, mail ballots will be distributed to members without email addresses.

What if I have email but I would rather not vote electronically?
If you prefer to vote by mail, contact:
Clare Bodenshok, ISTSS Administrative Director
Email: cbodenshok@istss.org
Phone: +1-847-480-9028, ext. 262
Mail: ISTSS, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015, USA

You must make the request prior to Tuesday, July 19, to allow for mailing time. Your mail vote must be postmarked by Friday, August 26, and received by Thursday, September 8.

May I fax my vote?
Only non-North American members may fax their vote if they cannot vote online.

All candidates accepted for the final ballot will provide a statement that will be available on the ISTSS website. More details regarding electronic balloting are forthcoming. Results will be announced in November.

ISTSS 27th Annual Meeting Travel Grants – Support your colleagues in developing countries today!

Donate to Travel Grants – Embrace this opportunity to support your colleagues in developing countries who would not be able to afford to attend the ISTSS 27th Annual Meeting without your help! Use the secure online donation form to contribute today!

Apply for Travel Grants – Attend the ISTSS 27th Annual Meeting in Baltimore! A limited number of travel grants will be available in 2011 to support conference attendees coming from developing countries and experiencing financial hardship with fees or travel costs. The travel grants are supported by voluntary contributions from ISTSS members and nonmembers. **The application deadline is June 17, 2011.**

An ISTSS member must submit the application. Members may apply on behalf of individuals who are not members of the society. Grants will be awarded based on applications received by June 17, 2011. Individuals selected to receive a travel grant will be notified in writing by August 3, 2011. The application form should include a statement of need that explains the impact or importance of attending this meeting, a current curriculum vitae, estimate of expenses (in U.S. dollars) to travel to the ISTSS 27th Annual Meeting in Baltimore, Maryland, USA, and a letter of reference (optional).

Visit the ISTSS website for details or download the International Travel Grant Application and apply today!

Announcing our June Webinar:

Interventions with Disaster Survivors

Learn from leaders in the traumatic stress field and earn 1.5 continuing education credits without leaving your desk!

Wednesday, June 8, 2011 – 1:00–2:30 p.m. EDT
Presenter: Richard Bryant, Ph.D.

Sign up for this Webinar to learn how to:

- Evaluate the mental health needs of disaster survivors
- Describe early interventions after disasters
- Update developments in staged interventions after disasters

ISTSS member rate: $59 • Nonmember rate: $79

Your registration fee includes one telephone connection, one set of materials and one evaluation for continuing education credits. An unlimited number of people can listen in on the Webinar with you and purchase continuing education credits for $25 each.

Webinars combine the educational experience of a live conference session with the convenience of learning at your desk and include a Q & A session.

Register today!

Trauma and World Literature: Garry Trudeau's *Doonesbury*

Howard J. Lipke, Ph.D.
Wheeling, Illinois

Garry Trudeau has been writing and drawing insightfully about many aspects of society in his cartoon strip, *Doonesbury*, for 40 years. He is one of the few national commentators convincingly able to condemn a war while supporting the warriors.

In response to the recent wars in Iraq and Afghanistan, Trudeau created a new character, Elias, a vet center counselor, a combat veteran and an amputee. He also re-created the character B.D., a fighting conservative football star, then coach, who he had always drawn wearing a football helmet. B.D., a reservist, was deployed to fight in Iraq. He returned missing a leg and suffering from PTSD. Through B.D., Trudeau has sensitively described the psychological effects of war, and a path toward recovery.

This recovery process is shown in a series of strips, beginning in 2006, in which B.D. ambivalently approaches therapy with Elias at a local Vet Center. The strip referenced below describes an early moment in their therapeutic relationship. The strip, with its art, can be found at http://www.amureprints.com by selecting *Doonesbury* and the entering the date of publication, 01/27/06.

Here is the dialogue:

> *In the first three panels Elias, the therapist, reveals his own combat experience:*
>
> *Elias: "Okay B.D. Let me give you a short version of my war. Anything grabs your attention I can elaborate. First tour I was a fire support spotter stationed outside DaNang. Saw lots of stuff blow up, but not much of it near me…Second tour though, I got screwed and sent to the field. South of the DMZ. On a typical day, my platoon'd get hit five times."*
>
> *B.D.: "Where'd you lose the leg?"*
>
> *Fourth panel:*
>
> *Elias: "Reno. Oil skid on my Harley."*
>
> *B.D.: "Whoa. Bike Okay?"*

My admiration for Trudeau's understanding of the complex experience of veterans, and his wise irreverence grew greater still after I ran into a combat vet I had known for quite a while, but hadn't seen in months. I asked where he had been. He said that he was laid up, recovering from a motorcycle accident. Before I could show concern, or ask any questions, he, showing the same priorities as B.D., assured me that the bike was OK.

Some of the earlier work in the series, showing events prior to the strip referenced above, is available in a collection, *The Long Road Home*, published in 2005 by Andrews McMeel. The proceeds benefit Fisher House, a "home away from home" for families of veterans receiving medical care at more than 30 federal health care centers.

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.

Call for Applications for the ISTSS Student Representatives Election

Are you a student looking for an opportunity to serve with the International Society for Traumatic Stress Studies (ISTSS)?

Applications are being accepted now for the election of the chair and vice-chair of the ISTSS Student Section for the November 2011 – November 2013 term. All candidates must be willing to serve in the position of vice chair if they are not elected as chair but have attained the second highest number of votes in the student election**.**

"Serving in ISTSS Student Section leadership has been an incredible journey. Serving in these leadership roles is one of the best things you can do professionally if you want to work in the field of traumatic stress."

Lynnette A. Averill, M.S.,
Student Section Chair

"It has been a privilege to serve as student vice chair for the last two years. It has been a fantastic experience, and I would encourage any interested students to apply for a student leadership position."

Heidi Labash, B.S.,
Student Section Vice Chair

The **student chair** presides over the student meeting, represents the needs and interests of the student section to the ISTSS Board of Directors, and serves as a liaison between the ISTSS board and students.

The **vice chair** is the chair's administrative and strategic collaborator and acts in the chair's place as needed.

Visit the Student Representatives Election page to review detailed job descriptions for the two positions and the application process.

Applications are due June 15, 2011, at 5:00 p.m. CDT.

Questions?
Contact ISTSS

Media Matters: New Recommendations for Reporting Suicide Include Social Media, Journalists' Input

A two-year collaborative effort between 16 organizations has resulted in *Recommendations for Reporting Suicide V2.0*. In this interview with Sue Lockett John from the Dart Center for Journalism and Trauma, Daniel Reidenberg, Executive Director of Suicide Awareness Voices of Education (SAVE), explains the changes and the challenging process leading to the final recommendations.

Sue Lockett John (SLJ): What precipitated this collaboration?

Daniel Reidenberg (DR): For several years many organizations working in suicide prevention have been frustrated and concerned about the media reports on suicide. Despite earlier recommendations [released in 2001] media seemed to not pay attention to them, and instead often blatantly did the opposite of safe reporting. In some cases this created a contagion effect leading to an even greater tragedy. In May 2009, The Substance Abuse and Mental Health Services Administration (SAMHSA) held a New Media Summit which brought together representatives from suicide prevention, mental health, online communities, as well as federal officials, to look at the changes in media created by social media. It became clear that the media recommendations needed to be updated, relevant and incorporate new media tools and ideas.

SLJ: What's new about these recommendations?

DR: The format and design is entirely new. It is more modern and contemporary, for example, using a keyboard as opposed to a typewriter ball for a graphic. We also listed the three most important things first and added an "Instead of This..."/"Do This..." section so that those in the news media could see examples of risky vs. safe reporting on suicide. On page 2 we added a section on including messages of hope, current research information, and a section on message boards, bloggers and online reporting. We developed a sidebar that includes the warning signs of suicide and how to help. The entire design was made to be simple and quick for journalists to have the most critical information available to them.

This version was done in collaboration with and in partnership with media. I made it a point to have people in the group with media and new media expertise, but we also went to others in the media industry for input as the recommendations were drafted. We listened to what journalists want and need, not just what we want them to know. This collaboration has made a world of difference and led to an entire reorganization and rewriting of the recommendations.

SLJ: What do clinicians need to know about journalistic practices in order to work with reporters and editors?

DR: Clinicians need to know that those working in the media industry are on tight deadlines. They have a story to create and tell and they need to do it in a way that is both factual and compelling. Clinicians need to understand that it isn't that journalists don't care — they do. They are just as human as we are, but they have a job to do and it is based on very different principles of practice than clinical work. Most journalists don't want a lot of information, only enough for their story, so whereas a clinician will "process" and talk extensively in responding to a question, some journalists just need a sound bite. Clinicians need to remember that they use their own language in talking about various diagnostic categories, behaviors, and illnesses that the general public doesn't understand. Reporters need to tell the story in a way general audiences will understand. Clinicians also need to know that journalistic practices are based on a story, not a life. A therapist might work with someone for weeks, months or longer, but a television or radio reporter's story is often 45 to 90 seconds at most.

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SLJ: What challenges and opportunities are posed by social media when communicating about mental illness and suicidal behavior?

DR: The challenges are that social media were not created to deal with suicide, mental illnesses or saving people. Social media messages seem immediate, but aren't always. For example you may post something on Facebook but a friend might not see it that day, that week or until they log on again. In some cases that could be too late. Social media are also limited to words on a screen, or in the case of Twitter, the number of characters. That doesn't really give users a full way to express all that is happening to them emotionally or cognitively. Yet another challenge is that some connections a user has may not have access or the ability to help them. People are "friended" all the time by people that they don't know. Posting a message to those people is not helpful in that they may not have any idea where you live, let alone how to get you help if you are struggling with thoughts of suicide.

On the plus side of things, social networks have amazing potential. They offer connections to people quickly, everywhere, and to people you wouldn't have otherwise known. This social network of people can provide a protective factor allowing you to feel connected and involved in a community. Social media help break down social barriers many feel in talking to others, allowing people to have a voice that they might otherwise not have. Social media also provides a great chance to bring us together for a common cause. This can be, for example, promoting World Suicide Prevention Day through a single event page, or by helping someone directly. When social media is used for causes like suicide prevention, experts in different worlds can come together to find new ways to help people. This is a remarkable advancement for everyone.

SLJ: What else would you like to say about media coverage and suicide prevention?

DR: In my field we often get very upset when journalists do something we don't like. However, the reality is that we need media and, given all of the technology in the world, we need them more now than ever before. Journalists have an amazing, incredible ability to inform, educate, motivate and change people. Media equals influence. That is the challenge for us because too often we miss opportunities, the right people are not involved in the process, and sometimes that results in the wrong messages being shared with the public. When you have someone who can see both sides of the issue (the clinician who is sensitive to the reporter's needs and the reporter who wants to do it right), you can have a powerful piece that can save a life.

For more information on the recommendations, see Substance Abuse and Mental Health Services Administration website.

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

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

Cross-Cultural Challenges to the Construct PTSD

By *Dilwar Hussain*, Assistant Professor, School of Management & Social Sciences
Thapar University, Patiala, Punjab, India

Is PTSD the best way to conceptualize human pathological reactions to trauma across cultures? As psychologists increasingly question the cross cultural validity of PTSD (e.g., Summerfield, 2004), this article considers the intersection of culture, posttraumatic reactions, and trauma.

Culture mediates responses to situations, including traumatic encounters. For example, Kienzler (2008) argued that "psychological knowledge is the product of a particular culture at a particular point in time…From this point of view, intrusion-avoidance symptoms are related to the search for meaning, meaning is always related to cultural backgrounds, and, thus, PTSD is seen to be the product not of trauma in itself but of trauma and culture acting together" (p. 222). Further, Cash (2006) argued that the concept of trauma and its associated etiology, symptom development, symptom expression, and treatment are all potentially variable across cultures.

Others have argued that globalization of Western ideas about PTSD may be problematic in the context of other cultures where symptoms may have different meanings (Almedom & Summerfield, 2004). Although studies have confirmed the prevalence of many mental disorders in other cultures using standardized questionnaires developed in the West, there is no guarantee that symptoms mean the same thing in other cultural settings (Bracken, Giller & Summerfield, 1995).

"…globalization of Western ideas about PTSD may be problematic in the context of other cultures where symptoms may have different meanings."

What is regarded as traumatic experience may also vary across cultures. For example, Terheggen et al. (2001) found that the destruction of religious signs, torture of relatives, prohibition to speak one's own language and lack of cultural and religious freedom were highest ranking traumatic factors for the Tibetan refugees.

Meaning making process after traumatic encounters is shaped by pre-existing cultural factors (such as religious interpretation); consequently, there can be culture-specific disorders and culturally-weighted symptoms (Williams, Carr, & Blampied, 2007). For example, one of the culture-specific expressions of anxiety among Hispanics is known as "nervios" characterized by headache, insomnia, lack of appetite, depression, fear, anger, trembling, and disorientation. These symptoms are generally precipitated by various negative life events and are considered socially acceptable expression of being out of control (Al-Issa & Oudji, 1998). Similarly, Friedman et al. (1994) reported that African-Americans often considered certain expressions of anxiety (such as panic sensation) as sign of psychosis rather than symptoms of anxiety.

Further, psychological resilience and vulnerability are also found to be culturally specific (Jang & LaMendola, 2006). For example, Kosovar civilians interpreted the death of their family members in the war as martyrdom of the loved one and such interpretation improved their coping (de Jong, 2002). Kinse's (1988, 1993) studies on Cambodian refugees who had suffered multiple traumatic events suggest that these refugees interpreted their traumatic experience in terms of Buddhist beliefs of *karma* and fate. Similar result was also obtained in my own research on Tibetan refugees (Hussain & Bhushan, 2010). One of the participants commented:

"If we see from Buddhist point of view, then we Tibetans are suffering because of our collective bad karmas which we had done. Otherwise there are no reasons why should we suffer so much in our life. So, I accept whatever happens in my life as results of my past karmas. One cannot do anything about it."

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This participant's explanation may seem very alien to Western cultures. Western psychiatry is primarily individualistic; however, many non-Western cultures, particularly collectivist cultures, may differ considerably in their perceptions of health and illness. In such non-Western cultures, to fully understand the individual we need to focus on the dynamics of individual with broader contexts such as family, group, village, community, and society. Additionally, in the context of PTSD, Western verbal psychotherapeutic techniques may have limitations when exported and applied to non-Western cultures (Summerfield, 1999). Therefore, Western practitioners need to integrate local cultural values in all assessments and interventions. Local healers (cultural and religious based) should also be collaborated. Furthermore, local rituals and traditional coping resources should also be encouraged. Without such assessments and interventions, the psycho-social programmes will have only marginal success (Marsella & Christopher, 2004).

Evidence of considerable cross-cultural variation in human traumatic reactions does not, however, rule out certain universal aspects of traumatic experience. Cross-cultural research in the area of diagnosis and treatment of PTSD has concluded that the biological response to traumatic events (such as activation of HPA axis) is universal, though there may be considerable variations in the expression of symptoms (Cash, 2006). Boehnlein and Kinzie (1995) suggested that in the process of posttraumatic recovery, cultural variations in terms of cultural symbols, communication patterns and healing approaches exists; however, certain universal traumatic responses (such as cognitive disruptions and existential pain) are undeniable. Still other researchers have cautioned that in assessment and treatment, excessive reliance on cultural determinism would be as unproductive as totally disregarding cultural factors (Morris & Silove, 1992).

In recent years, the place of culture in trauma studies has become increasingly important due to growing multiculturalism brought about by migration and revolution in technology and communication (Boehnlein, 2002). At present we have very little understanding about cultural mediation of traumatic experiences. Many moderating variables may further increase the complexity of cultural mediation of trauma. Some of the moderating variables that may affect the relationship between culture and PTSD include level of acculturation, stress of minority status (such as bicultural identity, racism, language issues, mistrust of members of majority culture, stereotypes) and the degree to which a person identifies with his/her ethno-cultural group (de Girolamo & McFarlane, 1996; cited in Cash, 2006). These factors may complicate the diagnosis and treatment of PTSD. Consequently, future research needs to address these issues and develop more holistic and culture-sensitive models of human traumatic reactions.

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Seeking New StressPoints Editor – Apply Now!

StressPoints, the newsletter for the International Society for Traumatic Stress Studies (ISTSS), is seeking a successor for current Editor Anne DePrince, who is nearing the end of her term.

This is a three-year term position with an annual stipend of $4,000 and ex-officio membership on the ISTSS Board of Directors.

Applicants should be experienced writers familiar with current developments in the traumatic stress field. Familiarity with Web technology is desirable because StressPoints is distributed in an electronic format.

Potential applicants seeking more information can contact Anne DePrince.

Any member of ISTSS who would like to be considered for the position of StressPoints editor should send a cover letter briefly explaining their interest in, and suitability for, the position, along with a vita of not more than three pages outlining relevant experience and listing one professional reference.

This should be sent via email to Lindsay Arends at ISTSS Headquarters by July 15, 2011.

Upcoming Events

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

June 29 – July 1, 2011
XII International Congress on Traumatic Stress and Anxiety Disorders organized by Argentine Society for Psychotrauma (SAPsi)
Buenos Aires, Argentina

September 11 - 14, 2011
International Conference on Violence, Abuse and Trauma
San Diego, California, USA

November 3 - 5, 2011
ISTSS 27th Annual Meeting with Pre-Meeting Institutes Nov. 2
Baltimore Marriott Waterfront
Baltimore, Maryland, USA

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

Visit the ISTSS website for more upcoming events, continuing education opportunities and ISTSS news!