and training. She is the co-author, with Ken Pope, of *Ethics in Psychotherapy & Counseling: A Practical Guide* (1998, Jossey-Bass) and of *How to survive and thrive as a therapist: Information, ideas and resources for psychologists in practice* (2005, American Psychological Association). She is 2006 president of the Texas Psychological Association, and is a past President of APA Divisions 35 (Society of Psychology of Women) and 17 (Society of Counseling Psychology). She is currently a Council Representative from Division 42 (Psychologists in Independent Practice).

Be There at the Beginning: The Emerging Field of Trauma Psychology

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Secretary, Division 56

Natural disasters. Terrorism. Rape. Child maltreatment. Our nightly news highlights these horrifying events, and indicates that the experience of trauma is a common one–even in the U.S. According to the National Center on Posttraumatic Stress Disorder, 61% of men and 51% of women have experienced at least one traumatic event in their lives. More astonishingly, 10% of men and 6% of women have experienced four or more traumatic events. As indicated by these statistics, a relatively high percentage of people that psychologists either treat or study have a traumatic past. The new Division of Trauma Psychology will equip psychologists to provide skillful and compassionate care, and to be at the forefront of trauma research.

Trauma's Deadly Toll

Traumatic events can have a lifelong impact. Psychological trauma is at the root of many mental illnesses including depression, substance abuse, eating disorders, high-risk behavior, and of course, posttraumatic stress disorder. Trauma can also have a negative impact on physical health. Research over the past 10 years has also revealed that people who have suffered trauma are at dramatically increased risks for premature mortality and serious illnesses such as diabetes, cardiovascular disease, liver and lung disease, and cancer. Consider some of the most vexing and expensive health problems facing our health care system today—HIV, substance abuse, chronic pain, depression. Trauma survivors are overrepresented in all these populations of patients (Kendall-Tackett, 2003, 2004). As psychology becomes more active in promoting physical health, and in being a health care field, knowledge of trauma will be essential to good practice.

What We Hope to Accomplish

We have set a bold goal for our new Division. We desire nothing less than to formulate a specific psychology of trauma. We seek to provide a forum for this emerging new field, and facilitate collaboration between scientists and practitioners. With these goals in mind, our mission is a follows:

The APA Division of Trauma Psychology provides a forum for scientific research, professional and public education, and the exchange of collegial support for professional activities related to traumatic stress. By doing so, we facilitate a state-of-the-art response by psychologists and move our understanding of trauma psychology forward.

Projects for Our New Division

The Division of Trauma Psychology can provide a number of important services to both APA as a whole, and to individual members. Here are some of the planned projects and services we hope to provide.

- Training: Training for Graduate Students, Interns, and Fellowships in the area of traumatic stress exposure and PTSD.
- Health Service Delivery: Our members will work toward improving health service delivery in mental health and in physical health for people with trauma exposure.
- Emergency Preparedness: The Division of Trauma Psychology will provide psychologists with the tools they need to respond to crisis situations, and inform U.S. policy for Homeland Security.
- Integration: Our members will integrate diverse areas of study such as: combat, rape, domestic violence, child physical and sexual abuse, refugees, torture survivors, prisoners of war, community violence, and occupational traumatic stress. There will be an effort to understand the underlying principles leading to the development of psychopathology, disability, and distress as well as leading to resilience and mental and physical health. Also, there will be an effort to integrate knowledge from clinicians into research and knowledge from research into practice.
- Academic Support: We seek to support academic researchers studying these diverse areas, and develop an integrative journal for the field. The effort will be to further a more practice-informed approach to trauma research and a more scientifically informed approach to trauma practice.
- Funding: We will work in conjunction with federally funded centers of excellence to support clinicians, researchers, and students in the area. There are now national Centers for Trauma funded for both adults and children. Work with APA to influence funding agencies both private and public to understand the public health consequences of trauma exposure and PTSD.
- Publications: Our members will produce publications on a wide range of trauma-related topics including:
  1. Psychological treatments and effects
  2. Pharmacological treatments and effects
  3. Promotion of education about effects of and treatment for trauma
  4. Assessment and diagnosis
  5. Psychopathology
  6. Pathophysiology
  7. Health services (delivery of services to trauma populations)

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Be There at the Beginning...

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8. Epidemiological studies and risk factor studies
9. Neuroimaging studies

And this is only the beginning. As you can see, the opportunities are many. This is your chance to have a significant impact on a developing field. We hope that you will join with us in this exciting new endeavor.

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Trauma and Diversity Issues

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Part of the mission statement of our new APA Division on Trauma Psychology identifies traumatic stress as a major factor in the health and well-being of people who have experienced chronic poverty, injustice, childhood abuse, adult assault, war, sudden loss of loved ones through homicide, natural and human induced disasters, and so on. These are, unfortunately, experiences that a significant portion of people of color in society experience. Discrimination is a significant source of stress. Many (Marsella, Friedman, Gerrity, & Scurfield, 1996) have conceptualized these experiences as either direct or insidious trauma.

I am still learning to manage my personal posttraumatic stress symptoms that are evoked whenever I perceive or experience discrimination, including various forms of injustice toward others. I experience low mood, high anxiety, sleepless nights, nightmares, intrusive thoughts about past events, and obsessive thoughts about current incidents. I have to manage increased irritability, shame and impulse to withdraw from activities. The support of my friends and colleagues is critical in my ongoing healing process. I work through these symptoms in a variety of ways, including through some professional activities related to training, writing and policy development. I work with clients in my practice who also have to manage these symptoms on a very regular basis.

The relevant research literature about the traumatic effects of discrimination has been evolving, and this division will provide one important place where research, teaching, practice and policy development can be supported. Maria Root (2003) conceptualized how people of color experience insidious, chronic trauma through the experience of discrimination. This has a long term effect, documented by work such as Claude Steel's (1997) stereotyped threat. Stereotyped threat is a phenomenon that happens for people when they believe that there are certain negative stereotypes about their abilities—they tend to get threatened, anxious, and to underperform. Shame, anxiety and fear may lead to attempts to try harder, "choke under pressure" and perform significantly lower than they would under non-threatening conditions. I conceptualize this as symptoms of PTSD.

Research has begun to emerge to identify vulnerabilities of certain groups, as well as protective factors for groups. Pole, Best, Metzler, Marmar (2005) for example, found that Hispanic American police have higher rates of posttraumatic stress disorder than non-Hispanic Caucasian and Black American police, and that greater perceived racism was one of the important variables in explaining the elevated PTSD symptoms. What might be the protective factors for Black American police?

Our new division will provide greater visibility for several trauma journals published by Haworth Press. The Journal of Aggression, Maltreatment & Trauma, for example, has provided an outlet for addressing various related issues for diverse groups, including violence in low-income neighborhoods (Lott, 2003), violence exposure and PTSD among delinquent girls (Wood, Foy, Goguen, Pynoos, James, 2002), and several special issues were dedicated to the trauma of terrorism, including the voices of unique and diverse groups (for example, see Geffner, Ed., 2004 volume 9, numbers 1/2). These are examples of research that inform our evidence supported treatments.

I am pleased to have a Division where many of us can obtain and provide support for the trauma related professional activities of interest such as research, teaching, practice and policy development. I hope all members find it to be a "home" for their work and interests as well.

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