Traumatic StressPoints

NEWS FOR THE INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

Volume 8, Number 3 Summer 1994

President's Message: Developing a Vision for the Year 2000

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On May 20, 1994, the ISTSS board of directors met in Philadelphia for a strategic planning retreat. The goals of this session were to develop a collective vision for ISTSS for the year 2000, to clarify ISTSS's mission and to create goals regarding the Society's key activity areas.

Our guideposts in this discussion were an assessment of ISTSS member needs as indicated by the recent member survey (The results are on page 2 of this issue) and a recognition that the needs of ISTSS members are in turn driven by the needs of their clients. The link between the needs of clients and those of practitioners is apparent in the following list of member priorities generated from the survey:

- Affordable continuing education,
- Networking opportunities/professional support,
- A balanced emphasis between research and clinical issues,
- User-friendly, accessible treatment research,
- Addressing issues (e.g., false memory syndrome, managed care, litigation),
- Communication with the media and public,
- Training to deliver effective, innovative treatments, and
- Ethical standards.

The discussions on these and other topics resulted in more than 60 specific goal statements, which ranged from simple suggestions on improving member services to ideas on expanding the Society's scope. As the Society responds to the emerging needs and interests of its members, it is reassuring to know that ISTSS's core activities — the annual meeting, *Journal of Traumatic Stress*, and *StressPoints* — are generally well received by membership (see survey results, p. 2).

While the Society will continue to strive to improve these basic services and exceed members expectations, I'd like to share a sampling of the goals that emerged as a vision for ISTSS in the year 2000:

- Developing a multidisciplinary, multicultural membership of professionals and nonprofessionals; fostering a truly global membership with a federation of regional affiliates;
- Increasing member networking opportunities; fostering relationships between academicians and practitioners;
- Forming cooperative relationships and strategic alliances with other associations;
- Setting standards of care in relation to treatment guidance and ethical guidelines;
- Addressing trauma-related issues through the media and to the general public; and
- Fostering the growth of interest groups so that they can become ISTSS sections.

As ISTSS attains these goals, the Society will address the diverse issues that challenge our members in coming years, from U.S. health-care reform to controversies over false memory syndrome.

ISTSS

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The Sanctuary Program: Milieu Treatment for Victims of Trauma

by Sandra L. Bloom, M.D., Medical Director, "The Sanctuary," Northwestern Institute, Fort Washington, Pa.

For the past eight years, a multidisciplinary team of inpatient providers worked on formulating a specialized inpatient program for victims of trauma, typically trauma sustained in childhood. The program was named "The Sanctuary" to reflect our belief that far too many psychiatric patients have experienced "sanctuary trauma," Dr. Silver's term for expecting a safe environment and finding only more trauma.

The social wounds of trauma victims, particularly victims of childhood abuse, are profound and are reinforced by the marked tendency to unconsciously but compulsively use every social engagement as a stage for traumatic treatment. The resources of a therapeutic milieu provide a unique opportunity to intervene in ways that are virtually impossible to accomplish in one-to-one psychotherapy.

The first requirement of treatment upon admission is the establishment of safety. Affective stimulation is begun to help correct cognitive distortions and teach about trauma and its effects. Our goal in this period is to convince the patients that it is what has happened to them, not what is wrong with them, that has culminated in their formerly adaptive, but presently uncontrollable symptoms, and that now they must "trade-in" their compulsive, self-destructive habits for relationships with us and with each other. As he or she achieves this goal, the patient is flooded with overwhelming emotions and often memories. In this phase our goal is to provide affect containment and affect resonance while teaching self-soothing. This is when the social environment as a whole *must* respond to and be empathetic toward the patient if social healing is to occur. Obstacles to treatment often arise and are understood by staff and patients alike as forms of traumatic reenactment. When resistance is framed in this way, blaming often gives way to insight and compassion, a novel experience for victims of childhood abuse.

Because of the nonverbal nature of traumatic experience, nonverbal forms of therapy are essential to serve as the bridge to linguistic expression. Consequently, we rely heavily on art therapy, movement therapy and psychodrama as powerful and evocative forms of treatment best conducted in a highly managed and supportive environment.

Special Treatment Issues in Children of Holocaust Survivors

By Andrei Novac, M.D., Rita Newman, M.D., and Florabel Kinsler, Ph.D.

Presented at the 1994 Annual Meeting of the American Psychiatric Association, Philadelphia, Pa. May 21-26, 1994

Our workshop at the recent American Psychiatric Association meeting summarized new research data on children of Holocaust survivors: 1)A recent, not yet published, Columbia University study (Dr. Itzhak Levov and Dr. Sharon Schwartz) performed on a large nonpatient Israeli population credibly demonstrated the absence of specific psychopathology in a nonclinical population of children of Holocaust survivors. There may be a significant childhood history of minor depression and anxiety in this group. (2) Children of Holocaust survivors ("second generation") have to be seen as a heterogeneous population. (3) The patient population (i.e., people who have sought help from a mental health professional) does not seem to present specific psychopathology either. However, our own recent study at the University of California–Irvine showed that when afflicted with anxiety and depression, these patients may be more likely to present comorbidity and an atypical presentation of symptoms. These findings have to be replicated. (4) Depressed and anxious children of Holocaust survivors are more likely to respond to psychopharmacological intervention, which includes an association of antidepressants with anxiolytic medications and/or Lithium, but the trend is statistically nonsignificant.

Our first presentation focused on "help-seeking pathways" in this population. We differentiated the organizations from communities of children of Holocaust survivors. *Organizations* (called *second generation* or *2-G*) have a self-help character. They often include leaderless, self-help groups. Activities like social events, research on the Holocaust, teaching the public and school children about the Holocaust, have a healing function. In contrast, the *community* is larger and includes a self-help branch (2-G organization with its leaderless groups which meet usually once a month) and a help-providing branch, with institutions like the Jewish Family Service, which has therapists specializing in the treatment of this population, therapy groups conducted by trained therapists, etc. We conceptualize the community as a rehabilitation community. Synagogues, friends, family, general practitioners, outside therapists and Jewish organizations all seem to be part of different pathways which children of Holocaust survivors tend to follow before entering the core community.

We presented some of the themes that have emerged in leaderless groups: (1) a tendency to adopt the world view of the survivor parents ("the freezing process"); (2) each individual's unique

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painful experience within the family ("the wounds"); (3) conformism; and (4) feeling foreign, removed (the "distancing process").

In closing Florabel Kinsler, Ph.D., who has treated suvivors and their families for more than 20 years, presented clinical vignettes and Rita Newman, M.D., presented on videotape a comparison between a Dutch and an American group of children of Holocaust survivors.

A New Therapy Center for Traumatized Refugees in the Netherlands

M. Kooyman, M.D., Ph.D., Centrum 45 Unit for Refugees and Asylum Seekers, Noordwijkerhout, The Netherlands

In August of this year, Centrum '45, the national center for treatment of war victims in the Netherlands, will open a new clinic for traumatized refugees. Situated in Noordwijkerhout, the clinic consists of an inpatient unit with 24 beds and a day hospital modality. Clients for day treatment come only once a week, so the eight available spaces for day treatment can accommodate 40 people. The day clinic has a separate treatment program but can also offer follow-up therapy after inpatient treatment. The treatment goal is the cognitive and emotional integration of the traumatic events in the clien'ts life.

The most common disorders that will be treated are expected to be post traumatic stress, depressive and somatoform disorders. Various psychotherapeutic approaches will be applied, as well as psychiatric treatment. In addition to verbal psychotherapy, which in most cases will be one-to-one and sometimes in small, homogeneous groups, nonverbal psychotherapy, such as creative therapy and psychomotor therapy, will be used.

The residents of the clinic are made responsible for several tasks in the house, such as preparing the meals, cleaning and gardening. The task groups are guided by sociotherapists. The milieu must provide the necessary safety for the therapeutic activities. As much as possible, partners and other relatives are involved in the treatment.

Important aspects of the treatment are learning to cope with the problems of the lack of knowledge of the Dutch society, language problems, cultural differences and an uncertain future.

The new clinic will be a center of reference for general psychiatric institutions. New approaches for this new client population can be applied in the safe environment of a 24-hour treatment center. The treatment methods will be evaluated in research projects developed in collaboration with universities.

The new center will open August 1, 1994, at the following address: Centrum '45, Unit voor Vluchtelingen en Asielzoekers, Westcinde 94, 2211 XS Noordwijkerhout, The Netherlands, Tel. (31)1719-46090, Fax (31)1719-47080.

ESTSS Regional Update

by Wolter S. de Loos, Ph.D. ESTSS President

1994 is the year the European STSS makes its efforts to consolidate itself as a branch of the conglomerate of Societies for Traumatic Stress Stuides. Since my last regional report, I attended the mid-year ISTSS board meeting and retreat, where board members exchanged their ideas about the course of the Society and its activities on a global level. It is clear that the International, European and Australasian societies are in full agreement on their intentions. It is also clear that ALFEST and the informal Israeli group are going in the same direction. We all want to strengthen the international professional efforts in traumatology and we want to unify regional efforts into a world federation which stands for promoting skilled and empathic help to human minds under the threat of destruction.

Efforts to help victims of the war in the former Yuguslovia continue to be an important endeavor for European professionals. Dr. Lionel Bailly, a psychologist and psychiatrist, has been working with the refugee clinic Association for Refugee Victims in Exile (ARVE). During the summer of 1993 he engaged in the debriefing of Bosnian physicians who had fled to Croatia. ARVE chose to start a limited medical/psychological project aimed at strengthening resources within communities, so that they can help themselves. ARVE invited Bosnian Muslim physicians from Zagreb, Croatia, to Paris for four days, where they were debriefed in group and individual sessions.

In Holland the Institute of Psychotrauma, a freelance training institute, is developing a nonprofit program in the former Yugoslavia to help strengthen the mental health care system. Also, the Dutch semi-governmental foundation Pharos is involved in setting up local systems of health care to reach out to traumatized refugees before the they flee to other regions.

It is clear that the Western European countries are becoming increasingly involved in what is going on in the former Yugoslavia. We expect that this will be one of the major issues at the Fourth European Conference on Traumatic Stress to be held in Paris in May 1995. This deeply rooted civil conflict will be a paradigm for the future, as were the Vietnam War, World War II, and other preceding conflicts.