Winter 2005

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FROM THE PRESIDENT

The Boxing Day Tsunami, the focus of our last newsletter, seems in the distant past even though we know that the psycho-social effects have not been fully experienced and managed. Whole communities and countries are still struggling to find their balance. Media attention has shifted to other catastrophic and violent events and the Tsunami may be quickly submerged under the competing weight of the burden of trauma. In any of these events, it is easy to lose sight of the fact that some people and communities do not recover quickly and need time and ongoing support. In such a world, our society has not lost its relevance.

ASTSS grew out of the dedication and enthusiasm of a small group of professionals who banded together in the late 1980s to establish a stress society inspired by the International Society for Traumatic Studies. Much history has passed since then. Although we have expanded our strategic plan, the original aims of the society remain central to our current mission:

To promote the advancement of knowledge about the consequences of highly stressful experience;

To foster the development of policy, program and service initiatives that seek to prevent and/or minimise the unwanted consequences of such experience.

Since our incorporation in 1991 we have operationalised those original goals into a number of specific achievements:

The establishment of chapters in New Zealand, South Australia, Victoria, Western Victoria, New South Wales, Western Australia, ACT, Tasmania and Queensland;

The funding of a paid secretariat and newsletter editor;

Hosting highly successful annual conferences;

Facilitating national workshop tours by presenters such as Merle Friedman, Bessel van der Kolk, Roger Pitman, and Berthold Gersons;

Production of a regular quarterly newsletter;

Establishing a vibrant website;

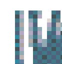
Instituting an ASTSS academic prize of $1000 and chapter awards of $250;

Establishing an annual media award with a superbly crafted sculpture as recognition of the award.

Despite these accomplishments, ASTSS is, I believe, at a crossroads. This year, as I step down from the presidency in September, we will see the departure of the last of the original members of the Society from the executive. In this newsletter we are calling for nominations for key positions in our elected central executive. We are hoping new faces will emerge to carry the torch. Being on the executive does require a significant commitment of time and energy, but the reward is the knowledge that you are contributing to a very important part of the health of society: the prevention and treatment of the effects of traumatic experience. This is a time when organisations like ASTSS need to maintain a strong focus. For example, government policies, both past and present, need to be challenged. Mandatory detention, the disgrace of the Stolen Generations, and the totally inadequate funding of mental health services dedicated to posttraumatic mental health are a few examples. Inquiries such as Palmer (policies and practices of DIMIA), the Mulligan Inquiry (South Australian Institutional Care) and the Senate Inquiry into Child Abuse and Neglect ("Forgotten Australians") will give a voice to traumatised populations and force a review of government policy. It is hoped that these populations will find an avenue of redress through the diagnostic lens of posttraumatic stress. It is unfortunate that this diagnostic lens is sometimes used in medico/legal situations that devalue the value of the diagnosis.

ASTSS does provide a forum where we can continue to rigorously challenge scientific and practical relevance of what we do, while at the same time assist traumatised groups to find healing spaces. I would urge you to remain constant to ASTSS as the one inclusive organisation capable of keeping trauma on the agenda as a significant public health issue.

John Raftery



ASTSS 12TH ANNUAL CONFERENCE UPDATE

Hi to all members. By now everyone should have received a copy of the Registration Brochure and/or been contacted via email. If you have not received a copy please email waconferenceorganiser@astss.org.au or fax 08 93899922 with your postal address and I will send this out to you immediately. Conference delegates can now register online for the Convention held on Sunday September 18th via the Conference Registration form. Follow the instructions on the Conference web-site www.astss.org.au/conference.

It has been noted that there is increased interest in treating Complex PTSD with **Structural Dissociation** as a core feature, with a colleague of Professor van der Hart's presenting a workshop on this topic later in the year. The Conference Committee is pleased at the interest in this topic, which underlines the importance of the work of Professor van der Hart and colleagues in the treatment of Complex PTSD. We are delighted that having invited Professor van der Hart to run this one day intensive pre-conference workshop, on **Structural Dissociation and Treatment of Complex PTSD**, conference delegates have the opportunity to learn about this three phase treatment approach at a greatly reduced cost. This is a wonderful opportunity for conference delegates to learn about this treatment approach AND attend a diverse and dynamic trauma conference. We anticipate that the obvious importance of this treatment approach will result in a high demand for places at Professor van der Hart's workshop on Thursday September 15th, so early registration is highly recommended.

The program speaks for itself regarding the quality and diversity of this conference. Speakers come from nearly every State of Australia and from New Zealand, providing diverse insights into the specific issues to be addressed at the conference. As is widely recognized, childhood trauma is a vulnerability factor of adult psychopathology or PTSD following future disasters, and the topics covered from childhood sexual abuse to the recent tsunami; medical and legal procedures; and transgenerational issues provide an opportunity to gain in-depth knowledge of this topic.

The Registration brochure and Conference website provide information about the program for both days of the conference, details about pre- and post conference workshops, and a number of accommodation alternatives. The venue, Hyatt Regency Perth, is highly recommended as it provides luxurious accommodation onsite, however other nominated alternatives are close by, creating a conference delegate community. I would like to note that Kingstone on Hay Apartments is one block closer to the venue than portrayed on the map, so those looking at extending their stay or reducing accommodation costs by sharing a well appointed apartment should consider this venue.

We have suggested a number of social functions and tours during and after the conference. The conference dinner will be a night to remember beginning with a scenic tour and stop over at Kings Park (Mt Eliza) and dinner at Matilda Bay. The Welcome and Closing Functions provide opportunities to meet and mingle, and for those wishing to enjoy Perth's wonderful weather in September, and the beautiful wild-flower season or wonderful wine and Karri forest regions. In short, the WA Chapter and the Conference Committee have worked hard to ensure that this is a conference to enrich, enjoy, and evolve both in your practice and in your understanding and utilization of other professions.

The Conference Committee would like to take this opportunity to thank our current sponsors, who have helped make this four-day event world class standard at an affordable registration cost. Our sponsors are Hollywood Hospital; Department of Community Development - Office for Children and Youth; Organon; Bristol-Myer Squibb; Hyatt Regency; Techsmith Computer Services and Web-design; Niola Hospital; Hogrefe & Huber Publishers; Perth Convention Bureau and of course ASTSS, our major sponsor.

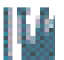
Please continue to check the Conference website www.astss.org.au/conference for updates and any changes in the program and social events. Also online registration is available via this secure website for the conference, social events, and accommodation. Registrations are already pouring in. The workshops are attracting a lot of interest so I strongly encourage those wishing to attend workshops to book immediately.

I urge you to spread the word about this conference; encourage others to contact us for more information and Registration Brochures; contact us yourselves if you can distribute Registration Brochures; and basically assist us to further increase awareness about this conference and to increase ASTSS activities through-out Australasia.

We sincerely look forward to welcoming you to Perth, Western Australia, and to your Annual Conference.

See you there!

Elizabeth Sachse
Conference Chair



EDITORIAL - by BRONWYN TARRANT

Welcome to the Winter Edition of Stress Points and the second of our new-looks as we try and marry professional discourse with value for money. Apparently the smaller size was less than enthusiastically embraced by the membership - so in the tradition of "double or nothing" we have enlarged twofold. Again, let us know your thoughts.

Despite the outward metamorphosis you will find the regular features: President's Message, Conference Calendar, and Chapter News. This edition brings the thinking of two ASTSS members about treatments for PTSD: Rebecca Ray summarizes interpersonal psychotherapy, whilst Dr Angelo Pagano provides the abstract to his doctoral thesis, which compares CBT and EMDR in the treatment of PTSD in adolescents. Emeritus Professor Tony Taylor follows his article in the last edition, with a book review of, "Management of Dead Bodies in Disaster Situations".

As always we invite members to submit articles, book reviews, research abstracts, letters and media criticism. Send your contri-bution to btar2399@bigpond.net.au. See you in Perth for ASTSS conference number twelve.

The Australian Centre for Posttraumatic Mental Health

Many readers of *Stress Points* will have some knowledge of the Australian Centre for Posttraumatic Mental Health (ACPMH). For some, it will always be known as "The National Centre", a hang-over from the days (pre-2000) of the National Centre for War-Related PTSD. For some people, the Centre's activities are inextricably associated with past and present members of the defence force. While the ACPMH retains strong links with the Department of Veterans Affairs and the Australian Defence Force, the Centre's sphere of influence has now expanded considerably such that military-related mental health is only one part of our operation. Thus, it seems timely to provide ASTSS members with an update on the structure and work of ACPMH.

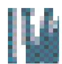
The ACPMH is a legally independent Centre, established in collaboration with the Department of Psychiatry at the University of Melbourne, and reporting to a Board of Management. Its mission is to build the capability of individuals, communities and organisations to prevent, recognise and reduce the adverse mental health effects of trauma. We aim to achieve this through world class research, service development, and education. The ACPMH has partnerships with several organisations that have an interest in the mental health effects of trauma. The staffing profile includes experienced clinicians and researchers, and the Centre is internationally recognised for its work in the field.

In line with its mission, the ACPMH has three distinct but interrelated roles. First, the Centre provides service development and policy advice to Federal and State governments, as well as to various public and private sector organisations with an interest in improving mental health outcomes following trauma. Second, the ACPMH has a strong research and evaluation focus, conducting and facilitating studies into many aspects of trauma-related mental health and well-being. Some of this research is commissioned by key stakeholders, while other studies are funded by competitive grants from bodies such as NH&MRC. The Centre also has a key role in disseminating important findings and developments from the international trauma literature. Third, the ACPMH conducts and supports a broad range of awareness, training, and education initiatives in the field of posttraumatic mental health.

Wherever possible, the Centre's work in research, service development, and training is integrated such that research findings form the basis of our policy and service development advice which, in turn, informs our training and education agenda.

For further details, including recent literature summaries and general information about trauma, please visit the ACPMH website at www.acpmh.unimelb.edu.au

Professor Mark Creamer
Director, ACPMH



Interpersonal Psychotherapy as a Treatment for PTSD

by: Rebecca Ray

Treating PTSD

In a recent Stress Points article, Schnyder (Winter Ed., 2004) argued for the development of new psychotherapies for treating PTSD in light of the relative ineffectiveness demonstrated in the research of current psychotherapies. He cites the need for fresh approaches based on inadequate clinical outcomes from cognitive-behavioural therapy, eye movement desensitisation and reprocessing, psychodynamic psychotherapy and brief eclectic psychotherapy as demonstrated by significant dropout rates, poor end-state functioning, symptom chronicity and limited generalisability of results.

Schnyder is not alone in this view. In a recent review of psychological treatments for PTSD, Robertson, Humphreys and Ray (2004) present a comprehensive profile of current and newer psychotherapies to highlight the need for clinicians to use treatments that are both appropriate to the symptomatic stage of the disorder and effective in the actual treatment of those symptoms. The authors specifically note a hiatus in treatments that address the interpersonal and social impairment common to PTSD, an area that has been associated with aggravating PTSD symptoms and ultimately, poorer clinical outcome (Romans, Martin, Anderson & O'Shea, 1995). One of the newer psychotherapeutic options available in this area is Interpersonal Psychotherapy (IPT). This article heeds the suggestions of the above authors and presents Interpersonal Psychotherapy (IPT), in both individual and group format, as one of the newer psychotherapies that may be used in the complex process of treating PTSD.

Interpersonal Psychotherapy (IPT) Adapted for PTSD

IPT is a clinical intervention that addresses interpersonal difficulties between the individual and significant others that commonly arise as a result of psychological distress and, vice versa, the effects that relationships can have on psychological symptomatology. IPT is a manualised and time-limited approach. The clinical focus is exclusively relationship-based and thus, change is fostered and symptoms decreased by improving interpersonal and social functioning. IPT is psychodynamically informed, and intrapsychic and personality factors are acknowledged, however not directly addressed (Weissman, Markowitz & Klerman, 2000). IPT may be further distinguished from other therapies in its conceptualisation of four distinct "Problem Areas"

to categorise an individual's particular interpersonal distress: Interpersonal Sensitivity, Role Transitions, Interpersonal Disputes and Grief and Loss. The Problem Areas relate to difficulties in an individual's relationships 'here and now'.

Robertson, Humphreys & Ray (2004) argue that PTSD is most effectively treated using a phase-oriented treatment approach in which IPT is used to address the interpersonal failures and disordered attachment-seeking behaviours that PTSD sufferers experience. According to Robertson and colleagues (2004), IPT then forms part of a comprehensive management package that includes cognitive, behavioural and psychotropic treatments to address symptom control and other aspects of disability that the disorder engenders such as trauma-altered cognitive schemas.

Bleiberg and Markowitz (2004) promote the adaptation of IPT for PTSD because of the significant overlap between the treatment's focus (interpersonal difficulties) and the common symptoms manifested in PTSD (attachment difficulties and associated interpersonal dysfunction). Hence, IPT could be expected to "reduce interpersonal contributions to symptomatic exacerbations of PTSD and improve social and interpersonal functioning" (Robertson, Humphreys & Ray, 2004, p. 114). Additionally, IPT was originally designed for - and is highly efficacious in - treating depression, a disorder that is comorbidly present in many PTSD sufferers (Foa, Keane & Friedman, 2000). Finally, IPT is not exposure-based and thus, appropriate for use with patients who are reluctant to explore traumatic memories (Bleiberg & Markowitz, 2004).

IPT Problem Areas and the Impact of PTSD

Interpersonal Sensitivity. Individuals who identify with Interpersonal Sensitivity have difficulties in forming and/or maintaining relationships. In the first treatment description of IPT in group format (IPT-G) for PTSD, Robertson, Rushton, Bartrum & Ray (2004) suggest that Interpersonal Sensitivity is the primary Problem Area relevant to PTSD sufferers and is hallmarked by the intrusive and avoidance clusters of PTSD symptoms. Disruption in the satisfaction of attachment needs occurs due to both the re-experiencing of traumatic events and the subsequent avoidance of traumatic stimuli, and ultimately, social isolation and declining quantity and quality of relationships. Further, existing pre-trauma personality issues and any post-trauma personality changes may contribute to intensification of Interpersonal Sensitivity. Interpersonal Sensitivity often contributes to difficulties within other Problem Areas such as Interpersonal Disputes. Hence, it is framed as the macro symptom that is representative of the disrupted intimate and family attachments and the socially avoidant behaviours associated with PTSD.

Specific IPT strategies for working with Interpersonal Sensitivity include (Stuart & Robertson, 2003):

1. Relate symptoms to social isolation.
2. Review past relationships for patterns and explore positive and negative aspects.
3. Reduce social isolation by increasing social support and forming new relationships.

Role Transitions. A Role Transition refers to changes that occur throughout the life span including, but not limited to, marriage, divorce, retirement, having children, job loss, promotion, financial windfall, or illness. An individual may find that a Role Transition is applicable when he or she experiences such a change yet has difficulty coping with the newfound role. PTSD sufferers commonly experience hastened or disruptive life changes such as those considered as Role Transitions above. Exacerbations in PTSD symptomatology often precipitate changes such as relationship breakdown as a result of interpersonal and attachment difficulties or job loss arising from impaired occupational functioning and/or enforced retirement on medical grounds. From an IPT perspective, the impact of PTSD often contributes to the experience of adjustment difficulties from specific 'Old Roles' to 'New Roles' such as 'married' to 'separated', 'working' to 'retired' or symptomatically, from 'pre-trauma' to 'post trauma' or 'well' to 'unwell'. The Role Transition concept allows the PTSD patient to adopt the 'sick role' and engage in a recovery process that promotes adaptive coping strategies and eventual mastery over the New Role while maintaining realistic expectations about the ongoing impact of PTSD on the individual. IPT seeks to utilise the following series of strategies in working with Role Transitions (Stuart & Robertson, 2003):

1. Relate symptoms to the Role Transition.
2. Review positive and negative aspects of the New and Old Role.
3. Explore feelings about losing the Old Role.
4. Facilitate mourning and affect about losing the Old Role.
5. Facilitate acceptance of the New Role.
6. Develop social support and new skills to gain mastery over the New Role.

Interpersonal Disputes. Interpersonal Disputes refers to overt or covert arguments and/or unmet expectations within relationships. Individuals may choose Interpersonal Disputes as being relevant when there is obvious or subtle conflict in a relationship with a significant other. Interpersonal Disputes are often fuelled by many symptoms specific to PTSD that ultimately affect relationship functioning such as inability to trust others, feelings of guilt, irritability and the avoidance-related phenomena including dissociation and feelings of detachment and numbness. Ensuing problems occur with intimacy and communication often contributing to Interpersonal Disputes within marital and family relationships. In working with Interpersonal Disputes, IPT promotes the development of self-awareness through analysing communication and personal expectations in order to reach a resolution. Specific strategies include (Stuart and Robertson, 2003):

1. Identify the dispute. Relate symptoms to the dispute.
2. Stage the dispute at renegotiation (open to conciliation), impasse (at a stalemate but not necessarily terminating) or dissolution (termination imminent).
3. Examine communication

problems.
4. Examine unmet expectations.
5. Find a resolution.

Grief and Loss. Grief and Loss is applicable if a person has lost a loved one through death. Individuals with PTSD have often experienced grief associated with the experience of a traumatic event (e.g. sudden, unexpected loss of a loved one). Post-trauma grief may also exacerbate PTSD symptomatology, particularly when it is complicated by "survivor-guilt" or the PTSD sufferer experienced a conflicted relationship with the deceased person (Robertson, Rushton, Bartrum & Ray, 2004). The Problem Area of Grief and Loss allows the PTSD patient to process their relationship with the deceased person before death and reconstruct the relationship after death without specifically focusing on traumatic material. IPT also seeks to deal with grief pragmatically in terms of securing new relationships or ways of meeting attachment needs. Grief and Loss strategies include (Stuart & Robertson, 2003):

1. Relate symptoms to the death.
2. Reconstruct the relationship with the deceased.
3. Explore the sequence of events prior to, around the time of, and after death.
4. Explore positive and negative feelings associated with the deceased person and with the death itself.
5. Explore alternatives for increasing social support and forming new relationships.

Group-Based IPT for PTSD

IPT has also been adapted for PTSD in group format. Group-based therapy offers both organisational and clinical benefits not directly available in individual therapy. Group therapy is cost-effective and it provides patients with an opportunity for identification with others suffering from similar symptoms. The benefits available from IPT-specific group-based therapy include an innate social network within the group itself, which acts to break down social isolation, and the provision of an "interpersonal laboratory" within which patients can trial skills which are transferable to real-world situations (Wilfley, MacKenzie, Welch, Ayres & Weissman, 2000). Group-based therapy has also been recommended specifically for treatment of PTSD due to the obvious benefits of obtaining treatment in an interpersonal environment such as a group for patients whose symptoms are largely isolative and alienating (Allen & Bloom, 1994).

Efficacy of IPT as a Treatment for PTSD

IPT was originally designed for use with major depression (Klerman, Weissman, Rounsaville & Chevron, 1984) and hence, the majority of research to date addresses the efficacy of IPT for adults with this disorder (e.g. Bolton, Bass, Neugebauer, Verdeli, Clougherty, Wickramaratne et al., 2003; Frank, Grochocinski, Spanier, Buysse, Cherry, Houck, et al., 2000; Frank & Spanier, 1995). Adaptations have since been made for depression in various populations as well as a multitude of other disorders. For brevity, this article will focus on the current research specific to PTSD.

Research into the use of IPT for PTSD is in its infancy. Bleiberg & Markowitz (2004) have recently conducted an individual-based IPT for PTSD trial with 14 participants. A decrease in all clusters of PTSD symptoms was reported by all participants, with 12 participants no longer meeting diagnostic criteria for PTSD following treatment. Improvements were also found for symptoms of depression, anger and interpersonal functioning. The results are promising for individual-based IPT for PTSD and warrant further randomised, controlled trials.

Krupnick (2004) has trialled an adaptation of group IPT for low-income women with PTSD as a result of interpersonal trauma (e.g. sexual/physical abuse). A treatment condition was compared to a wait-list condition for 48 participants. Results demonstrated that scores on PTSD and depressive symptoms and some areas of interpersonal functioning were significantly lower in the treatment condition than for wait-list participants.

Unpublished data (Robertson, Rushton, Moore, Bartrum & Morris) from a pilot study that investigated group IPT for chronic PTSD found that all 13 patients treated in the program showed significant improvements in depressive symptoms as well as global and social functioning. However, reductions in PTSD symptoms were not found suggesting that IPT may have non-specific benefits for interpersonal and global functioning.

Again, the preliminary results of IPT-G for PTSD are promising. To further clarify preliminary research in this area, this author is currently involved in research to evaluate the effectives of a PTSD-specific IPT group program for combat veterans. Participants will be randomised to a treatment or wait-list condition and subsequently participate in the IPT-G for PTSD program. Results are expected to elucidate current research in terms of improvement in symptomatology, interpersonal and global functioning.

Conclusion

In summary, IPT is a newer psychotherapy that may be used as an adjunctive treatment for PTSD in either individual or group format. It provides a framework for conceptualising the comorbid social and interpersonal difficulties faced by many individuals with the disorder and encourages the development of effective communication and relationship behaviours. Given the inadequacy of many current therapies, IPT may provide some of the missing pieces for treating such a complicated symptomatic puzzle as that seen in PTSD.

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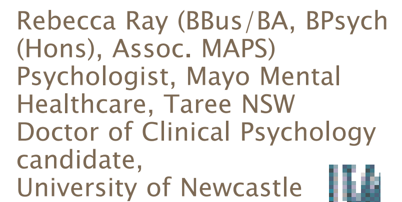

Beating the Effects of Adolescent Trauma: A Treatment Comparison between CBT for Adolescents and EMDR

by Angelo Pagano

There is lively debate about the claimed supremacy of Cognitive Behavior Therapy (CBT) over approaches such as Eye Movement Desensitization and Reprocessing (EMDR) and others in the treatment of Post-Traumatic Stress Disorder (PTSD) (Butler, 1993; Foa, Keane & Friedman, 2000; Rosen, Lohr, McNally, & James, 1999). Given the relative paucity of research in the child and adolescent PTSD treatment literature, and the significant finding that childhood PTSD probably leads to increased risk for psychopathology later in life (Famularo, Kinscherff, and Fenton, 1992), a controlled comparison study of EMDR and CBT, may have important implications for the treatment of adolescent PTSD.

Nineteen participants between the ages of 13 and 19 with Post-Traumatic Stress (e.g., major accidents, physical or sexual assault) symptomatology were randomly assigned to one of two treatment conditions, CBT-A (Cognitive Behaviour Therapy - Adolescents) or EMDR. CBT-A is a model of therapy adapted for adolescents that includes education, imaginal exposure with a cognitive reconstruction component, graded in-vivo exposure and cognitive therapy. A range of structured interview and self-report measures was used to assess pre-treatment and post-treatment changes by the investigator of the study and an independent assessor. The investigator, who has training in both EMDR and CBT, conducted a maximum of six weekly, 90-minute sessions. All participants in the study experienced traumatic events. Some of these events included, but were not limited to, major accidents, physical or sexual assault, violence, a serious crime or illness and the death of a relative/friend.

Although no statistically significant differences between the treatment groups were found, both EMDR and CBT-A treatment groups each demonstrated statistically significant reduction in PTSD symptoms over time. Reductions in PTSD scores in five of the eight (62%) EMDR participants and seven of the 11 (64%) CBT-A participants, indicated clinically significant improvement. Clinical significance criteria conformed with previous definitions (Foa, et al., 1991; Forbes, D., Creamer, M., & Rycroft, P., 1994 & Jacobson and Traux, 1991) where participants' treatment effects were greater than two standard deviations below the pre-treatment sample means. Furthermore, six of the 11 (56%) CBT-A participants and four of the six (66%) EMDR participants diagnosed with PTSD at pre-treatment, did not meet the full diagnostic criteria at post-treatment. An incidental finding was that EMDR participants had an average of four treatment sessions, as opposed to six, for the CBT-A group, this being a statistically significant difference. Both EMDR and CBT-A were effective in reducing depressive symptoms. Although no statistically significant differences were found, clinical significance data indicated that CBT-A might be more effective when dealing with post-traumatic avoidance and impairment symptoms, and to a

lesser extent, for associated pathology.

The results noted above are at odds with an adult study comparing CBT and EMDR (Devilly & Spence, 1999). The authors reported that a CBT based Trauma Treatment Protocol (TTP) was more clinically and statistically effective than EMDR at post-treatment, and at three month follow up.

The EMDR group also had on average two fewer sessions than the CBT-A group. This is an incidental finding and is somewhat difficult to interpret. In the EMDR group, some participants tended to miss appointment sessions and subsequently were followed up, then post-treatment assessment measures were taken. Missed sessions for the EMDR group, as for the CBT-A group, was generally because people stated they felt better. One possible reason for the lesser number of sessions utilised in the EMDR group is that the different elements of CBT-A may take longer to have an impact. For example, the CBT-A group had a more elaborate therapeutic engagement procedure and exposure was not introduced until later in treatment. Some authors (e.g. Foa, 2000) suggest that exposure is the more effective “ingredient” within CBT approaches for PTSD, and that it is unclear whether the cognitive component of CBT approaches have an added impact on the treatment outcome (Foa, 2000). In this CBT-A treatment, some aspects of CBT-A, such as education, in-vivo desensitisation, and cognitive restructuring are based on acquiring knowledge and experience relevant to dealing with trauma. Furthermore, imaginal exposure practiced every second day in the CBT-A group was based on a graded hierarchy of tasks relevant to dealing with the relevant trauma. Devilly and Spence’s (1999) TTP treatment included imaginal exposure to the actual traumatic scene.

One of the main problems of this study is the small sample size, hence the probability of a type 11 error or low power. In addition, the main author of the study who conducted all but two assessments was not blind to the assignment of treatment conditions. Caution is required though as this study does not have a placebo control or a significant interaction effect, thus limiting the confidence of conclusions regarding treatment effectiveness. Several further lines of inquiry are recommended including use of larger sample sizes to detect any differences, follow up studies to examine the long-term effectiveness of EMDR.

In conclusion, it is suggested that EMDR incorporates brief exposure periods and some elements similar to cognitive therapy within its procedure and that EMDR may be more effective if in-vivo exposure tasks are incorporated. It is recommended that CBT-A probably contributes to a more thorough treatment effect of PTSD in adolescents.

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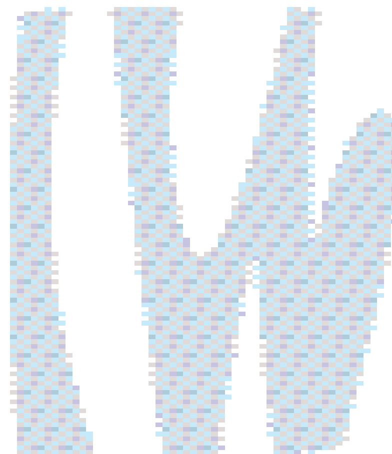
Angelo Pagano, Psy. D. (Clin) B.A. MAPS; Psychologist; private practice. Director & Services Coordinator Western Psychological Services. He has a particular interest in trauma and cognitive-behavioural techniques. Angelo has previously been the AIRET Convener of Training.



ACADEMIC PRIZE WINNERS - 2004

The 2004 Award attracted a strong field of eight applicants. The number and quality of entrants was very encouraging and the panel found it very difficult to make a distinction between a number of outstanding presentations. The final awards went to:

Annual Award $1000 and one year of membership of ASTSS.
Katherine Mills: University of NSW (National Drug and Alcohol Research Centre)
Topic: *PTSD among people with heroin dependence in the Australian Treatment Outcome Study*.

NSW Chapter Award: $250 and ASTSS Membership
Zoë Terpening: Sydney University
Topic: *The Problem of Co-morbidity: Using Event-Related Potentials to Delineate Temporal Markers for Posttraumatic Stress Disorder above Co-morbid Depression.*

South Australian Chapter Prize $250
Thomas Nehmy: Flinders University
Topic: *Predicting children's early responses to trauma: A brief longitudinal evaluation of acute PTSD symptoms.*

Victorian Chapter Prize $250
Bronwyn Jones: University of Melbourne
Topic: *Trauma and Posttraumatic Reactions in German Development Aid Workers: Prevalences and Relationship to Social Acknowledgment*.

New Zealand Chapter Prize $250
Petrina Hargrave: Victoria University of Wellington
Topic: *To resolve or not resolve: Past trauma and secondary traumatic stress in volunteer crisis workers.*

Commended
Kim McGregor: New Zealand
Topic: *Women Talk about Therapy for Childhood Sexual Abuse (CSA): A comparison of recommended abuse-focused therapy practices and therapy experiences.*

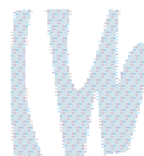
OBITUARY - FAYE CAMERON

It is with sadness that we report the passing of Faye Cameron on 2 May 2005. ASTSS members will remember the competent work Faye performed helping to organise the ongoing administration of ASTSS. Her flair for developing and promoting ASTSS contributed to the increase in knowledge by others across Australasia and internationally of ASTSS and inspired many people to become members of the organisation.

Faye joined ASTSS in 2001 as Administration Officer and cheerfully took control of the challenging task of minuting our teleconferences, managing our annual subscription renewal process and attending to the ongoing membership and general administration throughout the year. Her sense of humour and warmness were frequently noted by those working with her. Faye had a way when it came to enticing prompt renewals from members that eluded her predecessors.

Faye's wealth of knowledge as a conference organiser, her tireless work and ongoing support were instrumental in the organisation, promotion and delivery of the very successful 2004 ASTSS Annual Conference held in Sydney. It was here that many members of ASTSS first got to meet Faye, to put a face to the name of the person who had helped them navigate so many aspects of ASTSS. Emailed messages of support since her passing clearly show the incredible impact that Faye had on other people both within ASTSS and in other associated organisations.

Faye's ability, knowledge and commitment to her role with ASTSS are greatly missed. On behalf of ASTSS members I extend our condolences to Faye's family and friends.



Lynda Matthews
Vice President ASTSS

CHAPTER NEWS

QUEENSLAND

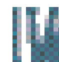
The Qld Chapter conducted its annual day workshop and evening public meeting in Brisbane on March 11 2005. The presenter at both events was Dr Caroline Taylor, University of Ballarat, who spoke on the topic "Negotiating the Legal System - Issues for Sexual Abuse Survivors". Thirty people, representatives from community sexual assault services, the legal system and government organisations attended the day seminar, and fifty people from many areas, including survivors of sexual abuse attended the evening public meeting.
Both Caroline's presentations were received enthusiastically. A solicitor who attended the day seminar said, "I enjoyed Caroline's talk and felt she had an ability to articulate many of the issues in a quite refreshing way though what she said just restates the same issues we have been talking about for the last decade or so. She is still preaching to the converted. It is the awareness of the judges and the lawyers (and, in the Family Court in particular, report writers) that needs to be raised".

A social work student who is seeking direction in her vocation attended the evening public meeting and noted "The work of Caroline Taylor has had the most profound impact on me, to the point that my chance meeting with her may well be life changing. The sheer rigour of research, accessibility of information for the audience and humanistic way the material was delivered, was professionalism to the extreme. Caroline has research insights where most of us would not dare to tread. I believe that both of Caroline's books will quickly become compulsory tools for all workers in the field."

Thanks is extended to Andrea Cullinan and Mark Rallings for their assistance in conducting the workshop and public meeting.

We intend to meet with participants from Caroline's presentations in a follow-up group.

GWENNETH ROBERTS
gwen.roberts@uq.edu.au



VICTORIA

The Victorian committee continues to meet on a six-weekly basis. We have been busy putting together a number of events which we hope will be of interest to Victoria Chapter members. We are a small working committee and as always would value your support and ideas about future events, special interest groups or specific themes of interest.

In May 2005 ACISA, ASTSS, CSMFA presented a Symposium, on Disaster Management 'What if …a Chemical biological radiological (CBR) disaster occurred in Melbourne…A Community Response. The **Convenor** was Andrew Couglan - Emergency Management Australia, and the **Panel** consisted of Rob Gordon (Consultant Psychologist Vic. Emergency Recovery Plan), Ruth Wraith (Director of Child Psychotherapy Royal Children's Hospital), Colin Horwell (Coordinator Rural Ambulance Australia), Cait McMahon (DART), and Michelle Roberts on a coordinated assistance program from schools. They spoke to an unfolding scenario of a chemical spill occurring in the railway loop in Melbourne. Commuters of all ages were affected, some requiring de-contamination others making their own way back to work or home. Presentations from the panel, interactive discussion with the audience, explored together how a CBR disaster may affect the community and considered short and possible long term impacts on individuals and families. The afternoon symposium was informative, with audience participation from a wide range of professionals showing a keen interest in this topic.

STUDY/READING GROUP Focus 'Trauma and the Brain' Introductory Level. As an outcome of a 6 week study/discussion group held last year, with presenter Nathaniel Popp, a small group continued to meet on a fortnightly basis and committed to a programme of reading with a view to developing knowledge and practice related to interactive processes in the brain as a response to trauma. Past reading includes chapters by Daniel Siegel ' An Interpersonal Neurobiology of Psychotherapy' and 'Posttraumatic Stress Disorder and the Nature of Trauma' Bessel A. van de Kolk ,from 'Healing Trauma, attachment, mind, body, and brain' Norton & Company 2003 and Neuroscience of Psychotherapy: building and rebuilding the human brain' Cozzolino, J. Louis, New York: Norton 2002. We have encouraged 'show and tell' visual aids, useful websites and discussion of reading.

This group has now secured a venue and would like to extend an invitation to other members who may be interested in our Study/Reading Group - introductory level.

Venue: City Campus La Trobe University, 215 Franklin Street, Melbourne 3000 **Dates: August**: 16th, 30th **Sept**: 13th, 27th **Oct**: 11th, 25th Semester Break **COST**: $35 per semester **Time**: 7pm **Reading**: Decided by the group. Photocopies will be available (postage extra)
Contact: Felicity May fmair@ozemail.com.au mobile: 0410 44 1510

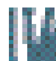
JULY 2005 ALL DAY WORKSHOP: Presented by Caroline Taylor 'Sexual assault and the legal system: understanding and negotiating the legal process'. 'Dr. Taylor will present a two tiered workshop dealing exclusively with the legal response to sexual violence via the court processes. Participants will gain an informed understanding of how the legal system responds to sexual violence. The workshop presents empirical research with examples from trial transcripts. Professionals across the health, welfare and legal sectors will be better equipped to both understand the legal response to survivors and to prepare and support them as they negotiate the legal system.'

PRESENTER - Dr Caroline Taylor is a Post-Doctoral Research Fellow at the University of Ballarat. Her award winning research has been significantly drawn on by the Victorian Law Reform Commission. Dr. Taylor has recently published two books — "Surviving the Legal System: A Handbook for Adult and Child Sexual Survivors and Their Supporters" Melbourne: Coulomb, 2004) & "Court Licensed Abuse" (New York: Peter Lang, 2004). She is well known for her ongoing research and advocacy in this area. **Date**: Tuesday July 26 2005 **Venue**: 'Downtowner on Lygon' Carlton **Cost**: ASTSS Members: $110 Non Members: $135 Registration Details will be emailed to you, also check the Vic. Chapter website

ANNUAL SOCIAL EVENING: with 'ROD QUANTOCK'
We are very pleased to invite you to a seriously light hearted evening with Rod Quantock, meet other members, enjoy the warmth of a wood fire, and a hearty meal. Non members are most welcome, bring a partner or come by yourself, we would love to see you there. **Date**: SAT. August 20 2005 **Cost**: $55. First drink provided then 'byo' at the bar **Venue**: Carringbush Hotel, Collingwood Details will be mailed out to you

Any queries contact Felicity May; fmair@ozemail.com.au, Cait McMahon: caitm@optushome.com.au or Jitka Jilich: Jitka.jilich@commcepts.com.au

On behalf of the Vic Committee



Felicity May
fmair@ozemail.com.au

WESTERN AUSTRALIA

Yesterday the West Australian newspaper had a front headline, "THE WILD WILD WEST." This referred to a series of tornados which occurred across Perth and the South West section of W.A.

On Friday 13/5/05 it was indeed wet Friday for Perth when a Main's water pipe ruptured on a vital part of the southern artery into Perth. The headline on that article in the West Australian newspaper was:

> "FREEWAY CHAOS SHOWS CITY DOES NOT HAVE A PROPER EMERGENCY PLAN.
> Perth residents are still shaking their heads in disbelief at the extent of the traffic snarl which brought the city to its knees last Friday ... they are entitled to ask what went wrong. It took one major incident on one side of the Kwinana Freeway to grid lock the city and choke the roads as far away as Fremantle. Commuters battled to find the best way home. Thousands took hours to complete even the shortest journey. Others missed flights and had a disruptive start to their weekend"

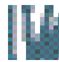
All of this is occurring in a State which is said to be the economic powerhouse of the nation due to the resources boom. It shows us very clearly the importance of disaster management and the need to get the infrastructure in place to keep up. All of this has direct relevance to ASTSS.

At an Executive Breakfast Seminar series Dr. Peter Shergold, Secretary of the Department of Prime Minister and Cabinet gave us a talk about "Coping with Crisis: What the public service learned from Tsunami". He stated it was important to have learning and that every agency has some special skills. He stressed there was a need to be a collective intelligence because "collective intelligence is greater than the sum of all the parts." All of this needs to be brought to the table. This was a policy challenge and we need to know how to respond usefully.

We are hoping to bring the special skills of ASTSS to the table at our Tsunami Convention which follows the 12th Annual Conference of ASTSS in Perth.

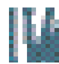
Clearly there is a great deal of work to be done in putting in place the infrastructure with considerations like the teaching role or the development of a system of accreditation by ASTSS. This requires active consideration by management. In W.A. the numbers interested in ASTSS are growing and we are holding open forums twice

monthly for topics related to traumatology. We are doing our best to raise the profile and we are encouraged by the support we are receiving locally, across the nation and from ASTSS management.

Sincerely
Dulcie Veltman
dveltman@upnaway.com 

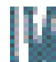
WESTERN VICTORIA

The Western Victorian Chapter has held a number of meetings looking at the site and set up for a possible annual conference in September, 2007. It may seem a long way off but the bookings for the conference centre we are looking at are extensive. We are also holding a seminar in July in Ballarat relating to the revamped court processes that involve domestic violence survivors. Michael Brandenburg has agreed to lead that evening seminar. Other news includes the successful launch in May by Christine Nixon, Victorian Commissioner of Police, of Caroline Taylor's book, *Court Licensed Abuse.* Caroline is also busy with seminars in Victoria and Tasmania that do involve ASTSS members.

Daniel Torpy
torpy.daniel.d@edumail.vic.gov.au 

NEW ZEALAND

The Auckland Chapter was sad to lose Dr Andrew Moskowitz from New Zealand when he departed to take up a position at Aberdeen University, Scotland. Since Auckland hosted the ASTSS conference a few years ago the Auckland Chapter meetings have seemed to dwindle in number and in the last year or so has met infrequently. Before Andrew left he asked me to take over as Chair of the Auckland Chapter. We have had two small meetings and although we have not had a formal AGM as yet, we have welcomed Dr Deryn Cooper as our new secretary. We are currently looking for a Treasurer. In our first meeting, we re-assessed why it was that we wanted to be part of ASTSS. Reasons varied from peer support, sharing clinical and research knowledge, up-dating each other on new material such as workshops we had attended, creating more of a political voice around trauma work and sharing community/local/New Zealand Aotearoa trauma information, through to fundraising (to ensure at least one person is able to attend an ASTSS conference each year). Our first task is to re-build our membership base and so we are beginning a membership drive. Mike Lew visited New Zealand recently and Deryn and I took the opportunity to ask participants at the Auckland seminar if they would be interested in joining ASTSS. We have circulated the minutes of our meetings to this extensive email list in the hope of attracting some new members to our Chapter. We will continue this method over the next few months until we have re-built our membership base. If anyone would like to attend our Auckland Chapter meeting on 25th August 6.30pm please contact Deryn at: mhresrch@ihug.co.nz . I hope to be reporting on a more robust Chapter for the next edition of Stress Points.

Warm wishes,
Kim McGregor
kim@rapecrisis.org.nz 

NEW SOUTH WALES

The NSW Chapter meeting, July 9th, involved morning tea, presentation of the Annual and NSW Research awards (Zoë Terpening and Katherine Mills respectively) and a talk by C.L.A.N: a support and advocacy group for older people brought up in care away from their family as state wards or Home children raised in Children's Homes, orphanages or other institutions, or in foster care. CLAN is also for anyone who has a close family member who was placed in "care". Dr. Joanna Penglase and Leonie Sheedy represented the Care Leavers Australia Network and spoke further to the Sydney Morning Herald, June 20th front page article in which "Democracy Denied" and "MPs spending millions on inquiries that go nowhere" were phrases raised by CLAN. ASTSS members may be interested in www.clan.org.au.

NSW has a new Treasurer. George Dieter, a Psychologist from the Central Coast. He works with Juvenile Justice and is President of the Central Coast ASP branch.

See you at the next meeting,

Beth Stone
bethstone@aapt.net.au

POSITIONS VACANT

There are two vacancies in ASTSS. Both are part-time hourly paid positions:

Promotion and Development Officer
Administration/Finance Officer.

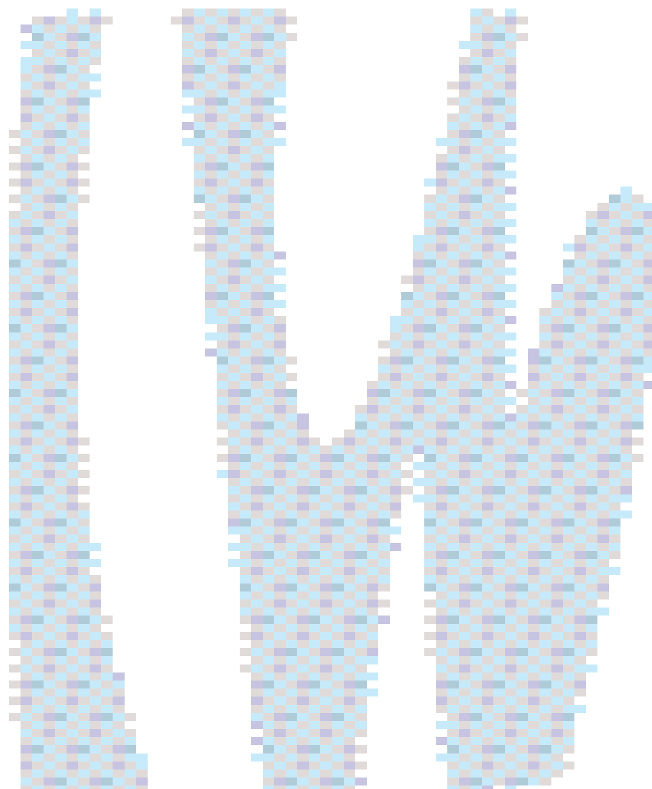
Details are posted on www.astss.org.au.

All inquiries to Dr John Raftery:
raftery333@ozemail.com.au.

ANNUAL GENERAL MEETING

The AGM in Perth this year is your chance to get involved in the most active Australian and New Zealand Traumatic Stress Society.

5:10pm to 5:45pm
on the Friday
September 16th 2005
Hyatt Regency Perth
Perth, Western Australia



"Management of Dead Bodies in Disaster Situations"
Book Review - by Tony Taylor

Management of dead bodies in disaster situations. Washington DC: Pan American Health Organisation and World Health Organisation.2004.

This book, the fifth in the series of World Health Organisation disaster manuals and guidelines, makes a useful addition to the armamentarium of post-disaster working material that has appeared in recent years. Although its prime focus is on the identification of the dead and the treatment of bodies after natural disasters, it mentions a few that have arisen from aviation accidents, fires, and 'forced disappearances' of political dissidents. In the process it exposes the myths that invariably arise to justify the hasty mass burial or cremation of corpses. In true WHO style it echoes the interactive theme of the mental, physical, and social wellbeing of the relatives, the emergency personnel, and the communities in which disasters occur.

In successive chapters professionals draw primarily on their experience of a variety of disasters in the Latin America and the Caribbean region to deal with the generalities and specifics of mortuary work, grieving and loss, socio/cultural issues, and legal matters, provide essential references and a glossary of terms. They set out the essential procedures and practicalities to be followed in established mortuaries in major cities and makeshift field centres elsewhere, and admit that of necessity none will be adequate to meet the demands of the moment. Despite the exigencies, they recommend that if, in short-term necessity, mass burials are to be performed, individual plots should be provided in a 'chain of recovery' that respect the dead and allow for the exhumation of remains for delivery to family members. They make clear that the humanitarian care and treatment of the dead has an important effect on the recovery of every community after any disaster. But having said that, they might have included social scientists in the long list of disaster experts they nominate, to say nothing of the clergy for the important work they acknowledge in marking the transition between life and death for the deceased and the opposite for the bereaved.

The book summarises quite adequately the psychological stressful responses that disasters sometimes cause, that on occasion includes suicide, and it details the factual information and the honest presentation to be adopted to minimise such adverse effects - mentioning the changing style of 'ethical and sensitive reporting' for the news media, rather than the typical 'newsworthy, emphasizing the unknown and extraordinary and even manipulating certain morbid interests of the public'. The presentation is buttressed throughout with interesting historical tidbits and descriptive highlights of body-handling that have occurred across the world after major natural disasters - with the notable exception of those in Asia and SouthEast Asia, as well as after the terrorist attacks on World Trade Centre in New York, and after the many 19th and 20th century battle-fronts.

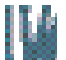
On the editorial side, while the authoritative exposure of myths is to be applauded, the constant repetition of the fear of disease from rotting corpses (unless they are encountered in a known region for endemic disease or are liable to contaminate fresh water supplies) needs editorial attention. It would be sufficient were the topic left to the chapter on health considerations, with acknowledgements elsewhere in the text. The definition given of criminology also needs attention, because the subject covers the wide field of crime causation rather than the narrow field of assessing forensic evidence as suggested. The additional skill of embalmers in restoring the facial features for purposes of identification as well as preservation might also have been mentioned.

But such minor criticisms aside, there is no doubt that the book is a valuable resource for administrators, clinicians, emergency personnel, politicians, and for workers in such non-government groups as the International Red Cross and Red Crescent Societies and numerous aid agencies that are active in post-disaster situations. Certainly its succinct two-page summary of recommendations deserves to be widely promulgated as an aide-memoir in field notebooks.

Thanks to the financial support of British, Canadian, European, North American, and Swedish developmental agencies, the book is available in English and Spanish. But to reach a wider audience it deserves to appear in other languages, with relevant extensions to cover local cultural and religious practices. I understand that it was online within a few weeks of the December 26, 2004 tsunami that caused such destruction around the Bay of Bengal and the Indian Ocean, and I am sure that it would have been an invaluable aid there for anyone involved with the identification of victims and their return to families for burial - as well as with the major earthquake that followed in the Nias Islands off Indonesia on 28 March 2005.

Management of dead bodies in disaster situations. can be ordered via http://publications.paho.orgpaho.org

Emeritus Professor A.J.W. Taylor,
School of Psychology
Victoria University of Wellington,
New Zealand
tony.taylor@vuw.ac.nz.



Trauma Classics returns next edition with a new reading, through the lens of traumatology, of Sophocles' "Oedipus the King". Undoubtedly "Oedipus" is a classic text, but not necessarily known for its understanding of trauma - next edition Michael Lewis and Tim Martin, from La Trobe University, bring us their interpretation. That gives you five months to write your own Trauma Classic. The text which you've previously pondered, "Why hasn't Dr Moskowitz reviewed this?" or even "Somebody should write about this" - well, that somebody can be you. That's five-months: a manageable timeframe, even for the most leisurely-challenged astss-member. As you gaze upon your bookshelves, that text will leap out as if saying, "I'm the Trauma Classic Stress Points is looking for". It could be about individuals, societies, perpetrators, survivors, clinical, legal, anthropological - but it must have enriched traumatology. Send an email of your text of choice and time-line and we'll keep Trauma Classics as a vital and innovative feature of Stress Points.

Ed
btar2399@bigpond.net.au

Conference Calendar

August 3
An Introduction to Psychoanalytic Psychotherapy, Hosted by The Association for Psychoanalytic Psychotherapy of Western Australia. Twelve Wednesday mornings: August 3rd – November 2nd 2005.
Conference Centre, Wollaston College, Wollaston Road, MOUNT CLAREMONT, PERTH, WA
Carol Bolton (08) 93362937
Website: http://www.appwa.com

August 7–13
Gestalt Therapy for Professionals with David Hoban MD and Richard Hester.
Cinque Terre, ITALY
David Hoban
Phone: 1 831 423 7858
Email: davidhoban@aol.com

August 7–13
Intensive Residential Workshop, Gestalt Therapy for Professionals with David Hoban and Richard Hester
Cinque Terre, ITALY
David Hoban
0011 1 831 423 7858
Email: davidhoban@aol.com

August 8–9 (SYDNEY),
August 11 – 12 (BRISBANE),
August 4 – 5 (MELBOURNE),
August 15 – 16 (TOWNSVILLE),
Couples in Conflict: Resolving Ties that Bind, a two-day training with Jeffrey K. Zeig. Ph.D. SYDNEY Trevor Sheean
PsychOz Publications
03 9855 2220
Email: psychoz@psychotherapy.com.au

August 13
Sexual Abuse/ Neglect Counselling, a one-day tutorial, Institute of Applied Counselling
SYDNEY
Institute of Counselling
(02) 9261 8727 Email: institute@dot.net.au

August 16
'Clear Intent': an Experiential One Day Workshop with Daniel Benor M.D. and Martina Steiger ThD.
Twin Waters Resort, CENTRAL SUNSHINE COAST, QLD
Anna Ryan
Phone: 03 9214 5001
Email: anryan@groupwise.swin.edu.au

August 17
Bodymind and Mind-Body Approaches for Psychospiritual Growth: an Experiential One Day Workshop with Daniel Benor M.D. and Martina Steiger ThD.
The Sandringham Yacht Club, MELBOURNE.
Cheryl Opie
Phone: 03 95981141
Email: ropie@netspace.net.au

August 17
Narrative Sensitivity: Making Sense of Stories in Therapy, Practice and Research, a one-day pre-conference training with Professor John McLeod, PACFA Conference.
Hilton on the Park, MELBOURNE
PACFA
(03) 9639 8330
Email: conference@pacfa.org.au

August 18
The Conversational Model: the Main Themes of Self and Trauma: a one-day pre-conference training with Professor Russell Meares, PACFA Conference.
Hilton on the Park, MELBOURNE
PACFA
(03) 9639 8330
Email: conference@pacfa.org.au

August 19 – 20
But Does it Work? Exploring Effectiveness in Psychotherapy and Counselling, Psychotherapy and Counselling Federation of Australia National Conference 2005. Keynote Speakers Professor John McLeod, Professor Russell Meares
Hilton on the Park, MELBOURNE
(03) 9639 8330
Email: conference@pacfa.org.au

August 18–19
Partners in Pain: Patients, Clinicians and Pain Management, 2005 Conference
Sydney Convention and Exhibition Centre
Darling Harbour, SYDNEY, NSW
Email: pinp@dcconferences.com.au

August 22–26
Sandplay and Symbol Work – Training Week, Expressive Therapies Institute of Australia
BRISBANE
Expressive Therapies Institute of Australia
(07) 3289 5116
Email: info@expressivetherapies.com.au

August 24–27
Practice Based Evidence: Embracing 100 Years of Psychology & Psychotherapy, Australian College of Privately Consulting Psychologists Conference 2005
SURFERS PARADISE, QLD
02 9476 0338
Email: slan2314@bigpond.net.au

August 27–30
Psychotherapy: a Bridge between Cultures, World Congress for Psychotherapy
Hotel Crown Plaza Panamericano, Buenos Aires, ARGENTINA
Email: info@4cmp.org.ar

September 15–17
Impact of Childhood Trauma Across the Lifespan: Historical Denial – Current Challenges, the Australasian Society for Traumatic Stress Studies Conference. Keynote Speaker: Professor Onno van der Hart Conference
Hyatt Regency, Adelaide Terrace, PERTH, WA.
Elizabeth Sachse
Australasian Society for Traumatic Stress Studies
Fax: (08) 9389 9922
Email: waconferenceorganiser@astss.org.au
Website: http://www.astss.org.au

September 17–18
Introductory Course in Transactional Analysis, a two-day workshop hosted by Australian Centre for Integrative Studies
Waverley, SYDNEY NSW
Phone: 02 9386 1600
Email: tthreech@bigpond.net.au

September 24–28
Containment with Courage in a Century of Challenges, 7th Pacific Rim Regional Congress of Group Psychotherapy and 4th Asia Pacific Conference on Psychotherapy
Institute, Taipei, TAIWAN
886-2-2365 7780
Email: 2005@prrc-apcp.org.tw

September 26 – 29
'Interactive Drawing Therapy Four day Training'
SYDNEY and MELBOURNE
Interactive Drawing Therapy
Auckland, New Zealand
0011 64 9 376 4789
Email: idt@pl.net

October 5–8
Interactive Drawing Therapy Four day Training
BRISBANE and ADELAIDE
Interactive Drawing Therapy
Auckland, New Zealand
0011 64 9 376 4789
Email: idt@pl.net

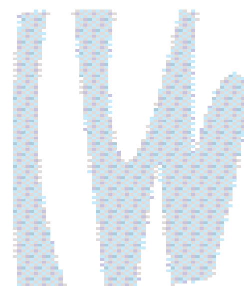
October 6
Emotional Ties: Attachment, Loss and Relationship Development, a six session seminar series offered on Thursday evenings by the Victorian Association of Psychoanalytic Psychotherapists
MELBOURNE, Victoria
(03) 9428 2303
Email: vapinc@vicnet.net.au

October 7
Psychodrama Training Weekend Workshop with Sue Daniel, Psychodrama Institute of Melbourne
Phone: 03 9416 3779
Email: pim@netspace.net.au

October 7–9
Language and the Limits of Therapy, Jules Morgaine, Hakomi Institute, New Zealand.
PERTH WA
Hala Beseda Phone: 08 9438 2365
Email: hakomiwa@hotmail.com

October 21 – 23
Overwhelming Experience in Trauma and Chronic Pain: Healing Through the Body, Mindfulness-Based Core Process Therapy.
PERTH WA.
Email: rmcindoe@bigpond.com

October 25–27
26th Australian Family Therapy Conference
Rydges Hotel, NORTH SYDNEY
Email: nswfta@exemail.com.au



Australasian Society for Traumatic Stress Studies takes pleasure in Announcing that the "ASTSS 2006 Annual Conference" will be in Adelaide – South Australia.