AMERICAN PSYCHOSOMATIC SOCIETY

Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine

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President's Letter

William R. Lovallo, PhD

This summer brought two important administrative advances to the operations of APS. First, the Council initiated a round of discussions this spring on the formation of a new Journal Committee. This group would advise the Editor, the Business Manager, and the Council on administrative policies and strategic plans for journal operations. The world of scientific publishing, and all publishing, is rapidly evolving from a strictly print-based format to one that is primarily electronic. This places significant challenges before organizations such as ours to develop business plans that will accommodate this transition. While this shift in technology is a challenge, it is also an opportunity thanks to the quality of our journal, *Psychosomatic Medicine*. Although we don't usually think of APS as a business, *Psychosomatic Medicine* is the premiere publication worldwide that is dedicated to "the integration of biological, psychological and social factors in medicine." The sales of the journal to nonmembers and institutions yield significant income to the Society, allowing us to have set aside a fiscally-sound rainy day fund, and more recently, to derive proceeds from our investments that will allow development initiatives to help push us into the 21st century. The significance of the journal's scientific impact under **David Sheps'** editorship was evident in our latest impact factor, which is 3.8. The impact factor counts the average number of citations made to papers appearing in the journal during the first year-and-a-half they are in print. Thanks to the earlier efforts of our business manager, **George Degnon**, in conjunction with our publisher, we were able to put all of our issues on the web in PDF files starting with issue 1, volume 1, which appeared in1939. This means that all our articles more than 24 months after they appear in print are available at no cost through Highwire Press. The operation of the journal, successful as it has been, has been fairly informal up to the present. The new Journal Committee is charged with advising the Council on journal policy and development. It will be an ad hoc committee for three years before being considered for full committee status on the Council.

The committee membership was debated at length in a special council meeting held this June 13 and 14 in Washington, DC. The council selected long-time APS member, **Tom Wise, MD** of Inova Fairfax Hospital to serve as committee chair. Tom is on *Psychosomatic Medicine's* editorial board and has also served as editor of *Psychosomatics*, the journal of our clinically oriented sister organization, the Academy of Psychosomatic Medicine. He has also worked on the business side of academic publishing, making him well qualified to address editorial and business matters. **Doug Drossman** who has much publication experience in editing *Rome II: Functional Gastrointestinal Disorders*, the bible in that field, will join Tom. The committee is rounded out with the outstanding abilities of former APS president, **Karen Matthews**, Council member **Susan Girdler**, and Executive Committee member and President-Elect, **Matthew Muldoon**. Serving in an ex officio capacity are **David Sheps**, **George Degnon**, and **Laura Degnon**. This highly experienced group will provide advice to the Council on how to keep *Psychosomatic Medicine* at the top of its field while maximizing the potential of print and electronic publishing.

The challenges of the publishing world represent only one reason that APS must periodically reassess its direction and operating principles. To meet those challenges, the Council has begun a strategic planning process to continue over the next year. That process will begin with an ad hoc Planning Committee to assess our strengths and weaknesses and to lay out the process for a Strategic Planning Retreat to be held late in the spring of 2008. The Strategic Planning Committee will include **Margaret Chesney** who headed up a previous strategic retreat during her term as president in 1997 – 1998. Margaret wrote at that time, "How involved should we become in setting policies around health and behavior? What is the distinction between psychosomatic and alternative medicine? How big should we grow? How can we more effectively involve our former leaders and our new, youngest members?"

Most of these questions are still relevant to helping us fulfill our mission. I would add that we have a significant challenge attracting and retaining MD members. We also need to continue to attract the brightest young researchers in the neurosciences in order to take advantage of the explosion of methods and knowledge in brain science, affective science, and genetics. For the first time in our history, we have the potential to firmly link the emotions, brain function, bodily processes with individual differences in disease risk. It is our job to take advantage of this knowledge growth. Finally, we must continually ask ourselves if our internal organizational structures and policies are optimal to meeting the challenges of the times ahead.

The Council selected a Chair, Bill Lovallo, plus four from the Council at large: Martica Hall, Mike Irwin, Christoph Herrmann, and Ken Freedland, and three non-Council members: Margaret Chesney, Joel Dimsdale, and Lawson Wulsin. We plan to have the committee report to the

***President**, continued on page 4*

From the Editor

Mary-Frances O'Connor, PhD

You may notice a new look to our newsletter this month. Although our newsletters have always looked nice in the past, unfortunately the paper we were using had a high environmental cost. Sarah Shiffert and I have researched a change in paper, discussed it with our newsletter printer, and we found one which looks very professional and has an additional cost which is very minor. I brought this proposal to the APS council and they wholly endorsed a change to a new paper which is more environmentally friendly. The new look to this issue of the APS newsletter comes from printing it on recycled paper.

The average person in the US consumes about 700 lbs of paper, making US the largest consumer of paper in the world. 90% of the printing/writing paper comes from virgin tree fiber. Producing recycled paper causes 74 percent less air pollution, 35 percent less water pollution, and creates 5 times the number of jobs than producing paper from trees. It saves old-growth trees, forest ecosystems, native habitat and biodiversity.

The paper we have chosen for the APS newsletter is 100% post-consumer.

But not all recycled paper is created equal. **Post consumer waste (PCW)** is paper made out of paper which has been used by the end consumer and then is collected for recycling from various recycling programs. This is the best paper to buy, as it uses and creates demand for paper which would normally end up in the landfill and no trees are cut down for making the paper. The paper that we have chosen for the APS newsletter is 100% post-consumer.

 = Recyclable

 = Made from recycled content

It is no accident that the symbol for recycling is a circle of arrows. The three arrows of the recycling symbol indicate a loop, or continuous cycle. By using recycled content products, you are "closing the loop," or completing the circle. This is especially important for the paper industry, since 36% of the average landfill is comprised of paper.

In addition to the environmental impact of using post-consumer waste recycled paper, there is another environmental improvement over the glossy paper from which our newsletter was previously made. The shiny finish on glossy magazine-type paper is produced using a fine kaolin clay coating, which becomes solid waste during recycling, according to the Clean Water Action Council of Northeastern Wisconsin.

The paper mill sludge becomes a large percentage of our local landfill space each year. Worse yet, some of the wastes are spread on cropland as a disposal technique, raising concerns about trace contaminants building up in soil or running off into area lakes and streams. Some companies burn their sludge in incinerators, contributing to our serious air pollution problems. By using a paper which is not glossy, it is more easily recycled in your local recycling program.

So, read, enjoy, and know that you have improved your use of our environmental resources! (And then reuse your newsletter by passing it along to a student, or recycle it!)

10th International Congress of Behavioral Medicine

This conference will be held August 27th-30th 2008 in Tokyo, Japan. This is the biannual conference of the International **Society of Behavioral Medicine**. The website for information about the congress including abstract submission and registration is http://www.icbm2008.jp/

Reforming the Nation's Healthcare System

Jessie Gruman, PhD, President
Center for the Advancement of Health

I hope our next President will provide some overdue leadership by proposing a better national health system that includes reciprocal responsibilities.

How would this plan be defined? My view involves a system that would provide all needed medical care as part of a social contract where all participants–patients and providers alike–also met defined expectations.

There are two big reasons for my advocacy of reciprocal responsibilities. One is that the problem requires a broad solution involving entire community. After all, each of us will ultimately play the role of both patient and payor. The other is that system must be more efficient. Patients and providers alike must do better.

Voters should not ask what the nation's health policy will do for them without simultaneously making a personal commitment to improve the status quo.

Together we have to build a better system.

That means care shouldn't be denied to people because their financial resources are limited. It means medical professionals have a primary responsibility to pursue efficient quality ahead of profit. It requires informed consent.

It also means that patients – and potential patients – have obligations. Not only to practice healthy habits to stay well, but to understand and follow efficient protocols when they get sick. That means keeping appointments, taking prescribed medicines as directed and returning for follow-up care on schedule.

There's ample and obvious evidence that many of us aren't living up to our part of the deal. One needn't look beyond the growing obesity problem and the number of people who don't take all their pills for confirmation.

Everyone deserves access to medical expertise. But that implies a subsequent behavorial commitment.

This raises a difficult and sensitive problem. There's a thin and potentially volatile line between blaming the victim and asking people to take greater personal responsibility that muddies much of the current debate. It needs to be clearly defined.

When a patient fails to keep an appointment because he lacks transportation, he's the victim. When he fails to show up on time after being issued a transportation voucher, he's guilty of irresponsible behavior. Assuming, of course, that he's literate and isn't suffering from memory problems.

America must provide the tools and training. Americans must learn and use them.

Some useful historic context may be provided by the welfare reform debate. There was agreement then that most people had an obligation to work, although some clearly couldn't do so unless and until they acquired adequate skills.

There was also an acknowledgement that some people were simply too impaired to succeed in the job market.

And there was an expectation that the new system would cost less than the old one.

Our national health bill would probably shrink substantially if we all practiced all the catalogued healthy behaviors. That's an impossible dream that cannot reasonably be achieved. But it is a goal to aim for.

One lesson of welfare reform was that the victim blaming/personal responsibility issue was an area where reasonable people could disagree and that compromises could be crafted addressing the concerns of both sides.

That attitude would be helpful during the upcoming campaign if we're to get to the point where there's actually law to be written, at which case it will become even more essential.

If we're going to have a serious debate about reforming the nation's healthcare system, which many of us believe is overdue, defining and perhaps renegotiating the social contract will be a difficult, but essential part of the process. Simply lobbying Washington to do the job for us won't do the trick.

Treating the Aching Heart: A Guide to Depression, Stress, and Heart Disease

LAWSON R. WULSIN, MD
256 pages, 6 x 9 inches
16 figures, 3 tables
bibliography, index, appendixes
Vanderbilt University Press 2007
Hardcover $49.95
Paper $22.95

For those who are curious about the mind-body connection, this book charts the vicious cycle of depression and heart disease. Through vignettes, scientific summaries, illustrations, and practical clinical tips, a new approach to this vexing mind-body problem points the way to better care based on cutting-edge science.

APS Nominations Process

The Nominating Committee has the responsibility of nominating individuals for consideration for the following key leadership positions: President, Secretary-Treasurer, Council members, and Nominating Committee Member-at-large. Nominations are solicited at the fall Council meeting and through member communications such as the APS Newsletter and E-News. The deadline for nomination suggestions from the membership **is December 15**. Each year the Nominating Committee is provided with a list of suggested names for open positions and then circulates other potential names of candidates to the APS office for inclusion. Following a conference to discuss the various candidates, a slate is chosen.

This year we are seeking nominations for the following positions: President-Elect, Council (3 slots), and Nominating Committee Member-at-Large. Please send suggested **nominations by December 15** to the APS National Office, 6728 Old McLean Village Drive, McLean, VA 22101 or to info@psychosomatic.org. The official vote on the slate of candidates is taken at the Business Meeting, which takes place during the Annual Meeting. For a more complete description of the APS Nominations Process, please visit: http://www.psychosomatic.org/about/committee_Nominating.htm

Psychosomatic Medicine Editor

David S. Sheps, MD, MSPH

I am pleased to report that *Psychosomatic Medicine's* Impact Factor increased from 3.64 in 2005 to 3.86 in 2006. Our ranking among psychology journals jumped up three places, from No. 8 in 2005 to No. 5 in 2006. We held steady at No. 19 among psychiatry titles. The 2006 Impact Factors were released in June 2007. The data show 1,107 citations in 2006 to *Psychosomatic Medicine* articles that had been published in 2004 and 2005.

The reach of the journal is impressive: In 2006, citations appeared in more than 250 different journals, demonstrating the appeal of *Psychosomatic Medicine* research to a broad spectrum of psychiatrists, psychologists, internists, and public health researchers. In order for our journal to continue to increase its Impact Factor, we need you to send us your best papers but understand that your work will face ever stiffer competition for available space in the journal.

I would like to extend a word of thanks to APS members for their contributions to the success of the journal. Our journal may appeal to a wide and diverse audience of readers and authors, yet it is clear that the journal is greatly strengthened by the many APS members who author papers, review manuscripts or serve on the Editorial Board. Five APS members are now demonstrating a new level of commitment to *Psychosomatic Medicine* through service on the new APS Journal Committee, which is charged with journal planning and oversight responsibilities. I am hopeful that through the combined efforts of all involved with the journal that we will be able to continue to improve the content and reach of the journal.

On a different note: From time to time I have been asked to provide tips to authors and reviewers to help them navigate the peer review and publishing process. APS Newsletter Editor Mary-Frances O'Connor suggested I create a Top Ten list, so now, with apologies to David Letterman, here are some suggestions that I hope will help you and simultaneously help our editorial office as we handle an ever-growing number of submissions.

1. If you do not have time to complete a review in a reasonable time frame, please do not accept the assignment. Generally speaking, we would much prefer to find someone who does have the time (though there are occasions when we do need the very specific expertise of one individual and are willing to extend the review time). If you decline an assignment, names of other suitable reviewers can be very helpful.

2. When you are submitting a paper, admit from the very first draft that you did not conduct the perfect study. Candor about study limitations is often well-received by reviewers, and if it is not in the first draft, it will surely be requested for the second.

3. Do not struggle with the manuscript Web site. It is not there to torture you. If it is taking longer than 15 minutes to submit a manuscript or more than a few minutes to download a paper to review, please contact the editorial office instead of spinning your wheels.

4. If you disagree with the reviewers (or editors), do so politely, even if you are astonished by what seems to be woeful ignorance on their part. Because of the multidisciplinary nature of biobehavioral research, reviewers and editors often are not experts at every aspect of the paper they are evaluating. Learn to respond to reviews and decision letters in a clear and diplomatic way, and the whole process will go much more smoothly. A thorough response is also important, as reviewers tend to insist on satisfactory answers or explanations.

5. Whether you are a manuscript's reviewer or author, do not let the abstract and title be an afterthought. Their importance cannot be overstated, as they are the most visible aspects of the manuscript to the world through free and wide distribution in a variety of indexes. Make sure the abstract clearly and accurately describes the study's aim, setting, participants, methods, results, and conclusions.

6. Reviewers and authors should pay close attention to the tables. Too often, tables arrive chock full of numbers without adequate explanation. Readers should be able to interpret tables without referring back to the text for essential information such as sample size or statistical tests, and readers should not have to guess about whether the numbers in the table are medians, percentages, standard deviations, confidence intervals, interquartile ranges, etc.

7. Throughout manuscripts, check the numbers, then check the numbers again. There should be consistency and logic to the numbers reported in the abstract, methods, results, tables, and figures.

8. Authors should take seriously the need to review proofs. If you are a corresponding author, consider giving at least one of your co-authors a copy to review. Pay especially close attention to tables and figures because adjustments may have been made to them during editing and processing. Double check all mathematical formulas, as errors can arise when symbols are converted from one font or program to another. It is a good idea to compare the proof to the final version you had submitted to the journal. Keep in mind that you are the one who understands your research best and cares most about the finished product.

9. If you find an error after a paper has been published, let us know immediately so that it can be corrected. For the integrity of the scientific literature, it is important to correct even minor mistakes.

10. *Psychosomatic Medicine* is no doubt one of many journals that you review for, submit papers to, or read. Have other journals implemented a new idea that you think *Psychosomatic Medicine* should consider? Send us a note about it so that we may consider it along with other priorities. The office e-mail address is: psychosomatic@medicine.ufl.edu.

***President**, continued from page 1*

Council at its fall meeting. When I consider the fiscal health of APS, the growth of trainee attendance at our annual meeting, the increasing impact of our journal and the dynamic involvement of our members in service on the Council, I see the planning process as an opportunity to maximize our very considerable strengths as an organization.

Update on the newly formed APS Journal Committee: Duties and Membership

Susan S. Girdler, PhD

At the spring APS Council meeting held March 2007 in Budapest (ahh… remember the bathhouses?, the paprika?, the wine?), Council unanimously approved the formation of a new APS Journal Ad Hoc Committee to provide oversight of both the editorial and business operations of the society's journal, *Psychosomatic Medicine*. Such committees have become a regular feature of most society sponsored journals. The Journal Committee will act in an advisory capacity to the APS Council, making recommendations to Council regarding Journal matters. The duties of the Committee include, but are not limited to, evaluating major initiatives of the Editor-in-Chief and Executive Director to insure that they are financially, ethically, and programmatically appropriate as well as reviewing and advising Council on proposals that affect the budget of the Journal. As mandated by Council, the Committee is to consist of 7 members. These include the Editor-in-Chief of the Journal (Ex Officio, nonvoting), the Executive Director and/or Associate Executive Director (both Ex Officio, nonvoting), and five voting members: one member of the Executive Committee (chosen by the APS President), one member of Council who is neither on the Executive Committee nor an Associate Editor of *Psychosomatic Medicine*, and three members at-large who have experience in journal editorship and/or scientific publishing.

The response to the request for nominations for membership to the Committee that was sent out to the general membership in May 2007 was excellent. At the June 2007 Council meeting, Council was in the enviable position of having to elect Journal Committee members from an impressive list of nominees each of whom were dedicated members of APS and stellar scientists and clinicians, and many of whom had held prominent leadership roles within APS and possessed strong editorial and publications skills. At that meeting, appointment of the three members at-large and of the Council's representative was by secret ballot and determined by a majority vote of Council. We are pleased to announce the following elected Committee members – *drum roll please…..*

Tom Wise, M.D., past president of APS and past president of the Board of Directors of American Psychiatric Press; Karen Matthews, Ph.D., past president of APS and former Editor-in-Chief of *Health Psychology*; and Doug Drossman, M.D., past president of APS and former GI Section Editor for the Merck Manual will constitute the Journal Committee members elected from the membership at-large. Susan Girdler, Ph.D., currently Associate Editor for *Psychophysiology* and former Guest Editor for *Biological Psychology* was elected to serve as the Council Representative. Matthew Muldoon, M.D. was selected by current APS President Bill Lovallo, Ph.D. to represent the Executive Committee. The Ex-officio members are Editor-in-Chief, David Sheps, M.D., Executive Director George Degnon, CAE and Associate Executive Director, Laura Degnon, CAE. Dr. Wise has graciously agreed to serve as Committee Chair.

The Journal Committee looks forward to working closely with David Sheps, George Degnon and Laura Degnon to maintain our Journal's preeminent position in the scientific and publications arenas that it has achieved under their joint leadership. The formation of the Journal Committee reflects the continued growth and forward trajectory of the American Psychosomatic Society and the ever increasing impact that our society's journal, *Psychosomatic Medicine*, has on the field.

Student Opportunities Through APS

Mary-Frances O'Connor, PhD

APS is a worldwide community of scholars and clinicians dedicated to the scientific understanding of the interaction of mind, brain, body and social context in promoting health and contributing to the pathogenesis, course and treatment of disease. This is an area which is interesting to many students. But what does APS do for them? Here are a few of the opportunities:

1. Young Scholar Awards
APS Young Scholar Awards are presented each year to outstanding abstract submissions where the first author of an accepted abstract is either a student, resident, or fellow.

2. Medical Student / Medical Resident / Medical Fellow Travel Scholarships
The American Psychosomatic Society (APS) Medical Student / Medical Resident / Medical Fellow Travel Scholarships are intended to assist with travel, hotel accommodations and meeting registration fees to the APS Annual Meeting. In order to be eligible for this scholarship, applicants must:

- Complete an application.
- Submit a copy of your curriculum vitae or biographical sketch.
- Participate in the Mentor/Mentee Program offered during the conference.
- After the meeting, agree to submit a summary about your experience attending the meeting.

3. Pre-Conference Workshops
These workshops are perfect for students who need more information about a topic, an overview of the latest and greatest in a specific field, or an opportunity to ask questions of leading researchers.

4. Associate Membership
Available to applicants who are enrolled in medical, graduate or undergraduate school, or residents/fellows. Annual dues are set at a reduced rate of $50, which includes a subscription to the journal *Psychosomatic Medicine*.

5. Mentoring Program
The APS mentoring program is designed to give students/trainees the opportunity to meet with a mentor during the annual meeting, and possibly establish an on-going relationship thereafter. Please be sure to register for the meeting and indicate your desire to be a mentee.

6. Student Dinner
Meet other students with similar interests. Arranged by student hosts, this is an opportunity to get to know people from all over the country (and reconnect with ones you miss!).

Students who become involved in APS often become lifelong members of the organization because it is a small and welcoming group that hopes to train and inspire a new generation of researchers and practitioners.

Clinical Corner: 911 PTSD Case

Gail Ironson, MD, Blanche Freund, and Aisha Kazi

After the attack on the twin towers in NYC on 9/11/01, there is renewed interest in the treatment of Post Traumatic Stress Disorder (PTSD), especially in the context of terrorist attacks. PTSD can be a debilitating disorder accompanied by symptoms of re-experiencing, hyperarousal, numbing and avoidance. Approximately 9% of the population has PTSD sometime during their lifetime, most often associated with rape, assault, combat exposure, natural disasters, or childhood abuse. Of particular interest in Behavioral Medicine, PTSD also has significant concomitant physiological effects on immune, neuroendocrine systems, and health. We present here a case of a person who was in the twin towers on 9/11. She was treated by a graduate student in our training clinic (Aisha Kazi) and supervised by myself (GI, M.D., Ph.D. Board Certified Psychiatrist) and Blanche Freund (Ph.D. Licensed Psychologist). The technique illustrated is Edna Foa's Prolonged Exposure.

Presenting complaint. Mary was a 42 year old married Caucasian woman who presented 3 and half years after 9/11 with daily crying, difficulty concentrating, nightmares of Armageddon, irritability and symptoms of anxiety (e.g., sweating, heart palpitations). She reported drinking multiple glasses of wine on a nightly basis. Her communication and sexual relations with her husband had deteriorated as well. Two years post 9/11 her PTSD symptoms and depression interfered with her job functioning and she was laid off. She felt unable to work and had no motivation to seek new employment.

Background of her experience of 9/11. Mary was on the 61st floor of the South Tower of the World Trade Center on September 11, 2001. She had been sent to New York City for training as part of her new job as a stockbroker. On the second day of the training she recalls hearing a loud crash. The first plane had crashed into the other (North) tower. Everyone started to immediately evacuate the building, but they were then instructed to return upstairs because they were informed the second tower (their tower) was not at risk. Mary decided to disobey these instructions. She hid from her supervisor and continued to descend the stairs. After going down approximately 20 flights she recalls hearing another crash and her building shook. This was when the second plane hit between the 78th and 84th floors of the tower that she was in. Feeling exhausted climbing down the dark, crowded stairwell she was uncertain whether she had the physical strength to make it down all 60 flights of stairs. She recalled fearing that she would die. She felt guilty passing other people but could not help them and finally escaped the building without injury. After exiting the building, Mary walked for hours to get back to her hotel. Looking back, she witnessed people falling from the fiery towers, and then witnessed the collapse of both towers.

Thereafter, she reported feeling in a state of shock for months. She reported feeling "dull" and had difficulty concentrating and experienced visual hallucinations of objects falling. Approximately eight months after the incident, she acknowledged she was clinically depressed, was crying daily, and felt "paralyzed". Her pre-morbid history of insomnia was worsening as well. She sought therapy for her symptoms. Her therapy, which used hypnosis, lasted for one and a half years. She was placed on PAXIL (Mary was unable to recall the dosage) as a psychopharmacological intervention for a few months, but this did not alleviate her symptoms. By this time it was 2003 and there were massive layoffs and Mary was terminated from her job. During her period of unemployment, her symptoms of depression and PTSD worsened.

Treatment. Mary was seen in 15 individual therapy sessions (the first 3 included diagnostics and preparatory sessions, and the next 12 were active treatment sessions) over 4 months using the treatment protocol for Prolonged Exposure.

Diagnostic and Preparatory sessions (1-3). During the initial session, Mary completed self-report scales to measure the symptoms of PTSD (PSS-SR), depression (BDI), and intrusive and avoidant thoughts (IES), so her symptomatology could be followed. The clinician asked questions and did a structured interview relevant to verify the PTSD diagnosis. Finally, a calming breath exercise was introduced in writing and demonstrated. Mary was to practice this at home before the next session. Sessions 2 and 3 were focused on discussions that served three purposes: First, in order to normalize her symptoms, common reactions to trauma were discussed and a handout about this was given for her to review. It was also suggested that she leave the handout in an obvious place in her home for her husband to review and to discuss as well. Second, the nature and process of prolonged exposure treatment was explained. A Dateline TV program tape was shown to Mary to demonstrate a real-life client experience of a person successfully treated with PE after a rape. The third purpose of these preparatory sessions was to prepare an *in-vivo* hierarchy of avoidances and triggers (related to the trauma) and to explain SUDS (Subjective Units of Distress) ratings so that in session imaginal exposures could be monitored for habituation (desensitizing the anxiety). At each session, progress in her *in-vivo* homework assignments could be monitored as well. Mary's list consisted of hearing fire trucks or ambulances (SUDS = 50); strenuous exercise (60); walking down an enclosed stairwell (70); looking through the clients collection of 9/11 newspaper articles, looking at debris from the twin towers, looking at the ID badge from her training and other objects that reminded her of the traumatic event (80); watching a documentary of 9/11 (95-100) and visiting New York City (100).

Of particular interest in Behavioral Medicine, PTSD also has significant concomitant physiological effects on immune, neuroendocrine systems and health.

Sessions 4 through 15 were active PE sessions. Mary was very anxious about her first active prolonged exposure (PE) session, as she knew she would have to "relive" her traumatic experience. For the past 3 years, she had actively tried to avoid any thoughts or images related to her traumatic experience. The procedure manual for the prolonged exposure includes instructing the client to recall their traumatic experience as vividly as possible as if it is occurring in the present. Each session lasts for 90 minutes. The reliving takes about 60 minutes so that extended sessions are important. The thera-

pist offered Mary encouragement to stay with the reliving of the traumatic experience with phrases such as "stay with it" and "you're doing fine." For her first homework assignment she was instructed to stay in a stairwell (an item from her *in vivo* hierarchy) for either 30 minutes or until her SUDS decreased by 50 %.

Mary reported that the experience of PE was different with each successive session. She felt she was more attuned to the feelings and sensations in her body. Some of the thoughts and feelings emerging after a PE session were isolation and loss of control. After each session she was given an audiotape of the reliving and asked to listen to it several times over the week.

Sessions 5 through 15 were similar in structure, however Mary alternated between avoidance and accessing the fear structure in her reliving sessions. This is common in the treatment of PTSD. As noted, therapists doing PE treatment have to encourage the client to relive in the present tense, as if it is happening again. Early on in the reliving, the therapist observed Mary was not engaged in the memory and was reporting numbing. Her memory at that point was too frightening, which caused her to avoid activating the feared memory. The therapist understood her experience and discussed roadblocks and motivation. This reminded Mary how long she had been suffering from her symptoms of PTSD and how much she wanted to move on with her life.

One particularly helpful exposure was watching a documentary of the September 11th terrorist attack which was first done in session with the therapist, and later as homework. Re-reading magazine articles Mary had saved about the terrorist attack was also particularly helpful. In the last session, setbacks (i.e., anniversary dates) and relapse were discussed.

It is noteworthy that experiencing a trauma often changes a person's perceptions of the world and themselves. Processing of these beliefs often occurs as part of treatment. This is illustrated in Mary's case, where, during the 8th active session, Mary reported that during the week she had been able to recognize some of her 'self-talk' and the effect it had on her. She became very tearful when discussing her feelings of worthlessness and hopelessness, and the therapist helped her work through these beliefs.

Mary did not consistently complete her homework sessions, but what is noteworthy was she never missed a session. She was able to face her fears and concerns about reliving her traumatic experience during the therapy sessions with the help of her therapist, although she found this difficult to do on her own at home. Session by session details can be found in Kazi, Freund, and Ironson (in press, Clinical Case Studies).

After 15 treatment sessions (3 assessment/preparatory plus 12 active Prolonged Exposure sessions), Mary improved 75% as measured by a composite of the BDI, PTSD-SR, and the IES. It is interesting to note that even though the treatment focused on PTSD symptoms, depressive symptoms reduced as well. She also reported a substantial decline in her alcohol use and improvement in her relationship with her husband.

At the 6-month follow-up there was some reoccurrence of symptoms to a level of 60% improvement from baseline. Her reported quality of life had improved dramatically post treatment (including finding a job) and remained stable at the follow-up. Although subclinical symptoms were present (infrequent distressing dreams, and sweating/nausea upon hearing fire alarms), she did not meet full criteria for PTSD. She declined to come in for further booster exposure sessions.

Finally, although prolonged exposure is sometimes considered the "gold standard" for the treatment of PTSD, other techniques have demonstrated effectiveness, including Cognitive Processing Therapy (P. Resick) and Eye Movement Desensitization and Processing (F. Shapiro, see EMDR Institute website, www.emdr.org). In a recent review, Edna Foa discusses which interventions can be applied in the immediate aftermath of any future violent attacks. Critical incident debriefing (CID), a procedure implemented for many years immediately post trauma by first responders, was not recommended because of recent negative research findings. Foa notes that there are significant gaps in our knowledge about how to prepare populations and individuals for the possibility of a psychological aftermath from terrorist attacks and therefore what critical interventions best apply.

Welcome New Members!

Maria Margarida Bento, MS
Lisbon, Portugal

Claudia Byrne, PhD
Austin, TX USA

Daniela Frentiu
Cluj, Romania

Harold Goforth, MD
Durham, NC USA

Krista Jordan, PhD
Austin, TX USA

Tal Jungermann, MD, MHA
Givataaim, Israel

Christine Moravec, PhD
Cleveland, OH USA

Amy Rosinski, MD
Ann Arbor, MI USA

Cynthia Shappell, MD
Lorton, VA USA

Mihaela Stanculete
Cluj, Romania

Kenna Stephenson, MD
Tyler, TX USA

Andri Suryadi, MD
Banten, Indonesia

Make Plans Now...

...to attend the

APS 2008 Annual Scientific Meeting
in Baltimore, Maryland, March 12-15!

Meeting Highlights include:

Invited Plenary Symposia
Invited Parallel Symposia
Breakfast and Lunch Roundtables
Special Interest Dinners
...and more!

AMERICAN PSYCHOSOMATIC SOCIETY

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APS 66th Annual Scientific Meeting

A Focus on Liaison in Psychosomatic Medicine:
Fostering Interdisciplinary Research and Integrative Patient Care

March 12 - 15, 2008

Baltimore Marriott Waterfront
Baltimore, MD

photo courtesy of the Baltimore Area Convention and Visitors Association

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Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is December 15.

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