Translational Issues in Psychological Science
2016, Vol. 2, No. 4, 347–350

2332-2136/16/$12.00 http://dx.doi.org/10.1037/tps0000101

INTRODUCTION

Translational Trauma Research: Implications for Policy and Intervention

Victoria M. Follette
Florida Institute of Technology

Dana Rose Garfin
University of California, Irvine

Jacklynn M. Fitzgerald
University of Illinois at Chicago

Caitlin McLean
University of Nevada, Reno

Translational Issues in Psychological Science is a unique peer-reviewed journal in that each issue focuses on different topic areas in translational science, the goal of which is to use basic and clinical science to improve outcomes for individuals and the public. This issue is focused on traumatic stress and factors related to exposure, response, and treatment. While some scientists may see the topic of trauma as relatively new to the field of psychology, a very long historical narrative exists on the impact of trauma and stress; for example, descriptions of similarities between veterans of the Vietnam War and the soldiers in Homer's *Iliad* (Shay, 1994). Indeed, scholars have demonstrated that posttraumatic stress disorder is not a new phenomenon; prior historical references trauma response include "railway spine" in the late 1800s, physio-neurosis or shell shock following World War I, and "gross-stress reaction" in the first *Diagnostic and Statistical Manuel of Mental Disorders* (*DSM*; Brewin, 2003; Monson & Friedman, 2006). Patterns of traumatic stress symptoms were formally acknowledged in the third version of the *DSM* (3rd ed.; *DSM–III*; American Psychiatric Association, 1980) with the introduction of clear diagnostic criteria for posttraumatic stress disorder, the constellation of symptoms commonly seen in response to negative events. Posttraumatic stress disorder was contingent on establishing Criterion A, which defined a traumatic event as a catastrophic event outside the range of normal human experience. Since then, the field of traumatic stress has elicited great deal of controversy and, as Brewin (2003) notes, trauma researchers have frequently been labeled as either "saviors or skeptics" (p. 1). Despite ongoing debate about what exactly constitutes a traumatic event and the psychological sequelae associated with exposure to one (cf. Rosen & Lilienfeld, 2008), a cursory review of the daily news reveals the devastating effects of a myriad of events such as war, rape, natural disasters, and genocide, making the study of trauma responses a relevant national interest.

Editor's Note. This is an introduction to the special issue "The Psychology of Trauma." Please see the Table of Contents here: http://psycnet.apa.org/journals/tps/2/4/.—MBK

Victoria M. Follette, College of Psychology and Liberal Arts, Florida Institute of Technology; Dana Rose Garfin, Department of Psychology and Social Behavior, University of California, Irvine; Jacklynn M. Fitzgerald, Department of Psychology, University of Illinois at Chicago; Caitlin McLean, Department of Psychology, University of Nevada, Reno.

Correspondence concerning this article should be addressed to Victoria M. Follette, College of Psychology and Liberal Arts, Florida Institute of Technology, 150 W. University Boulevard, Melbourne, FL 32901. E-mail: vfollette@fit.edu

Need for Translational Research

In focusing on how trauma research is represented in translational science, we acknowledge that a significant amount of research involving the impact of stress and trauma on animals and humans is completed in tightly controlled laboratories. While this work is critical for evolving our understanding of how stress and trauma

alters immediate biological and psychological functioning (Nusslock & Miller, 2016), it is largely unable to identify the multitude of individual difference factors that increase risk for negative psychological sequelae. That is, despite a relatively secure understanding of how basic biological mechanisms are altered in the face of trauma (Yehuda & LeDoux, 2007), we also know that traumatic experiences affect people differently, dependent on characteristics such as age, gender, and social status (Hostinar, Johnson, & Gunnar, 2015; Kinner, Het, & Wolf, 2014; Muscatell et al., 2016). In other words, in the presence of shared common neurobiology, significant variability in trauma response does occur (Lanius, 2007). Future research in this arena may benefit most by strategic investigation of the individual difference factors that moderate the relationship between stress and trauma exposure and development of psychiatric illness.

Policy Implications

Given marked variability in trauma responses, evidence-based practices are essential to meet the needs of survivors of individual (e.g., assault, rape) and collective (e.g., natural disasters, terrorist attacks) traumas. Clinicians need training and experience informed by empirical findings; governments and service organizations need treatment and outreach recommendations generated from rigorous science. Posttrauma interventions can be costly and labor intensive (DiMaggio, Galea, & Richardson, 2007; Feeney, Goldberg, Blumenthal, & Wallack, 2005) and should not necessarily be uniformly administered after a traumatic event (McNally, Bryant, & Ehlers, 2003; Rose, Bisson, Churchill, & Wessely, 2009). This mandates research that can inform practical, cost-effective policies to reduce the burden of traumatic stress.

Further, many people will exhibit striking resiliency after traumatic events (Bonanno, Brewin, Kaniasty, & Greca, 2010); broad-based interventions should allow for this natural healing process to occur, while offering services to those who are currently suffering or develop symptoms over time. Public service announcements can provide broad information to the population that normalize distress responses (reducing stigma) and inform people about available services. "Screen-and-treat" approaches can be administered in emergency departments or other acute care settings (Kenardy, Spense, & Macleod, 2006) or broadly in the community after a collective trauma (Watson, Brymer, & Bonanno, 2011). These approaches identify early risk factors that tend to correlate with subsequent problems; those at risk are then followed over time for targeted interventions, while those in need of immediate care are referred to specialists (cf., Silver & Garfin, 2016).

Introducing This Special Issue

In considering the aforementioned approaches to the field of trauma research, this Special Issue on the Psychology of Trauma includes articles that capture some of these varied aspects, including the diverse forms of potentially traumatic events (e.g., mass violence, disaster, war-related, and interpersonal) across populations. Articles concern a broad range of ideas, including the impact of stressors and functioning over the life span (from adolescents to older adults). Some articles highlight the roles of institutions (e.g., the military, college campuses) on mental health outcomes and how this should inform institutional policy. Other articles focus on practiced-based applications through evaluating intervention strategies that may help ameliorate suffering. Findings from these articles make important contributions to understanding the complex nature of stress reactions to traumatic events and may be informative for researchers and policymakers, practitioners, and the general public.

In addition, in line with the *Translational Issues in Psychological Science* mission, this issue supports the mentoring of junior scientists in developing expertise in a range of roles working as associate editors, authors, and reviewers. There are often expected competencies of early psychologists, yet these skills are infrequently explicitly taught in graduate school. *Translational Issues in Psychological Science* provides the opportunity to engage in practices relevant to becoming a scholar in the psychological sciences and to contribute as a trainee and develop new abilities. In its own manner, *Translational Issues in Psychological Science* provides psychologists-in-training the opportunity to transform their fundamentals of scientific and scholarly pursuit into meaningful research that can be

disseminated to a broad audience. Associate editors, authors, and reviewers came from different areas of psychology, which likely shaped the type and form of translational applications discussed. For example, whether authors chose to highlight large social policy or specific clinical recommendations for a population is evident in this issue. The cross-disciplinary nature offered varied methodology while the associate editors learned how to navigate and critically evaluate manuscripts outside of their own primary areas of focus. Due to the vast complexity of defining trauma itself, varied reactions to potentially traumatic events, and policy and intervention implications, there is a need for researchers to work cross disciplinary to advance this field of study.

Summary

Posttrauma policies and practices mandate rigorous trauma-focused research that draws from clinical, community, and epidemiological samples. It is essential for research to identify risk factors such as demographic indicators, type of exposure, prior experiences, acute stress responses, and prior mental health problems that correlate with and predict adverse responses over time. Intervention studies can then identify best practices that can be used for policymakers to allocate resources in both clinical and community settings. Our goal in this special issue was to support the work of developing scientists in contributing to the growing body of research that will further advancement the field of traumatic stress research in order to make a meaningful difference in the lives of survivors.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

Bonanno, G. A., Brewin, C. R., Kaniasty, K., & Greca, A. M. (2010). Weighing the costs of disaster: Consequences, risks, and resilience in individuals, families, and communities. *Psychological Science in the Public Interest, 11,* 1–49. http://dx.doi.org/10.1177/1529100610387086

Brewin, C. R. (2003). *Posttraumatic stress disorder: Malady or myth?* New Haven, CT: Yale University Press.

DiMaggio, C., Galea, S., & Richardson, L. D. (2007). Emergency department visits for behavioral and mental health care after a terrorist attack. *Annals of Emergency Medicine, 50,* 327–334. http://dx.doi.org/10.1016/j.annemergmed.2006.10.021

Feeney, J. M., Goldberg, R., Blumenthal, J. A., & Wallack, M. K. (2005). September 11, 2001, revisited. *Archives of Surgery, 140,* 1068–1073. http://dx.doi.org/10.1001/archsurg.140.11.1068

Hostinar, C. E., Johnson, A. E., & Gunnar, M. R. (2015). Parent support is less effective in buffering cortisol stress reactivity for adolescents compared to children. *Developmental Science, 18,* 281–297. http://dx.doi.org/10.1111/desc.12195

Kenardy, J. A., Spence, S. H., & Macleod, A. C. (2006). Screening for posttraumatic stress disorder in children after accidental injury. *Pediatrics, 118,* 1002–1009. http://dx.doi.org/10.1542/peds.2006-0406

Kinner, V. L., Het, S., Wolf, O. T. (2014). Emotion regulation: Exploring the impact of stress and sex. *Frontiers in Behavioral Neuroscience, 9,* eCollection.

Lanius, R. (2007). Complex adaptations to traumatic stress: From neurobiological to social and cultural aspects. *The American Journal of Psychiatry, 164,* 1628–1630. http://dx.doi.org/10.1176/appi.ajp.2007.07081352

McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest, 4,* 45–79.

Monson, C. M., & Friedman, M. J. (2006). Back to the future of understanding trauma: Implications for cognitive-behavioral therapies for trauma. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 1–16). New York, NY: Guilford Press.

Muscatell, K. A., Dedovic, K., Slavich, G. M., Jarcho, M. R., Breen, E. C., Bower, J. E., . . . Eisenberger, N. I. (2016). Neural mechanisms linking social status and inflammatory responses to social stress. *Social Cognitive and Affective Neuroscience, 11,* 915–922.

Nusslock, R., Miller, G. E. (2016). Early-life adversity and physical and emotional health across the lifespan: A neuroimmune network hypothesis. *Biological Psychiatry, 80,* 23–32.

Rose, S. C., Bisson, J., Churchill, R., & Wessely, S. (2009). Psychological debriefing for preventing posttraumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews,* 2002, CD000560.

Rosen, G. M., & Lilienfeld, S. O. (2008). Posttraumatic stress disorder: An empirical evaluation of core assumptions. *Clinical Psychology Review, 28,* 837–868. http://dx.doi.org/10.1016/j.cpr.2007.12.002

Shay, J. (1994). *Achilles in Vietnam: Combat and the undoing of character*. New York, NY: Simon and Shuster.

Silver, R. C., & Garfin, D. R. (2016). Coping with

disasters. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *APA handbook of clinical psychology: Psychopathology and health* (Vol. 4, pp. 597–611). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/14862-029

Watson, P. J., Brymer, M. J., & Bonanno, G. A. (2011). Postdisaster psychological intervention since 9/11. *American Psychologist, 66,* 482–494. http://dx.doi.org/10.1037/a0024806

Yehuda, R., & LeDoux, J. (2007). Response variation following trauma: A translational neuroscience approach to understanding PTSD. *Neuron, 56,* 19–32. http://dx.doi.org/10.1016/j.neuron.2007.09.006

Received October 25, 2016
Accepted October 25, 2016 ■

Members of Underrepresented Groups: Reviewers for Journal Manuscripts Wanted

If you are interested in reviewing manuscripts for APA journals, the APA Publications and Communications Board would like to invite your participation. Manuscript reviewers are vital to the publications process. As a reviewer, you would gain valuable experience in publishing. The P&C Board is particularly interested in encouraging members of underrepresented groups to participate more in this process.

If you are interested in reviewing manuscripts, please write APA Journals at Reviewers@apa.org. Please note the following important points:

- To be selected as a reviewer, you must have published articles in peer-reviewed journals. The experience of publishing provides a reviewer with the basis for preparing a thorough, objective review.
- To be selected, it is critical to be a regular reader of the five to six empirical journals that are most central to the area or journal for which you would like to review. Current knowledge of recently published research provides a reviewer with the knowledge base to evaluate a new submission within the context of existing research.
- To select the appropriate reviewers for each manuscript, the editor needs detailed information. Please include with your letter your vita. In the letter, please identify which APA journal(s) you are interested in, and describe your area of expertise. Be as specific as possible. For example, "social psychology" is not sufficient—you would need to specify "social cognition" or "attitude change" as well.
- Reviewing a manuscript takes time (1–4 hours per manuscript reviewed). If you are selected to review a manuscript, be prepared to invest the necessary time to evaluate the manuscript thoroughly.

APA now has an online video course that provides guidance in reviewing manuscripts. To learn more about the course and to access the video, visit http://www.apa.org/pubs/authors/review-manuscript-ce-video.aspx.