February 2007 NEWSLETTER Issue No.2

Asian Traumatic STRESS POINTS

Asian Society for Traumatic Stress Studies
亞洲創傷心理研究學會

President's Message

Dr. Kitty Wu, President
Asian Society for Traumatic Stress Studies

Welcome to the second issue of Asian Traumatic Stress Points which I hope will find you in good health and spirit in this spring, a season to celebrate the Lunar New Year and Easter, both signifying hope and a new beginning.

AsianSTSS has gone through a fruitful first year since our incorporation in the Fall of 2005. In the Past Events Corner of this newsletter, you will notice that the educational activities we have organized were well attended. We believe that educational activities promoting awareness and understanding of traumatic stress will enhance the standard of practice in the field and increase public interest and readiness to seek for appropriate service. AsianSTSS will continue to work on providing a forum for professionals of different disciplines as well as the public for discussion on various topics related to traumatic stress touching our lives. The seminar on Three Women's Traumas held on 26.8.06, thus, marked the beginning of a series of seminars in which local experts would share their research and experience. I hope you will find the events captured in the Upcoming Events Corner interesting, and you find it worthwhile to invite your friends and colleagues to come and join us. The overwhelmingly positive feedback received for the Workshop on Complex Trauma conducted by Prof. Alexander McFarlane was very encouraging. We shall continue to bring in international experts to share their research and clinical experience.

On developing international contacts, the Exco has been working on establishing affiliation with the International Society for Traumatic Stress Studies (ISTSS) in the past months. We have submitted an application for affiliation and sent representatives from the Exco to meet with officials of the ISTSS during the VI International Congress on Traumatic Stress held in Argentina in August 2006. As a newly born Society in the field of Traumatic Stress Studies, we do hope to establish network and co-operation with both regional and international organizations of similar nature. The application for affiliation with ISTSS is, thus, an attempt to make known the establishment of our society to the international stage and to demonstrate our sincerity to cooperate with other societies of traumatic stress studies around the globe. We also hope to open up opportunity for international networking for our members via the mutual support scheme set up between ISTSS and its affiliated organizations.

And I am delighted to announce that, ISTSS has decided to offer its tangible support to AsianSTSS and our members for an initial period of two years (2007 and 2008) in the form of : 1) opportunity to work with the ISTSS newsletter editor to publish an article about AsianSTSS in the ISTSS newsletter; 2) posting of information and a link to the AsianSTSS website on the ISTSS website; 3) the option for AsianSTSS members to receive either a discount on ISTSS membership dues or a discount on an electronic subscription to Journal of Traumatic Stress; 4) the opportunity for AsianSTSS members to register for the ISTSS Annual Meeting at rates that match those offered to ISTSS members; and 5) opportunity for AsianSTSS leaders to participate in the meeting of traumatic stress organization leaders held in conjunction with the ISTSS Annual Meeting.

We will keep members informed about the details of these benefits via our electronic network in the near future. We will also continue to liaise with ISTSS for establishing formal affiliation and exploring opportunities for co-operation with other regional societies.

To build up a multidisciplinary network and increase public awareness, we need your help to promote our work and activities to your colleagues. Indeed, we hope AsianSTSS will provide a network for members to discuss issues of interest for the field of trauma psychology and health. We welcome your ideas and participation if you have an issue in mind that you would like more people to deliberate on and create a force in the community for promoting social justice, public health, or safe practice for enhancement of trauma prevention and management. If members have any comments or are interested to participate in organizing activities, please send an email to us at info@asianstss.org.

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CONTACTS

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EXECUTIVE COMMITTEE

Knowledge Gateway

Managing "Love Trauma"

Paper presented in the "Seminar on Three Traumas in Women's Life" of the Asian Society for Traumatic Stress Studies, Hong Kong.

Eugenie Y. Leung, *PhD Clinical Psychologist*
Director of Counselling, Centre of Development and Resources for Students (CEDARS), The University of Hong Kong, 26 August 2006

The positive value of love included belongingness, companionship, self-worth and social recognition. When relationship ends, it could be a sudden surprise and an emotionally traumatic experience. One would probably experience feelings of disappointment, disillusionment, betrayal, self-doubts and hurt. It might involve a series of losses such as the loss of the confidant, loss of a social network, hurt in the process of breaking up, and undue social comparison with others who seemed blessed. Depression, anxiety, anger and inferiority are common emotional experience, while some became so traumatized that they had difficulties regaining faith in oneself, trust in others, or developing a new relationship.

Based on the clinical work with depressed women, this author suggested that support alone does not work. Though supportive counselling and emotionally focused talking provide a good chance for an expression of emotions, at the same time, ruminations could be reinforced. Moreover, social support network does not necessarily provide the positive experience, as the depressed individuals tend to compare notes and experience more rejection and self-alienation in these interactions. There is also the risk of shifting the object of dependency from the lost love to the professional and/or mutual dependency on other depressed members.

The author suggested clinicians to adopt the cognitive vulnerability hypothesis in case formulation and intervention strategies when working with women traumatized in love. Cognitive vulnerability hypothesis provided an explanation why women are more likely to be depressed after broken relationships. Women are found to be more likely to be sociotropic (interpersonally oriented), with the healthy aspects of connectedness and the more maladaptive extreme of dependency (Beck, 1987; Clark, Beck, & Brown, 1992). Those who have over-invested in one single relationship will be very concerned with the opinions of the significant other and the security of this relationship, to the point of sacrificing own needs to maintain the relationship. They tend to have interpersonal dependency (Joiner & Coyne, 1999) where they rely on others for their self-esteem, ask for excessive assurance of love, which in turn, lead to rejection and alienation by others.

In the management of love trauma, cognitive behavioural strategies to stop rumination and attempt problem-solving are crucial. These include dealing with the practical and psychological aspects of independence, such as learning to be financially independent, living a life as a single, building up a new social circle, and appreciating one's value as an individual rather than a subsidiary of the loved ones.

Addressing the core irrational beliefs is an important step in intervention. Some of the major ones include "I have to be loved or else I'm perfectly worthless." (This may result in guilt and shame.) "You have to treat me forever lovingly or else you are perfectly worthless." (This is related to anger and resentment.) "The people around me have to make it easy for me to feel loved and happy." (This is related to self-pity.) These beliefs are commonly embedded in our culture of happy family and romantic relationships, and in the socialization process. Identification and objective evaluation of such beliefs and alternative interpretation and attribution are necessary and beneficial for growing out of the trauma.

In terms of relapse prevention, love-traumatized persons should be empowered to grow from dependence to interdependence with the significant others, building a relationship network (instead of over-investment in one single relationship) and also a more diverse and multi-facet self-identity.

As a final word, prevention is better than cure. One good preventive strategy is to learn to love rationally (Borcherdt, 1996). It means that though love connections are important, they should not be treated as all-important or sacred. One should protect oneself from turning into a victim of love by (1) wanting love, but not trapped into believing that they must have love or that they have an absolute need for love; (2) not to judge self by their love life performance and outcomes; (3) learning to get rid of the upset, rather than just expressing their upsetting feelings - emotional self-control; (4) disputing irrational love beliefs - "shoulds"; (5) "putting yourself first and the partner a close second" instead of "putting your loved one first and yourself a distant second".

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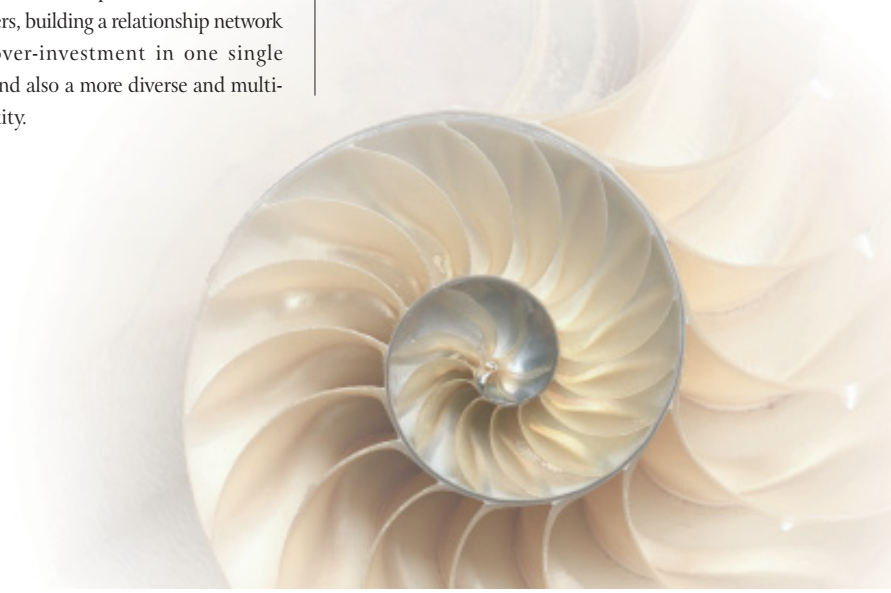

Trauma and Childbearing

Paper presented in the "Seminar on Three Traumas in Women's Life" of the Asian Society for Traumatic Stress Studies, Hong Kong.

Chiu Hok-man, M.B., B.S. (HK) M.R.C.Psych. (UK) F.H.K.C. Psych.

Psychiatrist in Private Practice, 26 August 2006

Pregnancy is a time of change for the family and psychological challenge (Table 1) for the young women. Unexpected family events (Table 2), antenatal depression, puerperal blues, postnatal depression and other psychiatric conditions could occur at any point of time in this critical period.

Childbearing and delivery can be a distressing or even traumatic experience. Various relieving techniques in obstetrics and anesthetics have been developed in the last few decades. However, the suffering of women in delivery and the fear of labour have not yet been fully resolved. Not surprisingly, pregnancy is ranked 12th in the Social Readjustment Rating Scale (Holmes, 1978) and scored 40 / 100 on the scale.

Table 1. Psycho-social factors in perinatal period

Ambivalence on pregnancy
Physical discomfort and limitation
Anxiety on fetal well being
Traumatic experience during labour
Physical exhaustion in puerperium
Inexperience in childcare
Maternal role and assumption
Shameful / ambivalent feelings about baby
Childhood experience of being parented

Table 2. Frequently observed "unexpected" family events in childbearing

In-law conflict
Change of work status (leave or resign)
Finance and housing problem
Partner relationship problem
Mal-adjustment of the father

Antenatal Depression

The first trimester may be a time of turmoil, especially when the pregnancy is unexpected and unwelcome. Normal emotional changes may include increased emotional lability, which may be exacerbated by nausea and other physical changes of early pregnancy. As pregnancy progresses, further bodily changes and anxieties about the delivery may contribute to mood change. Late pregnancy may be associated with social withdrawal and preoccupation with preparations for delivery and caring for the baby. Anxious and obsessional thoughts are common and often focusing on the health of the baby. Two-thirds of women have some psychological symptoms during pregnancy. This usually lasts less than 12 weeks and is more common in the first trimester.

Ten percent of pregnant women becomes significantly depressed during pregnancy. Depression in the last trimester may persist as a postnatal depression. Risk factors may include past history or family history, poor outcome of previous pregnancy, ambivalence to pregnancy or baby, poor marital relationship, poor social support and neuroticism.

Increased support by medical, nursing and other services, as well as by family, may reduce the need to contact psychiatric services. Clear and informed reassurance, antenatal classes and discussion with other mothers should help. Interpersonal psychotherapy can be effective in the treatment of antenatal depression (Spinelli & Endicott, 2003). Conjoint marital therapy or separate counselling of the husband may be indicated. Some selected antidepressants are found to be safe during pregnancy (Kohen, 2004).

The Fear of Labour

Tokophobia - the phobic dread of labour and delivery may arise during the first pregnancy or be secondary to previous experiences. It may be a symptom of underlying depression or have more distant antecedents.

Post-traumatic stress disorder like syndrome had been reported in more than a century ago. (Savage, Guys Hospital Reports 20, 1875) - For a first-time mother, childbirth is a painful and prolonged labour was followed by a startling and horrible dream.....

Despite advance in obstetric and anesthetic technology, tokophobia is still a prevalent phenomenon, because delivery is virtually an exceptional (and horrifying) event. Pain and injury are still among the fears expressed by over 50% of women. Other intense fears include haemorrhage, death, or other irrational fear. Many women are afraid of being alone during delivery and strongly prefer the presence of a familiar person whom they could regard as a protecting / guarding figure. Other women prefer alternatives to vaginal delivery and may see termination as their only option. Women who achieve their desired mode of delivery experience lower rates of psychological morbidity than those who are refused.

Fear of Cot Death

Cot death (sudden infant death syndrome) is a focus of anxiety in the puerperium in mothers with constant obsessive watchfulness. These mothers will not let their infants sleep, for fear that they may stop breathing. The mothers may be helped by ventilation of these fears and they could be reassured on the rarity of the condition and the infant's resistance to asphyxia. Relatives or friends may be enlisted for assistance.

Postpartum Depression

About 10 % of women develops a depressive disorder in the postpartum period. Onset is usually within the first postpartum month, often on return home. Typically, the woman is tearful and irritable (Table 3). Most symptoms (90 %) last less than 1 month, even without treatment. A very small percentage of cases may last longer than a year.

Table 3. Symptoms of Postnatal Depression

Tearfulness, irritability
Excessive worry on baby's health
Phobic avoidance, distressed by baby's crying
Absence of maternal feeling, rejection
Complaints of lack of social support, loneliness
Subjective inadequacy, guilty feeling
Impaired concentration and mental slowing
Insomnia (masked)
Exhaustion and severe fatigue
Anxiety and palpitation
Suicidal idea or homicidal idea

A recent review (Beck, 2002) showed four essential themes of postnatal depression.

1. An incongruity between expectations and reality of motherhood;
2. A spiralling downward of negative feelings;
3. A pervasive sense of loss of control, sense of self, and relationships;
4. Admitting a need for help, leading to reintegration and change.

The majority of depressions occurring at this time are mild and do not require specific psychiatric intervention. The provision of extra support and non-directive counselling by suitably trained primary healthcare workers has been shown to be effective. Cooper & Murray (1997) found equal effect in non-directive counselling, cognitive-behaviour therapy, dynamic psychotherapy or routine primary care. A further randomised trial showed benefits for an approach using interpersonal therapy (O'Hara et al., 2000).

Other approaches may include interventions providing help to the woman and her family, support groups involving the woman and her partner, training the mother in infant massage produced improvements both in the woman's mood and in mother-infant interaction. These approaches often require the involvement of the other members of the family.

In more severe disorders, drug treatments need to be considered.

Relationship with the partner

A good relationship with partner serves as a protective factor for the woman in the perinatal period. However, tension and crisis may happen more frequently than in other period. Violence may be used to resolve a crisis. Approximately 30% of domestic violence begins during pregnancy and often escalates in the postpartum period. This is one of the frequently observed "unexpected events" and could be very traumatic. Pregnant women who are depressed, or who misuse drugs, are more at risk of domestic violence.

To prevent or minimize effect of trauma

For most women childbirth is an eagerly awaited event. However, ambivalence about the pregnancy, health-related anxieties, role transition, relationship problems, fears about inability to cope are just realistic and frequent.

The reproduction rate is decreasing in trend. Childbearing has become a very unfamiliar but highly concerned activity for most of the young families. Screening for psychiatric morbidities, early supportive services, information and education should be highly valued. Antenatal classes are readily available in both public and private sectors and have become more and more sophisticated. Screening services for post-natal depression and supportive services have been better developed in the last few years. The inexperienced mothers should be better informed, and the unexpected event should be made better anticipated. ■

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Managing Gender-based Violence at The Individual Level

Paper presented in the "Seminar on Three Traumas in Women's Life" of the Asian Society for Traumatic Stress Studies, Hong Kong.

Catherine S. K. Tang, *PhD*

Professor, Department of Psychology, The Chinese University of Hong Kong, 26 August 2006

Prof. Catherine S. K. Tang, Scientific Officer, AsianSTSS

Gender-based violence (GBV) is violence directed at individuals on the basis of their gender. It cuts across status, class, religion, race, economic, and geographic barriers. Boys and men are also targets of violence, but the majority of victims are girls and women. In addition to being defined as a social and criminal justice problem, GBV is often viewed as a public health threat and a human right issue because of its multiple and severe health consequences and of its violation of a number of absolute human rights. The bulk of the available information on GBV was collected from developed nations in North America and Europe, very little is known about the magnitude and nature of this problem in developing nations where GBV remains a marginalized discourse in the academic, social, legal, and political sectors.

Gender and violence is a complex problem rooted in the interplay of multiple factors. The present seminar first presented current analysis and theoretical models of GBV, including the biological-psychological-psychiatric and psychodynamic approaches at the micro level; theories on stress, power, and social learning at the meso level; and social-cultural, patriarchal/feminist, and culture of violence perspectives at the macro level. Despite the fact that GBV exists in almost every corner of the world, there is still little agreement on behaviors that constitute GBV. The term GBV is relatively new to Hong Kong and other Chinese societies, and there is not yet a widely recognized or agreed upon Chinese translation of this term.

GBV typically include physically, psychologically, and sexually violent acts such as dating violence, forced prostitution, intimate partner abuse, rape, homicide, and sexual harassment, etc. It is difficult to assess the extent of GBV in Hong Kong and in other nations, because it occurs mostly behind closed doors as in cases of intimate partner abuse and sexual harassment, with which social service or law enforcement personnel are reluctant to intervene. GBV is typically under-reported given shame and stigma attached to sexual victimizations as in incidents of rape and child sexual abuse. Given its pervasive and detrimental outcomes, GBV has become a major health, economic, and development burden for many nations. The prevention and management of GBV is multi-dimensional and include public education, service provision, advocacy, and social actions, legal reforms, and research. The present seminar focused on managing victims of GBV on the individual level in relation to crisis management and handling of acute and chronic stress symptoms. An overview of cognitive-behavior strategies for management of chronic stress symptoms following GBV was also presented. ■

Media Contact

Trauma Prevention and Management

Kitty Wu in Radio Television of Hong Kong (RTHK)

Date: 02 - 06 Oct 2006

Dr. Kitty Wu, the President of the AsianSTSS, was invited to share her experience and vision in the field of trauma psychology in the format of BLOG in a radio programme named "Civil Society" for Channel One of the Radio Television of Hong Kong (RTHK). Her messages were broadcasted in five consecutive weekdays in early October 2006 in RTHK and could be downloaded in written and audio forms from RTHK's website.

Besides introducing the development and aims of the AsianSTSS, Dr. Wu had highlighted the role of media in trauma prevention and management in her blogs. She emphasized the importance of upholding professional ethics and standard when experts offered their opinions for individual cases in the media. She also explained how the public could differentiate professional expert opinions from the unprofessional ones. In the blogs, Dr. Wu discussed the issues on prevention and management of traumatic experience related to road traffic accident and grief, and research findings on psychological resilience.

(For details please visit: http://app1.rthk.org.hk/civilonline/civilsociety/wwblog/post.php?bid=38&pid=5&t_year=2006&t_month=10&t_day=06 or http://www.asianstss.org).

Crisis Management in School

Dr. Eugenie Leung in the South China Morning Post (SCMP)

Date: 18 Dec 2006

Crisis management after a traumatic event was an area of development in the school settings. Last year, the Education and Manpower Bureau (EMB) of Hong Kong Government formalized the setting up of crisis management in schools. When there were crises in the schools, such as suicide of students or staff, or violent and sudden deaths in disasters, the team which comprised of the headmaster, student guidance teachers and school-based psychologists were called upon to provide support to the class, to identify those who were in distress and to conduct activities such as memorial services where students could express their feelings. Peer support amongst teachers was encouraged and debriefing sessions were offered to teachers. In response to an interview by the SCMP, Dr. Eugenie Leung, the Vice-President of AsianSTSS remarked that the schools' crisis management system was an efficient response system. She indicated that crisis support by teachers could provide an opportunity for affected students to express their feelings and to get support and assistance. She added that teachers are vulnerable to distress, and therefore support, debriefing and counselling should be encouraged.

Upcoming Events

Date / Time	**10 Mar 2007 (Sat) / 9:00 a.m. - 1:00 p.m.**
Title	**SEMINAR ON MANAGEMENT OF TRAUMA: FROM THE ACUTE TO THE CHRONIC PHASE**
Topic 1	**The Hidden Agenda behind Everyday Mood Problems**
Speaker	Dr. Eugenie Leung 梁若芊博士, *Director of Counselling at the Centre of Development and Resources for Students (CEDARS) of The University of Hong Kong.*
Topic 2	**When They Come to the Doctor for Treatment - Psychiatric Viewpoints**
Speaker	Dr. Karen H. Y. Shum 沈孝欣醫生, *Psychiatrist in Private Practice*
Topic 3	**Psychological Treatment - An Integrated Approach**
Speaker	Dr. Kitty Wu 胡潔瑩博士, *Clinical Psychologist i/c, Caritas Medical Centre*
Topic 4	**Trauma in Everyday Life - Micro and Macro Sociological Perspectives**
Speaker	Prof. Lui Tai-lok 呂大樂教授, *Department of Sociology, The Chinese University of Hong Kong*
	Recent research has revealed that psychological trauma can result from common occurrences such as traffic accidents, breakup of a significant relationship, domestic violence, suffering from a life-threatening illness or other similar situations. More importantly, even when unrecognized, psychological trauma can create lasting difficulties in an individual's life. In this seminar, various local professionals will be sharing their experiences in best practices for managing traumatic events. A wide range of topics, including hidden agenda behind everyday mood problems, psychiatric, psychological and sociocultural perspectives on management of trauma, would be addressed. Professionals who are interested in the field of psychological trauma are all welcome.
Venue	Theatre 6, Meng Wah Complex, The University of Hong Kong, Pokfulam Road
Fees	**FREE !** (Member) $100 (Non-member)
Medium of Instruction	Cantonese with English Powerpoint

Date / Time 22 Sept 2007 (Sat) / 9:00 a.m. - 1:00 p.m.

Title SEMINAR ON CARE FOR THE END-OF-LIFE JOURNEY

Speaker Mr. Charles Chiu, Chairperson of Guardianship Board, HKSAR

Dr. Doris Tse, Chief of Service, Medical & Geriatric Department, Caritas Medical Centre

Speakers from AsianSTSS

It could be delicate, difficult, and even traumatic when we have to face the end-of-life journey ourselves and that of our significant others. The path for this part of the life journey could be very long for some or filled with sharp turns and rough downhill course for the others. When we ask ourselves do we have the necessary knowledge to prepare for and face this journey, the following questions frequently arise. How to make a valid will and can we make a living will to decide who and how they take care of our assets when we are too weak to make a sound judgement? Is it possible for us to decide what medical treatment we want or do not want in advance? How, as health care professionals, can we assist the patients and their families in making these important decisions? In this seminar, all of these important issues will be addressed. Mr. Charles Chiu, an experienced lawyer and the Chairperson of the Guardianship Board will enlighten us on the legal aspects of advance directives like living will and enduring power of attorney, and other issues about welfare and financial management. Dr. Doris Tse, a pronounced expert in palliative care will share her experience and vision in helping patients and their families to make use of advance directives to enhance the care for the end-of-life journey. Other speakers from AsianSTSS will speak about psychosocial care.

Venue To be confirmed

Past Events

1st Annual General Meeting

On 12 October 2006, the 1st Annual General Meeting of Asian Society for Traumatic Stress Studies (AsianSTSS) was held at the Caritas Medical Centre. Dr. Kitty Wu, the President of AsianSTSS, introduced the composition of Executive Committees 2005-07. The Society unanimously approved the Annual Report and Accounts for the year 2005-06 and appointed Ms. Selina Lau as the Honorary Legal Advisor and Mr. Benny Chu as the Honorary Auditor for the financial year 2006-07. Ms. Esther Ng, the Secretary of AsianSTSS, reported the Society's activities in 2005-06, including the incorporation of the Asian Society for Traumatic Stress Studies Limited in October 2005, the public forum on "Strategic Collaboration on Trauma Research and Management among Asia Pacific Countries", the 1st Asia-Pacific Conference on Trauma Psychology, a local seminar on Women's Trauma and the Workshop Series on Complex Trauma by Professor McFarlane. The future development of AsianSTSS in the coming year was also highlighted. These include organizing various seminars and training activities, as well as publication of a book tentatively titled as "Trauma Work and Research in Hong Kong".

Workshop Series on Complex Trauma by Prof. McFarlane

Dr. Kitty Wu presented a souvenir to Prof. McFarlane

The "Workshop Series on Complex Trauma", co-organized by Clinical Psychology Department of Caritas Medical Centre, Division of Clinical Psychology of Hong Kong Psychological Society, and Master Programme in Trauma Psychology of Department of Psychology, The Chinese University of Hong Kong, was successfully held on October 11 and 12, 2006 at the Caritas Medical Centre. In this seminar, we had great pleasure and honor to have invited a guest speaker - Professor McFarlane, a recognized international expert in the field of post traumatic stress disorder (PTSD) who has published over 160 articles in various refereed journals, to inspire our members with his knowledge about traumatic stress. Over 70 participants from different professions attended the seminar. During the workshop, Professor McFarlane shared with participants the etiology and implications of neuroimaging results, as well as latest researches and treatments of PTSD. On the other hand, in view of possible legal issues in handling PTSD cases, Professor McFarlane provided an in-depth lecture on the assessment of PTSD for litigation purpose. Issues in disaster management in a clinical, organizational and community level were also discussed. Professor McFarlane's professionalism gave high satisfaction to our participants, many had grasped the Q&A opportunity to learn more from this renowned expert leading to stimulating and interesting discussions.

Seminar on "Three Traumas in Women's Life"

The half-day seminar on "Three Traumas in Women's Life" (女人之苦), co-organized by the Student Affairs Office of the Hong Kong Polytechnic University, was successfully held on 26 August 2006. AsianSTSS would like to thank all sponsors, speakers and the participants for their support.

It is our pleasure to have invited three of our executive committees - Dr. Eugenie Leung, our Vice President, Dr. Chiu Hok-man, our External Affairs Officer and Professor Catherine Tang, our Scientific Officer, to give us presentations. With the theme "Women's Traumas", this seminar served as a platform for discussion and exchange with local professionals working with women on related issues, including love trauma, postpartum depression and gender-based violence. In the seminar, Dr. Eugenie Leung discussed her clinical experiences and intervention strategies when working with women who experienced love trauma, and Dr. Chiu explained to us the causes, assessment and managing of postpartum depression from the psychiatric perspective. Meanwhile, Professor Catherine Tang shared the information and management of violence against women. Dr. Karen Shum, one of our Directors, took the role of moderator hosting the discussion and bringing up the highlight of the day.

Dr. Eugenie Leung answered question raised by the audience

We sincerely look forward to members' participation in another half-day local seminar on "Management of Trauma: From the Acute to the Chronic Phase" in March 2007!

Asian Society for Traumatic Stress Studies 亞洲創傷心理研究學會

Membership Application Form

(Membership does not imply qualification or expertise)

AsianSTSS will treat the data provided by you strictly confidential. AsianSTSS may provide such data for its administrative and service planning purposes. In order to facilitate networking among members who are interested in the trauma field, your personal information may be placed in the Members' Directory of the AsianSTSS website which is only accessible to members of the Society. AsianSTSS will not disclose any personal information provided by you to anybodies or organizations unless you have been informed or it is required to do so by law.

Please put an X in the square boxes if you do not want any of such information to be included in the Members' Directory on the AsianSTSS website http://www.asianstss.org.

Title : _____ Name *(with surname in block letters)* : _____

☐ Correspondence Address : _____

☐ Phone : ( ) _____ ☐ Fax : ( ) _____ ☐ E-mail : _____

(AsianSTSS encourages electronic communication with members. Please provide your email address to facilitate communication between AsianSTSS and you.)

☐ Office Address (if different from correspondence address) : _____

☐ Profession : _____ ☐ Relevant Academic Qualifications : _____

The Society's financial year runs from 1st October through 30th September, membership fees are not pro-rated.

I hereby enclose my cheque / money order for (please tick one box only):

☐ **Full membership: HKD 200**

☐ **Student membership: HKD 100** *(Student member applicants are requested to send a copy of current and valid proof of full-time student status together with this form)*

Please return your membership application / renewal form with your payment by mail to : **Asian Society for Traumatic Stress Studies Limited**
c/o Department of Psychology
The Chinese University of Hong Kong, Shatin, N.T., Hong Kong

Payment must accompany applications. Please make a cheque payable to ***"Asian Society for Traumatic Stress Studies Limited"***.

I hereby agree to provide the above information for AsianSTSS and support the objectives of the AsianSTSS as expressed in the Memorandum.

Signature: _____ Date: _____

Enrolment Form for Upcoming Events 07

Title: _____

Name (with surname in block letters) : _____

Correspondence Address: _____

_____

Phone: ( ) _____

Fax: ( ) _____

E-mail: _____

Profession: _____

Position held: _____

Organization: _____

Enrolment details (please tick as appropriate) **:**

MANAGEMENT OF TRAUMA - FROM THE ACUTE TO THE CHRONIC PHASE

By Dr. Eugenie Leung, Dr. Karen Shum, Dr. Kitty Wu, and Prof. Lui Tai-Lok

Date: 10th March 2007 (9 a.m. to 1 p.m.)

Deadline of enrolment: 2nd March, 2007

AsianSTSS Member	☐	**FREE !**
AsianSTSS Student Member	☐	**FREE !**
Non-member	☐	HK$ 100

SEMINAR ON ISSUES AROUND CARE OF END-OF-LIFE JOURNEY

By Mr. Charles Chiu, Dr. Doris Tse and speakers from AsianSTSS

Date: 22nd September 2007 (9 a.m. to 1 p.m.)

☐ I am interested in the seminar. Please email the information to me when available.

Join AsianSTSS now and receive member's rate!

Please complete and return the enrolment form with a cross cheque payable to Asian Society for Traumatic Stress Studies Limited by mail to:

Asian Society for Traumatic Stress Studies Limited
c/o Department of Psychology
The Chinese University of Hong Kong
Shatin, N.T., Hong Kong

Remarks:

1. Seats are served on a first-come-first-serve basis. Priority is given to members/staff of organising bodies.
2. AsianSTSS reserves the right to modify the programme and reject an enrolment at any point in time.
3. Enrolment will be confirmed ONLY when full payment has been received by the AsianSTSS. Confirmation will be sent by email or fax one week prior to the workshop.
4. Official receipt will be issued at the registration counter. All fees are non-refundable.
5. If the Typhoon Signal No. 8 or above, or the Black Rainstorm Warning Signal is hoisted, the workshop will be cancelled. Details of postponement will be announced later.
6. For enquiry, please send your email to info@asianstss.org or visit our website at www.asianstss.org

Message from AsianSTSS

What is AsianSTSS?

The Asian Society for Traumatic Stress Studies (AsianSTSS) was founded in 2005 as a fully incorporated limited company registered in Hong Kong for professionals to share information about the effects of trauma. AsianSTSS is a multi-disciplinary organization that provides a forum for exchange of knowledge about severe stress and trauma within the Asian region. This knowledge includes preventing traumatic events, understanding the scope and consequences of traumatic exposure, and ameliorating their consequences.

Our Mission

- To advance knowledge about the nature and consequences of highly stressful events
- To provide a forum for the sharing of research, clinical strategies, public policy concerns and theoretical formulations on trauma around the Asian region
- To promote high standards and ethical practice in the trauma field

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