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Editorial

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Editorial

Charles R. Figley

Metaphors and analogies are helpful in linking something unfamiliar with something that is more familiar. With this volume, *Traumatology* becomes an adolescent. We mark this passage to reflect on the journal's history, where it has been, where it is now, and its future.

The first issue of *Traumatology* was published on April 26, 1995, as the only independent, peer-reviewed professional journal focusing on trauma research and treatment. (The only other journal at the time, the *Journal of Traumatic Stress*, was the official publication of the International Society for Traumatic Stress Studies.) The first article published by *Traumatology* was titled "An Orienting Reflex/External Inhibition Model of EMDR and Thought Field Therapy" by Nathan R. Denny. The article was the first in a series that offered theoretical explanations for the apparent active ingredients in these and other new treatments of stress disorders. The first five volumes of *Traumatology* were printed in a multivolume work. Other than volume VI, *Traumatology* has been a Web-based publication.

Knowing *Traumatology's* parents in the context of its development might be useful in predicting its future development through and beyond its adolescence. Inasmuch as its only editor also created and edited two previous journals, *Traumatology's* "parents" could be considered the *Journal of Family Psychotherapy* and the *Journal of Traumatic Stress*. The editor established the former in 1982 under the title of the *Journal of Psychotherapy and the Family* to attract special issues in new or overlooked areas that focus on understanding and helping families in crisis. It is the official publication of the International Family Therapy Association. The focus of these special issues range from divorce therapy to family therapy with children and were published between 1983 and 1987. The latter is widely viewed as the premier journal of the field in that it is the official publication of the learned society of the field, the International Society for Traumatic Stress Studies.

In many ways, *Traumatology* follows in developmental paths and is an amalgamation of its parental journals because it is also the official journal of an international organization, publishes both scholarly and practical articles and media reviews, and is widely recognized as a leader in publishing innovative ideas and important research findings.

Appreciating human development and the struggles of adolescents is the focus of the first article in this current issue. How do you grow up and thrive in a country where all you know is the threat of terrorist attacks, war, and international tension—especially for teenagers? The article by three Israeli professors, Shiri Bayer, Rachel Lev-Wiesel, and Marianne Amir, attempts to answer this question. Their article titled "The Relationship Between Basic Assumptions, Posttraumatic Growth, and Ambiguity Tolerance in an Israeli Sample of Young Adults: A Mediation-Moderation Model" is true to its title. The model suggests that the answer to the above question is complicated but can be stated as follows: Young people faced with traumatic events at any time will thrive if they can tolerate ambiguity and continue to search for and appreciate meanings that help them feel safer. Although the authors do not try to generalize to other ages and societies, posttraumatic growth, one of their variables, is about finding meaning in this way.

Another developmental challenge is peer pressure in its worst form: bullying. Recently there is increased attention to the immediate and long-term psychosocial and traumatic consequences of bullying by some students on other students. The article titled "School Bullying: Do Adult Survivors Perceive Long-term Effects?" is written by Nicholas Carlisle, a leader in this area, and a colleague, Eric Rofes, now deceased, a professor at Humboldt State University. The article reports on a pilot study of adult males who are survivors of bullying. Because they are from three different English-speaking countries (Australia, England, and the United States), the findings have international implications, although the article

reports on a qualitative study with a small sample and the results cannot be generalized to other populations with confidence. Most of the bullying survivors endured constant, weekly bullying for at least 5 years. Not surprisingly, the participants attribute significant and lasting shame, anxiety, and interpersonal relationship difficulties since their bullying experiences. The journal and these authors hope that this preliminary, suggestive study will be a clarion call to educators and parents to be more proactive in protecting their children from the long-term traumatic consequences of bullying.

Another article in this issue focusing on human development is titled "The Developmental Needs Meeting Strategy: Eight Case Studies" by Shirley Jean Schmidt and Arthur Hernandez. Dr. Schmidt leads the DNMS Institute in San Antonio, Texas, and Dr. Hernandez is associate dean of the College of Education and Human Development at the University of Texas at San Antonio. They report on the initial efforts to evaluate the effectiveness of a new ego state therapy. This school of therapy has a long history dating back to Eric Berne's writings about transactional analysis. Schmidt and Hernandez find that their Developmental Needs Meeting Strategy, or DNMS, is based on the assumption that many presenting problems are due to wounded ego states stuck in childhood because of unmet developmental needs. DNMS protocols endeavor to identify and meet these needs (heal the wounded) most responsible for a presenting problem of the adult client.

First responders are just that. They respond first to crises—both major and minor. One subset of first responders is paramedics and emergency medical technicians (EMTs) with the primary mission of saving lives. Little is known about the primary and secondary traumatic stressors and other cumulative demands on these professionals, despite the obvious risks. The title of an article in this issue of the journal asserts that the situation is critical for paramedics: "Situation Critical: High Demand, Low Control, and Low Support in Paramedic Organizations," written by Cheryl Regehr and Danielle Millar. Cheryl Regehr is the dean of Social Work, a professor in the Faculty of Social Work and the Faculty of Law, and holds the Sandra Rotman Chair at the University of Toronto. The coauthor, Danielle Millar, is a Toronto General Hospital social worker who works with paramedics on a regular basis. In their article, they report the results of a study that

draws upon a survey of paramedics, as well as face-to-face interviews, focusing on the perceived psychological and physical demands of their first-responder jobs, the degree of control they have in managing and coping with these demands, and the quality and quantity of support they receive from both supervisors and fellow paramedics. Unfortunately, not to anyone's surprise, they found that the paramedics they studied were experiencing their jobs as highly demanding, with little control and low in support, and had a sense that neither their work nor their decisions and options are valued. This should be a wakeup call to hospitals and other settings who rely on paramedics and EMTs and wish to retain them as productive and resilient employees.

Although not first responders, humanitarian aid workers suffer from the stress of helping others. *Traumatology* is the official journal of the Green Cross Academy of Traumatology, whose primary mission is provision of emergency mental health services augmented by setting standards of care, self-care, accreditation, and certification. The Green Cross has mobilized for major disasters such as Hurricane Katrina, the 2004 Asian Tsunami, and the terrorist attack in New York City in 2001. In each of these mobilizations, the Green Cross employed a protocol that required a 4-to-1 ratio of service providers to compassion stress specialists who were required to attend to the mental health needs of the service providers. This compassion fatigue prevention protocol emerged from the Oklahoma City bombing experiences where hundreds of workers were seriously affected by the experience of providing aid to the survivors. It is not surprising, therefore, when it is reported in the article in this issue, "Secondary Traumatic Stress: Prevalence in Humanitarian Aid Workers in India," that all of the workers surveyed reported secondary traumatic stress symptoms and a substantial number had PTSD. The authors, Siddharth Ashvin Shah, MD, MPH, of George Washington University, and Elizabeth Garland, MD, MS, and Craig Katz, MD, both from Mount Sinai School of Medicine in New York, emphasized the importance of humanitarian organizations taking these findings seriously.

The emergence of high-tech medical devices has provided (literally) windows to the brain, the last frontier for traumatologists to understand and detect the irrefutable existence of traumatic effects. Moreover, breakthroughs in understanding neurobiology help

explain the trauma induction and reduction process. A recent U.S. House of Representatives Subcommittee heard testimony recommending that brain scans be used to more accurately diagnose which returning combat veterans may or may not have PTSD, for example. Times are changing in the convergence of neurobiology and the detection and treatment of the traumatized. This is the focus of another article in this issue, one that also parallels Denny's first article published in the journal 13 years ago. Both present a model about the traumatization process. This latest contribution, "A Model for Disrupting an Encoded Traumatic Memory," is written by Ronald A. Ruden, who is a noted internist in New York City. In addition to his MD, Ruden has a PhD in chemistry. This prepares him well for addressing traumatic memory encoding, one of the most important functions that characterize the psychologically traumatized. Dr. Ruden challenges the current belief about those with the diagnosis of PTSD. It is widely believed that when traumatic memories are triggered, the resultant fear reaction is reinforced, making it even more difficult to treat. Ruden points out, however, that recent work on conditioned fear has shown that reactivation of these consolidated memories returns them to a "protein synthetic dependent state." Traumatized people in such a state require a new and more efficient treatment protocol from those most often utilized. The new protocol would, after appropriate trust and safeguards are established by the practitioner, bring the traumatic stressor into the traumatized client's awareness, at which time

the treatment stimulates the release of serotonin. Ruden's model predicts that this increase in serotonin appears to disrupt the linkage between the thought and the emotional response, which might enhance desensitization efficiently. Indeed, the treatment directly affects the amygdala not just through the prefrontal cortices. Implications of this model for practitioners—be they disaster mental health specialists or those working with chronic PTSD—would be more efficient and effective treatments that are tailored to the specific circumstances of the client.

As the journal enters its 13th year of publishing as a new member of the illustrious group of Sage Publications journals, the Editorial Board and the Editorial Office Staff¹ urge readers to consider being part of the future of the journal. We invite everyone with a passion for understanding and helping the traumatized to volunteer as reviewers of either articles or media or to submit original papers as possible articles or reports from the field. The journal will emerge from its adolescence with a clearer sense of identity if and when members of the community step forward and become part of the identity formation process. And the process can be lots of fun.

Note

1. Patricia Johnson, PhD, Assistant Editor; Brittany Wilkins, MSW, Assistant to the Editor for Media Reviews; Elizabeth Donnelly, Assistant to the Editor for Technology.