

Editorial Note

This issue marks an important historical point for the Journal. With this issue the Journal joins the ranks of on-line subscription journals. Our subscribers will not only have access to Journal Volumes 1-7 on line, they will have exclusive access to subsequent Volumes. There are a number of useful features that will facilitate finding a particular article, author, or topic. Subscribers can also receive a CD version of each Volume for a nominal fee. Subscriptions make it possible for us to continue to produce a high quality journal that is useful to both the practitioner and scholar.

This issue contains three extensive articles that focus on evidence-based treatment. The first article, "Unanswered Questions about the Empirical Support for EMDR in the Treatment of PTSD: A Review of the Research," is written by Allen Rubin, Ph.D. who holds the Bert Kruger Smith Centennial Professorship of Social Work at the University of Texas at Austin. Professor Rubin suggests that, among other things, evidence of the effectiveness of EMDR compared to exposure-based treatments is lacking with both children with PTSD and with combat-related PTSD or other multiple (as opposed to single) trauma PTSD. The review process for this submission was long and intense. It is a tribute to our reviewers and Professor Rubin that this fine contribution was published in its current form. EMDR proponents should be pleased that Dr. Rubin views EMDR as a worthy choice of treatment. For EMDR skeptics, Professor Rubin applies an objective evaluation of the effectiveness claims and does not withhold criticism where appropriate. There was a time in the not too distant past when the latter group of skeptics far out numbered the EMDR proponents. EMDR was viewed with both bemusement and outrage. Today EMDR has earned its place as a useful treatment for anxiety disorders.

The second article focuses on lessons learned from 9/11 in terms of strategies for helping the New York Police Department. Just as the first article challenged some of the assumptions and efficacy claims of EMDR, Raymond Monsour Scurfield and three colleagues, Janet Viola, Kathy Platoni and Jose Colon are critical of the most widely used post-disaster crisis intervention method: Critical Incident Stress Debriefings (CISD). Rather than dismissing the approach, this team of practitioners notes that the standard protocol is inadequate for such extraordinary events as the September 11th attacks. Their observations ("Lessons learned") emerged from their clinical experiences helping the NYPD's crisis response program. This program relied primarily on CISD-type debriefings over an eight-month post-9/11 period. They propose and describe a program that would follow-up on the initial CISD. They suggest what is needed is a Phase II process to ". . . address profound issues that were simply impossible to address during initial, very time-limited, one-shot CISD interventions that occurred soon after 9/11." These issues include, but are not limited to, focusing on the specific, contextual characteristics of the event and addressing the enormous and confounding personal reactions to national and international socio-political events and dynamics, and the positive ramifications related to the aftermath of high-profile terrorist attacks. The latter portion of their article discusses the critically important challenge of valid evaluation of the CISD intervention. Unfortunately the evidence for such popular intervention is far behind the extent to which it is used.

The third article in this issue is another innovation in crisis intervention. Here the emphasis is on growth and resiliency rather than the tendency to focus attention on pathology, symptoms, and dysfunction. J. E. Shakespeare-Finch and her four colleagues S. G. Smith, K. M. Gow, G. Embelton, & L. Baird, point to the growing body of research that focuses on positive reactions to a traumatic event. Their investigation examined the prevalence of self-reported positive changes (i.e., "posttraumatic growth") in emergency ambulance personnel in Australia. Their findings are promising and instructive. They found that a large proportion of both seasoned ambulance personnel and new recruits to the service report posttraumatic growth: that is, perceived positive changes in themselves that they attributed to having experienced a traumatic event at work. This study is one more piece of evidence to suggest that work-related traumatic events can lead to posttraumatic growth (i.e., trauma can act as a catalyst for significant positive post-trauma changes).

Finally, I would like to invite our readers to send us articles for review, ideas on special issues to consider, and expressions of their interest in serving as ad hoc reviewers, or book, or other media reviewers. Also, we welcome our readers' constructive criticism and suggestions.

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