

Editorial Note

The challenge of setbacks, accidents, and horrific traumatic events is learning from and applying the lessons they provide. As I sat in my office the morning of April 19, 1995 and peered around my office book shelf that separates my computer work area from my office door I looked into the eyes of one of my Ph.D. students, Mike Barnes. He had burst into the outer office with what was rather startling news, nearly out of breath, and announced, "There was a bombing in Oklahoma City!" From that moment on for another year life would not be the same. During that time there would be several trips to Oklahoma City, thousands of hours of work and attention toward the needs of that city, and something very important would emerge. That important development is the focus of the first article in this final issue of 2003.

The first article, *Fishing Lessons for Treating the Traumatized: History of the Traumatology Certification Program*, written by the Editor, is the complete history of the Traumatology Certification Program with its origin as a response to the Oklahoma City bombing. The Certification Program and the core courses required to acquire the certification that evolved over the summer of 1995 resulted in the issuing of the first certificates the following spring. As the article notes, the Program and the Green Cross that sponsored it were produced by the author's research program at Florida State University out of the needs of Oklahoma trauma specialists wanting training to conduct therapy, not more therapists. The Program's journey from Oklahoma City to Tallahassee to Tampa, and back to Tallahassee, is chronicled along with a description of the Program's Certification Standards, the courses, and the people who are part of this history. The final section of the article discusses the lessons learned. Among other things it is clear that the field must have recognized standards of practice. These standards are then disseminated through training and education programs that are accredited and lead to some recognition such as certifications and licensure so that the certificate holder is aware of, and committed to, these standards of practice. As a result, not only will the public be protected from unqualified and untrained traumatologists, but also it insures that such standards will permeate all levels of professional education from the training of paraprofessionals and volunteers through the education of graduate and doctoral students.

The second article in this final issue of Volume 9, *Traumatic Stress and the Differential Diagnosis of Malingering*, is by Professor A. J. W. Taylor of New Zealand. The focus is on one of the more challenging tasks of traumatologists: Determining the veracity of the traumatized, especially in criminal cases in which the offense is alleged to be a function of the symptoms of PTSD. Taylor applies his considerable experiences to developing, explaining, and justifying an approach to assessment that can sort out fact and reality from fiction and dysfunction. The approach discussed is a particular analytical approach utilizing videotaped interviews conducted by the police as part of their investigation. Professor Taylor rightly calls for far more attention to malingering by researchers, clinical examiners, and practitioners because the foundation for helping the traumatized must first start with the veracity of their story. Moreover, the incentives for malingering go far beyond clinical cases. The traumatized sometimes have a vested interest in being victims as part of their identity, their sense of self.

The third article in this issue, *Vicarious Traumatization and Burnout Among Therapists Working with Sex Offenders*, is by two Canadian psychotherapist investigators, Drs. Michaela A. Kadambi and Derek Truscott. The focus is on the byproducts of the extremely challenging work of treating sex offenders. The article describes and reports the results of a survey of ninety-one psychotherapists working with sex offenders. Despite the challenges of working with clients who knowingly harmed others through sexual offenses, the results compared the sample of practitioners to practitioners who worked with other populations. Nonetheless, the investigators found nearly 1 in 4 of their sample had a moderate to severe stress response to their work with sex offender clients. The same ratio scored in the high range on the Emotional Exhaustion and Depersonalization subscales, hallmarks of professional burnout. Another important finding was problem of multicollinearity in the constructs of burnout and vicarious traumatization. Kadambi & Truscott found very high correlations among measures of vicarious trauma and burnout. It suggests that if vicarious trauma as a construct cannot add greater differentiation it should be dropped in favor of the more established and measured construct of burnout.

The fourth article in the issue, *A Comparison of Traumatic Life Experiences Between Disabled and Non-Disabled Patients in an Internal Medicine Clinic*, is by Dr. Randy A. Sansone, Ms. Kimberly A. Miller, Dr. Archana Vasudevan, and Dr. Judith Hruschka who are (except for Miller) physicians in internal medicine in Dayton, Ohio. Prior to this report there was only one study that investigated the relationship between disability compensation and traumatic life events. That study failed to find a relationship between disability compensation for fibromyalgia and exposure to physical and sexual abuse. The report in this issue was not limited to only one disability as in the previous study. However, like the previous report, Sansone and his colleagues did not find a relationship between physical and sexual abuse, and disability compensation. They examined 47 men and women in an internal medicine clinic and compared with the non-disabled group ($n = 27$), the disabled group ($n = 20$) reported a greater number of traumatic experiences; more types of traumatic experiences; and more traumatic experiences associated with fear, helplessness, or horror. While there were strong trends, none of these relationships was statistically significant due in part to small sample size. In addition, the disabled group reported significantly more psychiatric hospitalizations, panic attacks, flashbacks, and alcohol dependence. The final section of the report urges more research attention to the disability-traumatization connection using larger sample sizes.

The final article of the issue and volume, *Elder Stress: The Functionality Paradigm*, is by the director of the Center for Senior Stress, Dr. Michael P. McGee. The article is a report on one aspect of a larger study of seniors affected by traumatic events in an effort to evaluate the utility of McGee's model of life span development in the later years. The study evaluated 83 seniors and specifically the relationships among functional skills, the use of ecosystemic support (formal and informal support networks), and internal coping strategies and how they combined to buffer the impact of traumatic events. The results showed that seniors with high functional skills and those with very low functional skills did not appear to be as impacted as those seniors whose functional skills had deteriorated slightly and who employed emotion-focused coping to manage the impacts of a major stressor. Ecosystemic support did not appear to provide an adequate buffer from the stress-related symptoms. However, the most critical factors in predicting elders'

traumatic stress reactions were their functional abilities and their use of emotion-focused coping. Therefore, the medial and mental health policies and practices should be concerned about functionality -- both physical and mental -- and more effective interventions with seniors' emotion-focused coping strategies.

Finally, the Journal's assistant editor, Dr. Patricia L. Johnson, and I would like to recognize the excellent work of Wendy Stewart, copy and production editor, and Martha Conrad, Office Manager, who oversees the coordination of the Journal. Together with the Journal's excellent Editorial Board (noted elsewhere) and the Ad Hoc Reviewers for this volume, listed below, the work published in the Journal would not be possible.

Charles R. Figley, Ph.D.
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Tallahassee, Florida

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