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The Green Cross Project: A Model for Providing Emergency Mental-Health Aid after September 11

The September 11 attack on the United States awakened in all Americans the reality of modern life and our vulnerability to danger and trauma. The purpose of this article is to describe the efforts of the Green Cross Projects (GCP) in responding to the attack by helping those immediately affected in New York City. The GCP was established in 1995 in response to the Oklahoma City bombing to provide disaster mental-health training, education, and services to those in need. The GCP emerged over the ensuing years as a membership-based, humanitarian-assistance program providing traumatology services to individuals, groups, and communities recovering from disasters and other traumatic events (Figley, 1997).

Within hours of the attack, the GCP was mobilized to provide mental-health services to survivors in New York City's lower Manhattan. For the next month, GCP volunteers worked with several thousand people to help them overcome their immediate disorientation and help prevent the expected posttraumatic stress reactions that might develop into potentially disabling mental disorders. This article tells the story of the efforts of the GCP and provides a primer for others who have helped or wish to help those victimized by terrorism.

GCP OVERVIEW

The mission of the GCP is to provide immediate trauma intervention to any area of our world when a crisis occurs. Most often GCP members provide humanitarian service in their local communities through either an individual effort or a mobilization. However, GCP is unique in its ability to activate large numbers of trained traumatologists to respond to major disasters, such as the one that struck lower Manhattan, New York City, on September 11.

HISTORY

Any organization providing assistance must be very clear about what the affected community needs and wants. Immediately following the Oklahoma City bombing in 1995, Charles Figley met with public and private officials to determine what would be most needed by those responsible for helping the

bombing victims, their families, the rescue workers, and others affected. It was determined that training was the most acute need. Within a few months more than a thousand professionals received at least one workshop of training, and fifty-eight completed the entire five-course program of training and received a certificate as a Registered Traumatologist (Figley, 1998).

Those Registered Traumatologists became the founding members of the GCP and were ready to apply the lessons that they had learned both in the classroom and in their own state in helping people recover from a terrorist attack. As it turned out, Oklahoma sent one of the largest contingents of GCP traumatologists to New York, second only to Florida.

The program of training that they had completed was adopted by Florida State University's Traumatology Institute as the Certified Traumatologist certificate program (Figley, 1998). Over the years the Institute

established three other certifications: Master Traumatologist, Field Traumatologist, and Compassion-Fatigue Specialist. With certification comes automatic membership in the GCP. Members practice traumatology guided by the Academy of Traumatology standards of practice and ethical guidelines (Figley, 1999). The GCP web site (<http://www.greencross.20m.com/>) informs members throughout the world. During the New York City mobilization, for example, on the website were updates on what was happening, copies of various messages to members, press releases, news accounts, and other helpful information for those who had been activated as well as others who were interested.

GCP MOBILIZATION GOAL

The goal of every GCP deployment is to transform “victims” into “survivors.” Immediately after a traumatic event, victims attempt to address five fundamental questions (Figley, 1985):

1. **What happened to me?** This question can be applied to one’s family, company, neighborhood, city, or country. This is the most fundamental question in the processing of trauma memories and is associated with experiencing shock, disbelief, disorientation, and confusion. The GCP service providers help the clients to recognize what has happened to them. Most often this recognition is achieved by encouraging them to talk about their experiences or express them in some other way such as through expressive therapies (for example, poetry and drawings).
2. **Why did it happen to me (us)?** This question is at the heart of one’s sense of responsibility for either the cause or the consequence of the event, or both. Similarly, GCP service providers create an opportunity for the traumatized to reevaluate their actions, often associated with guilt. This was certainly the case with those who had worked in or near Ground Zero.
3. **Why did I (we) do what I (we) did during and right after this disaster?** This second-guessing and self-analysis is central to acquiring some degree of mastery over the memories and events that were or still are traumatic. GCP service providers gently encourage survivors to address such difficult and often troubling thoughts associated with self-evaluation. Often hearing other survivors talk about their misgivings enables them to reassure those others while, at the same time, reassuring themselves.
4. **Why have I (we) acted as I (we) have since the disaster?** This is an effort to self-assess, to determine whether what is being experienced is cause for alarm and requires the help of others. It also suggests the need for mastery of what may be

described as being obsessed with the traumatic event. GCP service providers offer a wide variety and a large number of public-education sessions that discuss the immediate and long-term psychosocial consequences and opportunities following dangerous and horrible events. These sessions address not only how to handle events as a survivor, but also how to help friends and family to evaluate what are normal reactions and to cope with those that require more attention and perhaps professional assistance.

5. **Will I (we) be able to cope if this disaster happens again?** This is the most fundamental of questions. It is an indication of whether or how much the survivor has learned from the trauma and its wake. The answer to this and the other questions forms the survivor’s “healing theory” (Figley, 1985; 1989) and enables the survivor to move on in his or her life and let go of the emotional reactions associated with the memories. This last question is the most challenging for GCP service providers because only time and lots of discussion and processing enable survivors to develop their own healing theory.

STANDARD MOBILIZATION SERVICES PROVIDED

The GCP responds to requests from individuals, organizations, and other entities after a traumatic event. A request can include any or all of the following:

1. Crisis Assistance and Counseling (helping those in shock get back on their feet and access their natural coping methods and resources).
2. Assessment and Referral Services (identifying who is recovering properly from the traumatic event, who is not, why they are not recovering, and what additional or other services are needed when and by whom).
3. Orientation and Consultation to Management (educating management about the immediate, week-to-week, and long-term consequences of traumatic events for individuals, work groups, families, and larger systems).
4. Training, Education, and Certification (preparing management, human resources, employee-assistance professionals, and service providers with sufficient guidance and competence to first do no harm to the traumatized and help them recover).
5. Family Resource Management (designing and implementing programs for strengthening and promoting family wellness in the wake of traumatic events, with special attention to young children).
6. Long-Term Trauma Counseling (helping those

unable to recover quickly from the trauma by providing individual and group trauma and grief counseling).

These services are provided over varying periods of time and are performed initially by members of a deployment team. They are transported into the affected area within hours after the request is made. They stay for three to six weeks or until local GCP members can relieve them.

The GCP works with the host or client to clarify the mission of the deployment and specify measurable and attainable goals. Typically, the services provided are phased in as appropriate and include crisis stabilization, stress management, assessment and referral, grief and loss consultation and counseling, and training.

THE ATTACK

At 8:46 A.M. on September 11 in the first year of the millennium, America's sense of security was changed forever. American Airlines Flight 11, a Boeing 767 carrying ninety-two people, crashed into the World Trade Center's North Tower. Eighteen minutes later United Airlines Flight 175, also a Boeing 767, with sixty-five people aboard crashed into the World Trade Center at the South Tower. Two other tragedies were about to happen involving two other locations and two other planes. Everyone in lower Manhattan was focused on the horror of the Trade Center towers.

Fifteen blocks away more than 800 people watched in horror from the Service Employee International Union Local 32B-J building on Avenue of the Americas at Grand Street. Most witnessed people jumping from the Towers to their death, the stream of rescue workers responding to the disaster, the stream of New Yorkers fleeing from the explosions, and then the Towers collapsing. More than 1500 members of 32B-J worked in the World Trade Towers. Another 7500 members were working in Manhattan below 14th Street, blocks from Ground Zero. Not only was 32B-J suffering its worst single day of loss of life, but also its professional staff, managers, and general staff were in emotional shock. They required massive assistance.

As the networks broadcast the news of the attack, Kathleen Figley placed the GCP on standby and identified two teams of six members who were prepared to go immediately to New York. It was just a matter of time until a request for services would be made.

THE INVITATION

Through professional colleagues the management of Local 32BJ learned of the GCP and requested immediate assistance. In the September 14 invitation

letter to the Founder (Charles Figley) and current President (Kathleen Figley), Mary Ellen Boyd, the Chief Executive Officer of the Union's Health Fund, explained, "We have a small Employee Assistance staff and a group of volunteer therapists to help us deal with the situation but we are totally without expertise."

Her letter went on to say, "Your assistance would be invaluable. Our employees and members are suffering with many different symptoms and their families are reporting difficulties as well. To add to our complications, will be the economic realities our members will be facing." Ms. Boyd herself would be forced out of her residence because she lived in the blast area near the World Trade Center.

GCP SEPTEMBER 11 MOBILIZATION

Mobilization is declared by the president of the GCP based on (a) a specific invitation from a host organization, (b) a specific and attainable mission as identified through interaction with the host, (c) availability of sufficient resources and members, and (d) identification of key individuals to serve in the key disaster-service roles. The president of the GCP is responsible for recognizing that a disaster of sufficient magnitude may require the services of the GCP and for placing the organization on standby status. GCP operates under the Incident Command System to ensure role clarity, avoid duplication of effort, and integrate into any disaster operation structure.

Incident Command System

Consistent with crisis-management protocol (the Incident Command System), GCP members filled the roles of Incident Commander (initially Kathleen Figley), Operations Manager, Public Relations Specialist (Charles Figley), and team leaders who each supervised five traumatologists.

The Incident Commander (IC) is responsible for GCP deployment, following a standard protocol for the operation using chain of command as well as acting as the point of contact with the host organization. The Operations Manager (OM) is responsible for the day-to-day service provision, including supervising the team leaders, monitoring the quality of services delivered, and ensuring that all appropriate documentation of services is delivered. The Public Relations Specialist is responsible for representing the GCP mobilization to all entities outside the operation, including the news media, other organizations involved in the operation, and the general public.

Additional roles include Logistics Officer and Finance/Administration Officer, who ensure that all

logistics and planning are complete, all transportation needs are coordinated, and all necessary supplies are procured.

These roles are consistent with the incident command structure used by most response-oriented organizations. Unlike other organizations, however, the GCP in its operations manual requires that all teams include a compassion-fatigue specialist responsible for daily team defusing, the general morale of the team, and follow-up after the traumatologists return home.

After the September 14 letter was received by the GCP, Kathleen Figley declared the mobilization, established the New York GCP, and dispatched the advance party of GCP workers to arrive September 16. The Incident Commander (Kathleen Figley) and Public Relations Specialist (Charles Figley) met with the Host (32B-J) mid-afternoon September 16, and together GCP and Local 32B-J established their plan of operations. An orientation to the operation was provided by the Incident Commander to all GCP team members on the evening of September 16, and services began the next day.

Staffing

GCP deployed a total of thirty-six traumatologist volunteers from September 16 through October 17, 2001, in teams numbering from eleven to fourteen. To maintain continuity of services, some team members were on site from one week to the next.

INITIAL MOBILIZATION MISSION

Before initiating services for the Host, it was agreed that the mission of the GCP New York at 32B-J was to help the management, staff, employees, and membership mitigate the impact of traumatic response induced by the September 11, 2001, attack on the World Trade Center. This resulted in the following objectives.

Primary Objective

- Objective 1: Provide immediate critical-incident stress management and crisis-oriented services using scheduled group defusing/educational sessions with fund and union staff; scheduled individual defusing/educational sessions with fund, union staff, and members; unscheduled individual and/or group sessions with fund, union staff, and members; and crisis interventions as needed.

GCP volunteers facilitated seventy-six group defusing/educational sessions from September 17 through October 14, 2001, with the fund and union staff, and 2,159 individual defusing/crisis interventions. Individuals with more than critical needs were

referred to the Employee Assistance Program so that their needs could be met. There were approximately thirty referrals to the EAP by GCP personnel.

GCP volunteers' primary function on a deployment is to assess, stabilize, and refer as needed. During the assessment and stabilization process at 32B-J, more specific needs were discovered. The family members who had lost loved ones in the attack on the World Trade Center Towers faced a very difficult situation. Most of them would not have the body of their loved one for formal final services. This absence usually results in an ambiguous-loss process. Dr. Pauline Boss from the University of Minnesota, an expert in helping family members process ambiguous loss, brought two teams of ambiguous-loss experts from her program to New York City to work with affected 32B-J families.

The first team of four ambiguous-loss specialists and Dr. Boss were on site from September 26 through 29, 2001. During their first deployment, the University of Minnesota team was able to contact and assist four family members who had lost loved ones and help them begin processing their ambiguous grief.

During the University of Minnesota's second deployment, from October 10 through 14, 2001, Dr. Boss and a team of four held a training program on ambiguous loss with twenty-three local mental-health professionals. This training was put to use on Saturday October 14, 2001, when eight families were brought together at 32B-J to begin developing their support system.

Other Objectives

- Objective 2: Provide a five-hour course in basic care for the traumatized to 100 licensed mental-health providers who will form the basis for a referral networking system working with the Employee Assistance Program at 32B-J. Provide additional courses on traumatology as needed and requested.
- Objective 3: Provide a course on compassion fatigue that will increase self-care for those mental-health professionals and others who have provided services to the victims. The compassion-fatigue course is designed to keep the mental-health professionals healthy so that they can continue to provide services.

GCP trainers provided four sixteen-hour trainings for certification as a Registered Traumatologist to sixty-nine mental-health professionals. Training included basic care for the traumatized, as well as self-care for the mental-health professionals while

(continued on page 48)

AMERICA'S DEATH PENALTY: JUST ANOTHER FORM OF VIOLENCE

Mr. Bessler's claptrap of warmed-over ideological propaganda is a disgrace to the *Forum*. His intellectual deception belies his professed concern for the examples we set for our children. Paul Rubin's approach to this topic provides the opportunity for rational discourse. Mr. Bessler's logic is only the arrogance of his feelings.

Mr. Bessler's call for tougher gun-control laws is typical of the absurdity of his approach. Where tougher gun laws have been introduced, violent crimes against individuals have risen. Conversely, when gun-access laws have eased, violent crimes against individuals have decreased. Please look at the current violent-crime statistics in the United Kingdom (sharply increasing after a total ban on hand guns was enacted) and the State of Florida (where violent crime against individuals, notably carjacking, has sharply decreased since gun-ownership restrictions were eased).

For the *Forum* to carry the weight of intellectual leadership, it must insist on a foundation of intellectual honesty by its contributors. This topic and your readers deserve better.

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LAGNIAPPE

Elaine S. Potoker's "Lagniappe" remarks in the Winter 2002 issue were very good ["Click and Enter: A Dialectic over the Future of the Teaching/Learning Dynamic in an Era of Search Engines," pp. 33-34]. As a librarian, I agree completely with her. The quibble I have with her article is that she ignores the role of librarians in remedying the situation. In fact, she throws in an unnecessary and somewhat hostile remark about keeping "libraries intellectually responsible." Every librarian I know wants libraries to be intellectual centers and knows that one must keep a balance between books and electronic resources. We are constantly preaching and teaching

(continued from page 45)

working with the traumatized. Of those mental-health professionals, forty-five are part of 32B-J's Employee Assistance Program. The other twenty-four have indicated that they will volunteer their services to 32B-J as needed.

During the thirty-day mobilization to reach the above objectives it became clear that there would be far more traumatized Host members and employees requesting trauma services. There was ongoing interest and effort in establishing a GCP chapter at the time that this article was written.

Outcome

As an indication of the success of the New York Mobilization, the authors quote from a letter received from the president of the Host organization, Michael P. Fishman, October 25, 2001. The letter states in part:

From the day you hit the ground, GCP brought an immeasurable degree of safety and calmness as we dealt with what was for many the most horrible and tragic event of their lives. Time after time, people would tell me how they were struggling to get by and because of some connection with one of the GCP volunteers, they were able to continue to assist our members and carry on in their own lives.

It was hard to imagine, in the beginning, that five weeks later we would begin to have some distance from this terrible event and be able to resume some semblance of a normal, although changed, life. For this, we owe many thanks.



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the very ideas she is espousing, including critical thinking. Librarians are allies in her goals and in fact are eager to help instructors teach students the concepts that she espouses.

Chuck Dintrone
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