

## Reports From the Field

*Editorial Note: This section of the Journal is devoted to reports by traumatologists who have experience in applying traumatology principles in the field and have a perspective to share that the Editors believe is valuable but are published as they are submitted. Like a letter to the editor, this means of communication assures that the authors are able to share their perspective quickly and unedited. As with all articles published in this Journal, the Editorial Board encourages responses from the readership.*

### **September 11<sup>th</sup> Terrorist Attack: Application of Disaster Management Principles in Providing Emergency Mental-Health Services**

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The attack on the United States on September 11, 2002 was the worst day in American history in terms of lives lost. The attack on the United States awakened in all Americans the reality of modern life and our vulnerability to danger and trauma (Institute for Social Research, 2001; Pew Research Center for the People and the Press, 2001). This report from the field discusses the mobilization of the Green Cross Projects (GPC) in the wake of the attack on New York City at the invitation of a large, local service employee union. Following an overview of the GPC. 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 service to those in need (Figley, (1995). The GCP emerged over the ensuing years (Doherty, 1999) as a membership-based, humanitarian assistance program providing traumatology services to individual, groups, and communities recovering from disasters and other traumatic events (Figley, 1998).

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 post-traumatic stress reactions that may 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 the first author 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 they had learned both in the classroom and in their own state in helping people recover from terrorist attack. As it turned out, Oklahoma sent one of the largest contingents of GCP traumatologists to New York, second only to Florida.

Most completed a program of training provided by the Florida State University's Traumatology Institute leading to becoming a Certified Traumatologist. (Figley, 1998). Over the years the Institute established three other certifications: Master Traumatologist, Field Traumatologist, and Compassion Fatigue Specialist. With certification comes automatic membership into 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.fsu.edu/~gcp/>) informs members throughout the world. During the New York City mobilization, for example, there were updates on what was happening, copies of various messages to members, press releases, news accounts, and other helpful information for those who were activated as well as others who were interested.

## The Standard GCP Mobilization

### Mobilization Goals

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 can be applied to one's family, company, neighborhood, city, or country. This question is the most fundamental in the processing of trauma memories and is associated with experiencing by shock, disbelief, disorientation, and confusion. The GCP service providers help the clients to recognize what *has* happened to them. Most often this is achieved by encouraging them to talk about their experiences or express them in some other way such as through expressive therapies (such as poetry, drawings). 2. *Why did it happen to me (us)?* This questioning is at the heart of one's sense of responsibility for either the cause or 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

others survivors talk about their misgivings enables them to reassure the others while, at the same time, reassuring themselves. 4. *Why have I (we) acted as I have (we have) since the disaster?* This is an effort to self assess, to determine if what is being experienced is cause for alarm and requires the help of others. It also suggests that the need for mastery of what may be described as being obsessed with the traumatic event. GCP service providers provide a wide variety and 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 if and 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 Services Provided

The GCP responds to requests from individuals, organizations, and other entities after a traumatic event. The GCP follows the standards of practice of the field (Academy of Traumatology, 1999) and the world (World Health Organization, 1997). The requests can include any or all of the following: 1. *Crisis assistance and counseling* is helping those in shock get back on their feet and access their natural coping methods and resources. 2. *Assessment and referral services* are 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 services* include 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* means 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* involves 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* focuses on 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 performed initially by members of a deployment team. They are transported into the affected area within hours after the request is made. They stay from between 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 September 11<sup>th</sup> Attack on New York**

At 8:46AM 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 also 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 a massive assistance effort.

As the networks broadcast the news of the attack, the second author 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 (first author) and current President (second author), 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.

### **Mobilization of the New York GCP**

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 services 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 the second author), Operations Manager, Public Relations Specialist (the first author), and team leaders who each supervised five traumatologists.

The Incident Commander (IC) is responsible for GCP deployment, following a standard protocol for the operation utilizing 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 utilized by most response-oriented organizations. Unlike other organizations, however, the GCP 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, the second author declared the mobilization, established the New York GCP and dispatched the advanced party of GCP workers to arrive September 16. The Incident Commander (second author) and Public Relations Specialist (first author) met with the Host (32B-J) mid-afternoon September 16, and together GCP and Local 32B-J established their plan of operations. The Incident Commander provided an orientation to the operation 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.

### **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.

### **Objectives and Outcomes**

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 those needs could be met. There were approximately thirty referrals to 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 will not have the body of their loved one for formal final services. This usually results in an ambiguous loss process. Dr. Pauline Boss from the University of Minnesota, an expert in helping family members process through 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 through 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 attended the training. 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.

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. This objective was met and exceeded.

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. Built on the

research literature (Wee & Myers, in press), 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 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 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 this article was written.

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 stated 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 (Fishman, M. (2001).

The concept of the Green Cross is reacting to specific invitations from community-based organizations to provide training, service, and support utilizing volunteers certified in traumatology practices who were part of a community once helped by the Green Cross. The concept worked in New York in response to the worst American loss of life. Research and evaluation projects continue with more being planned. It is not enough to be satisfied that a model crisis intervention program worked. We need to know how and why it worked and ways of improving and adapting it to future emergencies. Moreover, in order to properly prepare the US for future terrorist attacks, the Green Cross concept needs to be embraced by any community that is vulnerable to attack. In this new area spawn by September 11<sup>th</sup> it is not a matter of if there will be another attack, but when.

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