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Impact of 9/11 Terrorism on Mental Health Practitioners in the New York Tri-State Area

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As the chair of the United Nation's 54th Annual DPI/NGO[1] Conference, I was leading the speakers into Conference Room 4 at the UN when we heard that the World Trade Center had been hit by terrorists, and then an hour later we had to evacuate. The scenes on CNN took me back to my childhood in Syria, where my grandparents and my father had fled the Ottoman Turkish genocide of the Armenians in Asia Minor. I remembered the Syrian - Israeli conflict, and how the Israeli planes flew so low over our residential neighborhood that our windows shattered, and we had to hide in the subbasements. After those flashbacks, I felt a sense of helplessness, which I immediately channeled into helping others. We had to worry about many guests who came to attend the UN Conference and whose hotel reservations had ended, but now could not fly back to their homes. I housed three guests and called other friends to house as many as they could, as there were conference attendees from over 68 countries. Ironically, the theme of the conference that year was "Volunteerism." Then, over the next several days, we all witnessed the sense of solidarity and collective volunteerism occurring around the globe.

As we tuned into the news, we discovered that when hijacked planes crashed into the World Trade Center and the Pentagon on September 11, 2001, the New York City metropolitan area and Washington, D.C., became the sites of the most deadly terrorist attacks on U.S. soil in American history. Approximately 3,000 individuals were killed and several thousand more were injured. Thousands of individuals were involved in rescue efforts, and the cleanup continued for almost a year after the devastation.

When I made it back to my home on September 11—for which I was very grateful, even though it took me about five hours—I began sending e-mail handouts to people regarding how to cope with terrorism and its aftermath (e.g., common signs and complications; from Kalayjian, 1995). I began receiving over 200 requests a day to help out. The majority of the requests were from mental health professionals (MHPs) in the Tri-State area, but some were from as far away as California, Pakistan, Sweden, Taiwan, Russia, and Armenia.

Workshops for Mental Health Professionals

My colleagues and I immediately organized an urgent meeting for MHPs in the Tri-State area, which took place at Fordham University. The purpose of the meeting was to provide a therapeutic, safe, and nonjudgmental environment for professionals to express their own feelings, share their individual and community resources, and provide recommendations. The meeting was very fruitful and empowering as MHPs were able to express their feelings of frustrations, anger, fear, uncertainty, and helplessness. The need to help people channel their anger in a healthy way became apparent. The need for more training also surfaced, and all the attendees decided to meet again in two weeks. Therefore, we met again on September 29 to offer a variety of workshops on conducting postterrorism assessment and treatment, psychopharmacology, starting self-help groups, providing pastoral counseling, and writing age-appropriate trainings. One month later, another series of workshops was presented on caring for children after a trauma, caring for rescue workers, nurturing the caregiver, spirituality and trauma, energy assessment, FEMA resources, and treatment modalities such as EMDR, art therapy, rituals, etc. These interactive symposia were highly successful and well attended.

Posttraumatic Stress Disorder

Catastrophic events such as the Oklahoma City bombing and the September 11th attacks affect people in a variety of psychological and physical ways. Some people react to terrorist attacks in the form of posttraumatic stress symptoms and disorder (PTSD), major depression, generalized anxiety, substance abuse, and other psychiatric disorders, whereas others may experience effective manners of coping with no apparent adverse effects.

The main characteristic of PTSD "is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1)" (American Psychiatric Association, 2000, p. 463).

When people witness such devastation and loss, they may have the potential to develop PTSD, but there is a wide continuum of differences in individuals' responses. Several factors are associated with the likelihood of an individual to develop PTSD, such as the characteristics of the traumatic event, the individual's appraisals of the event, an individual's emotional and coping responses immediately following the event and during the post-event period, the responses of others, and the social context. Gender is another factor that may be related to PTSD, with many studies suggesting that women are more likely to develop PTSD than men, whereas men are more likely to develop substance abuse. Other studies indicate no differences in gender.

Studying the Impact of Terrorism

As part of our effort to learn more about the effects of terrorism, with a few students[1] we conducted a research study exploring the impact of terrorism on MHPs, corporate workers, and students (including religious students) in New York Tri-State area. Here, I will include only the impact on MHPs.

Participants were 25 female and 8 male MHPs who voluntarily attended a conference at Fordham University on coping methods in the wake of the September 11th terrorist attacks. Completing the questionnaire was voluntary, and a session of counseling was offered to any participant who desired it.

The Post-Traumatic Stress Reaction Index Scale, developed by Calvin J. Frederick and revised by this author, was utilized. This two-part questionnaire consists of 39 questions. The first section of the questionnaire requested that participants rate their emotional responses to the terrorist attacks retrospectively. The second section of the questionnaire consisted largely of demographic questions, such as requests for the participants' age, gender, ethnicity, marital status, education levels, employment, etc. There were also a few open-ended questions added by this author, in which participants were asked to use their own words to describe the degree of severity of the trauma experienced and what the trauma meant to them.

Results and Discussion

Mental health practitioners predominantly scored "moderate" for PTSD. Demographic factors did not reveal any significant differences in levels of PTSD symptoms, with the only exception being a significant difference in levels of PTSD symptoms among the different ethnicities: participants from minority groups demonstrated higher levels of PTSD.

This moderate level of PTSD for the MHPs was higher than the PTSD level for a group of students in the study. This difference may have resulted from a confounding factor: these students volunteered to attend a conference held specifically for MHPs who were dealing with posttraumatic stress reactions in New York following the September 11th attacks. In addition, the MHPs in this study were actively working--in their private practices and in hospitals--with survivors of the attacks and with many traumatized clients. Therefore, the MHPs may have experienced vicarious traumatization, and thus scored higher on the scale.

Further research is recommended to explore the impact of terrorism on MHPs as well as on other members of our society. Based on the findings of this study, we have continued to offer training programs for MHPs. We also organized and conducted training programs for the faculty members at Fordham University, to help guide them in their attempts to be positive role models for their students, and also provided training for the counselors at Fordham's counseling center.

In addition to the Fordham training programs, we also used media as a tool to conduct outreach in the community. We disseminated information via television (ABC News, CNN, NY1, TV Tokyo), newspapers and magazines (*Bergen News, Dallas Morning News, Providence Journal, Star-Ledger, Time* magazine), and radio (WCBS, WFUV, WSOU).

I urge all Psi Chi members and every one of the dedicated readers of *Eye on Psi Chi* to engage in some form of community outreach to assist the healing communities. My motto is the Swedish proverb: "When one helps another, both are strengthened."

References

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