

On the Ground After September 11



Mental Health
Responses
and Practical
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Gained

Yael Danieli, PhD
Robert L. Dingman, EdD
Editors

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Michael Cohen's pioneering work in the use of media as a trauma recovery tool guided responses to the attacks on the World Trade Center in 1993 and 2001. Immediately following the 9/11 tragedy, Dr. Cohen became communication consultant to Mayor Giuliani and a member of the mayor's Crisis Response Team. He served as consultant to the board of education and as primary investigator of the Mental Needs Assessment of New York City's public schoolchildren. Dr. Cohen is the founder of The Michael Cohen Group, LLC, and holds a PhD in psychology from City University of New York.

Neal L. Cohen, MD, served as commissioner of health of New York City from 1998 to 2002, when he oversaw the public health responses to several major crises, unprecedented in the history of New York City or the nation: the outbreak of West Nile virus, the World Trade Center tragedy, and the outbreaks of anthrax/bioterrorism. As an advocate for incorporating mental health into the mainstream of the public health agenda, Dr. Cohen was a proponent for the merger of both the health and mental health departments into a unified public health agency, approved by New York City voters in November 2001.

Randi S. Cohen, ACSW, MA, is a trauma recovery specialist in private practice treating individuals, groups, and couples for over fifteen years. A certified group psychotherapist, she was consultant/teacher/ supervisor for clinical staff and interns at Albert Einstein College of Medicine Hospital, New York Hospital, New York University, and Safe Horizon. She has been a member of the Board of the Eastern Group Psychotherapy Society and, at the American Group Psychotherapy Association, clinical coordinator and member of the Disaster Outreach Task Force. She is a member of the National Association of Social Workers and the International Society of Traumatic Stress Studies.

Bonnie Collins, EdM, LCSW-R, has been a clinical social worker for thirty-five years. She practices as a family therapist and consultant to other therapists. She is also on the faculty of the Graduate School of Social Work at the State University of New York at Buffalo. Ms. Collins received the Outstanding Faculty of the Year commendation in 2000 and the Erie County Mental Health Association Professional of the Year award in 2001. She has published in professional journals and co-authored *Healing for Adult Survivors of Childhood Sexual Abuse* (1998) and *The Power of Story* (2004).

Barbara Comforto, CSW, has been a clinical social worker and bereavement specialist for the past fifteen years. She brings her rich experiences as a hospice care worker, grief educator, and bereavement counselor to her present role as adult program supervisor at the South Nassau Communities Hospital WTC Family Center.

Colonel Stephen J. Cozza is the chief, Department of Psychiatry, Walter Reed Army Medical Center. He is a board-certified child and adolescent psychiatrist and serves as the associate director for the Center for the Study of Traumatic Stress, Child and Family Programs, of the Uniformed Services University of the Health Sciences. Colonel Cozza has published and presented extensively on the topic telepsychiatry, particularly with children. He has also published and presented his experiences related to the

mental health response to the attack on the Pentagon and the mental health response to Iraq war service members and their families.

Daniel Crazy Thunder is an Oglala Lakota from the Pine Ridge Indian Reservation. Dan joined the Oglala Lakota Nation Tribal Police Force in 1996 after working for several years as an emergency medical technician. Having always dreamed of a national American Indian Search and Rescue Team, he founded the Oglala Lakota Search and Rescue Team in 1994 and has received specialized search, rescue, and recovery training. Dan is also a husband and father.

Steven M. Crimando is a clinician and educator specialized in disaster mental health and traumatic stress. He serves as a consultant and trainer to the Federal Emergency Management Agency, U.S. Department of Justice, and United Nations. Mr. Crimando has been New Jersey's principal disaster mental health educator and field operations supervisor since 1990. He is frequently called upon by the media and the courts regarding disasters and terrorism, and has published several articles on related topics. Mr. Crimando is the managing director of Extreme Behavioral Risk Management, LLC, a New York City-based crisis management consultancy serving both public and private sector clients.

Wayne F. Dailey, PhD, a clinical psychologist and assistant clinical professor of psychiatry at the Yale University School of Medicine, serves as the senior policy advisor, chief of psychological services, and media relations spokesperson for the Connecticut State Department of Mental Health and Addiction Services. In 2000, he served as principal author of the report of the Connecticut *Governor's Blue Ribbon Commission on Mental Health*. Dr. Dailey has extensive experience in planning, implementing, and evaluating behavioral health programs and service systems at the local, regional, and state levels, including developing disaster response capabilities and risk communication strategies.

Peter D'Amico, PhD, ABPP, serves as the coordinator of Applied Behavioral Services and Training for Schneider Children's Hospital and the Alliance for School Mental Health, both part of the North Shore-Long Island Jewish Health Center, New York. He is also director of Child Psychology Postdoctoral Fellowship training and clinical assistant professor at the Albert Einstein College of Medicine. Dr. D'Amico received his PhD from the State University of New York at Binghamton. He received board certification from the American Board of Professional Psychology in cognitive and behavioral psychology.

Rabbi Zahara Davidowitz-Farkas was engaged in the response and recovery efforts of 9/11 and founded the Institute for Disaster Spiritual Care. She is a partner member of the Critical Response Team of the American

Red Cross. Previously, Rabbi Davidowitz-Farkas directed the Weiler Chaplaincy of the New York Board of Rabbis, coordinated Jewish chaplaincy at New York Hospital–Cornell Medical Center, and was dean of Hebrew Union College–Jewish Institute of Religion in New York. She has written and lectured on topics such as spiritual care in the context of disaster, Jewish pastoral care, death and dying, and bioethics.

Kathryn S. Dean, LMSW, is a social work professional, an instructor in the Department of Psychiatry at the University of Connecticut School of Medicine, and administrator of the Center for Trauma Response, Recovery, and Preparedness (www.CTRP.org). She has developed, overseen, and served as a frontline clinician and educator in treatment programs for survivors of sexual abuse and cultural diversity programs for educators and social services, health care, and mental health professionals. Ms. Dean has worked closely with large state agencies to facilitate the integration of behavioral health into bioterrorism preparedness planning and the Incident Command System.

Lemyra Martha DeBruyn is of French-Canadian ancestry from the Upper Peninsula of Michigan. She has lived and worked with American Indians/Alaska Natives for more than thirty years as a clinician, community educator, consultant, and in federal service. Dr. DeBruyn first worked on historical trauma in the 1980s, and is one of the founders of the concept and its theory. She holds a doctoral degree in medical anthropology from the University of California at Berkeley.

Thomas Demaria, PhD, is a clinical psychologist and administrative director of behavioral health at South Nassau Communities Hospital. In 2002, he won a New York Liberty Award for community service following 9/11. Dr. Demaria is an active member of the Red Cross in Nassau County and New York City, International Society for Traumatic Stress Studies, and the National Alliance for Grieving Children. He has been the team leader for the hospital disaster counseling team for the past ten years and is the founder of several outstanding World Trade Center counseling programs, which continue to serve bereaved families and 9/11 responders.

Darrin Donato was the director of emergency management for the Massachusetts (MASS) Department of Mental Health during the state's response to the events of September 11, 2001. He has directed a number of grant-sponsored disaster behavioral health projects, including the Federal Emergency Management Administration–funded MASS Counseling Network which provided crisis counseling, referral, and community education to more than 80,000 citizens of Massachusetts in response to the events of 9/11. He is currently a technical assistance manager at the SAMHSA Disaster Technical Assistance Center located in Bethesda, Maryland.

Since October 2004, **John Draper, PhD**, has been the director of the National Network of Suicide Prevention Hotlines at Link2Health Solutions, an independent affiliate of the Mental Health Association of New York City. Prior to October 2004, Dr. Draper had been the director of Public Education and the LifeNet Hotline Network for the Mental Health Association of New York City since July 1996. Dr. Draper previously served as clinical director of Interfaith Medical Center's Mobile Crisis Team in Brooklyn, where for seven years he conducted and supervised home visits to persons in psychiatric crisis. He has a private practice in New York City, specializing in family systems and cognitive-behavioral approaches to treatment. Dr. Draper received his doctoral degree in Counseling Psychology from the University of Missouri–Columbia in 1996.

Todd Essig, PhD, is a psychologist and psychoanalyst in private practice in downtown Manhattan. He is currently chair of the board of directors of NYDCC; fellow and supervising analyst, William Alanson White Institute; founder and director of psychoanalysis.net; and clinical assistant professor of psychiatry in psychology, New York Medical College.

Spencer Eth, MD, is professor and vice chairman of psychiatry at New York Medical College, and senior vice president and medical director of Behavioral Health Services of the Saint Vincent Catholic Medical Centers of New York. Dr. Eth graduated New York University and University of California in Los Angeles Medical School, and attended Oxford University as a Rhodes scholar. He received psychiatric training at New York Hospital–Cornell Medical Center and child psychiatry training at Cedars-Sinai Medical Center. Dr. Eth is the author or co-author of eighty-five journal articles and forty-seven book chapters, and the editor or co-editor of four books.

George S. Everly Jr., PhD, serves on the faculties of Loyola College in Maryland, the Johns Hopkins University, and the Federal Emergency Management Agency. He was formerly visiting lecturer in Medicine, Harvard Medical School; chief psychologist and director of behavioral medicine at the Johns Hopkins Homewood Hospital Center; and co-founder of the Disaster Mental Health Network for the Central Maryland branch of the American Red Cross. Dr. Everly is author or co-author of more than 10 texts and 100 professional papers.

The **Reverend Thomas Faulkner** is priest associate at St. James's Episcopal Church, New York City. He volunteers as chaplain with the Fire Department New York Emergency Medical Services Battalion Eight, is a member of the ExCEL CISM Response Team (Regional Medical Services Council of New York City), and serves on the Disaster Response Team of the Episcopal Diocese of New York. Faulkner is also a nationally recognized sculp-

tor whose work can be viewed on the Web site of The Episcopal Church and Visual Arts (www.ecva.org). His *Stations of the Cross*, inspired by his work at Ground Zero, is touring sites around the country.

Lisa Fenger lives in Minneapolis but was attending a business meeting in New York as a knowledge manager for an international consulting firm on September 11, 2001, and thus became a witness to the attacks. She is an active volunteer in disaster services with the Minneapolis Chapter of the American Red Cross. She also serves on the disaster response planning committee for the Minnesota Annual Conference of the United Methodist Church and the steering committee for the World Trade Center Survivors' Network. She is writing about her experiences on September 11 and afterward for possible publication.

Paul B. Feuerstein is the founder and president/CEO of Barrier Free Living (BFL) in New York City. BFL is a multiservice agency working with homeless people with disabilities, multiply disabled individuals, and disabled victims of domestic violence. He has an MSW, a master's in education, and a master's in theology. He has been an advocate and advisor to the City of New York as the chair of the Federation of Mental Health, Mental Retardation, and Developmental disabilities; co-chair of the Mental Health Committee of the New York City Domestic Violence Task Force; and vice president of the Disability Network of New York City.

Pamela C. Fischer, PhD, is a psychologist at the Veterans Affairs Medical Center in Oklahoma City, and associate clinical professor, Department of Psychiatry and Behavioral Sciences at Oklahoma University Health Sciences Center. She worked extensively with the survivors and family members of those killed in the bombing of the Alfred P. Murrah Federal Building in Oklahoma City on April 19, 1995, and continues to work with post-traumatic stress disorder. She is particularly interested in the area of posttraumatic growth following trauma and has conducted research on the role of forgiveness in acquiring posttraumatic growth.

Julian D. Ford, PhD, is a clinical psychologist, an associate professor of psychiatry at the University of Connecticut School of Medicine, and founding director of the Center for Trauma Response, Recovery, and Preparedness (www.CTRP.org). He has developed training curricula, screening and assessment protocols (including the Traumatic Events Screening Instrument, TESI), manualized treatment and psychoeducation interventions (including Trauma Adaptive Recovery Group Education and Therapy, or TARGET; www.ptsdfreedom.org), and conducted clinical research designed to enhance behavioral and medical health services for children and adults with PTSD and complex traumatic stress disorders in the aftermath of disaster, violence, and abuse trauma.

Donna Demetri Friedman, MA, MSW, is the director of the Early Childhood Program at Riverdale Mental Health Association (RMHA) where she has varied clinical and administrative responsibilities. She ran RMHA's Project Liberty Program in 2002-2003 and is currently overseeing a program in the local schools responding to the needs of children and families and school staff affected by the events of September 11 and beyond. Ms. Friedman is a doctoral candidate at NYU's School of Social Work. Her research is on maternal depression and infant development. She teaches at NYU's School of Social Work and has a private practice.

Joseph Galasso, MA, is currently a student at California School of Professional Psychology at Alliant International University in San Diego, California. Joseph holds a master's degree in clinical psychology from AIU and a master's degree in industrial and organizational psychology from Fairleigh Dickinson University. Joseph is an assistant editor for the Journals Department for the Family Violence and Sexual Assault Institute in San Diego, California. Joseph is also co-owner of Educational Coaching Solutions, LLC, a private organizational consulting firm based in New Jersey.

Danielle Gardner is an award-winning documentary filmmaker and a feature film screenwriter, and is currently completing her PhD in English literature at Columbia University. She is an aunt, a daughter, a sister-in-law, a mourning friend. She is a sister.

Robert W. Garlan, PhD, received his AB in philosophy from Cornell in 1979 and his doctorate in clinical psychology from the Pacific Graduate School of Psychology, Palo Alto, California, in 2003. His clinical and research interests include the treatment of psychological trauma, coping in serious medical illness, existential/experiential psychotherapy, and assessment of ego strength and resiliency. Dr. Garlan has guest lectured at Stanford University in both the Psychology Department and Continuing Studies. He is currently collaborating on research at Stanford and the University of California at San Francisco involving evaluation of an existential intervention for cancer patients and their families.

As part of the 9-11 recovery effort, **Becky Garrison** volunteered with the American Red Cross and the Salvation Army, and with several other grassroots organizations. Presently, she works with Advocates for a 9-11 Fallen Heroes Memorial, Salvation Army's Emergency Disaster Services, Habitat for Humanity, Fire Family Transport Foundation, Tunnel to Towers Run, and the South Street Seaport Museum. As a freelance writer, her specialties include religion, celebrity interviews, humor, adventure travel, sports, fly-fishing, and sailing. She has an MDiv from Yale University, MSW from Columbia University, and an undergraduate degree in theater arts from Wake Forest University, Winston-Salem, North Carolina.

Natacha Giai was born and raised in Buenos Aires, Argentina, where her family still lives. She has lived in New York's Lower East Side since 1999 with her husband, Steve, a media critic. As an accountant, Ms. Giai is a resource manager at Deloitte & Touche and an adjunct professor of accounting at Hunter College of the City University of New York.

Adena Greenberg, PhD, is a clinical psychologist/psychoanalyst in private practice in New York City, working with children, adolescents, and adults. She specializes in clinical situations involving illness, loss, and bereavement as they affect both families and individuals. She is an adjunct clinical supervisor at the City College Doctoral Program in Clinical Psychology, of the City University of New York, and she is on the advisory board of the Shira Ruskay Center: Jewish Family Consultation on Care Near Life's End, at the Jewish Board of Family and Children's Services.

Rick Greenberg, PhD, completed his undergraduate education at the State University of New York at Buffalo. He received a master's of social work degree from New York University and a doctor of philosophy in social work from Columbia University. For the past twenty years, he has worked in various capacities with the Jewish Board of Family and Children's Services, Inc., in New York City. In his current positions as director of the Martha K. Selig Educational Institute and the director of special projects, he oversees all education and training programs and all programs related to the events of September 11.

Thomas A. Grieger, MD, is associate professor of psychiatry at Uniformed Services University. He provided psychiatric consultation to disaster workers following the U.S. Air Flight 427 crash and TWA Flight 800 crash. In September and October 2001, Dr. Grieger directed the mental health assets providing support to the Navy and Marine Corps personnel at the Pentagon following the September 11 terrorist attack. He has served as an educational consultant to the Peace Corps at their annual regional medical conferences in Botswana and Ecuador. He also provided consultation to the U.S. State Department following the embassy bombings in Africa.

Keith Grube is a Chippewa who was born in Minneapolis, adopted by a German family, and raised in Worthington, Minnesota. In 1977, he and his family moved to Ft. Collins, Colorado, which he calls home. Keith is a member of the Oglala Nation Search and Rescue Team with specialized search, rescue, and recovery training, and has been a tribal police officer on the Pine Ridge Reservation for several years. His past experience includes working as a protection officer. Keith's wife is an emergency medical technician.

Euric V. Guerrero grew up in Rockland County, New York, and was attending graduate school during 9/11. Processing his traumatic experience

ultimately helped him find a more focused graduate program. He is working toward his PsyD in school psychology at Alliant International University in San Diego, California.

Adam Gurvitch is the director of health advocacy for the New York Immigration Coalition, leading organizing and advocacy to improve access to health care for low-income people. Previously, he established a national HIV/AIDS education program in Hungary, where he worked with start-up nongovernmental civil rights and social service organizations. His first public health job began in 1989 with American National Red Cross in Washington, DC, where he provided program development and evaluation assistance to dozens of community-based HIV-prevention programs. He holds a master's degree from the Milano Graduate School of Management and Urban Policy, at New School University.

Susan E. Hamilton received her PhD from the Institute of Psychiatry, University of London, England. She has worked as a psychologist for more than years in England and the United States, and presently oversees Disaster Mental Health at the American Red Cross national headquarters in Washington, DC. Her previous work included university teaching, clinical research, directing clinical programs (phobic anxiety, sexual assault, and drug abuse), and private practice. Her major interests include the prevention and alleviation of disaster-related distress and clinical disorders in vulnerable populations, developmental, and health psychology.

Father Lyndon F. Harris was the priest in charge of the relief ministries at St. Paul's Chapel after the tragic attacks on September 11, 2001. Harris chronicles his experience in the forthcoming book *The Little Chapel That Stood: A Story of Healing and Hope* to be published by Jossey-Bass Publishing. Harris is the executive director of The Sacred City Project, a non-profit organization to invite the faith communities of the city to reimagine the future based on creative community-building strategies and the development on an interfaith sacred space near the World Trade Center site.

Imam Yusuf Hasan, BCC, is the first board-certified Muslim chaplain in the Association of Professional Chaplains. He is a staff chaplain with the HealthCare Chaplaincy, Inc., Memorial Sloan-Kettering Cancer Center, and St. Luke/Roosevelt Hospital in New York City. He is also a member of the Red Cross Spiritual Care Response Team and has cowritten groundbreaking articles: "Spiritual Care for Islamic Patients Coping with Cancer and Faith" and "Islamic Issues at the End of Life." He has authored numerous other articles and publications, and has lectured around the country on providing spiritual care for the Islamic community.

Robert E. Hayes is a Professor-Emeritus of Psychology Counseling, Ball State University. He has been an American Red Cross volunteer since 1993

and is a disaster mental health services officer. He is a Red Cross instructor and serves as chair of the Disaster Committee in his local chapter. He has responded to more than thirty national disaster operations including the Oklahoma City bombing, the Pentagon, and World Trade Center operations. He is also a member of the Red Cross Critical Response Team and the International Response Team for transportation disasters. He has provided mental health service for nine aviation disasters.

Vincent E. Henry, PhD, recently retired from the New York Police Department following a twenty-one-year police career in which he served in a wide variety of uniformed and plainclothes patrol, undercover decoy, training, investigative, and supervisory assignments. He is an associate professor at Long Island University and serves on the board of directors of the New York Disaster Counseling Coalition. He is the author of *Death Work: Police, Trauma, and the Psychology of Survival* (Oxford University Press, 2004) and *The Compstat Paradigm: Management Accountability in Policing, Business and the Private Sector* (Looseleaf Law Publishers, 2002).

Jill Hofmann, a licensed psychotherapist, resides in Santa Cruz, California. A member of the Critical Response Team in Disaster Mental Health and International Services with the American Red Cross, she has responded in the Bosnian War, Armenia, Venezuela, and Turkey as well as to national disasters. A delegate of the International Federation of Red Cross and Red Crescent Societies, she also worked in Geneva, Switzerland, and the Secretariat. She has two BA degrees from University of California–Santa Cruz, one in international relations, the other in community studies, and an MA in psychology/ counseling from Santa Clara University, California.

Born in Portreillos, Chile, **Diane Horning** has lived in New Jersey since 1949. She graduated from Douglass College in 1968. A former high school English teacher, she has also worked as a freelance proofreader and quilting instructor for senior citizens. She is close to her four siblings, and is married. They have two children: Matthew, killed September 11, 2004, and a daughter who is an ESL educator in Virginia. Diane co-founded with her husband WTC Families for Proper Burial, Inc., dedicated to the removal of remains from the Fresh Kills Landfill to a proper location for burial.

Vita Iacovone is a board-certified diplomate in social work. She has worked as a clinical social worker at Henry Street Settlement for the past seven years. Prior to becoming the director of Henry Street's 9/11 programs, she was its Family and Domestic Violence Services Coordinator. Ms. Iacovone is a family systems therapist, having graduated the Multicultural Family Institute of New Jersey. She has been a guest lecturer at Rutgers University in New Brunswick, New Jersey. She completed her master's degree in social work at Columbia University.

Lee Ielpi, one of the most highly decorated firefighters in FDNY history, helped lead the search for victims at Ground Zero and his efforts did not slacken after his eldest son Jonathan's body was found on December 11, 2001. Vice president of the September 11th Families Association, Mr. Ielpi is a key player in the development of the TRIBUTE World Trade Center International Visitors Center. He continues to be an ambassador for the dead, crisscrossing the country to talk to school and community groups about the moment that jarred all our lives and continues to shape our future.

Adrian Jones's career path is not traversed by walking, but by leaping. Born in 1962, he studied musical composition, set up a publishing business, and worked in various aspects of printed media before discovering a talent for developing databases. Here he has worked for manufacturers, charities, and banks and, most recently, for the Office of the Chief Medical Examiner in New York, as part of the response to 9/11. He was awarded an MBE by the U.K. government in 2004.

Rimma Kharlamova was born in Moscow, Russia, and earned a master's of art in education at Moscow State University, Russia; she worked as a teacher, a journalist, and a computer programmer. She immigrated to United States in 1997, working as a journalist collaborating with several Russian newspapers, then as a student services coordinator at Globe Institute of Technology, a college near the 9/11 disaster area. After 9/11 she worked at FECS as a care manager, and was very successful in helping to direct financial assistance to her clients.

Louise G. Klaber, president of Greenwood Associates, is a management consultant with more than thirty years experience. Following 9/11 she worked at FECS with individuals impacted by the events. She has developed workshops to reduce stress and assist individuals to find meaningful employment. She was an associate professor at the University of Connecticut and at Northwestern Connecticut Community College. She holds a BA from Barnard College, a MA from Columbia University, and a degree in counseling from the University of Hartford.

Shira Klahr, CSW, received her MSW from Adelphi University. Having grown up in Long Island, New York's Five Towns, she moved to Israel in 1993 for five years, during which many terrorist atrocities were committed. Deeply affected by this experience, she decided to work with people whose lives were affected by trauma. She spent three years working with Holocaust survivors, individually and in groups after 9/11, much of it in training with Dr. Yael Danieli. Currently, she works at FECS, and has started a private practice in the Five Towns.

Commander John W. Knowles, Medical Service Corps, United States Navy, is currently assigned to the Navy's Bureau of Medicine and Surgery

in Washington, DC. He is former head of the Social Work Department at National Naval Medical Center, Bethesda, Maryland, and was the officer in charge of the Navy Special Psychiatric Rapid Intervention Team (SPRINT) that deployed to the Pentagon/Navy annex following the terrorist attack of September 11, 2001. He has been involved with several SPRINT deployments during his naval career. Commander Knowles is a board-certified diplomate in clinical social work (BCD).

Jerome W. Kosseff, PhD, is a training analyst and senior supervisor in the Adult Psychoanalytic and Group Departments, Postgraduate Center for Mental Health in New York City, and editor of the special issue of *Psychoanalysis and Psychotherapy* on "Dialogues on Terror: Patients and their Psychoanalysts." An adjunct full professor in clinical psychology at Teachers College, Columbia University, he received his BA from City College of New York in 1939, MA from Columbia in 1942, and PhD in clinical psychology from New York University in 1952. He was chief aviation psychologist, 2nd Central Medical Establishment, Pacific Theater, 1942-1946, treating and researching wartime trauma.

James A. (Jack) Krauskopf is Distinguished Lecturer at Baruch College, School of Public Affairs. He was chief program officer of the 9/11 United Services Group from its inception in December 2001 until July 2004. He was previously dean of the Milano Graduate School of Management and Urban Policy at New School University (New School for Social Research) and was senior vice president for administration and finance there. He was administrator/commissioner of the New York City Human Resources Administration among his public, nonprofit, and academic positions in New York, Cleveland, Newark, and Wisconsin. He received a BA degree in government, Harvard College, and MPA from Woodrow Wilson School of Public and International Affairs, Princeton University.

Roy Laird, PhD, received his MSW from Columbia University in 1976 and completed a PhD in clinical social work at New York University in 2001. After working in a variety of settings in the 1970s and 1980s, he developed a child/adolescent treatment program at a clinic on the East Village. Since 1999 he has been employed by the Federal Employment and Guidance Service (FECS), first at their mental health clinic in Lower Manhattan, then as the assistant director of Disaster Relief. He is currently developing an innovative multimodal program for severely mentally ill residents of a large adult home.

Evelyn Llewellyn, PsyD, is co-founder and executive director of Life Matters, Inc., a nonprofit that helps rescue, recovery, and construction workers and their families to identify, understand, and cope in the aftermath of a traumatic event. Since 9/11, Life Matters has helped more than 30,000 peo-

ple to regain their emotional well-being. A licensed psychologist in New York State, Dr. Llewellyn is a graduate of New York University's School of Education, Health, and Nursing Professions, and holds postgraduate certifications in adult psychotherapy and psychoanalysis; in eating disorders from the Institute for Contemporary Psychotherapy; and in critical incident stress management.

Michael W. Lonski, PhD, is director of training and program development of Life Matters, Inc., a nonprofit he co-founded as an outgrowth of his work with first responders. He was among the only psychologists who worked with rescuers from the day the towers fell, at Ground Zero and at fire scenes and critical events since. He is a recognized authority in critical incident stress management (CISM), post-traumatic stress disorder (PTSD), and disaster response. He holds postdoctoral certification from NYU in adult psychotherapy and psychoanalysis and from the Post-Graduate Center for Mental Health in child and adolescent therapy.

Erica Lowry is a social worker and has worked for the American Red Cross since 1994. Following the September 11 attacks, her work on the RC Disaster Relief Operation included overseeing the issuance of financial assistance to surviving family members and seriously injured people. From 2002-2004, she oversaw mental health and health services and currently, as director of community initiatives, she oversees mental health services and the Recovery Grants Program, which will issue \$50 million in grants to nonprofits serving people impacted by 9/11. Prior to 1994, she worked in several New York nonprofits in the areas of chronic mental illness, homelessness, and public health.

Karen Malpede is a writer whose themes center around bearing witness. She is author of twelve produced plays; she coadapted and directed the Obie Award-winning *I Will Bear Witness: The Diaries of Victor Klemperer*. Her recent fiction concerns the aftermath of September 11: "About Oil" in *Confrontation*; "The Descent of Grace" in *Out-of-Line*; "The Dumpster" in *110 Stories: New York Writes After September 11th*, and "Prophecy" is forthcoming in *Tri-Quarterly*. She is completing a novel also titled *About Oil*. Her MFA is from Columbia University. She teaches writing in the Public Programs division of the City University of New York-Graduate Center.

Marc Maltz, MBA, MA (history), specializes in organizational and leadership development and is co-founder of TRIAD Consulting Group LLC. He has over twenty-five years of business and systems experience, holding executive positions at AT&T, Westinghouse Electric Company, NYNEX Corporation, and Music Mining Co. Marc has postgraduate certificates in technology management, finance, and organizational dynamics; is past director and faculty, William Alanson White Institute, Organizational Pro-

gram; visiting faculty, Columbia University Teacher's College and Cincinnati Psychoanalytic Institute; a registered organizational development professional; and member of the A.K. Rice Institute and International Society for the Psychoanalytic Study of Organizations.

Joseph A. Marotta has served the airline industry for more than twenty-one years. He has held various positions with United Airlines from 1984 to 2001, including general manager of customer service and division controller. A former member of the board of directors Junior Achievement, and following the events of 9/11, Mr. Marotta returned home to New York, where he joined Atlas Air Worldwide Holdings as division controller for aircraft maintenance. Mr. Marotta is currently employed by Spirit Airlines in the capacity of division controller of operations, working in south Florida.

Mona Lisa Martin is a social work consultant for the Region 2 New York Health Resources and Services Administration where she has worked for five years. One focus of her work is the integration of primary health and mental health. Prior to her work in New York, Ms. Martin served in various capacities for the Oklahoma State Department of Health. Ms. Martin received her MSW from the University of Oklahoma School of Social Work in Norman, Oklahoma. Her BS is from Phillips University, in Enid, Oklahoma. She has completed postgraduate work in divinity at Phillips University Graduate Seminary, Tulsa Oklahoma.

Gerald McCleery, PhD, is a licensed clinical psychologist who has served as director of 9/11 Services at the Mental Health Association of New York City since 2002. Before joining MHA, he worked for eleven years as the senior vice president for clinical services and product development at PMR Corporation in San Diego, providing clinical direction for a national network of outpatient mental health services, developing a network of clinical research sites, and helping create a commercial, Internet-based prescribing system for psychiatry (InfoScriber). From 1970 to 1991 he served at Rockland Psychiatric Center, for the last ten years as deputy director.

Matthew J. McGee, CSW, is a licensed social worker. As part of Project Liberty, he counseled children in neighborhood schools, police, and firefighters who responded to the tragedy, as well as students and faculty at John Jay College of Criminal Justice (John Jay). Matthew also ran a group for men who lived in the shadow of the WTC and were directly impacted by 9/11. He is currently director of services for individuals with disabilities at John Jay, and, as an adjunct professor in the counseling department, he teaches a basic skills counseling course to incoming freshmen.

Dennis McKeon is a district manager for AT&T. He has no background in trauma recovery but has been one of the most active public advocates since

9/11. He has served as chairman of the St. Clare's WTC Outreach Committee for the past three years and is currently the executive director of Where to Turn Inc., a not-for-profit organization dedicated to support the victims of all tragedy. He lives in Staten Island, New York, with his wife Kieran, an educator, and their three sons Christopher, Andrew, and James.

Madelyn Miller, a psychotherapist specializing in work with adult trauma survivors, offers clinical supervision, training, and consultation with colleagues and community groups. She provides curriculum development and teaches trauma courses at New York University School of Social Work, as adjunct associate professor, and Hunter College School of Social Work, as adjunct lecturer. She chairs Disaster Trauma Working Group, New York City Chapter, National Association of Social Workers, and is past cochair/chair, Public Education Committee, International Society for Traumatic Stress Studies. She publishes and has presented at workshops and symposia internationally. Her work highlights the inevitable impact of trauma work on ourselves as clinicians.

Jennifer Mincin is currently director for human services at Nassau County Office of Emergency Management. During 9/11, she was an administrator for the FEMA crisis counseling program in New York City assigned to disability and uniformed services as well as a FEMA human services specialist assigned to New York City Office of Emergency Management. Ms. Mincin received her undergraduate and graduate degree from Columbia University and is currently pursuing her PhD at Hunter College. Ms. Mincin is a native New Yorker and a person with a disability and was honored to have been a part of such an effort.

April Naturale is a licensed clinical social worker with an extensive background in crisis intervention and operational management in the health/mental health fields. She has worked in oncology, neurology, emergency, and family support services, launching several unique programs. Ms. Naturale is a PhD candidate and teaches at New York University. She maintains a private practice working primarily with health/mental health professionals traumatized by the suicide of a family member, domestic violence, and medical/mental illnesses. Ms. Naturale also provides training and consultation regarding behavioral health disaster planning and response throughout the United States and internationally.

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York City Chapter of Voluntary Organizations Active in Disaster (NYCVOAD) from 2001 to 2003. Dr. Ng is a member of the American Psychiatric Association and the International Society for Traumatic Stress Studies.

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Holly Devine O'Neill, MSW, has a BS in human services from Lesley College, Cambridge, Massachusetts, an MSW from New York University, New York, and is trained in American Sign Language. Specializing in treating the mentally and physically disabled for the past decade, until September 11, 2001, she was the director of Barrier Free Living's Domestic Violence Program, focusing primarily on disabled victims of domestic violence and trauma throughout New York City, including training of law enforcement, hospitals, schools, and mental health and government organizations. She was member of the National Organization for Victim Assistance and New York City Interagency Task Force on Domestic Violence.

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Joyce M. Pilsner, MA, has been the executive director of the Riverdale Mental Health Association, Inc. (RMHA) since 1971. RMHA received the Mental Health Award of the New York City Department of Mental Health in 1994 and was honored with the Cleveland E. Dodge Award in 1995. She is in *Who's Who of American Women*; and her other awards include the Pacesetter Award from the NYC Council in 2004. Ms. Pilsner graduated Hunter College, received a master's degree from Columbia University, and a certificate in not-for-profit management from Columbia University Graduate School of Business Administration.

Jane Elefante Pollicino is a homemaker, formerly employed as assistant director of admissions, New York Institute of Technology. She earned an associate degree in liberal arts from Nassau Community College, a bachelor's degree in art education from the State University College at Buffalo, and a master's degree in professional studies in human relations from the New York Institute of Technology.

Christine Racanelli, MSW, has been doing trauma work with clients affected by 9/11 for Riverdale Mental Health Association for the past two years. She received her MSW from New York University and is currently working on her doctorate at Walden University. She also has a part-time private practice.

Maria Ragonese works part-time as an administrative assistant at Northampton Community College. Previously, she worked for major companies in Manhattan, New York City, such as American Express and USLife Corporation. Following September 11, she has published a few essays about her experiences. She lives in East Stroudsburg, Pennsylvania, with her husband and daughter.

Tzivia Ross Reiter, RCSW, received her master's degree in social work from New York University. She is currently area coordinator of Bais Ezra/Ohel Children's Home & Family Services, supervising treatment services for developmentally disabled individuals. Formerly, she was the program coordinator of Project Liberty at Ohel, providing trauma outreach, education, and counseling to individuals and groups affected by September 11. Ms. Reiter has published articles and given training on topics including Helping Children & Adults Cope with Tragic Events; Aftermath of 9/11: Psychological Observations; and Disaster Response: Effective Outreach to the Community.

Kay Stritzel Rencken, MA, is an early childhood educator who has been teaching children and adults for forty years and is a member of the adjunct faculty at Pacific Oaks College in Pasadena, California. She is passionate about, lectures, and writes widely on the use of unit blocks with young children. Kay is active at all levels of and has held leadership positions at the National Association for the Education of Young Children (NAEYC). She has authored many articles about early childhood issues and the book *The Lively Kindergarten: Emergent Curriculum in Action* (2001, NAEYC). Kay was educated at Grinnell College, University of Arizona, and Pacific Oaks.

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Shiya Ribowsky, PA-C, is director of special projects at the Office of Chief Medical Examiner, City of New York. Having joined the agency in 1990, he has held various positions, including medicolegal investigator, deputy director of investigations, and director of identifications. After 9/11, he managed the office's WTC Identifications Unit and Incident Command Center. He also cochaired New York City's Reported Missing Committee, the group tasked with creating a Missing Persons List for WTC. Mr. Ribowsky is the cantor of the Brotherhood Synagogue at Gramercy Park in Manhattan, where he has served since 1994.

Elsbeth Cameron Ritchie, MD, holds a BA in biology and folklore and mythology from Harvard College; MD from George Washington University; and psychiatry internship, residency, and fellowship in forensic psychiatry at Walter Reed Army Medical Center. Her assignments have included division psychiatrist for the 2nd Infantry Division on the DMZ in Korea; 528th Combat Stress Control Detachment in Somalia to support Operation Restore Hope; numerous at Walter Reed; and the Office of the Assistant Secretary of Defense for Health Affairs. Currently she is associate professor at the Uniformed Services University of the Health Sciences and the psychiatry consultant to the Army surgeon general.

Bernardo Rodriguez Jr. is an Oglala Lakota from the Pine Ridge Indian Reservation and has been a tribal police officer for over ten years. Junior is an Oglala Search and Rescue Team member and the father of four children.

He feels that the time at Ground Zero was not only for the fallen but for everyone, no matter what color they were or are, and that the experience will always be a part of him.

Susan E. Sabor, LCSW, is director of World Trade Center Healing Services at Saint Vincent Catholic Medical Centers of New York. She is a graduate of Columbia University School of Social Work and has a master's of arts in psychology from the New School for Social Research. She has an established, successful record in management, project leadership, organizational change and consultation for public, private, not-for-profit, and health care organizations, especially in disaster preparedness, response and trauma intervention and treatment. An architect of NYC's first comprehensive mental health disaster plan, she has also published, presented, and trained on related topics.

Freya Sakamoto grew up in Palisades, New York, leaving in 1995 to move to Kenyon College in Gambier, Ohio, to study French and Japanese as a modern foreign language major. After graduating in 1999, she moved to the northern suburbs of Tokyo where she lived for three years teaching English to Japanese high school students, returning to New York in the summer of 2002. Hired by FEGS, she worked as a Project Liberty Outreach worker primarily in the Japanese community, then as a case manager. Currently, she is working toward a master's in teaching English to students of other languages at Hunter College, New York.

Pamela Sandler, MS, MA, is a doctoral candidate in the Professional Child/School Psychology program at New York University, scheduled to complete her PsyD in September 2005. Her clinical work over the past five years has been with traumatized children and families. She also holds a MS in early childhood special education from the Bank Street College of Education. On September 11, 2001, her father was killed with many others she adored at the World Trade Center. Her doctoral research was a qualitative study interviewing women with children under eighteen whose husbands were killed at the World Trade Center.

Jack Saul, PhD, is a psychologist on the faculty of the Department of Psychiatry, New York University School of Medicine. He directs the International Trauma Studies Program (www.nyu.edu/trauma.studies) at New York University, which, since 1997, provides professional training in trauma theory, treatment, and prevention for a diverse student population of clinicians, attorneys, human rights and community activists, artists, and media professionals. He also directs Refuge, a nonprofit community resource center for refugees and survivors of political violence. Dr. Saul is the 2002 recipient of the Marion Langer Award for Human Rights and Social Change of the American Association of Orthopsychiatry.

Patricia Saunders, PhD, is a clinical instructor at New York University–Bellevue and director of Graham Windham’s Manhattan Mental Health Center. She earned her doctorate in clinical psychology at Rutgers University. She was certified as an adult psychoanalyst at the Postgraduate Center for Mental Health where she also taught and supervised. Dr. Saunders was a collaborating author on Paulina Kernberg’s (1991) *Children with Conduct Disorders—A Psychotherapy Manual*. Dr. Saunders is in private practice in New York City where she specializes in trauma work. She has had numerous television and media interviews and is a regular analyst on Court TV.

Jill R. Scheckel, PhD, is an Air Force psychologist currently attending Air Staff and Command College at Maxwell Air Force Base, Alabama. Previously, she served as director of the Air Force Medical Executive Skills Program at Sheppard Air Force Base, Texas, an Air Force Intern at the Pentagon, and Chief Psychologist at both Davis-Monthan Air Force Base, Arizona, and Spangdahlem Air Base, Germany. Major Scheckel served as the 355th Wing Critical Incident Stress Management Team Chief and led the 52d Wing’s Educational and Developmental Intervention Services.

Merritt Schreiber, PhD, is program manager of the Terrorism/Disaster Branch of the National Center for Child Traumatic Stress at the UCLA School of Medicine. Dr. Schreiber was appointed to the secretary’s Emergency Public Information and Communications Advisory Board, and serves as lead, Disaster Mental Health, American Red Cross, Orange County Chapter. Dr. Schreiber received an APA presidential citation for his efforts serving families after 9/11. He also received the 2004 Distinguished Humanitarian Contribution Award from the California Psychological Association. Dr. Schreiber was on the children’s work group of the American Psychological Association Task Force on Resilience, and US/DHHS/HRSA Hospital Pediatric Bioterrorism Preparedness Committee.

John J. Scibilia, PhD, is the executive director of Lutheran Disaster Response of New York. Prior to this appointment, he served as ELCA director of schools, which included being involved with more than 2,000 schools across the country. In 1992, he was appointed executive director of the Metropolitan New York Synod Bishop’s Mission Fund and Assistant to the Bishop for schools and special projects. Dr. Scibilia was recognized by the Federal Emergency Management Agency, the Center for Urban Education, the Council of Churches of the City of New York, and the Coalition of 9/11 Families for his leadership after September 11.

Ellen Silver, LCSW, has been in private practice in western New York for nineteen years, working primarily with survivors and thrivers of trauma. Having been a native New Yorker with deep fondness for the city, and hav-

ing lost a childhood friend in Tower 2, she was particularly affected by 9/11, and was compelled to lend her clinical assistance two weeks after the tragedy. She is grateful to the truly amazing New Yorkers for their stories and for the inspiring courage they displayed.

I. J. Singh, PhD, came to the United States in 1960 on a Murry & Leonie Guggenheim Foundation Fellowship. He received a PhD in anatomical sciences from the University of Oregon Medical School and a DDS from Columbia University. He is professor and coordinator of anatomical sciences, New York University, College of Dentistry. I. J. Singh serves on the editorial advisory board of *The Sikh Review* (Calcutta) and the *Encyclopedia of Sikhism* (Punjabi University, India). He the author of three books of essays on his journey as a Sikh in America.

Howard B. Smith, EdD, has more than twenty-five years of experience as a licensed professional counselor in counselor education and as a practitioner in South Dakota, Louisiana, and Virginia. He has served as associate executive director for professional affairs of the American Counseling Association, where he supervised professional Affairs, Public Policy, Ethics, and Professional Issues Consultation services. A volunteer for over twelve years with the Red Cross Disaster Mental Health Services, he has served on more than fifteen disaster relief operations at both the local and national levels. He has taught the Disaster Mental Health Services course thirty times across the nation.

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Ellen Stoller, ATR, a registered art therapist, is the assistant vice president of Community Services, Training, and Consumer Affairs at FECS. She has worked for more than twenty-five years developing services for people with mental illness and developmental disabilities. Since shortly after September 11, 2001, she has coordinated Disaster Relief Services at FECS.

Charles B. Strozier, PhD, is a professor of history at John Jay College, CUNY, where he also directs the Center on Terrorism. He is a training and research analyst at TRISP and has a psychoanalytic practice in New York. He is the author of *Heinz Kohut: The Making of a Psychoanalyst* (Farrar, Straus & Giroux, 2001; revised edition in paper, Other Press, 2004), *Apocalypse: On the Psychology of Fundamentalism in America* (1994; new edition 2002), and *Lincoln's Quest for Union: A Psychological Study* (Basic Books, 1982; revised edition, Paul Dry Books, 2001), and has edited a number of other books.

The **Reverend Thomas E. Taylor**, of North Bellmore, New York, once served as chaplain in the U.S. Naval Reserve, and was a firefighter and EMT. He currently serves as chaplain and deputy chief with the North Bellmore Fire Department and pastor of Grace Lutheran Church. He is a coordinator with the Nassau County Fire Commission Critical Incident Stress Management Team, and is Deputy Coordinator for Long Island with Lutheran Disaster Response of New York. He is board certified in emergency crisis response from the American Academy of Experts in Traumatic Stress. Pastor Taylor is married with two children.

Richard G. Tedeschi, PhD, is a professor of psychology at the University of North Carolina at Charlotte, where he teaches courses on personality and psychotherapy. He is a licensed psychologist specializing in bereavement and trauma, and has led support groups for bereaved parents for a nonprofit organization in Charlotte since 1987. He recently published *Helping Bereaved Parents: A Clinician's Guide* with his colleague, Lawrence Calhoun. Dr. Tedeschi has published extensively in the area of posttraumatic growth. He also serves as a consultant to the American Psychological Association on trauma and resilience.

Frederick Terna was born in 1923 and grew up in Prague, today the capital of the Czech Republic. During WWII, he was for three and a half years an inmate in Nazi concentration camps, including Terezin, Auschwitz, and Kaufering, a subcamp of Dachau. Liberated at the end of the war, he returned to Prague and found that he was the only survivor of his family. In 1946, he went to Paris to study art. Since 1952, he has lived in New York City as an artist and lecturer.

Nina K. Thomas, PhD, ABPP, is a psychologist and psychoanalyst in private practice in New York City and Morristown, New Jersey. She is a su-

pervisor and cochair of the Relational Orientation of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. From December 2001 through February 2004 she served as cochair of the American Group Psychotherapy Association Disaster Outreach Task Force, overseeing the design and implementation of services to direct and indirect victims of the 9/11 attacks under a grant from The New York Times Company Foundation 9/11 Neediest Cases Fund.

Dorry Tompsett's husband, Stephen Kevin Tompsett, was killed on September 11, 2001, while attending the Congress at Windows on the World technology conference. Stephen was the Senior Vice President of Corporate Technology for Instinet, a Reuters Company. He was thirty-nine years old. Dorry and Stephen have one child, a daughter, who was nine years old at the time he was killed. They live on Long Island in New York.

William Wang, MEd, received his BA from the University of Shanghai, China, where he also taught and was head baseball coach of a national college winning team from 1982 to 1987. He received his master's in education from Ashton University, Ohio, and continued to teach and coach there from 1989 to 1994. He joined NYU Downtown Hospital in 1995 as Community Health Educator, became Director of Volunteer Services, was appointed Community Services Director managing community health outreach program, and executive director of the Chinese Community Partnership for Health, providing health education, screening, and immunization.

John D. Weaver, LCSW, BCD, ACSW, CBHE, is a founding partner of Eye of the Storm, Inc., a private group practice specializing in training and support on disaster mental health and crisis intervention related topics. He received his undergraduate degree in psychology from Moravian College, Bethlehem, Pennsylvania, and his master's degree in social work from the University of Pennsylvania, Philadelphia, Pennsylvania. Weaver is an active volunteer with the American Red Cross.

Nathalie Weeks' career has traversed both the public and private not-for-profit spheres. Ms. Weeks is a graduate of Columbia University's Graduate Schools of Social Work and Business. She was Manhattan borough manager for the New York City Department of Mental Health, and commissioner of Mental Health in Orange County, New York. She served as deputy executive director for programs for Gay Men's Health Crisis, and deputy director of Union Settlement House. Currently, she is the senior vice president for Behavioral Services at the Staten Island Mental Health Society.

Rabbi Simkha Y. Weintraub, LCSW, serves as rabbinic director of the Jewish Board of Family and Children's Services in New York and is centrally involved in its New York Jewish Healing Center and National Center for Jewish Healing programs, which help Jews facing illness, suffering, and

loss by drawing on the spiritual resources of the Jewish tradition and the Jewish community. He is an adjunct lecturer of professional and pastoral skills at the Jewish Theological Seminary of America, and his most recent publication is *Guide Me Along the Way: A Jewish Spiritual Companion for Surgery* (NCJH/ JBFCs, 2002).

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Foreword

In the turmoil of September 11, 2001, in the wake of the horror and the valor of so many following the terrorist attacks, virtually every American experienced overwhelming emotions, perhaps none stronger than by those who survived and responded to the tragic events of that day. During the days and months that followed, I regretted daily that I had been unable to keep a diary of my reactions to the assaults on my emotions while, at the same time, as New York State commissioner of mental health, struggling to coordinate a mental health response by the state to this catastrophe. As the subtitle of this book so clearly suggests, our responses were important to record, but perhaps even more important, they generated lessons to learn from and guides for future action.

I am impressed that some people were able to record, for history and for education, their impressions and emotions. I am further impressed that Yael Danieli and Robert L. Dingman identified many of these individuals and organized their contributions into this marvelous volume. The concept of including material written by experts from each of the key mental health disciplines and fields as well as their personal reactions as professionals affected by terrorism is compelling and insight laden.

Not enough has been said about the psychosocial effects of terrorism on individuals and on society as a whole. No one is untouched. The perspective of the mental health professionals who worked at the three September 11 terrorist sites demands the attention of each of us. After all, no one is immune from the potential of such an encounter in the future. The individuals who chronicle their stories were coping with the impact of a human-made disaster of unimaginable proportions. Each story lays bare some of the most salient elements that were faced by mental health professionals and others responding to this unprecedented event and the millions touched by it.

Those professionals who immediately responded to the call for services on September 11 did so without knowing what had transpired. Were these acts of terrorism or multiple accidental tragedies? If they were attacks on our nation, were more to come? In New York City, a terror site with which I have particular familiarity, these feelings were magnified manyfold by the initial loss of significant portions of the first-responder and larger commu-

nications infrastructures. We cannot underestimate the importance of accurate information and, for a time, this was not immediately available. Each of those directly involved wrestled with his or her own emotions; after all, it is difficult to inspire confidence in those we serve as treatment professionals when we, ourselves, are so uncertain. Uncertainty always exacerbates fear.

Those responding to human-made disasters have a different role from those responding to natural disasters. The situation is more complex; the numbers affected far greater. Not surprising, a greater number of a broad array of immediate and long-term mental health services are required, and at greater cost. Indeed, the events of September 11 resulted in the largest single expenditure for mental health services in history. In essence, the service needs in the aftermath of September 11 represented more than clinical services. It represented a social effort by multiple systems of care and services. But this effort was, and continues to be, informed by clinical knowledge and promoted through the mass media to reach each person in need of care.

In September 2001, I noted a disappointingly low level of consensus among mental health care practitioners about the best ways to intervene with victims. "Clinic treatment" or "crisis counseling"? Critical incident stress debriefing or counseling? Should the services be office based or community based? Who should provide the care and under whose direction? These kinds of disputes are unpalatable under the best of circumstances; they verge on irresponsibility in times of turmoil. The public is looking for answers; we are among the professionals to whom they turn.

In a disaster, the public, through the media, looks for a spokesperson, an individual who will step forward and lead, serving as the catalyst for coordinated action. Political leaders want to say the right things; often they look to us, the experts in mental health and human behavior, for guidance. If we cannot respond, we fail our leaders. If our leaders cannot respond, or respond inappropriately, the public can lose confidence at the very moment that both confidence and a sense of security are most precious to them.

Above all, what is needed following an event of the magnitude of September 11, and what this volume so well articulates, is a sense of connectedness. The scale of this act of terrorism was so vast, its repercussions so immense, that it was difficult to comprehend, to personalize. I heard stories, perhaps apocryphal, of New York City residents receiving telephone calls from those around the country who randomly dialed phone numbers in the 212 New York City area code, apparently in an effort to "reach out." People seek a connection—not to bring it closer, but rather to make it more real. That is why the personal stories, the human dimension of mental health in the wake of September 11 brought to life in this volume, are of even more significant value to the field. As George Henry Lewes observed, "The only

cure for grief is action.” Those portrayed in this book have taken that action. We are fortunate that they share the stories here.

I predict that this book will become required reading for those in the helping professions, and not just for those who focus upon the trauma related to terrorism and other disasters. As the nation pours money and resources into developing security personnel and teams of first responders, we must support primary care providers working on the front lines to aid individuals and families in distress and help them develop psychological resilience. All professionals in the human services field, including teachers, clergy, funeral directors, and others, encounter individuals, families, and communities that have been traumatized by significant events in their lives. This book recognizes and recommends practical ways to address these issues, as well as to help us understand our own emotional reaction to this work.

*James L. Stone, MSW
Commissioner, New York State Office of Mental Health
August 1995–July 2003*

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Acknowledgments

First and foremost, we thank the contributors who brought to the book broad expertise and rich experience and shared with candor their personal experiences, hearts, and wisdom. This is a book built on relationships. It was created through community networking and generosity. The authors' care and dedication joined in making the volume a labor of love.

We are honored that James Stone, commissioner, New York State Office of Mental Health from August 1995 to July 2003, contributed the foreword, and Rear Admiral Brian W. Flynn, U.S. assistant surgeon general (U.S. Public Health Service, retired), contributed the epilogue.

April Naturale, Meggan Christman, Daniel Bush, and Dennis McKeon in particular enriched all of us by suggesting and enlisting some of the contributors.

April Naturale also reviewed and commented in detail on some of the chapters, as well as the introduction, as did Dorathea Halpert, Roy Laird and Ellen Stoller, who helped with Federal Employment and Guidance Service, Inc.'s (FEGS) contributions. Janet Dingman helped with transcribing taped interviews and providing organizational assistance.

Robert Geffner believed in the idea of the book from its inception, and we would like to thank his editorial staff at the Family Violence and Sexual Assault Institute, San Diego, California, notably Joseph Galasso, Jennifer Zellner, Janessa Marsh, Teri Geffner, Nathan Hipp, and Cortney Waldorf, for their dedicated work. Having lived through September 11, 2001, in New York, Joseph Galasso edited the most, with passion and a sense of intimate involvement.

This book has been blessed with the kind of generosity that helps transcend its sometimes heart-wrenching substance and makes the world freer of terror. We are thankful for that as well.

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Introduction

Yael Danieli
Robert L. Dingman

THE SCHEDULE OF LOSS AND SORROW

On the morning of September 11, 2001, four of the planes scheduled to depart from Boston, Massachusetts, Newark, New Jersey, and Virginia for West Coast destinations were to be used as weapons of mass destruction in the hands of Al Qaeda terrorists. American Airlines Flight 11, scheduled to leave Boston for Los Angeles at 7:45 a.m. with eighty-seven passengers and crew, and five hijacking terrorists on board, took off at 7:59 a.m. At 8:29 a.m. it turned and headed south toward New York City, and at 8:46 a.m. it was flown into the North Tower of the World Trade Center. United Airlines Flight 175, scheduled to leave Boston also for Los Angeles at 8:00 a.m. with sixty passengers and crew, and five terrorists, took off at 8:14 a.m. and crashed into the South Tower of the World Trade Center at 9:03 a.m. American Airlines Flight 77, scheduled to leave Washington Dulles International Airport at 8:10 a.m. bound for Los Angeles as well, with fifty-nine passengers and crew, and five hijackers on board, departed at 8:20 a.m., turned back toward Washington, DC, and was flown into the Pentagon at 9:37 a.m., killing 125 people there. At 9:59 a.m. the South Tower of the World Trade Center (WTC) collapsed. United Airlines Flight 93, scheduled to leave Newark, New Jersey, at 8:00 a.m. for San Francisco with forty passengers and crew members, and four hijackers, departed at 8:42 a.m. and crashed into the Pennsylvania countryside near Shanksville, at 10:03 a.m. after a valiant fight by its passengers that most likely saved the Capitol or the White House. The North Tower of the WTC collapsed at 10:29 a.m. (The times specified follow the 9/11 Commission Report, 2004, pp. 32-33.)

Within thirty-five minutes from the time the North Tower was hit, all bridges and tunnels leading into NYC were closed. By 9:25 a.m., all domestic flights were grounded by the U.S. Federal Aviation Administration.

As of the most recent database update (August 8, 2004, 1:26 a.m.), the losses incurred on 9/11 were 2,948 confirmed dead; 24 reported dead; 24 reported missing; totaling: 2,996. This official count does not include the hijackers. An additional 4,000 local New York residents were displaced.

Since September 11, 2001, the government has brought 255 criminal charges in antiterrorism cases. Of those, 132 people have been convicted or pleaded guilty. At least 762 foreigners who were inside the United States illegally were detained, and more than 500 were deported. Only Zacarias Moussaoui was charged with any terrorism-related crime.

IN THE AFTERMATH: SOME REFLECTIONS

The terrorist attack on September 11, 2001, was a watershed event, a defining moment in the way of being in New York in particular, the United States, and the world. As with other massive human-made catastrophes, it became for many a demarcating rupture that maps and orients all other events and experiences as before or after it. After a short period, many felt that “nothing will ever be the same,” that there is no “back to normal.” Thus, the individual and collective challenge is to create a new normalcy, follow new rules of behavior, search for new ways of being safe and secure; relate in new ways to oneself, others, and the world; and reassess and find meaning and values on personal, interpersonal, societal, national, and international levels.

The central question for the new normality, for which there is neither a single nor a simple answer, is, *How do we live with growing levels of threat, anxiety, fear, uncertainty, and loss?* The post–September 11 demoralization has been compounded not only by the economic downturn but also by the crises of civil liberties and trust in the government’s ability to protect its citizens, by the lingering threats of other forms of terrorism, and by ongoing wars. Whom can we trust? On whose judgment can we rely? Do we have a meaningful direction?

September 11 changed much of our public and private discourse and pervaded virtually every dimension of life, particularly in New York City. Much of the exuberant, sometimes brash, and carefree New York spirit seems to have been muted, if not lost. New York seems to be shadowed by an imperceptible yet omnipresent sense of sadness. The vanishing of the “tribute of lights”—the lights beamed upward in the shape of the Twin Towers—was experienced by many as reliving the loss of the towers themselves.

People felt attacked as a community and they responded as a community. Thousands volunteered in any way they could. New York’s cosmopolitan and socially/culturally/racially/ethnically/religiously diverse texture was reflected in the lives lost as well as in the diverse needs and the varied responses. Doing something, *anything*, seemed to lessen the shock and the sense of helplessness. Hospital personnel—in full readiness and with *every*

medical and technological advance available—were overwhelmed with helplessness exacerbated by the tragic fact that few, if any, survivors arrived.

Many survivors of previous trauma living in the United States were particularly shaken by September 11 because, until then, they had viewed America as their “last place of safety.” For some, specific aspects of the terrorist attacks served as triggers as well as features symbolic of past traumata, reactivating stress symptoms (e.g., incineration for Holocaust survivors and their offspring; absence of remains for relatives of the “disappeared” from some Latin American countries). American former prisoners of war (POWs), having lived through the attack on Pearl Harbor, combat, and imprisonment, were also affected by 9/11. Rodman and Engdahl (2002) found a small but significant increase in PTSD-related distress among 117 World War II and Korean War POWs surveyed in July 2002.

On September 11, many Americans realized for the first time that there are people who hate them. Although a few hate crimes did occur, Americans rushed to ensure that they and their children did *not* respond by hating *all* people of Arab descent. Many lost the sense of invulnerability and the American naïve, unself-conscious assumption of being universally loved and esteemed (see Slouka, 2002).

The relentless media coverage reached every American. Many saw images of the buildings in New York collapsing hundreds of times within the first few days. Some have even become emotional victims.

New Yorkers, heartened by the outpouring of national and international solidarity and support, felt comforted by this embrace, as if it helped balance the foreign assaulting evil. Americans discovered in themselves heroism, renewed patriotism, camaraderie, and caring. The patriotic attitudes were evident as ongoing threats, such as anthrax, emerged. Support for a war on terrorism was great, both domestically and internationally. Over time, particularly in response to the Iraq war, international support has become qualified and, in some cases, Americans may have returned to complacency (Peterson, 2002) or denial. In time, as expected, the “honeymoon” was followed by disappointment, anger, finger pointing, and accusations of neglect. Worse, inequities and even corruption have been alleged regarding the funds made available for the families of victims.

September 11 has also created an unprecedented surge of interest in trauma (and self-proclaimed expertise thereof). Many existing groups committed themselves to volunteer their service to those in need following the terrorist attacks. Others, particularly around New York City, were created specifically for this purpose. Many mental health and other professionals responded overwhelmingly on all levels. Various societies, institutions, and

organizations generated feature publications from their unique perspectives. Many are represented in this book.

Based on extensive international experience (Danieli, Rodney, and Weisaeth, 1996) and Danieli's "Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary, Integrative (TCMI) Framework" (Danieli, 1998; Danieli, Engdahl, & Schlenger, 2003), immediately following September 11, I (Danieli, 2001) suggested that more than ever, issues related to the time dimension emerged as paramount. *First* was the imperative to resist the culturally prevalent (American) impulse to do, to find quick fixes, to focus on outcome rather than process, to all too swiftly look for closure, and flee "back to normal." *Second*, knowing that there will be long-term, even multigenerational, effects of the disaster and of the immediate interventions, recognize the necessity for and importance of long-term commitment, and examine systematically every short-term decision from a long-term perspective. I also noted the necessity of considering *at-risk times* (e.g., family holidays, anniversaries, specific age groups) as well as *at-risk groups*. This book contains many of the most vulnerable groups, delineates the unique challenges of every group discussed, and addresses many of the at-risk times. The long-term perspective also allows for ongoing evaluation of the differing effects of interventions on various groups and communities and of the determination of yet unmet needs that may require further plans and related funding.

A major factor in the rejection of the initial World Trade Center reconstruction designs was the city's requirement that they include as much commercial space as had been lost, an exercise in "going back to *economic normal*," while not attending fully to all other relevant systems in need of repair. One New Yorker said, "We can reconstruct buildings and infrastructure, but how do you reconstruct dreams and feelings?" Not considering the totality of the needs of the communities involved is like "building from the roof down" (Pasagic, 2000), a guarantee of failure—if not immediately, then certainly in the future.

Coordination, cooperation, collaboration via complementarity (Danieli, Rodley, & Weisaeth, 1996) and interoperability among all systems responsible for response at all phases of disaster management are crucial keys to success. These may be needed among government and civilian agencies, and must include ongoing communication and local involvement in its full, unique contextual complexity (multicultural, ethnic, racial, religious, spiritual, lingual). Many of the authors in this volume agree with these principles. They also consider a virtual *sine qua non* the voice and participation of victims and first responders in decision making, particularly those pertaining to them.

Within this comprehensive TCMI framework, integration of the trauma must take place in *all* of life's relevant systems and cannot be accomplished by the individual alone. Systems can change and recover independently of other systems. Thus, resilience of some systems may coexist with the vulnerability of others; the functioning systems can be relied upon to assist in the recovery of the ruptured ones. Rupture repair may be needed in all systems of the survivor, in his or her community and nation, and in their place in the international community. To fulfill the reparative and preventive goals of trauma recovery, perspective and integration through awareness and containment must be established to help one's sense of continuity and belongingness be restored. To be healing and even self-actualizing, the integration of traumatic experiences must be examined from the perspective of the *totality* of the trauma survivor's and family and community members' lives.

REACTIONS AND RESPONSES TO TERRORISM

Regardless of the weapons used, terrorist attacks are psychological warfare and, as such, are primarily mental health emergencies. They may be massive or small scale; sustained or a one-time event. In terms of its effects, terrorism is more malignant than natural and technological disasters. Its impact extends far beyond those actually killed or injured and their families.

Mass panic, marked by nonsocial and irrational flight, as depicted in disaster movies, is, in fact, a rare response to disaster. Mass anxiety and the outbreak of multiple unexplained symptoms (e.g., nausea, vomiting, headache) are common (Pastel, 2001). They may be the main threat in the face of a bioweapons attack (Moscrop, 2001). Experiences in the 1995 Tokyo sarin gas attack suggest that the psychological casualties may outnumber the physical casualties by approximately four to one (Kawana, Ishimatsu, & Kanda, 2001; see also Hall, Norwood, Fullerton, Gifford, & Ursano, 2005).

The long-term social and psychological effects of an episode of chemical or biological attack, real or suspected, are likely to be as damaging as the acute ones, if not more so (Wessely, Hyams, & Bartholomew, 2001). Medically unexplained physical symptoms, such as those now associated with Gulf War syndrome, challenge patients, clinicians, scientists, and policy-makers. Finally, the threat of *bioterrorism* raises additional complications, since bioterrorism is likely to create casualties presenting a mix of symptoms related both to the biologic agent itself and the terror experienced. Thus, the broader health care system must be prepared to recognize and serve individuals with this mixed symptomatology. In particular, the system must avoid dismissing the distress associated with the attack and be as

forthcoming as possible about its known and unknown effects. During a simulated bioterrorism exercise in Milwaukee, services were found to be unprepared to manage large-scale anxiety reactions or family issues (Tyre, 2001). Engel (2001) noted that

Polarized public discussion over science, policy, and media evidence following such incidents may reinforce the notion of cover-ups, create mutual doctor-patient mistrust, amplify symptom-related psychosocial distress and disability, and lead to unnecessary use of services. Under these circumstances, the clinician must always show respect, empathy and validation for a patient's concerns. (p. 48)

Terrorism's effects are defined narrowly in both of the world's primary nosologies, the ICD-10 (WHO, 1992) and the DSM-IV (American Psychiatric Association, 1994). The most frequent effects include acute stress disorder (ASD) in the short term, and post-traumatic stress disorder (PTSD) in the longer term. Additional disorders that frequently occur after exposure to trauma include depression, other anxiety disorders, and substance abuse. Conversion and somatization disorders may also occur, and may be more likely observed in non-Western cultures (Engdahl, Jaranson, Kastrup, & Danieli, 1999). Complicated bereavement (Horowitz, 1976) and traumatic grief (Prigerson & Jacobs, 2001) have been noted as additional potential effects.

Shear and colleagues (2001) define *traumatic grief* as a constellation of symptoms, including preoccupation with the deceased, longing, yearning, disbelief of and inability to accept the death, bitterness or anger about the death, and avoidance of reminders of the loss. Research shows that traumatic events that are human-made and intentional, unexpected, sudden, and violent have a greater adverse impact than natural disasters (Norris, 2002).

Exposure to trauma may also prompt review and reevaluation of one's self-perception, beliefs about the world, and values. Although changes in self-perception, beliefs, and values can be negative, varying percentages of trauma-exposed people report positive changes as a result of coping with the aftermath of trauma (e.g., "posttraumatic growth," Tedeschi & Calhoun, 1996). Survivors have described an increased appreciation for life, a reorganization of their priorities, and a realization that they are stronger than they thought. This is related to Danieli's (1994b) recognition of competence versus helplessness in coping with the aftermath of trauma. Competence (through one's own strength and/or the support of others), coupled with an awareness of options, can provide the basis of hope in recovery from traumatization.

Within the same context, Peterson (2002) assessed the values, strengths, and virtues before and after 9/11 in convenience samples of Americans, using a cross-sectional, Internet-based survey approach. Although not generalizable to Americans as a whole, the results are still of interest. Among the twenty-four strengths assessed, six were higher after 9/11 than before: love, gratitude, hope, kindness, spirituality, and teamwork. This finding is consistent with the predictions of the so-called terror management theory, which holds that people “manage” the terror of confronting their mortality by increasing their identification with culturally salient values. By six months post-9/11, however, gratitude, hope, and love scores were lower, although only gratitude had returned to its pre-9/11 level. Kindness, spirituality, and teamwork, however, were higher at six months post-9/11. Many of the chapters in this volume examine in depth appropriate meanings and legacies of the 9/11 attacks and their aftermath.

Children exposed to large-scale traumatic events may experience significant worries and fears, concerns about personal safety and security, nightmares (either resembling or seemingly unrelated to the traumatic events), separation anxiety, and somatic complaints. In addition, they may experience changes in sleep and appetite, and school performance may be adversely impacted due to difficulties with concentration, attention, and increased activity levels. Other reactions common in children include an increased sensitivity to such sounds as sirens, increased startle response, and a decreased interest in once pleasurable activities. As they attempt to cope with and process traumatic events, younger children may engage in posttraumatic play and ask questions or talk about the event repeatedly. Among older children, concerns about safety and security may extend to a sense of a foreshortened future. In addition, adolescents may exhibit withdrawal, substance abuse, and risk-taking behaviors, as well as a fascination with death or suicide. Finally, extensive viewing of media coverage appears to negatively affect children of all ages. Interventions with children must consider the distinct differences between adult and child responses (Gurwitsch, Sullivan & Long, 1998).

The reader is urged to refer to a previous book, *The Trauma of Terrorism: Sharing Knowledge and Shared Care, An International Handbook* (Danieli, Brom, & Sills, 2005) that provided a comprehensive examination from around the world of the current knowledge about the effects of terrorism, and programs and policies for their amelioration as well as preparedness for future attacks. It also contained a comprehensive review of the empirical data accumulated on the psychological effects of the September 11 attacks on adults, children, families, and communities. *On the Ground After September 11: Mental Health Responses and Practical Knowledge Gained* focuses solely on the United States, the three terrorist attack sites of Septem-

ber 11, related states, and some national responses. The number of deaths, the sheer volume of people affected, the amount of devastation, and its symbolism led to a far greater number of contributions about the WTC terrorist attacks than about those on the Pentagon, Shanksville, and elsewhere. The book therefore focuses primarily on the New York experience following September 11. As its title implies, the focus of the current volume is on mental health responses and practical knowledge gained.

In addition to capturing the diverse effects of terrorism, the book presents and evaluates critically many of today's most innovative, comprehensive, compassionate, and effective responses to them. This rich variety of approaches reflects the many challenges of the field, including documenting the responses of individuals, families, societies, and local and national communities in their heterogeneity; the complexity of response to terrorism, including the fact that it is a publicly shared tragedy; and the call for the systematic development of an ongoing/sustainable integrated network of services both to counteract and lessen the devastating effects of terrorism and to prevent them from happening again in the future.

During his visit to Ground Zero in New York City, Oklahoma City Mayor Kirk Humphreys predicted that the emotional response would be the most difficult effect of September 11. He advised New Yorkers to focus on hearts and minds, not wallets, and emphasized the need to make long-term counseling available. "The physical is the easiest part," he said, "and right when you think it is over, you realize that you need to address those other needs. You are going to have many people struggling for a long time. More substance abuse. More divorce. More emotional burnout. More suicides" (Blair, 2002, p. A14). His remarks emphasize the need to overcome the stigma surrounding mental health-related issues through public education and other means.

MENTAL HEALTH RESPONSES

The Federal Emergency Management Agency (FEMA) has undertaken many initiatives to support the mental health and social service systems in their response to the terrorist attacks. Most notable are FEMA's crisis counseling programs, which are based on a public health outreach model of strengthening the affected communities at the grassroots level. Crisis counseling programs in response to 9/11 have been implemented in New York, New Jersey, Massachusetts, Connecticut, and Virginia.

Project Liberty crisis counseling services have been delivered through New York's State Office of Mental Health and New York City's Department of Health and Mental Hygiene with the cooperation of 160 participating

agencies employing more than 2,600 outreach workers. As of December 15, 2003, Project Liberty had trained approximately 5,000 crisis counselors from these 160 agencies. Excluding the FDNY and the Department of Education final data, more than 1 million individuals received face-to-face services through 735,000 crisis counseling and public education sessions delivered in New York City and the ten-county disaster area; 700,000 of these sessions were in NYC (95 percent), and 35,000 in the ten-county area (5 percent). More than 20 million pieces of educational material in more than a dozen languages were distributed, and the services themselves were delivered in 32 different languages and dialects. Approximately 80 percent of all Project Liberty contacts were delivered in locations out in the communities served.

Recognizing the needs of people affected by September 11 “wherever the victims are and whenever they realized they needed it” (Goode, 2002, p. A1), the American Red Cross and the September 11th Fund (both charities) designed a program that would pay for their treatment. Part of the challenge in implementing these efforts has been reaching the people who need them. As noted (Kilpatrick, Best, Smith, & Falsetti, 2002), this may involve training all those who interact with victims in (the importance of) trauma mental health treatment (see, for example, Danieli & Krystal, 1989; [United Nations] Handbook of Justice for Victims, 2000), including the media, law enforcement, clergy, educators, and primary care physicians (see Danieli et al., 2005). This, in turn, will improve their ability to contribute to the healing process and reduce the likelihood of their inflicting *the second injury* (Symonds, 1980) or their participation in the *conspiracy of silence* (Danieli, 1984).

Participation by therapists and other caregivers in the conspiracy of silence is often an indication of *vicarious traumatization* (Pearlman & Saakvitne, 1995), *secondary traumatic stress* (Hudnall Stamm, 1995), *burnout* (Maslach, 1982), or *compassion fatigue* (Figley, 1995). A recent book, *Sharing the Front Line and the Back Hills* (Danieli, 2002), addressed the costs paid by protectors and providers and the responsibilities of their organizations to train and support them before, during, and after their missions. Exposure to trauma has been shown to affect the interveners in multiple ways, both directly (sharing the same environment with the victims) and indirectly (listening to victims’ accounts of their experiences in the context of attempting to help them or taking their testimonies). Thus, all those who help victims on the front lines are at high risk for double exposure. Indeed, a repeated theme in the book is the added challenge of the therapists experiencing the same traumata as their patients, perhaps for the first time. In their supervision, this sometimes necessitated additional support.

In addition to the countertransference issues present in any psychotherapeutic interaction, working with trauma victims involves *event countertransference* (Danieli, 1982, 1988); that is, the therapists' reactions to patients' *stories* of their traumatic *events* rather than to the patients' *behavior*. "Our work calls on us to confront, with our patients and within ourselves, extraordinary human experience. This confrontation is profoundly humbling in that at all times these experiences challenge our view of the world and test the limits of our humanity" (Danieli, 1994a, p. 371). Following the September 11, 2001, terrorist attacks, therapists heard stories and saw images that they had never heard before. Those who suffered double (or more) exposure(s) have their patients' images in addition to their own to cope with. In supervision, a therapist asked, "Whose September 11th is it?" The ubiquity of countertransference reactions has become a focus of concern in the preparation and training of professionals who work with victims and trauma survivors.

In the context of training, it is important to emphasize that event countertransference reactions may inhibit professionals even from studying, and certainly from correctly diagnosing and treating, the effects of trauma. They may also have perpetuated the heretofore pervasive absence of traditional training for working with massive trauma and its long-term effects. Processing and working through event countertransference in the context of self-care are thus essential elements in training as well as during trauma work (Danieli, 1994a, 2002). The authors of this book universally agree that self-care is critical in this work, some viewing mental health professionals as first responders.

Mental health training for postterrorism interventions has to be accomplished (to the extent possible) before such events as part of ongoing professional education and community disaster planning (see also Ruzek, 2002). In the aftermath of such events, mental health professionals, paraprofessionals, and primary care providers will be called upon to apply new skills to an unfamiliar situation. Although face-to-face training of these providers is important, it is unlikely to be sufficient and will need to be augmented by written materials and other forms of dissemination, including the Internet.

Internet use will very likely increase in importance given its relatively low development costs, its ability to reach large numbers of people, the potential to "customize" content to specific disasters and audiences, and the ability to exert quality control over content. Direct as well as indirect survivors can use the Internet to access virtual support—facilitated by discussion forums—that may provide them with a tool to articulate their collective concerns and needs.

On the Ground After September 11: Mental Health Responses and Practical Knowledge Gained is my first noninternational book. For me, it is a love gift to New York. I have lived in New York since August 5, 1966. I have always enjoyed it, could never get enough of its music, art, theater, dance, people, forever surprising and changing shops and restaurants, and its neighborhoods which maintain their distinct characters that provide familiar continuity within the change and accentuate its rich, magnificent, forever exciting complex diversity of cultures, styles, and textures. I have loved living here and being a New Yorker. On September 11, for the first time, I felt toward New York as I have felt my whole life toward Israel and later toward the countless victims around the world I have tried to help: protective, caring, and committed (Danieli, in press).

Cognizant of the conspiracy of silence that has shrouded the experiences of the victims of, and whatever lesson may have been learned from, the 1993 precursor terrorist attack on the World Trade Center, this book is intended to provide the mental health community and the American public in general the understanding and the texture of what happened in the mental health response to the terrorist attacks, the range of reactions to these traumatic events, the lessons we learned, and what will help us be prepared in the future for possible attacks similar to the devastation and emotional trauma of 9/11.

Although the idea, even the name, for this book arose immediately on September 11, most contributors were not ready to put their experiences on paper. In fact, some stated that “for the first eighteen months [they] could not focus on reading or writing anything; [they] were too busy, doing and taking care of things.” Furthermore, many of the authors are practitioners and not necessarily used to writing. The anniversary in 2004 seems to have allowed time for reflection, learning, wisdom, and writing. Many of the key contributors said they were writing for the first time since 9/11.

In determining the sequence of contributions, we were mindful that it does not reflect a degree of importance or of suffering. Having considered many ways to organize the material, to reflect the process of gaining knowledge on the ground after September 11, we decided to do it according to proximity of space, time, and person: from the epicenters out; as much as possible, time according to the chronology of events; and the nature of the relationship to the event. As stated, the number of deaths, the sheer volume of people affected, and the enormity of devastation led to a far greater number of contributions about the WTC terrorist attacks than about those in the Pentagon and Shanksville. We feel strongly that the intense and sensitive responses to those sites should not be lost in the focus on the WTC.

My vision was of a humming book that will expand the networking which created it to promote an open conversation among the contributors

themselves and among the contributors and others, crucially including decision makers. This is a book based on relationships. It emphasizes the paramount importance of relationships and social support, particularly in the face of trauma. Many contributors agree that ongoing structures and relationships with the community, prior collaboration, and preparatory training will reap more effective response.

Astonished by individuals' and communities' resilience, courage, generosity, caring, and solidarity, they also agree that, whenever possible, indigenous practitioners, professionals, paraprofessionals, and volunteers should be trained and used in psychosocial interventions, and that the community should be used as an organizing principle to address trauma in general and groups that define themselves as communities in particular. Formal and informal indigenous community leaders; organizations and institutions such as the media, places of worship, schools, hospitals, workplaces; and formal and informal community groups should be trained appropriately and involved in rehabilitation efforts. This strong emphasis on the community perspective underscores the need to integrate mental and public health. All should be cautioned against bureaucratic delays and rigid and territorial attitudes, and encouraged to be open and flexible to integrating helpful practices. In most instances, leaders spontaneously stepped forward to help. Witness the "compassionate articulation" (Spratt, 2002) exhibited by New York's Mayor Rudolph Giuliani in the aftermath of September 11. All leaders should be encouraged to become involved in psychosocial recovery efforts.

Although the time dimension is sometimes implied in the trauma literature, it has generally been underemphasized. Conceptualizing the aftermath of and recovery timeline from terrorism as adaptation underscores the centrality of both of the time dimension and the multifold, simultaneous focus on vulnerability and resilience, on trauma as well as loss and bereavement, and it provides a useful comparative framework within and across victim/survivor populations and with other traumata.

Significantly, as we view victims as the master experts of their experience, we included their voices alongside the professionals working with them. We hope we reach the right balance among them, both in substance and in style. We also hope that the unsung heroes not included might feel that at least some of their concerns have been addressed in the book.

As stated at the beginning, the individual and collective challenge following terrorism is creating a new normality whose central question, for which there is neither a single nor a simple answer, is, *How do we live with growing levels of threat, anxiety, fear, uncertainty, and loss?* This book attempts to meet several of the demands of this grave and formidable challenge.

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PART I:
THE FIRST DAYS

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The Hospital in Its Community

William Wang

New York University Downtown Hospital is located in the center of Lower Manhattan, four blocks away from the World Trade Center; it is the only hospital in Lower Manhattan. It serves a large residential community, from Battery Park to Houston Street, and a business community, including Wall Street, which is the most important and largest financial district in the world. The residential population is 300,000 and the business population is 250,000.

SEPTEMBER 11, 2001

September 11, 2001, was a beautiful, typical early fall day. Thousands of people filled the streets of Lower Manhattan at rush hour on their way to work. Everything was as usual until 8:46 a.m. when the first plane hit the North Tower of the World Trade Center (WTC). The whole world changed at that moment.

Following my daily routine, I came to the office early to get things ready for the day. Just as I was making my first phone call I heard a big noise from the west side of my office. I wondered but quickly rejected that it could be a bomb, thinking that the WTC would not be bombed a second time (the first time was 1993). I didn't take it seriously until 9:03 a.m. when the second plane hit the South Tower. As I hung up the phone and looked down from my fifteenth-floor office, I saw many people running. Now I knew something terrible had happened. Running from my office building and rushing down to the street, I followed the crowd and, looking at the sky, I saw both WTC buildings in flames. I just couldn't believe the huge fire and smoke coming from the towers. I could not describe my feelings at that moment. Someone told me it was a terrorist attack. I realized there would be a lot of casualties, and I ran to the hospital, where a code yellow had been called: The hospital was under a disaster and medical emergency. By the time I got to the hospital, everyone was in position, getting ready for the victims. Ours

is not a big hospital, so the cafeteria was set up as the medical care area. The doctors, nurses, and other medical staff were already there and all necessary supplies were ready.

Moments later, as I was in the main lobby directing people, I saw the South Tower coming down. My heart went down too. It was not just the building, which was such a big part of the New York skyline that was wiped out completely; it was that I knew thousands of lives would be buried there. Within seconds, dust and smoke surrounded the hospital and we could see nothing outside. Right after the collapse, people started rushing to the hospital. The police brought many people to the hospital. Some were brought in by people whom they did not even know. Because our hospital is just four blocks from the WTC, we received hundreds of victims in a very brief period.

People came to the hospital with different kinds of injuries. Some of them were bleeding and were immediately treated in the cafeteria. Hundreds of people came in covered in gray, their whole bodies caked with dust so that we could see only their eyes. We started to clean them up in the lobby. It was so devastating. At that time I was running for oxygen tanks, masks, and water that were needed for the patients. I also realized how well people were united during this disaster. They were all working hard to help one another. Everyone was lending a hand to help cope with this tragedy.

I had never seen a disaster such as this in my life. To see all these people coming in—people who were in a panic, many crying, wandering, or trying to remain silent—was an awful picture. At that moment, I just wished I could give more to help them. Unfortunately, all I could worry about was treating people with injuries. There was no time to deal with them emotionally.

By about 2 or 3 p.m., no more victims were coming in. It was then we realized that most of the people were buried in the debris. We wished more injured would arrive. We were hoping more could have survived.

By then, the hospital had lost its power and phone system. We were totally isolated. We had no idea what was happening outside the hospital. The downtown area had become a battlefield, and our hospital was in the center of a war zone. Police blocked all streets and military personnel set up many checkpoints in the area. No one could enter this area. It was devastating.

That day, our medical staff worked tirelessly, treating hundreds of victims within a short period of time. Our surgery operating room was running all day. On September 11 we treated more than 1,000 victims, including more than 250 police officers. Our hospital remained at code yellow for days.