FDNY Crisis Counseling

Innovative Responses to 9/11 Firefighters, Families, and Communities

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CHAPTER 1

Introduction

As we write this introduction, we are rapidly approaching the fourth anniversary of the September 11 attacks on the World Trade Center and the Pentagon. March 2006, marks the first anniversary of the Madrid subway bombings. Just weeks ago, four bombs exploded in London's public transport system. It is obviously impossible to predict what may happen before this book is released. Such is the age in which we live. Each time terrorists strike, multiple communities are affected. The everyday experience of life is disrupted with effects that ripple throughout and touch each of the members. This book describes the approach we have used to respond to one particular community and identifies the principles and methods that have helped us in our work and that we believe may be helpful to others responding to their communities in times of need.

The events of September 11, 2001, marked the largest attack ever on the continental United States. In New York City 2,973 lives were lost, countless more were impacted, and many of those remain changed forever. New York is a city organized by communities. Multiple communities within its borders were dramatically influenced by the events of that crystal-clear day. This text documents the experience of one New York City community. It is not a community defined by geography, race, or religion, but rather by profession.

On September 11 the New York City Fire Department (FDNY) community lost 343 of its members. This represents the largest loss of life of any emergency response agency in history (The 9/11 Commission Report, p. 311). Among them were officers of all ranks, firefighters, marshals, and emergency medical personnel (1 chief of department, 1 first deputy commissioner, 2 assistant

chiefs, 5 deputy chiefs, 19 battalion chiefs, 19 captains, 53 lieutenants, 4 fire marshals, 236 firefighters, 1 chaplain, 2 paramedics). They left behind wives, fiancées, and girlfriends; mothers, fathers, and siblings; children young and old and yet to be born. They also left behind more than 13,000 surviving members of the FDNY community.

This text is about responding to the needs of the FDNY community. It is the story of a response launched from within the community by the Counseling Service Unit (CSU), the internal employee assistance program (EAP) of the FDNY. It does not reflect the entire FDNY, CSU, and professional community effort, nor does it review all of the pertinent academic literature. Rather, it is primarily the story of how some of the more innovative CSU programs came into being and how they operated, and it draws tentative conclusions on their effectiveness. From that self-analysis and review of available data come suggested principles and practices.

This is the story of bringing help to first responders and their families. It is about reaching out to those who risked their lives that day to help others and as a result suffered the loss of roughly 3 percent of the workforce and 6 percent of command staff in less than one hour. It is the story of helping a group of individuals for whom exposure to the traumatic event did not end on 9/11 but instead continued for 9 long months of digging for the remains of those lost and then having to leave without bringing all of their brothers home. It is the story of designing interventions that supported this ongoing work and respected the firefighters' need to do it. These chapters also tell the story of reaching out to families who lost fathers, husbands, fiancés, boyfriends, sons, and brothers. Their lives were forever changed that day. While each individual's experience of the tragedy was unique, in many ways all members of the FDNY community carried and cared for each other throughout the difficult weeks, months, and years that followed. CSU shaped services in an effort to help them help each other and to enable them to feel less alone.

Terrorism is about fear, not death. It is about rendering those targeted helpless in the face of uncertainty and about their loss of control. As unique as each situation may be, these characteristics are shared, and those who respond to affected populations must understand that organizing the resulting chaos and demonstrating long-term, consistent caring are what helps the community heal. Also shared is the public attention paid in the aftermath of disaster. Those who are left traumatized and bereft in the wake of such an event will likely have to deal with the ongoing public attention paid both to the event and to them.

While this text describes the response of one organization to one affected community it simultaneously describes what it is like from the inside of that organization attempting to create order, safety, and caring communities that help individuals and groups begin to heal. Unfortunately, we believe that some

of the heretofore unique characteristics of the 9/11 experience will be repeated. Fortunately, we also believe that some of the principles we applied in developing our response can help those who one day may face a similar situation in their community. Our hope is that this text can assist the reader to be as prepared as possible should that day come, and we describe the elements of response that we believe can be developed ahead of such an incident. Communities in the throes of such tragedies are likely to experience the effects of trauma over a protracted period of time as a result of phenomena such as first responders searching for their own, extensive media coverage, and large groups of grievers who have different relationships to the event and to the deceased.

A number of themes have emerged from the various people and programs that were successful in aiding the CSU response to 9/11. These themes illustrate concepts that can be utilized in response to other situations. They are present in the models we have utilized with particular subpopulations in the FDNY community, and they reflect the philosophy of CSU services and interventions. Perhaps most important is the pivotal nature of the inherent connection people have with one another. Disasters, terrible events, and terrorist acts tear at the human bond we share. Trauma can isolate us, weaken our connections to each other, and weaken the coherence of society. We found that the most utilized programs support and strengthen interaction, communication, and our emotional connections by encouraging safety and acceptance. These programs were able to identify natural strengths within and among people, and made help readily available, often by bringing the services right to the people rather than having people find and travel to the services. CSU identified the following guiding principles as most helpful in responding to 9/11, and they are woven throughout the chapters in this book. They include innovation and adaptability of services, inclusion, multiple service locations, normalization, education, collaboration, and pre-planning.

The *innovative and adaptive* nature of programs and interventions aided in appealing to a broad spectrum of individuals and made it possible to serve a large number of clients. CSU leadership took seriously the findings of previous disasters that rigidly applied traditional mental health approaches were often dramatically ineffective in meeting the needs of highly traumatized and bereaved populations (Allen, Whittlesey, & Pfefferbaum, 1999; Whittlesey et al., 2000). In our experience, continuous needs assessments, feedback, and a flexible application of methods allowed for a creative range of possible intervention models to emerge. Group treatments have proven consistently adaptable to a variety of needs and populations (Yalom, 1970; Buchele & Spitz, 2005). Individual treatments remain a reliable and viable option, especially in a place like New York City with so many talented psychotherapists both internal and external to CSU. In this book we present suggestions about some of the modifications that may be required when the proximity of the event im-

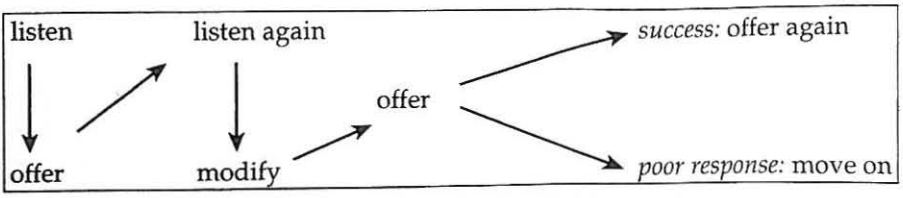

Figure 1.1 Decision tree for program development.

pacts both client and therapist, and when changes in context occurring rapidly and over an extended time period affect the treatment itself. The multiple interventions covered in this volume illustrate one effort to apply the principles of innovation and adaptability. CSU took a bottom-up approach of building on the community's needs starting with the listening process. The nature of service development followed a simple decision-tree format. (See Figure 1.1.)

Maintaining a family atmosphere and a personal bond with the community also facilitated their participation in services. The programs reflect these lessons.

Postdisaster services are consistently urged to *be inclusive* of a broad population of affected groups. A critical challenge in any disaster response is to identify those populations in greatest need of support and to create services they can use in a timely way. After the WTC attacks some risk groups were obvious from their level of exposure and degree of impact—for example, firefighters working at the site and families with young children in which a father was killed. For these groups the challenge was to identify the location and type of services most appropriate to support them in their situation.

When a broad range of affected groups are identified, *multiple service locations* are most often required. We found that outreach efforts that went directly to the client on location were most effective. Chapters 2 and 7 describe on-site approaches specifically designed to support firefighters working at the recovery site. The Firehouse Clinicians program, Chapter 5, did the same for survivors in those firehouses where firefighters were lost. Chapter 8 describes an in-home program developed for families with children in which the firefighter father died. Services were modified over time as the situation changed—for example, the World Trade Center site was closed, firehouse routines returned to normal, and children grew older. Over time, service demands shifted as affected individuals were better able to reflect on all that had occurred. These chapters also address the particular challenges of on-site work, including redefining professional role, adopting a broad repertoire of helping skills, and managing appropriate professional boundaries with those who may embrace you more as a friend than as a therapist. CSU brought services to the workplace and home and decentralized its offices to ensure access to the en-

tire FDNY community, members of which mostly live on the outskirts of New York City. As a result, firefighters could continue to do their jobs and families could continue with their affairs and conveniently utilize CSU services.

Other target populations may be less apparent, but they are important because they comprise critical members of the community and many provide vital support for high-risk groups. Their capacity to help can be limited because the disaster has drastically altered their lives, placing them at greater risk for adverse consequences than might be anticipated. Families of surviving firefighters who are stressed by the demands of recovery emerged as one such critical target population. As illustrated in Chapter 9, for a firefighter to have physically survived the collapse is not to suggest that life at home could return to normal, especially when the recovery effort at the World Trade Center site was ongoing for 9 months after the event. Trauma symptoms affected relationships in many ways and often created distance and discord in family life. To help the process of renewal, CSU brought couples together for a weekend in which they could learn to cope, improve their communication and relationship skills.

September 11 also changed the meaning and implications of the natural pattern of career development within FDNY. Normal transitions, such as promotion and retirement, may become more stressful after such a catastrophic event. The numbers of retirements and promotions, normally celebratory moments, increased because so many had died and those who survived often suffered multiple health problems. Promotions, hastened by the loss of friends and brothers, triggered complicated and ambivalent feelings. Those retiring, often prematurely and without plan, risked separation from the community that understood their pain and could help them heal. As described in Chapter 10, CSU developed programs and community events to address this group.

In most situations, it was extremely helpful to *normalize and depathologize* the traumatic response whenever possible and at the same time support the idea that a broad range of reactions and symptoms are likely, even among a highly resilient population. Anticipating a *new normal* seemed to express an acceptance that life would not be the same as it was prior to 9/11 but that a sense of normalcy would return. Each individual's rate of recovery was appropriate and would lead to their own *new normal*. This helped to restore faith that once again feeling connected would happen. Expecting that day when the new normal would become normal was sometimes referred to as "finding 9/12." We look forward to the day when everyone can find 9/12.

Education is the backbone of all CSU services and a tool for empowering the entire community, including CSU counselors. Education and training improve, prepare, and create best practices and can be mandated, modified, and adapted to changing conditions. Education can offer comfort to the bereaved and traumatized and information as to how to access resources. Training coun-

ters helplessness and makes us more likely to be better prepared than we would be without it. The community was offered continuous bereavement and trauma education. Respectful of the experience of clients, this education reduced the stigma normally associated with accessing clinical services and created educated consumers effective in utilizing the services that best fit their needs. Education and training are integral parts of FDNY firefighters' lives, so adding a mental health component to their educational and training regimen seemed to make the information more easily accepted and effective.

Training mental health professionals and peers to educate their defined community of first responders, retirees, spouses, children, and extended families is an important part of the system by which CSU accomplishes its mission. Clinicians were also trained in firefighter culture and were continually clued in on the uniqueness of the FDNY community's experience and effective methods for connecting with members and helping them. CSU staff and collaborators were also given access and encouraged to utilize self-care to ensure their mental and physical well-being. Counselors responding to this disaster risked trauma themselves both from exposure to the event and from the hours, days, weeks, and years of listening to the traumatic experiences of others. Therapist self-care was not orphaned to the personal time of the staff. It was scheduled into their days by creating opportunities for them to talk to each other, encouraging personal and professional growth as part of the workday. This is not only appreciated by staff but is translated into better services. Caring for staff is not a luxury but an important part of an organization's committed, professional response to a disaster that carries so many traumas.

Good people, well trained and committed to the mission, who can institute and follow solid management principles, are vital to success in any endeavor. Mental health systems must be prepared to meet the needs that they hear expressed by their communities by utilizing the talents of their staff and being prepared to bring in additional talent as required. This lesson directs mental health units to establish relationships with a range of outside professionals, which might be better accomplished prior to a disaster than afterward. This book reflects the strong *collaboration* between CSU and its outside partners. The breadth and depth of collaboration efforts is a core principle of CSU, as it is believed to optimize program effectiveness. Collaboration is accomplished through continuous interaction and communication, sharing knowledge, insight, expertise, resources, and actual participation in each other's programs. Collaboration is an especially valuable tool when circumstances create a need to obtain a broad range of services, some never before imagined. This required an approach of openness and proper screening for compatibility with CSU's goals and mission. One illustration of successful collaboration describes how clinicians from the Family Program, Chapter 8, conducted workshops for Kids Connection, a CSU program, and contributed articles for *the LINK*, the

CSU newsletter. CSU staff and members of the Family Program attended various functions and training sessions of both programs and consulted with each other whenever possible. Referrals were continuous, improving access to services and allowing us to respond quickly to new issues and new phases in adaptation. The leaders of CSU established this high standard of collaboration as a requirement. This book is but one more expression of this core principle, an example of the internal and external efforts that have become key parts of the overall community response work of CSU. It modeled for mental health professionals, administrators, firefighters, and families the essential therapeutic ingredient of building and rebuilding human connections.

It is impossible to be fully prepared for any given situation, but FDNY and CSU both have a strong belief in *pre-planning and preparedness*. While the public's perception of the response to a disaster event never fully appreciates the tremendous preparation that already has occurred, disaster workers know the response is all about training and preparation. In the case of FDNY, readiness to respond has always been a core part of the way of life and culture, and this is mirrored in CSU's procedures and the services it has developed. The primary desire and mission of first responders and CSU staff is to be there to help when and if things go wrong. The history and culture of the department in Chapter 3 show the tradition of courage in the face of danger, the acceptance of fear, the loyalty to each other dead or alive, and the incredible cohesion that is the strength of the Brotherhood and the entire FDNY community. From those traditions came the modern CSU response to the 9/11 tragedy. Historical events are the building blocks of FDNY culture, and the World Trade Center tragedy has had a profound impact on that culture. History and culture inform the behavior of a given population, and for CSU, they are intrinsic parts of service creation and delivery. Knowledge of the past history of a community and the events that have impacted its members strengthens the power and effectiveness of services.

The barrier separating order from chaos is shockingly weak and vulnerable in many respects. Only when disaster strikes and that barrier breaks do most people realize how fragile societies really are and how strong and resilient societies can be. Disaster workers know both sides of the barrier, appreciating society's order as well as coping with the chaos that results when social order breaks down. Leaders have to keep themselves mentally clear enough to think and plan. At the same time, they have to keep others functioning well enough to carry out those plans. As soon as the towers fell, firefighters began digging for brothers and civilians thought to be buried in the rubble. FDNY active and retired members immediately flocked to the site. No one needed to tell them to report—it was the natural instinct developed over years of training. They stayed until the place where the towers had been was virtually broom clean. Few stopped to ask why the firefighters led the effort. Subsequently, questions

have been raised about civilian leaders' decision to allow firefighters to recover the remains of their own since it is so much more traumatizing to dig for body parts of individuals you know. The reason the recovery stage occurred in this way and that no one openly questioned the process is that firefighters have expected that of each other for more than 200 years. It is important to recognize the historical and cultural demands and appreciate that, in this case, recovering the remains of the Brotherhood by the Brotherhood may have actually lessened the collective trauma. It is our belief that preventing the firefighters from completing their mission probably would have added to their trauma.

This volume primarily tells the story of firefighters. CSU services are also fully available to EMS personnel, and many have utilized them in the aftermath of 9/11. It would be a mistake to minimize the loss and exposure experienced by this part of FDNY's membership because it lost only two members of its ranks on that tragic day. They too rushed to the scene in record numbers. Many got there early and were exposed to the collapse. Many lost friends and colleagues both within FDNY and outside. Many worked at the morgue doing extraordinarily difficult body-handling work. For others the work was filled with the frustration of standing by at the World Trade Center site for hours, days, and weeks waiting for patients who never came and being unable to dig alongside the firefighters, as many would have preferred to do. Our focus on firefighters has more to do with sheer numbers. There are currently 11,400 members of the fire service and 2,800 members of EMS. It is also true that the 1,200 civilian members of the department who suffered loss and additional job stress during this time utilized appropriate services as well.

Finally, a word about language. The people who have gone to homes and workplaces or worked with members of the FDNY community in the office have been referred to with various titles throughout this book. They have been called mental health workers, professionals, mental health clinicians, interventionists, social workers, psychologists, psychotherapists, counselors, peer counselors, and various combinations of these words. Generally, their functions are more similar than different. Different titles are sometimes used to refer to the credentials of the provider, or are attempts to destigmatize services or reflect the titles preferred by those who utilized the service. Not surprisingly, credentials are less important than the willingness, knowledge, passion, and skill to accomplish the daily, sometimes mundane, tasks of helping and not tangling in professional turf and identity.

Almost every culture and occupation has its own language, words, and acronyms that may be frequently used on the job and become incorporated into a shared language. Words common within the culture of the FDNY are defined and explained throughout the text. We have avoided using the term *Ground Zero* when referring to the site of the collapse of the World Trade Center. We note that firefighters generally have said that it connotes a certain de-

gree of disrespect for the World Trade Center site, which became for them hallowed ground, a memorial to their brothers and to the civilians they tried in vain to rescue. No doubt this term is used respectfully by millions around the world and by the tourists who travel great distances to be near the ground where the Twin Towers once stood. However, to those who worked at the World Trade Center site, the term *Ground Zero* could be used to describe the site of any attack and, when used by visitors to New York City as a tourist destination, can unintentionally trivialize the horrific events that occurred there. Within the FDNY, the World Trade Center site is known by several names, such as "the Site," "the Pile," "the Pit," or "the Trade Center," which we have chosen to use in this text. We realize that some of the aforementioned terms may also have a negative connotation for some and do not intend to offend.