

Taking It to the Streets and the Schools: Responding to the Mental Health Needs of the Community

Donna Demetri Friedman
Robert Brewster
Joyce M. Pilsner
Christine Racanelli

September 11, 2001, started out like any other day for the staff of Riverdale Mental Health Association (RMHA) in the northwest Bronx. It was Primary Election Day and many staff members were planning to vote before work. For the authors, their clients, and the rest of the world, it turned out to be like no other day imaginable.

That night most people were grateful to be alive. So many were searching for their loved ones. The city was in mourning, full of fear, confusion, and grief. Some people were watching television constantly. Repeated exposure to the World Trade Center (WTC) attacks on television following such tragic events is believed to be traumatogenic, as was found to be the case in the Oklahoma City bombing (Pfefferbaum et al., 2001). Others were trying to “act normal” with their young children. All traffic in and out of Manhattan had stopped. Everything except for the search had stopped.

Riverdale staff is composed of a diverse group ranging in age, ethnicity, race, gender, religion, sexual orientation, and mental health expertise. Each member of the staff dealt with this crisis in his or her own way. These differences, particularly in the use of defenses, became apparent almost from the beginning. Some nonclinical staff members were more readily willing and emotionally available to fellow staff members in distress than were the professionals.

The next day started with trying to figure out how to proceed. Some clinicians were very eager to help and immediately began discussing what the needs of the community would be. Others seemed paralyzed by the events and were unable to think about reaching out in any way. Although this men-

tal health center serves the surrounding community, the people who were coming for help stated that they would not normally avail themselves of our services. To get the word out that the center was available to see anyone affected by the WTC attacks, free of charge, we contacted the local newspaper. All people had to do was walk in. We also immediately prepared and gave flyers to all the local merchants and people in the streets letting them know that we were open and available. At lunchtime, it was decided that it was important to “nurture the nurturers” and feed the staff. We ordered pizza and began what was to become a series of lunchtime meetings with the entire staff sharing their experiences and feelings.

RMHA'S INITIAL RESPONSE TO 9/11

By September 13, community members began to walk in or call. A woman who had escaped the towers, having been in the lobby, came in to talk. Her friends had not yet been found. A man had walked from Ground Zero all the way to Riverdale not knowing if his wife and children had made it out alive. A woman came for help whose ex-husband, the father of her young son, was missing.

Robert Brewster got a call from a man, D. A., who had escaped the lobby of the WTC. Mr. Brewster sat and listened to his story with awe and fear. The survivor described in the most minute detail the events leading up to the moment at which he knew he had to run for his life. The room felt small as Mr. Brewster listened intently, hoping to be able to provide what this man needed. The man did not want answers. He felt guilt at having survived, knowing that people he had known, whom he had seen in the lobby, could not have made it out alive. D. A. was still in shock. He described previous trauma, which he and his family had endured and managed to deal with, feeling he would do so with this trauma as well. Talking in great detail about what had happened gave him some relief. Although he had a lot of support in his family, it was important for him to talk to someone outside the family. At various points while D. A. was talking, Mr. Brewster wanted to take it all away, to say something that would make it right. But he knew that was not what the client needed; that doing so would only have made Mr. Brewster feel better. The structure we had set up was for individuals to come in to talk to therapists free of charge. D. A. preferred to speak on the telephone the next day.

Like the clinicians in Seibel and Parlakian (2001), each of us has had our own responses, feelings, and reactions to deal with. The utter uniqueness of this situation was constantly apparent. Even the most senior clinicians who had broad experience, excellent judgment, and wisdom were frightened,

shocked, and made uncertain by 9/11. Furthermore, they could not, at least initially, muster the appropriate therapeutic detachment to be helpful to clients. An interesting question here is whether the pursuit of that detachment, so valued generally, was realistic or even desirable. In any case, the enormity of 9/11 did not allow for that detachment, as therapists found themselves struggling with the same issues as their clients. The shared experience between clinician and client has resulted in a different kind of therapeutic alliance, one where the enormity of the event and its consequences bring clinician and client together in an undertaking that is therapeutic but also truly shared, and where our common humanity is affirmed.

Upon further reflection, it became clear that the RMHA staff needed to use the luncheon meetings as a safe place to discuss in detail our own experiences. Although weekly individual supervision has been normally provided to all clinical staff, this particular approach was more personal and self-revealing. Therapists were extremely vulnerable and actively sought out mutual support. Considering how enormous the impact of 9/11 was, it is interesting to note how little follow-up took place in the subsequent six months. We initiated follow-up phone contacts with all of the walk-in clients to assess how they were coping and offered further help if needed. Many of the clients stated that they had been helped by the intervention and were functioning very well. Some clients chose to continue in long-term treatment. Many therapists felt they needed to move on and expressed reluctance to keep focusing on 9/11. Potential new threats and some concern that countertransference was creating avoidance brought about an examination of the lack of follow-up. At the same time, evidence coming from the schools and Project Liberty indicated that the effects of 9/11 needed to be viewed in a long-term context.

In response to calls from members of the community asking for help related to 9/11, the agency applied for and received a grant from Project Liberty to provide outreach, public education, and crisis counseling to those affected by 9/11. We reached out to diverse populations within our community in the streets, churches, synagogues, mosques, beauty parlors, and many other venues. Starting in September 2002, this grant continued through August 2003. With this grant, we also began an innovative program in one of the local schools.

AN INNOVATIVE SCHOOL PROGRAM

The overall mission of this grant was to provide ongoing therapeutic services to students and their families living and going to school in the Bronx who have been, and continue to be, impacted by the events of 9/11 psycho-

logically, emotionally, socially, and cognitively. Having formed a relationship with the schools through Project Liberty, the function of this grant in large part was, first, to continue providing counseling, interventional, and referral services to a student body previously identified by RMHA staff and identify new students who were in need of assistance; and second, to continue to work with the guidance team, consulting and advising them on future preparedness for disasters, as well as helping this team to develop skills in interventional and diagnostic strategies, psychoeducation, and outreach to students, families, and teachers.

The school serves lower and middle socioeconomic groups. The ethnic makeup is approximately 60 percent Hispanic, 20 percent African American, and 20 percent Caucasian (5 percent of which are Israeli and Eastern European children). They had been exposed to violence, terrorism, and trauma directly or vicariously in their countries of origin or through relatives still living in such geographic locations. Because of the multiethnic and the particular international texture of the student body, for many of the children served by this grant the events of 9/11 were retraumatizing in relation to violent events witnessed in their country of origin. For the children who did not recently immigrate to America, 9/11 may have been retraumatizing in relation to events experienced within their families or Bronx communities. Many in these communities, for socioeconomic and cultural reasons, may deny using, and hold a stigma against, seeking mental health services. Thus, had it not been for the grant, the majority of those provided with therapeutic services at the school may not have sought or received necessary interventions, support, therapy, or referrals for more intensive levels of psychiatric or therapeutic care.

All of approximately 1,100 students ranging from sixth to twelfth grade participated in two process groups related to 9/11. These groups were facilitated by an RMHA staff member during students' social studies classes and were used to discuss feelings, thoughts, and reactions related to the events of 9/11. Dependent in large part upon age, students expressed concerns and feelings related to terrorism, Iraq, bin Laden, the draft, relatives in the military, fears of flying, separation anxiety, racial and religious bias, and changes in their daily lives due to news reports and security changes. Students were asked to complete an evaluation of the groups and to indicate if issues related to 9/11 were something they would like to discuss further in smaller groups or with a counselor one-to-one.

In addition to the students who were identified as "at risk" from the initial social studies process groups, on September 11, 2003, all 1,100 students were required to participate in a school- and gradewide writing assignment. Students were asked the following:

1. Describe what you remember about the day of September 11, 2001.
2. How has 9/11 affected you and your family?
3. List the things most on your mind this school year.
4. Would you like to speak to a counselor about any concerns you may have?

Some teachers preferred instead to give their students an open writing or poetry assignment. RMHA staff then collected and evaluated the children's drawings and writings to identify students most in need of therapeutic services.

Based on these evaluations and on the student responses, ten groups were formed, each with approximately eight to twelve students, totaling between eighty and one hundred students. The groups were held for five sessions and continued to focus on issues brought up in larger classroom groups. The smaller size of the groups, however, enabled students to express themselves more openly and share personal losses related to 9/11. Approximately thirty students from these ten groups were referred for individual or family therapy. Of the original ten groups that met five times, approximately five groups continued to meet weekly for one year. Twenty additional students from the original pool, who had not expressed a wish or need for further counseling or intervention, were identified as being "at risk" by the quality and themes of their writing on September 11. Their writing revealed issues ranging from losses related to 9/11 which were unknown to the school to pervasive family problems that have been exacerbated by stress related to 9/11, war, and daily changes to life and perceived safety.

The groups were primarily activity based. Activities began with drawing and writing. Despite the open-ended nature of the activities, many students drew images of the World Trade Center or related symbols repeatedly. It soon became apparent, however, that despite their young age the students were extremely sophisticated and preferred verbal discussion and processing to activities. Students were able to share feelings of sadness, loss, anger, and pain, yet also to have moments of levity designed by the nature of the "pizza group."

Students' writings included statements such as the following by a student who lost a close relative: "But now I feel like I have a big empty space in my heart." A student who had a family friend narrowly escape the Twin Towers wrote, "I feel sad for the people whose relatives died, I can relate with them, when I was one year old and my dad died. It is really hard when a relative dies." A sixth-grade student who lost a friend of the family wrote a poem: "I stand there walking down the hill having my moment of peace, hoping you're there, the candle leaks wax on my finger, going down the hill, sud-

denly I stop and notice you aren't there." Another student described his own loss: "He was not just my mom's boyfriend, but my best friend. It hurts that he's not here. . . . Now he's an angel in heaven."

In addition to the aforementioned groups, we facilitated six "girls" groups (with approximately six girls each) and seventeen crisis groups (with approximately two to four students). The RMHA crisis counselor attended and contributed to weekly meetings of guidance and psychology staff to discuss cases and plan interventions. She led one high school psychology class in which topics included issues related to trauma, stress, grief, anger, and loss. Finally, she contributed to staff development by acting as a consultant to the guidance team as well as the school principal, teachers, and deans, while providing literature to such individuals and groups. She also provided supervision related to trauma, grief, terrorism, preparedness, coping, and stress in children.

Despite the offering of therapeutic services to all 1,100 students at the school, as well as facilitating groups in all grade levels, the majority of the students serviced were in the sixth and seventh grade. Fewer students were in the eighth grade, and high school students were provided therapeutic services on a crisis basis. Students in special education expressed a disproportionately higher need to process 9/11 and reported that they did not get to discuss these things in class as much in 2001 directly following the attacks. While ultimately the reasons for this demographic need are anecdotal and theoretical, the sixth-grade students in particular have just undergone a school transition to a new school, which may have, in turn, exacerbated existing anxieties.

As a result of the overall outreach effort, we identified seven students who lost a family member on 9/11, and many more who lost family friends. These losses were previously unknown to the school administration or the guidance counselors. In addition to identifying this group of students, a number of issues have developed among students regarding impulse control, anger, and hostility. Interestingly, a number of the students who misbehaved and were beginning to "get into trouble" in school had also been identified as having a direct or indirect 9/11-related loss. It therefore became apparent that some students might be acting out, especially as painful affect was emerging in the groups, at home, or in individual counseling. To intervene, the RMHA crisis counselor and the guidance team began meeting with identified students in anger management groups where behavioral strategies for anger control were described and role-played. We also identified a group of girls who were having behavior problems that were directly linked to psychosocial stressors which were rooted in family issues and changes in perspectives since 9/11.

As mentioned earlier, the school has a rather diverse and international student body. Global events impact these students, and they have the need to discuss and process their related thoughts, fears, and anxieties. While the staff's role has been to identify and intervene with students who continue to have difficulty processing the events of 9/11, over time the identification of these students is expected to become more diffuse and difficult. Rather, we anticipate that such affected students, if not intervened with, will begin to manifest psychiatric disorders and behavioral problems. RMHA intends to continue to provide these services to this and other local schools for the next three years, as we believe the effects of 9/11 on these children are long lasting.

REFERENCES

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