In order to talk about how the nature of the event shaped the psychological reactions of FF and EMS personnel and the interventions developed to address these overt time....one must first understand what that event looked like from the inside out.
Events Have Been Told and Retold

- Bravery
- Pain
- Suffering
- Loss

What Really is Different?

- What has not been the focus?
- Media and the MH community has lavished attention on this population
- It is only when we slow down, focus in and linger a while...that we really understand another’s experience
Aspects of the event that were unique to the FF responders have most dramatically affected my work of the last 10 years and perhaps has the most to teach us about preparing for the inevitable future events.

In any such events, first responders including FF and EMS will help at time and then later on, need our help.

Unique Characteristics of Event

- Amount of Loss
- Length and Nature of Recovery Effort
  - Not typical first responder, more like military: ongoing, uncertain, loss of brothers
- Inability to Recovery Remains
- Public and Media Attention
- Ongoing threats
Amount of Loss

- FDNY
  - Largest loss of life of an emergency response agency in history
  - 774 total since 1865 – 100 year US
  - 3% workforce - comparative % NYC .00034%
- 61 Work Units
  - 1-12 losses
- 70+ FDNY Relatives
  - Biological family member: father, brother, son

Culture: Leave No Man Behind

- Failure to recover the remains fueled the anger, guilt, self blame, resolve and resiliency that kept them digging
- Dictated the need to be the primary recovery workers at the site
- Despite the cost of this decision most insiders would defend this decision to this day
Length and Nature of Recovery
9/11/01 – 7/25/02 = 10 months

- Perhaps the single most important variable in understanding the experience from the inside
  - Timing, delay, illness, retirement
- Stressors at site:
  - Long hours
  - Dangerous, chaotic working conditions
  - Fear for personal safety
  - Toxic exposure
  - Contact w/ body parts and personal effects; decay and dismemberment
- Separation from family
- Member of a Disaster Community

Final Procession

Emergency service workers and the families of those lost in the disaster exit the Ground Zero site in a ceremony marking the end of the clean-up effort.
Full Departmental Exposure

- 13, 441 FF and EMS hired by 7/26/02
- Multiple time lines & Multiple Traumas
  - Collapse survival
  - Witness of collapse and jumpers
  - Severe ongoing exposure
  - Work with family members - funerals 9/03
- Cumulative trauma exposure with no relief

Psychological Reactions Over Time

- Survivor guilt
  - Could not voice relief in being alive, joined their brothers in "deadness"
- Traumatic loss
  - Many suffered a fractured support system that left them feeling socially isolated and emotionally unsupported
- PTSD symptoms
  - Arousal: insomnia; irritability (ego-dystonic)
  - Intrusion: flashbacks; nightmares
  - Avoidance: distant from others-family and friends
Multiple Stressful Transitions

- Health Concerns and Forced Retirement
  - 3x number of retirements 2002
  - Increased vulnerability and isolation
- Marital Fallout
  - "I feel like I also lost my husband on 9/11"
  - "I think he is trying to protect me by not telling me what he is thinking but he’s angry all the time"
- Changing environment
  - New hires and promotions
  - Family composition-at work and at home

Data Collection Over Time

- FDNY began collecting data on both physical and psychological health Oct 2001
- By Feb 2002 the entire workforce had been monitored
  - Including computerized – self report asked arrival time, med symptoms and mental health questions
- 2002 showed symptoms across all of the PTDS domains
- PTSD: 12-13% in FDNY
Outcome Studies from FDNY Data

- Elevated PTSD risk associated with:
  - Early arrival
  - Continual work at site for more than 4 months at site
  - Assuming non usual work assignment
  - Disability retirement: co-morbidity
- Elevated PTSD risk up 10% for each additional FH death
- Also reported changes in alcohol use, motivation, exercise, work-related stress and functional health more at home than at work
- Constant over 4 yrs of study – cause for alarm

FDNY Counseling Service Use

- Year 1 those with elevated risk were 4x as likely to seek treatment
- Often sleep disturbance brought people in as it interfered with desire to keep working.
- Often those with prior CSU relationship
- Often healthy - those with good self care who knew needed a break
- Spike in numbers when site closed July 2002
- Appearance of more stress-related leave
Individuals Seen Monthly
9/11/01- 7/25/02

Individuals seen yearly 2003 -2010
Stories

- Numbers and trends tell a story but for many of us those numbers and trends only come alive in the individual stories they represent.
- It is not difficult for most of us to image and understand the need for MH resources in the immediate aftermath, before the first year anniversary and perhaps for 3 or even 5 years out.
- So I would like to tell you a couple of stories from as recently as just weeks ago. It is likely we will hear more of these stories this year as reminders of the 10th anniversary are already upon us.

Delayed Presentation

- It’s Feb 2011, C comes into the office and says he’s not sure why he’s there "...it sounds kind of weird. I read a lot. I was reading a book about Iraq vets and one guy was talking about his problems and I’m thinking, that’s me and he’s diagnosed with PTSD and I’m thinking I don’t know ....... Pretty much since the morning of 9/11 I felt like I was coping well but over the years my wife would start to ask me why I was short with the kids. I was never like that and after a while I started to wonder if there was something to it. ...and now the book and not so many guys on the job to talk about with so I thought I would come in.”
- When he gets tearful he says "This is ridiculous, I’ve told this story ten thousand times. My father in law was on the job, he tried to find me and couldn’t. You know my name was on the first missing persons list. It wasn’t until about 5 pm that I got to a phone to call my wife and tell her I was all right. I don’t really know what else to say...it has been so long."
Retiree Adjustment or Non-adjustment

"I thought about coming here after 9/11, but I was always too busy. Then after awhile I felt good and I thought that too much time had passed. After that I retired and moved away...thought I could start over. What’s that saying “you can run but you can’t hide” Truth is, I don’t have much to do so I am back there thinking about that day over and over ...why I am here with nothing to do and so many young guys died.”

"The other day when I had my WTC medical and the questions on the computer got to me. So when I had to see the social worker after that she asked how I was doing and I wanted to say fine like I had in the past but I couldn’t. I broke down and started crying. She told me that my score on the test was on the high side and suggested I call you. I figured I better do it today before I put it off again.”

Interventions

- Dimension of the event outlined above
  - Loss
  - Long Term Mission
  - Culture in ability to recover bodies

  - Significant in shaping decisions in answer to: Who needs what, where and when?
Culture

- FF is based on group model of interdependence
- Culture determines the response to overwhelming loss
  - Need to keep working
  - Take care of the families
  - Attend all funerals and memorials
  - Resist seeing oneself as in need of help

How Culture Informed Intervention

- Educate: train don’t treat
  - Psycho-education
  - Authority and collaboration
- Normalize to de-stigmatize
- Go to them: don’t expect them to just show up
- Use peers
- Multiple points of access
  - LOD families
  - Concerns for own family especially the kids
  - Concerns for FF brothers “he needs it more than me”
- Long term focus
Create a Holding Environment

- A container for the overwhelming emotional reaction to the events
  - Reactions may be visible or not
- Through our efforts we needed to help the organization, and CSU specifically within it, to become this environment
- Look different over time

Acute Phase

- The 10 month period on mission
  "I kept reminding myself I had a job to do – I did not have time to indulge myself or my feelings when there was so much work to do."
- FIRST: Needed to help both the individual and organization trust that intervention did not need to interrupt the work but rather could facilitate its continuance.
Proximity

- WTC SITE: walk around often late and on week-ends
  - Silent support - visible and caring
  - Followed their lead - as they became more organized so did we
  - Later briefings for work groups coming on and getting off
- Fire House: Kitchen Table
  - Hanging around waiting to be needed - mirrors their work
  - Help where help is needed: concern for others, closing the door
  - Eventually FH clinicians - formal and informal

Memorials and Funerals

- Part of culture is primary concern and responsibility for taking care of LOD families
- How we were judged at handling this would weigh heavily
- Concern for families - frantic about the children
- Family Intervention Program
Following Closing
July 2002 – 9/11/02

- Support need for break
- Support Re-connection at home
  - Beginning of Couples Connection program
  - Additional supports for LOD families
- Time for individual stories
  - Offer options for treatment
  - Getting help is guiding principle

Significance of 9/11/02

Seeking New Normal

Non-verbal agreements:
- For some: if not ok by then, I will get help.
- For others: if still not ok maybe never will be.
Later Interventions
Going to them never stops- just that later on they also come to us

- More traditional in office therapies individual, group, couples
- Increased Integration health and mental health
  - Use of monitoring
  - Increased illness and related fears
  - Handling serious situation
- Complementary Therapies
  - Outreach > treatment
  - Acupuncture – therapeutic yoga – interactive therapy

Connections, Rituals, Giving Back

- Programs offering socialization, support and connection provide opportunities for education and assessment
  - Couples Connection
  - Stay Connected
  - Kids Connection
  - Family Connections
- Importance of Rituals and Giving Back
Anniversaries

- Both trigger events and opportunities
  - Symptoms often not immediately recognized
  - Reflect on meaning and place in one's life
- Reactions change over time
  - Notice the progress of recovery
  - Connect with past in the present and move forward
- Outreach Opportunity
  - Reconnect with those who shared event with
  - Normalize reactions via education
  - Reach those suffering in silence

What Have We Learned?

Previously Known: To effectively intervene with any population must understand culture


**Culture of Resilience and Resistance**

- Must be perceived as part of the culture
- Your expectations of behavior need to fall in line with what is known
  - Won’t come, need to work, mourn, care for others
  - Hero issue - media and neighbor
    "doing our job, real heroes died"
- Your behavior must be consistent with and respectful of their traditions and culture
  - Be interested, curious, flexible, transparent, demonstrate confidentiality
- Must have long term perspective

**Challenges**

- Limiting exposure for physical and psychological reasons
  - By end of 2010 death toll of 9/11 responders nears 1,000
  - Need to increase understanding of interplay of environment and psychological hazards.
- Managing helpers: local and imported
  - Importance of developing networks
  - Impulse to “do something” in immediate aftermath is responsive to our own understandable feelings of helplessness. Stop – Ask - Assess
- Reaching the hard to reach
  - Use of response data to predict and reach those mostly likely in need
  - Managing resources to meet delayed requests
  - Delayed onset vs delayed presentation
- Utilization of non –traditional interventions
  - CT, coaching, transitional services, community events
  - Harnessing technology and social media
Enhancing Long Term Resilience

- LT Resilience of First Responder Populations is a Public Health Issue
  - Responders high in social support and coping skills known to be protective against PTSD
  - Will be functional impairment - family disruption, alcohol, other co-morbidity from repeated exposure
  - Need to plan for Long Term MH accessible assistance
- Sub threshold symptoms
  - Using full or probable PTSD ignores many with distressing symptoms and functional impairment responsive to treatment

Addressing Long Term Resilience

- Integration of PH and MH
  - Value of self administered screening and ongoing evaluation
  - Normalizes and reduces stigma
- If assess must have resources
  - Value of system integrated into organization
  - Cost needs to be understood as cost of maintaining a resilient responder workforce
  - Must include outreach and education to family
- Care for caregivers must not be neglected
“History, despite its wrenching pain, cannot be unlived, but, if faced with courage, need not be lived again”.


Many Thanks to all of you who have helped