

## For Mental Health Nurses, Task Has Just Begun

by Nancy Webber

**While emergency and trauma nurses agonized over the lack of patients, September 11 was just the beginning for psychiatric/mental health nurses. Most hospitals have set up crisis centers and hotlines for those in need of counseling after the horrific events, and thousands have sought help.**

Photo by Ansell Horn

Georgiana Chin, an emergency room psych nurse at Bellevue Hospital, has "lived" in the facility since the disaster. "People can just walk in if they want to talk, and we have a phone line for people to call after hours," she said. "If they need more assistance, they are treated in the psychiatric emergency room or are admitted overnight."

Those coming to the crisis center were showing symptoms of traumatic stress. "Some are in a daze," Chin said. "Some are fearful, they cry all the time, they can't sleep. Others have a psychological component and an event like this sets off the illness."

The aftermath of the disaster is made more poignant for Chin, who, like many other New Yorkers, had a "what if" story of her own. "I was on jury duty, and I would have been down there in the middle of it if the case I was on hadn't finished up on Monday," she said.



Distraught family members search for the missing.

### Stress Reduction Therapy

At Saint Vincents Catholic Medical Center in lower Manhattan, nurses assisted in coordinating a Family Services Unit that went into operation within hours of the tragedy. Joan (Siobhan) Dolan, a senior staff nurse and acupuncture detoxification specialist, thought that hospital staff, many of whom were working double shifts, might benefit from the hospital's stress reduction clinic. The clinic, primarily used for chemical detox, provides auricular acupuncture, massage therapy, and other treatments designed to relieve stress.

"We put up flyers around the hospital inviting staff to come in for treatment," Dolan said. "By the end of the week, we were starting to see family members of victims. The clientele got bigger after the Family Services Unit was relocated to our floor."

With up to 96 patients a day, the acupuncturists, massage therapists, and other practitioners donated their time so the clinic could stay open extra hours. They treated survivors who had been in the Trade Center, family members, and local residents who had been displaced from their homes.

One man had been on the 35th floor of one of the towers. He lost several co-workers and all of his own artwork that had been stored in his office. He walked into the stress reduction clinic in a state of near shock. "After the treatment, he threw his arms around me and said 'This has helped me so much,'" Dolan said. "His face was totally different."

### Volunteers at Pier 94

Responding to calls for assistance, mental health nurses volunteered to provide counseling at the New York City Family Assistance Center, first located at the Armory and then moved to Pier 94. Winnie Kennedy and several colleagues from Maimonides Medical Center in Brooklyn were there at the end of September.

Their role was to be available for anyone who was in distress or who wanted to talk. The Center was a central point for all family services, with workers from the Red Cross, Social Services, foreign embassies, legal services, the Department of Labor, and many other agencies.

"People were applying for unemployment benefits, death certificates, and housing assistance," Kennedy said. "Sometimes they became upset and needed to talk."

She talked with workers whose places of businesses had been obliterated and were now unemployed, with volunteers such as Red Cross workers from out of state, and with a man who had lost his job and 50 of his friends.

"One state trooper told me he had been assigned before to natural disasters that were self-limiting, like storms," Kennedy said. "He was unprepared for the scope of this."

The trooper told Kennedy of a downward spiral of "worsts" since he had come to the site: first, going to Ground Zero and looking at crumpled buildings; then, looking through the rubble for survivors; then, bringing bodies and body parts to the morgue; then, taking body parts to hospitals where they could be x-rayed.

"But," Kennedy said, "he said the really worst thing for him was coming to the family center and seeing the people who had experienced this loss. That's when he needed to talk to me."

## How to Help Others (and Yourself) in the Aftermath

Experiencing a traumatic event often produces psychological stress. The catastrophe at the World Trade Center was massive, beyond the scope of any disaster in recent history. The emotional and psychological effects may linger for months, or even years.

Responses to trauma can include:

- Flashbacks and nightmares associated with the event;
- Either a preoccupation with or an avoidance of thoughts, feelings, or activities related to the event;
- Efforts to avoid thoughts, feelings, or activities related to the event;
- Feelings of detachment or estrangement from others;
- Diminished interest in activities that were once important;
- Hopelessness about the future;
- Psychological and physiological reactions such as sleeplessness, spontaneous crying, hypervigilance, difficulty concentrating, and anger.

It's not unusual for people to have such reactions immediately following a traumatic event. But when these symptoms persist beyond a month or six weeks, they could be an indication of Post-Traumatic Stress Disorder (PTSD). The person should then be evaluated and treated by a mental health professional.

Winnie Kennedy, a mental health nurse at Maimonides Medical Center, believes that the events of September 11 will have far-reaching effects. "Everyone has been touched by this," she said. "People have lost friends, members of their families, colleagues, jobs, homes... when we get to holidays or to anniversaries of the attack, responses will be triggered again."

Ellen Brickman, director of NYSNA's State-wide Peer Assistance for Nurses (SPAN) program, points out that people who were not on the scene on September 11 may also show symptoms of stress and grieving. "We saw the events unfolding on TV and we all felt powerless and vulnerable," she said. "This is compounded by the possibility of war and fear about where terrorists may strike next."

There is a higher risk of developing PTSD if a person has had a history of depression or other emotional disorder, previous history of physical or sexual abuse, family history of anxiety, early separation from parents, being part of a dysfunctional family, or alcohol or drug abuse.

"People suffering from PTSD may attempt to self-medicate through an increased use of alcohol or drugs," said Brickman. "This does not help solve the underlying causes and can have devastating long-term consequences." A study of Vietnam-era veterans by the National Vietnam Veterans Readjustment Study found that 75% of combat veterans with severe PTSD developed serious alcohol and drug abuse problems.

### Caring for the Caregivers

Nurses and other healthcare providers who have spent weeks counseling traumatized individuals may need help themselves. "Nurses

may develop symptoms of burnout," said Barbara Waite, a SPAN regional coordinator. "They may feel they can't do the job any more, that they're not being effective. It's important for them to get a break from it."

Nurses can feel torn between their duties to their patients and their need to connect with family during the days following September 11. One nurse who was caring for psychiatric patients the day of the attack saw the burning towers from the window of her facility. Part of her wanted to keep functioning for her patients and part of her wanted to get home and locate her husband and son.

Recognizing the effect on their employees, several New York City hospitals conduct "debriefing" sessions after each shift. Saint Vincents Catholic Medical Center has hired an outside firm to counsel the counselors.

### Steps to Recovery

In her landmark book, *Trauma and Recovery*, Judith Herman wrote that because psychological responses to trauma are based on feelings of helplessness and disconnection from others, "recovery... is based upon the empowerment of the survivor and the creation of new connections."

According to Herman, recovery occurs in three stages: establishment of safety, remembrance and mourning, and reconnection with ordinary life.

Traumatized people must be encouraged to turn outward rather than inward. Talking about experiences and feelings is a step toward restoring a sense of control over one's life. They need someone to listen to their stories, sometimes over and over again.

Winnie Kennedy and other nurses volunteered to counsel family members and rescue workers at the city's Family Assistance Center. "The most important thing was to be a human presence for the survivors," she said. "We nurses served as a toxic waste dump where they could put their excess feelings."

The support of family, friends and community resources is crucial. Many people are reassured by doing things that made them feel secure in the past: preparing "comfort food" they enjoyed as a child, baking cookies, and going to religious services. Survivors who came to the Family Assistance Center, including adults, were given teddy bears to hold during wrenching conversations about DNA samples and death certificates.

Talking about traumatic experiences may not at first bring a sense of relief. It can plunge people into feelings of mourning and sorrow as they begin to realize the depth of their loss. There is no way of knowing how long this will last, but after many repetitions, according to Herman, "the story is a memory like other memories, and it begins to fade as other memories do."

In the final stage of recovery, traumatized people find ways to create a future with new relationships and new possibilities. That, too, can be a slow and incremental process.

"I encourage people to deal with their present feelings of sorrow," said Kennedy. "But the crisis is so large that we can't get a handle on it all at once. We all need to develop a 'serviceable denial' so we can go on and make plans for the future. We have to get through one piece of life at a time."

**Extensive information about post-traumatic stress disorder is available at [www.ncptsd.org](http://www.ncptsd.org). For information on volunteering, call 1-800-LIFENET.**