

## Editorial Note

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This final issue of Volume 7 marks the first issue following the worst disaster and attack affecting the United States. Two separate jumbo jets filled with fuel and passengers struck the World Trade Center Twin Towers. Both towers later collapsed. The Pentagon was attacked in the same way. A fourth plane with a Washington, DC destination crashed into a farm in Pennsylvania due to the efforts of passengers who learned of the plan. The terrible loss of life, expected by be over 3,000, leaves a nation shocked and world in awe and the field of traumatology feeling an enormous sense of responsibility for now offering the information, theories, research methods, and best practices. This has not gone unnoticed by this Journal and its editorial team. This issue represents our best efforts to offer a balance of substance and late-breaking and useful information.

### **PET-Scan-Assisted Discoveries**

The first article, though not as dramatic as those that follow, provides important new information about one of the hallmark symptoms of post-traumatic stress disorder: memory flashbacks. Dr. Michael Huber and his German team of medical scientists used Positron Emission Tomography (PET) and Statistical Parametric Mapping (SPM) to compare in the same subject brain any detectable activation patterns during induced flashbacks with recall of fearful non-traumatic situations. The team discovered, among other things that during fearful recall there were significant activations of right precuneus. When traumatic memories were compared to neutral stimulation, the right lingual gyrus, the right thalamus / mamillary bodies, and the right cerebellum were all significantly activated. When brain activation during flashbacks was compared to simple fear, the right mediodorsal thalamus (MD), the right precuneus, and the right cerebellum were significantly more active.

In terms of various recent experimental evidence noted by Huber and his team, concerning the function of thalamo-cortical systems, they speculate that the flashback re-visualization (the 'nightmare-like' feeling, as if the traumatic event is reoccurring) in PTSD, are based on hyperactive thalamo-cortical 'closed loop' networks involving limbic thalamic nuclei and multimodal cortical association areas. If so, this would suggest that those experiencing post-traumatic flashbacks are attending to internal imagination and temporary functional withdrawal from the external world. During flashback re-visualization these loops are significantly more activated than during the experience of simple fear and, therefore, are far more frightening and debilitating. Further research will help scientists and practitioners to predict both the onset and intensity of flashbacks as well as their management if not elimination.

### **Ground Zero Reports**

The Journal believed that due to the extraordinary consequences of the 9/11 terrorist attack and subsequent loss of life, it would reserve sufficient space for reports of special interest and relevance to this tragedy. The first report is by the Editor and his wife. The latter was President of the Green Cross Project and coordinated the mobilization to New York that is described in the report. We were part of an advance party of volunteers

going to New York City after the attack. The report discusses the standards of practice of the Green Cross Projects and how they responded to an invitation from a community-based organization in New York. The report provides an in-depth, behind the scenes look at how traumatologists were able to provide emergency mental health services to a large service employee union in the wake of an extraordinary disaster and learn valuable lessons in the process. Along the way they provide a good overview of disaster management methodology, how and why the Green Cross emerged as a volunteer, humanitarian organization responding to community-based organizations affected by disasters, and the standard mission, objectives, and services they provide. The latter part of the report notes that they reached all of their three major goals and enjoyed the appreciation of their host and people that utilized their services. Among other things, the Green Cross provides an excellent example of how volunteers must be carefully monitored for compassion fatigue and how they allocate sufficient resources to achieve that goal.

The second report by Geoffrey D. White, "Compassion Fatigue in the Aftermath of September 11," builds on the theme of the first report. Drawing on his years of international humanitarian work, Dr. White notes that compassion fatigue (i.e., secondary traumatic stress or vicarious trauma) poses a special problem since emergency workers are often reluctant to either admit they suffer from such a stressor or to seek help with managing it. The "shared fate" phenomena can compound the threat of compassion fatigue. To varying degrees caregivers may share the plight of those with whom they work. He notes the special responsibility of leaders to attend to their workers who may be at risk.

After describing the Green Cross Projects initiative, noted in the first report, he focuses on his special responsibilities on the team in the area of compassion fatigue assessment and treatment. He noted that at the beginning of the week, one volunteer was selected to be the "Compassion Fatigue Specialist" for that week. This individual's sole task was to attend to the other volunteers. The job entailed doing hourly compassion fatigue checks with each volunteer. All participants were asked to return to the GCP "safe place" headquarters office at least once an hour to take a break, relax, and talk to the compassion fatigue specialist. The office was located in the top floor of the 23rd story union headquarters building where most of the project took place.

The latter section of his report focused on his assessment of his team's compassion fatigue, burnout and satisfaction for the work. He found no evidence of burnout but several with high and one with extremely high risk of compassion fatigue. We were able use these results to confront those at risk and insure that they were utilizing proper self care. Indeed, his major recommendation is to conduct thorough screening of volunteers *prior to deployment* to either screen out or provide special attention to them during the mobilization.

The Third report by James Martin, "Lessons learned from "The Green Cross Projects Deployment to New York City," is written by another person who was part of the Green Cross Projects mobilization. Written in a more personal style, the report notes his initial experiences with trauma in working with forty survivors of the 1995 Oklahoma City bombing. This was followed by a trip to Kenya to provide training to those working with the survivors of the American embassy bombing there. After additional training he became

a certified traumatologist and joined the Green Cross Project. He responded to the mobilization of the GCP and arrived September 23<sup>rd</sup> and immediately began offering services including training to EAP staff.

Among the lessons learned by Martin are (1) be well prepared in advance of any mobilization. (2) Workers need to be flexible and willing to adapt to the requirements of the incident command structure. (3) Disaster mental health is very different from any other service delivery context -- outpatient, in-patient, in-home. What is needed is crisis intervention not long-term therapy. (4) Teamwork is essential in disaster mental health services. (5) Compassion fatigue prevention is vital for everyone who provides disaster mental health services. Martin provides numerous illustrations of these lessons.

The final contribution is a letter to the editor written by Julie Knopt, who is a social worker with many years of experience in humanitarian work. Her letter, "Ground Zero: Almost," was a personal memoir from her volunteer service for the Green Cross following 9-11. Consistent with the earlier reports, she attempts to convey the horror experienced by New Yorkers and those who worked for or who were members of the local union, 32BJ. She was among the 100 GCP members willing to be deployed to New York. She was especially vital because of the need for Spanish speaking traumatologists. Her letter talked about her impressions, her joys, her disappointments, but mostly her work as a volunteer and colleague. In contrast to other reports, Knopt noted her experiences in using various crisis intervention methods. She found the acupressure-based methods (TFT and EFT) were especially helpful in providing immediate relief from intrusive memories such as seeing the plane hit, the buildings collapse, or the especially disturbing memories of bodies or body parts falling.

Consistent with the lessons noted in Martin's report, Knopt talked about the need for flexibility in describing several situations that called for it. She notes that her most moving and important day was when she was assigned to spend time with family members who those who died in the attack. She notes how the room was usually solemn and quiet. With considerable grace and patience she was able to guide many to use the TFT technique to relieve distress with apparent success. One woman said, "This feels so good; it's the first time I have laughed since September 11."

Knopt also admires how she and her fellow Green Cross volunteers were able to pull together and work as a team, though they came from different parts of the country and with little prior experience working together. As were the other contributors to this journal issue, she was impressed with the role of the "compassion fatigue specialist" and how she checked on them regularly. This kind of attention enable the workers to feel cared for and cared about, enabling them to give more to through their work.

The Editorial Board and I urge any contributions, including reports from the field, letters to the editor, as well as regular articles. Especially now, in the shadow of 9/11/02. More than ever before, we must come together as a field and learned people, as humanitarians, and as fellow human beings to address the causes and consequences of terrorism. No amount of research, faith, or foresight could have predicted or prevented the

horrific events that unfolded on that fateful day. We must learn from these terrible events. We must learn about hatred, religious missions of death, suicide bombers, and terrorism generally to help prevent future 9/11s. At the same time, we must do all that we can to study the immediate and long-term psychosocial consequences of and precursors to highly stressful events and the methods for mitigating the unwanted effects. This includes studying the traumatized when they are at their most vulnerable and needy not waiting until there is not risk of being accused of "subjecting the traumatized to research." Future issues of the Journal will include reports of the degree of satisfaction reported by the traumatized who are studied; that there is a sense of relief and appreciation for being asked what it was like for them and what helped and what did not help in those most desperate hours following a horrific event. How else will we know how to best help the traumatized unless we ask them? And in doing so we will be more prepare for the inevitable *next* terrorist attack.

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