

Traditional Trauma Therapy Provided in a Non-Traditional Setting: A Post-9/11 Model

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In the aftermath of 9/11, concerns in the community local to the World Trade Center site included relocation, air quality, and a sense of no longer feeling safe. Despite evidence of anxiety and depression, there were delays and barriers in seeking mental health interventions. Transportation in and out of lower Manhattan was difficult. Many residents prioritized immediate concrete needs. The Children's Health Fund's 9/11 program was available for mental health services beginning 11/01. Free, confidential, easily accessed services were offered; however, the community was far more interested in information about typical post-trauma responses and how to manage their current stress and anxiety. In this context, we developed a non-traditional community-based modality to provide information and the opportunity to obtain appropriate treatment. A support group for mothers who were residents of Battery Park City was started and met weekly beginning 12/02 in private rooms in local coffee houses. This allowed easy access while maintaining confidentiality. Initial client concerns were anxiety, marital discord, and how to discuss the event with their children. Within six months, anxiety was notably reduced. Members began to use the group as a traditional therapy. It emerged that all of the participants had prior traumatic exposure (e.g., rape, domestic violence, near death in auto accident). Group members have integrated their 9/11 experience and are now able to cope well in spite of current threats. Following a disaster, psychotherapy delivered in non-traditional settings may help overcome barriers and resistance. Providers should be flexible and prepared to meet emerging needs.

Supplementary information:

Objective: Implement mental health services to the community local to the World Trade Center following the terrorist attacks of 9/11

Method: Delivery of clinical mental health services by psychologist trained in trauma in non-traditional, confidential community settings

Setting: Battery Park City community; group therapy for trauma survivors; group size, 9 women (self-selected; mothers of school-age children). Services delivered private rooms in coffee houses in the community

Results: Clinical improvement based on judgment of clinician; patient self-report; and observed affective and behavioral changes consistent with integration of the 9/11 experience

Conclusions: Alternative, non-traditional settings may be appropriate for delivery of mental health services if this is consistent with patient needs; the emotional sequelae of an act of terrorism may not be evident until months after the event and may persist long after; an act of terrorism may be a trigger for previously traumatized individuals.