A Social Worker’s Account of 31 Days Responding to the Pentagon Disaster: Crisis Intervention Training and Self-Care Practices

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This article provides a first-person account of a social worker responding to the terrorist attack on the Pentagon in Washington, DC on September 11, 2001, as a Red Cross Disaster Mental Health volunteer. The article describes three distinct assignments, the populations served, and an overview of the interventions employed. The author advocates for formal crisis intervention training and experience for mental health professionals responding to disasters and events of this nature. The author also emphasizes the importance of mental health responders prioritizing self-care to ensure effective practice during this type of event. [Brief Treatment and Crisis Intervention 2:33–37 (2002)]

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I was one of many military and civilian mental health professionals who provided support and assistance to those impacted by the terrorist attack on the Pentagon in Washington, DC, on September 11, 2001. I had the privilege of working with a variety of affected individuals in different settings, allowing me a broad perspective of the psychological responses to this event. I was involved with the Red Cross mental health relief efforts for 31 days. In that time I worked on-site, at the Pentagon, in federal buildings with government and nongovernment employees, with airline personnel, and at the Department of Defense’s Family Assistance Center with family members of those lost in the attack. The more distance I gained from the actual event on September 11 and from the Pentagon crash site, itself, the closer I came personally to the victims who perished there.

The needs of each affected group were very different and required a variety of crisis intervention strategies and approaches. On the scene we hoped to allow first responders an opportu-
nity to discuss some of their experiences in a safe and structured way that would also allow them to remain effective in their tasks and duties during rescue, recovery, and investigation. People who had been evacuated from the Pentagon and other federal buildings, or who had witnessed the attack needed an opportunity to discuss their reactions to that terrible day and some concrete suggestions on how to cope with those reactions. Grieving family members and friends of the victims required supportive and often multiple interventions to facilitate healthy grieving processes and to assist them in enduring the many weeks of uncertainty as their loved ones’ remains were identified. Tangible needs such as lodging, childcare, and financial concerns also were a primary focus for this group.

Working with diverse target groups in a variety of intense environments required me to rely on a broad spectrum of training and experience. My training in crisis intervention and my experience as an emergency room social worker helped me to swiftly assess needs and to apply brief and focused interventions to stabilize and support those to whom I was responding. I relied on my knowledge and training in Critical Incident Stress Management interventions, as well as in Red Cross Disaster Mental Health strategies, to facilitate group discussions that provided people with the supportive elements of such interventions and included concrete strategies for mitigating or resolving ongoing concerns. Having a strong understanding of the grief process in relation to trauma as well as experience accessing community resources was essential in working effectively with surviving loved ones of the victims. I became increasingly aware of the importance of training and experience with crisis and trauma for mental health professionals attempting to meet the complex needs this event triggered. I also realized that if I was to provide effective and adequate support to others, self-care was of paramount importance for me as a responder. This essential aspect of helping others was easily overlooked due to the overwhelming nature of the work being done by those of us involved in the mental health response.

The Crash Site

I was mobilized by the Red Cross on September 11 and was on-site, at the Pentagon, on September 12. I worked there, primarily inside the security perimeter with first responders and military personnel, for 10 days. I was on hand to allow staff working at the crash site the opportunity to express or discuss their reactions or concerns and to provide them with some basic suggestions for managing the acute stress everyone there was experiencing. When, in rare circumstances, a crisis of a psychological or emotional nature occurred, I was one of the mental health professionals available to help resolve or stabilize the situation. We were not there to encourage deep emotional processing of the experience of working on-site. Mental health professionals with expertise in disaster response and, more specifically, knowledge of first responders and military culture, appeared to be the most adept and competent on this assignment. Many of the mental health workers who had not worked in this type of environment or who had little experience working with first responders required more guidance and direction to be truly effective on-site.

The greatest difficulty, on this assignment, was working long hours in a physically demanding environment. Smoke and fumes from the crash, as well as dust and debris generated from construction equipment, made my throat raw and my eyes burn. Often I was in close proximity to the actual rescue and recovery efforts of the military and civilian specialists assigned to this duty. I made a point of limiting my visual exposure to such efforts to avoid potential sec-
ondary traumatization. In spite of this, I did witness the recovery of some victims and spoke with many of the staff participating in this aspect of the operation. I began to recognize evidence of my own accumulating stress responses as days went by. It became increasingly difficult for me to maintain energy and focus throughout my shifts and I found my concentration when not on-site noticeably compromised. Because of my previous work in crisis and critical incident response, I was able to recognize what I was experiencing were normal reactions to the situation.

I understood, from the beginning, I needed to take steps to care for myself. I tried to work a set number of hours each day, although this proved difficult given the acuity of needs early in the operation. I scheduled days off at appropriate intervals and forced myself to ingest food three times a day, in spite of having virtually no appetite. Despite these measures, I had lost a significant amount of weight by the middle of the second week and was sleeping no more than 4 or 5 hours a night. I determined I needed an additional day to myself, to sleep and to spend time with my family and to do nothing related to this disaster. In spite of my best intentions, I found my respite constantly interrupted by phone calls from fellow responders and from colleagues in other states checking in on me and hoping to hear about the disaster response efforts. It was impossible to remove myself from the event even for a single day.

The Community

During my day off I received a call from the Red Cross headquarters. I was asked to participate in a special effort to provide group interventions for those impacted by the Pentagon disaster who had as yet been unable to receive services and support due to overwhelming demands on mental health providers. Civilian subcontract staff from the Pentagon, staff from the Department of Defense, and airline personnel had requested the Red Cross’s assistance in meeting their needs. In light of my physical fatigue, and due to my experience providing debriefings and defusings as a member of local crisis response teams, I agreed to transition to this assignment. I knew it would also be demanding but that the challenges would be of a different nature than those I faced while working at the actual crash site.

I assisted in coordinating and providing group interventions over the next 10 days. I worked on one of several teams of three assigned to this project. We facilitated meetings with people who had been evacuated from the Pentagon, with people who had witnessed the plane crashing into the building, and with airline personnel who were grieving over the events of September 11 and who now faced job cuts and layoffs. We conducted groups primarily in federal buildings, including the Pentagon, and at airport facilities. Our teams focused on providing people an opportunity to process emotions and reactions, on normalizing their reactions and concerns, and on giving concrete suggestions for managing their reactions.

Working with this population made the specific events of that terrible day clearer and much more real. I heard stories about narrow escapes and detailed descriptions of the fated airplane’s final moments. A sense of my own vulnerability was triggered at this as the room filled, at times, with a palpable sense of anxiety during these interventions. I began to truly understand the moments that led up to the horrible devastation I had witnessed first-hand in previous days at the crash site as well as the immediate events that followed.

As a team, we determined debriefing the debriefers was a necessity from the beginning of this project. Our lead coordinator, who had not participated in the actual groups we facilitated in the community, took on this role and prioritized formally processing our experiences fol-
Following each intervention. A real sense of caring for and trusting one another swiftly developed, which made our own difficult reactions and experiences on this assignment manageable. We were able to encourage one another to monitor concerns and reactions in ourselves that could potentially compromise our effectiveness as responders. We assisted each other in taking necessary steps to care for ourselves. I found that working as part of a team of professionals whom I respected and trusted made it easier for me to recognize and to ask for the support and guidance I needed to remain effective as a responder.

The Family Assistance Center

After 2 weeks on my second assignment I was asked to transfer to providing services for family members of those lost in the terrorist attack on the Pentagon. Requests for the group interventions we had been providing began decreasing as requests for mental health support at the Department of Defense’s Family Assistance Center began increasing. As an emergency room social worker, a great portion of my work is with people who have experienced the death of a loved one. I was confident this assignment would be one on which I would feel competent and able to manage my emotional responses. It was, to my surprise, the most challenging and emotionally taxing of my three assignments.

The Family Assistance Center was established and maintained by the Department of Defense. It served as a central location for the surviving relations of those killed in the attack on the Pentagon to access services and to receive ongoing updates about the recovery and identification operation. The center was staffed with military personnel and agency representatives from relief and assistance organizations to meet the immediate and future needs of those who lost a loved one. Military counselors and volunteer mental health professionals from the Red Cross and from the community were on hand to provide informal supportive and psychoeducational interventions, as well as to provide guidance on accessing resources for ongoing or tangible needs. I have an understanding of the grief process in relation to exposure to trauma and crisis that I have gained working in an emergency room. My social work experience and training were of great value to me in my effort to provide appropriate support and information to people at the Family Assistance Center.

Daily interactions with grieving family and friends, many of whom had been staying at hotels in the city, away from home for 2 or 3 weeks, led to real relationships. I met many people and saw most of them day after day. As family members came to know me, they shared intimate stories with me about their loved ones, many of whom remained missing or unidentified, at the Pentagon. I learned of a brother about whom there were never going to be enough words spoken or written to truly describe him. I heard about a sister who idolized Michael Jordan and who would never know of his return to the game of basketball. I was told about a loving wife who had worked full time in a demanding government job and made taking care of a large family with grace and style look easy. Family members and friends often returned daily to see me, bringing photos and letters and objects to help me connect with those who perished on September 11.

I realized I had been standing just a few feet away as these very people, about whom I was learning so much, were brought out of the Pentagon by rescue and recovery workers. I experienced true feelings of loss within myself and I was concerned about maintaining my ability to provide appropriate support and care for those in the Family Assistance Center. I requested an unplanned day off and contacted a colleague to discuss my emotions and reactions. Our conversation restored my sense of emotional balance and I was able to continue in my role at the Fam-
ily Assistance Center throughout the following week and to attend the memorial service at the Pentagon. I said my farewells to family members to whom I had grown close. I felt as though I was saying goodbye to people I’d known much longer than just a few days. I left the Red Cross relief operation on October 12.

Concluding Impressions

I feel it is important to emphasize the need for mental health professionals who desire to be part of a disaster response to receive formal training and experience. Although this event was unique, given its unprecedented nature and scope, it was clear that mental health workers experienced in crisis intervention and trauma and with an understanding of the physical conditions and of the likely emotional and psychological responses such a large-scale event creates, were those best able to swiftly and concretely meet the immediate needs of a variety of affected populations. As time passed, so did the mental health needs of those impacted. Professionals with experience in and a focus on providing ongoing or longer-term care became essential and will continue to be in assisting those who have been primarily and secondarily affected by the events of September 11.

I also wish to underscore how critical it is for helpers to prioritize caring for themselves, even when the needs of those around them are so high and ongoing. My training and experience in crisis intervention has given me tools and resources to care for myself as well as for others. This was an essential component to providing effective mental health services during this relief operation. In spite of my best intentions, however, I recognize there is still more I could have done to ensure I engaged in good practice throughout my involvement in the Pentagon operation. For example, I could have taken more time between assignments to truly transition from one to another. I also could have arranged daily meetings with one of my mental health colleagues to discuss my experiences at the Family Assistance Center, once I realized that this assignment was of much greater emotional intensity for me than I had anticipated.

On the whole, I feel fortunate I was able to access much of the support I needed as the assignments evolved. I am grateful I was able to play a role in assisting those impacted by the events of September 11. My experiences as a mental health responder following the Pentagon disaster have left me with images, memories, and lessons I will carry with me always and that I know I can build upon to become a more effective helper.

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