

Mental health workers: The overlooked victims of 9/11

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We've all heard about the stress experienced by victims of 9/11, but have we ever paused to think about the effect of those terrorist attacks on mental health clinicians who provided care to the victims? A new study by Mary Pulido, Ph.D., from the New York Society for the Prevention of Cruelty to Children in the US, provides a sobering account of what it was like for these professionals and reports on the lack of support they received. Her exploratory study, published in Springer's *Clinical Social Work Journal*, highlights the critical need to develop training and expand support systems for clinicians in order to combat secondary traumatic stress.

People may suffer symptoms of [post traumatic stress disorder](#) through secondary exposure to the trauma histories of others. Disaster [mental health workers](#) may be at particularly [high risk](#) of this co-called secondary traumatic stress. Not only are they exposed to the [stressors](#) and psychic pains experienced by their clients, they carry the professional burden of being expected to remain open and available to their clients on an emotional level. In the case of 9/11, these clinicians were also exposed to the same disaster as those they were helping.

To gain a better understanding of the effects of indirect exposure to terrorism, Pulido conducted in-depth, one-on-one interviews with 26 [mental health](#) clinicians (a combination of therapists, [social workers](#), and [psychologists](#)) who had carried out 9/11-related therapeutic work with clients. She asked them about the extent of their work with clients impacted by 9/11; how working with these clients and their issues had

affected them; and what types of supports were available to them through their job for handling 9/11-related stress.

The clinicians' experiences differed based on the type of client: some dealt directly with family members who had lost loved ones, others dealt with people who fled the burning towers, and some worked with individuals considered indirectly exposed, but who were still fearful and symptomatic. Thirty months after the attacks, secondary traumatic stress levels were high among clinicians who provided care to victims of 9/11. The clinicians being interviewed were themselves surprised at the intensity of these stress levels. In addition, they described availability of supervision and agency support as 'weak', but said peer support was helpful.

Dr. Pulido concludes: "For many professionals, these interviews, conducted several years after the attacks, served as the first time they had discussed their 9/11 work and the stresses they encountered. This factor alone speaks volumes for the lack of support that they received while providing such intense clinical support for their clients. These findings need to be integrated into training and practice."

More information: Pulido ML (2012). The ripple effect: lessons learned about secondary traumatic stress among clinicians responding to the September 11th terrorist attacks. *Clinical Social Work Journal*. [DOI 10.1007/s10615-012-0384-3](https://doi.org/10.1007/s10615-012-0384-3)

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