

# America Under Attack: The “10 Commandments” of Responding to Mass Terrorist Attacks

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**ABSTRACT:** *On September 11, 2001 terrorist attacks caused the catastrophic collapse of the twin towers of the World Trade Center in New York City. Approximately 40 minutes after the World Trade Center was attacked, a similar terrorist attack was perpetrated against the Pentagon in Washington, D.C. Although the resultant physical devastation was beyond anything this nation has ever experienced, the psychological devastation may not be known for months, or even years. This paper discusses, not only a structure for understanding the phases of terrorism, but offers 10 recommendations for responding to acts of terrorism. [International Journal of Emergency Mental Health, 2001 3(3),pp 133-135].*

**KEY WORDS:** terrorism, mass disaster, World Trade Center, Pentagon, crisis intervention, Critical Incident Stress Management

On September 11, 2001 at approximately 8:50 am a high-jacked airliner crashed into one of the two towers at the World Trade Center in New York City. Shortly thereafter, another airliner crashed into the remaining tower. These terrorist attacks caused the catastrophic collapse of the twin towers of the World Trade Center in New York City. Approximately 40 minutes after the World Trade Center was attacked, a similar terrorist attack was perpetrated against the Pentagon in Washington, D.C. Although the resultant physical devastation and physical human suffering was beyond anything this nation has ever experienced, the psychological devastation may not be known for months, or even years. In the wake of a terrorist attack, physicians can physically immunize and treat those who require such attention. Engineers can reconstruct buildings and roads. But who rebuilds the essence of humanity which has been violently ripped away from those who suffered the terrorist attack? How do we reconstruct a belief in justice and safety in the wake of a mass terrorist attack (Everly & Lating, in press)? Without attention to the “psychological side of terrorism,” we run the risk of rebuilding a city without a spirit, without a soul, without a sense of humanity.

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In this paper we shall offer 10 recommendations on how to address the psychological consequences of mass terrorism. We refer to these recommendations as “commandments,” not reflective of any religious perspective, but rather as a rhetorical device to emphasize the importance of these lessons learned from responding to major disasters throughout the world, over the last 20 years.

### Three Phases Of The Terrorist Attack

There are three fundamental phases to the terrorist attack:

1) *The pre-attack, pre-crisis phase.* This, by definition, is the time period prior to the actual attack. There are three functions which are to be performed during this phase:

- a. Threat assessment, performed by law enforcement, military, and intelligence community resources.
- b. Prevention, performed by law enforcement, military, and intelligence community resources.
- c. Psychological preparation of the primary target populations, as well as emergency services populations.

We believe that the better prepared the population, especially the emergency services population, the less severe

the malignancy, the less severe the overall impact of the attack.

2) *The acute event management phase.* This phase persists as long as event assessment, containment, rescue, and recovery efforts continue. In this phase, communications, fire suppression, law enforcement, emergency medical, and other rescue and recovery personnel perform their respective functions. Emergency mental health personnel provide acute psychological support, crisis intervention services. Techniques such as “crisis management briefings” (Everly, 2000), defusings, demobilizations, and individual crisis intervention/ crisis counseling within the integrated “critical incident stress management” (CISM) system (Mitchell & Everly, 2001) are implemented.

3) *The consequence management and reconstruction phase.* Once most acts of heroism have been performed, once the psychological “shock” has melted away, profound frustration, anxiety, grief, disillusionment, mourning, and depression fully emerge. This is the phase wherein the engineers may rebuild the physical aspects of the city. But, it is within this phase that the emergency mental health personnel must take center stage to facilitate the recovery process, facilitate a process of psychological reconstruction, in effect, rebuild the psychological aspects of the city, state and country. Once again, as the most widely used and standardized multi-component crisis intervention system, CISM emerges as the virtual standard of care. It is the multi-faceted emergency mental health intervention that facilitates the quest for psychological reconstruction.

The achievement of psychological reconstruction is the operational imperative. Without a sense of psychological closure, without the ability to move on in life, the terrorists will prevail. Without the ability to successfully mourn our dead, memorialize our heroes, and continue to grow as individuals, families, communities, and as a nation, the terrorists will win.

### **The “Ten Commandments” of Psychological Response**

In our quest to respond to terrorism such as the attacks of September 11, 2001, the following 10 recommendations are offered:

1) First, never lose sight of the fact that, either as a primary or secondary goal, the terrorist act is designed to

engender psychological instability. More specifically, the goal of the terrorist act is to induce a state of psychological uncertainty, personal vulnerability, and fear, i.e., terror. Death and destruction are merely means to an end. Terrorism is psychological warfare!

2) Establish crisis intervention hot-lines and walk-in crisis intervention facilities in every community directly or indirectly affected. Remember, once the terrorist act has been perpetrated, it is the resultant state of mind held by the target population and its leadership which functionally serves to augment, or to mitigate, the actual severity of the terrorist action. Psychological support and the restoration of a sense of community is imperative.

3) Provide pre-incident psychological resiliency training, as well as on-going psychological support during and after the terrorist attack to emergency response personnel. Include families in all aspects of these important processes. Remember that the psychological state of mind of emergency responders and military personnel will have direct effects upon their ability to perform their necessary functions and upon the physical and mental health of the targeted population as well.

4) Collaborate with mass media services to provide on-going information to all involved and affected populations. Credible information is anxiolytic, and contradicts the sense of chaos. Information combats destructive rumors. Don't forget the children. Go to their schools and provide reassurance. Provide age-appropriate reading, mass media, and community activities to help children cope with the situation. Information is power!

5) Take whatever steps seem requisite to re-establish a sense of physical safety for the public. Widely publicize these efforts to the degree security considerations will allow. Special considerations should be made for children, the elderly, and the infirm.

6) Enlist the support of local political, educational, medical, economic, and religious leaders to facilitate communications, calm fears, provide personal crisis intervention (if adequately trained to do so), and instill hope.

7) Re-establish normal communication, transportation, school, and work schedules as soon as possible. The longer

and greater the disruption, the greater the perceived risk and lack of safety on the part of the public.

8) Understand and utilize the power of symbols as a means of re-establishing community cohesion. Flags, bumper stickers, signs, and billboards can all be effective.

9) Initiate rituals to honor the survivors, honor the rescuers, and honor the dead. Provide opportunities for others, not directly affected, to assist those directly affected, e.g., donations of blood, food, clothing, money, etc. Communicate to all the notion that an effective way to honor the dead is to carry on and succeed in life. To do otherwise is to allow the terrorists to be victorious.

10) Do no harm! Although well-intended, early psychological support may be counterproductive if: a) it interferes with tactical assessment and rescue efforts, b) applied in such a way as to interfere with natural recovery mechanisms (Everly, 1999), or c) it intensifies the manifest level of experienced traumatization (Dyregrov, 1999).

### Summary

Terrorism is psychological warfare. This is a war that is won, not on a battlefield, but in the mind. The sophistication of the emergency mental health services may be as important a factor in winning the war against terrorism as any other resource a nation may possess.

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