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# Letters

## Psychology's response

*PRIMUM NON NOCERE.* THE enormity of the atrocious events of Sept. 11 is difficult to grasp. There can be little doubt that the psychological impact of these horrific events will be felt at both individual and community levels for days, months and even years to come. As psychologists, our instinct is to help, and indeed there is much that we can do. As citizens, we can give blood and make financial contributions to emergency organizations. As specialists in human behavior, we can offer our support to victims and their families. We can do our best to empathize with their suffering, and we can reinforce constructive coping responses. In concert with other health-care providers, we can offer appropriate psychological services to those who develop psychological disorders such as post-traumatic stress disorder or depression. For example, there is evidence that cognitive behavior therapy provided a few weeks after a traumatic event in those with persistent problems can be effective.

But, in times like these, it is imperative that we refrain from the urge to intervene in ways that--however well-intentioned--have the potential to make matters worse. Several independent studies now demonstrate that certain forms of postdisaster psychological debriefing (treatment techniques in which survivors are strongly suggested to discuss the details of their traumatic experience, often in groups and shortly after the disaster) are not only likely to be ineffective, but can be iatrogenic. Unfortunately, this has not prevented certain therapists from descending on disaster scenes with well-intentioned but misguided efforts. Psychologists can be of most help by supporting the community structures that people naturally call upon in times of grief and suffering. Let us do whatever we can, while being careful not to get in the way.

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**RESPONSE FROM APA:** IT IS important to separate what psychologists, under the auspices of the APA/American Red Cross Disaster Response Network, are actually doing and what is being suggested is happening at the New York and Pentagon disaster sites.

The APA/Red Cross program is not based on debriefing techniques. Anyone who volunteers to provide mental health services at a Red Cross disaster site has to be a licensed professional. It is not the case that anyone can show up at a disaster site and go to work interacting with victims. Access to the disaster site is strictly controlled and the ability to volunteer as a Red Cross mental health worker is also controlled. It's also important to note that the great majority of the work done by psychologists at the Pentagon and in New York, as has often been the case since the inception of the Disaster Response Network in 1992, has been with the fire and emergency personnel and other Red Cross responders involved in the recovery effort, rather than with victims of the attack.

Also important to consider when determining what is helpful to both victims as well as recovery personnel is the critical role of clinical judgment used by the psychologists working on site. They are experienced clinicians with specific disaster mental health training and they know firsthand that a "one-size-fits-all" mental health intervention is not going to be effective. Some people find it very helpful to talk about their experience, thoughts and feelings soon after a disaster while others do not. The important point is that experienced clinicians work to help people marshal their own individual strengths and coping strategies that work best for them.

APA fully supports paying attention to the research and doing more research to determine the best practices when responding to disasters. Meanwhile,

psychology should also be careful not to misdirect criticism by misapplying labels.