

THE PSYCHOLOGICAL IMPACT OF 9-11 ON COLLEGE STUDENTS AND SUGGESTIONS FOR HOW COUNSELING CENTERS CAN PREPARE FOR WAR AND/OR FUTURE TERRORISTIC ATTACKS

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Much has been written about the emotional impact the 9-11 tragedy has had on Americans as well as on citizens of other countries. Most of the media reports on this subject have been based on anecdotal evidence. A question for those of us who work in higher education relates to whether there was any measurable psychological impact on the students in attendance at our institutions immediately following the attack on the twin towers. The results of survey data will be reported followed by a report on how counseling centers can or are already preparing for future crises.

Late in November of 2001 a survey was sent to approximately 400 directors of college and university counseling centers who are members of a national Internet listserv. About 20% (82) of these administrators responded and they represented schools that were large and small, public and private, sectarian and non-sectarian and from all sections of the country.

Directors were asked a series of questions about the nature of their client caseloads in the month following 9-11 and the impact this increase had on their centers. The vast majority of respondents (88%) reported that the influx of students to their counseling programs during this time period was considerably greater than it had been during the same time period the previous year. As anticipated, the impact was greater in schools on the eastern seaboard as compared to the rest of the country because of their proximity to ground zero (93% versus 84%). On average, the percentage increase in caseload was 21% with a range a range of zero to 62%. The percentage of increase for the eastern schools was 29% as compared to 15% for schools from other parts of the country. This difference is significant.

This increase in client usage of counseling centers across the country created a number of problems for these centers. 87% of the surveyed schools reported that the increased caseload put added burdens on already busy staffs. At 67% of the schools counselor's schedules filled so rapidly that many students had to be placed on a waiting list before they could be seen and 34% of schools reported that it impacted on the waiting list problem for psychiatric staff.

Those schools with the available resources to do so, added part-time counselor (33%) or psychiatric hours (22%) to help with the increased number of clients. One school reported that that the cost of psychiatric consultations for students following 9-11 had almost doubled over the money expended for these services over the same time period the previous year.

As noted above the impact on client caseloads were greatest at schools located on the eastern seaboard. Directors from these schools also report more examples of students who saw a direct connection between the events of 9-11 and the problems they were experiencing. These students exhibited anxiety attacks, nightmares, fears of additional attacks, fears of anthrax, and fears of attending public events, going through tunnels, crossing bridges, or riding on subways. A number of students indicated that they had a great deal of difficulty focusing on their studies.

These students, however, both on the East Coast and in other parts of the country did not account for the great increase in the number of new students seeking psychological help. Most students who came to counseling centers during this time period arrived with concerns typical of a counseling center population. They presented with a wide variety of developmental concerns common for this age group or with problems such as generalized anxiety, depression, somatization, sleeplessness, or concerns about their future but without being able to identify a precipitating event that brought them into counseling. In fact 97.6% of the responding directors (all but two) believed that the vast majority of the new students coming for counseling during this period presented not specifically with problems associated with the crisis but with general problems that may have been stirred up by the climate of fear and vulnerability that followed 9-11.

Several of the responding directors suggested that 9-11 "lowered the threshold" for students who were struggling with other problems. Others spoke of a "psychological fault line" that may be present in more fragile students (although it may well be that such fault lines exist in all of us if the cumulative stresses in our lives are great enough). Nevertheless, the attacks on 9-11 do seem to have precipitated or exacerbated dormant symptoms in many students. While these students were able to function reasonably well prior to this time, in spite of their personal issues, the emotionally charged atmosphere that developed after 9-11 seems to have made it more difficult for students to ignore these problems.

Most of the directors responding to this survey (86.6%) believe that their centers will be working with the aftershock of 9-11 for a considerable period of time. These directors anticipate that there will be a delayed psychological reaction by many students in the months ahead, especially in those who were most affected by the tragedy (nearness to site, family or friends injured or killed, etc.).

In addition to the psychological impact that 9-11 had on students the crisis also brought forth the best in many of those who provide services on college campuses and in the students themselves. In addition to the many hours of additional direct service to students that were required by the increase in demand 96.3% of the responding centers reported that their staffs took part in "outreach" programming on their campuses in response to 9-11. Counselors offered debriefing and other support groups in residence halls, classrooms and wherever else on campus that students gathered. They set up consultation booths in accessible areas, wrote articles in campus newspapers, spoke on campus radio stations, manned crisis telephone lines, and also served as trainers and background support for faculty and many other college personnel who were on the front lines with students immediately following the crisis.

Events since 9-11 have made it clear that the uneasy atmosphere experienced following the twin towers attack is not likely to go away in the foreseeable future. The threat of war, and the fear of further acts of terrorism will continue to impact the work of college counseling centers. While most centers put their skills in crisis intervention to good use, as demonstrated in the examples given above, many are pro-actively preparing for anticipated crises down the road. Based on initiatives already underway at counseling centers such as the University of Delaware, Fairfield University, Mount Holyoke College, the University of Virginia, Ohio State University, the University of Georgia, Woodbury University, the College of ST. Catherine, Northeastern University, Central Michigan University, California State University at Hayward and others the following suggestions are offered.

1. If you do not already have a crisis planning team in place, establish one for your center and establish or participate in one that involves other critical offices on campus and in the community.
2. Obtain training for staff in Critical Incident Stress Management (CISM). Some centers have sent one staff member to a training program and then assigned that person to train other staff. Such training should really not be done except by a fully certified CISM trainer. The author knows of one Counseling Center (Grand Valley State University) where all staff have been trained by the International Critical Incident Stress Foundation (ICISF) and function as a certified team. They are well positioned not only to help their own student body but are prepared to assist other colleges or universities during a crisis.
3. Prepare strategies for working with special student populations; international students for example, especially those most likely to be affected or at risk in this highly charged atmosphere. Another group of students that might be overlooked are those being left behind as family members or other loved ones are deployed.
4. Prepare your center for a possible emergency as you are being asked to prepare your home. Have available water, food, flashlights, emergency aid kits, and other items recommended by the office of Homeland Security.
5. Have identification badges for staff who may have to go into areas where they are not known. Also have two-way radios available so that staff may communicate with one another since cell phones, pagers and other devices often become essentially non-functional in a crisis because of over-utilization.
6. One Counseling Center (Southern Illinois University at Carbondale) has petitioned the administration to provide special identification badges for counseling center staff that will allow access to the stage two perimeter if a

disaster occurs. Stage two is the area just outside the actual scene of a disaster where people are sent for holding and transport. This will enable counselors to do immediate triage and make appropriate referrals for further treatment. Not all centers may feel prepared to provide this kind of assistance.

7. Work with other offices to establish systems so that students from specified geographical locales can be identified.
8. Distribute copies of the "Road to Resilience" brochure from the American Psychological Association to all staff and to all Student Affairs Directors.
9. In the event of damage to the center back up any electronic records and store them somewhere else on campus.
10. In line with the above, identify a certain place on campus for staff to gather in order that staff activities can be coordinated.
11. Petition the administration to have the Counseling Center included in the institutions broad emergency plan, including access to money to hire part-time help to meet the anticipated increase in demand for services following a major crisis.
12. Identify professionals in the community that would be willing to take temporary employment at your center in the event of a major crisis.
13. Provide crisis response information on the center's web site. Examples of how homepages can be used to access other sources of current information can be seen on the web sites of California State University at Hayward (<http://wwwsa.csuhayward.edu/~capsweb/Terroralert.shtml>) and Central Michigan University (<http://www.counsel.cmich.edu/resource.htm>).

In summary, the evidence from this brief study is clear. Traumatic national or regional events such as 9-11 can and do impact in significant ways on the work of college counseling centers. Because of the specialized training and experience of counseling center staff, many centers were able to respond to the 9-11 crisis in creative and helpful ways. Most, however, seem to recognize that because of the uncertainty of the times we live in counseling centers need to be more planful in preparing for future crises. A number of suggestions for doing this were offered.

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Robert P. Gallagher recently retired from the University of Pittsburgh where he had been the Vice Chancellor for Student Affairs. Prior to that position he served as the Director of the University Counseling Center for 25 years. He currently works one day a week as a psychologist at the Counseling Center where he conducts the National Survey of Counseling Center Directors. The results of this survey are published annually in monograph form by the international Association of Counseling Services (IACS). Copies of the 2002 survey can be obtained through IACS (iacs@gmu.edu). Earlier surveys can be accessed through the following web site: <http://www.pitt.edu/~dsurvey>