

First Do No Harm: Treatment Concerns in the Aftermath of Terrorist Attacks.

Primum non nocere. The enormity of the atrocities of September 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 post-disaster 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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