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On the Job after 9/11: Looking at Worker's Block Through a Group Lens

Jeffrey Kleinberg

The terror attacks of 11 September 2001 have produced a posttraumatic effect in many workers. They have developed what the author defines as 'Worker's Block', an emotional disengagement from their job. The author suggests that factors contributing to this vocational crisis include the nature of the stressor, deficits in the individual's resiliency and the hardiness of one's employer. From his group-centered perspective, the author discusses ways to strengthen individuals and their organizations in order to minimize the damaging effects of future attacks on the workforce.

Key words: Worker's Block, trauma, terror attacks, organizations, workforce

The trauma of 9/11 has shaken everyone, but most of us have bounced back and returned to our pre-trauma level of functioning. Others have not, and the ripple effects of the terror attacks are seen in significant numbers of people whose work, morale and performance have not yet returned to their pre-9/11 levels.

On 12 September 2001 I hesitantly returned to my practice in New York City as a psychologist-psychotherapist. The previous day's events had clearly shaken individuals and the organizations in which they were working. I soon discovered that a sample of the people I was counseling had significantly changed their view of work and the workplace, rapidly disengaging from their jobs and feeling betrayed by employers who had failed to protect them or help them grieve. Employees could not identify what was happening to them, and very few employers seemed to recognize the

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damage that had been done to their workforce. In discussions with other therapists and observing organizations from the inside as a consultant or a member, I came to identify a posttraumatic stress reaction: Worker's Block (WB). I define this vocational impairment as a rapid emotional, attitudinal and relational disengagement from the job, that may not be classifiable as an illness, yet is powerful enough to create a personal and, if widespread, a corporate crisis.

Worker's Block contains elements of the Post Traumatic Stress Disorder (PTSD), particularly those that relate to avoidance of stimuli and numbing of general responsiveness. The Diagnostic and Statistical Manual (DSM) IV criteria for PTSD (American Psychiatric Association, 1994: 428) include three that may be viewed as job-related symptoms: 'Markedly diminished interest or participation in significant activities', 'feelings of detachment or estrangement from others' and 'sense of a foreshortened future (e.g. does not expect to have a career . . .'). I suggest that WB is a significant impairment resulting from community trauma, but that major epidemiological research is required to determine the clinical necessity of a unique diagnostic category.

Early reports from the workplace confirm the presence of continuing posttraumatic job problems. For example, Bill Santiago (Mercer, 2002: 12), a corporate recruiter for the Jewish Home and Hospital in New York City, observed:

> Post-9/11 had a horrible effect on morale. Everyone pulled together for the emergency, but weeks later there was a lot of lingering depression. People would be talking about their families and just burst out crying.

Similarly, Jocelyn Perez (Mercer, 2002: 12), a nurse administrator at Bellevue Hospital, stated:

> We saw the initial impact 3–4 weeks later, as absenteeism went up and staff members were having more conflict with each other.

Studies of sleep patterns before and after 11 September 2001 point to additional sources of work impairment. According to the Associated Press (Recer, 2002), as transmitted by CBS News:

> A poll conducted by the National Sleep Foundation found the death and destruction of the terrorist attacks caused about 69 percent of Americans to have some insomnia during the period immediately after Sept. 11. A survey a year earlier found only 51 percent experiencing insomnia.

James Walsh, president of the foundation and a sleep researcher at St. Luke's Hospital Sleep Medicine and Research Center in Chesterfield, Mo., said 9/11 affected the sleep poll figures for all of 2001 and suggests a generalized increase in sleeplessness. 'Last year's figure was 51 percent for insomnia, and this year it is 58 percent for the entire year,' said Walsh. 'All the terrorist activities are one of the major stresses in our lives now'.

Pervasive sleep disturbances lead to fatigue, which in turn interferes with morale, performance and collegiality.

In a similar vein, the American Psychological Association issued a series of alerts, compiled by Gurwith et al., (2002), informing members about posttraumatic work problems that were likely to be faced by teachers –

1. increased irritability and impatience with students and staff (decreased tolerance of minor student infractions – remember, they are trying to cope, too);
2. difficulty planning classroom activities and lessons;
3. decreased concentration;
4. worries and fears that answers or responses to students could make things worse for them;
5. worries about reoccurrence and repercussions;
6. increased concern about school violence (e.g. hyper-sensitivity);
7. feelings of discomfort with intense emotions, such as anger and fear;
8. denial that the traumatic event may impact the students.

While no study of teacher impairment arising from 9/11 has been reported, it can be assumed that those who actually experienced these anticipated reactions would be suffering from WB. One of the few studies of the long-term impact of trauma on workers' attitudes and performance is the study conducted by Wagner et al. (1998) who found that the rate of absenteeism and early retirement among German firefighters was linked to their failure to cope effectively with occupational stress. Another exception is the six-month follow-up of survivors of the 1995 Oklahoma City bombing of a federal office. North et al. (1999) found that 53% of those with PTSD reported dissatisfaction with their work performance, 78% of those suffering from PTSD plus another psychiatric disorder, such as depression, were similarly dissatisfied, and that more than 30% of

those survivors with a non-PTSD diagnosis or no diagnosis at all expressed a negative view of their work performance.

Whether distance from Ground Zero may be linked to the observed frequency of WB is not yet clear. While Ryan et al. (2003) found little change in workers' attitudes towards their job following 9/11, their large sample of respondents to an online survey did not reside in New York City or Washington, D.C. In a nationwide survey, Silver et al. (2002) concluded:

> The psychological effects of a major national trauma are not limited to those who experience it directly, and the degree of response is not predicted simply by objective measures of exposure to or loss from trauma. (p. 1235)

This finding corroborated the conclusions of a national study conducted days after the terror strikes by Schuster et al. (2001). They warned:

> Even clinicians who practise in regions that are far from the recent attacks should be prepared to assist people with trauma-related symptoms of stress. (p. 1507)

That I am still seeing some after-effects of the terror strikes on patients' vocational attitudes and performance bears out some predictions. Galea et al. (2002), after studying the psychological disturbances arising in New York City within two months of the terror attacks, and considering prior research, stated –

> Severe lasting psychological effects are generally seen after disasters causing extensive loss of life, property damage, and widespread financial strain and after disasters that are intentionally caused. These elements were all present in the September 11 attacks, suggesting that the psychological sequelae in New York City are substantial and will be long lasting. (2002: 982)

The Nature of the 9/11 Stressor as a Contributing Factor

On 9/11/01 work suddenly failed as a refuge from other areas of life, as a proving ground for fulfilling ambition, and as a means to a desired lifestyle.

What makes it so hard to get a handle on the extent and severity of Worker's Block is the malaise it creates – who has the energy to probe what's going on? The victim feels tired, and doesn't really care. In a posttraumatic time period, very few others have the desire to look too deeply at what is happening to others and to themselves. Who knows what can get stirred up? And if the organization tends

to deny such problems, no one may sense that the ripple effect can bring down morale and performance and threaten mental health.

The calamities of 9/11 were unusual in their penetration of US space, their devastating effects and the ongoing threats they imposed. Each characteristic had a particular influence on our ongoing relationship to work. The assault on American territory revealed that any feelings of security we may have held previously were unjustified. We realized that our protectors were not so effective, and we were never really safe. This sense of having been vulnerable for so long resonated with our earlier discovery that parents, and other key caregivers, were not able to shield us from life's hazards. The collapse of the Twin Towers and the destruction of a wing of the Pentagon were broadcast again and again. Many could not get these images out of their mind. Childhood fears of annihilation may have been stirred up.

The targets of the terror attacks were office buildings. The debris that fell when the Trade Center collapsed included tons of paper and other office supplies. News coverage stressed that businesses were destroyed, employees killed and commerce was disrupted. Workers away from Ground Zero could identify with their counterparts and may have felt the ripple effects of the rapid business decline in the months that followed.

Of utmost significance here is the ongoing nature of the crisis. 'We're waiting for the next shoe to drop,' has become the watchword for many since 9/11. For some, an ambulance siren, a car backfiring, a low-flying plane triggers a near-panic attack. An ongoing threatening situation produces peritraumatic stress.

Faced with unrelenting stress, the worker finds it difficult to plan ahead. The focus instead is on one day at a time, or as one patient said, 'one nanosecond at a time'. Fear of additional attacks pushes many into a protective stance – home is more important than the office, family members are more important than colleagues or clients.

Peritraumatic stress is also likely to lead to increasing disharmony between management and staff. Workers no longer believe assurances that the worst is over and steps have been taken to prevent further problems. 'We shouldn't have trusted them before; why should we believe them now?' asked one man, who before 9/11 felt trusting and secure on the job. In the New York City Fire Department, rescue workers directed their anger at the commissioner, Thomas Von Essen. At an internationally-televised benefits

concert, the firefighters booed him, even though he was considered a national symbol for the heroism of his Department. According to the *New York Times* of 9 November 2001: 'He has been called a "goon" by union leaders he once worked with side by side . . . Now, he said he is counting the days until he leaves the greatest job he will ever have had. "I can't stand that I am counting the days, either."' (Dwyer, 2001).

A recent study of 1,939 residents of the New York metropolitan area pointed to the cumulative effects of stressors that occurred subsequent to 11 September 2001:

> Among New Yorkers who suffered from post traumatic stress disorder after Sept. 11 2001, those who have lost family members, lost jobs or experienced other stress since the attack are the most likely to still be having symptoms, researchers have found . . . [P]eople who had experienced two stressful events since the Sept. 11 attack, like divorce or the death of a family member, were 47 times as likely to have persistent symptoms as those who had the symptoms several months earlier but had not faced such stress. Those who had gone through only one stressful event were 4.5 times as likely to have continuing symptoms. (Goode, 2003: 1)

All these factors contribute significantly to the emergence of Worker's Block.

The Organization as a Contributing Factor

Organizations, like the people who staff them, can be hit with trauma. History, culture and hardiness correlate with the degree of regression that organizations experience under acute stress. Organizational leadership may be unable or unwilling to recognize the nature and causes of a substantial disengagement from work responsibilities.

Absorbing the trauma of their constituents, many organizations have been experiencing peritraumatic strain – ongoing pervasive stress that results in regression. Adding to the catastrophic effects of the terror attacks, and perhaps exacerbated by continuing threats, corporate and religious systems have also been rocked by cascading scandals.

The culture of the organization colors the impact of acute stress on its management and staff. Norms, values and attitudes are conveyed to new workers and reinforced everyday in recurring interpersonal transactions. The importance of fostering morale and cooperation, and a democratic style of leadership contributes to a

hardy organization. Tendencies toward general insecurity, defensiveness, scapegoating, isolation, burn-out, absenteeism, and attrition may be indicators of a corporate culture that creates risk.

Peritraumatic stress challenges the organization's tension regulation systems (TRS). They are stretched beyond their capacity, tension cannot be diffused or channeled into safe and productive outlets. Organizational structures (decision-making, communications, and personnel) threaten to collapse and the organization is poised at the edge of chaos. Cohesion diminishes rapidly, morale evaporates, while the cultural climate of the organization deteriorates from a 'united we stand' mode to 'I need to survive no matter what' position. Individual narcissism emerges from what might have been a group form of narcissism. The individual turns to others of congruent and/or complementary personality styles or levels of regression to form defensive subgroups. The unconscious fantasy is that the subgroups will protect its constituents from destruction. Bion (1961) characterizes the thrust of group defenses as fight/flight dependency, or pairing (1961: 146–153) and I have seem them operating in a fragmented organization as conflicting subgroups.

Subgrouping isolates the individual worker and magnifies his vulnerabilities. An uncohesive organization does not allow the secure expression of feelings regarding the trauma, makes one feel unsafe and actualizes potential for Worker's Block. Paranoid ideation sweeps through an organization that lacks sufficient hardiness to absorb and respond effectively to acute peritraumatic stress. As Jaques (1976) and Kernberg (1998) observe, a faulty organizational structure serves as the breeding ground for persecutory anxiety. Individuals and subgroups seek to 'uncover' enemies within and from without.

A Clinical Example: Alice and the ABC Nursing Home

Alice, who, for reasons of confidentiality, represents a composite of a number of individuals seen after 9/11. Her job commitment and performance deteriorated dramatically after the terrorist attacks. A brief examination of how and why Alice developed Worker's Block illustrates the cumulative contribution of a catastrophic stressor, and deficiencies in both personal resiliency and organizational hardiness.

Clinical vignette

When Alice called for an appointment almost a month after the terror attacks, she

indicated that it was urgent that she be seen right away. She was having trouble sleeping and eating, and was worried that she was going to get fired from her job as Occupational Therapy Coordinator in a nursing home.

At her initial appointment, she poured out everything that she was unable to express at work – how the trauma of 9/11 continued to haunt her. After many years of devoting herself to her job, her patients and her staff, she felt little desire to get up and go to work each morning. She found herself participating in lunchtime 'bitch sessions', joining in on attacking the nursing home administration. She knew it was dangerous for a middle management person to participate in a gripe session with line personnel. It was inevitable that she'd be caught and punished. Yet, Alice couldn't pull away from the lunchtime grievance klatch. If she missed it, she felt anxious that others would ostracize her.

Background

Alpha Beta Nursing Home was established 40 years ago as a community-based, innovative health care facility. Grants supported staff training aimed at implementing creative methods of service delivery. A start-up group of professionals and paraprofessionals was recruited. Most were drawn to the facility because of its promise to develop new approaches to providing health care. Over time, the first administrative team left, and was replaced by a management group that was more suited to maintain an organization rather than to build it. Instead of innovation, the new group focused on cutting expenses and increasing productivity. Authoritarian leadership styles that stifled dissent and discouraged airing of problems pervaded the organization.

Second-level staff privately remained loyal to the spirit of the founders, while they were required to assume the public stance of efficiency experts. Alice was hired by the old guard and remained when they left. Prior to 9/11 her commitment to innovation and quality of care remained strong, but she just couldn't talk about it. The initial culture, upholding the values of the founders, was forced to go underground. Any expression of loyalty to the early days was likely to be greeted with derision. 'They were unrealistic dreamers,' would be a typical response to reminiscing.

The Terror Attacks

The 9/11 trauma occurred 10 miles from the AB Nursing Home. Some staff lost neighbors. Others had family members working at or near Ground Zero at the time of the attacks who survived. TV coverage made everyone at AB feel personally struck by the crashing planes. Alice, who supervised several OT assistants, knew almost immediately that she had probably lost a neighbor in the disaster. He worked for the small brokerage firm located on the 88th floor of one of the Towers that had evidently been wiped out. She, like others in the nursing home, had no way of finding out about those feared lost. Sad news would come later in the day.

Shock, panic, sadness and then depression spread throughout the nursing home in the days following 9/11. Silence was the watchword; management did not believe that people located so far away from the Twin Towers would be that affected by the terror attacks. Accordingly, no counseling services were provided immediately.

A week later, one high-level administrator saw a news report about the importance of trauma counseling and decided to have Human Resources bring in some counselors. Very few workers made individual appointments to seek help. The lack of utilization made

management feel that having counselors on-site was a waste of money, and the program was terminated abruptly. Staff who needed grief counseling were advised to contact their home medical officer for a referral. Alice was in a state of shock, but got the message that any discussion of her grief on site would make others feel bad, causing the overall mood at work to decline.

Over the next several months, staff morale plummeted, absenteeism increased, and patient complaints about service became more frequent. Alice had trouble getting to work on time, called in sick once or twice a month, couldn't get her heart into the work, and spent little time supervising her immediate staff. And no one seemed to care. In the employee cafeteria and staff lounge, Alice found herself passively participating in small group discussions about how ineffective and uncaring management was. 'The Home was going to pot,' said one disgruntled staff member. Alice could only agree – silently.

While Alice realized she was going through some kind of a career crisis or burn-out, she was unaware that she was actually suffering from post-traumatic Worker's Block and that this was directly related to her unprocessed reaction to the events of 9/11. Contributing to her disengagement from her job was her own early trauma that had left her vulnerable. Early losses and a father who was an alcoholic and had trouble coping had clearly derailed her development. The possibility of therapy had never been presented to her before 9/11.

Alice developed WB as a result of a combination of circumstances – the terror attacks, personal vulnerability coupled with inadequate coping skills, and an organization that was flawed prior to 9/11 and unable to deal with the staff's emotional response to the trauma.

The degree to which the worker's company is hardy, and thus able to withstand the impact of terrorist threats, affects most the vulnerable worker, who then is increasingly subject to Worker's Block. Hardiness, therefore, merits some exploration. In my clinical and organizational work I have identified seven organizational attributes that contribute to hardiness.

Self-reflective systems enable the organization to identify disruptive as well as facilitative forces impacting it. Parallel processes in various internal and external groups are noted and are employed to further the understanding of what the group is experiencing. Insights may be disseminated to workers to help them understand their emotional state and relations with others. For example, a week after 9/11, executives in a large public agency initiated a discussion about how its few Moslem staffers were faring, concerned that those associated in any way to the attackers were vulnerable to scapegoating. Without the capacity to accurately self-reflect, organizations may focus on inconsequential threats, and fail to perceive significant dynamic forces impeding their restabilization.

Intact institutional memory allows the organization to learn from past experiences coping with trauma and identify past catastrophes that may not have been worked through. Without recalling and

understanding its trauma history, organizational leadership may have to adopt a trial-and-error approach to crisis management.

A collaborative style enables individual workers and their departments to consensually validate what is occurring and dismiss unsubstantiated rumors. An authoritarian leadership style may result in a sense of fragmentation and a 'we-versus-they' climate.

An organizational culture that values professional development and stresses preparedness and initiative serves to reward creative problem-solving. Cultures which lack that value may foster 'safe' approaches and the emergence of few informal leaders to help in a crisis. One mental health agency could not quickly mobilize its staff after 9/11 because it seemed too risky to one's professional status should the effort fail.

Leadership that is self-aware and confident mobilizes the workforce and stabilizes the organization. Weak leaders that have little sense of their strengths, limitations and potential impact on others may leave the employees feeling directionless and alienated from management.

Networking with sister organizations in a crisis allows for sharing of information and resources and avoids confusing traditional competitors with the enemy.

Boundary elasticity allows managers in an emergency to put aside traditional ways of relating to subordinates so that the workforce can share ideas and feel heard. The traditional organizational hierarchy can be reinstituted after the crisis subsides.

These correlates of hardiness can be assessed as the consultant enters the client system. A recommendation was made to one agency that staff representing all levels of the hierarchy meet together to build cohesion. These exchanges provided important information to the leadership about steps that would have to be taken to restore confidence and stability among the workforce. The consultants, skilled at group dynamics and mental health, were able to work empathically with the executive team, which also had been traumatized, to integrate and utilize the data arriving from throughout the company and the industry.

The Self as a Contributing Factor

As difficulties arise, the self employs mechanisms aimed at regulating tension and selecting and implementing strategic behavioral responses. Resilient individuals are able to handle the stress and

restabilize. Vulnerable individuals have more difficulty. Frederickson et al. (2003) describe psychological resilience as 'a relatively stable personality characteristic characterized by the ability to bounce back from negative experience and by flexible adaptation to the ever-changing demands of life' (2003: 367).

Frederickson et al. (2003) cite the capacity to experience 'positive emotions', such as humor, creative exploration, relaxation, and optimistic thinking, as one of the basic adaptational systems associated with resiliency. They studied how college students coped with 9/11. Utilizing data collected prior to and after the terror attacks, the researchers found that subjects able to evoke positive emotions could cope with the attacks more effectively than peers who could not.

> We saw that amidst the emotional turmoil generated by the September 11th terrorist attacks, subtle and fleeting experiences of gratitude, interest, love, and other positive emotions appeared to hold depressive symptoms at bay and fuel postcrisis growth. (Frederickson et al., 2003: 374)

There seems little doubt that resiliency is partly determined by our inherited physiology, partly by our experience. Some are born with a tendency to remain laid back even in the midst of turmoil, others tend to respond strongly to changing environmental stressors.

How one has responded to difficult situations in the past contributes to resiliency, including one's relationships with family members as they met frustration, pain, illness, even loss, and did or did not weather the storms. The child-caregiver unit may have left the former with the inner strength and coping skills to regulate the tension that rises in the face of difficulty. On the other hand, the unit may have been overwhelmed, and the child set adrift. The youngster does not get the opportunity to build and internalize the competencies he/she needs to handle the stress that will inevitably occur. This deficit, unless repaired later on, predisposes the individual to disabling responses to major upheavals.

The coping strategies needed to handle crises may be viewed from the framework of emotional intelligence, or EQ. Popularized by Goleman (1995, 1998), EQ refers to the capacity of individuals to manage their emotions in a variety of interpersonal settings.

EQ is a key attribute in tension regulation. Knowing what one is feeling in response to terror and the ability to place the moment in a personally historical perspective may help to revise the initial

response to a proportionate reaction. For example, learning that an explosion had occurred 1,000 miles away at an oil refinery can trigger a fear that the country is under attack. A relatively strong EQ will help the frightened person to calm down and consider the possibility that the country is not under attack and that the explosion was the result of an accident. The next step would be for the person to wait for news reports to confirm that the likelier possibility of an industrial mishap was what took place. Without an adequate EQ, the scared individual feeds off his/her heightened anxiety and grows more alarmed.

As crises occur, the individual with an inadequate EQ is likely to become an emotional victim of trauma. At work, a moderately underdeveloped EQ may not produce PTSD, but may produce Worker's Block. Resiliency in the face of peritraumatic stress may evoke malignant responses ranging from minor and temporary to major and lasting. On the job, Worker's Block arises when resiliency is only moderate and tension regulation is somewhat impaired; in contrast, PTSD could result in a person who is much more vulnerable, or to coin a phrase, 'less well put together'.

Proposed Interventions

Addressing the problem of Worker's Block requires intervention at the levels of the individual and the organization. Equally important is the need to take both preventive as well as remedial measures. At the individual level, the preventive goal is to strengthen resiliency; at the organizational level of intervention, the goal is to enhance hardiness. After the trauma, the strategy at the individual level is to identify and address Worker's Block that is noticed in some, while responding to others who may be suffering from PTSD: the goal in the overall enterprise is to restore stability and build up hardiness in the face of future attacks.

Interventions at the Individual Level

For the individual suffering from Worker's Block, a supportive group would need to focus on issues that help one understand what has contributed to the post-traumatic emotional disengagement from work. Members would be encouraged to discuss how the unexpected has seemingly derailed progress towards long-held goals. The extent to which the current disaster resonates with past

unresolved or unintegrated crises needs to be examined, since old emotional scars can make the worker more susceptible to new stressors. As the group member increases his/her understanding of the role of the defective organization in exacerbating the post-traumatic effects, he/she sees that his/her stress reaction is not entirely her 'fault'. Fellow members would likely be able to share their disappointments in their own supervisors. The failure of management to protect him/her or respond effectively to the trauma may be worked on in the group as a transference reenacted with the group leader. Members may be encouraged to speak with their superiors about the impact of deficient organizational structures and mechanisms in protecting and aiding the workforce when terror attacks strike.

In a safe group climate, the individual suffering from WB may gain insight into the factors that have contributed to, and the widespread occurrence of, stress reactions in the workplace. Insight is not enough to overcome WB; the individual needs to strengthen coping skills for managing persistent stress. Group modality enables the better-prepared to lend their experience to the more vulnerable (Klein and Schermer, 2000). The group might include workers who were not interested in, or in need of counseling or psychotherapy, but who would like some knowledge and skills to stay engaged in their jobs despite ongoing threats (Kleinberg, 2000). The group can identify deficits in the capacity to manage one's emotions in the group and presumably on the job, especially with the group thoroughly analyzing discordant episodes that arise, e.g. should Ms. X have been given so much time in the last session? The different reactions to that question would reveal a variety of transference and behavioral responses, some more self-enhancing than others. Members who tend to respond in ineffective ways may be helped to understand how and why that happens. Individuals with deficits in emotional capacity may also be able to use others in the group as models. Over time, the group with an EQ focus should be able to contribute to resiliency.

Interventions at the Organizational Level

At the organizational level, proposals for inoculation against (further) organizational breakdown include group reviews of case studies, efforts to strengthen organizational hardiness, and establishing plans that focus on the emotional needs of staff at the time of

acute stress, and not just on ways to get the computers up and running again.

A stepwise consideration of past responses to trauma would identify the relationship between mistakes made under stress and the continued impact of hidden past unresolved issues, or still existing organizational deficits. For example, 'How did the company handle its downsizing, or a federal investigation, or a fire, or the death of a chief executive officer?' Representatives of all levels of the organization should be invited to participate in these *post mortems* with the theme, 'What can we learn from the past that could be applied to future crises?' An organizational consultant could deepen the retrospective by examining the unconscious residue from prior traumas that may impede the company's recovery from the present crisis.

To build organizational hardiness, organizations need to assess existing mechanisms for tension regulation, identify and work through past unprocessed trauma, and encourage the development of a culture that rewards transparent communication and group consensus building. Training of executives, supervisors and line staff would focus on group dynamics, trauma, crisis management, collaborative decision-making, and tension regulation. How to establish ongoing internal structures for emotional communication and support, how to sensitize management to the need for openness, and how to aid staffers struggling with stress and an uncertain future, would be major topics for discussion throughout the organization.

If the organization commits to minimizing the psychological damage to its workforce from future disasters, management in collaboration with staff at all levels needs to develop a plan, assign responsibility, allocate resources, and perhaps hire consultants with a group perspective. Leadership is key to preparation, and as the American Psychological Association Task Force on Workshop Violence recommended (2003) on its web site at the two-year anniversary of 9/11: 'Organizations must offer leaders at all levels access to training, development opportunities and resources to facilitate leadership actions'.

Interventions at the individual and organizational levels to identify and address WB must be evaluated and the results shared internally and with sister enterprises. Dissemination conferences can further the effort to orient organizations to the problems of the workforce in times of acute stress.

Note

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