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Psychosocial Capacity Building in New York: Building Resiliency with Construction Workers Assigned to Ground Zero after 9/11

Abstract
[Excerpt] Psychosocial capacity building, which is a more common approach in response to disasters outside of Western Europe and the U.S., was, in part, a reaction against the perceived "traumatization" and pathologizing of disaster survivors, as well as the over-emphasis on the individual at the expense of the collectivity and community (Ager, 1997; IASC, 2007; Kleinman & Cohen, 1997; Miller, in press; Mollica, 2006; Strang & Ager, 2003; Summerfield 1995; 2000; Wessels, 1999; Wessels & Monteiro, 2006). The accent with psychosocial capacity building is equally on the social as well as the psychological. Some of the tenets of this approach are: an emphasis on families, groups and communities; focusing on strengths, capacities and sources of resiliency; a wariness of the medicalization of social reactions to abnormal situations; centralizing culture and its impact on meaning making after a disaster, expression of affect and its implications for healing; using local, indigenous, often non-professional people as the designers and implementers of projects; supporting and reconstructing mutual aid and self-help groups; taking into account socio-cultural variables such as race, class, and gender when considering the impact of a disaster and how to respond to it. Although there are clearly different points of emphasis, a mental health approach and psychosocial capacity building approach are not mutually exclusive and can be combined for effective, multi-systemic interventions to respond to disasters. There were elements of both approaches in the project described in this paper.

Keywords
9/11, disasters, construction workers, psychosocial capacity building

Disciplines
Industrial and Organizational Psychology | Labor Relations | Organizational Behavior and Theory

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Psychosocial Capacity Building in New York: Building resiliency with construction workers assigned to Ground Zero after 9/11[1]

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Jeff Grabelsky[3]
K.C. Wagner[4]

Introduction

By now the details of the attacks on the World Trade Center are well known and there have been hundreds of articles, chapters and books published about how they affected people and the myriad of immediate, mid-term and long-term mental health and counseling services offered to thousands of people. For any disaster there are circles of vulnerability (Rosenfeld, et al, 2005). This was certainly the case after 9/11. In the inner circles were survivors of the assault who escaped from the World Trade Center and surrounding environs, many losing friends and colleagues, as well as the thousands of bereaved families of the victims of the attack. Other inner circles included first responders – fire fighters, police officers, emergency medical personnel and others who responded directly to the collapsing structures and whose ranks (particularly fire fighters) sustained high casualties. Rippling out from these circles were many other affected groups: children evacuated from nearby schools or who watched the events on television, other eye witnesses, residents of nearby neighborhoods who had to evacuate homes or businesses, and residents in communities in the greater New York area who knew victims and survivors.

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[1] The authors would like to thank the Clinical Research Institute of Smith College School for Social Work for their support of the evaluation portion of this paper. We also express our appreciation and gratitude to Lorraine Beaulieu, who was the clinical architect and lead implementer of the workshops described in this paper and who offered helpful feedback for this article after reviewing earlier drafts.
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Although the entire nation, and much of the world, was affected by 9/11, the assault had particular resonance for residents of greater New York. Throughout the city there were photos of the missing, installations and memorials marked by pictures, notes, poems, candles and yellow ribbons, and a collective sense of pride, sadness and stress from having been a major site in the unprecedented attack (Danielli & Dingman, 2005; Miller, 2002a, 2002b). Thousands of mental health workers both local and from many parts of the nation, offered a wide array of individual and group counseling services to the millions of people affected by the events.

One group that received less attention than fire fighters and survivors of the World Trade Center disaster and yet faced an ongoing stressful situation, were the thousands of construction workers assigned to "Ground Zero". They were there from the moment the towers collapsed and many worked for months afterwards, clearing debris and eventually reconstructing the site. Over 600 WTC victims were union members and of these 60 were building trade unionists, one of them a first-year apprentice from the electrical workers union (IBEW) on his first day of work.[5]

On 9/11, while thousands of terrified New Yorkers fled lower Manhattan, literally thousands of unionized construction workers — many of whom had helped build the Twin Towers in 1970's — dropped what they were doing and rushed to join firefighters, police and other first responders. Construction sites across New York City virtually shut down, as building trades workers redirected their skills to Ground Zero. This veritable army of volunteers arrived at a disaster scene for which none were fully prepared. They were greeted by gruesome and surreal circumstances. There was mostly ash and dust,

[5] Data from New York City Central Labor Council and Building and Construction Trades Council of Greater New York.

along with pieces of twisted steel, with little evidence of the concrete, glass, furniture that had stood before the disaster. Their work included removing the residue of thousands of offices that had been destroyed as well as assisting in the excavation of human remains. Many worked long shifts and for an extended period of time, driven by many factors, including a patriotic desire to honor the victims of this tragedy and to help the nation rebuild.

Within the field of disaster response, there has been a debate between those who conceptualize post-disaster needs in terms of traumatic reactions, usually mental health workers, and those who focus more on resiliency, social capital and rebuilding social networks under the umbrella term of psychosocial capacity building (Inter-agency Standing Committee [IASC], 2007). The first approach, which has been the more traditional response within the United States and Europe, is part of a growing disaster mental health industry, populated by workers and volunteers usually trained as psychiatrists, psychologists, social workers, counselors and clinical chaplains. The focus is mostly on the many psychological consequences of disasters, including high rates of PTSD (Halpern & Tramontin, 2007; Ritchie, Watson & Friedman, 2006; Rosenfeld, et al, 2005). Although this paradigm recognizes individual sources of strength and resiliency, it utilizes a counseling/therapy model of working with individuals and small groups, offering psychological first aid, crisis intervention, and then mid- and long-term counseling, administered and facilitated by trained professionals. This model has a number of key assumptions: that there are universal, bio-physical reactions; that it is important to focus on psychological consequences; and, that trained professionals are needed to offer direct services (Miller, in press).

Psychosocial capacity building, which is a more common approach in response to disasters outside of Western Europe and the U.S., was, in part, a reaction against the perceived "traumatization" and pathologizing of disaster survivors, as well as the over-emphasis on the individual at the expense of the collectivity and community (Ager, 1997; IASC, 2007; Kleinman & Cohen, 1997; Miller, in press; Mollica, 2006; Strang & Ager, 2003; Summerfield 1995; 2000; Wessels, 1999; Wessels & Monteiro, 2006). The accent with psychosocial capacity building is equally on the social as well as the psychological. Some of the tenets of this approach are: an emphasis on families, groups and communities; focusing on strengths, capacities and sources of resiliency; a wariness of the medicalization of social reactions to abnormal situations; centralizing culture and its impact on meaning making after a disaster, expression of affect and its implications for healing; using local, indigenous, often non-professional people as the designers and implementers of projects; supporting and reconstructing mutual aid and self-help groups; taking into account socio-cultural variables such as race, class, and gender when considering the impact of a disaster and how to respond to it. Although there are clearly different points of emphasis, a mental health approach and psychosocial capacity building approach are not mutually exclusive and can be combined for effective, multi-systemic interventions to respond to disasters. There were elements of both approaches in the project described in this paper.

There were a number of reasons why an overall psychosocial capacity building approach was more appropriate for supporting construction workers assigned to Ground Zero. Construction workers are a largely male workforce that value strength when facing adversity and where receiving counseling or mental health services can be perceived as a

weakness. There is a risk that there will not be follow-through or that receiving mental health services will be stigmatized. Construction workers also are a natural work group and there is a culture of fostering lateral support systems between 'brothers' and 'sisters'. In New York City, most of the construction workers involved with Ground Zero were unionized, which meant that there was already a system and structure concerned with their well-being and an entity administratively prepared to intervene, one that had on-the-ground expertise about working conditions, psychosocial reactions and the cultural values of the workforce. There is also a tradition of mutual aid and support and taking care of one's own. Thus, using a psychosocial capacity building approach gave unions and their workers a chance to gain a sense of efficacy and empowerment as they took responsibility for the welfare and well being of their own workforce.

Socio-Historical Context for the Project

It is helpful to place the examination of the psychosocial impact of the World Trade Center disaster on the thousands of construction workers who labored at Ground Zero in the context of the history, tradition and culture of the building trades unions to which the overwhelming majority of those workers belonged.

After the Twin Towers collapsed, the entire construction industry mobilized its formidable capacity to assist New York City. Unionized contractors sent heavy equipment and cranes, experienced construction managers, and veteran safety professionals. Building trades unions at the local and national levels, joined the Occupational Safety and Health Administration (OSHA) and other government agencies, dispatching construction safety teams and distributing vital safety equipment. Rank and file members from all fifteen unions affiliated with the building trades volunteered their

time, working day and night – alongside firefighters and rescue crews – until sheer exhaustion forced them to take breaks.[6] During the first week after disaster struck, some construction crews worked without apparent supervision or employer direction. In the weeks and months that followed, building trades union members continued to work around the clock.

The physical condition of work was perilous and demanding. The emotional challenges were less immediately apparent but perhaps even more difficult to meet. The smell of death was constant and overwhelming and the regular discovery of body parts traumatic. There were sobering, periodic moments of silence as firefighters evacuated a fallen comrade. The challenges of working at Ground Zero engendered a deep and enduring sense of camaraderie among union members that helped sustain the recovery effort over the coming, grueling months. Heavy equipment ran day and night without interruption as the mountain of tangled wreckage, nearly two tons of twisted steel, was steadily dismantled.

Due to the persistent and courageous efforts of construction workers, the demolition project was completed eight months ahead of schedule and one billion dollars under budget. Roughly two thousand construction workers performed over three million hours of service. Despite the risks, the injury and illness rate on the project was half the national average, with only 35 lost time injuries and, remarkably, not a single life-threatening injury.[7] There are at least four factors that may help to explain the

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[6] The fifteen affiliated unions are the electricians (IBEW), carpenters (UBCJA), teamsters (IBT), iron workers (IW), sheet metal workers (SMWIA), plumbers and pipefitters (UA), operating engineers (IUOE), elevator constructors (IUEC), laborers (LIUNA), cement masons (OPCMIA), painters (IUPAT), roofers (UURWAW, insulators (IAHFIAW), and bricklayers (IUBAC).

[7] Data from Laura Kenny, Labor Liaison, Occupational Safety and Health Administration. To address health and safety hazards at Ground Zero, unions, contractors and government agencies established a labor-

remarkable performance of the building trades unions during and after the World Trade Center Emergency Project. First, the high level of union consciousness and culture, particularly pervasive in New York, was able to mobilize tireless and often heroic efforts of workers at the WTC site. Second, the unique circumstances and tragic events of 9/11 energized a spirit of sacrifice and solidarity among all responders. Third, the union sector's infrastructure provided highly skilled workers, a deep training capacity, and a vitally important steward system, all of which served New York City well in the aftermath of the WTC disaster and helped to establish an efficient, high functioning team. Fourth, in New York City, labor-management cooperation is more common and functional in the construction industry than in many other geographic and economic sectors.

The Building and Construction Trades Council of Greater New York (BCTC) represents local unions whose combined membership exceeds 100,000 workers.[8] The Building Trades Employers Association (BTEA) is an umbrella of unionized contractor associations that represents about 1500 signatory employers in the New York Metropolitan area. In 1998, the BCTC and BTEA formed the Construction Industry Partnership (CIP), which formalized the cooperative spirit that generally characterizes construction industry labor relations in the New York area. This tradition of labor-management cooperation was important for the success of the project.

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management partnership that provided important services throughout the World Trade Center Emergency Project.

[8] Its president at the time of the WTC disaster was Ed Malloy, a steamfitter who helped build the World Trade Center in the 1970's and who along with Jeff Grabelsky, Director of Cornell University's School of Industrial Relations Construction Industry Project, served as co-director of the Building Trades Support Network.

This sense of teamwork and mutual obligation provided the foundation for the resiliency model that the Building Trades Support Network (BTSN) adopted when it was formed by the BCTC, BTEA and Cornell University's School of Industrial and Labor Relations (ILR) to respond to the psychosocial needs of workers assigned to Ground Zero. In addition to the psychosocial capacity building project described in this article, the labor movement also helped to secure almost $100 million in federal funds to set up and run a Worker and Volunteer Medical Screening Program (WVMSP), which examined 8500 men and women in the months after the disaster, referred them to treatment, and continued to screen and monitor their health. When the BTSN was established, the WVMSP had already examined thousands of workers, fifty per cent of whom had presented with diagnosable respiratory problems while sixty per cent had exhibited some post-trauma stress symptoms. In response to specific concerns about the emotional well-being of these construction workers, BTSN focused on how to provide mental health support to those union members who might need it.

Project Planning, Design and Implementation

After consulting with a psychologist[9] who had been involved in organizing and conducting trauma support workshops for the families of union members impacted by the disaster, the proposal to create a Building Trades Support Network was drafted and assigned to a Cornell University School of Industrial and Labor Relations (ILR) Project Manager[10], a core team member and an organizer who had a degree in social work and a capacity building/mutual support orientation, which informed the project. The psychologist was subsequently hired as the Project's Clinical Coordinator and a clinical

9 Lorraine Beaulieu, L.P.C., Professor, Medical College of Virginia

[10] K.C. Wagner is also the Director of Workplace Issues at Cornell-ILR in NYC. Dianne Mack, LCSW, as the Educational Coordinator had extensive clinical and educational experience with union members.

social worker was hired as the Educational Coordinator, both were core members of the BTSN's design and implementation team.

Cornell's Construction Industry Program had been engaged in a wide range of projects with building trades unions that had engendered confidence and credibility for the ILR School. Moreover, Cornell's labor faculty had a demonstrated capacity to design and deliver high quality adult education programs that were action oriented and culturally sensitive. It was upon this foundation that vital trust was built between the BTSN and union leaders and members.

To oversee the project, an advisory group was formed with representatives from all building and construction trades, the Building Trades Employer's Association, and the Worker and Volunteer Medical Screening Program as well as clinicians with experience in PTSD.

The overall design of the Building Trades Support Network was as follows:

- It was viewed as a union building enterprise and a place where union members could receive psychological support.
- It offered a range of services to meet the broad spectrum of needs of the building trades members.
- Services included peer training, psycho-educational workshops and outreach strategies to distribute the Network brochure and other educational materials, and an on-site psycho-educational program.

The Building Trades Support Network departed from a traditional approach to disaster intervention that generally involves referring individuals to outside mental health agencies or medical facilities. Rather, the BTSN embraced a capacity-building

orientation that was more closely aligned with the building trades tradition of mutual aid and member-to-member support. Such an approach largely depended on the enthusiastic support of union leaders and the active participation of rank-and-file members. Engaging the union leadership and rank and file activists in peer roles lent a credibility that opened doors that would generally be closed to mental health practitioners due to the stigma associated with receiving counseling or therapy: a traditional "talk" approach would not suffice. It was important that the project not emphasize the need for counseling and therapy, rather that it be planned with the union culture of interpersonally oriented mutual aid and support in mind. The psycho-educational approach was designed to incorporate as many modalities of adult learning as possible with attention to multi-cultural, bi-lingual and literacy issues. This influenced outreach, the way workshops were constructed and presented, and the psycho-educational graphic booklets that were distributed and which will be described below. Ultimately, five unions were successfully engaged with the project.[11]

The project consisted of three basic types of intervention, offering a menu from which union and industry leaders could choose in order to give them options depending on a number of factors, including their comfort level with the content of workshops, available resources and time to allot to the project, and existing networks and capacity to engage with the project. The project's three intervention types were: (1) peer support and outreach; (2) on-site psycho-educational workshops; (3) educational outreach.

Peer Support and Outreach

Two roles were identified for union members trained as "peers." One, for members who went through the actual training, was to assist in the subsequent workshops

[11] Asbestos Workers, Operating Engineers, Iron Workers, Mason Tenders, and Teamsters.

as a "peer support," which is consistent with debriefing models used by teams serving firefighters, police and ambulance drivers (Miller, 2003; 2006). This role of a peer enhances credibility and comfort for participants. The other was that of "peer outreach," where rank and file members chosen by union leaders would recruit participants to attend workshops. Peer outreach workers attended orientation sessions about how to recruit members without pressuring them to attend. Peers included rank and file members who were informal leaders and stewards who had prior training in leadership as well as experience attending the workshops.

Psycho-Educational Workshops

Workshops were designed according to a psycho-educational model, which was consistent with the mission of Cornell University's School of Industrial and Labor Relation as well as the building trades' tradition of continuing education and mutual aid for its membership. The workshops were framed as important for "building union strength, solidarity and community" and were based on two foundational principles:

1. Commitment to members self-determination as adults. This was enacted by educating members about post-9/11 mental health issues, personal strategies, union and community resources and giving them a safe space to process their experiences and reactions. This approach empowered workers to make their own decisions about how to best handle the aftermath of 9/11 for themselves and their families.
2. Commitment to building community, union strength and solidarity. This was consistent with the union's values and mission (thus the focus on peer support and outreach, and psycho-educational workshops).

The goals of the psycho-educational workshop were for building trades workers to:

- Meet together to share their unique experiences of working at the WTC site;
- Learn about normal responses to an abnormal situation of working at a disaster site;
- Learn about stress management techniques; and,
- Learn about union and community resources available to individuals and their families.

Workshops were facilitated by a team comprised of a clinician, clergy and peer[12], and designed for up to 15 individuals who had not exhibited the need for more intensive mental health interventions. Construction workers who would be better served with individual or group counseling or therapy were identified through the workshops (and other means) and referred to their union's member assistance programs, welfare and benefit funds, medical and mental health providers and other local and community mental health services that were available from Project Liberty, the sponsoring agency, funded by FEMA.

The psycho-educational workshops involved a therapeutic process and covered the following topic areas:

- Emotional Health Issues After a Traumatic Experience: Normal Responses to An Abnormal Situation
- Common Reactions to Traumatic Stress
    - Thinking, Emotional, Behavioral and Physical Reactions
- Emotional Health Issues for Children
    - Special Effects on Young Children and Help for Your Child
- Tips to Help Yourself
    - Behavioral, Physical, Emotional and Spiritual Care
- Relaxation and Meditation Exercise.

Each participant left with a workshop booklet which described the topic areas in more detail. The workshop materials were also revised by bi-lingual, bi-cultural clinicians to be culturally appropriate and were available in English, Spanish and Polish. Although this was a psychosocial workshop, similar to a "debriefing," clinical issues and processes did emerge, which is why it was of critical importance to have a clinician on

[12] The members of the clinical and clergy staff included: Bob Bauer, Olga Bauer, Lorraine Beaulieu, Rev. James Davis, Olga Dobrowska, June Fader, Dr. Deborah Freed, Giselle Gavilanes, Karen Greene, Scottie Hill, Robyn Landow, Judith Levanthal, Dianne Mack, Maria Malinowsha, James Martin, Dr. Haydee Montenegro, Roberto Ramos, Raymond Rodriquez, Lucila Cora- Sanchez, Rev. Daniel R. Schafer and Richard Shaddick, Rev.Daniel R. Schafer, Rev. Bill Walker and Rev. Joe B. Williams.

the team. Workshops would last for 2 ½ to 3 hours and offered a space to express and process emotions that had accrued from working on Ground Zero. Referrals were made for clinical follow-up when appropriate.

Educational Outreach

Educational outreach utilized four approaches. 1. A hard hat decal advertising the WTC BTSN hotline; 2. A brochure that focused on engaging the membership -- offering personal testimony of rank and filers – and included mental and physical health referrals and advertising the WTC BTSN hotline number; 3. Training of peer outreach workers to inform and recruit members for the psycho-educational workshops to be held off-site at union halls or at the Cornell University School of Industrial and Labor Relations; and, 4. A popular culture, adult cartoon booklet using visual vignettes, called "Rebuilding Our City," designed for three audiences (rank and file workers, and adult and children family members), which served as both outreach and a psycho-educational intervention. (See Figure One.). Many more people received the booklets than were able to attend the workshops.

The booklets were designed to serve four related purposes. They simultaneously:

- Conveyed important information about normal reactions to 9/11 and the meaning and importance of resiliency directly to union members who had been impacted by the WTC disaster;
- Offered assistance and reassurance to families of union members who had been impacted by the WTC disaster;
- Empowered family members to encourage union members impacted by the WTC disaster to avail themselves of BTSN services; and,

- Empowered union members to encourage their co-workers who had been impacted by the WTC disaster to engage with the BTSN.

The booklets linked Vietnam-era PTSD with WTC PTSD (as there were many Vietnam veterans among the workers) and were produced in English, Spanish and Polish.

Project Implementation

All of the participating unions agreed to distribute WTC BSTN brochures. Over 20,000 brochures were distributed. Four of the five unions agreed to distribute the "Rebuilding Our City" booklet to their members. Over 10,000 booklets were distributed through union halls, on jobsites, in direct mailings and at Worker and Volunteer Medical Screening Program locations as well as at 9/11 commemorative events. Four out of the five unions held on-site workshops. From October 2002-December 2003 the project provided 144 workshops to 1,523 members of the Building and Construction Trades Unions who participated in clean up and recovery at Ground Zero, reaching 10% of approximately 15,000 workers.

Evaluation of the Project - Methodology

Under the grant funding for the project, a questionnaire was completed by workshop participants after each workshop. The five questions were linked to an understanding of the workshop content, available union and community resources and quality of the training. (See Figure Two.) Approximately 25% of participants completed the workshop evaluation. In addition to this, using a small research grant, qualitative interviews with four key union leaders were conducted. The interviews were conducted using a phenomenological model (Seidman, 1991). Participants were asked to discuss what the conditions were for construction workers on the ground and why they decided to

participate in the project. Next they talked about what, in their view, had been the experience of their members with participation in the project; they were invited to share positive experiences as well as criticisms and negative outcomes. Lastly, they were encouraged to reflect on the meaning of the project for their members and their union.

All interviews were conducted by one person (first author) who was not directly involved with the conceptualization and implementation of the project. Interviews were transcribed and then read and coded by a research assistant,[13] who was not involved with the project or the interviews but had experience with research about psychosocial capacity building. Interviews were coded for reoccurring themes and patterns in responses, as well as diverging views and opinions.

Project leaders were also interviewed as key informants about their experiences of setting up the project as well as their goals and reactions to the implementation of the project. Author one also observed a group meeting that discussed the efficacy, as well as challenges, of the project which consisted of the project leadership, union leaders, clinicians, and a Chaplain. The results of all of the evaluation methods are combined thematically in the following section.

Results

Conditions on the Ground

Workers were deeply committed to giving back something to the city and the nation through their work. They viewed their efforts as part of the U.S. demonstrating its strength and resiliency despite the attack. This led to many of them working long shifts, long weeks, and continuing with the project for long stretches of time. They found the conditions to be very stressful, describing Ground Zero as a "war zone". Workers

[13] Thanks to Kay Naito.

considered the experience to be, in some ways, their "worst nightmare" and compensated for this by pulling together as a group and offering one another mutual support. This group camaraderie was viewed as being akin to "going to war." Despite working long shifts, workers would find it difficult to tear themselves away from the work site. A corollary on this was that they were not doing a good job of sharing their experiences and reactions with family and friends who were not working alongside of them.

Workers often found themselves feeling "tired and cranky," sometimes recognizing this and sometimes not. It was also difficult for them to see all of the attention and respect that firefighters and others were receiving, while toiling in relative obscurity. One union in particular, with many ethnic minorities, immigrant workers, and women, felt that they were being asked to do the country's "dirty work," where conditions were unsafe, unsanitary, and carrying health risks, constantly "inhaling the dust and smoke, inhaling everything." There were concerns about the impact of this on health and future work prospects, due to possible long-term disability and diminished work capacity. There was a strong feeling that there was insufficient public recognition of the situation on the ground and inadequate government support and protections. This differential treatment between firefighters and construction workers was described by one participant as moving "from Ground Zero heroes to Ground Zero zeros."

It is important not to minimize how disturbing and potentially traumatizing it was to continually uncover body parts and remains. When these were found work would stop and there would be impromptu memorials. Ambulances would arrive to remove remains and for some workers the sound of or sight of an ambulance became an emotional trigger. There was also the grim task of excavating what was left of the offices that had housed so

many people. Construction workers have pride in their work and it was distressing to be working in the ruins of what had been a proud engineering and construction achievement that many had helped construct. For all of the workers, their jobs usually involved constructing buildings, not clearing up the debris of huge structures that were criminally destroyed. As one participant put it, taking into account everything, the construction workers could not help but experience on a daily basis "the sadness of what happened."

Conditions on the ground shifted rapidly and there were ongoing safety threats. Union leaders were aware of these stresses on the ground and concerned for the physical and mental health of their members. They also knew how hard it was for workers to acknowledge their vulnerabilities and to ask for help if they were struggling. Some workers were undocumented immigrants who were fearful of becoming too involved in any officially sponsored projects. There were cultural reasons (ethnic and professional) for not expressing emotions to others as fears of emotional vulnerability; it was easier to continue working if one did *not* get too in touch with what one was experiencing. One participant described it as not wanting to "tip the last card that's holding the whole deck up in the air."

The Experience of the Project

Recruitment and numbers of people served by the project have been described above. Outreach and credibility were two important themes that emerged from this part of the interviews. It was important to get the word out to many union members and this was done by a variety of strategies, ranging from word of mouth to organized phone banks calling and recruiting members. There was recognition of the importance of using a variety of strategies to reach people. One union leader believed that the graphic

booklets were an important way to reach some members but at the same time ran the risk of insulting or alienating other members who resented the assumption that they read comic books. Some members were already resistant to attending workshops for the reasons discussed above and were wary of participating in something that even had the scent of mental health services or carried the risks of vulnerability through opening up.

Attention was also given to reaching out to the families of workers, in order to help them to understand the experiences that their loved ones were having at work. Union leaders heard many reports of interpersonal struggles at home: distancing, not wanting to talk about work, expressing anger, drinking, and lack of energy. It was helpful that the cartoon books were distributed to families, which dealt with these themes, as were brochures describing the workshops. One union leader felt that the outreach to families had great value and importance and hoped that a subsequent phase of the project would offer workshops for family members.

Members who participated in the workshops reported that they gained a great deal. Being able to talk with one another and sharing stories helped participants to get in touch with their own reactions and to realize that they were not alone in their experiences. This fostered a sense of comradeship and mutual support. The psycho-educational components led to an increased awareness of normal reactions to the stressful work and self-care responses that helped or worsened the situation. This led to both normalization and validation of responses. The fact that the workshops were set up served as a form of validation for the unsung work that members were engaged in. It was also a way that they could give back to others after learning the skills presented in the workshops. The confidentiality of the group and the fact that it was with peers was also important. One

participant stated: "Whatever goes on in that group – you want to sit down and cry…want to lean on my shoulders because I will lean on yours…helped to generate the comfort zone and I guess the security." This led to increased conversations between workers while on the site about how they were doing and a sense of looking out for one another. These conversations were characterized by increased emotional openness and workers went from "not wanting to talk to begin to open [up] and to begin to see people crying and hugging." Emotional release was seen as being helpful –"when you spit it out there is less pressure on your chest." Participants in workshops felt validated and heard; along with the union leadership there were outside people who both cared about them and understood their experiences.

It was helpful when workshops were held in familiar places and led by a mental health team that also included peers. When workshops were viewed as part of normal union services and held in places that workers were familiar with, they were more likely to participate. Physical comfort was an important factor in helping participants to relax and feel settled during the workshops. This contrasted with the raw and grim conditions that workers were facing at Ground Zero. Workers responded positively to a sense of safety, stability and consistency and trust in the people offering the workshops. Some workers did request follow-up counseling and psychosocial services and were able to receive helpful referrals as part of the workshop process.

Reflections on the Meaning of the Project

The union leaders interviewed were proud of their involvement in the project and felt that it was a way that they were able to take some leadership and offer important services to their members – which was "empowering." All reported that the workshops

were helpful and most stressed the notion of validation – of reactions as well as recognition of the important work that members were engaged in. An essential ingredient in the success of the project was the involvement of union leaders and workers from the very outset in planning and mapping the project. This led to more ownership by union officials as well as greater trust and credibility among the rank and file. Throughout the project there was a sense of collaboration and mutual respect among the planners, which was important to its success. There was a snowballing effect of buy-in – first leaders had to agree that the project was important, then the mid-level officials interviewed needed to be actively engaged in designing and implementing the project, and finally as more people went through the workshops and reported favorably to their fellow members, recruitment became easier and participation increased. For all involved with the project it cut down on their sense of powerlessness and helped them to feel as if they were taking care of one another.

Discussion

Conceptually, this was an exciting project as it was the result of an applied academic institution (Cornell University School of Industrial and Labor Relations) and leaders and members of New York City's Building and Construction Trades Council and its affiliated unions. The workshops were designed by clinical experts to explore how to respond to the possible consequences of working at Ground Zero and were an important element of this capacity building project, implemented by individuals who were or soon became intimately familiar with the conditions at the site as well as the cultures of construction workers and the structures and dynamics of their unions. This provided a unique opportunity to help people who would not normally receive clinical help.

Moreover, the project was ethnically and culturally attuned to the diversity of the union members. Prominent themes throughout the project were those of collaboration, cooperation, good communication and collegial respect, which are the hallmarks of many successful psychosocial capacity building projects (Corbin & Miller, 2009). It also served to connect people with one another. As one participant stated, "the greatest thing that ever came out of this project was that everybody needed everybody, there was nobody standing alone down there." It was also a project that integrated clinical knowledge and skills with a peer driven model of skill building. The credibility that was garnered through the way that the project was planned and implemented led to significant numbers of workers being exposed to basic psychosocial concepts and strategies on a scale that may be unprecedented after a large-scale domestic disaster. It was also important to respondents and participants that talking about the project in the early stages was going to lead to a quick implementation; workers and union officials did not have the time to engage in a long planning process where things would be slow to get off the ground.

The project normalized and validated what workers were experiencing as well as giving them a space to process their experiences. It gave them an opportunity to get in touch with their reactions, share them with peers and to feel less isolated and alone with their suffering. It increased their bonds and sense of support with one another. They felt recognized for their work. One participant even used the word "memorialized" to describe how the project made participants feel.[14] Another thought that it would have been special if the stories of construction workers could have been collected and

[14] Some workers memorialized their work by their special care of their work boots, with one person even preserving them in bronze. The soil from Ground Zero was also viewed as having special, if not sacred meaning and was preserved by some (Beaulieu, personal communication).

preserved as a kind of "oral history" to be passed down to future generations of workers.[15]

It is doubtful, based on what respondents reported, if these positive results would have occurred if the outreach had framed the workshops as offering counseling or therapy. Most workers would probably not have participated and there would have been a perceived gulf between their experiences and those of the counselors. Individual counseling would not have stimulated peer connections and mutual aid and support.

The limitations of the evaluation of this project include a small return rate for the direct feedback from the many workers who participated in the workshops. There was also no contact with those workers who chose not to participate, nor were there comparisons between those who participated and those who did not. As well as this there were no longitudinal studies that tracked the psychosocial well-being of workers over time. There is data being compiled by the Worker and Volunteer Medical Screening Program which indicate that there was a significant physical and psychological toll exacted from workers assigned to Ground Zero, but this does not tell us how much the workshops buffered participants from some of the more severe psychosocial consequences. Another unresolved question is would more interventions have been helpful and if so, what kind and when to offer them? Nor do we have data about the impact of the workshops on family harmony and stability or that of the cartoon booklet that was distributed to the households of union members who worked at the site. Although greater outreach to families of workers was advocated by some project members with one union indicating interest, ultimately this was not enacted. It is

[15] The Building and Construction Trades Department (AFL-CIO) produced a video that honored the contributions of workers to the response, recovery and restoration of services at Ground Zero.

intriguing to consider what might have been the impact if workshops could have been offered to workers' spouses/partners and children.

Despite these limitations, the results of this small-bore evaluation are positive and encouraging of a psychosocial capacity building model for construction workers engaged in dangerous, stressful and psychologically risky work. There will certainly be future disasters that construction workers will play a key role in responding to. The project can serve as a template for future capacity building projects and the research limitations of this project can be attended to in future project designs.

References

Ager, A. (1997). Tensions in the psychosocial discourse: Implications for the planning with war-affected populations. Development in Practice, 7(4), 402-407.

Boss, P., Beaulieu, L., Wieling, E., Turner, W., & LaCruz, S. (2003). Healing Loss, Ambiguity, and Trauma: A Community-Based Intervention With Families of Union Workers Missing After The 9/11 Attack in New York City. Journal of Marital and Family Therapy 29(4), 455-467.

Corbin, J., & Miller, J. (2009). Collaborative psychosocial capacity building in Northern Uganda. Families in Society, 90(1), 103-109.

Danielli, Y., & Dingman, R.L. (Eds.) (2005). On the ground after September 11: Mental health response and practical knowledge gained. Binghampton, NY: Haworth.

Halpern, J., & Tramontin, M. (2007). Disaster mental health: Theory and practice. Belmont, CA: Thompson Learning.

Inter-Agency Standing Committee [IASC] (2007). The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC

Kleinman, A., & Cohen, A. (1997). Psychiatry's global challenge. Scientific American, 276(3), 86-92.

Miller, J. (2002). Affirming flames: Debriefing survivors of the World Trade Center attacks. Brief Treatment and Crisis Intervention, 2(1), 85-94.

Miller, J. (2003). Critical incident stress debriefing and social work: Expanding the frame. Journal of social service research, 30(2), 7-25.

Miller, J. (2006). Critical incident debriefings and community-based care. In A. Lightburn and P. Sessions (Eds.). Handbook of community based practice (pp.529-541), NY: Oxford University Press.

Miller, J. (In-press). The social ecology of disaster and psychosocial capacity building. To be published by Columbia University Press.

Ritchie, E.C., Watson, P.J., Friedman, M.J. (Eds.) (2006). Interventions following mass violence and disasters: Strategies for mental health practice. NY: Guilford.

Rosenfeld, L.B., Caye, J.S., Ayalon, O., & Lahad, M. (2005). When their world falls apart: Helping families and children manage the effects of disasters. Silver Springs, MD: NASW Press.

Seidman, I.E. (1991). Interviewing as qualitative research: A guide for researchers in education and the social sciences. NY: Teachers College Press.

Summerfield, D., (1995). Assisting survivors of war and atrocity: notes on psychosocial issues. Development in Practice, 5(4), 352-356.

Summerfield, D. (2000). War and mental health: A brief overview. British Medical Journal, 321, 232-235.

Wessells, M.G. (1999). Culture, power and community: Intercultural approaches to psychosocial healing. In K. Nader, N. Dubrow & B.H. Stamm (Eds.) Honoring differences: Cultural issues in the treatment of trauma and loss (267-282). NY: Taylor and Francis.

Wessels, M., & Monteiro, C. (2006). Psychosocial assistance for youth: Toward reconstruction for peace in Angola. Journal of Social Issues, 62(1), 121-139.