

## Report From the Field

*Editorial Note: This section of the Journal is devoted to reports by traumatologists who have experience in applying traumatology principles in the field and have a perspective to share that the Editors believe is valuable but are published as they are submitted. Like a letter to the editor, this means of communication assures that the authors are able to share their perspective quickly and unedited. As with all articles published in this Journal, the Editorial Board encourages responses from the readership.*

### **Six Trauma Imprints Treated with Combination Intervention: Critical Incident Stress Debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT)**

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*Green Cross Project volunteers in New York City describe a unique intervention which combines elements of Critical Incident Stress Debriefing (CISD) with Thought Field Therapy and Emotional Freedom Techniques. Six trauma imprints were identified and treated in a number of the clients. The combination treatments seemed to have a beneficial effect in alleviating the acute aspects of multiple traumas. Here are the stories of two Spanish speaking couples who were treated in unison by bilingual therapists two to three weeks after the attack on the World Trade Center.*

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The following is a compilation of the many stories that were related by victims of the World Trade Center terrorist attack. These stories were similar and the traumas experienced by clients showed common threads. The client's names were changed to protect confidentiality. And the dialogue has been constructed based on multiple client interviews in Spanish.

Mary came in with Juan and she looked bereft. Her big brown eyes were open but possessed a distant look as if she had seen horrors unimaginable. Her brown skin belied the trauma and yet I could see a paleness in her face that reminded me of the many traumatized Latina women I had been working with over the past four years. Paleness was one of the signs of the trauma and it was there, even on brown skin. It was the paleness of her spirit

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and demeanor that concerned me. She had been working in one of the buildings of the World Trade Center when the attack of September 11th began. She relayed her story in Spanish as tears shimmied down her pale sunken cheeks. It was now three weeks past the terrorist attacks. "I have not been able to sleep and I cannot eat since the attacks." She looked gaunt and dark orbs circled her tear filled eyes. Mary trembled as she told her story.

This was the second experience of a terrorist attack in her working life at the World Trade Center (WTC). Many clients had been in the WTC during the bombing in 1993. As survivors of that bombing they had been told, assured and began to believe that the WTC was indestructible, when the WTC collapsed so did their confidence in a secure world.

### **The First Trauma Imprint: Impact.**

"I did not see the impact but I felt it and thought it was a terremoto (earthquake) and it scared me, rattling my bones," Mary cried as she told the story. "I did not know what was going on but I knew I had to get out of the building," she said with an urgency in her voice. "I worked on the floor where the impact of the plane was and thank God I was gone. I was down on the 27th floor doing an errand," she said breathing a sigh of relief as she recognized a miracle. "The building shook like a rattlesnake after the first major impact. It scared me so bad." Her words and phrases all ran together like a story that could not wait to be told.

### **The Second Trauma Imprint: Trying to Get Out of the Building**

"I began to run down the stairs and I ran and ran and I did not think I was going to make it because I was so scared but I kept going down, down, down. There were too many stairs and I was so tired and so scared," Mary exclaimed!

### **The Third Trauma Imprint: Bodies and Blood**

Mary shifted in her chair as Juan held her hand comforting her with tears in his eyes. "I finally got out of the building and I saw the bodies falling and body parts and blood." She cringed as she described the gore of the scene and more tears raced down her face as she trembled. She was visibly shaken in the telling of her story and recalling the events. Still, she wanted to tell what had happened and it seemed important for her to tell me what she had experienced. She cried more as she visually replayed the events which included bodies falling through the air, body parts strewn about and blood on the ground. Horror struck its blow with her. "I cannot believe what I saw, but I saw it and it was like a bad movie and a bad nightmare."

As Mary recounted the events at the scene pictures were created in my mind that I did not want to see. After hearing many of the clients tell this story I knew the risks for vicarious trauma were increasing with each recounting of events. I hoped to be able to have the emotional strength to do my job and to be wise enough to seek out the compassion fatigue specialist on our team when needed.

**The Fourth Trauma Imprint: Running Through the Smoke as It Envelopes the Whole Area**

Mary ran. "I tried to get out of the black smoke cloud. I kept going and it kept coming on and on and I felt like I was going to drown because I could not breathe. I kept going and going. After all the trouble of escaping the building I thought I was going to be asphyxiated in that black smoke. I was covered in soot and debris and the jet fuel, smoke and bodies overwhelmed my sense of smell. I ran on and on and finally got away from it all."

**The Fifth Trauma Imprint: Trying Unsuccessfully to Reach Family**

When she had gone sufficiently far enough away from the center of the attack and away from the smoke she tried to call home. The phone did not work. She walked on to find another phone and it did not work. And on and on. Crowds were at the phones and she had trouble getting access to one. Finally she got a phone and called home but no one answered. She was downhearted and felt that she needed to be touched and to touch someone she loves.

**The Sixth Trauma Imprint: Flash backs and Fear That a Bomb Will Go Off in The Subway or a Plane Will Strike Her Home**

Mary arrived home to find her sister there. The sister had not heard of the attacks yet. Mary collapsed in her arms and was overjoyed to be safe with someone she loved. She cried as she told the sister what had transpired. "I am not leaving this house. I need to feel safe. I am so exhausted," she cried. Although the sister comforted her, Mary could not rest. Even a warm bath did not relax her. Now three weeks later she finds her way into town and comes to see me.

"I have not slept and I cannot eat," she says with tears streaming down her face. At this point Juan too has tears and tells an almost identical story. They both want help and do not know what to do. They thought that by now they would feel better and do not. They also thought that by now their fears would abate but they have not. They have been afraid to leave their houses. Today they come because they know it is not normal to not be able to handle this experience.

**And There Was More Than the Seventh Trauma Imprint: Grief and Loss**

"I can't stop crying for all my friends who died. I worked with them every day and they were so good to me and I loved them. We had a good thing and now they are dead. I would be dead too but I left to go do the errand. I do not know why I am alive and they are dead. I can see their faces and the pictures of their children on their desks. We used to joke and laugh and talk about our kids." Mary cried as she remembered her coworkers who are all dead now. This grief is too much to bear and yet there is more. She is only now beginning to realize the other aspect of her grief which still has not hit her completely.

She came in today to get a paycheck. It really is the last one she would ever get from that job. Fortunately the union will support the workers for several months until they can obtain other work. Mary has lost her job. She has lost her work site too. She has lost everything that is familiar about her work life for the past many years. The building has disappeared and so have the grounds and the people. Even the subway won't go all the way to the World Trade Center today because of the damage to the tracks and the water that flooded in there. Life is different now and Mary must find some way to survive financially. She has to carry the burden of grief and try to find a new job while mourning her many many lost friends and coworkers.

We did a small piece of work on the loss of friends. But, there were so many and there is so very much more work to be done on this aspect of the grief. There is a sense that we have only touched the tip of the iceberg. And my sadness is that we must leave shortly and Mary still needs more help to heal. I have to realize that there are other therapists who will be here and help Mary and the others when we are gone. The leaving is difficult knowing that many will not come for therapy now in the early stages of grief, trauma and loss, but will delay thinking things will get better. The evidence for immune system impairment floats through my mind like lead brick. I want to arrange a to get the people the help they need now and see if some of the severe illnesses can be averted. I know it is not possible due to the huge number of people affected.

### **The Processes**

Tears are welling up inside of me as I see and hear of their trauma. I know they will suffer deeply and for a long time without some well tuned intervention. I am glad they have come in. I am sad that they have had to suffer so intensely. The components of Critical Incident Stress Debriefing (CISD) are attended to and we talk briefly about what they have taken from this experience and how they have changed. Although Juan and Mary have some powerful learnings from this experience their trauma is still visible. After telling their stories and discussing them they both have the distant look and the easy tearing with a depressed affect. I can see that CISD processes have allowed them to glean the benefits from the experience but it seems to have made little difference on the emotions associated with the traumatic events.

They also reported a greater seeking of the spiritual aspects of their lives and had been praying a lot. "I am so grateful for my family and a place to live. I just keep praying and praying," Mary explained. I was reminded of the words of Robert Grant (1999):

"Trauma, in spite of its brutality and destructiveness, has the power to open victims to issues of profound existential and spiritual significance. The displacement of the ego forces confrontations with deeper levels of self and reality. Trauma throws victims onto a path that mystics, shamans, mythic heroes and spiritual seekers have been walking for thousands of years."

### **Thought Field Therapy and Emotional Freedom Techniques**

### **Used to Clear the Trauma Imprints**

Larry K. Gilbert, a traumatologist from Nevada, and I worked together on several of the Spanish speaking clients. Larry introduced an interesting treatment which seemed to ease the process for the clients. He would have them tap the side of their hand (the karate spot on the heel of the hand) as they told their stories. This seemed to make the stories less painful in the retelling. It also seemed to make the subsequent trauma clearing more efficient. We continued to do this process in the group settings as well as in the individual settings.

The Trauma Algorithm from Thought Field Therapy (Callahan, 1995) or Emotional Freedom Techniques Algorithm (Craig, 1997) were taught as Larry and I demonstrated the processes on ourselves. This had the beneficial effect of helping us to eliminate the aspects of vicarious trauma that were possible in this setting and we proceeded through the process. The meridian points were tapped while we focused on each of the six trauma imprints individually: (1) the impact of the jet plane, (2) escaping the building going down many many flights of stairs, (3) exiting the building and seeing bodies, body parts and blood on the pavement, (4) escaping the black smoke cloud and feeling like they would be asphyxiated, (5) trying unsuccessfully to phone a love one, (6) being scared that a plane would hit their house or a bomb would go off in the subway.

The treatments seemed to have a beneficial effect as the SUDs levels for each trauma imprint dropped to zero. Tears stopped. Clients began to relax and release the tenseness that we had observed. Replacing this was an optimism for the future. We continued to utilize this blended intervention with positive results. TFT and EFT were used interchangeably. It is our observation that the use of this blended intervention facilitated the attainment of positive outcomes beyond what either intervention (TFT/EFT and CISD) alone attains and merits further study.

### **Teaching the Therapists of New York City**

During the last few days of my stay in New York, I was asked to teach the traumatology and compassion fatigue curriculum with Shannon Anderson, MS. During this time I taught the Thought Field Therapy Trauma Algorithm to the New York City Therapists. In a large group of about 40 therapists we addressed their experiences of the terrorist events. Many of them had also been traumatized and carried trauma imprints that were affecting their work. Some had been near ground zero at the epicenter of the attacks and worked tirelessly to alleviate the suffering of the victims who escaped the collapsing buildings. Callahan (1995) reports that "success in a group whose sole major problem is the effect of the trauma, is expected to be in the neighborhood of 70% if the procedure is done carefully and correctly. Success means a dramatic reduction or elimination of the active psychological pain of the trauma and the sequella such as nightmares, rumination, etc. " About 70% of these therapists experienced relief from the processes we had been using with the clients.

Phase one of the two-pronged process included a CISD retelling of their experiences on that day and validating the powerful learnings that had come from the experiences. The second phase included the initiation of TFT or EFT. Many therapists were pleased with the unusual therapies and reported good results. Many reported a SUDs level of 1 after treatment with TFT. Some therapists had compounded trauma associated with grief over the loss of a loved one, friends or colleagues or were haunted by the fact that a friend or loved one was still missing.

An employee assistance therapist reports, "I was screaming when I saw the second plane hit. The whole trauma was associated with sound for me. I'm better after the tapping." She continues, "The hardest thing for me were those sirens. I was on the highway when it hit and there were sirens all around me." She had a trauma imprint that was highly associated with the sound of the impact and the sirens. She says, "I think I'm not as aware as I was of those sounds. They were piercing my consciousness all the time before. Now I'm just not as aware. The tapping definitely helped."

Many therapists were interested in learning more and a local EFT specialist, Dr Carol Look, was contacted and asked and agreed to provide free trainings. The Humanitarian Committee of the Association for Comprehensive Energy Psychology was also contacted and a request for volunteer trainers to come into New York and train the therapists was made. Dr. Carol Look completed a training in cooperation with the leadership of Steinway Child and Family Services hosted at their site.

## **Summary**

The Green Cross Teams were rich with resourceful therapists and this made a difficult task easier. Being part of the multicultural team was an experience of a life time. Therapists came from Florida, Nevada, Nebraska, West Virginia, Pennsylvania, Spain, Oklahoma and one was born in Cuba. It was fascinating to hear their stories and learn of their work. Sheli, the native New Yorker introduced me to a city I had only heard about, taking us to a real Jewish deli and having us sample a variety of Jewish delights. Jaime had come from Spain and delighted us with his stories. Each team member brought an aliveness which helped us all cope with the exposure to such tremendous suffering. Shannon shared my appreciation for angels and transpersonal psychology.

The many sights of New York amazed me also and the Broadway play was the most spectacular play I have ever seen. The multiethnic areas of New York City made me realize why so many people love this place. I never thought I would be so delighted in a place where the trauma was so pervasive. I also knew that all the prayers that were flowing into this city were the reason I was able to be strong and do the work. And now, I only hope that what we learned can begin to inform therapists who are called into trauma work.

## **Epilogue**

While in New York City many of our trauma workers became ill. The air quality was poor due to the smoke coming from the burning debris at ground zero. During the

second week my own verve began to diminish and I was feeling weaker each day and had inflammation of the sinuses and burning eyes with difficulty breathing. My usual pizzaz disappeared and as I discussed this there was the assumption about compassion fatigue. It was not compassion fatigue. It was chemical sensitivity or toxicity related to the chemicals in the air.

I contacted OSHA and asked for their air sampling data reports and was told they were not available yet and was referred to EPA. I questioned the quality of the air sampling procedures since the reports that a technician had access to were showing low levels of mercury and other chemicals. I had recently reviewed a report about mercury vapor from crematorium emissions. Bernie Windham reports:

"A study in Switzerland found that in that small country, cremation released over 65 kilograms of mercury per year as emissions, often exceeding site air mercury standards (Rivola, 1990), while another Swiss study found mercury levels during cremation of a person with amalgam fillings as high as 200 micrograms per cubic meter (considerably higher than U.S. mercury standards). The amount of mercury in the mouth of a person with fillings was on average 2.5 grams, enough to contaminate 5 ten acre lakes to the extent there would be dangerous levels in fish (Electric Power Research Institute, 1990). A Japanese study estimated mercury emissions from a small crematorium there as 26 grams per day (Yoshida, 1994). A study in Sweden found significant occupational and environmental exposures at crematoria, and since the requirement to install selenium filters mercury emission levels in crematoria have been reduced 85% (Reese 1990)."

Some of the workers continued to be ill and were showing signs of fatigue. Others had rashes covering their legs, arms and trunk. My concern deepened with the knowledge of the effects of mercury poisoning. I explained this to team members. The World Trade Center was indeed a huge crematorium with nearly 3000 people missing. Smoke from the site continues now three months after the terrorist attack. Details create even greater concern for the people who must remain to live and work in the smoke:

"Mercury's extreme cytotoxicity and neurotoxicity is a major factor in the neurological conditions, along with its inhibition of basic enzymatic cellular processes and effects on essential minerals and nutrients in cells. Mercury is also documented to cause imbalances in neurotransmitters related to mood disorders. A direct mechanism involving mercury's inhibition of cellular enzymatic processes by binding with the hydroxyl radical in amino acids appears to be a major part of the connection to allergic/immune reactive conditions such as autism, schizophrenia, lupus, eczema and psoriasis, scleroderma, and allergies. Immune reactivity to mercury has been documented by immune reactivity tests to be a major factor in many of the autoimmune conditions" (Windham, 2001).

For this article I contacted a New York City therapist who reports an unusually high amount of psychosis in her clientele during November, only two months after the terrorist attacks. I am concerned about the effects of mercury vapor in addition to the sequella of trauma on New York City residents. Shortly, if this aspect of the traumatic exposures to events of September are not recognized then the mercury poisoning will take

hold and disability will run rampant. Depression and suicidal ideation are part of the mercury toxicity picture as is neurological disability such as ALS and MS. Trauma is physical as well as psychological. Only now are the facts about Gulf War Syndrome surfacing in which veterans experience neurological symptoms and chronic severe illnesses which are linked to their exposures to mercury vapor from the burning oil fields of Kuwait.

And the traumatic events of September 11, 2001, continue to spread into the physical realm with a high potential to ruin lives with victims being none the wiser much like the Gulf War Vets. The greatest concern is that therapists seeing clients from New York City will see the dementia or psychotic behaviors and not be aware of the symptomatology of mercury poisoning. Even now, the physicians are missing the diagnosis by conducting simple blood and urine analysis instead of the 24 hour urine and hair analysis which would show mercury levels accurately.

Bernie Windham (2000) , a researcher reports the disturbing effects that therapists will see: Mercury accumulates in the endocrine system glands which control the body's hormones and affect everything we do, including the pituitary gland, hypothalamous gland, adrenal and thyroid glands. Mercury and other toxic metals such as nickel which is often in kid's braces and crowns are documented in studies to cause hormonal imbalances of all of these glands, resulting in night sweats, poor temperature control, childhood bed wetting, neurotransmitter imbalances, ADD, depression, impulsivity, and commonly in teenagers suicidal thoughts. Mercury and toxic metals are also well documented by large numbers of studies to be a major factor in learning disabilities, cognitive deficits, behavioral problems, juvenile delinquency, and criminality."

Only now are the diagnoses of mercury poisoning beginning to be reported in the news. Recently the poisoning was diagnosed in firefighters and policemen who worked at ground zero. Our clients too need to be cautioned about this risk from exposure. What may look like the worst case of PTSD in some or compassion fatigue in others could in reality be the sequella of mercury poisoning. It is hoped that therapists will attend to this new information and be ready to help their clients obtain appropriate diagnosis before irreversible neurological damage occurs. The trauma of the terrorist attacks has created both psychological and physical trauma which if diagnosed and treated appropriately may not have such severe consequences as trauma that is not appropriately addressed.

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