## ABSTRACT

Interdisciplinary research studies that focus directly on 9/11 WTC Disaster Mental/Behavioral Health (DMBH) 1st responders and resilience, development/ implementation of organizationally-based disaster/DMBH efforts, and response trajectories that extend across segments of a broader human-made mass disaster response, are not evident in the literature. The purpose of this 9/11 WTCD 10th Anniversary (2011) qualitative retrospective, cohort group case study comparative analysis was to explore the long-term experiences of 20 Catholic/religiously affiliated DMBH 1st responders and aspects that could foster and/or challenge the capacity and capability to build and/or sustain resilience. The DMBH component, which was comprised of mental/behavioral health and religious/spiritual health response efforts, cut across three disaster segments (onset, aftermath, and post-9/11 response) and public sector uniformed service and private sector, non-profit charity/human service agency-based settings.

A background questionnaire, key informant interviews, and focus groups were utilized to gather data from three DMBH responder cohort groups: 1) Fire Department of New York (FDNY) and New York Police Department (NYPD) Catholic-uniformed services chaplain/clergy and an administrative vicar clergy volunteer; 2) social workers from Catholic Charities Brooklyn/Queens (CCBQ) and the Assistant Superintendent of Diocesan Catholic Schools; and 3) the Catholic Charities/Diocese of Albany (CCA) 9/11 WTCD Volunteer Coordinator and women religious professionally affiliated volunteers from congregationalist communities. Three theories – Resilience, Identity, and Complex dynamical systems – were initially selected for this study. Through use of the

Constructivist Grounded theory method and methodological processes, these theories were applied to literature review studies of 9/11 WTC and non-9/11 DMBH and emergency responders. Four preliminary themes emerged that, along with these theories, were then applied to dissertation study findings.

Driven by these findings, new Resilience theory constructs, four new themes, and four additional theories (Ambiguous loss, Conservation of resources, Phases of disaster, and Servant leadership), emerged that were also incorporated into the applied theoretical framework. These efforts yielded eight themes that interrelated with Catholic, religiously affiliated 9/11 WTC DMBH responders and resilience: 1) disaster/DMBH response/ responder efficacy capacity-building (organizational/collective/self); 2) a DMBH 1st responder identity paradigm; 3) nature/severity of trauma exposure/resultant responses due to disaster-related conditions; 4) ambiguous loss/es and grief-related processes; 5) trauma-resistive coping mechanisms; 6) mental/spiritual health/resilience-affirming assets/actions; 7) responder care supports/structures/networks; and 8) remnants of the 9/11 WTCD legacy and post-response emergent resilience.

Findings on *response/responder efficacy capacity-building* are consistent with non-9/11 DMBH and emergency 1st responder studies that associated *self- and collective efficacy with resilience and positive mental health among groups of responders*. Pre-9/11 organizational/responder attributes and some training/local disaster response experience, professional/social and/or religious identity anchors, strong use of confrontive coping skills, and ability to extend beyond the realm of pre-9/11 roles and into DMBH acute crisis response modes consistent with elements of mass interventions, were reported by a sub-group of study cohorts who served as DMBH responders during the onset of the 9/11

WTCD. A similar shift from traditional practices to DMBH domain-specific culturally relevant programs, services, and disaster-related ambiguous loss interventions provided through contextually appropriate service delivery pathways based on the emergent needs of 9/11 WTCD clients and responder communities was reported among CCBQ and FDNY/NYPD cohorts during the post-9/11 response.

Such experiences were associated with self- and collective efficacy acquired through adoption of what could be characterized as a *9/11 WTC DMBH 1st Responder Identity Paradigm.* The ability, during the early Post-9/11 transition period, for FDNY and CCBQ agency leaders to rely on relationship ties to multilevel, systemic resource caravan passageways (private sector affiliates and donors) that provided rapid access to financial and other resource reservoirs was reported as crucial to their response efforts.

While across DMBH responder cohort groups, direct and indirect exposure to trauma of a significant nature was reported, FDNY/NYPD lead chaplain responders who were consistently, severely exposed *from onset through the Post-9/11* response and had also experienced catastrophic personal 9/11 WTCD ambiguous losses, reported lasting mental health and chronic grief-related repercussions. Such aspects were characterized as *remnants of their Post-9/11 WTCD Legacy*. For social worker responders, advancement of DMBH response knowledge/skills during progression of disaster segments was viewed as a mental health asset and reason why, nearly 10 years later, they did not report secondary or post-traumatic symptoms. Chaplain responders attributed these aspects to their ability to sustain a higher level of proficiency/control during the Post-9/11 response, despite continual exposure to severe trauma. *Use of conscientious distancing (physical or psychological)* was also used as a coping mechanism for reducing exposure to trauma.

Agency-based professional care structures/supports put in place for social worker responders were reported as promoting both DMBH responder mental health and trauma resistance. Women religious volunteer responders who created their own *circles of support* with other volunteers reported short-term satisfaction, but long-term frustration with the lack of professional care support. During disaster segments, chaplain responders relied on uniformed service responder peers as confidantes and therapeutic alliances (peers who were also counselors) for support. While reported as helpful, the multiplicity of role identities (chaplain/clergy/parish priest) placed these responders at greater risk for emotional isolation and traumatic stress, particularly during 9/11 WTCD anniversaries. A negative encounter with professional providers during an early Post-9/11 responder PTSD screening was reported as contributing to why professional care was not sought.

Across DMBH responders, demonstrations of fortitude, perseverance, problem-solving, and adaptability to change could be considered as *mental health-affirming assets*. Channeling one's own mental/spiritual health assets into DMBH *response-related actions*, e.g., working with co-responders to recover remains for 9/11 families at Ground Zero, was also reported as self-empowering. Engaging in *9/11 WTCD-related meaning making/reconstruction processes* was found to result in benefit-finding, reaffirmation of faith, and validation of the importance of teaching about and demonstrating tolerance. The ability, over time, to learn to live with a broken heart, feelings of deep sadness, and of still having not done enough, while continuing to minister to those from the 9/11 WTCD still in need, could be considered indicative of responder *emergent resilience*.

This dissertation is dedicated to the FDNY and NYPD Catholic uniformed service chaplains/parish priests, administrative vicar/clergy, Catholic Charities of Brooklyn/ Queens mental health social workers (case managers, therapists, administrators, directors), Diocese of Brooklyn Assistant School Superintendent, and Catholic women religious school administrators as well as other professional volunteers who comprise this study. During onset of the 9/11 WTCD, amidst unprecedented, horrific devastation, unfathomable desecration, and massive, collective loss of human lives; in the immediate aftermath; and/or for the Post-9/11 Response, you stepped up and into unchartered waters and assumed responsibility as frontline Disaster Mental/Behavioral Health (DMBH) 1st Responders for the largest, long-term public and mental health human-made catastrophic, mass disaster response effort mobilized to date.

Regardless of the nature/severity of your own trauma exposure, disaster-related ambiguous losses, shock, grief, or anguish, you rapidly mobilized for a Disaster/DMBH organizational response and the Post-9/11 "New Normal." Individually and collectively, you bore witness, made changes and sacrifices, remained diligent, and persevered so that those who were in extreme, dire need could be served. Your lives were forever changed. For some, *Remnants of the 9/11 WTCD Legacy* continue to remain. The willingness to revisit and share these experiences at *the 10th Anniversary landmark* has ensured that the collective memory of these Catholic, religiously affiliated 9/11 WTC DMBH mental/ spiritual health/faith-based efforts can be preserved. Assuredly, we will *"Never Forget."*