

# STATE OF COLORADO

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Colorado Department  
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## Psychological Reactions to Terrorism

### • THE DYNAMICS OF TERROR

- Terrorism as a form of attack behavior is particularly powerful in creating unwanted psychological reactions. The dynamics associated with terrorism, which create the reactions, is that it has no identifiable starting point, ending point or readily identifiable attackers. It cannot be stopped with a peace treaty, terms of surrender or legal documents.
- Terrorism will create significant societal reactions when critical mass is reached through two event thresholds.
  - ✓ **“Too much, too ugly and too soon.”** When an intense terrorist attack, like September 11, 2001, occurs.
  - ✓ **“Too much, too ugly and too long.”** When a threat, like anthrax, continues over a period of time or causes high contamination or fatality rates.

### • REACTIONS TO TERROR

- **What is the typical reaction to terrorism?** Immediate responses to disasters include shock and denial. These are normal, protective reactions. Shock leaves one feeling stunned, dazed or temporarily numb. As shock subsides, a variety of stress reactions may be experienced.
- **What is the current state of our societal reaction?** There appears to be two diverse reactions to the September 11 attacks and the ongoing anthrax crisis.
  - ✓ **Unity and patriotism.** The country pulled together in both financial and symbolic support.
  - ✓ **Immobilization and fear.** With a growing reluctance to “carry on,” some people canceled travel plans and stockpiled medicine. Some individuals are experiencing high levels of mistrust; concentration difficulties; a shattering of safety assumptions; pervasive anxiety and depression; and an obsession with television and other media news.
- **What are typical symptoms of stress reactions?**
  - ✓ **Physical reactions.** Fatigue; insomnia; nightmares; exhaustion; underactivity, hyperactivity; startle reaction; health problems such as changes in appetite, headaches and digestive problems.
  - ✓ **Cognitive reactions.** Difficulty with concentration, problem-solving and decision-making; flashbacks; memory disturbance; hyperactivity; isolating; and inability to attach meaning or importance to anything other than the crisis incident.
  - ✓ **Emotional reactions.** Fear; guilt; shock; anxiety; sadness; emotional numbing; feeling helpless; oversensitivity; anger and outrage; disbelief, even when receiving information; and frustration.

### • COUNTERING THE PSYCHOLOGICAL EFFECTS OF TERROR

- **Individual level.** Strike a balance between thinking about the tragedy and threats, and carrying on with life; continue normal activities and responsibilities even if they seem trivial; expect high level of emotion; understand that emotions and reactions are normal; maintain appropriate nutrition and exercise; reach out to family and friends and seek professional help when necessary; limit exposure to news coverage and reading about terrorism.

Based in part on information from *Psychological Reactions to Terrorism: What Happens and What Can Be Done*, prepared by John Nicoletti, Ph.D., Lottie Flater, L.C.S.W., and Kym Baum, Ph.D., of Nicoletti-Flater Associates in Lakewood, Colorado. Dr. Nicoletti is a member of the Colorado Governor's Expert Emergency Epidemic Response Committee.

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- **Institutional level.** Use caution in public statements and actions.
  - ✓ **Example 1: Perceived contradictory information.** When the first anthrax case was diagnosed, officials called it “an isolated case.” After numerous subsequent diagnoses, that initial reaction may have given the impression of deception on the part of authorities. Advisories to “carry on” may seem to conflict with warnings about “credible threats.” Governmental officials need to provide as much factual information as possible without jeopardizing security.
  - ✓ **Example 2: Perceived credibility gap.** It is essential for government representatives to provide accurate information about threat levels in addition to prevention and safety strategies. If the public is advised to stay calm and told that it is not necessary to take extraordinary measures, but health professionals are stockpiling antibiotics and are issuing numerous prescriptions for antibiotics, it creates a credibility gap. This mistrust can lead to a panic reaction on the part of the public.
- **Interventions**
  - ✓ **Adults.** Acknowledge feelings; seek support; re-establish routines; reach out to others; and strike a balance between thinking about the incident and carrying on with life to restore emotional well-being.
  - ✓ **Children.** Listen to their feelings and fears; provide information to clarify what occurred and how it affects their lives; and re-establish routines that will comfort and reassure.
- **RESOURCES**
  - **Colorado State Employee Assistance Program:** (303) 866-4314 or 1-800-821-8154 (for state employees)  
[http://www.state.co.us/gov\\_dir/gss/hr/cseap/cseaphom.htm](http://www.state.co.us/gov_dir/gss/hr/cseap/cseaphom.htm)
  - **Colorado Department of Human Services Mental Health Services Division:** (303) 866-7400  
<http://www.cdhs.state.co.us/ohr/mhs/index.html>
  - **National Center for Victims of Crime:** Free “September 11 Reactions” card  
[http://www.ncvc.org/911\\_informationcard.htm](http://www.ncvc.org/911_informationcard.htm)
  - **American Red Cross’s Family Welfare Program:** (303) 722-7474 or (970) 242-4851
  - **Adams Community Mental Health Center:** (303) 853-3500  
<http://www.adamsmentalhealth.org/>
  - **Arapahoe Mental Health Center:** (303) 797-9346 or (303) 795-6187 (24 hours/day)  
<http://www.mentalhealthpath.com/>
  - **Aurora Community Mental Health Center:** (303) 617-2300  
<http://www.aumhc.org/>
  - **Colorado Mental Health Institute at Fort Logan:** (303) 866-7080  
<http://www.cdhs.state.co.us/ods/mif/home.html>
  - **Jefferson Center for Mental Health:** (303) 425-0300  
<http://www.jeffersonmentalhealth.org/>
  - **Mental Health Corporation of Denver:** (303) 504-1000; (303) 436-4100 (24 hours/day); (303) 504-1900 (Spanish)  
<http://www.mhcd.com/>
  - **Other Colorado Community Mental Health Centers**  
<http://www.cdhs.state.co.us/ods/mif/cmhc.html>
  - **University of Denver Professional Psychology Center:** (303) 871-3626  
<http://www.du.edu/gspp/ppc/>
  - **Colorado Organization for Victim Assistance:** (303) 861-1160 or 1-800-261-2682  
<http://www.coloorg.com/>
  - **Mental Health Association of Colorado:** (303) 377-3040  
<http://www.mhacolorado.org/>