

# **SHOCKING VIOLENCE II**

## ABOUT THE EDITORS

**Rosemarie Scolaro Moser, Ph.D., ABPN**, is a licensed psychologist, certified school psychologist, and director of the RSM Psychology Center in Lawrenceville, New Jersey, where she provides services to the school-age through older adult population. She received her Bachelor of Arts in Psychology with Honors and her Ph.D. in Professional Psychology from the University of Pennsylvania. Her publications have covered the topics of personality, violence, parenting techniques, brain disorders, learning disability, and psychophysiological illness. Dr. Moser is a diplomate of the American Board of Professional Neuropsychology, the American Board of Medical Psychotherapists, and the American Academy of Experts in Traumatic Stress. She is a National Board Certified Clinical Hypnotherapist and is certified by the American Psychological Association College of Professional Psychology in Alcohol and Substance Use Disorders. Dr. Moser will serve as President of the New Jersey Psychological Association in 2003, is Past President of the New Jersey Neuropsychological Society, and is a former faculty member at the University of Pennsylvania. She and Dr. Corinne Frantz served as coeditors of the first *Shocking Violence* book entitled: *Shocking Violence: Youth Perpetrators and Victims*.

**Corinne E. Frantz, Ph.D.** is a licensed psychologist who practices clinical psychology and neuropsychology with children and adults in Maplewood, New Jersey. She received her Bachelor of Science degree in Psychology from Tulane University, and her Ph.D. degree in Clinical Psychology from the University of Florida with a minor specialization in Neuroscience. She took her postdoctoral training in psychoanalysis and psychotherapy at Adelphi University in the Derner Institute for Advanced Psychological Studies. She is on the Contributing Faculty of the Graduate School of Applied and Professional Psychology, Rutgers University, and is a Clinical Associate of the American Projective Drawing Institute, New York City. Her publications have been in the areas of projective assessment, neuropsychological disorders, and correlates of early childhood trauma. She is Past President of the New Jersey Neuropsychological Society, past board member of the New Jersey Psychological Association, and a member of the Board of Trustees of the New Jersey Psychological Association Foundation. She and Dr. Moser served as coeditors of *Shocking Violence: Youth Perpetrators and Victims*.

# SHOCKING VIOLENCE II

Violent Disaster, War, and Terrorism  
Affecting Our Youth

*Edited by*

ROSEMARIE SCOLARO MOSER, PH.D., ABPN

*and*

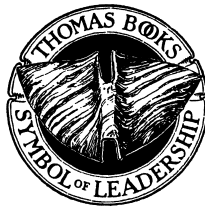
CORINNE E. FRANTZ, PH.D.

*With a Foreword by*

**Rush Holt**

*United States Representative*

*Member of Congress*



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tion Youth Anti-Violence Fund.

## CONTRIBUTORS

**CHRISTOPHER R. BARBRACK, Ph.D., Esq.**, is a licensed psychologist in New Jersey who graduated with a law degree from the University of Pennsylvania and is engaged in the full-time practice of law. A past tenured law professor at the Graduate School of Applied and Professional Psychology, he is a current lecturer before the New Jersey Institute for Continuing Education (ICLE).

**TEENA CAHILL, Psy.D.**, is a clinical psychologist in private practice in Princeton, New Jersey. She is the author of *Understanding Mental Illness*, a curriculum for the families of the mentally ill. For many years, she has served as an adjunct professor at several colleges and universities and as the author of a weekly newspaper column on psychology in everyday life.

**ROBERT P. FRANKS, Ph.D.**, is the director of operations at the National Center for Children Exposed to Violence at Yale University. He is also an Associate Research Scientist and a core psychology faculty member at the Yale University Child Study Center and Child Development-Community Policing Program.

**CYNTHIA S. HAM, Esq.**, is a former associate attorney with Schwartz Simon Edelstein Celso & Kessler, LLP, in Florham Park, New Jersey, concentrating in Education Law and Special Education Law. Ms. Ham has authored and lectured in New Jersey on The Disciplinary Aspect of Aggressive/Violent Students under the Individuals with Disabilities Education Act.

**RISSETTA JACOBS, Ph.D.**, is a professor of psychology at Union County College in Cranford, New Jersey. She is a trainer in the Mitchell Model Basic Critical Incident Stress Management, and has served as a debriefer, Clinical Director, and President of the Apollo CISM team. She has been the State Education Coordinator for the CISM Network of New Jersey and is an Emergency Medical Technician and trained paramedic assistant.

**MELINÉ KARAKASHIAN, Ph.D.**, is past Chair of the New Jersey Psychological Association Committee on Trauma Response and Crisis Intervention. She provided crisis services to earthquake and war victims in Armenia (1989–1993) and trained counselors on a Fulbright Fellowship there. She maintains a private practice in psychology in Morganville, New Jersey.

**ROBIN KARPf, M.D.**, is medical director at The Lawrenceville School in Lawrenceville, New Jersey. She received her M.D. from the University of Alabama School of Medicine, with an internship and residency at the Pennsylvania Hospital and the Institute of the Pennsylvania Hospital and is a diplomate of the American Board of Psychiatry and Neurology.

**REVEREND GREGORY E. S. MALOVETZ, M.A.**, is the pastor of Saint Charles Borromeo Church in Montgomery Township, New Jersey. He received his master's degree in Theology from The Catholic University of America. He is on the editorial board of *The Catholic Spirit* and a contributor to the publication *Magnificat*. He received the 2000 Catholic Press Association Award for the Best Article, Prayer and Spirituality.

**CLARK R. MCCAULEY, Ph.D.**, is codirector of the Solomon Asch Center for the Study of Ethnopolitical Conflict at the University of Pennsylvania. His faculty appointments include that of professor at Bryn Mawr College and adjunct professor at the University of Pennsylvania. He is the author of over 100 articles and chapters with interest in the areas of group conflict, diversity and peace, stereotypes, and the psychology of disgust.

**LAURENCE MILLER, Ph.D.**, is the Police Psychologist for the West Palm Beach Police Department. Also practicing clinical psychology, neuropsychology, and business psychology in Boca Raton, Florida, he is the author of over 100 professional and popular publications. His forthcoming book is entitled *Practical Police Psychology: Behavioral Science for Effective Law Enforcement*.

**JANET Q. NELSON, Ph.D.**, is on the faculty of the Institute for Infant and Preschool Mental Health, Youth Consultation Service, Newark, New Jersey. She is a member of the Executive Board of the New Jersey Psychological Association Foundation. She provides school consultation and is in private practice in psychology in Montclair, New Jersey.

**LOUIS B. SCHLESINGER, Ph.D.**, is a forensic psychologist on the faculty of John Jay College of Criminal Justice, City University of New York, who also practices privately in Maplewood, New Jersey. A Past President of the New Jersey Psychological Association, he has published seven books on murder, sexual homicide, and criminal psychopathology.

**NATHANYA G. SIMON, Esq.**, is a partner in Schwartz Simon Edelstein Celso & Kessler, LLP, in Florham Park, New Jersey, specializing in the representation of boards of education in all legal and labor matters, and with a concentration in special education litigation. She was a contributor to *Shocking Violence: Youth Perpetrators and Victims—A Multidisciplinary Perspective*.

**REVEREND DR. LEE VAN RENSBURG** was born in Cape Town, South Africa. He is an ordained elder in the United Methodist Church currently serving as a Senior Pastor at the Morrow Memorial United Methodist Church in Maplewood, New Jersey. He is author of the book, *The Sense of Humor in Scripture, Theology, and Worship*, which links the capacity for compassion with the capacity for humor.

**MARC H. ZITOMER, Esq.**, is a partner with Schwartz Simon Edelstein Celso & Kessler, LLP, in Florham Park, New Jersey, where he concentrates his practice representing boards of education in all facets of school law and public sector labor law. Mr. Zitomer lectures throughout the state of New Jersey on topics such as sexual harassment, student discipline, school residency law, and school Internet law. He is also a contributing author to *The New Jersey Educator's Legal Handbook*, Omni Publishers, 1999.





*To the future and safety of our youth, and to the adults who protect them.*



## FOREWORD

In the aftermath of the horrific attacks of September 11, our nation faces an important challenge in helping our children feel safe and loved. We must begin by making sure we understand their fears.

Indeed, the terrorist attacks and subsequent public health threats have challenged us as adults and professionals in profound ways. We not only must confront our own fears; we also have to develop methods through which we can reassure our children. Despite the uncertainty of the world in which we find ourselves, we must provide our children with the confidence and security they need to grow and thrive.

In central New Jersey, there are children whose lives have been directly affected by the events of September 11.

Many of those children who have not been directly affected still have been exposed to terrifying images of destruction on television and the Internet. They have read newspapers and they have heard stories on the radio about the loss of life and possible ongoing threats of chemical and biological terrorism.

In these unpleasant circumstances we must give our children the emotional support they need to cope with this new reality. To meet the emotional needs of our children, we must share information and bolster our mental health infrastructure.

There are some steps that can be taken by the government. For example, government can require that health insurance plans cover mental health treatment on an equal level with other health problems. Most health plans currently deny coverage to patients with mental health needs despite the fact that one in every five Americans suffers from a mental health-related ailment. The government could also help schools hire an adequate number of counselors whose contribution would be beneficial well beyond any response to terrorism.

Dr. Moser and Dr. Frantz stepped forward after the tragic 1999 shootings at Columbine High School. In their book, *Shocking Violence*, Moser and Frantz provided excellent information and techniques that educate adults and children on the warning signs and the healing process associated with traumatic experiences.

I commend them for offering further advice and guidance regarding young victims of terrorism in their newest book, *Shocking Violence II: Violent Disaster, War and Terrorism Affecting Our Youth*. This book, like its predecessor, serves as an important resource and tool to help children and adults deal with trauma.

Our children need certain skills to cope with tragedy, and we as a society have an obligation to help them with this process. All of us play a part in such an effort, whether as parents or teachers or public officials. For the sake of our children, our future, we must work together with a steadfast resolve. *Shocking Violence II* is a welcome beginning.

RUSH HOLT  
United States Representative

## PREFACE

*Shocking Violence II: Violent Disaster, War, and Terrorism Affecting Our Youth* provides current academic and practical knowledge from the viewpoints of a variety of expert academicians and professionals to address the most pressing and relevant issues of our recent times. The contributors offer an understanding of the psycho-socio-political factors that impact youth when exposed to violent disaster, war, and terrorism and that explain the phenomena of terrorism and violence. As an invaluable guide, it samples information from the areas of psychology, education, parenting, law enforcement, forensics, and religion incorporating both theory, data, and concrete recommendations, and providing advice to helping professionals, educators, parents, and all those who interface with youth. Key intervention strategies are presented that can be implemented in the field. Readers will find its multidisciplinary focus helpful in gaining a broad perspective on this very complex topic.



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# **SHOCKING VIOLENCE II**



**Section I**  
**OVERVIEW**



## Chapter One

# VIOLENT DISASTER, WAR, AND TERRORISM AFFECTING OUR YOUTH: AN INTRODUCTION

ROSEMARIE SCOLARO MOSER

**H**elen Keller once remarked, “Although the world is full of suffering, it is full also of the overcoming of it.” This phenomenal woman overcame more than her fair share of suffering and terror to lead an outstanding, remarkable life. Her statement could well have been an inspirational message for us today, in the wake of the terrorism that jolted the United States and the rest of the world on September 11, 2001. There are many of us who have never seen the kind of human suffering that terrorism has recently wrought on our country. For our children, human suffering became real and tangible, not just another fact out of a history book. We all became victims of the terror, whether we were the adults or the children, the healers or those in need of healing. In the midst of managing the terror, the suffering, the loss, and the victimization, we also learned and continue to learn how to overcome “it,” to move on with our lives, to continue to heal, grow, and prosper. We are learning resilience and hope.

As the adults and the helpers, it is our responsibility to convey to our youth a sense of control and knowledge in a time when there likely have never been greater feelings of chaos and ignorance. This task may seem insurmountable when we, the adults, are groping to claim our own piece of stability and security. While we are managing our own emotional and behavioral responses to the events and to the terrorism, we must also tend to the reactions, questions, and responses of our

youth. Whatever our relationships with the children and adolescents in our lives, whether with daughters or sons, nieces or nephews, the children next door, our students, or our clients and patients, we will find ourselves challenged to answer, discuss, reassure, and accept.

As helpers, we are faced with our own stressors. We must quicken the pace of our acquisition of new information with the relentless news updates about the real and mythical threats to our survival and health. The role of the helper is so poignant and so necessary. The pressure is great to be knowledgeable and to be able to answer questions when there is so much doubt. Times of crisis, war, and terrorism put us to the test.

Yet, to ignore our own physical and emotional needs is to slide along a dangerous, slippery slope. We know that there is a positive correlation between the physical and emotional health of the caregiver and the quality of care she or he can provide. Just as the airline flight attendant advises passengers to put on their own oxygen masks before assisting others, we too must assess and attend to our own needs. A sleep-deprived, irritable mother is of limited comfort to a distressed crying baby. Burnout is common among us because we ignore the early signs of stress and tend to practice poor emotional hygiene. The public understood that it was extremely difficult to pull overworked, overstressed emergency volunteers away from the World Trade Center sight as these volunteers felt an emotional obligation to continue. These are the individuals who eventually needed to be debriefed.

Terror is intense fear or fright. It is a stressor, but not a typical stressor. Most stressors occur and then resolve, thus allowing the organism or person relief and the opportunity to return to a prestressor state of equilibrium. When terrorism is the stressor, the stressor does not just go away. As a result, the person or organism has difficulty adapting and returning to baseline or the prestressor state. When there is no return to baseline, exhaustion sets in, and the person is particularly more vulnerable to disease and mental disorder.

We can help ourselves and our children by acknowledging that terrorism is a stressor that remains in the background of lives in the 21st century, and that in order to prevent exhaustion, we must engage in active strategies on an ongoing basis that provide new and different ways to reduce the symptoms of stress and to help prevent disease. These strategies will vary according to the age and social/cognitive maturity of the individual. Symptoms related to stress vary develop-



mentally and strategies to help alleviate the symptoms must also be developmentally tailored. For example, younger children may experience nightmares, become clingy, or fear separation from their parents. After the attacks on the World Trade Center, little John, a usually secure, adventurous four-year-old, refused to allow his father to leave the house without first asking, "Are you going to New York?" His father worked in New Jersey, yet John could not be verbally reassured by his parents. Marco, another four-year-old, could not understand why the towers had not yet been rebuilt a month later, despite parental explanation.

For these young children, verbal reasoning may have a limited effect since the structures of their brain have not yet developed the capacity for higher-level abstract thought that can understand the concept of terrorism. Young children may heal best through techniques that promote expression through play, use of stories, and drawings, in addition to the necessary hugs and warmth from their caregivers. In contrast, the needs of older children may be better met through verbal expression, discussion, family sharing, and education. Fostering a sense of community, avoiding social isolation, and listening enable adolescents to integrate and process the traumatic experiences in an environment of connectedness, which is so important at this developmental stage of establishing one's identity in the midst of one's social milieu.

Trauma and stress cut across different aspects of our health and existence: Physical, Emotional/Behavioral, Intellectual, and Spiritual (PIES). I have developed the PIES system as a heuristic diagnostic and treatment tool. When a trauma hits any aspect, all other aspects are also affected. This PIES paradigm can be useful in assessing and addressing the needs of a youth or adult who has been traumatized or who is experiencing significant stress. An example of the use of this paradigm in the case of an adolescent's experience of the World Trade Center attacks is described below.

### *Physical Aspect*

*Symptoms:* Headaches, gastrointestinal difficulties.

*Interventions:* Monitor healthy diet, vitamin intake, sleep, exercise. Medical exam to rule out disease. Medication if appropriate.