

“Finding You in Me”: The Organizational Clinician

Consulting to an Investment Bank that was in the World Trade Center on
September 11, 2001

*“Finding you in me”: the organizational clinician*¹
Marc Maltz

Past Co-director, Organization Program, William Alanson White Institute
Partner, TRIAD Consulting Group LLC
240 West End Avenue
Ten A
New York, NY 10023
Tel 212.580.3425
Fax 212.496.8166
mdmaltz@triadllc.com

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Introduction

This article is a result of a consultation to a financial services firm that was in the World Trade Center (WTC) on September 11, 2001. The consultation began on September 13, 2001 and continued until December 31, 2003. The client firm lost 39% of its employees at the WTC on that day, amongst the largest percentage losses sustained by any company. The consultation has been an unusual response to unusual circumstances, requiring both clinical and organizational expertise. In this article, I will draw from the experience of consulting to this firm and its people to begin exploring the evolving concept of the “organizational clinician”.

The concept of the organizational clinician is informed by psychological, organizational and psychoanalytic theory and practice. If the consultants in this case had lacked skills in any one of these areas, the consultation might not have been as successful (the firm’s success is reflected in its remarkable resilience, both financial and emotional); and without reference to these theoretical frameworks, the work of the organizational clinician could not begin to be conceptualized. From this experience, I conclude that reframing how one works with an organization is critical, particularly during change initiatives and certainly in times of trauma.

I begin with an account of the events and our response. Following that are three sections describing the work of this consultation: *Working with Families*, *Working with Employees*, and *Working with the Organization*.

September 11th, 2001

On September 11th, there were 83 employees in the office of the client (hereafter referred to as Bank) at the WTC, plus two consultants and two visitors. The U.S. headquarters of Bank was in the WTC’s south tower, the second tower to be struck on September 11th. At the time of the attack, 171 employees worked for the firm. Of the 149 worked in the WTC, 83 survived: 17 exited the building safely (16 employees left their offices when the first tower was struck at 8:46 AM and a 17th was on a lower floor); 24 had not yet gone upstairs to their offices and witnessed the events from the concourse or nearby; and 42 were not at work that day. Twenty-two people worked in satellite U.S. locations.

The human impact of September 11th was extraordinary. Sixty-six employees were killed, as were two consultants and two visitors. There were 55 men and 11 women killed; 46 were married, five were engaged to be married and 15 were single. Thirty-six families with children lost a parent. Seventy-one children under the age of 18 lost a parent. There were an additional 11 spouses left as widows or widowers. Countless parents lost their sons and daughters, many of whom had sent an adult child to work for their colleague, friend or banker. Nine out of 31 partners perished, including two of the three partners who ran the firm as part of the executive committee. Twenty-five members of the firm’s 28-member New York equities group, including the founding and managing partner, also perished.

This consultation began when a colleague called me on the evening of September 11th and gave me the name and number of a person who would be calling on behalf of this firm, and with whom who I subsequently spoke. I was in shock from the events of the day and simply offered that whatever TRIAD¹ needed to do to help we would do. We scheduled a face-to-face meeting to understand the tragedy’s impact on the company he was representing². On late Wednesday

¹ TRIAD Consulting Group LLC of New York City was founded in 1994 as an organizational consultation and applied research firm. The firm is co-headed today by Ross Clinchy and myself and continues its commitment to the use of systems and psychoanalytic theory.

² In organizational work, entry is an important event, much as the referral and initial consultation process in therapy. How you get to the work and what occurs as you enter and begin, speaks to the nature of the engagement, whether or not a connection

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afternoon, September 12th, we had a meeting at small temporary offices on the East Side of midtown Manhattan; we were told that a bomb scare at this site delayed our meeting.

My memory of these events is no doubt colored by my state of mind (then and now), though here is how I recall the beginning. One of my partners and I met with four of the firm’s partners, the firm’s friend who had called us, and others in a small office. The sole living executive committee member sat behind a desk, anxious, tired, dressed in a rumpled shirt, tie and suit slacks, red in the face, and intimidating. He quickly got “to the point.” “So, tell me something” he challenged, “tell me what you would say to one of my people who just lost his two best friends in the world, his mentor, his closest colleagues? How can you possibly help this person?” The inquiry was a bit longer, more direct and peppered with anger. My partner began to respond. The man shot back, looking for the “bottom line”. I interrupted. “May I ask a question? We are talking about you aren’t we? Are you the person who has lost his two best friends and mentor? Aren’t we talking about [partner 1] and [partner 2]?” There seemed to be much more being asked for yet unexpressed at this critical moment, and he said yes, with tears emerging (this incident was the first time he had cried since the unfolding of these events, though I did not know that at the time). He asked again, though in a more engaged tone, how we could possibly help. I responded: “I can only help you find the [partner 1] and [partner 2] in you, to find the place in you that has them, that has learned from them. The place where they will always remain.” For him, no other answer existed; there was no bringing his “closest friend, his mentor, his colleagues” back. This man’s extraordinary journey from rage, through grief and mourning to finding strength in those parts of the others that he had internalized was reflected in what he said at the one-year anniversary memorial held in Bank’s new offices: he told his friends and colleagues that he imagined those lost would have nothing else to say.

We were hired the next morning and began work on the afternoon of Thursday, September 13th. Our primary task as charged by Bank was to help them get back into business. In all of the press interviews Bank consented to, including television, radio and print, Bank’s spokesperson always noted that the “counseling” was one of the most critical components of their ability to survive and rebound.

Six partners founded Bank in 1988; one was killed in the attack, one was semi-retired and subsequently returned to work, two were fully retired and two remain active in the firm. Bank has a partnership structure and was mostly a Caucasian firm that was built by hiring friends and the sons and daughters of friends and business associates. The Managing Principal told us in the beginning of our work that this firm was not a family but supported families. As our work progressed, we learned that Bank was indeed a family, a fact that had deep implications for the work ahead.

TRIAD’s Response

We immediately recognized that the initial work was clinical (mental health-related support) as much as organizational consultancy (working with the firm to rebuild its management, structural and other human resources and organizational capabilities), though TRIAD had never exercised its clinical capability. In the first week we hired and deployed clinicians to the office that had become the firm’s crisis response center and to a midtown hotel which was set up to receive families and friends waiting for word of their loved ones. TRIAD provided clinical support 24-hours-a-day, seven-days-a-week, for more than two weeks.

Initially, we attempted to coordinate our clinical response with a large Employee Assistance Program (EAP) managed out of the Midwest, which was donated by a corporation based in Boston. An EAP is often part of an organization’s health care program structured to help employees manage

is made, whether or not you get hired (Berg, 1977). In addition, much more is occurring (Stokes, 1994) and being asked for than is evident to or within the awareness of the consultant or client.

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mental health issues, including depression and substance abuse. Most of these programs are managed by subcontracted health care organizations. The Medical Director of the donating corporation, the Director of the parent healthcare system that ran the EAP, and I attempted, with little success, to manage a “good enough” response to the needs of the families and employees with little success. TRIAD quickly assumed all clinical responsibility and discontinued the EAP with both the EAP’s and the donating corporation’s agreement. EAPs, we learned, were not structured to respond to such crises. Our experience was not unusual; it became clear that none of the EAPs of the six other major firms that experienced significant loss could satisfactorily respond to September 11th and its aftermath. Most of these EAPs were either staffed by operators in the Midwest who would follow guidelines for initial contact and refer the person, or staffed by counselors who would attempt an initial consultation over the phone and then refer the person for further treatment. Neither of these procedures proved effective.

The plan that we developed responded to the needs of three overlapping constituencies: families of those lost, employees and their families, and the organization, including leadership/management.

Working with Families – TRIAD’s work with the families who lost someone on September 11th included a range of services, from individual and group counseling to referring individuals and families to local clinicians. A psychoanalyst on the TRIAD team remained at the center of this work; two other clinicians, one who focused on children and the other on developing ongoing support groups, initially supported her. Four temporary support groups were established and facilitated, with one making a transition to an ongoing weekly support group³. Approximately 33% of family members sought one-on-one counseling provided by a TRIAD clinician and slightly more than 50% of the family members were referred to local resources for ongoing treatment. TRIAD offered an initial 6 sessions, paid for by the firm, to any family member who wanted support. We also maintained a confidential 24-hour “800” number for families to call. (The volume of calls increased dramatically at the six-month anniversary of the attacks.) In total, TRIAD clinicians provided support for over 60% of the families with children, both for the children and their surviving parent. From September 13th through November 2001, 457 hours of counseling were provided to these families. From December 2001 through February 2002, this diminished to approximately 70 hours. After three months it appeared that an initial phase had ended for the families and, as one person involved in this process noted, families seemed to enter into a “dark valley”. We understood this to be a combination of the end of the holiday season, during which friends and extended family were more available, the end of the financial support from the firm⁴, the end of initial clinical support, and reality taking hold. This was a time when families faced their new lives sorting through lifestyle questions such as the cost of homes and private schools. Families were (and continue to be) facing the complex issues associated with the firm’s moving to new offices, the various victims’ funds and dealing with the six-month, one-year and two-year anniversaries. Bank initially provided, and a subsequently created Foundation continued to provide, extensive support, including free mental health, financial and legal services, and coordinating communication with the Victim’s Compensation Fund. The firm had a partner and staff dedicated to the families and these issues.

³ The support group for fiancées grew to include people from other firms, widows without children and girlfriends, and transitioned from being a firm supported group to a fee-based weekly support group that continued until 2003.

⁴ This firm generously devoted financial resources to the survivors of those lost; final payouts, which included commissions, salary, bonus, additional money per child, and partner buy-outs, were made in December 2001. Healthcare benefits will continue for a minimum of five years.

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The initial clinical response outlined earlier proved to be an important process for supporting bereaved families and providing psychological support to the organization (see *Working with the Organization* below). Providing clinical support, most of which focused on managing the initial stages of grief, left many family members feeling taken care of by the firm, promoting a commonly voiced sentiment of wanting the firm to survive and succeed. This process was also important for those employees who had not directly lost a loved one; their firm’s support of the families of lost friends and colleagues both helped their grieving and gave new energy to their work. The TRIAD clinician assumed the “caretaking role” that many employees felt they needed to assume, but could not because of their own emotional state.

In 2002 and 2003, TRIAD developed additional programs to support the families of the deceased, including a program focused on widows/widowers with children under 18 to help these parents understand and respond to their grieving children and to work through the myriad issues they faced as single parents. Their world was (and continues to be) complicated by the Nation’s mourning (e.g., the mourning of their towns, their school systems, the state and federal governments, and the mourning that has continued in the media) that has permeated their lives and the lives of their children. The public’s need to grieve and memorialize (and more recently to forget or politicize) this national tragedy was experienced by the employees of Bank and their families as an intrusion and a constant reminder of their pain. As one mother put it with regard to the external pressures she was feeling, “I am done, well done, you can stick a fork in me.” An additional clinician was added to TRIAD’s staff in 2002 to help parents with issues they faced with their children. This program was separately funded by a private donor and continued until December 31, 2003. In working more closely with the children, we became acutely aware that the way in which a child responds to trauma and grief is different than how an adult responds. We saw first-hand how children’s grieving continues throughout their developmental stages, well beyond the duration of grieving in adults. This was one of the most profound and misunderstood processes. Most of the people these children encountered, including parents, school counselors, teachers and friends, expected a diminishing of their grieving. The opposite was the case. With each new stage of development, the bereaved children sought missing parents and relived their grief and, in some cases, the initial trauma. Our understanding of the issues faced by families enabled us to respond individually and collectively to assist parents and children alike. The work with the families remained separate from the work with the firm, in part, to reduce family dependency on the firm (see note about dependency and its impact on the leadership of the firm under *Working with the Organization*, below) as well as to help them establish healthy routines and support mechanisms (e.g., establish shorter work hours, create time for their families, and pay attention to their diet).

The following summarizes our work with the bereaved families:

1. *Crisis stage*: first two weeks. All events are experienced as part of the initial crisis. During this time, TRIAD performed the following activities:
 - a. Staffed the Family Support Center with mental health professionals.
 - b. Supported and counseled partners responsible for bereaved families.
 - c. Developed referral networks in various geographic locations.
 - d. Provided night on-call coverage.
2. *Consolidation stage*: the next six weeks. Aspects of the system (in this case, Bank) begin to develop separate group characteristics and consolidate into smaller subgroups. During this time, TRIAD’s activities were:
 - a. Transitioned families from direct firm support to local and appropriate long-term support.
 - b. Provided on-call counseling and support.

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- c. Established theme centered, short-term support groups to help people crystallize their needs and transition to appropriate long-term support.
 - d. Continued periodic check-in with families.
3. *Integration and Development Stage*: remainder of 2001 and the two years following that. Two primary systems form, the firm itself and the Foundation. Both continue supporting the families and helping them with issues of mental health, financial, legal and educational issues. During this time, TRIAD provided the following services:
- a. Provided specific counseling services as needed.
 - b. Continued the referral process.
 - c. Established periodic support groups as needed.
 - d. Conducted a six-month assessment of family bereavement issues to identify emergent themes and potential risk areas.
 - e. Provided direct mental health support to all families as required.

Working with Employees – The work with the employees focused on two complicated and difficult tasks: 1) helping individuals manage a wide range of emotional responses to September 11th; and 2) reestablishing effective and healthy work routines. There was a strong sense among the employees that the firm needed to survive and continue its work, even though the same employee’s capacity to facilitate this outcome was different at different times. The same employee who was sometimes incapacitated, unable to work, felt at other times that he “needed” to work. They worked in the service of their own survival and on behalf of those lost and their families. “By working,” each employee felt, “I sustain the firm and thus ensure the firm’s ability to care for my deceased colleague’s family.” This dynamic required a great deal of understanding and empathy on the part of the organization; as the firm rebuilt and hired replacements, it set in motion complicated dynamics between pre- and post-September 11th members (as of August 2003, the firm had 220 employees, up from the original 171, and in August 2004, the firm exceeded 260, more than two-thirds of whom were post-September 11th hires).

In order to address the complicated needs of the employees, we separated them into voluntary debriefing/support groups on the basis of their experiences on September 11th: one group for those who exited the building safely (17); two groups of witnesses who arrived as the events unfolded, some of whom watched bodies fall and saw other terrible events (24); a number of groups for those who were not at work that day (41+1 visiting from another office); and one group for employees from other offices (22). In later weeks, we would begin to merge these separate groups into a single support group. This group process was designed to respect and normalize people’s experiences while helping them transition from their dependency on each other and the firm and the strong sentient ties that quickly developed between them (they described each other as “the only ones who could possibly understand what I am going through”) to individual support systems, including family, clergy, and local counseling. This strategy brought different experiences together into a “firm-as-a-whole”. As people joined each other’s experience, conflicts diminished, including the pronounced anger some employees held towards the 17 who escaped for not saving more of their colleagues.

One example of the work we did with employees was with an investment banker and partner. We met at the firm’s East Side crisis center the first day of the consultancy. He had “escaped” from the WTC and was in need of someone to talk to about his experience. He and I walked into the outer hallway (a place that quickly became known as TRIAD’s clinical office, the low radiator substituting for a chair or a couch). When asked how he was, his denial was palpable; he responded that he was okay given the circumstances. He appeared confused, exhausted, filled with adrenaline. All he wanted to do was work on the phones to contact families and clients. He

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revealed that he was divorced, had an unsuccessful psychoanalysis, and was a recovering alcoholic whose AA sponsor and friend was presumed dead. We talked about his spending some time with his kids (two daughters in college and a teenage son) the coming weekend if only to let them “see” that their father was alive. All he had done for the last two days was work at the crisis center and avoid thinking about what had happened to him. He described his exit from the high floor the firm was on, his blackout from the time of leaving until about floor 65, the impact of the plane hitting the 2nd tower, the chaos, and the people with bullhorns telling him to go back upstairs, and how he just kept exiting. He described running away from the towers, frantically running up streets. I became breathless as I listened. I said to him “you are still running aren’t you?” He began to cry and responded, “I can’t turn around and look, I am afraid to turn around and look; if I turn around I will be frozen and I will be killed by the falling debris!” He continued to be concerned about his dissociation from the event. In the early summer of 2002, he had to leave an airplane after the door was closed because of a “panic attack” triggered by sitting near “Middle-Eastern looking” passengers. He spent numerous hours with the clinician responsible for the employees and me over the course of the consultation, and in late 2002 he entered treatment, still concerned with his lack of affect and the experience of “running”.

A second example is a woman in her late 20’s, one of the two remaining members of the equities team (see the note under *Working with the Organization*, below). She was late to work the morning of September 11th and watched the events unfold from the lobby and upper concourse. We met in TRIAD’s “office” in the outer hallway on the second day of work. She was desperate to speak with someone and was crying as she relayed her story as if everything was still occurring in front of her. She, as the others, was feeling overwhelmed by “survivor guilt” and helplessness. She told me of her cell-phone calls to her colleagues who were trapped and speaking with them as they wondered what to do, and then speaking to them again after the tower was struck. She spoke about their desperation, hearing someone screaming out to others, “Is everyone OK? Is anyone hurt? Is anyone alive?” She also told me of a voice mail message she had on her home answering machine in which a man from the trading desk called her to say that they were “locked out” and, essentially, to say goodbye (the press later disclosed that “locked out” was literal, the New York Fire Department had the doors to the roof of both WTC Towers locked after the 1993 explosion because of a dispute with the New York Police Department). She continued to struggle with rebuilding her life and the firm’s business and was referred for ongoing treatment.

While it was originally assumed that the services would be discontinued in the beginning of 2002, we learned that the services provided needed containment and consistent attention to integrating employees’ emotional responses at work with their overall experience. This process also represented how the organization experienced healing, each individual representing a part of the system-as-a-whole.

The following summarizes TRIAD’s work with the employees:

1. *Crisis stage* (first two weeks):
 - a. Supported the crisis center.
 - b. Provided on-site counseling support.
 - c. Provided night on-call coverage.
 - d. Planned and managed the firm’s Memorial Service.
2. *Consolidation stage* (the next six weeks):
 - a. Transitioned staff to long-term counseling support where necessary.
 - b. Continued providing clinical support to employees.
 - c. Organized and facilitated several group discussions/meetings to help people continue to “metabolize” their experience.

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- d. Delivered educational seminars/discussions for staff to understand what is known about the longer-term effects of traumatic experiences, what symptoms they might see in themselves and each other, and how to best respond.
 - e. Developed a protocol for partners and coached them on how to respond to angry and/or resentful questions and comments from bereaved families and employees.
3. *Integration and development stage* (the next six to nine months):
- a. Continued individual on-site counseling, as necessary.
 - b. Continued the referral process as necessary.
 - c. Provided periodic firm-wide support groups.
 - d. Conducted a six-month psychological needs assessment at both the individual and firm level.
4. TRIAD’s work with the employees ended on December 31, 2002. We continued to provide referral and periodic counseling on an as-needed basis throughout 2003 and 2004.

Working with the Organization – Our work with the organization focused on three key issues:

1. Helping the executive committee take up its role.
2. Helping the partnership reconstitute and lead the organization effectively.
3. Helping the organization develop new routines and work processes.

1. Helping the executive committee take up its role. The post-September 11th executive committee struggled with numerous issues related to the emotional, psychological and technical dilemmas of rebuilding the firm, managing the external realities of their newly gained publicity and doing the work of an investment bank. One of the overwhelming issues the three committee members faced was how to manage the unique dependencies that emerged as they worked to manage stress and anxiety and developed people’s capacity to endure, respond and rebuild. This required these leaders to balance managing the psychological needs of a traumatized system, while holding onto some sense of self, purpose, and well-being. Rebuilding the firm came at a great personal cost, as they gave to the organization they became personally depleted. Remaining whole at the end of a day was a remarkable feat.

The new executive committee was made up of three partners; the sole remaining executive committee member (who was not at work on September 11th; one of the founding partners (who had been at a client’s location on September 11th; and a third more junior partner (who was in a satellite office, listening to the “squawk box”, an open communications line and speakerphone that provides traders live contact with the trading desk and, in this case, provided a live broadcast of the final moments of their colleagues’ lives).

We helped the executive committee to respect and process the varied emotions they were individually experiencing. An example was the work with one member who was 45 at the time, married with three young children and a recovering alcoholic. Prior to September 11th, he came to the office about three times a week, spending much of his time on the golf course both doing business and pursuing a deep interest in golf. He had limited his responsibilities to some client meetings and the overall operating function, including managing compensation, hiring, and firing. Early on Friday morning (approximately 2:00 AM) September 14th, he could not sleep and was overwhelmed with the desire to get to Ground Zero. He flagged a taxi and instructed the driver to get as close as he possibly could. After he got in the cab he saw a bearded face emerge from a white turban and became frightened and then angry. He looked at the name and it seemed Arabic to him. He suddenly remembered something his departed friend used to talk about, a scene close to the end of the movie “The Birds,” the moment the family was to run to the car to escape the house in which they were trapped. The mother is hurt, and the daughter

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asks the father if she can bring her caged birds, the white love doves. The old woman in the house screams “NO,” declaring all birds evil. After a Hitchcock moment, the father says of course she can and off they go. The executive committee member understood this scene to be about good and evil, that you cannot judge people by their outer appearance. He asked the driver how he was, to which the driver responded that it had been rough and that people were slandering him. The driver explained that he is a Sikh and an American citizen of many years. The executive committee member realized that his trip was in vain and asked the driver to pull over and let him out. He told the driver “God bless” to which the driver responded, “God bless America, God bless us all.” The executive began to let in both the magnitude of the loss and the rage he had inside of him. This was an instrumental moment in his transition to leader, finding his lost friend in him, separating the complicated emotions that were contained in “good and evil,” and beginning a process in which he mobilized his grief and anger towards a moral purpose of saving the firm for his friends and colleagues who died as well as for the greater good of American capitalism.

This man has experienced very deep and raw emotions since September 11th. He is still easily brought to tears, though prior to September 11th he had rarely cried since boyhood. Missing his friend is clearly the most difficult part of this process for him; they had been friends since they were 12-year-olds. Their families shared holidays together and had summer homes next to each other, and they helped each other make all of life’s major decisions. He began understanding his emotional state as a necessary and healthy part of his role as the new head of the business. His newly found emotional presence could be understood systemically – he was carrying the emotionality for the firm, the partnership, and the executive committee – the feelings of others were projected into and engaged by him. He was literally filled with the emotionality of all around him, employees, families, and others. It was this ability to be with the raw reality of this crisis that enabled others to do their work, including matters of death certificates, DNA samples, and family finances. He empowered others’ work while he emoted for the firm, showing a very necessary human side of the firm to and for clients, employees and families. Plainly said, he made it OK to publicly feel the pain and anger of this tragedy and to cry.

Throughout Bank we found three simultaneous contradictions 1) the “need” to be at work, 2) the desire to be closer to one’s family, a desire that competed with the “need” to be with colleagues and at work, and 3) a notable loneliness.

The leaders of Bank also needed help working on how they internally authorized themselves to work. One member often evoked deceased partners in the beginning months, saying, “[partner] and [partner] would have wanted it this way.” In the first couple of months it was critical for them to find their authorization through all means, including deceased partners. As each member of the executive committee took up the challenge of rebuilding, there was a shift away from naming the deceased, other than to lament their loss or to recognize how some part of them was dead now that a certain person was gone. We recognized this as both the internalization of that person and a shift in one’s core identity, moving from myself plus my dead partner, to myself with some aspect of that partner alive in me. Through our work with them, the leaders of the firm were made aware of how the organization and its intense needs were affecting them as they were affecting the system. Effective leadership in an organization such as Bank, where needs were changing hourly, required leaders’ role identities to continually shift and make room for new personal, interpersonal, group and system elements. This is the process by which one internalizes one’s role and allows new elements to become part of one’s shift in role. In this way, leaders continually adapt to both the technical and psychological needs of the organization (Heifetz and Linsky, 2002).

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One last note about authorization, these leaders and our work together: the Managing Principal often introduced me as his “head doctor”, something he began doing the day we started working. This brings the usual associations; the person caring for his head or his psychologist (though he was aware of my credentials). He was also attempting control, using the term in jest, making fun of the need and my role. This event, however, implied an important systemic interpretation about the relationship between Bank and TRIAD: I *was* the “head doctor”, the one in charge, with certain authority. It was critical for the client and consulting systems to be clear about these authority relationships. He, as head of his firm, was working with me, the head of my firm, to manage this consultancy. He was articulating an aspect of collaboration, the inter-system dynamic of how TRIAD fit in the Bank domain. TRIAD’s work was clearly and publicly authorized by him in the “head doctor” statement, making it okay for all employees and the organization as a whole to take part.

Another example of our work with the executives was the support of the partner who was managing the interface with the families, New York City Police and Medical Examiner. He was intimately involved in all of the details regarding recovery of remains, including how each identification was made, what body part was discovered where, the financial and emotional needs of the families, the state of each child, and so on. In late September we were walking to an appointment when I asked how he was doing. He responded “fine” and proceeded to tell me in a matter-of-fact way about a phone call from that morning. A clergy from out of state called wanting the phone number of the family of one of those “missing”. The person was a volunteer clergy at Ground Zero and administered Last Rites to a body that was “identified” as that of the person missing. Since he was the point of contact for the Police and had not heard about the identification, he was bewildered. He pressed the cleric for more information and discovered that all that was found was from the waist down and that in the trousers was this person’s firm identification card. The cleric assumed that calling the family was the appropriate thing to do. The partner said that the Police had a process for such things and that the cleric could not have the number and should not call. He then called his contact at the NYPD and insisted that they better brief clergy and site workers. We talked about his experience of this call, alerting him to the fact that these were not “normal” calls and that something was occurring for him in the process of fielding them. He felt that I was the only person with whom this could be discussed.

This reinforces the need for a clinical perspective in organizational work. As the firm and its employees “contain” for their families, I now “contain” for them the many details of the conditions of these bodies, including what was found and not, details that have not been released to the media. The details are gruesome. No one should know these details, yet the details are part of the fabric of this firm and its future.

- 2. Helping the Partnership reconstitute and lead the organization effectively.** In mid-2002, we presented to the partners the results of a study of the organization’s psychological resilience, sending one very important message: without the awareness of the partners (an unconscious act), this firm was built with a family or community model in mind. This aspect of the firm’s culture was in jeopardy as the firm rebuilt using new hiring practices. Bank was known as a “relationship firm” prior to September 11th, meaning that it built its business through relationships, on golf courses, at dinners, through a network of friends and allies. This relatedness created the basis for how the firm came together in tragedy and formed a unique and successful sense of psychological community. A community of employees, families, friends, suppliers, clients and even competitors came together to help it excel in rebuilding. Through both the experience of working there and the study, it is clear to us that this relatedness was necessary for the firm to continue its upward trajectory. Those of us from TRIAD who worked with the firm all

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expressed a strong sense of closeness to the people we worked with and that we felt a part of a family, a part of something different and inspiring.

After a couple of months, many of us from TRIAD experienced resistance to going to Bank's offices and then, once there, we did not want to leave. This dynamic needed to be held in check by the consultant, tempered by a clear sense of role and role boundary. This was a parallel experience to many employees within Bank, especially partners. This experience taught us something critical about working at this firm. When working at Bank, one rode an intense emotional roller coaster, between holding onto role and attending to one's personal needs. At a non-firm family gathering that took place during the summer 2002, one partner noted how anxious he was to get back to work; work was becoming increasingly purposeful and necessary. This partner continued to struggle through his grief and his self-medicating addictions (work being the latest) to find a balance that allowed him to regain intimacy in his life, grieve the loss of his friends and colleagues, and lead without self-destructing.

It is hard to imagine how any business partnership, under the conditions faced by Bank, could continue to foster the kind of nurturance and closeness necessary to hold onto its relatedness. It was critical for partners to find a way for pre-September 11th employees in their units to come together as a team with employees hired after the attack. It was equally critical for partners to learn to manage the enormous dependency needs of their people while responding to the demands of the marketplace and the added demand that business growth produced. And last, it was necessary, though perhaps most difficult, for partners to care for themselves and their families.

- 3. Helping the Organization develop new routines and work processes.** The focus of this effort was to help both the organization-as-a-whole and its functional groups manage the task of rebuilding effectively, including ensuring that roles were effectively aligned, individual and collective performance understood, and – for new and pre-September 11th employees – to continue to respect and join one another in the work of rebuilding the organization's capacities. Integrating these diverse organizational issues required a sophisticated understanding of group process, including how the person in role adds to the work of the whole. An illustration was how pre- and post-September 11th employees joined in the task of rebuilding the business. Behind this work were the psychological states of the role-holders. An existing employee needed to manage the replacement of a friend/colleague by a new person, manage her/his transference to that new person and participate in changing the business from the familiar to something new and different. The new employee had to enter into an existing system, loaded with history and trauma, replace a person tragically lost, contribute to building something new, and manage the projections of fellow employees as well as customers and other stakeholders.

One example of the tension between pre- and post-September 11th employees was in Bank's equities department. The equities trading group was decimated in the attack; all but one of its traders (who was on sick-leave that day) were killed. The firm hired mostly experienced traders from other Wall Street firms to reconstitute the trading desk (a departure from past hiring practices). The firm had specific ways in which it documented and enacted trades, unfamiliar to a majority of the new traders. In addition, many of the new hires were from larger Wall Street firms that had automated processes that Bank lacked. This resulted in tension between the new traders and the existing operations staff (two people), producing difficulties in work completion. Two operations employees were the sole survivors from the Equities department: one, who was on sick leave, had extensive counseling, participated in two group sessions and ultimately decided not to return to the firm; the other employee was on the concourse coming to work and witnessed falling bodies, narrowly escaped injury or death and found recordings of a colleague's "last words" on her home answering machine. At an internal support group, this latter employee

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offered a dream (we regularly asked for and processed dreams in the various support groups) (Lawrence, 1997). In the dream she was living in a house on a cliff above a gorge that was preceded by a large dam. (“Preceded” doesn’t make sense here. Do you mean that the gorge had a dam at its end? If so, you could say, “above a gorge, one wall of which was a dam.”) A plane circled above and eventually dove straight for the dam. She knew that they were terrorists and that the dam’s break would release the water, compromising the cliff that supported her house and potentially destroying her home and killing her. As the group worked with the dream, the house was understood as the reformed Equities group and the terrorists who were flying the plane were now within the firm, the new traders replacing lost colleagues and friends. The house was the old Equities group now represented by the two surviving members. The water symbolized the emotions, tension and psychological trauma. The processing of the dream led to a meeting of the Equities group in which they discussed their differences and reworked the trading process.

Attending to the organization required a number of consultation processes, including one-on-one role consultation (i.e. coaching) with key executives, functional group meetings, the review of company-wide communications, advising on company functions (some of which took place across the entire organization, while others were more specific to families and other smaller groups) and the design and completion of research regarding the firm’s psychological state.

The research, conducted between March and June 2002 by a team of five researchers and myself, was designed to get a better understanding of the firm’s psychological resilience. The study produced remarkable insight into why the firm had not only survived but excelled in the aftermath of the attacks, and identified the key factors for its success, including a number of recommendations that enabled the firm to better manage its rebuilding. The study also provided important data for the field of organizational psychology and development, concluding that resilience begins with the basic psychological health of the firm prior to the occurrence of trauma. Such health results in a firm’s ability, in the wake of trauma, to create a “psychological sense of community.” Bank’s relatedness combined with its capacity to allow open emotional and psychological containment, led to the creation of such a psychological sense of community. We also concluded that “crisis management” should be looked at in a new light and that psychological containment is a critical attribute for leaders of organizations to establish and foster.

“Since September 11 organizations are spending more time than ever thinking about how to handle a major catastrophe. Major consulting, accounting, and insurance companies have all invested resources in risk management, but these efforts are aimed narrowly, focusing, for example, on information technologies, system redundancies, and off-line systems. [This firm’s] experience suggests that resilience lies in the relationships among employees, between leaders and followers, and between the firm and its stakeholders. We propose that an organization that wishes to prepare for trauma due to a physical catastrophe or sudden change in business conditions focus on these human factors.” (Hirschhorn, Maltz and Freeman, 2004.)

This process of rebuilding included the realization that just as the system was dependent on the partners, the organization had a certain dependency on us as consultants and clinicians. As the firm grew, rebuilt and differentiated from its former self, the emergent firm had new and different needs. TRIAD had served effectively as the psychological container to this point; but now Bank needed to develop its own capacity to perform this function. The TRIAD consultancy represented the past, the firm’s loss and recovery, the abyss from which the new firm emerged. Recognizing this – understanding that there was a time for the consultancy to

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end – was a critical moment for the organization and the consultants. The firm and TRIAD reached this point on December 31, 2002.

The following summarizes our work re-constructing and developing the firm:

1. *Crisis stage* (the first two weeks).
 - a. Framed and identified the key psychological issues involved in rebuilding the firm.
 - b. Helped people understand how these events led to a shift in their roles.
2. *Consolidation stage* (the next six weeks).
 - a. Helped departments and groups clarify the challenges posed by the radical changes they all faced.
 - b. Assisted those with leadership and managerial responsibilities to understand how their roles had changed and how to be effective under current conditions.
 - c. Supported the establishment of a new executive committee.
 - d. Supported the continued development of the partners as a leadership group.
 - e. Developed a consistent and open process for recruitment that communicated to employees the organizational need. Met with “functional groups” to develop effective work routines as well as integrate new hires.
3. *Integration and development stage* (the following six to nine months).
 - a. Supported the development of the executive committee.
 - b. Supported the continued development of the partners as a leadership group.
 - c. Assessed the psychological impact of the tragedy on the firm and determined the psychological factors of resilience.

A Summary of TRIAD's Work during 2002

Clinical response:

- Provided clinical care to a number of employees.
- Referred a large number of employees for private treatment (many others were in their own treatment not referred by TRIAD).
- Provided “office hours” once a week at the firm for any employee to talk privately/confidentially (this work was completed on December 31, 2002).
- Referred approximately 20 to 30 family members for private treatment or local support groups.
- Began single parent workshops that were continued under separate funding until December 31, 2003.
- Provided in-home clinical support to a number of families.
- Contacted all families by phone periodically to check on their emotional state and determine if further services were required.

Organizational work:

- Bi-weekly meetings with the executive committee.
- Periodic meetings with the partners.
- Role-consultation to the managing principal.
- Worked with the firm on its ongoing structure and its reformulation of the partnership, division structures and management practices and human resource practices.
- Advised and supported the firm on issues related to September 11th, i.e. the preparation for the one-, two- and three-year anniversaries.

The Concept of the Organizational Clinician

Let me now return to the concept of the organizational clinician. The role that I have conceptualized through this experience is a marriage of clinical psychology and organizational

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consultation and development. These roles are not necessarily always as distant from each other as they sound. For instance, while the consultant has been described as “a person in a position to have some influence...but [one who does not have] ... direct power to make changes or implement programs” (Block, 1981), the same thing could be said of clinicians. Schein (1988) further refines this definition by breaking consultancy into three models: 1) the expert model; 2) the doctor-patient model; and 3) the process consultation model. What I am proposing is to build on “process” consultation as defined by Schein (1988, p11): “a set of activities on the part of the consultant that help the client perceive, understand, and act upon the process events that occur in the client’s environment in order to improve the situation as defined by the client.”

Most schools of thought today provide two perspectives on organizational behavior. Either they focus on organization dynamics (task and system) and avoid individual psychodynamics (therapy and some coaching), or they focus on individual psychodynamics and avoid the organization dynamics. The organizational clinician needs to bridge both, tackling the difficult process of balancing these perspectives. The complicated nature of the organizational self requires clinical care. The organizational clinician as presented here is a starting point for thinking about my and TRIAD’s experience in this consultancy and what consultants doing organizational work need to be aware of and practice. This framework I would loosely define as bringing together areas of study that are mostly, though not exclusively, derived from psychoanalytic thought and the multi-disciplined world of organizational development.

The organizational clinician/consultant must have in mind and in practice the following:

Active Interpersonal Relations

1. **Transference-Countertransference Matrix** – The role of the “consultant” is a spider’s web for catching transference dynamics within a system. The consultant cannot ignore transference-countertransference processes.
2. **Self in Role/The Participant Observer** – The consultant must be able to manage and decode projections and countertransference as key data in the consultation, hold onto a “clinical” frame and not react to these dynamics at face value, yet take them into account (Kuriloff, 2002).

In fact, we found a distinct difference between two different clinical/consultative approaches. The most helpful approach was to take the other in and hold onto the experience, letting it simply be. Those who had been trained to intervene in crises by trying to make it “okay” or by trying to “process” the experiences with the victims were less successful. The ability to empathize and accept one’s experience without understanding or resolution was critical. In part, the difference between these two kinds of clinicians and consultants was the difference between those who were psychoanalytically trained and those who were not. For example, after the first weekend following September 11th, TRIAD stopped deploying clinicians who worked by confronting individuals’ pain in support groups or by telling individuals that they were “fine”. Instead, we turned to clinicians who could create the space for people to freely be in the group, without facing expectations of any kind – without even necessarily having to make a contribution. These clinicians did their work by recognizing and supporting all individuals in the groups – those who wanted to think through their experience, no matter how difficult, and those who wanted to avoid it.

The organizational clinician is a part of the system she/he is consulting to, a participant observer, simultaneously affected by and affecting that system. In this role process, the consultant’s core identity within that system is always evolving.

3. **Active Intervention, “Listening Below the Surface”** – In addition to recognizing one’s role as a participant, the consultant must be able to “listen below the surface” (Stokes, 1994) and think about the interpersonal and organizational context of the dynamic system in which she/he is operating. The consultant is contracted to intervene, utilizing the dynamic and technical data

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discovered in the consultancy, often working at the boundary of the person and person-in-role without the latitude of a therapeutic process or space.

4. **Security Needs** – Psychoanalysis describes how reactive and defensive responses in individuals are necessary elements of the individual’s perceived survival within her/his context. Bion’s Group Relations theory articulates the varied defensive responses within groups (Bion, 1967). These security needs must be treated as necessary parts of the individual’s own mental life *and* must be understood within the greater context of the system.

Organizational Systems

1. **The Complexity of Organizational Role** – Individuals being consulted to in organizations are complex dynamic role holders who are simultaneously affected by the system within which they work *and* affect the system for which they work (dual roles that they share with the consultant). The consultant must be aware of the complexity presented by individual role holders and respond accordingly. The consultant’s work is further complicated by the fact that the traumatized role holder’s identity is constantly changing in response to daily challenges. In addition, the consultant must understand the concept of role and its corresponding boundaries. Individuals are *in* roles, and “role” is not merely what a “job description” defines. It is a complex “system” in and of itself in which a matrix of individual and organizational needs and wants dynamically come together (Krantz and Maltz, 1997).
2. **Authority Relations** – Group Relations also describes how authority in role presents a dimension of working together that requires examining how people are authorized, what they are authorized to do, and how their authority is implemented. This includes the manner in which authority in systems is both given and taken, and comes both formally and informally (Krantz and Maltz, 1997).
3. **Group Process** – The field of Group Relations richly brings together psychoanalytic concepts with open systems theory to describe group structure and behavior, work and basic-assumption groups (Bion, 1967), small and large groups (Wells, 1985), embedded, identity, inter- and intra-groups (Alderfer, 1987), and loosely coupled groups. Working in organizations requires some knowledge and experience of group dynamics. As Alderfer (1987, p219) notes, “Intergroup theory proposes that both organization groups... and identity groups... affect one’s intergroup relations and thereby shape one’s cognitive formations.”
4. **Open Systems Theory** – Systems theory has been integrated somewhat into psychoanalysis (Sullivan, Lewin, et al) and extensively into organizational development. In this paper, I address that aspect of systems theory referred to as “socio-tech” that describes how social and technical systems operate within any organization and how one must understand the interaction of both and attend to both.

Concluding Thoughts

I believe that organizational consultants (and, for that matter, organizational leaders) who do not attend to the wider “psychodynamic” elements of the organizational system within which they are working miss on both counts: they do not “see” all of the data available to them and they do not attend to all of the needs of the system. A focus lacking in either organizational savvy or psychodynamic experience inhibits the consultant’s ability to respond. If the consultants had not paid attention to interpersonal relations, the integral work of helping individuals get back to work, be functional, mourn loss, and deal with their compulsive dependence on work as a way of coping – along with the many other issues I have described here – would not have occurred. Linking the self to the loss and to role, rather than splitting these into separate aspects of self, allowed for a whole to emerge at the end of a traumatic experience. But group processes are equally crucial. Without

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paying attention to the group processes that emerged, it would have been difficult to bring together the disparate post-event experiences. Slowly merging the employee support groups, respecting and openly discussing the differing experiences of the pre- and post-September 11th employees, bringing meaning and merit to everyone’s experience and finding the common threads, helped this firm emerge as a group-as-a-whole. And last, without a sophisticated knowledge of organizational systems, forming new roles in a new organizational system would have been difficult. Two examples are the emergence of a single leader in a culture of differentiated leaders and the ability of a firm with limited and disabled resources to create a psychological community for healing and rebuilding. A person working with systems undergoing change must have the clinical and consultative competence of interpersonal, group and organizational processes.

The term organizational clinician is a reframing of the role of organizational consultant – the idea that an individual consulting to an organization needs to be aware of and capable of working with a clinical frame, regardless of their professional background or certification. Organizational clinicians, then, must be able to understand the system in which they work from both the perspective of a consultant (a person who understands an organization’s context and how it operates as a social and technical system) and as a clinician (a person trained in the psychodynamics of human behavior and organizational systems).

An interesting enactment of this point, discussed earlier, was my title as “head doctor” and “headman.” Part of the endearing quality of this title grew from the fact that the person using it was fully aware that I am not a psychotherapist. This was a complicated transaction and represented a number of points: the statement of need on the part of the client; the taking in of his new role as head of his firm (by way of recognizing that I led the TRIAD team); and the acceptance that what we did for his firm was care for his people and his firm in a deeply psychological way (further reinforced in the fact that we are both “heads” of firms that have joined in the task of rebuilding). His use of the term “headman,” because he obviously intended “head” to mean both “director” and “mind,” also represented his informal recognition of my role as an organizational clinician. Another example of the significance of the idea of the organizational clinician is the title of this case, “finding [the] you in me”, which was drawn from our first encounter with Bank, in which an analytic premise of helping the “patient” or in this case, the client, find the other in him (the internalized object) – his dead mentors, colleagues and friends. As organizational clinicians we bring a many parts of our self to our organizational role. A successful organizational consultation requires an exploration and understanding of what the consultant brings to the organization, the system of selves that exists in the organization, and the interaction of the two.

For me, a number of parts of my own self stand out when I consider September 11th and the work TRIAD did with Bank. For instance, my father, who died when I was 16, and his death, was very present for me on September 11th. I was in some way 16 again, in shock with the death of my father (revisiting my past trauma in a deep and disturbing way). What I learned from my father’s death enabled my empathy during the work with Bank. My father’s death, and my experience in coping with the failure of those in my to support me and attend to my psychological needs when I was 16, were crucial to my understanding of Bank and its employees, and to how I worked. My compassion for the pain these people endured, and will continue to endure, is paramount.

TRIAD’s response to this firm embodied this clinical approach. We provided clinical care to the families and employees with an “ear” to the system. The experience at the boundary with the families taught us about what it meant to be part of this firm and what it meant to be cared for by this firm. This sentiment also stimulated a resounding desire to succeed. The employees at Bank were truly operating out of their own needs as well as in the memory of those they lost. This identification with those lost was a critical part of the resilience of each individual and the firm and the clinical care provided to employees and their extended network (interpersonal systems and

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subsystems) enabled them to place their experience in context and to continue to work through the highs and lows while rebuilding successfully. We, as organizational clinicians, paid close attention to helping individuals and the firm-as-a-whole identify those parts of the other (alive and deceased) in them, both as a means of processing their trauma as well as a way of finding strength to move forward.

One last fact that represents the incomprehensible nature of these events: on just one three-day weekend in late September 2001, most of the people in this organization attended 21 funerals/memorial services. This was the most intense weekend of a three-month process of memorializing those lost that continued until December 16, 2001. In the sixth month, as the second WTC tower excavation began, recovery caused a revisiting of these experiences for the families as well as the employees; to date, only 33 bodies have been identified. In October 2001 the firm held a memorial service that I managed for them. The hall was nearly packed with friends, family and clients. Three clergy of different faiths led the service. Prayers were offered, and the names of each person lost were tearfully read by a group of employees. The tolling of a Tibetan bell followed the recitation of the lost. There is something about producing and managing an organization’s memorial service that, as foreign as the job seems to the role of consultant, seems fitting for the organizational clinician. The consultant does not often enact containment, while the clinician is trained to contain, to create a safe space. Holding the client in this way is a critical divergence from consulting.

“Finding [*the*] you in me” captures the complexity of transference processes active in organizational work. Today, I experience “knowing” those who died – the process of internalizing the client allowed me to find others in me whom I never actually knew, yet were aspects of the organization critical for me to know in order to help. On September 10, 2003 I visited Ground Zero, during which the names and faces of all those lost came to me as if they were known to me when they were alive. They and their stories remain as alive for me as do their friends and families with whom I worked. We can be assured that part of what allowed the firm, the employees and the families touched by this work to continue was some part of us that remained in them. For us all, this process of internalizing each other has forever shaped our identities. An organizational clinician must be sufficiently prepared for understanding the consequences of finding you in me.

A Dream...

I conclude with a disturbing dream I had the morning after my return from two weeks away in China on business for another client in November 2001. In the dream I am a passenger on one of the hijacked planes and I believe that if I could only synchronize the beating of my heart to all of the other passengers on this and all of the other hijacked planes, I could slow the planes down and make them veer away from their targets. When I awoke from my panicked, anxious state in the dream, I could only think about the many people I had not seen for two weeks – their faces haunted me in that early morning. I felt as though I had failed in my role, that I had abandoned them by attending to other work. Or, in my unconscious, had they abandoned me? For me, this dream was very much about what doing this work meant to me as well as what our work meant to this firm. This dream expresses the need for the “organizational clinician”.

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