RESPONDING TO A MASS SHOOTING INCIDENT

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Questions for the presenters?
Q&A segments will be included midway through and at the end of this training. If you would like to submit questions for the presenters please:
- Text them to 913-735-IDMH (913-735-4364)
- Email them to idmh@newpaltz.edu

We encourage you to submit questions early!
Presentation Overview

- Discuss characteristics and psychological effects of mass shootings
- Provide a framework for mental health intervention after mass shootings
- Discuss self-care for responders and receivers following a mass shooting event

Characteristics of Mass Shootings

- Intentional act to kill and maim
- Short duration and single location
- Lone shooter(s) with premeditated plan
- Multiple fatalities and wounded
- No warning
- Random, unsuspecting victims
- Varying degrees of traumatic exposure
- Problem of “multiples”

Video Vignette

Raymond M. Serowik, NRP
Interim Director
Emergency Medical Services Coordinator
Broome County Office of Emergency Services
Role of Law Enforcement
- Respond to crime scene
- Secure the site
- Evacuate shooting site
- Process bodies as evidence
- Notify next-of-kin
- Interview victims as legal witnesses

Media and Mass Shootings
- Mass shooting – “massive” media attention
- Potentially re-traumatizes victims
- Provides accurate and inaccurate information
- Intrudes on community
- Shapes public perceptions
  - Safety and world view
  - Negative view of persons with mental illness
  - Failures of the mental health care system

Politics and Mass Shootings
- Incident management
- Responders and experts
- Political debates - guns, mentally ill, terrorism
- Fault finding
- Legal considerations
- Donations
- Memorials
- Funding for response and recovery
Behavioral Health Supports and Mass Shootings
- Hospitalization
- Reunification
- Death notification
- Outreach to families and victims post-shooting
- Funerals and memorials
- Return to work/school
- Hospital discharge

Exercise 1

Mental Health Effects of Mass Shootings
- Post-Traumatic Stress Symptoms (PTSS)
- Acute Stress Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Major Depression
- Anxiety
Psychosocial Effects of Mass Shootings
- Loss of family/friends/co-workers
- Shattered sense of safety and world view
- High degree of physiological arousal
- Loss of support system
- Overwhelming demands
- Disruption of daily routines and structure
- Depletion of individual/community resources
- Intrusive media attention

Victims and Witnesses
- Direct traumatic exposure
  - Imminent threat of their own injury/death
  - Witness to injury/death of others
- Traumatic grief/anger
- Shattered sense of safety
- Injury with potential long-term recovery issues
- Re-traumatization because of criminal nature
- Living with the aftermath
  - Potential daily physical reminders
  - Survivor guilt

Responders
- Chaotic scene with uncertain mission
- Exposure to multiple dead and wounded
- Fear related to duties
- Frustration re ability to complete mission
- Frustration re having to complete mission
- Exposure to victim/witness despair/distress
- Stresses related to evacuation
- Stresses related to securing the scene/collecting evidence
Receivers
- Mission scope unknown
- Exposure to multiple dead and wounded
- Frustration re inability to complete mission
- Exposure to patient/family despair/distress
- Stresses related to
  - Surge on assets
    - Emergency Department operations
    - Reunification operations
    - Family Assistance operations
  - Death notification process

Families
- Uncertainty about loved one’s survival or safety
- Traumatic grief or loss due to death or injury
- Delay in death notification and release of remains
- Anger
  - At the event
  - At the response
- “Re-imagining” the tragedy
- Living with the aftermath
  - Reminders
  - Witness to loved one’s struggles and recovery process
  - Survivor guilt

Q and A

Factors that Shape the Response

- Scope of tragedy
- Victims and specialized populations
- Location of the disaster
- Goals for the response
- Responders
- Designated response sites
- Available resources

Response and Recovery Sites

- Site of the tragedy
- Hospital or Emergency Department
- Hospital family reception center
- Family Assistance Center
- Official death notifications and follow-up
- Community-based drop-in center
- Local vigils and memorial services

Common BH Interventions

- Compassionate presence
- Surveillance and triage
- Brief supportive counseling
- Grief counseling
- Psycho-education - victims and families, witnesses, responders,
- Case coordination and linkage
- Consultation
Risk and Resilience

RISK
- Degree of exposure
- Loss of someone close
- Prior trauma
- Prior functioning
- Lack of social support

RESILIENCE
- Social support
- Problem-solving skills
- Stable family
- Strong coping skills
- Ability to exert control

Video Vignette

Alan J. Wilmarth
Administrative Director, Behavioral Health at UHS Hospitals

Essential Elements of Mass Trauma Intervention
- Promote sense of safety
- Promote calming
- Promote sense of self/collective efficacy
- Promote connectedness
- Promote hope
Fostering Resilience by Promoting... A sense of physical and psychological safety
- Offer safe havens
- Provide routines and structure
- Enforce security protocols
- Make necessary environmental accommodations
- Recommend limiting conversations about the event
- Recommend limiting exposure to media triggers
- Educate regarding evocative nature of triggers
- Offer opportunities for reality testing
- Provide a child safe area with assigned staff

Fostering Resilience by Promoting... Calming
- As possible, take steps to help people solve concerns
- As possible, provide accurate information
- Provide non-intrusive, supportive interventions
- Provide psycho-education
  - Teach problem-solving skills
  - Teach anxiety management skills
  - Teach stress inoculation skills
- Maintain a constant, compassionate presence
- Do check-ins with affected populations
- Encourage involvement in enriching/positive activities

Fostering Resilience by Promoting... Efficacy
- Work with affected populations to identify “next steps”
- Support/facilitate empowering activities
- Be accountable and provide a clear feedback loop
- Model therapeutic support
- Reinforce/teach positive coping skills
- Link affected populations to relevant resources
- Foster self- and collective efficacy
  - Encourage - share hope for the future
  - Remind – not a linear process
Fostering Resilience by Promoting...

- Connectedness
  - Reunite affected populations with loved ones
  - Offer space conducive to informal interactions
  - Offer formal opportunities for providing information/hearing concerns
  - Convene groups, vigils, reunions, commemoratives
  - Strengthen social support skills
    - Identify viable support systems
    - Reconnect with past supports
    - Establish new supports
  - Underscore each individual journey is unique

Fostering Resilience by Promoting...

- Hope
  - Take specific steps to restore disruptions
  - Provide strengths-focused, supportive interventions
  - Maintain a compassionate presence
  - Provide real time/real world feedback
  - Anticipate/respond directly to anger/hopelessness
  - Teach resiliency skills
  - Reassure and normalize challenges/struggles
  - Provide daily and weekly written reports
    - "Recovery Tidbits"

Challenges Moving Forward

- Transitions or passages
- Changes in leadership or staffing
- Re-opening of school or business
- Request for shooter’s records
- Police reports or other investigative reports
- Anniversaries
- Trials or court hearings
- Similar tragedies
Exercise 2

How Will This Impact You?
Responders will encounter
- High stress and long hours
- Unfamiliar circumstances/coworkers
- Chaos in the work environment
- Uncertain/changing work expectations
- Role confusion
- Intense distress in others

Assessing Current Risk
- Level of and/or nature of your “real world” exposure to the event
- “Current”
  - Physical status
  - Emotional status
  - Life stressors
  - Life supports
    - Work life
    - Personal life
- Personal trauma history
Self Care: During the Response

- “Check-in” regularly with your “supervisor”
- Rotate your work assignments
- Pair up for task completion (buddy/team system)
- Take regular breaks
  - Eat nutritiously, hydrate
  - Check in w/family/social supports
- Limit your “on duty” time
- Pay attention to your own needs/reactions
- Communicate your needs to your supervisor
- Use humor appropriately

Employ Strategies Unique to You

- Play with/hold your pets
- Play with /hold your children
- Do meditation/yoga
- Go jogging
- Workout
- Take a walk
- Use guided imagery
- Do regular journaling
- Listen to/write music
- Breathe!

Video Vignette

Peggy Steinberg. ACSW, LSW
Director of Social Work at Lourdes Hospital
Defining Resilience...

- The human capacity to face, overcome and be strengthened by life’s challenges
- About adaptability not ability
- Learnable and teachable
- A “bankable” human asset
- Psychological capital
  - Hope
  - Self efficacy
  - Optimism

Capacity for Resilience

Your capacity for adapting to the stressors of responder work is greater if you

- Typically adapt easily following adversity
- Have a positive view of self
- Have good problem-solving skills
- Have good communication skills
- Have good assertiveness skills
- Are typically able to manage strong feelings/ impulses
- Have established a balanced life style

Strategies for Nurturing Resilience

- Accept help and support from others
- Offer help and support to others
- Maintain perspective (i.e., the long view)
- Practice "serenity" acceptance, courage and wisdom
- Take time to self-reflect
- Give yourself time to self-correct
- Remain hopeful
- Maintain movement towards personal life goals
- Seek professional help to deal with own traumas
Looking after Your Team

- Assess for “fitness for duty”
- Conduct regular team meetings
- Do daily phone check-ins
- Offer “stand down” debriefing
- Do recognition ceremonies
- Do post-response follow-up calls
- Extend EAP and other supports
- Reinforce personal self-care plan

Resources for Dealing with Violence and Trauma

- National Child Traumatic Stress Network (NCTSN)
  - www.nctsn.org
- NCTSN Psychological First Aid
  - http://www.nctsn.org/content/psychological-first-aid
- National Center for Post-Traumatic Stress Disorder
  - www.ptsd.va.gov
- Center for the Study of Traumatic Stress
  - www.cstsonline.org
- SAMHSA Disaster Technical Assistance Center
  - http://www.samhsa.gov/dtac

References

- Hobfoll et al. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention.