

RESPONDING TO A MASS SHOOTING INCIDENT


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Acknowledgments

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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 <ul style="list-style-type: none">❑ Degree of exposure❑ Loss of someone close❑ Prior trauma❑ Prior functioning❑ Lack of social support	RESILIENCE <ul style="list-style-type: none">❑ Social support❑ Problem-solving skills❑ Stable family❑ Strong coping skills❑ Ability to exert control
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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

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

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/>

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- ☐ Hobfoll et al. (2007). *Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention.*
- ☐ Shultz James M., et al. (2014). *Multiple Vantage Points on the Mental Health Effects of Mass Shootings.*
- ☐ Lowe, Sarah R., Galea, Sandro. (2015). *The Mental Health Consequences of Mass Shootings.*
