

Managing the Mental Health Consequences of Mass Violence



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Clarification



During this program, we will be focused on acts of mass violence and conventional terrorism:


- Bombing
- Mass shooting
- Vehicular attacks

And not discussing:

- Natural disasters
- Technological disasters
- Unconventional terrorism (i.e. chemical, biological, radiological, nuclear)
- Disease outbreaks

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Regarding the Shooter's Names



- On April 27, 2016, Google announced the release of a new plug in for their Chrome browser designed to block the names of mass shooters.
- The marketing firm Ogilvy & Mather is the Brady Campaign's partner on the project, dubbed "Zero Minutes of Fame."
- The plug in blocks the names and faces of the shooters and replaces it with information about the victims.

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Disclaimer




- There is a belief in some circles that presentations regarding mass killers should not include the names of the shooters as to deny them the notoriety they sought and make future shootings less attractive.
- This program explores behavioral science concepts applied to Active Shooter Incidents (ASIs) and will use the name of shooters.
- In using a name of an individual, we give important context for the backstory.
- This allows us to better identify trends and potentially prevent an incident.

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The Goal of Terrorism

- The goal of terrorism is the creation of extreme fear, destroying the individual and communal sense of safety and security.
- Terrorist attacks are intended to cause psychological, social and economic disruption, not simply to hurt or kill those in close proximity to the attack.



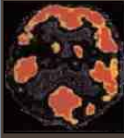

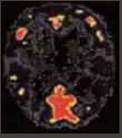
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Affective vs. Predatory Violence

<u>AFFECTIVE</u>	<u>PREDATORY</u>
• Intense ANS arousal	• Minimal or no ANS
• Subjective experience of emotion	• No conscious emotion
• Reactive and immediate violence	• Planned and purposeful
• Internal or external threat	• No or minimal threat
• Goal: Threat reduction	• Goal: Multiple/many
• Time-limited behavior	• Behavior not time-limited
• Preceded by public posturing	• Preceded by private ritual
• Heightened and diffuse awareness	• Primarily cognitive-conative
	• Focused awareness

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Neuroscience of Violence


Control Predatory Affective

PET scan detects glucose metabolism in various parts of the brain illustrating activity/non-activity.

Want to know more? *"The Anatomy of Violence: The Biological Roots of Crime"* by Raine, Adrian (Apr 30, 2013).

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**An Important Distinction:
Active Shooter vs. Shooting Incident**




- The U.S. Department of Homeland Security defines an Active Shooter as, "an individual **actively engaged in killing** or attempting to kill people **in a confined and populated area.**" (DHS, 2013)
- In these pre-planned (predatory—"cold blooded") events, the Shooter has prepared to injure and kill as many people as possible before he is stopped.
- **60% are over in 5 minutes or less.** 60% end prior to arrival of Law Enforcement personnel.
- During this events, on average another person is shot every 15 seconds.

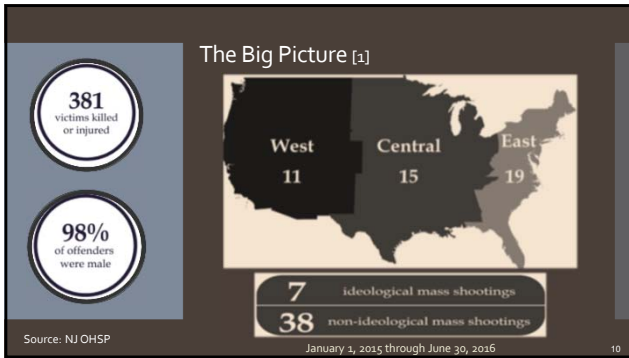
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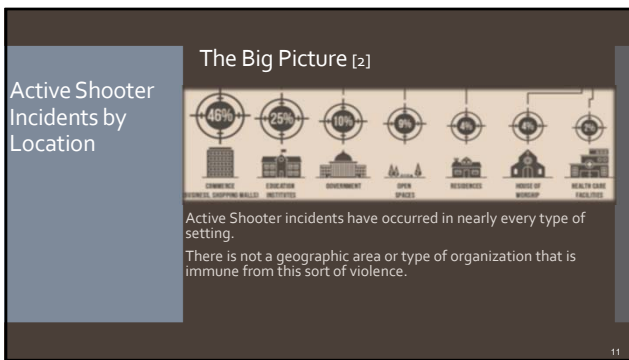
This is an Active Shooter Environment

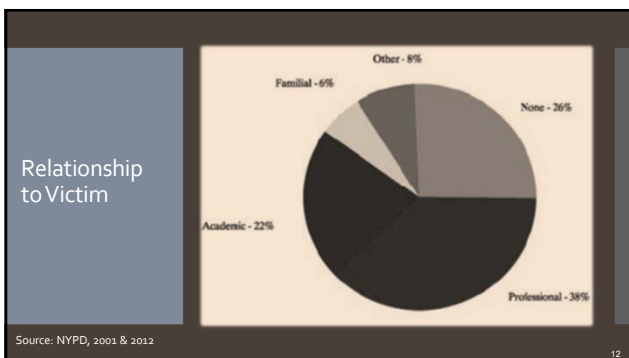
July 20, 2012: Inside the Century 16 theater in Aurora, Colorado, a gunman, dressed in tactical clothing, set off tear gas grenades and shot into the audience with multiple firearms. Twelve people were killed and 70 others were injured, the largest number of casualties in a shooting in the United States until the Route 91 Harvest music festival on the Las Vegas Strip in October 2017.

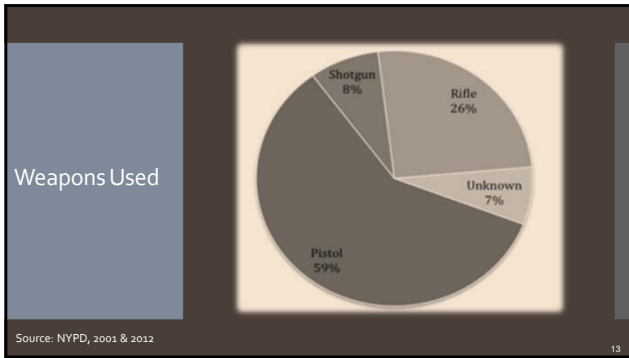


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Evolving Threats of Mass Violence: *Hybrid Targeted Violence (HTV)*

- HTV is defined as the use of violence, targeting a specific population, using multiple and multifaceted conventional and unconventional weapons and tactics.
- The HTV attackers often target several locations simultaneously.


Frazzano, Tracy L., and G. Matthew Snyder. "Hybrid Targeted Violence: Challenging Conventional "Active Shooter" Response Strategies." *Homeland Security Affairs* 10, Article 3 (February 2014). <https://www.hsaj.org/articles/253>

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Examples of HTV Incidents


Examples include:

- Beslan School Siege
- Mumbai Siege
- Westgate Mall
- Paris Attacks
- Boston Marathon
- San Bernardino



While HTV attacks are not exactly new, or unheard of in the U.S., intelligence estimates show that international extremist groups are very interested in initiating, supporting and inciting this kind of attack on American soil.

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Elements of HTV

HTV attacks differ from the more common Active Shooter incidents:

- Well-trained, tactically competent, and willing-to-die perpetrators.
- Multiple operators (attackers) working in small tactical units.
- Effective internal and external communications/coordination.
- Purposeful luring of first responders to inflict even more carnage.
- Use of fire to complicate first-responder operations and cause further damage.
- Potential use of CBRN agents.
- Use of high-powered military type weapons and explosives, including suicide bomb vests.


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Evolving Threats of Mass Violence: Vehicular Terrorist Attacks [1]

- On May 4th, the Transportation Security Administration issued a new unclassified report, "[Vehicle Ramming Attacks: Threat Landscape, Indicators, and Countermeasures](#)" providing guidance on detecting and deterring vehicular assaults.
- Over the past three years, more than 170 people have been killed and more than 700 wounded in about 17 ramming attacks around the world.
- The report reminds us that, "*No community, large or small, rural or urban, is immune to attacks of this kind by organized or 'lone wolf' terrorists,*" and that locations particularly vulnerable are those with "*large numbers of people congregate, including parades and other celebratory gatherings, sporting events, entertainment venues, or shopping centers.*"

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Evolving Threats of Mass Violence: Vehicular Terrorist Attacks [2]

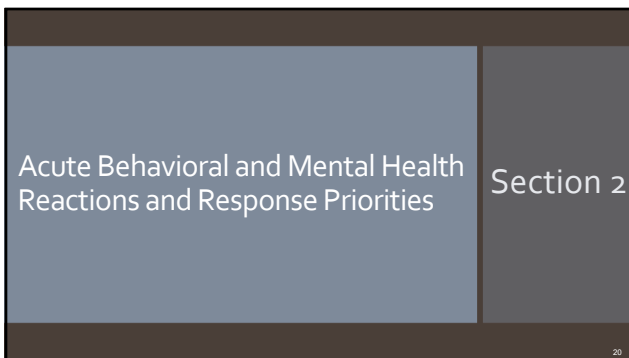
- Vehicular attacks, also referred to as vehicle-ramming attacks, are those instances of mass violence in which a perpetrator deliberately rams a motor vehicle into a building or crowd of people.
- While the term is most often used in the context of terrorism, it is also applicable to rampage killers who use a vehicle as their primary weapon.
- From 2014, through October 31 of this year there were 23 terrorist vehicle ramming attacks, resulting in 204 deaths and 861 injuries.

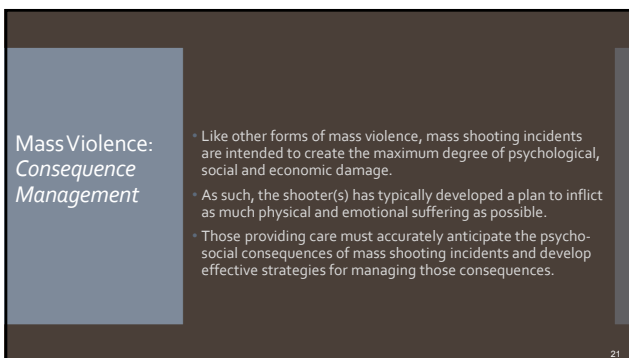
On Halloween, Tuesday October 31, a 29-year-old extremist committed the first deadly terrorist attack in New York City since 9/11.

Traveling at a high rate of speed in a rented Home Depot flatbed pickup truck.

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Unlike Other Disasters



- Shattered sense of safety; "safe places" no longer feel safe.
- An identified responsible party.
- Spontaneous; Lack of preparation-Shooter has initial tactical advantage.
- Innocent victims.
- Children & adolescents may be primary actors.
- Loss of life is more substantial than loss of property.

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Behavioral Health Risk Factors

Because incidents of mass violence—such as acts of terrorism, shootings, and other events, where there are multiple fatalities and/or injuries—are human-caused and with the intention of harming or killing others, among disasters they can be especially devastating to those that experience them, including:

- Survivors of and witnesses to the incident.
- Loved ones of victims and survivors.
- First Responders, rescue & recovery workers.
- Neighbors and community members surrounding the incident.
- Those in the area at the time the violence happened.



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Impact of Events


Two types of trauma:

Individual trauma

- May cause stress and grief
- May cause fatigue, irritability, hopelessness, and relationship conflicts

Collective trauma

- May damage community support
- May affect individual coping




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Key Concepts in Disaster Behavioral Health

- The human response to disaster is *phase-specific*.
- The human response to disaster is *hazard-specific*.
- There is no "one-size-fits-all" approach to intervention...it must be tailored to the phase and nature of the incident.

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Kurt Zadek Lewin
1890-1947

Anticipating Human Behavior:
Lewin's Equation

Behavior is a Function
of Person and Environment

$$B = f(P,E)$$


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Hot Zone:
Operational Assumptions [1]

- This is a dynamic, chaotic, hostile environment that will thrust citizens and responders into a spontaneous deadly force encounter.
- Responding officers may or may not be fully trained and equipped for a Active Shooter incident.
- Multiple weapons and ammunition are often involved.
- Ordinary citizens are likely to have little or no mental or physical preparation for such a terrifying violent event.
- Exposure to physical carnage and multiple, graphic and traumatic injuries.
- Potential presence of explosive devices.


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Hot Zone:
Operational Assumptions [2]

- High levels of noise from alarms, screaming, adding to stress/making communications difficult.
- The construction of a facility may deflect and amplify sound in a way making it difficult to determine the number or location of shooters.
- People moving in many directions; possibility of injuries from stampede of those seeking to escape, esp. at choke points, like stairs, escalators, and doors.

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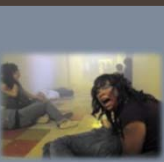


Hot Zone:
Operational Assumptions [3]

Personal exposure to threat from shooter(s), Improvised Explosive Devices (IEDs), and incoming tactical teams:

- Swarm of incoming officers.
- Multiple agencies/some outside local jurisdiction.
- Variety of different uniforms (including plain clothes, patrol uniform and tactical gear).
- LE responders will pass the injured in pursuit of the shooter.
- LE responders are likely to be aggressive with everyone in environment.

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An Accurate Picture of Casualties

- A high percentage of victims will have head wounds.
- 90% of deaths occurred prior to definitive care*
 - 42% immediately
 - 26% within 5 minutes
 - 16% within 5 – 30 minutes
 - 8-10% within 30 minutes to 1 hour
- Golden Hour – most die within 30 minutes of injuries that require simple interventions

*Matthew Dreher, "The Active Shooter and Your Quick Response"

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Event Response Characteristics

- Crime scene:
 - Limited access.
 - Chain of command.
- Unaffiliated volunteers.
- Very fast moving and changing.
- Hospitals in surge condition.
- Friends and family surge reception centers.

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Preservation of Evidence



A long-awaited Connecticut State Police report on the 2012 massacre at Sandy Hook Elementary School last month highlighted flaws in the agency's response, such as:

- "Dignitaries" stepping on bullet casings and other crime scene evidence.
- The presence of heavily armed officers not clearly identifiable as police potentially setting the stage for "blue on blue" friendly fire.
- "Relevant evidence was stepped on, including bullet casings and glass shards, which had yet to be processed and properly documented," the report said.

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Dread Factor


- Uncontrollability
- + Unfamiliarity
- + Unimaginability
- + Suffering
- + Scale of Destruction
- + Unfairness

From Ripley, A. 2008. "Unthinkable: Who Survives Disaster When Disaster Strikes and Why"

Dread

Incidents of violence typically have a very high "dread factor."

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Human Factors: *Extreme Stress Response*

Anticipate and understand Extreme Stress Reactions (ESR) in:

- Employees, guests and visitors
- In-house Security and Emergency responders
- Incoming LE and other responders


ESR reactions include:

- Frantic, unfocused behavior
- Difficulty following directions
- Fine motor skills deteriorates
- Problem solving diminished
- Irrational fighting or fleeing; freezing
- "Autopilot" behaviors


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Impact of Violence

- The impact of violence is widespread and to varying degrees affects victims, responders, and the community-at-large.
- Incidents of violence are likely to result in serious and long-lasting psychological effects.



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Acute Stress Disorder

The rates of Acute Stress Disorder following traumatic incidents vary, with higher rates reported for human-caused trauma.

- Typhoon 7%
- Industrial accident 6%
- Mass shooting 33%
- Violent assault 19%
- MVA 14%
- Burns 13%

Bryant, R.A. (2000). *Acute Stress Disorder*. *PTSD Research Quarterly*, 11(2), 1-7.

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Post-incident Psychological Effects

- The psychological consequences of directly experiencing or witnessing a mass shooting are often serious.
- Prevalence of post-disaster diagnoses (predominantly PTSD) in studies ranged from 10% to 36%.
- Much higher percentages reported sub-threshold PTSD, and very few participants reported no symptoms. (Norris et al., 2002a; 2002b).


Norris, F. (2007). "Impact of Mass Shootings on Survivors, Families, and Communities", PTSD Research Quarterly, Vol. 18, No. 3, 1-8.

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Children & Adolescents

- Response varies with age and developmental stage, as well as other factors.
- Human-caused violence may affect the child's trust in adults or in human nature.
- Children commonly implicate themselves in causing or worsening the incident, which might result in feelings of shame and guilt as well as self-blame.
- For adolescents, exposure to violent incidents may lead to fears, anxieties, and vulnerabilities that are usually associated with a younger age.
- Six months following the Boston Marathon attack, youthful marathon attendants were found to have greater psychopathology, with PTSD being reported 6 times higher among marathon attendants than non-attendants.
- Following the Utoya shootings in Norway, students' grades and functioning in school was found to be impaired after experiencing trauma, and there was a reported increase in days absent from school.


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Key Concepts in Disaster Behavioral Health

- Everyone who experiences a disaster is affected by it in some way.
- People pull together during and after a disaster.
- Stress and grief are common reactions to uncommon situations.
- People's natural resilience will support individual and collective recovery.
- Some will have severe reactions.
- Few will develop diagnosable conditions.
- Most do not seek treatment.
- Survivors often reject help.

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Immediate Post-Incident Actions

- Provide for basic needs.
- Establish Family Assistance/Reunification Center.
- Provide Psychological First Aid/Emotional Support.
- Crisis Communications/Media Management.
- Liaison with hospitals.
- Coordinate Crime Scene Management, such as Witness Statements with LEOs.

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The Role of the Behavioral Health Responder



PHONE: 1-800-985-5990
TEXT: "TalkWithUs" to 66746

- Provide psychological and emotional support to:
 - Victims
 - Survivors
 - Responders (including Victim Service workers, others)
 - Identify individuals in need of acute mental health intervention
- Refer those who may benefit from traditional/ongoing mental health assistance
- Connect those in need with resources (ex: National Disaster Distress Helpline)

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Behavioral Health Response: Support Locations

- On Scene
- Hospitals/Field Hospitals
- Family Assistance Centers
- Community Vigils
- Memorials
- Transitioning from Hospital to Home
- First Responder organizations
- Affected schools and businesses

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Initial Tasks

- Mobilize and coordinate services with other providers for early and ongoing emotional support.
- Anticipate vigils, funerals and memorials.
- Consider need for alternate sites/work from home.
- Coordinate with local and federal victim support agencies.
- Support Incident Command and Public Information Officers with information about impact and coping.



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**Post-Incident Considerations:
Family Assistance Centers**



- In the immediate aftermath of a violent event, families and friends will frantically seek assistance.
- Family members will gravitate to where they believe they will find their loved one or where they believe they will find information.
- That translates to the incident site and to local hospitals (thinking their loved ones are injured and have been transported to the nearest hospital).
- This is why a center or centers to provide family assistance immediately is so important.

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The Purpose of Family Assistance Centers



- Provide a private place for families to grieve.
- Protect families from the media and curiosity seekers.
- Facilitate information exchange between the ME/C Office and families so that families are kept informed and the ME/C Office can obtain information needed to assist in identifying the victims.
- Address family needs (responding quickly and accurately to questions, concerns, and needs—psychological, spiritual, medical and logistical).
- Provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition.

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Family Assistance Centers: Guiding Principals

- Maintain a single focus—supporting the families.
- Convey this single focus in all communications and actions, both internally and externally.
- Deliver only unequivocal, accurate information to families with honesty and empathy—although painful, the truth is always most supportive to the families.
- Guide family member expectations from the beginning of the operation.
- Accommodate families' requests—group or individual situations—to the maximum extent possible and recognize that some requests cannot be met.
- Remain flexible, allowing room to adapt and evolve to meet new requirements and family needs.
- Provide every opportunity for family members to make decisions to regain control of their lives.

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Intervention Types

- Psychological First Aid
- Crisis Counseling
- Informational Briefings
- Crime Victims Assistance
- Community Outreach
- Psychological Debriefing
- Psycho-Education
- Mental Health Consultation




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The Foundations of PFA


The P.I.E. Approach

- Proximity: Go to the victims and survivors
- Immediacy: Rapid, Proactive
- Expectancy: Wellness, Recovery



Artiss, K.L., 1963; Salmon, T.W., 1917.

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Guidelines for Delivering PFA

- Speak calmly. Be patient, responsive and sensitive.
- Speak slowly, in concrete terms; avoid acronyms or jargon.
- Acknowledge whatever positive steps the survivor has done to keep safe.
- Give information that directly addresses the survivor's immediate needs and goals.
- Provide information that is accurate, timely and relevant to their concerns.

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Behaviors to Avoid


- Do not make assumptions about what responders are experiencing or what they have been through.
- Do not assume that everyone exposed to a crisis will be traumatized.
- Do not pathologize-- Most reactions are understandable and expectable, and should not be considered signs or symptoms.
- Do not patronize or talk down to responders; focus on helplessness, weakness, mistakes or disabilities.
- Do not speculate or offer possibly inaccurate information.

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Intermediate and Long-term Phase Reactions and Response Priorities

Section 3

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At-Risk Populations

- Public Safety Workers /First Responders
- Children and youth
- Parents or caregivers of children
- Older adults
- People with prior trauma history
- People with serious mental illnesses
- People with disabilities
- People with a history of substance abuse
- Low-income groups


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Psychological Threats

In addition to the physical threat presented by the attack, the situation is likely to entail several foreseeable psychological hazards, including:

- High-level of personal threat
- Child victims
- Prolonged/protracted incident (esp. if evolving to barricade or hostage situation)
- High media interest
- Personal knowledge of a victim(s)
- Possible Line of duty death
- Serious injury to self/colleagues
- Multiple casualties
- Killing or wounding innocent persons


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First Responder Reactions

- Anger, disbelief, shock.
- Identification with those affected.
- More intense negative response when children involved.
- Part of the community.
- Reliance on training and Incident Command System.

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Defining Traumatic Stress

"Traumatic stress refers to the emotional, cognitive, behavioral and physiological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities"

Lerner & Shelton, 2001

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Defining Traumatic Stress

"Traumatic stress disables people, causes disease, precipitates mental disorders, leads to substance abuse, and destroys relationships and families. Additionally, traumatic stress reactions may lead to Posttraumatic Stress Disorder (PTSD)."

Lerner & Shelton, 2001

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Trickle-down Trauma

- Most people who go through a traumatic incident recover, but, over the long term, some can develop serious conditions like PTSD and depression.
- Trauma can affect people secondhand, including first responders or health care workers who work with victims of violence.
- Trauma can even affect spouses of first responders, who know that their loved ones experienced life-threatening danger or who learn about the details of violence.

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Psychological Incident Commander [1]


The Psychological Incident Commander's Responsibilities during an MCE:

- Monitoring the first responders on scene for signs of acute distress requiring immediate assistance.
- Ensuring that a mental health provider or supervisor has a brief personal contact with each first responder (sworn and civilian) before the end of their shift.
- Being available to consult with command staff.

John Nicoletti, Sara Garrido, and Mark J. Kirschner, "Supporting the Psychological Recovery of First Responders Following a Mass Casualty Event," The Police Chief 83 (June 2016): 40-45.

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Psychological Incident Commander [2]



- Sharing information about available mental health services with first responders.
- Connecting with and answering questions for first responders' family members if needed.
- Coordinating with the employee assistance provider and other agency mental health service providers to organize follow-up services.

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Caring for the Responder



- Screening before deployment.
- Shorter shifts than usual.
- Rotation of difficult assignments.
- Emotion support available before, during and after.
- Protection from media.
- Respite from the community.
- Responders brought in from out of the area.

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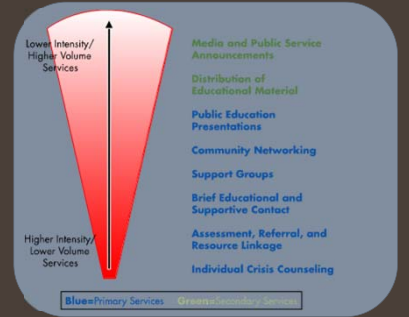
The Importance of Peer Support



- Support the creation of an officer peer support program. Many officers are more comfortable talking to a fellow officer than with a mental health professional about stressful or traumatic situations.
- By supporting the creation of an officer peer support program, chiefs can help ensure that officers get support quickly from someone they trust.
- By working with a mental health professional, peer support officers can help identify and refer an officer who needs more intensive services.

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Range of Crisis Counseling Services




The diagram is a funnel shape with a vertical arrow pointing upwards. The top of the funnel is labeled 'Lower Intensity/ Higher Volume Services' and the bottom is labeled 'Higher Intensity/ Lower Volume Services'. The funnel is divided into two color-coded sections: a blue section at the bottom labeled 'Blue Primary Services' and a green section at the top labeled 'Green Secondary Services'. The following services are listed on the right side of the funnel:

- Media and Public Service Announcements
- Distribution of Educational Material
- Public Education Presentations
- Community Networking
- Support Groups
- Brief Educational and Supportive Contact
- Assessment, Referral, and Resource Linkage
- Individual Crisis Counseling

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Potential Long Term Effects

- Free-floating anxiety and hypervigilance
- Underlying anger and resentment
- Uncertainty about the future
- Prolonged mourning/inability to resolve losses
- Diminished capacity for problem solving
- Isolation, depression, hopelessness.
- Health problems
- Significant lifestyle changes



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Early Stage Recovery


- Mobilize and coordinate services with other providers for early and ongoing emotional support.
- Anticipate vigils, funerals and memorials.
- Coordinate with local and federal victim support agencies.
- Support Incident Command and Public Information Officers with information about impact and coping.



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Mental Health Response: *Support Locations*


- On Scene
- Hospitals/Field Hospitals
- Family Assistance Centers
- Community Vigils
- Memorials
- Transitioning from Hospital to Home
- First Responder organizations
- Affected schools and businesses



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Other Likely Support Functions

- Synchronize psychological support with Victim Service and other ICS functions
- Support death notification delivery
- Support recovery and victim identification
- Support release and disposition of remains (LE, ME/C)
- Assist with Ante-Mortem information collection
- Support with return of personal effects



Skolnick & Roark, FBI Victim Services, 2013

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Former President Clinton at Columbine High School.

Post-Incident Considerations [1]: VIP Visits

- Be prepared for VIP visits and all that this entails in the wake of the incident.
- VIPs are likely to attend memorials, funerals, meeting with family members, local officials and first responders.
- Such visits require a high degree of collaboration with state and federal agencies, and will be high-profile media events (often worldwide media coverage)

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Photo: Anders Behring Breivik murdered 77 people in July 2011. He used his trial as a platform to continue publicizing his extreme views for more than a year after the incident.

Mid-Stage Recovery

- Anticipate litigation: Criminal and civil
- Begin planning for one year anniversary
- Continue ongoing support for victim's families, survivors and witnesses, including medical and psychological care
- Develop After Action Report and conduct necessary reviews and updates to policies, plans and procedures
- Continue to monitor media coverage (including social media) of incident and organizational response

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Late-Stage Recovery

- Recognize one year anniversary.
- Anticipate emotional difficulty for some/many at anniversary times.
- Manage anniversary media attention.
- Support ongoing rehabilitation and mental health care for affected individuals.

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A Critical Time

The anniversaries of violent events are a time to:

- Take stock of the accomplishments of both individuals and the community.
- Reassess the needs of the community.
- Enhance and strengthen connections with community stakeholders.
- Continue creating educational materials and community partnerships that promote resilience and create a legacy.


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A Critical Time

- While every violent incident is different, there are some reactions related to the anniversary that can be anticipated.
- As the anniversary approaches, there may be an increase in the distressing reactions of some survivors.
- There will be a need for updated educational materials and media messages related to the anniversary of the event.


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Key Concepts in Anniversary Planning

- Anniversaries allow individuals and communities to reflect on resilience and healing.
- Anniversaries are a time to mourn losses associated with the violent event.
- Each community may perceive the anniversary differently.
- Each community will decide how it will observe the anniversary.


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Individual Reactions

- Increased readiness and desire for group crisis counseling.
- Deepened anxiety or depression, acting as limitations, as the new reality of life after disaster sets in.
- Anger around the limits of governmental assistance and insurance (e.g., "the system," "red tape").
- Increased substance use.
- Evolution of unaddressed trauma into diagnosable conditions such as posttraumatic stress disorder or depression.
- Stress from multiple losses as resources run out.

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Community Reactions

- Increase in preparedness activities.
- Resurgence of media and political attention.
- Community solidarity or discord.
- Increased demand for CCP services.
- Surge in calls to the program or local hotline

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Challenges to Human Service Response

- Spontaneous volunteers / agency responders
- Identifying locations to support initial convergence to scene
- Family/Victim management
- Personal effects management
- Interagency collaboration/communication
- Coordination and dissemination of information

Skolnick & Roark, FBI Victim Services, 2013.

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Lessons Learned:
Delivery of Mental Health Services [1]

- Mental health planners should proceed carefully, however, as the ubiquity of counseling offers in the immediate aftermath of these events was often resented.
- Local involvement and control are paramount.
- At less severe levels of exposure, the impacts of mass shootings extend far beyond the primary victims to encompass the community, whether that is a workplace, neighborhood, school, or campus.
- Community members resent the media intrusion and the convergence of outsiders.

Skolnick & Roark, FBI Victim Services, 2013. 76

Lessons Learned:
Delivery of Mental Health Services [2]

- Immediately following traumatic events children and families may benefit from "psychological first aid."
- Calm reassurance, basic education about trauma response, and community assistance can help families feel safer and more in control of their lives.
- Remember: *Psychotherapy is intended to create change, disaster behavioral health intervention is intended to prevent change and move people back toward baseline functioning.*

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Conclusion

Section 4

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One Year & Beyond

Four potential long outcomes:

- The disruption represents an opportunity for growth and increased resilience, leading to a new, higher level of homeostasis.
- The individual returns to baseline homeostasis.
- The individual experiences recovery with loss, establishing a lower level of homeostasis.
- The individual moves into a dysfunctional state.

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Resilience

- Resilience has been defined as "the ability to successfully adapt to stressors, maintaining psychological well-being in the face of adversity" (Haglund et al., 2007, p. 889).
- Resilience does not indicate complete absence of any psychological symptoms following a traumatic event, but rather the ability to return to pre-trauma levels of functioning (Goldmann and Galea, 2014).
- Expressing resilience does not automatically mean that people do not have any PTSD symptoms.

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Operational Stress Control vs. Secondary Traumatic Stress

Operational Stress Control

- The expected and predictable emotional, intellectual, physical, and/or behavioral reactions of Responder who have been exposed to stressful events in direct or indirect operations.
- Operational Stress reactions vary in quality and severity as a function of operational conditions, such as intensity, duration, rules of engagement, leadership, effective communication, team morale, unit cohesion, and perceived importance of the mission.

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Self-Care Tips [1]

1. Familiarize yourself with signs of Operational Stress and Traumatic Stress, as well as strategies for coping.
2. Get enough rest, exercise regularly, and maintain a healthy diet.
3. Have a life outside of your job.
4. Avoid tobacco, alcohol, drugs, and excessive caffeine.
5. Draw strength from personal beliefs, friends, and family.

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Self-Care Tips [2]

6. Maintain your sense of humor.
7. Have a personal preparedness plan.
8. Participate in training offered at your workplace.
9. Get a regular physical checkup.
10. Ask for help if you need it.

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Whoever fights monsters should see to it that in the process he does not become a monster.
— Nietzsche —

Closing Thoughts

- It is very likely that the participants in this program may be early on scene and most involved in the response to a incident of mass violence.
- We are not immune from the emotional power of these events.
- Take care of yourself, look out for each other.

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