


Kathy Dean MSSW
 Jim Siemianowski, LICSW
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 Institute for Disaster Mental Health
 State University of New York New Paltz

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:

- fText them to 913-735-IDMH (913-735-4364)
- fEmail 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

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

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 Urban 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

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- § Direct traumatic exposure
 - f Imminent threat of their own injury/death
 - f 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
 - f Potential daily physical reminders
 - f 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
 - f* Surge on assets
 - Emergency Department operations
 - Reunification operations
 - Family Assistance operations
 - f* Death notification process



- § 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
 - f* At the event
 - f* At the response
- § "Re-imagining" the tragedy
- § Living with the aftermath
 - f* Reminders
 - f* Witness to loved one's struggles and recovery process
 - f* 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

Disaster Community Response

- 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 PI 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	RESILIENCE
§ Degree of exposure	§ Social support
§ Loss of someone close	§ Problem-solving skills
§ Prior trauma	§ Stable family
§ Prior functioning	§ Strong coping skills
§ Lack of social support	§ 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

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
 - f Offer safe havens
 - f Provide routines and structure
 - f Enforce security protocols
 - f Make necessary environmental accommodations
 - f Recommend limiting conversations about the event
 - f Recommend limiting exposure to media triggers
 - f Educate regarding evocative nature of triggers
 - f Offer opportunities for reality testing
 - f Provide a child safe area with assigned staff

Fostering Resilience by Promoting

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

Fostering Resilience by Promoting

- § Efficacy
 - f Work with affected populati

Fostering Resilience by Promoting

§ Connectedness

- f* Reunite affected populations with loved ones
- f* Offer space conducive to informal interactions
- f* Offer formal opportunities for providing information/hearing concerns
- f* Convene groups, vigils, reunions, commemoratives
- f* Strengthen social support skills
 - Identify viable support systems

Exercise 2

How Will This Impact You?

- Responders will encounter
- f High stress and long hours
 - f Unfamiliar circumstances/coworkers
 - f Chaos in the work environment
 - f Uncertain/changing work expectations
 - f Role confusion
 - f Intense distress in others

Assessing Current Risk

- § Level of and/or nature of your “real world” exposure to the event
- § “Current”
 - f Physical status
 - f Emotional status
 - f Life stressors
 - f Life supports
 - Work life
 - Personal life
- §

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
 - ƒ Eat nutritiously, hydrate
 - ƒ 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



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
 - f Hope
 - f Self efficacy
 - f 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

- § National Child Traumatic Stress Network (NCTSN)
f www.nctsn.org
- § NCTSN Psychological First Aid
f <http://www.nctsn.org/content/psychological-first-aid>
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