After Tragedy: Recovery Models in Communities Caring for Their Own
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Disclaimer

It is possible that something you hear during this Institute may trigger an emotional response, whether or not you have experienced a trauma. We encourage you to take care of yourself as you need. We will have a team available if you need to talk to someone during or after this Institute.
Learning Objectives

With information gathered from the experience of several mass shootings and community tragedy, participants will be able to describe precursors to mass violence and assess their own community’s readiness to and the role of the community during an event as well as in the immediate and long-term aftermath of a community tragedy.

Participants will be able to define physical, clinical and social strategies for preventing or reducing school violence, and mitigating harms.

Participants will be able to identify the phases of disaster response, including immediate, secondary and long term supports.
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Participants will be explore strategies to reduce the risk for PTSD following a traumatic event. Mobile response, wraparound supports, Trauma Informed Care approaches and supports for caregivers will be discussed.
February 27, 2012, at approximately 7:30 a.m.

Shooting occurred in the cafeteria of Chardon High School, Chardon, Ohio

One Shooter, no accomplices, 22 caliber handgun – taken from a family member’s house

Six victims shot within 38 seconds, three were declared dead within days, one treated at the scene, two admitted to separate hospitals.

Of the two hospitalized victims that survived, one was discharged after several days, one is permanently paralyzed.
Immediate Responses to Mass Trauma

- Some of the first calls into the 24 hour Mental Health Crisis line were from war veterans.
- Every school district had a threat of some type.
- Family and extended family are scattered throughout the community.
- Families play ball, go to camp, go to church, with the victims, even if they aren’t in the same school district.
- Individuals with severe and persistent mental illness were had devastating symptoms.
- Young children were also afraid to go back to school. First responders had a vast array of personal reaction.
- Teachers who had the shooter and victims in the past experienced guilt and grief.
- The whole community mourns.
Trauma Informed Care

Question...What do I do First?

- Meet physical health needs
- Provide a solid base for victims and family members with specific information and guidance
- Meet immediate comfort and daily living needs
- Follow up as victims are ready to begin the recovery process

What does Trauma Do within Communities, and First Responders?

**RESPONSE**

- Increase the “fight or flight” imperative
- Physical changes to the body.
- Mental Health challenges: PTSD, Depression, Mood Disorders
- New situation brings about an old response

**BENEFIT OFTRAUMA INFORMED RESPONSE**

- Awareness of your own response to situations.
- Making the job easier, not harder.
- Develop different responses.
- Improve your overall mental and physical health.
Single Most Common Theme Brought up By Counseling Clients After a Traumatic Event

Issues of Faith
Prevention Starts Early

Early Childhood Interventions
Problem solving (Devereaux assessments, Incredible Years, etc.)
Improve or increase protective factors, Mentoring

School Aged Interventions
Early Identification and Assessment/Treatment
PAX Good Behavior Game, etc. – CBITS is effective in schools

High School Interventions
Identification, Assessment, and Treatment
Intensive Home Based Therapy, In-school (day treatment, partial hospitalization, Early Warnings, etc.) Youth Led Prevention, Mentoring
Predicting Violence

Is an individual with a mental illness more likely to commit violence?
• More likely to be a victim (up to 400% more likely, World Health Organization)
• Increase chance if untreated, with a co-occurring substance abuse diagnosis
• Federal definition of violent crimes: murder, robbery, rape, assault
• Individuals with untreated mental illness and substance abuse = 4% -5%, same as general population

Predicting “Low Probably Base Rate Events”
• Virtually Impossible! Due to the extremely low numbers.
• Clinicians tend to over predict.
• Risk Factors can be mitigated with Assets.

“...when the incidence of any form of violence is very low and a very large number of people have identifiable risk factors, there is no reliable way to pick out from that large group the very few who will actually commit the violent act.”

FBI
# Risk Factors Vs. Protective Factors

## Risk Factors
- Low parental involvement
- Lack of appropriate free time activities
- Poor commitment to school
- Neighborhood crime and low support from local community

## Protective Factors
- Up to 3 relationships with trusted adults.
- Availability of community resources, e.g. parks, sports,
- Perception of reward and expectation of school success.
- Community Celebrates Success
  - (From: Search Institute – Developmental Assets)
Utilization of Services Increased

• CBITS identified 23% of students in the High School at time of shooting at risk of significant mental health problems. Columbine identified 15% at risk.

• Increase in Psychiatric Residential Treatment Facility use for Chardon students doubled in just 2 years.

• Chardon students represent 50% of all residential placements, but comprise only 24% of total student population

• Some students just “disappeared”
• Some first responders did not return to work
• About 33% of school staff did not return after the first year.
Traditional MH Service Increases: Financial Resources Are Needed Immediately
Factors Include:
- Impulsivity
- Low Frustration Tolerance
- Rejects Criticism
- Recklessness
- Superficial Relationships
- Egocentric
- Current Substance Abuse
- Feelings of Helplessness
- Fantasies of Revenge
- Jealousy
Phases of Disaster

- **Pre-Disaster**
- **Threat**
- **Warning**
- **Event**
  - **Honeymoon (community cohesion)**
  - **Heroic**
  - **Disillusionment**
- **Working Through Grief (coming to terms)**
- **Reconstruction (a new beginning)**
- **Trigger Events and Anniversary Reactions**

Time:
- 1 to 3 days
- 1 to 3 years
Key Concepts of Disasters

- No one who sees a disaster is untouched by it
- Impacts individuals and communities
- People pull together during and after
- Stress and grief are normal reactions
- People’s natural resilience will support individual and collective recovery
Early disaster behavioral health response

Employers and EAP

Recognizing stigma and normalizing experience

Lost work, lost wages

Workplace triggers traumatic stress response

Differentiating interventions

Dependent on people seeking help
1 October Mass Shooting - Nevada

The shooting occurred during the Route 91 Music Festival at approximately 10:05pm Sunday October 1.
Children’s Mobile Crisis Team Response

What we expected our role would be

Reality of our role
A community grieves
AEAP guidelines define an act of mass violence as an international violent crime that results in physical, emotional, or psychological injury to a sufficiently large number of people and significantly increases the burden of victim assistance and compensation for the responding jurisdiction.
Antiterrorism and Emergency Assistance Program

Eligible applicants include state victim assistance and compensation programs; U. S. Attorneys Offices; federal, state, and local governments; and nongovernmental victim service organizations.

Nevada formally requested technical assistance to the complete the grant application on October 3, 2018.
Antiterrorism and Emergency Assistance Program

Allowable Activities

- Crisis counseling
- Needs assessment and planning
- Protocols for coordination and collaboration
- Outreach plan development
- Emergency transportation and travel
- Temporary housing assistance
- Emergency food and clothing
- Victim information web sites
- Vocational rehabilitation
- Victim notification services
- Victim Advocacy Compensation for medical and mental health costs, lost wages and funeral expenses
Family Assistance Center

Services available after the first 3 days:

- Ground and air transportation
- Onsite childcare
- Lodging
- Crime victim benefits and compensation
- Legal aide
- Identification services
- Counseling and spiritual care
- Personal effects return
- Donation management
The Family Assistance Center opened at 9 a.m. on October 2, 2018.

The Clark county Office of Emergency Management played the primary role in establishing the FAC, in conjunction with the Clark county Office of the Coroner/Medical Examiner. Other key agencies included the American Red Cross, the FBI, Southern Nevada volunteer organizations, representatives from the City of Orlando and San Bernardino, as well as law enforcement from across the State of Nevada.
The Family Assistance Center

Functioned in 24 hour operational periods the first 3 days to provide services to include:

- Investigations to positively identify victims
- Provide notifications to next of kin
- Support victims and the families of victims with crisis counseling
Vegas Strong Resiliency Center
Permanent Support

Vegas Strong Resiliency Center opened at 10:00 a.m. on October 23, 2018

Included technical assistance from Office of Victims of Crime and a combination of Clark County Employees, State of Nevada DHHS employees, Legal Aide of Southern Nevada, and Southern Nevada Volunteer Mental Health Community Responders.
Vegas Strong Resiliency Center

Vision: VEGAS STRONG: A united, safe and welcoming community

Mission: Create a framework that supports long-term commitment to promote healing and strengthen the whole community
Vegas Strong Resiliency Center

Goals:

• Provide for the immediate and long-term needs of the residents, visitors and responders.
• Establish a Resiliency and Recover Organization to manage relief efforts and make policy recommendations.
• Enhance economic strength and resiliency.
• Incorporate lessons learned and best practices into programs to strengthen and improve community safety, preparedness and response.
Vegas Strong Resiliency Center

Responder/Provider Work Group

- Develop sustainable, long-term mental health services for survivors, family members, responders and responder family members, event employees and other industry workers
- Behavioral Health Therapist outside of EAP placed at UMC hospital complex
- Support or develop ongoing crisis hotlines (developed responder crisis hotline).
- Develop crisis mental health first aid awareness and specialized trauma training for responders, casino workers, business and community members
- Develop and implement a public communications and outreach strategy to increase awareness and maximize use of the Resiliency Center
Vegas Strong Resiliency Center

Goal: Deliver wraparound legal assistance to crime victims that meet all of their civil legal needs that arose in connection with the shooting.

- Participated in the Family Assistance Center; Have 2 full time staff at Vegas Strong Resiliency Center
- Make referrals to legal aide in other States
- Established a dedicated phone number and email address for survivors to ensure speedy access
- Developed Vegas Strong Legal and Financial Toolkit
- Developed Vegas Strong Investment and Financial Planning Tool Kit
#Vegas Strong
Lessons Learned – The Nevada Experience

Immediate

Short-Term

Long-Term
But first, what is this thing, community trauma response and intervention?

And how is it different than traditional psychotherapy?

“I mean, I read a book about it. And I went to a talk- the slides were really long, and interesting. And my friends say I’m a good listener. I can do this, right?”
It’s a lot less complicated than doing therapy.

And a lot more difficult to do well.
It is...

A lifeline.

Emotional and psychological CPR.

A strategy on a continuum of care.

Support and help at a moment when logic and facts don’t matter.
Important considerations... Practice, practice, practice! And I don’t just mean your partnership system response plan

**Before**
- Lockdown drills can be traumatizing for youth due in part to cortisol rush combined with requirement to freeze in place
- Immediately after lockdown drill allow kids to move around, do physical activity to reduce paralysis

**During**
- First responses should be second nature, through practice and mindfulness-type routines
- Practice role play should be realistic, so that responders’ bodies, brains, hearts learn how to react when needed
- Get control of your heart and thought response
Practice, practice and practice some more...

You may not attain flawless, expert abilities but you will acquire the capacity to perform necessary functions as if they were second nature.

It takes 10,000 hours of practice experience to become proficient at a skill

Malcolm Galdwell

This is where you want to be
After...
The ethics of team and self-care
I’m not saying you have to get therapy before you try to help others in such deep need, but...

Take care of yourself and your team.
Special challenges:

Must have the ability to do more, and say less

Know limits of content of speech to influence the person, situation

Appreciate the challenges to professional ethical boundaries and demands
Reach out, don’t just encourage someone to call a number, or “get help”

Someone who is in severe distress is often in no position to ask and seek help

You can’t always tell who needs help

54% of those who suicide have no MH diagnosis- CDC
What is PTSD?

Exposure - includes secondary trauma (first responders)
Re-experiencing event
Avoidance
Negative thoughts, feelings
Reactivity, hyper-arousal
Symptoms last +1 month
Functional impairment - social, emotional, physical
Stress reactions in children...when to seek help

Fight or flight can save your life, but sometimes the stress response gets stuck in “on” mode.

Anxiety is normal: Prolonged poor sleep, stomach aches/loss of appetite, school avoidance, bullying, nightmares/flashbacks are not

Younger children may also repeat the trauma in their play, (for example, bringing a toy gun to school, acting out shooting or death with toy objects)

Teens are more likely to engage in impulsive or risky behavior, drug and alcohol use- their responses can mimic adults stress reactions
Strategies that help...verbal based

- Trauma Focused Cognitive Behavioral Therapy
- Psychotherapy focused on teaching skills to change the narrative, thoughts
- Yale model-focus on training caregivers
Strategies that help...therapeutic activity based

- Equine, dance, play therapies
- Body mastery activities like rock climbing
- Yoga, massage

• Lessons from Bessel van der Kolk *The Body Keeps the Score*
Technology and behavioral applications

- Crisis Text Line
- Individual state and local text applications
- MoodPath-tracks symptom development
- SAM- Self Anxiety Management
Yet while some manualized evidenced based treatments work under controlled conditions........

The most powerful protection against trauma and stress is Social Support.

B. Van der Kolk, Trauma researcher and writer

• This may be the most important lesson from 10/1/17, Las Vegas.
To be benevolent, rather than malevolent, is probably the true nature of our species

- Jerome Kagan, Harvard University
Questions, comments, feedback?