Psychology and Disaster Mental Health: Responding to Mass Community Violence

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No disclosures or conflicts with this presentation

Learning Objectives

1. Understand the psychological factors associated with mass community violence (MCV)
2. Identify various roles psychologists might fill following mass community violence (MCV)
3. Appreciate the impact of mass community violence (MCV) on first responders and psychologists
4. Identify resources and training opportunities for disaster mental health
5. Discussion Scenarios

Psychological factors associated with Mass Community Violence (MCV)

Mass Community Violence (MCV) = wide range of events including shootings, riots, sniper attacks, gang wars, workplace assaults, terror attacks, torture, bombings, war, ethnic cleansing, and wide spread sexual, physical, and emotional abuse (Hamblen & Goguen, 2016)

Normal reactions

- Intense, unpredictable feelings
- Trouble concentrating or making decisions
- Disrupted eating patterns
- Disrupted sleeping patterns
- Emotional upsets on anniversaries or other reminders
- Strained interpersonal relationships

Physical symptoms such as headaches, nausea or chest pain

Psychological research shows that many people are able to successfully recover from disaster

- Taking active steps to cope is important

Psychological factors associated with Mass Community Violence (MCV)

Acute phase

- Denial, shock, disbelief
- Behavioral health officials can help by providing resources and information

Intermediate phase

- Fear, anger, anxiety, transient panic, difficulty paying attention at work or school, depressed feelings, and disturbed sleep

Long-term phase

- Coming to terms with realities with alternate periods of adjustment and relapse.
- Untreated behavioral health reactions might solidify into illnesses that require specialized mental health or substance use disorder-related attention

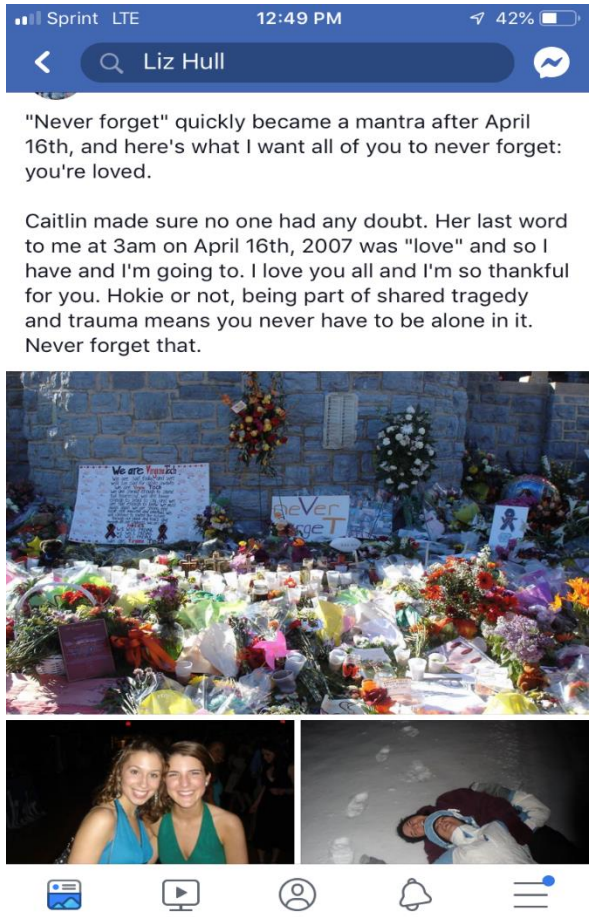
Impact of Mass Community Violence (MCV) on Institutions and Communities

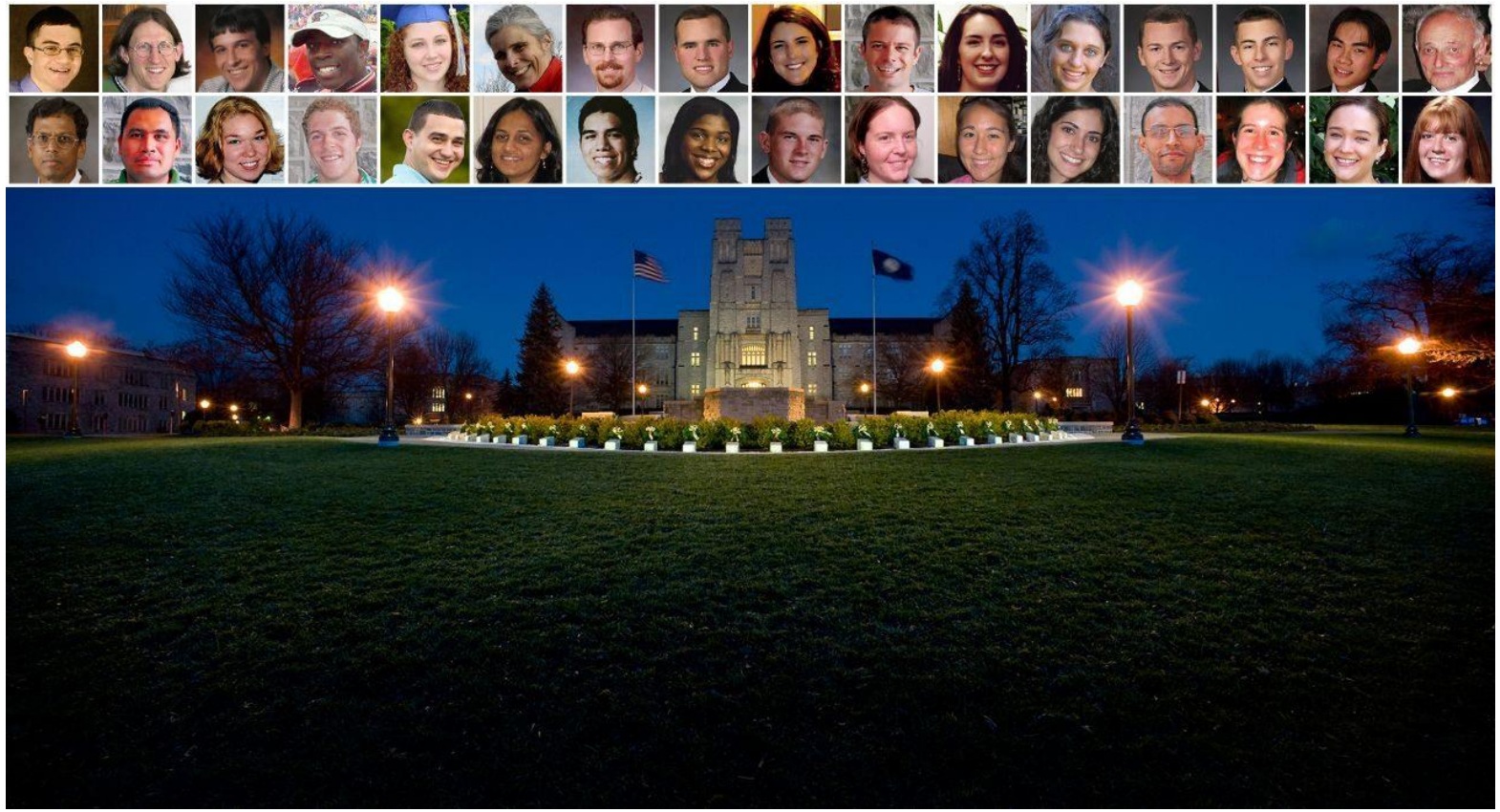
Impacts Institutions and Communities as well

- Feeling of safety
- Heightened sense of awareness
- “We didn’t think this could happen to us”
- Memorial events and Anniversaries become important to continue healing and recovery
- Culture around the trauma/event

April 16, 2007: Virginia Tech

April 16, 2019: 12 years later





April 16, 2019: 12 years later

August 12, 2017: Charlottesville, Virginia

The Many Roles of Psychologists following MCV

New and often multiple roles

- Providing general information/psychoeducation
  - Vulnerable populations (e.g., children, race/ethnicity, age)
- Facilitating Process Groups at Institution/Community
- Treating medical inpatients following a trauma
- New outpatient referrals
- Current outpatients
- Volunteering through an organization
- Advocacy during preparation response
  - Psychology and MH need to be at the table
  - Health response should also include behavioral health
  - Educate people on what psychologists can do and how we can be helpful

Roles of Psychologists following MCV: Before

Steps to take before MCV

- Be prepared to step in to assist with negative events that may occur in your community
- Discuss with your colleagues and supervisors what the protocol is for responding to events of community violence
- Be open and honest about your skills and abilities
- Be ready to take on multiple and/or new roles within your institution/organization
- Be aware of community events and occurrences
- Need for additional trainings on how to respond to community violence

Roles of Psychologists following MCV: Immediate Aftermath

Immediate aftermath

- Listen to people's concerns on a variety of issues
  - Missing family members and friends
- Provide information about available resources for current needs
- Educate people that it is normal for disaster survivors to have an array of common reactions
  - Fears, memories, nightmares, irritable and/or withdrawn emotions, and confusion
- Assure people that it is possible to recover from disaster and to build fulfilling and satisfying lives
- Provide information on how and where to seek longer-term assistance
  - Not just verbally
- Help individuals to strengthen their resilience skills by making connections with family and friends
  - Accepting that change is an ongoing experience
  - Maintaining a hopeful outlook
  - Helping people to develop their own personal recovery plans

Impact of Mass Community Violence on Responders & Mental Health Providers

- Public health and public safety workers experience a broad range of health and mental health consequences as a result of work-related exposures to natural or human-caused disasters (Benedek et al., 2007)
  - Depression
  - PTSD
  - Substance Use
  - Suicidal ideation
- What Contributes to this?
  - Exposure (direct or indirect) to death, grief, injury, pain, or loss
  - Direct exposure to threats to personal safety
  - Long hours of work
  - Frequent shifts and longer shift hours
  - Poor sleep
  - Physical hardships (Botha, Gwin, & Purpora, 2015; Heavey et al., 2015)

Impact of Mass Community Violence on Responders: Risk Factors

Risk Factors

- Inadequate training, unrealistic expectations from leadership, and arbitrary decisions or shows of favoritism (Mitchell, 2011)
- Personal trauma and loss prior to the disaster (Brooks et al., 2016)
- Lower job satisfaction (Brooks, Dunn, Amlot, Greenberg, & Rubin, 2016)
- Proximity to the disaster, time on site, early responders
- Low perceived safety
- Publicity and media coverage of the disaster can be a trigger of disaster recall (Brooks et al., 2015)
  - Criticism from the media is often taken personally by responders

Impact of Mass Community Violence on Responders: Protective Factors

Protective Factors

- Longer duration of employment
- Specialized training, elevated level of professional mastery,
- Resilience, or “the ability to successfully adapt to stressors, maintaining psychological well-being in the face of adversity” acts as a protective factor against many mental and behavioral health issues (Haglund et al., 2007)
- Social support
- Professional mental health help (such as critical incident stress debriefing, or CISD, and/or psychological counseling) has mixed evidence
  - Found to be helpful to disaster responders in the immediate phase following an incident (Brooks et al., 2016)
  - In a study with firefighters, some reported positive experiences with CISD while others found the intervention intrusive and reported feeling more distressed after it (Jahnke et al., 2014)

Burnout and Secondary Traumatic Stress

Signs Of Burnout

- Sadness, depression, or apathy
- Easily frustrated
- Blaming of others, irritability
- Lacking feelings, indifferent
- Isolation or disconnection from others
- Poor self-care (hygiene)
- Tired, exhausted or overwhelmed
- Feeling like:
  - A failure
  - Nothing you can do will help
  - You are not doing your job well
  - You need alcohol/other drugs to cope

Signs of Secondary Traumatic Stress

- Excessively worry or fear about something bad happening
- Easily startled, or “on guard” all of the time
- Physical signs of stress (e.g. racing heart)
- Nightmares or recurrent thoughts about the traumatic situation
- The feeling that others’ trauma is yours

Impact of Mass Community Violence on Psychologists: Take Aways

- Professional
  - Difficulty knowing your role
  - Overcoming Impostor syndrome
  - Prioritizing demands on time
  - Volunteering services
  - Colleague & Institution support
  - Self-care
  - Diversity Issues
- Personal
  - Own reaction to the event
  - Awareness of possible biases
  - Past experience and trauma
  - Social Support
  - Self-care

Red Cross Response

Mass Casualty Incident – any event in which resources such as personnel and equipment are overwhelmed by the number & severity of casualties; even if the community is not overwhelmed Red Cross may offer services or be requested to support the response

Incident Command Structure typically led by law enforcement

Red Cross activated for specific functions – canteening, feeding, mental health, health, spiritual care, client casework

MCI Sites with Mental Health Presence

Hospitals – Casualty Teams

Volunteer Intake Site – all screened by Disaster Mental Health

Friends & Relatives Center becomes Family Assistance Center

Spontaneous Memorial Sites

Visit to Incident Site

Responder Service Delivery Sites

- Respite Center for First Responders
- Morgue & Other Body Recovery Sites
- Mass Casualty Incident Sites

Red Cross Supporting Responders

At the beginning of incident, responders will be in “hero” phase of response – high energy with potential to disregard healthy self-care in very high risk environment

Prolonged exposure to pain, despair, & grief increases risk

Actions for disaster mental health

- Encourage self care –breaks, sleep, eating, hydrate
- Encourage contacts with family & friend
- Observe principles of psychological first aid

Think about workforce protection factors & take suggestions back to your supervisor

Enhanced Psychological First Aid

- ✓Make a connection
- ✓Help people be safe – environmental safety, assess if client able to care for self
- ✓Meet people's basic needs – shelter, water, food, blanket, tissues
- ✓Provide a calm, supportive and compassionate presence – can use relaxation or calming strategies
- ✓Listen – risk and resilience factors
- ✓Give realistic assurance – reassurances that are grounded to the situation
- ✓Encourage good coping
- ✓Help people connect – to usual social supports
- ✓Give accurate & timely information – imparts a sense of empowerment
- ✓End the conversation – review plan with client
- ✓Make a Referral – to external agency if needed
- ✓Take care of yourself – *mission critical*

Individual Psychoeducation

Provide information on expected reactions to stress, transition & loss

Help individuals understand their reactions & plan for how to cope

May be accepted more readily if offered as a way to help children, family or friends

Educational brochures

Casualty Support

Integrated teams of mental health, health services, spiritual care & client casework

Provided to clients who have experienced loss or serious injury

Local responders may have experienced death or serious injury of a loved one

Refer to community providers for grief counseling if needed

Financial assistance can be offered

Resources for Disaster Mental Health

Medical Reserve Corps – national network of community based groups of volunteers

- https://mrc.hhs.gov/HomePage

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Disaster Technical Assistance Center Supplemental Research Bulletin
  - https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf
- Disaster Behavioral Health Information Series (DBHIS) Resource Collections
  - https://www.samhsa.gov/dtac/dbhis-collections

Red Cross

- www.redcross.org
- Conference display table

SAMHSA
Substance Abuse and Mental Health Services Administration

VIRGINIA
medical reserve corps

American Red Cross

Resources for Disaster Mental Health

American Psychological Association (APA)

- Disaster Resource Network (DRN)
  - https://www.apa.org/practice/programs/drn/index
  - https://www.apa.org/practice/programs/drn/research-information
  - DRN listserv – must be APA member, contact practice@apa.org
- What psychologists do on disaster relief operations - https://www.apa.org/helpcenter/disaster-site
- Psychological first aid resources - https://www.apa.org/practice/programs/drn/psychological-first-aid/resources
- Places to volunteer - https://www.apa.org/practice/programs/drn/involved/volunteer
- Additional research and information - https://www.apa.org/practice/programs/drn/research-information

Disaster Mental Health Informa

https://www.apa.org/practice/programs/drn/index

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  - Disaster Resource Network
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- Professional Practice Guidelines
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Disaster Mental Health Information

The Disaster Mental Health Information webpages are an online resource for psychologists interested in disaster mental health and disaster response. Information includes training, resources and how to get involved in disaster response.

Get Involved

How to Get DMH Training

Research and Information

Psychological First Aid

History of the DRN

Resources for Disaster Mental Health

VACP Disaster Response Task Force

- Establish a relationship between VACP and Red Cross
- Taskforce goals:
  - Become better equipped to respond to future disaster events, including natural disasters and community violence
  - Establish referral network across the state for use during disasters
  - Facilitate access to Red Cross volunteer training

VACP
Virginia Academy of Clinical Psychologists

Training Opportunities for Disaster Mental Health

Red Cross

- Volunteers must be currently licensed
  - Graduate students allowed if supervised (student and supervisor must complete Red Cross training)
- Apply through local chapter
  - "Find your local Red Cross" - www.redcross.org
  - Submit application, complete online and in-person trainings

Future VACP conference

- Red Cross online portion completed first
- In-person training offered at conference

Additional training materials:

https://www.urmc.rochester.edu/emergency-preparedness/preparedness-and-response-tools-resources/disaster-mental-health.aspx

List of trainings: https://www.apa.org/practice/programs/drn/psychological-first-aid/training

Scenario Example #1

One year ago your community experienced an episode of community violence. A bomb exploded during a college basketball game and there were sixteen fatalities and numerous injuries. It's three o'clock on Friday afternoon and you are seeing in your private practice a twenty year old young woman who has been experiencing PTSD; she was seriously injured when she fell last year fleeing the scene. She has struggled physically and emotionally to function over the past year. She is disclosing her plan to attend an anniversary memorial event over the weekend. You feel your concern increasing for her safety as you recall recent information you have received regarding the likelihood of violence at this year's memorial. She insists that she is attending. How do you respond? What factors would you consider in discussing safety issues with the client?

Scenario Example #2

You have volunteered to be part of a mental health team supporting an anniversary memorial of community violence. You are the team leader for a group of six. During the event, you notice a young man who is alone and dressed in a t-shirt that expresses a slogan that supports the group who were seen as the perpetrators of the violence. He is quietly and methodically punching a tree. You turn to the group and suggest that someone approach him. One person speaks up to say “I am not willing to engage with someone who shares the beliefs of those who started all this. It wouldn’t do any good anyway.” The other members of the group look down and two nod their heads in agreement. What would you do?

Questions

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