



NMVC

National Mass Violence Center

Providing Resources to Victims,
Survivors, & Those Who Serve Them

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Timeline of Activities to Promote Mental Health Recovery: Recommendations Before, During, and Following a Mass Violence Incident

Prior to, and following a Mass Violence Incident (MVI), there are many resources and recommended activities available to improve mental health recovery for victims and family members. However, information to guide the timing of resource implementation is limited. This tip sheet targets Victim Service Providers (VSPs), Mental Health Professionals (MHPs), emergency management planners, and others who serve victims impacted by an MVI. It contains information to prepare communities to address the mental health needs of victims and family members, as well as improve trauma- and grief related symptoms in the immediate aftermath and throughout the recovery process. Please refer to www.nmvrc.org for additional information and resources.

Readiness

Goal: Educate and Obtain Information

- ⇒ Learn about common reactions to trauma, including grief and loss, and the impact of cumulative traumatic events.
- ⇒ Understand how trauma reactions/response can vary across the lifespan, and be influenced by gender, age, race, ethnicity, religion, economics, spirituality, and cultural background.
- ⇒ Learn about immediate response protocols, such as Psychological First Aid (PFA), and how to access trained providers.
- ⇒ Become familiar with best practices for trauma-related mental health problems.,
 - Understand the difference between promising practices versus those defined as *Evidence-Based* (i.e., those with sufficient research support to achieve a desired outcome).
- ⇒ Identify who in your community is skilled/trained in delivery of effective trauma-focused practices.
- ⇒ Know what resources are available in your community.
 - Develop a list of resources in the community, such as local mental health clinics, shelters, food banks, faith-based supports, financial assistance, childcare, and access to medical care.

Goal: Share Information

- ⇒ Share resources about common reactions to trauma and mental health resources with VSPs, MHPs, emergency planners, and other service providers in the local community.
- ⇒ Educate the community and service providers about the importance of paying attention to cultural differences and incorporating these differences into readiness, response and recovery.
- ⇒ Share information about effective trauma-focused practices and who in your community is skilled/trained in their delivery.
- ⇒ Share the list of resources available in your community.

“Identify who in your community is skilled/trained in delivery of effective trauma-focused practices.”



Response

Goal: Understand and respond to victims' needs in the immediate aftermath of a MVI

Initial 0 – 48 hours

- ⇒ Address basic needs and safety (e.g., physical health, shelter, privacy, food and water, medications).
- ⇒ Remain calm and provide initial emotional support to victims and families.
- ⇒ Relay known information (e.g., location of Family Assistance Center, hospital sites where victims are receiving care, emergency numbers, access to medical and mental health care).
- ⇒ Screen victims and family members for risk of harm to self or others.
- ⇒ Identify and provide victims and family members with trusted, centralized sources of reliable information about the MVI.
- ⇒ Provide assistance to victims in applying for crime victim compensation; facilitate the claims process.
- ⇒ Support victims as they make decisions whether or not to speak to media and advocate for their privacy.
- ⇒ Identify community-based and national funds that can help victims, and share these resources with victims and their families.

1 – 4 weeks after the MVI

- ⇒ Conduct a needs assessment to better understand available mental health-related resources in the local community, including access to and availability of trauma-focused providers.
- ⇒ Assess and address mental health needs of victims and families in the community.
- ⇒ Provide information about trauma and grief symptoms, including information about how response can vary by gender, age, race, ethnicity, religion, economics, spirituality, and cultural background.
- ⇒ Coordinate resources that address psychological stress..
 - Provide resources to handle psychological stress among victims and community (e.g.,PFA).
- ⇒ Continue to provide victim advocacy utilizing both traditional and social media platforms.
- ⇒ Continue to monitor risk of harm to self and/or others among victims and their family members.
- ⇒ Help victims identify and secure family members, friends and others to provide ongoing social support.
- ⇒ Support victims as they make decisions about their involvement in commemorative events.

1 – 3 months after the MVI

- ⇒ Monitor trauma- and grief-related reactions, and risk of harm to self, and/or others.
- ⇒ Identify those who may need specialty trauma-focused treatment, including:
 - Individuals with persistent trauma-related symptoms.
 - Individuals with symptoms that impact functioning (e.g., work, school, relationships).
- ⇒ Refer to specialty trauma-focused treatments, when warranted:
 - Examples of effective, trauma-focused mental health treatments include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Grief Recovery with Individualized Evidence-based Formulation Approach (GRIEF Approach).
 - Skills for Psychological Recovery (SPR) for skills to address ongoing distress and coping strategies following an MVI.



- ⇒ Establish support groups for victims and family members.
- ⇒ Educate victims and family members about the importance of healthy coping strategies (e.g., self-care, healthy eating habits, exercise, sleep, hygiene) and to avoid engaging in behaviors that could cause harm (e.g., excessive use of alcohol or misuse of medications).
- ⇒ Identify legal services (including pro bono assistance) that can help victims with legal concerns/needs.

Recovery

Goal: Continue to address ongoing victim needs

- ⇒ Continue to monitor trauma- and grief-related symptoms, and risk of harm to self, and/or others.
 - Support continued engagement in trauma-focused therapy among victims with symptoms that have not remitted.
 - Identify victims with new or persistent trauma-related symptoms and encourage them to engage in trauma-focused treatment.
- ⇒ Monitor ongoing stressors, needs, and safety of victims and family members.
- ⇒ Provide continued education about the importance of paying attention to cultural differences, and how they affect victims, family members and help-seeking behaviors.
- ⇒ Engage victims and families to help communities prepare for commemorative events/anniversary dates.
- ⇒ Encourage engagement in ongoing support groups.
- ⇒ Remind victims and family members about the importance of healthy coping strategies (e.g., self-care, healthy eating habits, exercise, sleep, hygiene), and to avoid engaging in behaviors that could cause harm (e.g., excessive use of alcohol or misuse of medications).
- ⇒ If there is a trial of alleged MVI perpetrators, coordinate efforts to help victims prepare for involvement in criminal justice processes (if they so choose).
- ⇒ Help coordinate efforts to secure federal and state funding to address victims' long-term needs, such as victim compensation and state/federal VOCA funding.



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