

8th Virtual National Town Hall On Mass Violence



November 30, 2023

Helping the Helpers: Addressing Needs of First Responders following MVIs

8th NATIONAL TOWN HALL ON MASS VIOLENCE

Sponsored by the
National Mass Violence Center (NMVC)

*Providing Resources to Victims, Survivors & Those Who Serve Them
(New name and tagline as of Oct 11, 2023)*

with support from
U.S. Department of Justice, Office for Victims of Crime

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Housekeeping Announcements

- * This National Town Hall will be recorded. After being posted to our website, the recording, slide deck and resources will be available for download at www.nmvvrc.org.
- * **Joining us by Phone?** Please email us at nmvvrc@musc.edu with your full name and email address to get credit for attending.
- * Thanks to many of you who sent questions for our presenters in advance – we will save time at the end to answer as many as possible.



Learning Objectives

- * Describe the personal and professional perspective of a Police Chief who responded to a mass violence incident, and lessons learned.
- * Describe the personal perspective of a career-long first responder whose lived experience includes the murder of his mother in a hate-motivated mass violence incident
- * Identify the scope of immediate-, short- and long-term supportive services to help first responders strengthen their personal resilience in the aftermath of a mass violence incident.
- * Describe the most important skills and strategies needed for first responders.

National Town Hall Presenters

Angie Moreland-Johnson, Ph.D., Clinical Psychologist and Co-Director of the NMVC, Director of Preparedness Division

Eugenia Pedley, OVC Senior Program Manager
Office for Victims of Crime

Garnell W. Whitfield Jr., Retired City of Buffalo
Commissioner of Fire; Retired NYS Asst. Commissioner
of Homeland Security and member of the NMVC
Survivors & Providers Steering Committee

Greg Mullen, Chief of Police and Associate Vice President of
Public Safety; Clemson University

Mary Fetchet, LCSW, Executive Director and President of
VOICES Center for Resilience, and member of the NMVC
Survivors & Providers Steering Committee

Rochelle F. Hanson, Ph.D., Director
NMVC Training & Education & Moderator

Welcoming Remarks

*Eugenia Pedley, Senior Program Manager
USDOJ Office for Victims of Crime*



Office for Victims of Crime
OVC



Angie Moreland-Johnson, Ph.D.

Clinical Psychologist and Co-Director of the NMVC,
Director of Preparedness Division



Who are the Victims?

- Killed, injured, at the scene survivors
- Family, friends, neighbors and loved ones of direct victims
- First responders (firefighters, law enforcement, EMS, dispatchers, and other officials)
- Medical service providers (initial and in recovery)
- Search and recovery workers (clean-up crews, construction workers)
- Chaplains, clergy
- Mental health service providers
- Victim Service Providers
- Volunteers
- Community members (proximity to the scene)
- Media viewers and listeners
- Taxpayers



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Mental Health Impact of MVIs

- Posttraumatic Stress Disorder symptoms
 - Intrusion
 - Avoidance
 - Negative alternations in cognitions and mood
 - Alterations in arousal and reactivity
- Depression
- General anxiety
- Increased fears
- Anger
- Decreased perceived safety

- Most victims (~60%) will not experience significant mental health concerns
- Prevalence of related psychiatric disorders will decrease over time

CUMULATIVE TRAUMA!!!

MVI Impact Upon First Responders

- Cumulative trauma
- Higher rates of PTSD and depression

PTSD	11 - 37%
Depression	22 - 40%
Suicide: Ideations	47%
Suicide: Plans	19%
Attempts	16%

- Unique professional experiences

Death notification	Personal exposure and injury
Professional colleagues hurt or killed	
Depersonalization	Unique sensory flashbacks





Hearing from First Responders

- Focus groups with First Responders from four sites that experienced an MVI
 - Aurora Movie Theatre (Aurora, CO)
 - Boston Marathon (Boston, MA)
 - Capital Gazette (Annapolis, MD)
 - Washington Navy Yard (Washington DC)
- Invited First Responders directly involved in the event
- 16-24 participants present at each focus group

Phases of MVI Victim/Survivor Assistance

Planning

Continuous

Response

1-4 weeks

Recovery/Resilience

2-?? months



Planning: First Responder Feedback

- Inter-agency relations (culture, coordination, trust, relationships)
- Trainings (multidisciplinary and coordinated training at all levels)
- Budget and policies
- Experience with MVIs



“We need to still figure out better ways to include each other. We get into our own silos, and we do things our own way and don't tell the other people why we do it. We need to learn how to communicate better.”

“There was a lot of angst, originally, from the fire service. ‘I'm not going in there. I'm not putting this stuff on and getting shot at. If I wanted to do that, I'd be a cop.’ Once we trained the entire departments together, that training took care of a lot of angst.”

Response

- Rapid and broad, immediate help
- Triage needs
 - Physical safety
 - Medical care
 - Physical needs – housing, food, clothing, transportation, funds
 - Problem-solving
 - Communication with loved ones
 - Emotional support and psychoeducation
- Provide timely and reliable information – via traditional and social media
- Self-help resources - websites, apps, media, schools, churches, organizations, in person
- Psychological First Aid (PFA)

How Does All This Apply to First Responders?

- Response is “part of the job”
- Cumulative trauma
- Available (and accessible) resources



Response: First Responder Feedback

- Scene safety
- Containing threat

- Collaboration/working together
- Information sharing and communication

- Focus on victim/survivor needs
- Focus on first responder needs

“Most of the active shooter events historically are done within – the threat is eliminated within 10 minutes. Everybody thinks that’s the end of the event. Well, it isn’t. What happens to the people after they are evacuated? And what happens to the first responders.?”

Debriefing

- There is a difference from **tactical debriefing** and **psychological debriefing** with different goals and potential outcomes
- Early intervention should be offered to those affected by a potentially traumatic event.
- Individually or in a group setting
- Critical Incident Stress Debriefing (CISD) commonly used → but evidence for efficacy is conflicting:
 - Some psychological debriefing components (sharing details about event in group format) may not improve recovery and can be harmful for some.
 - Psychological debriefing can be useful for low stress exposure events, but not recommended for severe trauma or acute grief.



Debriefing: What Should be Done?

- Promote safety, calm, connectedness, self-efficacy and group efficacy, and hope.
 - Facilitate screening of those at risk (direct exposure to life threat, prior trauma, prior mental health difficulties, low social support).
 - Disseminate education about trauma, mental health resources, and referrals.
 - Improve organizational morale.
 - Connect to social support.
 - Monitor recovery.



Psychological First Aid (PFA)

- Evidence-informed approach for assisting in the immediate aftermath of traumas, and to foster short and long-term adaptive functioning.
- Delivered in first 24 - 72 hours
- PFA Manual available in four languages (English, Spanish, Japanese, Chinese); and available in a free six-hour interactive course

<https://www.nctsn.org/resources/psychological-first-aid-pfa-online>



Recovery and Resilience

- Assess and triage needs for ongoing mental and behavioral health and other support services for first responders.
- Provide ongoing services and activities:
 - Resiliency Center
 - Case management, community coordination
 - Coordinated, evidence-based support and treatment services
 - Memorial and annual remembrance services



Recovery and Resilience: First Responder Feedback

- First Responder Families
- Long-term impact
- Commemorations
- Conspiracies
- Political concerns
- Court and trials

"One of the ideas was that we could get all the families together off-duty so that people's wives, husbands, girlfriends could get together and commiserate about what their significant other does and how they managed the stress. That was a tool that was open to us."

"It won't go away, especially for these guys. Everyday they come in, they read the newspaper. Just two days ago, the newspaper reached out and wanted to talk to the responders to find out where they were now, and like we have been, we've been shutting them down. It does not go away."

Police Executive Research Forum/ NMVC Collaboration

<https://www.policeforum.org/assets/AssistingVictimsMassViolence.pdf>



The Role of Police Executives in Assisting Victims of Mass Violence: Lessons from the Field

National Fallen Firefighter Foundation

<https://www.firehero.org>

FIRE SERVICE BEHAVIORAL HEALTH RAPID RESPONSE: RECOMMENDATIONS FOLLOWING A MASS VIOLENCE INCIDENT

PRE-PLANNING

GOAL: Preparation, improve coping

➤ **Lead by Example: Promote the importance of behavioral health.**

- Communicate the importance of behavioral health to members.
- Sponsor behavioral health trainings and encourage attendance.
- Establish and/or support local peer support teams by encouraging involvement.
- Provide information on behavioral health and mass violence related mobile apps (WWW.POCKETPEER.ORG).
- Include a behavioral health representative in trainings and events to show importance of behavioral health.

- Coordinated attacks (London Subway /Paris Stadium and theater shootings); and
- Develop an action plan that includes the behavioral health needs of the members.

➤ **Review courses on the Fire Hero Learning Network (WWW.FIREHEROLEARNINGNETWORK.COM) such as:**

- Stress First Aid and
- Responding to Violent Incidents.

➤ **Learn about common reactions to potentially traumatic events and behavioral health**

IACP: Mass Violence Advisory Initiative

The NMVC collaborates with the IACP Mass Violence Advisory Initiative (MVAI), which provides peer-to-peer assistance to law enforcement leaders following a mass violence event to maximize the safety and wellness of officers, other first responders, and the community.

Law enforcement agencies can request assistance via this email: mvai@theiacp.org

<https://www.theiacp.org/projects/mass-violence-advisory-initiative>



Garnell W. Whitfield Jr.

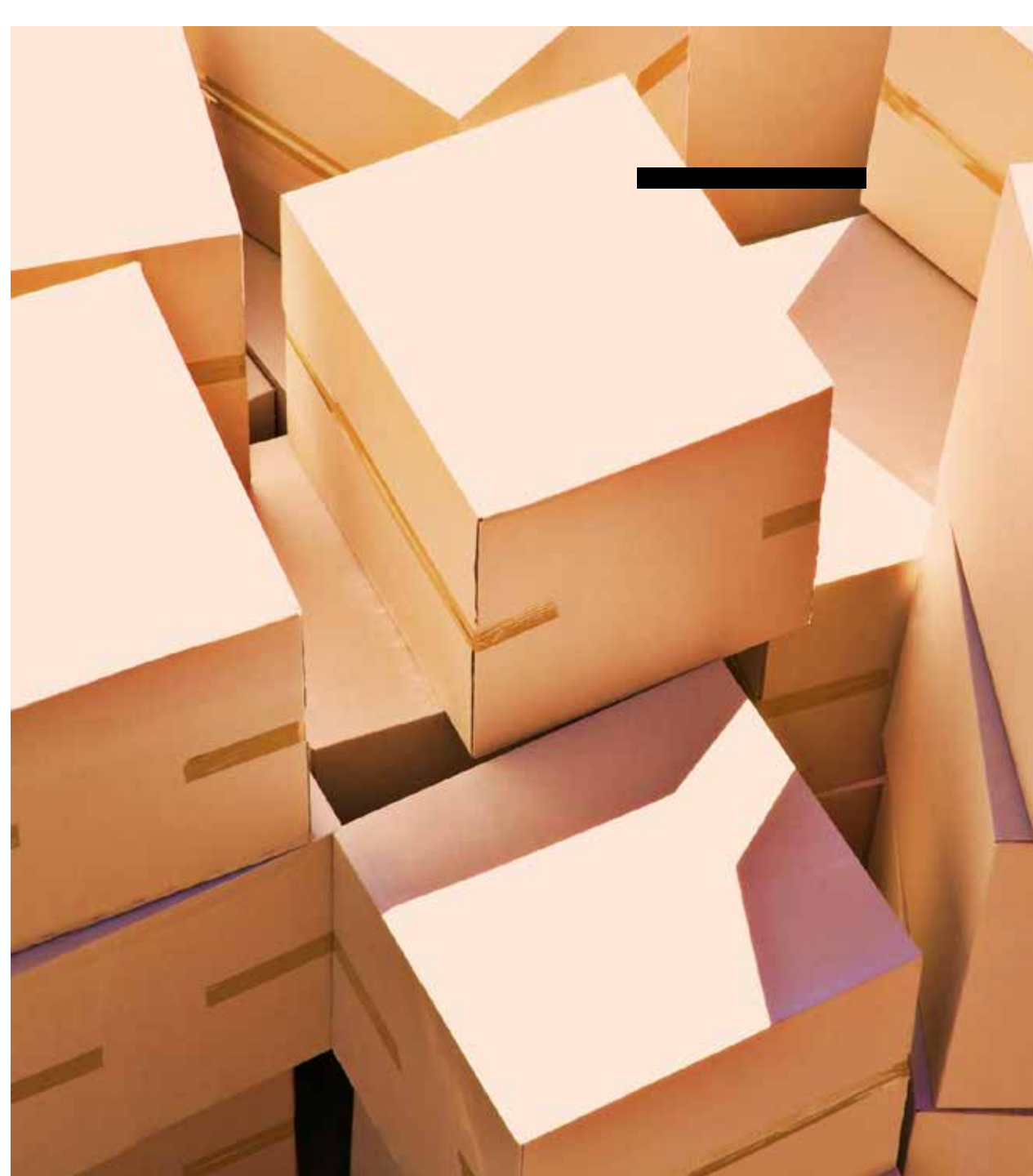
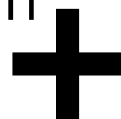
Retired City of Buffalo Commissioner of Fire; Retired NYS Asst. Commissioner of Homeland Security; MVI survivor; and member of the NMVC Survivors & Providers Steering Committee



Through Years of Professional Training & Experience

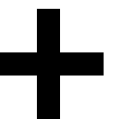
We are taught to:

- Respond quickly and professionally.
- Separate emotionally from the persons served and the incidents.
- Be strong; don't show weakness, especially men.
 - Once you leave the scene or incident, you pack away your thoughts and feelings and move on.
 - People see themselves through their work.



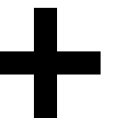
From Helper to Victim/Survivor

On May 14, 2022, my mother, Mrs. Ruth E. Whitfield, along with nine others, were killed in a hate-motivated mass shooting in Buffalo, New York. Three others were physically wounded, and many others were emotionally and psychologically scarred.



A personal challenge

- Accustomed to helping and meeting the needs of others and getting along; but now I found myself in need.
- What I had done for others, I was unable to do for myself.
- What I needed:
 - Comfort, love, protection – something I was helpless to extend to my mother.
- But I fell back into the role of leader and caretaker
 - It was expected of me by my family, community, and by myself.



An Additional Challenge

This crime introduced the element of racial hatred.



+



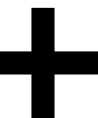
The Internal Conflict for First Responders

Thoughts of
guilt and
misgivings

- "I've helped others, but I couldn't help my mother and friends..."
- "I should have done more..." "If only I would have..."

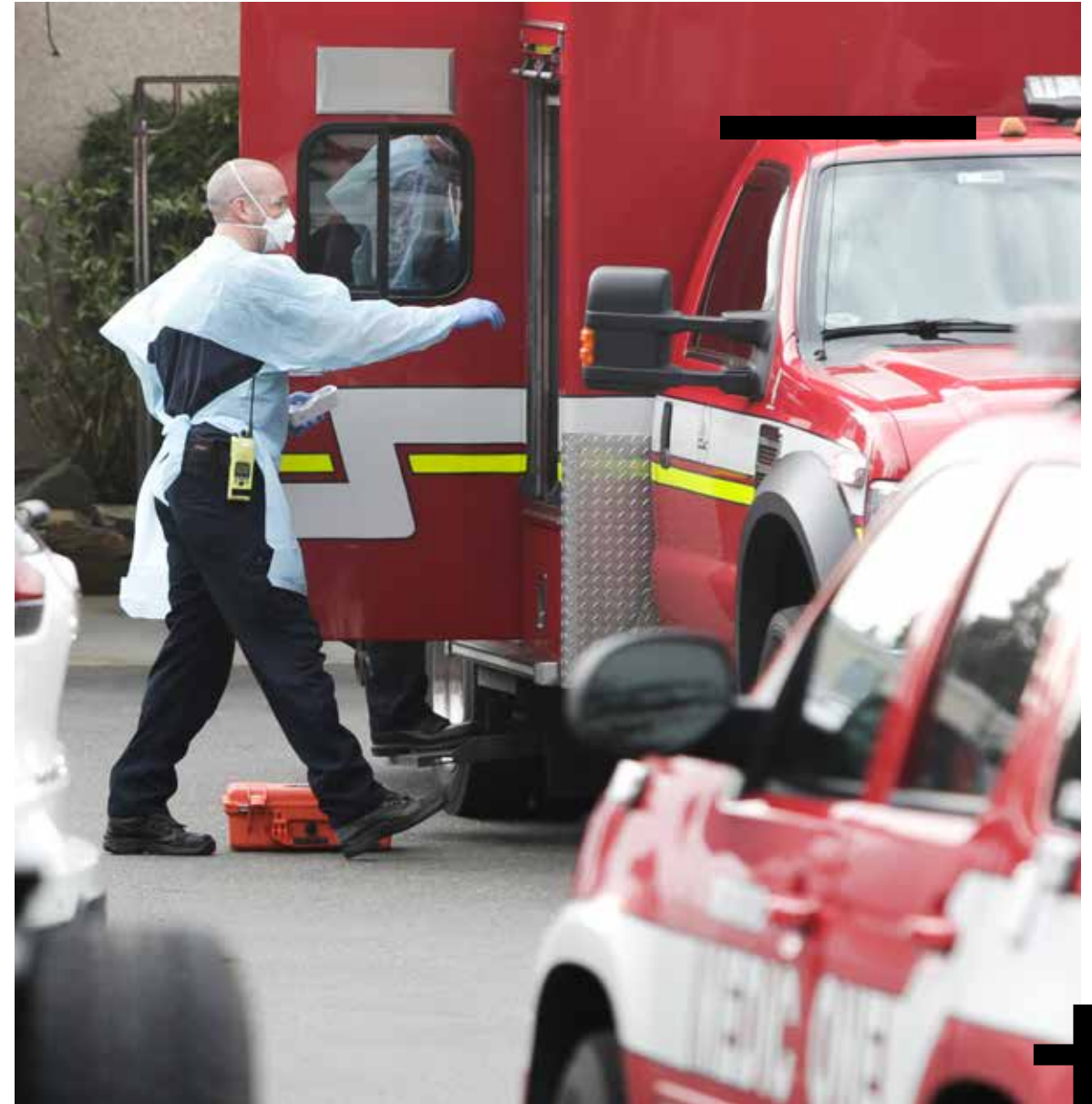
Conflicting
emotions and
unsure of how
to handle them

- Internal dialog
 - Anger
 - "I need to suck this up."
 - "Stop acting weak."
 - "Who can I talk to about this? I don't want everyone to know and think I'm weak."
 - "I must be strong for others."



What First Responders Should Know

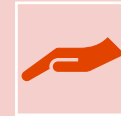
- It's OK to seek help
 - Feelings can be stigmatizing.
 - It's OK not to have all the answers.
 - Somethings are out of our control.
- Must have balance in our work and personal life.
- Need to compartmentalize our lives.



Helping the Helper



Don't bow to the pressure of feeling like you must "perform."



It's OK to ask for help. Find someone you truly trust.



Take the time you need to recover.



It's OK to say "no" or "not now."

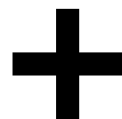




The Role of Leadership

The proper response starts from the top:

- Set a climate that encourages your team to seek help.
- Don't forget you are dealing with human beings – our most valuable asset.
- Provide training opportunities about the correlation between emotional and physical wellness.
- Provide a safe environment; have readily-identified resources locally or online.
- Incorporate wellness into your trainings and routines.



Finally...

People take first responders for granted. We do our jobs and are declared heroes. But we are human.

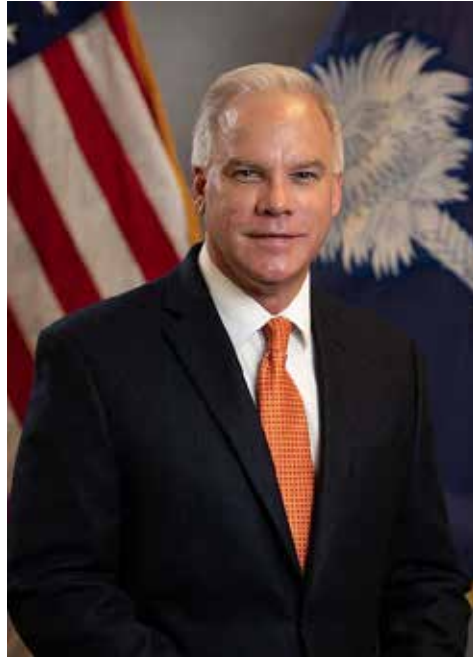
We take care of the equipment and have maintenance schedules and routines for tools and equipment, but we don't do that for humans. This must change.

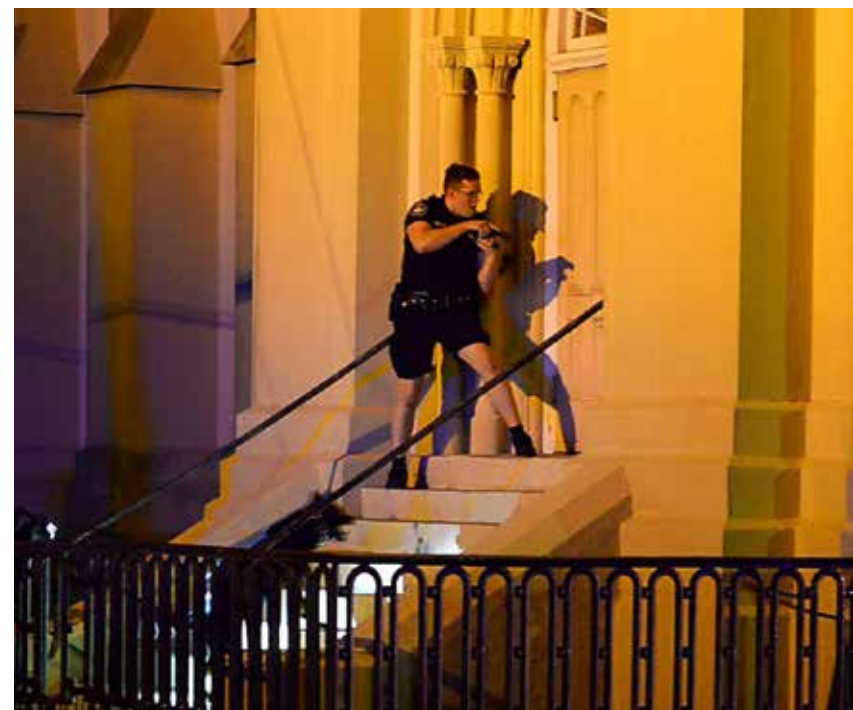
We must take care of ourselves.



Greg Mullen

Chief of Police and Associate Vice President of Public Safety
Clemson University





Organizational Culture

- § Creating and reinforcing a culture that...
 - § Champions the mindset that asking for help is *not* a weakness; it is a *strength*.
 - § Builds the capacity to support and promote resiliency.
 - § Embraces vulnerability.

Awareness and Knowledge

- § Develop pre-incident awareness of potential impacts and what to expect:
 - § Use real incidents to engage in conversations and discussions surrounding the reality of situations.
- § Build support systems *prior to incidents* to engage immediately.
- § Share experiences and vulnerabilities.

Foundational Strategies

- § **Internal Actions**
 - § PEER Support
 - § Ongoing Training
 - § Reinforcement from Leadership
- § **Demonstrations of Support**
 - § PEER Team Support and Development
 - § Post Critical Incident Seminars
 - § Crime Scene Check-ins
- § **Connections with local professionals**
 - § Build Trusting Relationships
 - § Create Familiarity with Responder Community
 - § Provide Immediate Interventions
- § **Collaboration with Specialized Response Resources**
 - § South Carolina Law Enforcement Assistance Program
 - § National Crime Victims Research and Treatment Center

Post Incident Leadership Actions

- § Be Present.
- § Communication and Connection.
- § Be Authentic – Embrace Vulnerability.
- § Request and Accept Assistance.

Personal Impact

- § Crucible Moment
 - § Test of Character
 - § Deep Self-Reflection
 - § Defining and Transformative

- § Practice gratitude.

- § Purposeful plan to achieve positive outcomes

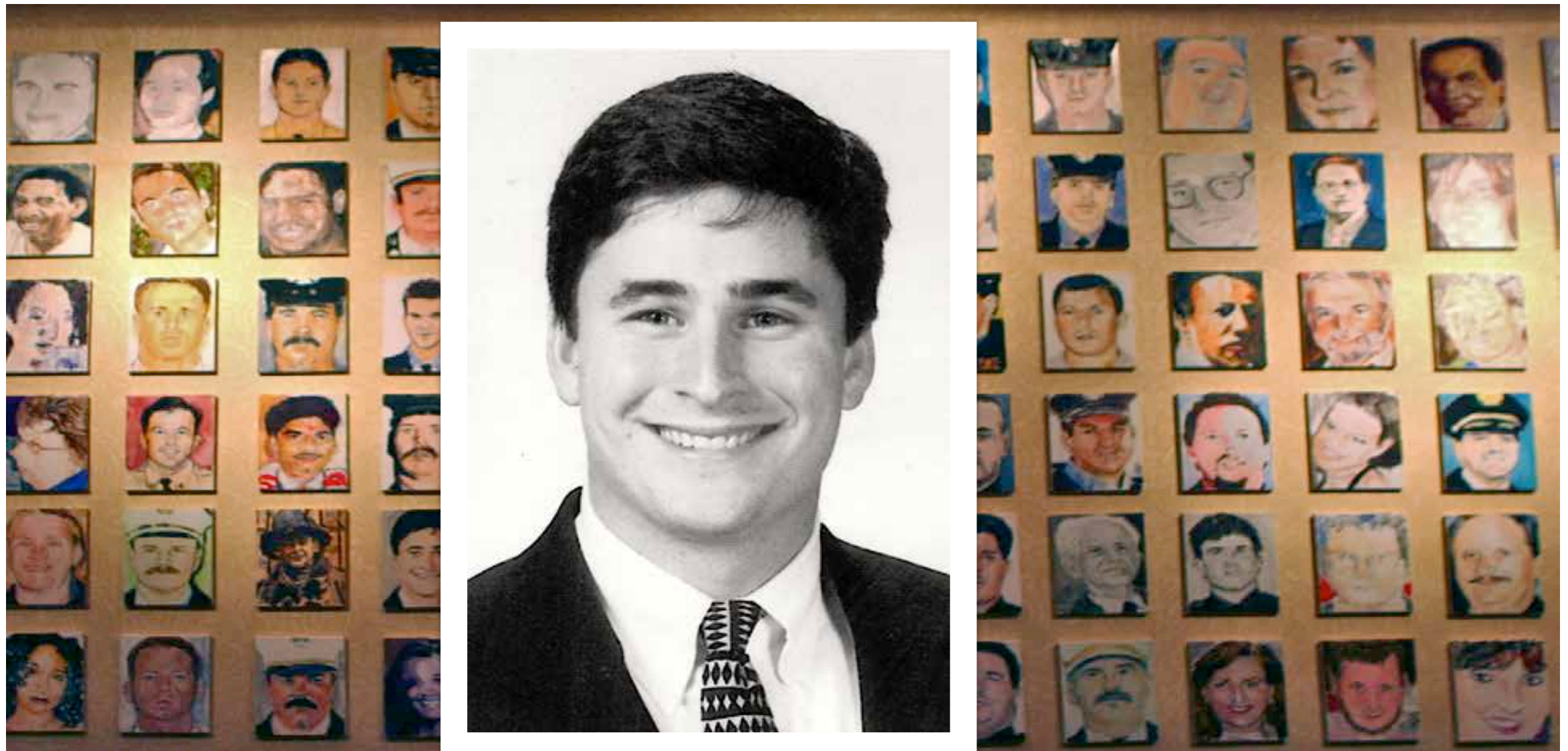
Lessons Learned

- § Building adaptive capacity is key to response and recovery before, during, and after an MVI.
- § Balance mandatory and voluntary participation.
- § Promote active bystandership.
- § Be prepared for the long haul – Designated Lead.
- § Take care of yourself , senior commanders, and peer support persons.

Mary Fetchet, LCSW

Executive Director and President of VOICES Center for Resilience, and member of the NMVC Survivors & Providers Steering Committee





Bradley J Fetchet

November 17, 1976 – September 11, 2001

VOICES Mission

Provide long-term support and access to resources and mental health care for victims' families, survivors, and responders.

Work with public-private partners to help communities prepare for, respond to, and recover from acts of terrorism and mass violence.

Long-term Needs of Responders



The World Trade Center Health Program

*providing medical care and mental health treatment for
9/11 responders and survivors*

**9/11
WERE YOU THERE?**

Did you live, work, or go to school, daycare, or adult daycare near the World Trade Center disaster site?

You may qualify for medical benefits through the World Trade Center Health Program.

9.11
WTC Health Program

Extended until 2090
Same great care!

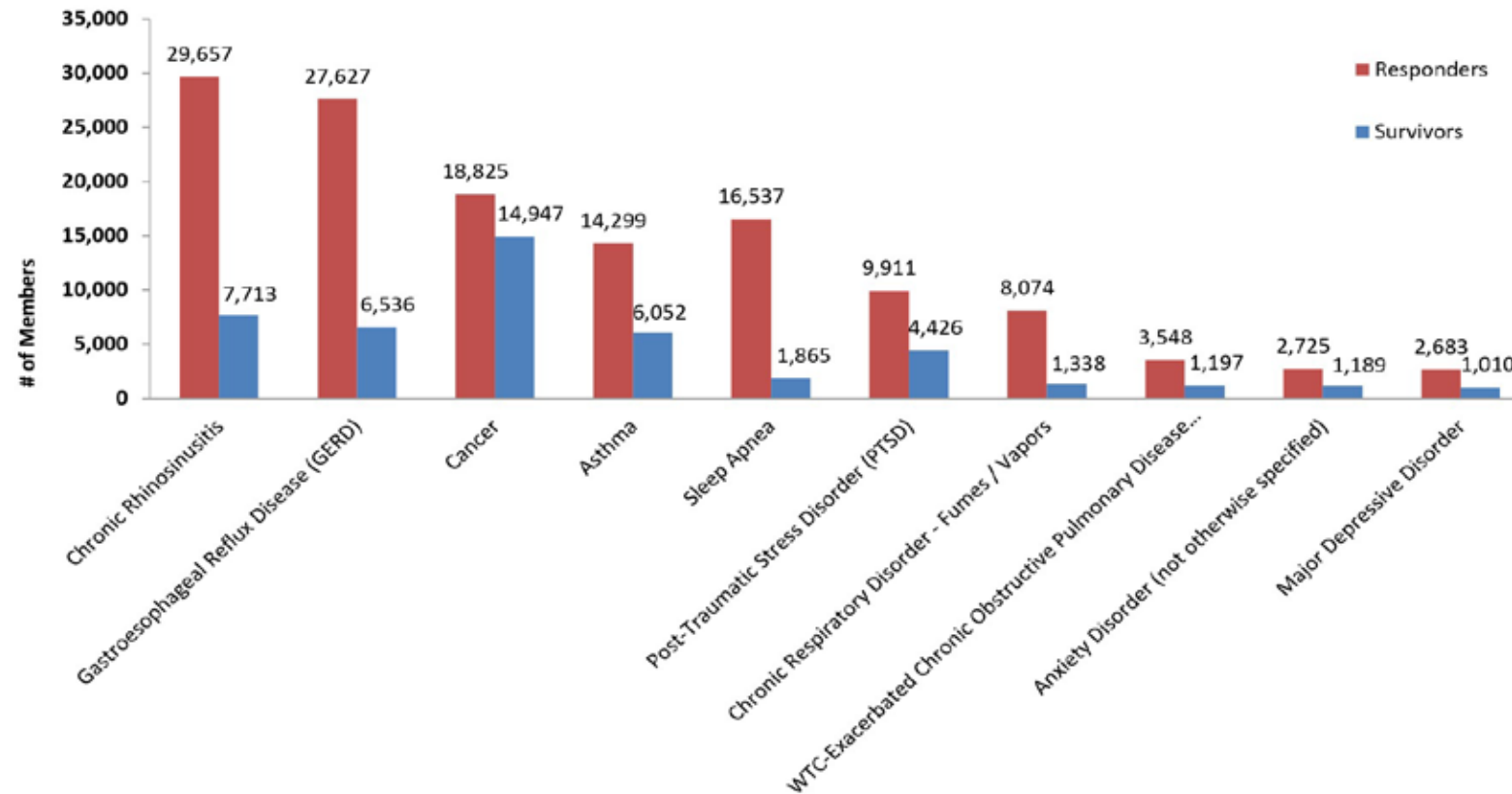
Learn More.
Call 203-966-3911 or visit www.voicesofseptember11.org



The map shows the World Trade Center site in Manhattan, with labels for Houston Street, Manhattan Bridge, Brooklyn Bridge, and Brooklyn Queens Expressway. A yellow dot marks the 'Site of WTC'. A dashed line indicates the 'Responders exposure area'.



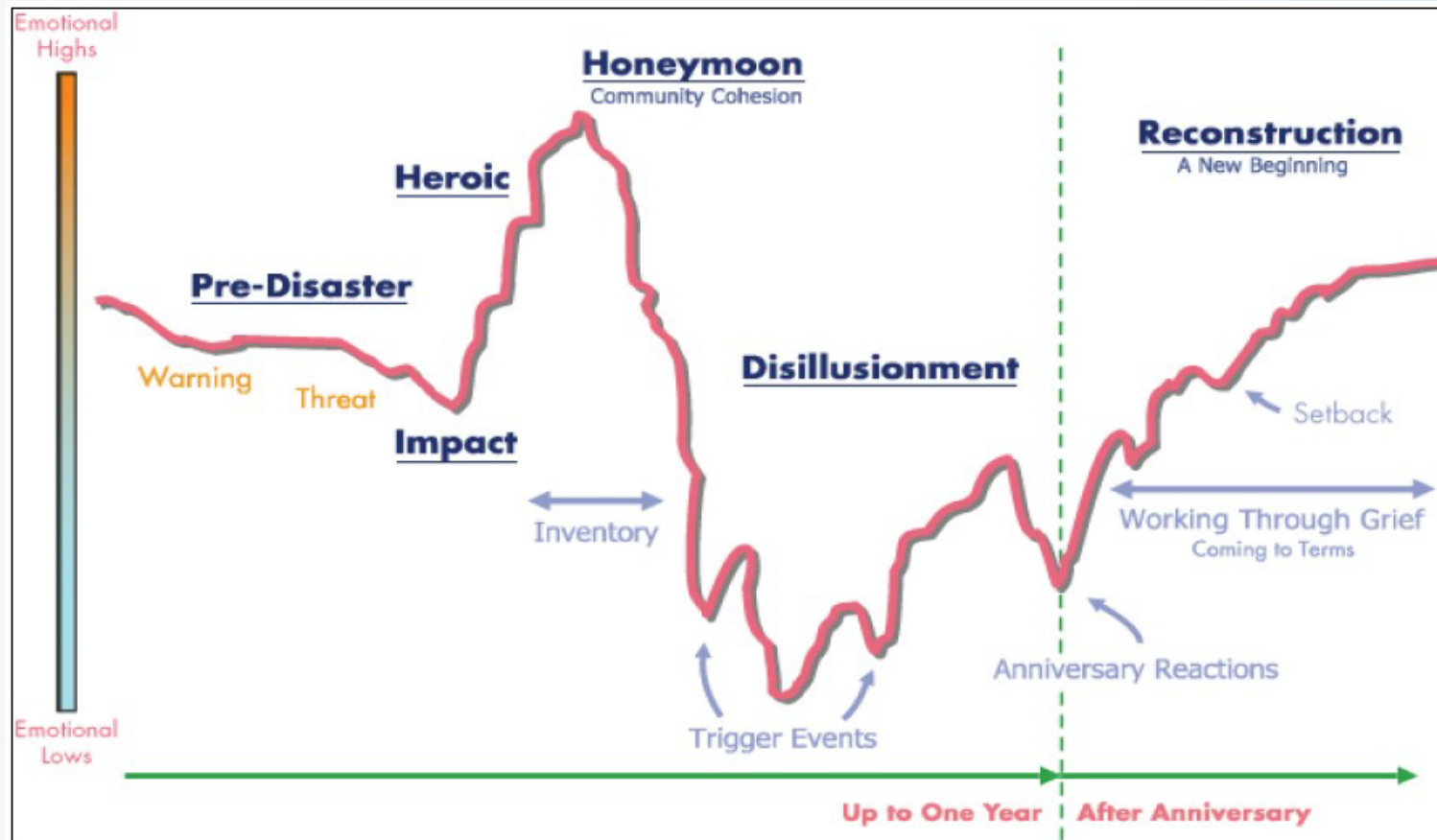
Top 10 Certified Conditions*



*Individual members may have certifications in more than one category.

Data current as of June 30th, 2023. For online access, visit www.cdc.gov/wtc/ataglance.html

Phases of a Community's Psychological Response to Traumatic Incidents



Source: HHS, 2015, adapted from Zunin & Myers, 2000

Common Reactions to Trauma

Intense or unpredictable feelings

- Strains on your relationships
- Physical symptoms
- Flashbacks
- Higher sensitivity



Danger Signs

Seek professional help if these symptoms persist:

- Thinking about suicide or self-harm
- Being alone too much
- Not being able to talk to other people about what you are feeling
- Sudden changes in weight
- Continued trouble sleeping
- Using too much alcohol or other drugs(including prescription drugs)



Mental Health Conditions

- Post Traumatic Stress Disorder
- Anxiety, Panic Disorder
- Major Depression
- Prolonged Grief
- Substance Use
- Suicide Risk
- Incident related injury or illness
- Compassion Fatigue
- Vicarious Trauma
- Burnout



Mental Health Considerations

Burnout

- Exhaustion, cynicism, inefficiency, depression
- May develop when responders and professionals interact with highly stressful and/or traumatic material

Compassion Fatigue

- Reduced compassion, increased negativity, decreased pleasure
- Symptoms include anxiety, sleeplessness, nightmares, lack of confidence and productivity.
- Also known as secondary traumatic stress (STS).

Vicarious Trauma

- Changes in sense of self, safety, trust, and often spiritual beliefs
- May develop with intense direct practice with victims of trauma.

PTSD Among WTC Responders Long Term Impact (years 11-13)

**sample was 91% male, more than 80% worked in law enforcement*

- Half of those who had PTSD in Year One, still have active PTSD
- Non-traditional responders/volunteers had higher rates of PTSD
- Retired officers have slightly higher rates vs. active-duty officers.
- Proximity to the disaster, long duration of work, intensity of the exposures, and early arrival on scene resulted in nearly 2X PTSD
- Traditional PTSD symptoms far less common. Most experience avoidance, hyperarousal, and also depression, anxiety disorders, fair/poor health and reduced life satisfaction
- Rates of responder PTSD are consistent with military stats on lifetime rates.

Recognizing PTSD

Cluster	Symptoms
Re-experiencing	Nightmares, feeling as if one is reliving the event
Avoidance	Avoiding situations or people that trigger memories of the event
Negative changes in beliefs and feelings	Persistent sense of blame, estrangement, markedly diminished interest in activities, inability to remember key aspects of the event
Hyperarousal (feeling "keyed up")	Aggressive, reckless, or self-destructive behavior; sleep disturbances; hypervigilance

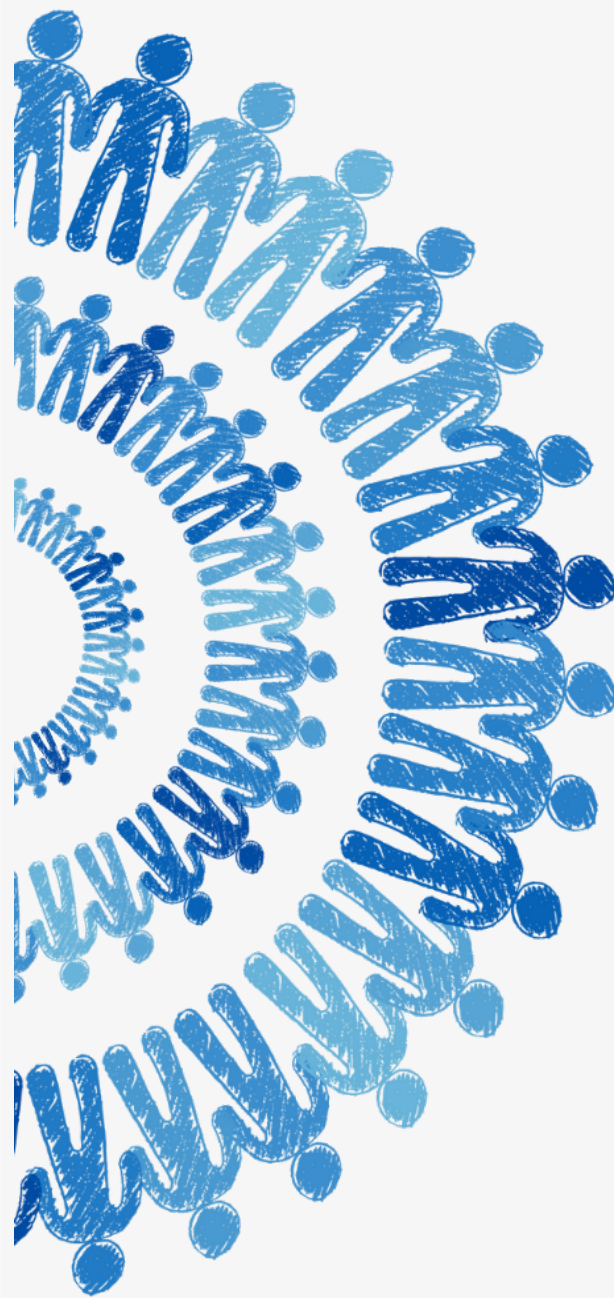
Consideration for Leaders

- Responders are at high risk for mental health conditions and are often the last ones to seek help for work-related stress. Lead by example, encourage employees to utilize services when needed.
- Manage your workload and the workload of your employees
- Identify signs of personal stress, vicarious trauma, burnout and mental health conditions.
- Provide resources for employees to promote wellness and build resilience.
- Establish relationships with individuals and organizations who can provide confidential mental health counseling, chaplain and peer-to-peer support
- Collaborate with organizations to better meet the immediate, short-term and long-term needs responders.
- Promote life-work balance.



Self-care is giving the world the best of you, instead of what's left of you.

- Katie Reed



Mary Fetchet
Founding Director

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203-966-3911

www.VoicesCenter.org

ONE STRATEGY OR SKILL
*For those seeking to help
first responders impacted by
mass violence crimes.*

To Request a Consultation or Technical Assistance:

nmvvrc@musc.edu

National Mass Violence Center

Providing Resources to Victims, Survivors & Those Who Serve Them

(New name and tagline as of October 11, 2023)

Questions from the Field

Thank you for submitting questions in advance to our presenters!





Office for Victims of Crime
OVC

<https://ovc.ojp.gov/>



NMVVRC
Readiness · Response · Resilience

<https://www.nmvvrc.org/>

PURSUIT of tRUTH

<https://www.pursuitoftruth.co/>

voices
CENTER FOR RESILIENCE

<https://voicescenter.org/>



POLICE DEPARTMENT
Public Safety

<https://clemsonpd.org/>

WRAP-UP & EVALUATION



<https://redcap.link/nth8>

Next National Town Hall

FEBRUARY 2024

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	1	2

Topic: "Trauma Across the Lifespan"

Date: February 22, 2024

