You are activated to response to an active shooter incident at a local high school. You have been informed that there are more than 24 individuals who have been shot with 7 confirmed fatalities. You are assigned to provide disaster mental health support to students, faculty, & staff who survived the incident. You are meeting the survivors in the school gymnasium. As a disaster mental health counselor, respond to the following questions:

1. What specific strategies identified in this module/week's reading/presentations will equip you to provide beneficial disaster mental health care?
2. What scholarly, evidence-informed strategies would you consider?
3. What strategies have you used or observed?

Initial Connection

Using a Psychological First Aid (PFA) approach, the first goal would be to establish a connection with the first responders and survivors of the shooting. Using the STOP method discussed in Jacobs (2015), I will first make sure to observe the individuals in the cafeteria prior to making any contacts. Introducing myself to the team and building rapport with responders and survivors is critical prior to implementing any interventions (Stebnicki, 2016). I will also work with the local law enforcement and shelter director to ensure that individuals are protected from media and any curious onlookers (Cole, 2013).

Immediate Interventions

During the response, I will prioritize the immediate needs of survivors, including food, water, clothing, shelter (Stebnicki, 2016). I will normalize individual's' emotional reactions and monitor for physical symptoms including difficulty breathing, stomach pain, and headaches (Skaine, 2015; Stebnicki, 2016; The National Child Traumatic Stress Network [NCTSN], n.d.). Using active listening skills and empathic responses, I will work to validate emotional expression and be patient if an individual is having difficulty expressing their emotions clearly (Stebnicki, 2016).

Specific coping strategies include trauma-focused cognitive behavioral techniques (TF-CBT) such as deep breathing, grounding, and evaluating automatic thoughts about future safety (NCTSN, n.d.). I will also discuss the importance of a routine to establish a sense of normalcy, but also discuss the importance of being patient during the upcoming weeks as routine tasks may become more difficult (Stebnicki, 2016).

Long-Term Support

In the aftermath of a mass violence incident such as a shooting there is often emotional upheaval as people question the motives of the shooter and why this event occurred in their community (Skaine, 2015; Stebnicki, 2016). Assisting individuals in recognizing themselves not as victims but survivors and helping them to not turn towards blaming individuals for what occurred helps promote more positive mental health outcomes (Jacobs, 2016; Stebnicki, 2016).

Due to the severity of the event and the immediacy of my involvement in the situation, there will likely not be any debriefing groups (Stebnicki, 2016), or specific time to focus on worldview evaluations (Jacobs, 2016). However, some individuals may find hope and healing by discussing ways they have coped with challenges in the past and discussing what support systems may be most helpful in the aftermath of the event (NCTSN, n.d.; Stebnicki, 2016). Incorporating spiritual interventions will be assessed based off individuals' preferences, and can include prayer, faith-based texts, and access to a spiritual leader within the relief efforts.

References

Coady, J., Oglesby, H., & Seligman, J. (2015, January 16). *Mass casualty: Support and response.* YouTube. https://www.youtube.com/watch?v=s7sEots5GxM

Cole, V. [SAMHSA] (2013, September 11). *The behavioral health response to mass violence.* YouTube. https://www.youtube.com/watch?v=GeFrjY9Dfuo&t=1s

Jacobs, G. (2016). *Community-based psychological first aid: A practical guide to helping individuals and communities during difficult times.* Butterworth-Heinemann.

Kolski, T., Jongsma, A. & Myer, R. (2014). *The crisis counseling and traumatic events treatment planner, with DSM-5 updates.* (2nd ed.). John Wiley & Sons.

Skaine, R. (2015). *Abuse: An encyclopedia of causes, consequences, and treatments.* Greenwood.

Stebnicki, M. A. (2016). *Disaster mental health counseling: Responding to trauma in a multicultural context.* Springer Publishing Company.

The National Child Traumatic Stress Network (n.d.) *Psychological first aid.* https://learn.nctsn.org/course/index.php?categoryid=11

One night in March, there were about 30 tornadoes that ripped through the central part of the state of Arkansas. One particular rural town (population about 5,000) was almost entirely destroyed and about the only thing left standing was the local school. You are called to the school gymnasium within 48 hours of this critical incident to do a stress debriefing with many of the towns' folk. Discuss the following:

1. Discuss the characteristics of such a critical incident (e.g., natural disaster, sociocultural aspects, existing county/town infrastructure, time of day or month of event, duration or intensity of this weather event, effects of media coverage).
2. Discuss the types of losses that individuals in this small rural community have sustained.
3. Anticipate and discuss some of the familiar feelings/emotions, thoughts, or stories that you would expect to encounter after such an incident.
4. Who might be the persons most affected (emotionally, behaviorally, physically, cognitively, and spiritually) by this critical incident (e.g., populations such as elderly or disabled, family members, friends, firefighters, police, paramedics, rescue personnel, other surrounding support systems)?
5. What coping mechanisms and resiliency factors would you want to assess/evaluate and facilitate with the townspeople?

Characteristics

Tornadoes are natural disasters that can occur suddenly in large storm systems and create high winds (Substance use and Mental Health Services Administration [SAMHSA], 2022). When a disaster occurs at night, individuals often feel more destabilized because they are being startled awake during an intense event. If the individuals were not prepared for an event, they may be left with very little belongings and their home may be inhabitable due to damage. Communication systems are often disrupted, and the general community is likely in turmoil (Stebnicki, 2016).

The state of Arkansas is in an area of the United States with a high likelihood of developing tornadoes. Cities should have general preparedness such as sirens and families should have disaster plans to prepare as much as possible (SAMHSA, 2022; Stebnicki, 2016). Because March is considered the winter, people may not have been as prepared for tornadic activity (Stebnicki, 2016).

Losses

Individuals affected by a tornado often feel a general loss of safety due to the loss of their home and may experience displacement for a significant amount of time while homes are rebuilt. People may also experience financial losses as they have likely lost access to employment and have likely lost most of their belongings (Stebnicki, 2016). Due to the extent of damage from this tornado, the overall community is likely in disarray, which places strain on the emergency response system and could create barriers to support systems. Individuals have lost their homes, jobs, and religious sites which limits their ability to use natural supports in the aftermath of the disaster.

In the aftermath of a tornado, there is often a significant number of missing people and individuals who have been killed by the storm. Families may be separated from support systems or loved ones and may experience the loss of a significant person in their life (SAMSHA, 2022; Stebnicki, 2016). Stebnicki (2016) discusses the concepts of ambiguous loss and frozen grief to describe events that do not have full resolution or closure; this can occur if there are individuals missing after an event, or if individuals end up displaced from the community.

Feelings/Emotions

Emotional distress is common in tornadoes including worrying about a future threat, feeling helpless or hopeless, increased irritability, and having nightmares or intrusive thoughts about the storm (SAMHSA, 2022). Depression, anxiety, and acute stress reactions are common in the aftermath of a disaster (Stebnicki, 2016). Adults may experience low energy or general apathy towards survival or may quickly pour themselves into relief efforts to develop a sense of purpose (SAMHSA, 2022).

Children may have difficulty describing their emotions, and older children may fear another tornado will occur (Jacobs, 2016; The National Child and Traumatic Stress Network [NCTSN], n.d.a). School age children may also experience increased physical complaints such as headaches or stomachaches (NCTSN, n.d.a). Substance use can increase in an effort to numb emotional responses to the aftermath, and individuals should also be monitored for increased suicidal ideation (SAMSHA, 2022).

Most Affected

Children and teens may be significantly affected by a tornado as they do not have the same cognitive skills as an adult. They may be concerned about general safety or disruption to their routine, resulting in fear, sleeplessness, and behavioral regression (NCTSN, n.d.b). The elderly or disabled are also at high risk for challenges in the aftermath of a tornado, as there may be disruption of medication or mobility access challenges (Jacobs, 2016; NCTSN, n.d.a; Stebnicki, 2016).

Emergency responders may also be at high risk as they are trying to support indivdiuals when they may have also experienced loss during the event. Due to the extent of damage in the community, it is likely that first responders may not be available to respond, or equipment may be damaged creating a delay in response times (SAMHSA, 2022). Rural communities may experience higher levels of poverty which could place a barrier in resiliency after a disaster (Jacobs, 2016).

Resiliency Factors

Using a psychological first aid (PFA) approach, helping survivors cope in the aftermath should include practical assistance as well as autonomy in decision making. Resiliency can be fostered by strengthening an individual's ability to make independent decisions that support

loved ones. Helping to identify social supports and discussing options for next steps can help survivors feel more prepared for the future (NCTS, n.d.a). Philippians 4:13 states, "I can do all things through Him who gives me strength" (New International Version [NIV]). In the aftermath of a disaster, believers can rely on the support of their faith to find meaning in the future.

Rural communities may have more interpersonal connections than larger metropolitan areas, and support systems may include large portions of community members. Values may include individualism and self-reliance, which may be threatened following a disaster. To promote resiliency, survivors can be used as support while in the shelter to foster a sense of purpose and provide a familiar face to individuals who are coming in (Jacobs, 2016).

Parents should model resiliency behavior and work to establish a routine following the aftermath of a disaster. They should be educated on potential impacts of the disaster on their child, and ensure the child is not being exposed to significant details about the event (NCTSN, n.d.a). Parents should also practice self-care to ensure they are processing and coping with the disaster as best as possible.

References

Jacobs, G. (2016). *Community-based psychological first aid: A practical guide to helping individuals and communities during difficult times.* Butterworth-Heinemann.

Substance Use and Mental Health Services Administration. (2022). *Tornadoes and severe storms.* https://www.samhsa.gov/find-help/disaster-distress-helpline/disaster-types/tornadoes

Stebnicki, M. A. (2016). *Disaster mental health counseling: Responding to trauma in a multicultural context.* Springer Publishing Company.

The National Child Traumatic Stress Network (n.d.a). *Psychological first aid.* https://learn.nctsn.org/course/index.php?categoryid=11

The National Child Traumatic Stress Network (n.d.b). *Tornado resources.* https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/tornado-resources#tabset-tab-5

After reviewing Aten & Boan's chapter on "Case Studies in Disaster Ministry," respond to the following questions:

1. What themes did you notice that was similar in each of these cases?
2. Did you notice any cultural differences that may have influenced how ministry leaders and congregations carried our their disaster ministry work?
3. What resiliency strategies did you observe in these case studies?

Themes

One of the main themes from the case studies is the importance of community. In each of the disasters, multiple areas of the community came together to provide support and resources to individuals in need (Aten & Boan, 2016). In Matthew 25, Jesus talks about caring for those who are in need, and each of these churches prioritized members of the community to support after the disasters. An additional theme found in the cases was future planning. Members of the church community used lessons from the disasters to inform future programs and find areas of improvement for already established systems. In the Philippines, there was a combination of pre-planning and future planning that provided direction to the country to prepare for future typhoons (Aten & Boan, 2016). The desire to rebuild was also identified through the cases; in each setting, individuals were committed to pushing through challenges within the community to find a way to stay instead of being displaced. Despite complications with relief efforts, individuals were committed to working through disaster relief efforts and were confident in their ability to help.

Cultural Differences

Cultural differences may create challenges for giving and receiving help, as well as the establishment of leadership (Jacobs, 2016). After the Japanese disaster, a hierarchical system was developed to assist individuals in knowing who to turn to in times of challenges. Following the Japanese disaster there was more connection within government planning and resources than

independent community resources (Aten & Boan, 2016). Areas of poverty often had difficulty bouncing back after a disaster, and typically needed additional support (Jacobs, 2016). In the Philippines, one poor community still had not been stabilized nine months after the disaster. Relocation concerns may be of particular importance for people who are deeply spiritual or connected to a specific set of land (Jacobs, 2016). Accepting financial assistance may also vary across cultures, and there may be more of a desire to rebuild from personal effort (Stebnicki, 2016). After hurricane Katrina, there was a competition for funds received due to challenges with allocation of funds, and after the earthquake in Japan there were concerns with how relief funds should be spent (Aten & Boan, 2016).

Resiliency

Communities in the disaster areas made a conscious decision to come together despite differences to help individuals affected by the disaster (Stebnicki, 2016). In most cases, differences were set aside, and goals were accomplished in ways that may have been challenging in the past. In Japan, a disaster support network was formed to help increase communication for future disasters. In the Phillipines, pastors worked together to develop a response system for typhoons due to the likelihood of experiencing another severe storm. There was an increase in confidence for how to plan for future disasters, strengthening resiliency within the community. Resiliency was evident as each of these communities has experienced numerous hardships through other disasters, poverty, and racism but has overcome many challenges despite the hardships (Jacobs, 2016). Joshua 1:9 says, “be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go” (New International Version).

References

Aten, J., & Boan, D. (2016). *Disaster ministry handbook.* InterVarsity Press.

Jacobs, G. (2016). *Community-based psychological first aid: A practical guide to helping individuals and communities during difficult times.* Butterworth-Heinemann.

Stebnicki, M. A. (2016). *Disaster mental health counseling: Responding to trauma in a multicultural context.* Springer Publishing Company.

As you reflect on the content you have studied in this course, you will complete a critical reflection & application discussion assignment. The discussion format should answer these questions: What? So What? Now What?

What? What happened? What did you learn? What did you do? What did you expect? What was different? What was your reaction?

So What? Why does it matter? What are the consequences and meanings of your experiences? How do your experiences link to your academic, professional and/or personal development?

Now What? What are you going to do as a result of your experience in TRMA 820? What will you do differently? How will you apply what you have learned?

Personal Learning

Participating in this course has given me the confidence to better understand disaster response programming so that I can effectively counsel survivors of disasters. My personal counseling style is very empathetic and patient, so I feel as though my personality would be helpful in a disaster scenario. However, recognizing the direct steps of how to triage and connect with other providers makes me feel better prepared if I was ever asked to respond to a disaster site.

I was not expecting to be trained in Psychological First Aid (PFA) as a part of this course, but this has further developed my skills as a therapist to feel more confident in a disaster scenario. I have placed myself on the VA Board of Counseling list to provide support in disaster response because I feel this is an opportunity to provide my skills for free for people who are in what is likely one of the most difficult times in their life.

Importance

Disasters are becoming more frequent as climate change occurs and the world becomes more interconnected by travel. Media influence assists in information transmission which also heightens frustrations with varying people groups and cultures. Recognizing the impact of

disasters on the development of posttraumatic stress disorder (PTSD) is an important aspect of treatment. When working with emergency service providers (ESPs), there is a complexity to addressing their own personal needs following a disaster with their role as an emergency responder (Stebnicki, 2016).

Burnout is a real issue for first responders in a disaster area, and precautions should be taken to ensure volunteers are provided time to decompress and engage in their own self-care activities (The National Child Traumatic Stress Network [NCTSN], n.d.). Fostering healthy coping behaviors can help improve resiliency and posttraumatic growth, reducing the likelihood of developing PTSD or other mental disorders (Stebnicki, 2016).

Future Application

Applying these techniques to disaster response scenarios is a natural result of information gained from this course. It would be a disservice to my community to waste the knowledge I have gained by not providing my services if they are needed. Since reading Aten & Boan (2016), I plan to work with my church on developing a disaster response protocol using the methods described in the text. Matthew 25:40 calls churches to respond to needs in their community; “truly I say to you, as you did it to one of the least of these my brothers, you did it to me” (English Standard Version). As disaster continue to unfold in our nation and world, it will be the responsibility of the church to step up and help. As a believer who is also a counselor, I feel it is of utmost importance that I remain engaged in my community and provide support to those who are hurting.

References

Aten, J., & Boan, D. (2016). *Disaster ministry handbook.* InterVarsity Press.

Stebnicki, M. A. (2016). *Disaster mental health counseling: Responding to trauma in a multicultural context.* Springer Publishing Company.

The National Child Traumatic Stress Network (n.d.) *Psychological first aid.* https://learn.nctsn.org/course/index.php?categoryid=11