



## Recognizing and Responding to Trauma in the Wake of Mass Violence

Response to mass violence is a communitywide effort rather than an issue addressed by any one organization or system.<sup>1</sup> An array of professionals, such as primary and specialty care providers, behavioral health providers, law enforcement, the justice system, first responders, teachers, and others, play an essential role in the systems of care for individuals impacted by mass violence. Research shows that a community's response to incidents of mass violence should include multiple strategies that involve a network of providers and other stakeholders. The intervention methods and strategies used begin with the critical incident response and progress to the ongoing supports and services needed to promote community resiliency, including the wellness of those providing the interventions, supports, and services.

**The South Southwest Mental Health Technology Transfer Center (MHTTC)** is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide free training and ongoing consultation to the diverse array of providers across the behavioral health and social service systems in Health and Human Service Region 6, which includes Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and tribal communities in these states. The MHTTC coordinates and provides training and consultation on multiple intervention models and can respond to the dynamic nature of needs as communities heal and recover from traumatic events.

The following list of evidence-based and best practice interventions are some of the training and consultation the South Southwest MHTTC can provide to address the trauma needs of individuals impacted by incidents of mass violence. This list may be best understood as a sampling of interventions that are best employed simultaneously, as part of an over-arching community response that can set communities on a path toward resilience.

### For community-based providers and first responders:

- **Screening tools** to identify individuals and groups in need of mental health and victim assistance services and to prioritize the delivery of more intensive mental health services for individuals displaying the highest need. There are a number of evidence-based screening tools available for providers, and it is critical that providers understand what to do with the information they have gathered.<sup>2</sup>
- **Mental Health First Aid** is an eight-hour training that prepares the layperson to identify someone in mental health distress, provide reassurance, and get them assistance.
- **Psychological First Aid** is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. It is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.
- **Vicarious Trauma** for community health providers, as well as law enforcement and first responders, such as the intervention models included in the International Society for Traumatic Stress Studies *Vicarious Trauma Toolkit*.

## For longer-term responses that promote community resiliency, intensive training and technical assistance may be needed for community interventions, including:

- **Community Partnerships** can be an effective method to identify and implement approaches to preventing adverse experiences and trauma, building resiliency in children, youth, and adults, and creating trauma-informed communities.<sup>3</sup>

## School-based providers, teachers, administrators, and other faculty need one-time or ongoing, in-person training in providing compassionate support after a trauma:

- **Psychological First Aid for Schools** is a useful intervention for schools to administer school-wide, in an effort to prevent adverse health outcomes among students.
- **Skills for Psychological Recovery in Schools** is a modular intervention that helps individuals impacted by trauma gain skills to manage distress and cope with adversity. Skills for Psychological Recovery is a secondary prevention model that builds skills individuals have found helpful after trauma.
- **Trauma Sensitive Schools** is an evidence-informed approach to implementing school and classroom practices for students and staff who have experienced trauma. The approach includes training for staff on trauma and its impact on students, as well as processes and tools for campus teams to implement the Tier 1 approach.
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** is a school-based group and individual intervention designed to reduce symptoms of traumatic stress for 5th through 12th graders exposed to one or more traumatic life events. The intervention uses strategies such as psychoeducation, relaxation, cognitive restructuring, and exposure, and includes sessions with students, family, and teachers.
- **Bounce Back** is a school-based intervention for elementary students who have been exposed to one or more traumatic events. Using a similar approach as CBITS, Bounce Back was adapted for younger children.

## In the wake of mass violence, especially when incidents are culturally, ethnically, or racially motivated, it is critical for all stakeholders to employ culturally responsive practices that consider methods of engaging diverse communities in the response:

- **Cultural and Linguistically Appropriate Services Standards** describe a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to patients' cultural health beliefs, preferences and communication needs. Standards can be employed by all members of a health care organization, state or community, and training on the standards can foster a conversation across attendees about local needs and local strategies for integrating traditionally marginalized communities into behavioral health services.

For more information about the South Southwest Mental Health Technology Transfer Center or to schedule a training or consultation, please visit our website, [mhttcnetwork.org/southsouthwest](https://mhttcnetwork.org/southsouthwest), or contact Alycia Welch, Program Administrator at [Alycia.Welch@austin.utexas.edu](mailto:Alycia.Welch@austin.utexas.edu).

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### REFERENCES

- <sup>1</sup> National Council for Behavioral Health, Medical Director Institute. Mass Violence in America: Causes, Impacts, and Solutions. August 2019.
- <sup>2</sup> Brewin, C. R., Fuchkan, N., Huntley, Z., Robertson, M., Thompson, M., Scragg, P., . . . Ehlers, A. (2010). Outreach and screening following the 2005 London bombings: Usage and outcomes. *Psychological Medicine*, 40(12), 2049-2057. doi: 10.1017/s0033291710000206; see also: Hobfoll, S. E., Canetti, D., Hall, B. J., Brom, D., Palmieri, P. A., Johnson, R. J., . . . Galea, S. (2011). Are community studies of psychological trauma's impact accurate? A study among Jews and Palestinians. *Psychological Assessment*, 23(3), 599-605. doi: 10.1037/a0022817; see also: Johnson-Agbakwu, C. E., Allen, J., Nizigiyimana, J. F., Ramirez, G., & Hollifield, M. (2014). Mental health screening among newly arrived refugees seeking routine obstetric and gynecologic care. *Psychological Services*, 11(4), 470-476. doi: 10.1037/a0036400.
- <sup>3</sup> John Substance Abuse Mental Health Services Administration (SAMHSA). (2017). Building Resilient and Trauma-Informed Communities. Spotlight Series. HHS Publication No. (SMA) 17-5014; <https://store.samhsa.gov/system/files/sma17-5014.pdf>.