Too Much Too Ugly: The Psychologist's Role In Responding to the Aftermath of Mass Casualty, Active Shooter, or Active Hurter Events

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TOO MUCH TOO UGLY—THE PSYCHOLOGIST'S ROLE IN RESPONDING TO THE AFTERMATH OF MASS CASUALTY EVENTS

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PREPARATION AND RESPONSE PHASES

- Pre-Event Horizon---Preparing for the event
- Event Horizon---Responding to the event
- Post Event Horizon---Dealing with the aftermath and the recovery issues

PRE-EVENT HORIZON

SETTING THE FOUNDATION

What are Critical Incidents?

CRITICAL INCIDENT

Critical incidents are characterized by stimuli and responses for which individuals may not have been prepared or which are outside their normal routine. These incidents will involve injury or death. These incidents may impact either an individual, a group or a community.
IDENTIFYING AND PREPARING FOR THE FOOTPRINTS

- Medical Footprint---The number of people killed or injured
- Psychological Footprint---The number of people displaced and/or traumatized

THE SIZE OF THE PSYCHOLOGICAL FOOTPRINT WILL EXCEED THE SIZE OF THE MEDICAL FOOTPRINT

TRAUMA CONSEQUENCES

TRAUMATIC STRESS MAIN TRIGGER

- TOO MUCH
- TOO UGLY
TRAUMATIC STRESS CATEGORIES

Too Much
Too Ugly
Too Soon
or
Too Long
or
Too Similar
or
Too Different

WHAT DOES TRAUMA DO TO VICTIMS, COWORKERS AND RESPONDERS?

- It impacts the sensory modalities and cognitive processing (intrusions and flashbacks)
- It shatters the basic assumptions (physics and psychology)
- It shatters the comfort zone
- It creates deviation from baseline

PRE RESPONSE ISSUES AND CONSIDERATIONS

- Who are the members of the response team (It may just be you)?
- If it is just you, who is your back-up?
- How are the responders credentialed?

CONSIDERATIONS CONTINUED

- Who is going to be the Psychological Incident Commander?
- What will be your role?
- How do you interface with the other psychological responders?
- What are your memorandums of understanding with the referral agencies and other responders?
RESPONDER QUALIFICATIONS

- Familiarity and credibility with the traumatized populations
- Properly licensed
- Trained in on-scene trauma care and psychological first aid
- Able to commit to long durations of service
- Understand privacy and confidentiality

QUALIFICATIONS--CONTINUED

- Prior integration into the incident command structure
- Familiarity and credibility with relevant peer support teams
- Familiarity with state, regional, county and other local mental health services

EVENT HORIZON

Crisis Recovery Begins in the Middle of a Crisis
BASIC ISSUES & CONSIDERATIONS IN Responding to a Traumatic Event

TRAUMA CLASSIFICATIONS

- Natural Disasters
- Human Generated Disaster
  - Technological (non-intentional)
  - Mass Victim Violence
  - Single Victim Violence
  - Self-Inflicted
  - Accidental

TRAUMA FEATURES THAT DETERMINE STRESSFULNESS

- Multiple Attacks
  - Multiple sites
  - Multiple points in time
  - Uncertain duration

TRAUMA FEATURES THAT DETERMINE STRESSFULNESS

- Scope of Destruction
  - Injuries
  - Deaths
  - Deaths of children
  - Damage-Property, Environment
  - Impact on:
    - Home
    - Work
    - School
TRAUMA FEATURES THAT DETERMINE STRESSFULNESS

Disruption of support systems
- Separation from loved ones
- Death of loved ones
- Displacement
- Disruption at home, work or school
- Crisis of faith

Shattering the illusion of safety
In Trauma, the individual suddenly becomes aware of the presence of death or personal vulnerability to great harm

If There Is Warning:
- Cues can activate protective actions
- Can also create anger

If There Is No Warning:
- Shock & awe
- Maximum terror
- Maximum disruption
- Anger

Unfamiliarity
- Cannot anticipate
- Cannot prepare effectively
- Increases vulnerability
- Increases sense of helplessness
- Can create major decoding errors
TRAUMA FEATURES THAT DETERMINE STRESSFULNESS

Symbolism of Target
- Strikes at heart of nation
- Sends message of vulnerability
- Sense of lack of protection

THE CHALLENGES

- Families of the deceased
- The injured and their families
- Other individuals who were not physically injured
- First Responders
- Second Responders
- The community-shattered assumptions and comfort zones

THE CHALLENGES

- Limited or non-existent mass casualty exposure on the part of most trauma responders, and Medical Center employees.
- Role delegation and service delivery responsibilities for trauma responders.

ROLES

- OBSERVER/REINFORCER
- PROBLEM SOLVER
- MEDIATOR/NEGOTIATOR
- ENFORCER/RESCUER
IMMEDIATE GOALS AND RESPONSIBILITIES

- Immediate on scene response--Location
- Activation protocol--How, when, who, etc
- Redundancy protocols
- Identification of psychological incident commander

LOCATION OPTIONS

- At the scene
- At the Reunification Center
- At the department
- At the hospital
- At the defusing site
- Multiple locations

LOCATION ISSUES

- Interfacing with the major incident commander
- Determining responsibilities and roles
- Determining populations to be served
- Determining authority v. responsibility

SPECIAL CONSIDERATIONS

- Voluntary diffusing and psychological contact
- Mandatory diffusing and psychological contact
MANDATORY CONTACT IS RECOMMENDED

- If the psychologist is known to the responders
- If the psychologist has credibility with the responders
- If the psychologist is skilled in defusings and educational decompression

DEFUSING

- Allows people the opportunity to express immediate concerns.
- It is a structured session held before the responders leave the scene or at the end of shift.
- It is designed to be informal and is usually short.
- It is about the responders’ states rather than the event.
- It provides advice on what to do until the next contact.
- Hand out informational materials.

RESPONDERS’ ISSUES

- Assessing the Current Level of Functioning of the Individuals Involved
  - Physical
  - Cognitive
  - Psychological/Emotional
- Balancing Needs of Responders, Victims, Department, City, Community.

PROBLEM ASSESSMENT

- Frequency
- Duration
- Intensity
- Interference
DEVIATION FROM BASELINE

THE RESPONSE: FROM ARRIVAL THROUGH DAY ONE
- Intervention with every responder
- Intervention with the survivors
- Intervention with the families of the victims
- Intervention with the medical centers and the community at larger
- Meeting with leadership and administration

POST EVENT HORIZON

THE RESPONSE: DAY TWO-FIVE
- Coordinating intervention for Responders.
- Dividing Responders into duty assignments for identifying trauma categories.
- Meeting with administration
- Integrating with medical center’s, EAP’s, etc.
DAY TWO-FIVE CONTINUED
- Meeting with Administration
- Individual contact with other responders
- Briefing of responders, survivors and victims’ families prior to meeting with VIPs

DAY TWO-FIVE CONTINUED
- Individual contacts with Responders.
- Debriefing Trauma Responders

THE RESPONSE: DAY SIX-EIGHT
- Individual contacts and debriefing identified units

PROVISION OF CLOSURE
ONGOING RECOVERY OPTIONS

- Crisis counseling
- Debriefings
- Triage

THE RESPONSE: DAY NINE

- Individual contacts
- Debriefing First Responders as a group

THE RESPONSE: DAY TEN

- Individual contacts
- Developing of recovery and coping video for medical center community

THE RESPONSE: Ongoing

- Individual contacts
- Debriefing after any new traumas
- Debriefing Medical Center Leadership
- CIRT or single psychologist responder debriefings
**ADDITIONAL TRIGGERING EVENTS**

- Anniversary
- The Investigation and a trial (if needed)
- Media
- A Similar Event

**CONSLUDING ISSUES**

- Don’t view responding to a Mass Casualty Event as marketing opportunity
- Make sure you take care of your own ‘Book of the Dead’