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A Narrative of Personal Experiences and Recovery Efforts Carried Out in the Wake of the Virginia Tech Shootings

Christopher S. Immel and James M. Hadder

This article will serve as a forum for two graduate students enrolled in Virginia Tech's clinical psychology doctoral program to discuss their experiences on the day of the shootings of April 16, 2007, describing both their personal reactions to the events as well as the playing out of their professional roles immediately following the shootings. Topics discussed include therapeutic clinical work carried out with survivors and family members of the victims on the day of the shootings, clinical work with ongoing patients affected by the shootings, the gathering and developing of training materials for clinicians, teaching courses in the wake of the shootings, and completing assessments of members of the Virginia Tech community for the University's needs-based assessment. The article concludes with a discussion of lessons learned and recommendations for future community disaster relief.

Keywords: shootings; disaster; therapy; teaching; Virginia Tech

The tragic events of April 16, 2007, had a personal impact on virtually everyone who is, has been, or plans to become a member of the Virginia Tech community. This article is an account of the experiences of two graduate students enrolled in the doctoral graduate program in Virginia Tech's Department of Psychology. We plan to discuss both our personal and professional responses to the tragic event. We will detail our experiences working with survivors and families on the night of the event, our professional responsibilities immediately following the incident, and long-term recovery initiatives aimed at helping Virginia Tech students, faculty, and staff affected by this experience. The article will begin with each of the authors describing his individual experience on the morning of the shooting.

Christopher Immel's day began as most Mondays do. He arrived on campus for a 9:00 a.m. course in which he was enrolled. Class began normally, with no one in the class discussing any experiences or knowledge of the first shootings at the West Ambler-Johnston hall dormitory (which had occurred prior to the beginning of class). At approximately 9:45, several students in the class (including Mr. Immel) became increasingly distracted by continual police sirens on campus. At 10:30, the class took a brief break, whereupon several students looked out of the window and noticed heavy police activity outside of Norris Hall, approximately 150 yards away. During this break, Mr. Immel went to his office to check his e-mail for more information. On the way to his office, he heard murmurings of police activity and a possible shooting on campus. He noticed several students in the hallways exchanging varying pieces of information among themselves and talking to family and friends on cell phones. On arriving at his office, Mr. Immel accessed the Virginia Tech homepage on the Web, which reported a suspected gunman on campus and decreed that a campuswide lockdown go into effect. On returning to class, the lesson resumed briefly. However, after noticing increasing sirens and student activity in the hallway, the decision was made to end the course for the day and gather more information about events currently unfolding on campus. It was at this point that Mr. Immel, along with his classmates and colleagues, made efforts to contact their own families and assure them of their safety. Once Mr. Immel had spoken to his family, his classmates and colleagues

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supported and reassured each other while they awaited further information concerning the shooting. Mr. Immel remained on campus (in a lockdown situation) for approximately 2 hours. It is important to note that, at this point in the event, specific information regarding the status and scope of the shooting was not readily available. As such, Mr. Immel initially made efforts to determine exactly what was occurring and attend to preexisting course and supervision meetings. Then, a campuswide evacuation notice was issued at approximately 12:30, even though information was still scarce at that point concerning the nature of the emergency. As Mr. Immel left campus, he took note of the heavy police presence and nearly a dozen ambulances lined up near academic buildings. From his experiences in emergency service (as a firefighter), he recalled a standard emergency service policy that it is better to order too many emergency response vehicles to a situation than to not have enough resources. However, when leaving campus and listening to the radio, he learned of the 20 then-confirmed fatalities, and the severity of the day's events began to come sharply into focus.

James Hadder was working from home on the morning of April 16, when a colleague called him and informed him of the morning's events. Mr. Hadder first responded by checking in with fellow student clinicians from his training team to obtain updates on their status and report back to his clinical supervisor. Following this, he made his availability known to the local community disaster response group with which he was involved and waited to be contacted to engage in response efforts. Despite the somewhat intuitive drive for trauma specialists to get to disaster sites as soon as possible to offer assistance, Mr. Hadder was also well aware of the paramilitary structure with which most large-scale trauma response initiatives are operated. As such, trauma specialists such as Mr. Hadder and Mr. Immel are often held back until a clear hierarchy of responsibilities and needs can be established and assigned to mental health providers so as to ensure the most efficient and effective use of their skills.

While information was still coming in and a complete picture of the morning's events was as yet unavailable, both authors attempted to continue with their normal duties as much as possible, address countless phone calls from loved ones in search of confirmation of their safety, and prepare for any upcoming professional response to the situation. Given that specific information about the current situation was not readily available, dissonance and confusion was prevalent at this point. The authors recall feeling that life would definitely not be the same after this event, but the true long-term impact of the shootings was yet to be ascertained.

Personal Responsibilities

Both authors realized that because of the large number of mental health professionals at work in the area, Virginia Tech was likely to be immediately inundated with such assistance. Thus, the decision was made to wait until they were called in on an as-needed basis, so as to avoid hindering recovery efforts. Given each author's prior experience with disaster response situations, as well as their status as members of the community in which the disaster occurred, they were both keenly aware of the importance of professional self-care during such an event. Therefore, while waiting to be called in to respond, the authors followed up on phone calls, e-mails, and text messages from concerned friends and families to offer reassurances of their personal safety and convey any appropriate incoming information about the shootings. Additionally, both authors took personal care steps for themselves and their close friends and colleagues within the Virginia Tech community (i.e., spending time talking about the event, making time for small social gatherings such as meals, etc.). Finally, during breaks from recovery efforts, the authors were careful to take time to engage in self-soothing recreational activities to facilitate their own mental, physical, and emotional convalescence (Johnstone, 2007).

Immediate Response on the Afternoon of April 16

By the afternoon of April 16, students seeking information regarding loved ones who may or may not have been involved in the shooting were directed to The Inn at Virginia Tech (a hotel conference center located on campus). Community-based mental health professionals, as well as individuals from the community trained to provide emotional support during a disaster, were present at the Inn to help those individuals in need of assistance. It was in this capacity that James Hadder was called in by one of the aforementioned local disaster organizations to assist with relief services. On reporting to the local Red Cross headquarters, Mr. Hadder was asked to

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provide a brief disaster response training session to medical students from the Edward Via Virginia College of Osteopathic Medicine who had also volunteered to help. Training primarily consisted of instructing these students in the basics of psychological first aid (Ruzek et al., 2007; Ursano, Fullerton, Benedek, & Hamaoka, 2007) as well as preparing them for the probable reactions that would be displayed by the individuals seeking assistance at the Inn.

On arriving at the Inn, Mr. Hadder met with the on-site coordinator to be briefed on the current situation. At that point, he was instructed to approach individuals seeking information about friends and family and ask if they needed someone to talk to. During this phase in the recovery process, Mr. Hadder could not help but be struck by the fact that he was providing assistance to individuals with whom he was sharing the same traumatic experience. When necessary, private conference rooms were provided by the Inn so that Mr. Hadder and his fellow on-site responders could talk to these individuals in a somewhat calmer atmosphere. During such interactions, Mr. Hadder listened to individuals discuss the impact of the day's events on their lives, provided emotional support for them, and helped them obtain information about the status of loved ones who may have been involved in the shootings.

In addition to interacting one-on-one with individuals, Mr. Hadder was eventually given the task of assisting Virginia Tech Police in their efforts to keep the excessive number of media personnel out of the Inn and away from affected individuals. Additional duties of the on-site respondents on the night of April 16 included the following: checking individuals into the Inn and directing them to the appropriate locations for assistance, providing individuals with telephone numbers to obtain information about friends and family members, and informing individuals concerning confirmed deaths of friends and loved ones. It was at this point that the pervasive nature of the shootings became clear to Mr. Hadder through his observation of the distressed nature of survivors, their families, and local community members.

Professional Responsibilities the Week of April 16

On the day after the shootings, Mr. Immel volunteered to assist at the Virginia Tech Department of Psychology's training clinic. Mr. Immel's immediate duties involved connecting existing patients with their respective clinicians, as well as directing clinicians who called in to volunteer their services to the community.

Given that disaster intervention is not a primary focus of training within the Virginia Tech Department of Psychology, Mr. Immel (along with a fellow doctoral student and the director of the Psychology Department's training clinic) developed a training guide detailing basic to intermediate disaster mental health principles for the clinicians who would be working with members of the Virginia Tech community. These training materials were used by the Psychology Department's training clinic and disseminated to the wider community. Information was gathered from a variety of resources, including the American Psychological Association (Cornell et al., 2007), the Substance Abuse and Mental Health Services Administration (SAMHSA, 2007), and the University of South Dakota's Disaster Mental Health Institute (Jacobs, 2005). This guide was intended to serve as a basic introduction to disaster mental health principles and convergent issues that often arise for survivors of community disasters.

Mr. Immel also worked with a team of doctoral students to develop various fact sheets describing common reactions that individuals have to disaster. These fact sheets listed various resources that were available to students and community members. Once completed, these fact sheets were distributed throughout the University and Blacksburg communities to equip community members with information regarding possible reactions that they might expect following the shootings as well as a multitude of mental health agencies that they could turn to for assistance.

Following some additional Red Cross training designed to bolster his disaster readiness and increase his awareness of the current situation on campus, Mr. Immel was asked to provide assistance at the Inn at Virginia Tech. While at the Inn, Mr. Immel conferred with other psychologists regarding the current general status of the individuals seeking assistance at that location. Mr. Immel's observations of the individuals at the Inn were similar to Mr. Hadder's: Both clinicians noted the distressed nature of victims' families and friends. Specifically, these individuals exhibited confusion and concern about the status of their loved ones, sadness and grief concerning the event, frustration, and a sense of numbing and disbelief. Additionally, both authors were impressed by the rapid response of community and mental health

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agencies. Furthermore, Mr. Immel used this opportunity to update the Psychology Department's media representative on the department's graduate clinician response to the shooting.

Working With Preexisting Patients

One of the most significant yet unexpected challenges in the aftermath of the shootings was working with not only survivors but also preexisting patients who were affected by this event. Both authors worked with several patients of varying ages, ranging from childhood to young adulthood. Despite the fact that the therapists never prompted discussion about the event during therapy, all preexisting patients raised the shootings as a topic of conversation during their first therapy sessions following April 16. As had been suggested by studies of other similar shooting incidents (Schulden et al., 2006), it was observed that the effects of this tragedy were seen in students and nonstudents as well as in both genders and people from various socioeconomic and racial groups.

The authors noted that though many of the patients seen were not students of Virginia Tech, and the shootings had no immediate bearing on the content of their ongoing treatments, all patients expressed a desire to talk about their emotional reactions to what had happened. In reaction to this phenomenon, the authors made efforts to process these patients' reactions, perceptions, and emotions concerning the shootings. The authors and their faculty supervisors were careful to sensitively continue with the treatment plans of preexisting and ongoing patients while still addressing their needs concerning the shootings.

Additionally, in preparing to return to therapy, the authors had not anticipated the strong desire for patients who were not part of the Virginia Tech or Blacksburg communities to process the event in great detail. Furthermore, an unanticipated phenomenon of returning to therapy after the shootings was the tendency for even these nonstudent patients to make efforts to describe their various levels of connectivity to the event. For instance, patients who were not members of the Virginia Tech or even Blacksburg communities often discussed prior experiences of visiting the campus during previous years and expressed their affection for the University. The authors attributed this tendency of patients to somehow connect themselves to Virginia Tech following the shootings to the sensational nature of the trauma as well as the fact that the event was observed as a community disaster.

At times, the authors found it to difficult to process patients' traumatic emotions related to the shootings because of their own status as members of the affected community. Both authors spent considerable time processing their own reactions to the shootings and the ways in which their own emotions could influence therapy directions during supervision meetings. Though difficult, the authors also found this element of their clinical work following the shooting to be a unique and highly rewarding component of the recovery process.

More recently, Mr. Immel has begun working with the Cook Counseling Center of Virginia Tech in a practicum role. In addition to working as a generalist, his experience also includes working with survivors of the shootings. In the months following the shootings, he has noted a distinct shift in the way therapy is performed with incoming patients. While working with existing patients immediately following the shootings, therapy focused more prominently on the emotional processing of the event and simply supportive listening. Currently, Mr. Immel has found that the content of his work has shifted. Although emotional processing of the event is still a therapeutic priority, more formal treatment of pathologies such as posttraumatic stress disorder and depressive symptoms, grief counseling, and an overarching goal of returning survivors to preexisting levels of functioning has become an important part of the process. Managing individualized treatment plans has proven to be a challenging but crucial component of the recovery process.

Returning to the Classroom

One week after the shootings, Virginia Tech resumed classes. In the midst of the authors' ongoing clinical work and recovery efforts concerning the shootings, a variety of important decisions had to be made with regard to both classes that the authors were teaching and the classes in which they were enrolled. In addition to classes, the authors were confronted with choices regarding their additional academic concerns (such as academic proposals and defenses, ongoing research activities that antedated the shootings, etc.). In short, Mr. Immel and Mr. Hadder were forced to address the challenges of maintaining care over existing patients, continuing to teach and provide assistance to students, and

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staying abreast of academic responsibilities and research milestones.

In light of the events on campus, the authors became cognizant of a temporary shift in priorities. As previously alluded to, the authors continued to pursue the requirements and milestones that were in place before the shootings. However, there was a palpable change in the perceived importance of these milestones. Both authors felt a need to contribute significantly more time to their clinical work and teaching responsibilities as opposed to research interests and the classes in which they were enrolled.

Regarding classes, the University offered all students the choice of three options for their final grades: Students could finish their classes as normal, continuing to attend class and completing all previously scheduled assignments and exams; students could continue to attend class but complete only those assignments and exams that they chose to complete; or they could end their participation in class and accept the grade that they had earned prior to April 16 as their final grade. The authors were responsible for explaining and monitoring the decisions regarding each of these options so that all students in their classes could make well-informed decisions regarding their academic plans for the remainder of the semester. The three options that the University presented to students provided them with significant latitude with which to arrive at a final grade. However, given the magnitude and pervasive emotional impact of the shootings among the Virginia Tech community, both the authors agreed with the University's decision to allow students to play a part in determining their final grades.

In addition to explaining the complex choices of whether to continue or discontinue in classes, the authors also took time to talk with students, both as a class and individually, regarding the conflicting reactions that are common in the wake of disasters as well as cite various sources of help that are available for any individuals experiencing difficulty. The authors observed a wide array of reactions among students regarding the shootings. Some students appeared as though they were not ready to discuss their thoughts and feelings regarding the shootings, whereas others were quite open and forthcoming with their reactions to the event. The authors found their clinical skills to be useful in managing this complex classroom dynamic.

Overall, Mr. Immel and Mr. Hadder were keenly aware of a shift in both the ways in which they taught class and the ways in which students participated in class following April 16. There were noticeable changes in the classroom environment, including a general fall in the pace with which material was covered, a more lenient stance on previously nontolerated classroom activities (such as students having personal conversations with each other or using cell phones to exchange text messages during class), and the desire for the authors to hold students accountable for their academic requirements while still remaining sensitive to the situation.

Virginia Tech's Needs-Based Assessment

One of the final capacities in which the authors continue to participate in the recovery efforts of Virginia Tech is by working as assessors on the needs-based assessment of the University's community. The project is being completed with joint cooperation between Virginia Tech and Harvard University, with contributors from the University of California–Los Angeles. After students, faculty, and staff complete an online survey of their reactions to the event, the authors (along with other assessors) contact a randomly selected group of participants. With each participant, the authors complete a modified version of the Structured Clinical Interview for *DSM-IV* Axis I Disorders—Patient Edition (First, Spitzer, Gibbon, & Williams, 1998). Interviews average approximately an hour and a half and include a general discussion of global functioning and screening for a variety of disorders, and (based on online survey and screener responses) appropriate modules are administered.

The authors have found this experience to be highly rewarding, in that it has allowed for continued assessment and monitoring of the Virginia Tech community in the wake of this event as well as an opportunity for the authors to further hone their assessment and clinical skills. The authors have found that respondents display a wide range of reactions and expressions of symptomatology to the event. The study continues to be an ongoing effort with plans to follow up with respondents in the spring of 2008.

Future Plans

Both authors remain involved in the planning and development for several activities concerning ongoing recovery efforts. One component of these recovery

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efforts involves disseminating information to other professionals who may be exposed to similar traumatic events within their own communities. For the authors to convey their experiences and share information regarding their response to the shootings, both Mr. Immel and Mr. Hadder have participated in activities such as a recent interview by the *APA Monitor* so as to convey information and suggestions about how other professionals might respond to similar tragedies.

Regarding more clinically focused initiatives, the above-discussed needs-based assessment is an ongoing project in which the investigators plan to conduct follow-up interviews in the spring of 2008 (approximately 1 year after the shootings). This will serve to (a) provide a comparison to the original data collected in the summer of 2007 and monitor any significant changes in symptomatology levels and (b) determine the extent to which the anniversary of the event may account for additional expressions of psychopathology.

Finally, as both authors taught courses during the fall of 2007, they remained keenly aware of the unique challenges that were placed on them as instructors of Virginia Tech students. Given the policies provided by Virginia Tech regarding student grading options (as discussed previously), a number of students accepted their grades as of April 16 and did not return to classes following the shootings. As a result, the beginning of the fall 2007 semester was the first time that many of these students returned to campus in an academic capacity. Because of this fact, as well as the general well-being of all students enrolled in classes, a certain degree of sensitivity is still required concerning the emotional states of students. Thus, the authors will continue to remain appropriately flexible to issues that arise in regard to April 16.

Lessons Learned

The tragic events of April 16, 2007, provided a tremendous opportunity for both personal and professional growth. Being exposed to a variety of different situations in the wake of the shootings, the authors found that they each learned a great deal about immediate disaster response, clinical work following disasters, and teaching students who have been exposed to such events.

It is the authors' perceptions that the immediate intervention activities at the Inn at Virginia Tech on the night of April 16 were orchestrated quite effectively. Overall, the paramilitary structure commonly employed in most large-scale disasters was particularly useful in the wake of the shootings. Specifically, the well-organized chain of command established by those assisting at the Inn allowed for clear communication regarding to whom questions should be directed as well as who was responsible for deploying individuals to specific locations. Additionally, there appeared to be very little overstepping of boundaries among individuals providing assistance at the Inn on the night of April 16. The clear chain of command established at the scene seemed to assist a great deal in defining the roles of all individuals assisting in the event. Another important factor during this evening was the large number of individuals assisting at the Inn and how this allowed for numerous breaks and rotations of personnel (thus helping to prevent burnout among many of these responders). Overall, the intervention activities implemented at the Inn at Virginia Tech on the night of April 16 appeared to be well-organized and effective methods for providing necessary assistance.

In that the authors were members of the community affected by this particular traumatic event, there were a variety of new clinical situations to be experienced. For example, during initial intervention efforts, the authors were required to monitor their own self-care needs as well as those of their colleagues (many of whom had never before been exposed to the unique situation of providing mental health assistance in the wake of large-scale trauma). In addition to the various on-site interventions related directly to the shootings, both the authors learned quite a bit concerning the ways in which such an event affects ongoing therapy with preexisting patients. As previously discussed, the authors were struck by the pervasiveness of the shooting and the wide variety of individuals from surrounding areas who exhibited reactions to the event. They found that it was important to process the event with each willing patient but equally important to stay on track with current treatment plans and not neglect the needs that these patients had prior to April 16. Finally, the authors' status as affected members of the community allowed for the somewhat unusual experience of appropriate self-disclosure with patients during therapy regarding reactions to the event. When done in a controlled, professional manner, the authors found this to be a valuable means of assisting

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patients in reconciling their own reactions to the shootings.

The distinctive nature of this particular trauma also provided a unique experience regarding the authors' interactions with their students. The University's decision to ultimately cancel classes for the week of April 16 and allow individuals to focus on nonacademic matters appeared to be beneficial to the student body. Additionally, the University did an adequate job disseminating grading options through deans and department heads, and ultimately to instructors and students. Finally, the authors found that the different grading options that the University presented to students following the shootings, as well as the flexibility that instructors were given regarding the manner in which they could conduct class, allowed students to properly prioritize their academic responsibilities in the wake of the shootings.

Recommendations

Though the authors had spent a significant portion of their graduate training studying trauma, they found that a considerable amount of problem solving was still required in the field following such a community disaster. One of the first recommendations we have would be for mental health training departments to have preestablished disaster training manuals available to their faculty trainers and graduate students. Obviously, not all students and faculty at such institutions have research interests in the specific nature of trauma. However, these individuals still possess valuable therapeutic skills that can be effectively augmented by basic-to-intermediate training in trauma response. We would like to advocate simple, empirically supported, and effective manuals that can be appropriately accessed and utilized in such crises. Furthermore, training departments may benefit from preestablished crisis response plans, accounting for details such as leadership, training, and supervision necessities.

It is important for clinicians desiring to work in the field of disaster relief to become familiar with empirically informed acute intervention strategies. One such strategy is psychological first aid (Ruzek et al., 2007; Ursano et al., 2007). Furthermore, given the specific nature of trauma and disorders such as acute and posttraumatic stress, it is important for clinicians to have a thorough understanding of these pathologies before working with survivors of traumatic events (Norris, Galea, Friedman, & Watson, 2006). Some pathologies for survivors of disasters, such as depression, are often well understood by generalists; however, it is imperative for clinicians working with survivors to understand how trauma influences differential diagnosis and treatment for such psychopathologies (Wilson & Keane, 2004).

We would like to conclude this article with one specific recommendation concerning a phenomenon that both authors observed and found to be quite troubling. It is very important for clinicians, first and foremost, to take care of their own physical and mental health needs during times of disaster. Both authors made concerted efforts to care for themselves, in addition to supporting and receiving support from other clinicians (Johnstone, 2007). These self-care activities included the following: spending time with friends and loved ones, staying in contact with family, attempting to maintain a normal sleep routine and an adequate diet, and taking frequent breaks from observation of media coverage. Individuals are also encouraged to be selective in the media coverage that they observe. The authors found it helpful to gather new facts and information from a variety of media sources and eschew the repetitive and sensationalized coverage of the event. Such a practice allows clinicians to maintain appropriate levels of awareness regarding the situation while at the same time helping them avoid overexposure and clinician burnout. Clinicians are at their most effective in helping others when their own personal needs are met. For those working in or desiring to work in disaster relief, self-care is absolutely essential.

It is equally important for disaster relief clinicians to recognize and overcome the barriers associated with self-care activities. The primary barriers to such activities are simply clinicians' and supervisors' failure to recognize the importance of and allow for self-care activities. Additionally, depending on the area in which one is providing assistance, there may be physical or geographic conditions that preclude the possibility of engaging in preferred self-care activities. Thus, it is of paramount importance that both clinicians and their supervisors recognize the value of self-care activities and work to determine which activities will be most effective and accessible. The authors found a number of personal care habits to be beneficial. Such tactics included maintaining proper work-to-rest ratios; eating, sleeping,

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and exercising regularly; and seeking social support through colleagues, friends, and family. These are but a few recommendations that have been found to be helpful for disaster relief workers in the wake of events such as the April 16 shootings.

The tragic events of April 16, 2007, on the campus of Virginia Tech were felt across the community, state, nation, and perhaps even the world. Though there is much recovery to undertake, a significant amount of good has already occurred. The events have also presented a unique opportunity for professional growth, learning, and ultimately, consultation on how to help communities of future disasters such as this. Though recovery is well under way, there is still a long road ahead for our community to travel.

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