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Traumatology 2008; 14; 100
DOI: 10.1177/1534765608316136

Traumatology
Volume 14 Number 1
March 2008 100-105

10.1177/1534765608316136
http://tmt.sagepub.com
hosted at
http://online.sagepub.com

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The present article describes the events of April 16, 2007, from the author's perspective. Initial steps, including interaction with graduate students, community partners, and university administrations are detailed. Additionally, the development of a working model to guide mental health efforts in both the university and local community is described. The steps in the designing and administration of a needs assessment followed by lessons learned are also presented.

Keywords: Virginia Tech; school shooting; trauma response

What started out as a typical Monday morning turned out to be one of the most tragic days in the nation's history. As the events of this day began to unfold, I was in the process of packing for my 11th trip to the Gulf Coast with the goal of teaching disaster preparedness skills to kindergarten children. We were about to embark on our first initiative to help children learn what to do in case of emergencies. As I continued packing, I could hear NBC news playing in the background. As I recall, I heard something like the following statement: "Two students have been shot at Virginia Tech." I immediately turned to the television in disbelief, curious to learn more about this tragic event. As I stayed glued to the TV set, the number of individuals reported as being shot began to steadily increase.

The call to respond to yet another disaster situation was not new. My 30 plus years of research and clinical expertise in the areas of emergency functioning and responding to natural and technological disasters had well prepared me to deal with a plethora of wildfires, residential fires, floods, and hurricanes. My response to residential fires across several states, wildfires in California and Florida, Hurricane Andrew in Miami, and Hurricanes Katrina, Rita, and Ivan in the Gulf Coast was quite effective given these background experiences. Despite these experiences, I was not fully prepared to deal with the tragedy. The difference here was that the disaster was unfolding in my own backyard. My students, fellow faculty members, and staff were all vulnerable.

During the acute phase of a crisis, our immediate attention is often focused on those we are closest to who may be in harm's way. Therefore, my thoughts immediately turned toward my wife who was at a routine doctor's appointment near campus. The phrase "a conflict of loyalties" consumed my thought processes. I wanted to make sure that she returned safely, but at the same time, I wanted to rush to campus. Within a short period of time, she returned home safely. Thank God!

While hastily exiting my bedroom and glancing at my half-packed suitcase, I was reminded of a statement made by a teacher in the Gulf Coast shortly following Hurricane Katrina. While standing in front of her partially destroyed elementary school, she commented on the horrific impact of the storm on her home followed by a statement of its impact on the children: "I have a hole in my roof, but a greater hole in my heart because no one is looking out for the kids." I immediately identified with these words in a way that I had never done before. For the first time, that statement now referred to the "kids" at Virginia Tech. I needed to know firsthand, if undergraduates, graduate students, faculty members or staff had been hurt or victimized by these shootings. Off to campus I went.

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On-Campus Contact

My immediate goal during this initial phase of the acute recovery process was to meet with first responders and administrators as well as victimized students, faculty, and staff. As I arrived on campus I was pleased to see the number of first responders but shocked to see the enormous media presence. Although the importance of "getting the story" is of utmost concern following any traumatic event, I was quite apprehensive about the media's role in achieving this effort. Headlines, stories, and sound bites at the expense of the Virginia Tech community were quite unsettling.

Unlike the Gulf Coast where the mental health infrastructure was wanting at best because of fragmentation and lack of resources, our community was just the opposite. As I made my way into the command center, I saw representatives from the New River Valley Community Health Center, the University Counseling Center, the universities' Psychological Services Center, the New River Valley Community Services Board, the local Red Cross, and many others. The benefits of having worked together with these organizations during the past 20 years became most evident in the minutes, hours, weeks, and months to come.

I stumbled on a metaphor for what I observed taking place during a recent flight from the Gulf Coast where I found myself sitting on a plane on the tarmac because of engine problems. In striking up a conversation with a gentleman sitting next to me, I quickly learned that he was a rocket scientist. In the course of conversation, I raised the question, "What is it about a rocket engine that makes it as efficient as it is?" He responded, "In a rocket, there is not a single engine, but multiple engines." He went on to explain, "There can be three, six, or even nine engines, and what these engines do is interact. They compensate for one another." The term he used for this interacting was *gimble*. He said that as the engines gimble, they produce maximal thrust, efficiency, and direction. "What a metaphor for mental health professionals in times of crisis!" I exclaimed. I could see the need for *gimbling* of mental health workers from a variety of domains to ensure the proper and timely response to catastrophic events. I found this metaphor to be quite applicable to many of our recovery efforts. I will reflect on several below.

Gimbling With Graduate Students

Many of the initial phone calls I received were from graduate students in the Psychology Department and more specifically from members of our R.E.A.C.T. (Recovery Efforts After Child Trauma) team. They enthusiastically expressed their desire to put into practice many of the things they had learned regarding crisis response. My five graduate students Jimmy Hadder, Chris Immel, Rachel Moore, Kelly Dugan, and Katherine Schwartz immediately became involved in several initial recovery efforts. What I found most encouraging was the fact that they did not wait to ask me what to do but moved forward in partnering with mental health professionals at the university and in the community to promote structure, safety, and comfort to individuals across both settings. Whereas several worked with members of the American Red Cross, the rest worked with other local organizations. A meeting with the entire psychology department was called with the goal of developing and mapping out strategies to assist in the acute and intermediate aftermath of the shootings. Discussions during this meeting provided our students and faculty with guidance for moving forward.

Gimbling With Community Partners on the First Day of Classes

After numerous meetings, e-mails, and phone calls with community partners, one of the most important initiatives was the preparation for students and faculty to resume classes. It was decided that pairs of mental health professionals would attend each class and share information with students and faculty. Hundreds of mental health workers gathered at 6 a.m. Both local and distant partners were in attendance. In fact, I was actually reacquainted with individuals I had interacted with during deployments to the Gulf Coast. Psychoeducation informing individuals of "normal reactions" to this "abnormal situation," ways of coping, and location of sites where assistance could be obtained were provided. For example, handouts from the American Red Cross, the American Psychological Association, the National Child Traumatic Stress Network, and the American Psychiatric Association were modified and made available. As a result of this collective effort, we felt that many of the immediate fears and reactions of students, faculty, and staff were lessened.

Gimbling With Virginia Tech Administration

Shortly after the shootings, a meeting was arranged with our University Provost, Dr. Mark Mcnamee,

with whom I had developed a solid working relationship with prior to this event. Dr. Mcnamee, who had been highly supportive of my efforts in the Gulf Coast, was equally supportive of my efforts with this crisis. Issues related to safety, assessment, intervention, model development, and funding were discussed. Several of the initiatives discussed in the following sections resulted from this meeting.

Gimbling With Funders: Department of Education (DOE) and Substance Abuse Mental Health Services Administration (SAMHSA)

Efforts to obtain funds to assist us in moving forward with this recovery phase were activated. I became a member of a five-person working group tasked with developing a grant proposal for the DOE. The initial foci of this endeavor were mental health recovery and threat assessment. After hundreds of e-mails, hours of meetings, and numerous discussions, a final proposal was submitted and ultimately funded by the Department. Mental health efforts funded by this grant included the development of a scientific advisory committee that would provide input into various initiatives, payment for graduate students to carry out interviews with a small sample of survey respondents with the purpose of assessing the validity of our measures of mental disorders, and monies to bring in an expert to train mental health professionals in carrying out trauma grief therapy for victims who had been highly exposed to this event.

A similar endeavor was initiated by members of the community in quest of SAMSHA funds. The proposal was also funded. Although I played a very minor role with this endeavor (attending several meetings and looking over an early draft of the initial proposal), I was pleased to see that monies were being pursued by both university and community groups.

The need to develop a working model and conceptualize acute, intermediate, and long-term recovery plan was evident and became an immediate priority. In the minutes, hours, and days following the shootings, I felt immensely blessed to know that I had an array of partners at the local, state, and national levels, as well as international experts to assist me. Having stated to an NBC news reporter the day after the shootings, "a major predictor of positive recovery following traumatic events was social support," a glimmer of hope in the midst of this tragic situation was afforded me.

Early in this process, Sheppard Kellam at Johns Hopkins University was most helpful in shaping and honing my thinking regarding the development of this model. Borrowing heavily from his work, which is rooted in the public health and prevention traditions, the following working model is being used to guide my efforts. A detailed description of this framework is available from the author on request.

The Virginia Tech Resilience Recovery Model

Stage 1

- Public health/prevention framework
  - Articulating a shared vision

Stage 2

- Coordination and development of services
  - Coordination of existing services
  - Identification of gaps in existing services
  - Development of new services
  - Implementation of prevention model (universal/selective/indicative)

Stage 3

- Coordination and maintenance of public health/prevention strategies at university and surrounding community
- Continued obtainment of input from university students/faculty/staff, members of the surrounding community
- Continued obtainment of the Scientific Advisory Board

Given the diversity represented within the Virginia Tech community, the need to consider issues related to diversity is obvious. For example, issues related to mistrust, access, and culture/linguistics will be of great relevance when interacting with various groups (see examples of each below). Hence, the Cultural Competence Model (Figure 1; Jones, Hadder, Carvajal, Chapman, & Alexander, 2006) will play a major role in the development, modification, and adaptation of assessment and intervention strategies during the course of this effort. A full description of this model can be obtained from the author on request.

Mistrust/Beliefs

- Assess and discuss levels of mistrust.
- Find community gatekeepers and request their involvement.

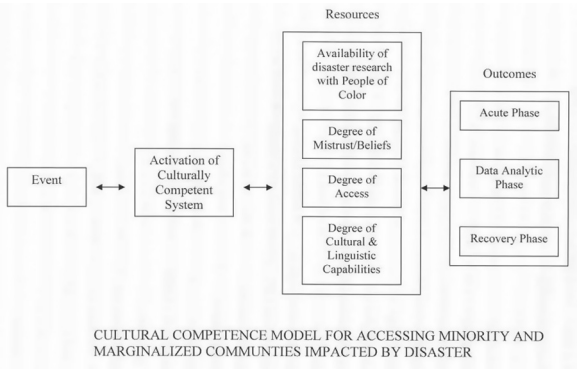

Figure 1. Cultural Competence Model.

- Interact with leaders and members of the target community.
- Build rapport by establishing bonds with members of the community.
- Include representatives from the target groups as part of the research team.
- Use people of color and individuals from marginalized communities as role models.
- Understand current needs and realities of target group.
- Recognize and respect differing cultural beliefs and practices.

Barriers to Access

- Find study sites proximate to communities/ convenient location.
- Use publicity campaigns directed at minorities.
- Use door-to-door subject recruitment.
- Develop convenient hours of operation.
- Provide/find transportation services to research/ treatment sites or reimbursement for transportation costs.
- Provide financial assistance, fee waivers, and incentives.

Culture/Linguistics

- Develop, implement, and assess specific plans that outline goals, policies, and systems of accountability when engaging in culturally and linguistically appropriate services.
- Train all research team members in culturally and linguistically appropriate service delivery and research methods.
- Appropriately translate and interpret research materials and measures when research participants are not comfortable with the English language.

Gimbling With the "Survey Team"

During the early hours and days following this tragedy, I began to think of the importance of gathering the needs and levels of psychological functioning of those affected. On receiving a phone call from my good friend and colleague, Dr. Ron Kessler from Harvard University, steps to transform these thoughts into action began. Following a similar template used during the aftermath of the storms in the Gulf Coast, a small team of eight experts in the areas of epidemiology, trauma, psychology, and sociology were assembled. Our goal of developing a survey instrument that could objectively and concisely obtain needs and levels of distress among students, faculty, and staff was achieved in a most efficient time frame. Following hundreds of e-mails and numerous phone calls, an e-survey was administered on July 5 and August 19. It was used to document needs and distress levels across the university and community. Several key aspects of the survey are listed below.

Purpose

- The purpose of the study
  - to estimate the extent of exposure and psychological reactions
  - to estimate need for psychological services

Survey

- Two surveys initiated by the Virginia Tech Center for Survey Results on July 10 and August 19, 2007
- Respondents were asked to respond to questions about their
  - exposure to the events on April 16
  - mental health before and after April 16
  - trauma reactions and grief experiences caused by April 16
  - use of therapy and counseling before and after April 16

On completion of the survey, results can be obtained from the author on request.

Lessons Learned

1. The Need for Existing Infrastructure and Partners: One of the real strengths of the Virginia Tech recovery effort was the fact that an infrastructure embracing both the university

and surrounding community had been well established prior to the event. A high level of functioning between and among community partners quickly facilitated our acute response to the shootings. Working groups that had been established and tested across several community initiatives were quickly and efficiently activated. Because of our previous level of gimbling, the degree of duplication and inefficiency was lessened significantly.

2. Engagement of Strategies Based on Our Best Science: One of the primary sources from which scientifically based strategies were obtained is a book titled *Research Methods for Studying Mental Health After Disasters and Terrorism* (Norris, Galea, Friedman, & Watson, 2006). The necessity of using science to support efforts during the acute, immediate, and long-term recovery phases following traumatic situations cannot be overemphasized. For example, two lessons learned during work with Hurricane Katrina were the need to carry out empirically and scientifically sanctioned assessment efforts as well as the engagement of evidence-based and evidence-informed intervention efforts. Several of these recommendations are being used within the proposed public health and prevention model. More specifically, this model not only advocates for early, intermediate, and long-term intervention but also for the importance of taking a prevention approach to lessen the likelihood of risky behaviors, including substance use, sexual acting out, and disruptive social behaviors. The increase of these and other maladaptive ways of coping following disaster situations have been long highlighted in the disaster literature. The fact that many members of our undergraduate student body are members of the millennial cohort enhances the importance of these kinds of efforts.
3. Training in Disaster Behavioral Health: An additional lesson learned was the necessity for mental health workers to acquire training in the principles of disaster behavioral health. I was very fortunate to be formally trained in disaster preparedness within the context of this model. Approximately 6 months before Hurricane Katrina, I was invited to participate in a training sponsored by the Disaster Technical Assistants Community (DTAC). In this program, we learned about disaster behavioral health as well as the application of tenets from related models while preparing for and responding to crisis situations. This in-depth day training focused on many of the principles advocated by disaster agencies, including the American Red Cross and the Federal Emergency Management Agency.
4. Engagement of Initiatives Directed Toward People of Color: Another "Lesson Learned" involves taking into account the ever-important role of diversity. Given that Virginia Tech is made up of diverse ethnic groups and cultures, it is important that all aspects of recovery target each group. More specifically, the need for cultural awareness and sensitivity when interacting with Asian Americans and African Americans on our campus is of extreme importance. While meeting with an administrator who works with our international students, we were told that the Asian Americans did not need outsiders continually asking them "How are you doing?" or "How can we help?" Rather, what is needed is the strengthening of preexisting support networks. One of the things that I've found in working with disaster survivors across a range of settings has been that people are more prone to reach out to those with whom relationships had been forged and tested prior to crisis situations, as opposed to individuals who had "just arrived to help." I think an exception to this fact may be made in the acute aftermath of such an event. I was told by my brother, who is a Vietnam veteran, that there was no color in the foxholes. The obvious interpretation of this statement is that when bullets and mortars are being fired over your head, differences across races, ethnicities, and cultures are lessened, whereas collective efforts to enhance survival and safety are intensified. However, once imminent danger subsides, these differences again emerge. In short, the need for an understanding and appreciation of differences among and between races, ethnicities, and cultures should be underscored in phases of the recovery process.

In conclusion, as I reflect on my early experiences following the shootings of April 16, although extremely saddened by the senseless loss of life, injury, and pain and suffering endured by both the Hokie Nation and surrounding community, I am optimistic that some good can result from this senseless tragedy. I was reminded of a Hebrew proverb that says, "Out of darkness comes light." I am reminded of our findings from the initial study published by the Hurricane Katrina Community Advisory Group (2006). Whereas our hypotheses stating that there would be increases in both

Posttraumatic Stress Disorder as well as depression 6 months following the storms were confirmed, one unexpected finding emerged—namely, a decrease in suicidality. We explained this finding by reports from participants stating that they felt they had gained a greater ability to deal with difficult situations, had a greater purpose in life, and experienced higher levels of spirituality and religion. We conceptualized these reactions as a type of posttraumatic growth, which provided a type of psychological scaffolding against the massive insult produced by the storms. It is my hope that similar responses will be reported by members of the Virginia Tech family and community in the days, months, and years to come. Only time will tell.

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