Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma-and grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice*, *5*(4), 291.

Screening for exposure with middle school students for PTSD. 7.1% met criteria and 26 participated in the group. Associated with improvements in PTS and academic performance. Are we failing to meet an hidden need for treatment/counseling for like, 7% of our kiddos?

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Maguen, S. (2007). Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, *70*(4), 283-315.

Promoting social connectedness as an intervention seems to be important and salutary for children and adolescents in particular (but note—parents and family!) but there is similar danger for undermining rather than support.

“Despite the research gap between the natural positive influence of social support and the influence of intervention–created social support, there is enough experiential evidence post September 11th in New York (Simeon, Greenberg, Nelson, Schmeidler, & Hollander, 2005) and from WHO experience with refugees (van Ommeren, Saxena, & Saraceno, 2005) to make this a “best practices” suggestion, with a clear call for more careful research on the issue.” (Page 298)

Paine, C. K., & Schools, S. P. (2007). Hope and healing: Recovery from school violence. In *Public Entity Risk Institute Symposium for Confronting Violence in our Schools: Planning, Response, and Recovery, Fairfax, VA. Retrieved February*(Vol. 6, p. 2009).

The students’ delayed return to school required extensive planning with counseling support.

This is important-how can a school be a first site and a community-level-processor if the first policy change is to close the school and give kids time off? (but see how bailey case—dishman and lewis—staff needed to heal first and this gave them time.

Memorials and healing events?

Crepeau-Hobson, F., Sievering, K. S., Armstrong, C., & Stonis, J. (2012). A coordinated mental health crisis response: Lessons learned from three Colorado school shootings. *Journal of School Violence*, *11*(3), 207-225.

“few accounts of responses to school based crises have been published to date and most provide very general information”

Colorado Crisis Response Team CRT

“one size fits all model is not efficacious”

Incident Command System structure gives everyone a job.

Mental health Incident Commander / Public Info Officer /

If MHIC is community ingroup, this can create problems when (s)he needs to process as well. But outsiders can exacerbate issues of community trauma

Key components:  
Reunification

Safe Haven (if off site, close proximity) Protected from media

NOVA Model:

3 elements: “safety and security, ventilation and validation, and prediction and preparation.” (214)

Mental Health Triage

(Screen and treat?) NO. this is to determine degree of exposure.

Debrief for providers

Long term follow up and intervention

Evaluation

Turunen, T., Haravuori, H., Pihlajamäki, J. J., Marttunen, M., & Punamäki, R. L. (2014). Framework of the outreach after a school shooting and the students’ perceptions of the provided support. *European journal of psychotraumatology*, *5*(1), 23079.

“importance of enhancing the natural networks” + additional support to those in greatest need.

Wow “media coverage with psychoeducative and calming content.”

Open door policy at the trauma affected school.

Reinforced youthwork and student welfare

Grolnick, W. S., Schonfeld, D. J., Schreiber, M., Cohen, J., Cole, V., Jaycox, L., ... & Wong, M. (2018). Improving adjustment and resilience in children following a disaster: Addressing research challenges. *American Psychologist*.

Essentially a recap of the research problems following disaster: obtaining consent, designing rigorous studies, and obtaining funding quickly enough to conduct the study.

To date, no RCTs on psychological First Aid (but of course, LPC pilot study 5 years earlier was QE)

Causal research challenges. Wowzer this’ll be one to add to the collection for later citations.

In post-disaster—research supports the use of CBT over no intervention, but too few studies to compare different types of treatments

TF-CBT

Okay problems: hard to find survivors

Multiple stakeholders

Obtaining consent

Rigorous designs

5c) suggestions for future program of research?

Structutral equation model of violence, PTS, academic factors

Screen and treat is BEGGING for RDD designs.

Standards for monitoring and evaluation.

The theory contends this causal model: school violence increases the likelihood that students will experience negative emotional and behavior states, such as disruptive behaviors. These cognitions and behaviors then function to decrease student achievement. With appropriate data, it may someday be possible to fully trace this structural model to determine more precisely the ways in which violence, mental health, conduct, attendance, and achievement interact.

The key components seemed to be: 1. This was an isolated incident carried out by a social deviant (i.e., a mentally ill individual). 2. This act could not have been foreseen or reasonably prevented. 3. We (the surviving members of the university community) were therefore not responsible for this event. 4. This was an attack not just on the victims, but also on our whole community. 5. Thus, we were all victims. 6. As victims, the effects on us would undoubtedly be devastating and long lasting. 7. This was more than just about us, the whole country—and indeed the whole world—was watching and supporting us in our grief. (Ryan & Hawdon, 2008, p. 45)

4) what we can do with community level trauma and what do we know about fixing it?

In terms of psychosocial resources, research has focused on personality characteristics, beliefs and attitudes, coping styles, and social relationships as predictors of mental health outcomes. (Lowe & Galea, 2017, p. 77)

Bonanno (2005) notes that grief styles seem to have much to do with how well one functions. Some of those who experience loss in community trauma, he writes, are those who practice trait self-enhancement. These individuals are often rated highly by practitioners for adjustment, but over time they are perceived by their communities as being poorly-adjusted, in part because their positive attitudes are perceived as dishonest. Thus, there appears to be a paradox in dealing with grief, loss, and trauma within a community: what appears to be best for the individual in general might negatively impact community standing and thus jeopardize full recovery.

5) implications for policy?

In addition to preventing mass shootings, it would be important to develop interventions to address mental health problems in their wake. Trained crisis response teams that establish safety, evaluate the psychological needs of victims, connect survivors with a range of services to meet their needs, and evaluate response efforts have been proposed to mitigate the effects of school violence (Crepeau-Hobson, Sievering, Armstrong, & Stonis, 2012). Hobfoll and colleagues (2007) have also identified five empirically supported principles for mental health responses to mass trauma—promoting a sense of safety, calming, a sense of self- and community-efficacy, connectedness, and hope. The empirical research also lends support for approaches that identify survivors most at risk of adverse outcomes, including women, persons of lower socioeconomic status, those who faced higher levels of exposure, and persons lacking strong social support networks. Furthermore, extant studies suggest interventions that enhance emotion regulation and active coping skills and that encourage engagement with and acceptance of emotions, thoughts, memories, and sensory experiences (e.g., Metz et al., 2013). These skill-building interventions could be part of the standard curriculum and could promote resilience after a range of traumatic events and stressors. (Lowe & Galea, 2017, p. 77)

5b) How would I use the project SERV dollars?