Critical Incident Review: Active Shooter at Robb Elementary School—Chapter 6. Trauma and Support Services

April Naturale

00:00:02

Hello everyone, and welcome. This chapter on the Critical Incident Review of the Active Shooter at Robb Elementary School in Uvalde, Texas, is on trauma and support services, and it emphasizes the need to attend to the mental health impacts of this type of mass violence event on victims, families, responders, and the community as a whole. This is important because mental health distress is second only to injury and death in a traumatic event. And when left unattended, we know that some people can go on to develop mental health concerns, and even lose their ability to function, to be contributing members to our community. Or they might wind up utilizing heavily our public health and mental health systems as a result of the trauma. And we know, too, that traumatic events that are human-caused with intent to harm creates a risk of serious mental health concerns that's twice that of natural disasters or accidents.

Using trauma-informed approaches and responses to those involved in incidents can help to mitigate the development of mental illnesses, and to help those who are impacted find a path to recovery, whatever that might look like to them in the new paradigm that they'll have to address. The entire Critical Incident Review team was trained and highly attuned to the need to apply trauma-informed approaches into every aspect of the review process. They were well informed before even beginning the interviews with the impacted Uvalde community, which was actually everyone in the whole town. It wasn't something that we did just as part of this chapter alone. As a behavioral health specialist working with these law enforcement executives, I was very impressed that the group was eager to follow industry standards and best practices in trauma-informed care to ensure that they didn't create any further harm to those already traumatized community members.

As part of the sensitivities of the experience of the victims, most of whom were minors, the team did not interview any youth directly, but gathered information by speaking with family members and other adults, and reviewed other interviews and already collected data. We also did not have access to the full list of victim survivors—which continues to be a problem nationally in mass violence incidents—so we used a snowball approach and other outreach strategies. One thing to note here before we begin, is that we also refer to both victims and survivors interchangeably to respect the fact that some survivors or victims prefer one term over the other. And we've also tried to avoid activating terms like triggering, targeted, aimed, and other gun-related language.

My name is April Naturale, and I'm a traumatic stress specialist who's worked with many large-scale disasters, terror attacks as far back as 9/11 and the Boston Marathon, as well as natural disasters, and unfortunately in the last decade over a dozen incidents of mass violence. Currently, I head up disaster services at Vibrant Emotional Health, which is the administrator for the 988 Suicide & Crisis Lifeline. I was assigned to work with this Critical Incident Review team to look at several issues, one of which we're going to be addressing in this webinar today, trauma and support services. You'll also be hearing from our core team member in this segment, Mark Lomax, and he'll introduce himself in a little bit.

The trauma and support services review includes a deep dive into the subtopics of the effects of traumatic events on victims, families, and community members, as well as responders. It addresses acute support services; trauma-informed education; perimeter principles, particularly at Robb Elementary; principles for reunification, notification, and reception; death and trauma notifications in the town of Uvalde and at the hospital; acute and intermediate services; identifying affected communities; doing a needs assessment, identifying and coordinating providers of support services; family assistance and resilience centers; supporting school personnel and students; providing post-incident supports for responders, including debriefings and peer networks; victim services specialists; dispatch and communications personnel; families of law enforcement; long-term support; transitions; and then memorializing the victims.

As you can hear, there is a lot going on here. There are specifically 88 recommendations in this chapter alone. We're just going to review a few of them here and highlight these. The image you see here is a well-known research-based model of what we call the "spheres of influence" that helps in identifying survivors. It's a good visual that allows us to see the various impacted groups based on their level of exposure to the incident. Exposure being the most critical indicator of risk for developing a mental health concern. What you have here is a picture of the smaller sphere being the highest risk, but the smallest number of those impacted. And then the same holds through for the other spheres, their exposure is slightly less as you move to each next sphere, but the numbers of those impacted is larger.

If we look at the full brown circle in the middle of those most at risk, they're direct victims, which makes sense. They're the people who are most directly involved in the incident at risk of being killed or injured themselves, witnessed or watched others being killed, maybe ran for their lives and tried to save others. And note, again, while it's the highest risk group, it's the smallest number. Same holds for the next sphere, family members and other loved ones who feared for the victims. The circle's somewhat larger, so the numbers may be bigger, but their risk of developing a mental health concern is smaller. Then the exposure is slightly less in the next group, and the risk of developing a mental health concern is somewhat less, it's just the numbers that are larger.

This model is important for use in a needs assessment to help determine the numbers of people in each exposed group, as well as the type of outreach to those groups that are most appropriate. For example, every direct victim should be identified and assigned, on a one-to-one basis, a victim advocate to work with them. In most cases, family members, even though they're in the second sphere, they'll also be assigned an advocate to help with resources and referrals. Service providers and support providers generally access different types of support for themselves and their staff with the help from local, state, and federal emergency managers and victim assistance offices, while outreach to the community at large may be delivered specifically through public messaging.

When we look at our recommendations, what we see here is that evacuation planning needs to involve designating dynamic evacuation routes and safe spaces where evacuees will be guided—hopefully by the responders that are in the area—medically triaged, and provided emotional support. Evacuees must be triaged and medically assessed once evacuated and prior to unification with their next of kin to make sure that their injuries are identified and that they receive the proper necessary care. Many students

that were evacuated at Robb Elementary were evacuated through broken windows from their classrooms, rooms that had actually been penetrated by bullets. And some were not guided to ambulances or medical teams to check on their status, they were put on buses or moved to another building, or sent home. One student was actually walking, limping actually, by himself to a bus where he had been directed with a bullet wound in his leg. Another child was sent home with both hands embedded with glass that were on the sill where that child had been evacuated from.

These types of experiences are unacceptable, and don't follow the basic protocols and recommendations. And as part of evacuation planning, school officials should develop an identification system for tracking students who leave with their parents or other guardians, and to include on site wherever possible. In my emergency go pack, I usually have a clipboard and a pen just for those types of purposes in case we can't access our mobile apps or our internet at all. Tracking victims and family members who are picking them up, even the responders who are present on the scene, are pretty basic types of activities that we should ensure happen. I know Mark has a few more words to say about this, so I'll let him introduce himself and continue.

Mark Lomax

00:09:29
Thanks, April. And hi, everyone. My name's Mark Lomax. I spent 27 years with the Pennsylvania State Police. When I retired, I was the director of the Bureau of Training and Education, which oversaw all the training and education for the department. I then went and was the manager for the International Association of Chiefs of Police training, and then I was the executive director of the National Tactical Officer Association. But more importantly, when I was in the state police, I had the honor of being a volunteer in the department's member assistance program. I did that for about almost 20 years, and had about over 10,000 contact hours as a peer contact. This subject is very dear to me. And as far as the Critical Incident Review, we are very blessed to have April being part of this team. She not only assisted the families and those that we were interacting with, but also us internally as far as the team. We're thankful that she was and still is part of this team.

One of the things that you're speaking about, April, is about evacuations and everything. Part of the evacuation also, when you have a critical incident that we saw at Robb Elementary School, was establishing perimeters to keep nonessential folk away from the hot zone or the crime scene, especially on the roadways that need to remain clear for emergency vehicles to get through. But perimeters, however, can increase fear and anxieties in those awaiting news about their loved ones because individuals outside the perimeter may feel helpless, and especially if the area of impact is kept out of sight. The feeling of helplessness is one of the indicators of a poor mental health response. While the information can help decrease anxiety, but in the meantime, establishing perimeters around the scene, law enforcement should—you have to balance between public safety and security with compassion and empathy for family members. Additionally, responders and family members and school employees, and any staff without a specific role or a job related to the care of the deceased victims' bodies or the crime scene should reframe or be restricted from such exposure. I just wanted to mention that part. Thank you, April.

April Naturale

00:12:37

Appreciate it, Mark, you'll always bring heart in very good information specifically as well into the discussions. That's why I think we were so successful in implementing the trauma-informed care in this particular incident. And again, these are all part of our recommendations for those of you who are reviewing the report itself. Thanks, Mark.

Mark Lomax

00:12:59

Thank you.

April Naturale

00:13:03

We know that there are going to be some people who leave a scene for whatever reason and aren't attended to, or maybe not tracked by the responders or law enforcement on the scene. The officials who are responding need to ensure that all the victims are screened medically within about 24 to 48 hours. That means if you miss them on the scene, there needs to be a process for tracking them wherever they may be, whether they went home or to a hospital. And that involves figuring out how to make efforts to get them assessed, to get in touch with them and get them assessed. Whether it's phone calls, knocking on doors, even giving people a ride to an emergency room, or checking the pop-up clinics that may have started specifically for victims. And helping people to have the information that they need to say, look, we know that you might feel okay or we missed you earlier on, thus it's even more important for you to get screened.

We've had instances where survivors say they went home, they thought they were fine and that they didn't get injured. And they might go home and go in the shower and they see that the blood's running down through the water, not realizing that maybe they had a small wound or a piece of shrapnel that hit them. So, assessments medically and for mental health concerns are of urgency. Again, if you miss it on the scene, then it means outreaching to figuring out how to find those folks that may have been there on the scene and tracking them, making sure that they get the information that they need to be screened and assessed properly.

In the weeks and the months following the incident then, victims and family members need to receive follow-up or continued monitoring to ensure they're receiving the necessary care. I'm sure all of us can relate to this. You're in the midst of a trauma, somebody in your family or you've been hurt, and it's very difficult to remember information that may be given to you by a law enforcement officer, a victim advocate, or someone else who's trying to help in the response. Information needs to be repeated, and people may actually completely forget what they've been told. And so, follow up is of absolute necessity to make sure we repeat the information that we shared to survivors and family members. And we help them to get follow-up, to make appointments, to track that they've gotten to their appointments, and then to go back to them again and see what else they need after that.

Victim advocates are usually assigned to communicate directly with and assist families as well as victims. Each family member of a deceased person and an injured victim should be assigned an advocate who works with them throughout the treatment and recovery period, having frequent communication—sometimes that means several times a day; usually it means at least daily, especially in the beginning—to ensure that they're aware of and able to access the needed supports. One of the concerns that we hear from families in many different situations is not having transportation. That's not often something that we think about. We need to be in touch with victims and their families to make sure that they can access the services.

In every disaster we see that there is a family assistance center or a family resilience center set up. This is really important because it's one of those places where families and victims and others who are concerned and other loved ones can come and receive information. Clear, accurate, and frequent communication needs to be provided to loved ones at a notification or reception center or a family assistance center that may have been quickly set up. This can't be stressed enough. As Mark mentioned before, the anxiety of not knowing, is your loved one hurt? Are they dead? This is a terrible severe anxiety that they would have to go through, and not having information makes things worse. It's the responsibility of the response leadership to ensure that families have accurate and timely communications as to the status of the situation and the victims.

Officers or other representatives who are tasked with death notification need to be a—trained in accordance with agency policies and procedures. This also cannot be stressed enough. This is such a highly sensitive function that it really should not be performed by those who have not received specific training in how to conduct a victim-centered, trauma-informed, and culturally appropriate death notifications.

A family assistance center is usually established very, very quickly, usually within 24 hours, and it should be minimally within that timeframe with a security plan that includes law enforcement from an external area as a presence, as well as a process for internal vetting of those providers who are in the family assistance center, as well as those coming into the center and seeking services. A family assistance center can serve really as a base. We call it a one-stop shop for the coordinated support services. The field is now moving to the terminology from a family assistance center to a family and friends assistance center. Some of them will very quickly to be called a resilience center. Basically, it's designed to be a safe place for victims, family members, and responders as well to come together for information, resources, and support. It is meant to be available in the short term, often in the acute post-disaster phase, when family members need most to access information; get immediate crisis intervention and other behavioral health supports; and practical resources like living accommodations, clothing, food, water, a sense of safety, and even emergency funds. I don't know if you wanted to add anything there, Mark, about the family assistance centers.

Mark Lomax

00:19:28

From the police leadership perspective, a lot of support services will be showing up. And as April talked about the resiliency center and other locations, you have to be mindful. I'll talk to you about that a little bit further on about when you have a unified command, you need to assign someone to ensure that all those moving parts when it comes to support services are communicating, are all on the same page, are functioning effectively. I have nothing else to add to what you just said. Thank you, April.

April Naturale

00:20:17

Okey-doke, Mark. We're going to move on to a family and friends assistance center. Again, having been established within about the first 24 hours, where you have family members, survivors, victims, responders, and providers coming in and out. We've talked about the fact that a family assistance center should be established within 24 hours of the incident. And as you heard Mark say, having a law enforcement presence, this is most helpful if it can be done as soon as possible.

And so for that reason, one of the recommendations is to have a memorandum of understanding or a memorandum of agreement signed between key organizations prior to an incident happens. For example, you might want to have state law enforcement organizations having an MOU with the FBI to allow for sharing victim information, ensuring that outreach is made to all the victims and families and those affected, and that you don't miss anyone. If you have to start to create something like a memorandum of understanding at the time of a disaster, it can really delay something like a family assistance center coming up at a time when you really need it within 24 hours.

Having an MOU with some of the localities where a possible family assistance center might be a good spot is also really helpful, especially in towns where there may be very limited places. You want to make sure that you scope these out ahead of time. And as part of disaster planning, have an MOU with an agency or landowner that might be able to provide a space for a family assistance center.

And then, as we talk about a family assistance center, which again needs to be a safe place where people can come together for information and resources, law enforcement really should develop a trauma-informed, victim-centered process for returning personal effects of the victims. When there are large-scale events and the FBI is involved, they usually handle this process, and they do a great job with it. But if they're not involved, it means that the locality or the state, if they're involved in the process, will need to have a very systematic and trauma-informed way of tracking and identifying personal belongings, making sure they're cleaned, and that they're returned to the right people, as Mark said earlier, in a compassionate way that helps people to get through this process—because it's always going to be difficult. It's always going to be awkward no matter how good you try and how compassionate you try and do this process.

The other issue that happens is that very often you will have initial responders and victim support services in the acute or the immediate aftermath. And then, over time, other staff might come in. You might have other responders, other support agencies, and maybe even other victim advocates. And so

you want to make sure that you have a transition plan for what we call a warm handoff. That means that the person who's working with the victims and the families will actually introduce them to the new person who's taking over before they leave. So it's not a, "I don't know what's happening, I no longer have somebody working with me. And now I have this new person who I've never met before." Law enforcement, victim services personnel, or other victim navigators can really help with that warm transfer as you transition from different timeframes in the response, as well as transitioning from a family assistance centers to something like a resiliency center where you may have other providers.

Now I'll turn it over to Mark to talk a little bit more about responders in this situation.

Mark Lomax

00:24:18

Thank you, April. Relative to the health and well-being of first responders—and really, I like to use the word *responders* because the definition has really grown. When we start talking about addressing the support services for responders, we tend to look at first responders as fire, police, EMS. But we found out, and we learned from Uvalde and other critical mass casualty incidents that in such a tragedy and such a impactful event, that responders can also include administrative staff, technicians. In the case of Robb Elementary School, some of the school bus drivers, due to the lack of ambulance at the location, had to start transporting some of the students. *Responders* is really a larger term than *first responders*, so we want to use that. But during a mass critical, mass casualty event or incident, it's the incident commander who should appoint a command officer to coordinate the trauma support services for the law enforcement and other relevant responding agencies.

You're looking at the unified command under NIMS process. The incident commander needs to ensure that someone is coordinating that trauma support services, and we talked about that earlier. This role monitors the levels of traumatic exposure, acute stress and distress in the responder population. It's like a incident commander's role, but specifically, it's ensuring that the wellness of the law enforcement personnel and others are being attended to.

Responder agencies should also develop a system for monitoring personnel stress during the mass casualty incident and in the months afterwards. And that's important. Because this, as April spoke about, the effects of an event like this mentally and physically and emotionally can carry on days, weeks, months, years, decades. And so, as an agency, you need to develop a system for monitoring not only at that moment your personnel, but months afterwards. And this can also include regular check-ins with personnel and using assessment tools to identify individuals who may be struggling.

After the event, after the incident on May 24th, that tragedy, we noticed through our review that there was a lack of coordination amongst the vast influx of counseling services from agencies and nonprofits. And when you read the review, you'll see how large a response was to the tragedy at Robb Elementary from counseling services and from nonprofits, from all over. Not only locally, but all over Texas, and even nationally they came in. But there are times when we're talking about what happened in Uvalde, there are times that there was both overlaps and voids in counseling services, and we're talking about law enforcement and other responders.

We identified in the review that not only were there overlaps and duplicativeness of services, but then there are also voids in the actual services being provided. Some of the recommendations we identified is that law enforcement and other responding agencies have a responsibility to limit the exposure of traumatic crime scene, and including deceased victims' bodies to those with a formal role. We spoke about that earlier, I think it was back in slide number four. As a department, not only are you dealing with the perimeter, but you also are concerned with securing the crime scene. As a department, you may want to consider using tents or vehicles or something to shield the crime scene from you, or widening the perimeter to keep that out of sight.

Also, post-incident command, which is right after the incident, the post-incident command individual should assign a central coordinating entity to track law enforcement and responder agencies at the incidents, and others who may have been involved. And April talked about that, that you had to keep track of the individuals that were part of this tragedy. And in this situation, and in others, we're looking at dispatchers, technicians, and other support service personnel that may have been intimately involved in the scene.

This tracking should continue, again, after the incident to ensure that the appropriate trauma-related services are offered in a coordinated effort with appropriate follow-ups. And that's so important that a coordinated effort—again, when we spoke about it a few sentences ago—we observed at Robb Elementary that there was duplicate efforts and there were voids. Again, it goes back to the incident commander and their designee to ensure that the trauma-related services are being coordinated and followed up.

And then, finally, one of the recommendations from this section is that leaders from responder agencies need to provide services to all personnel involved in the mass casualty incident, which, for some agencies, means everyone on their staff. Everyone. These services include resources on post-disaster behavioral health and secondary traumatic stress, and referrals to health care providers and peer support. And again, when we was talking about everyone, it has to be encompassing population. Again, as a law enforcement leader or agency leader, or an incident commander, most time we get tunnel vision into support services. But it has to widen out because you need to include the communications, the personnel. Like I said, technicians, clerical staff, those that are typing up emails or letters or support documents. It could be the billing folk at the city hall who are processing claims or whatever. You have to really broaden your perspective as far as those that may need that type of support service, and ensuring that they're being followed up. Did I miss anything, April? You want to add in?

April Naturale

00:32:45

You brought out so many good points, Mark. Thank you. I want to highlight and maybe pick up on a couple things you said. And the first is that Mark's stressing that everybody needs to be involved in support services. It used to be that there were mandates and that made everybody upset. And we know from the research now, we don't expect that everybody's going to be talking about what happened to them, so we don't mandate participation, but we do mandate attendance. And the reason for that is because it's really helpful for all the responders—including, as Mark pointed out, you have clerks who

are hearing information, you have dispatchers who are on the phone maybe feeling distressed, hearing somebody crying or somebody dying while they're on the phone—involving everyone so they all get the same information about what to expect. What are some of the common distress signs? Just because you're upset doesn't mean that you have PTSD or you're going to get pulled out of service. We expect people to hold onto their humanity and to have a sense of feeling and emotion around some of these very distressing incidents. And so, everybody hearing the same information about, what are some of the most common distress symptoms, and what are some of the best ways to cope? Which are usually not going to a mental health professional, but doing things like accessing social supports, walking, stretching, breathing, participating in a debriefing together. When everybody hears the same information, we find that they tend to have a decrease in their anxiety, they feel a little bit more prepared as to what to expect, and they feel a little bit more comfortable in using their coping skills and even going on and accessing some short-term services that might help them feel better quicker. Especially if they've had some personal incident that has really made them feel worse than they would've felt had they not had that.

Or maybe they've had more exposure than some of the others, and so a few sessions really does help them to figure out how to be able to move those sounds, the sights, and the distress symptoms to a place where it's more under control and doesn't cause them distress. I think you made a couple of really good points, and I just wanted to expand on the fact that we talk about everybody being mandated to attend support sessions, so they all hear the same information, but we don't expect everybody to talk about their experience. They shouldn't be required, they shouldn't be mandated for sure to do that. Thanks, Mark.

Mark Lomax

00:35:25

Thank you. And we're going to talk about that I think in the next slide or two, about mandated and briefings. This is a fact of reality that preparation and prevention discussions often intensify after incidents of mass violence and active shooter events, especially following those tragedies that garner significant media attention. There's often something tragic happens, and then departments, fire, police, EMS, they look at the Critical Incident Review that we're doing, they look at other things and they're like, "How are we going to prepare for something if that occurs in our community?" And maybe, "How do we prevent it?" There's often a lot of planning and preparation into those types of events. And even now, there's a wealth, a lot of resources available, including reports and toolkits and articles and studies on active shooter events, and how to prepare and respond to them with education and training. Preparedness measures such as hardening targets, equipment, and models of response.

But notably, however, discussions and resources regarding the emotional aftermath that include immediate and long-term care are often not on the forefront of planning, preparation, or response. Let me repeat that again. That with all the planning and preparation that goes into preparation for mass casualty events, one of the areas that gets the least amount of attention, or the least amount of discussion, or even the least amount of resources, is regarding the emotional aftermath, including immediate and long-term care that occurs. It is essential to focus also on support services for individuals

who are exposed to tragedies like a mass casualty event. Helping those affected understand that they can access crisis counseling, good coping skills, reach out to social supports, and access their innate strengths to build their resilience hopefully may—and science has proven it—may decrease the number of people who go on to develop mental illness as a result of their exposure to the traumatic event and the aftermath.

And April knows this in and out. But in disaster studies, the size, vitality, and the closeness of survivors' social networks are also strongly and consistently related to positive mental health outcomes. Adequate support services and resources all contribute to recovery and healing.

The goal is to return affected individuals and communities to their pre-disaster levels of functioning or achieving a significant level adaptation to resume their lives by doing the things they would normally do, working, participating in family and community events, and having moments of joy again. There's never going to be what it was. I don't know how to say it, but it's called the new normal. It's never going to be what it was, but it's the new normal. But if you have the support services and the peer support and the resources, then you should be able to return to or resume your lives by doing the things you would normally do before.

This is why attention to behavioral health, mental health, and substance abuse service delivery matters. It really matters to people directly impacted and their families. It matters to those indirectly impacted, such as responders and their families. And it matters to the community at large. Crisis intervention and other mental health supports can help mitigate severe emotional distress or the development of mental illness, and allow people to remain productive members of their communities, preventing them from entering our public health and mental health system for a significant segment of their lives as a direct result of a traumatic event.

A couple of things that we recommended in this review is part of disaster preparedness planning in communities include law enforcement need to plan for the aftermath of a critical incident. Again, part of this planning, you need to plan for the support services that are also part of this needed component on the aftermath of a critical incident.

This planning should include general accepted practices, education, training, support, and resources. A trauma-informed, culturally sensitive approach should be applied to the victims, survivors, and impacted community members, as well as the responders and their families. The other thing that we looked at and we recommended is that responder agencies should use a modified version of the critical incident stress debriefing, such as psychological first aid or stress first aid as part of their trauma support services following the incident. And that's what April talked about before, some of these mandatory counseling services. And so, the paradigm shift from the critical incident stress debriefing incorporates such things as the psychological first aid and the stress first aid. That should be part of the support services.

And lastly, one of the recommendations is that agencies should include peer support services and resources in their comprehensive support services plan, which may be regional or statewide networks. And I know in Texas they have a statewide support service for law enforcement. And for me, personally, my years as, in peer support, I witnessed firsthand how it really, really mattered. And in jobs like law

enforcement and fire and EMS, it seems as though sometimes they would rather speak or talk or listen to a peer that have either been through a similar situation or understands what they're going through. It's been proven that peer support services can contribute significantly to the mental health rebound of individuals. I know, April, you have a lot more knowledge about this than I do, so looking for your input too.

April Naturale

00:44:04

I think you hit all the key concepts that we've been talking about throughout. As I said earlier, Mark is a great example of a law enforcement executive who really learned and understood and has integrated the trauma-informed approaches. And we've mentioned a couple of times the culturally sensitive approaches, learning what's important to this culture and what rituals mean something to them, what kinds of activities would be most valuable to them, and really help them to start to get onto a recovery path at some point.

You covered it all. You made all the key points out there, Mark. Peer support is emerging as really one of the best ways to be able to recover as a responder another service provider who's exposed to these incidents. Stress first aid was developed specifically, it's very similar to psychological first aid, and it was specifically developed for responders, and it integrates the peer model and how to integrate peers into delivering stress first aid. And we can't stress, as we said before, the importance of disaster planning and how law enforcement needs to know about all these things before an incident happens. Thanks for all of the work and everything that you presented, Mark, I think you covered it.

Mark Lomax

00:45:28

We touched upon it before when we start talking about first responders and how that definition has really expanded. Instead of *first responders*, we like to use the definition of *responder*. Responders, again, we talked about it before, but it includes the dispatchers and health care providers and ambulance drivers, behavioral health providers, and faith-based leaders. And so, it's interesting that those that show up to help and support for trauma also need help and support. It's kind of, we're a paradigm. But those that put out and they show up, and they're volunteers, or they're professionals, and they come to these mass casualty events to provide mental health services, they too should be taken care of. It's like a domino effect.

Again, as a leader in a department, and when you send out your peer support groups or your support services, whether this is a local, state, or a federal, that you have the responsibility also to make sure that the helpers get help. And those that are out there trying to provide these services are also being afforded the same thing too. Because trauma is contagious. And being exposed to it or being exposed to people who are exposed to it, those people need help also.

When developing or reviewing the trauma supporter or counseling services, always include and never exclude spouses, partners, family members of the responders. And one of the things when I was in the state police, and in our peer support team, is when we had shootings or mass casualty incidents, always,

always ensure that family members of those that are involved are being touched and addressed. That can be done immediately at the scene. Where if you are in a role of support services like a peer contact or a victim advocate or whatever, and you are dealing one on one with someone that's been part of that event, one of the things is, "Is there someone we need to talk to or someone you need to talk to?" Because guarantee that information with social media, things are going to get out. And family members and partners and friends will definitely know something happened. And so, they want to ensure that their family member or loved one or friend is okay. That, in itself, not knowing can bring on emotional trauma. Again, I think that one of the themes that we are trying to get across and looking at this sphere of influence, the model that April showed in the beginning, it is that sphere that you need to look at as a leader in the department or agency. It needs to be very expansive as far as providing support services and help for your personnel.

One of the things that—and I'm closing up from my perspective. But one of the observations that we as a team made at Robb Elementary, and talking with everyone there pretty much, was that the responders were not provided timely, immediate access to trauma and support services. And many felt abandoned or unsupported in the weeks and months and years following the critical incident. Others reported being aware of the services but not electing to use them.

Just to summarize a little bit about this chapter and the CIR, these are some of the recommendations that, as a team, we made.

- A comprehensive approach to psychological support services for responder personnel during a mass critical, mass casualty incident should include immediate and ongoing interventions, education, and training to promote mental health and wellness.
- Support services for responder personnel should be provided on site for the duration of the incident, including while law enforcement and other personnel are on site processing the scene, collecting evidence, and conducting their investigations.
- Responder agencies should have a system for monitoring personnel stress during and in the months and years after a mass casualty incident. This can include regular check-ins with personnel, use an assessment tool to identify individuals who may be struggling. We mentioned that before.
- Responder agencies should develop a comprehensive and integrated trauma support plan that includes outreach, follow-up, and ongoing support for responders.
- Leaders for responder agencies need to provide services to all personnel—and we mentioned this many times—involved in the incident. Again, which means everyone. These services should include resources on post-disaster behavioral health, secondary traumatic stress, and referrals to health care providers and peer support.
- And lastly, responder agencies—and April touched on this in the beginning—responder agencies should consider a memorandum of understanding and/or memorandums of agreement with regional agencies for trauma support services if none existed in their local area.

Again, from the perspective of law enforcement, if you're a leader in law enforcement or EMS or fire or schools, again, I think one of the most significant parts of this review is, how do you take care of your personnel, your people, your family? And again, I just want to conclude this slide by, again, emphasizing how important April's input into everything that we did from the beginning, even up to now. Thank you. Anything to add, April?

April Naturale

00:53:52

No, Mark. Other than that I want you on my peer support team, for sure. You got this, and just brought up so many really important points. And we know that there's a lot to cover here, Mark brought up some of the key issues, the key recommendations, but there are 88 specific recommendations in this chapter alone. So if you do nothing else, it would be very informative to review the recommendations and familiarize yourself with those issues. Additional resources in the later chapters start on about page 513. There are many, many resources for the different topics that are addressed throughout the report, and you'll see the ones that Mark mentioned about how to address secondary traumatic stress or exposure, how to work with responder families, what kind of peer networks are there out there. The section is really comprehensive for anyone who's looking for specific organization and agencies that provide whatever it may be that you want. Technical assistance, consultation, direct services, crisis services, and even planning templates and other toolkits related to the topics covered by the whole Critical Incident Review team.

The other chapters of the Critical Incident Review report are just as important as this one. We address school safety and security, tactics and equipment, leadership and incident command, post-incident response and investigation, public communications, and finally, pre-incident planning and preparations. Again, we've given you some of those highlights today related to trauma services.

We also took the time to learn about and remember the victims who lost their lives that day. We encourage you to take a look at the victim profiles, they are actually quite joyful. And it's really an honor to remember these young people and the students, and the teachers as well as the students, for who they were and the joy that they brought to their communities. There are a lot of different pieces of information throughout the report, and everything is listed on the website. It's at cops.usdoj.gov/uvalde. You can download the entire report there.

Again, we covered a lot. There's much more detail in the report and specific recommendations. Take some time with it, it's really worthwhile. And we also thank you for taking your time to join us here today. I thank my colleague, Mark, and the COPS Office for giving us this opportunity to speak with you. Be well.

Mark Lomax

00:56:36

Thank you. Be well.