

## Is Disaster Mental Health Helpful? Revisiting the Response to the Sandy Hook School Shooting

We were sitting across from each other in the Family Assistance Center, near the Sandy Hook Elementary School, where one day earlier, 20 children and 6 of their teachers had been murdered. One mother, in shock and disbelief, asked me simply: "How could this happen to my 6-year-old child?"

This was not a question; it was a cry of anguish, a searing lament from deep within this young, grieving woman. How to respond?

**I was one of a small group of volunteer Red Cross mental health professionals who had been dispatched to Sandy Hook immediately after the shootings to provide assistance to family members, first responders, and the community.**

We worked alongside an extraordinary group of state troopers who were assigned to each family. We sought to both offer a compassionate presence — simply bearing witness to intense grief and suffering — and to provide more direct advice and counsel.

But the practice of early mental health response to tragedy and disaster remains controversial. The once-trusted practice of Psychological Debriefing (typically a one-session group therapy session for trauma survivors that follows a strict protocol) has been widely discredited, and some misguided counselors believe their job is to make the bereaved feel better or follow a strict "grief process" to reach the impossible goal of "closure." Some think there has been too much counseling, which can inhibit natural resilience. After the London subway bombing in 2005, no crisis counseling was offered. Instead, the National Health Service of the UK prescribed a period of "watchful waiting" followed months later with a "screen and treat program," therapy only for those who did not recover on their own.

Can crisis counseling be helpful? It has not yet been proven, given the ethical difficulties of doing research in this situation. We certainly won't randomly assign survivors to receive help or not, nor is it appropriate to ask a grieving survivor to fill out a questionnaire assessing our services. American Red Cross counselors do take evidence-based risk factors into account in determining who to target. Was there a death in the family? Was someone injured? Was a home lost? Or did the victim suffer from a less severe form of trauma, like minor flooding or property loss? In the absence of a body of empirical research, we currently rely on clinical evidence, like what I experienced during the response to the Sandy Hook Elementary School shooting one year ago.

Our first priority was to help families feel safe by modeling calm and protecting them from exposure to unwelcome sights and sounds and an extremely intrusive press. Parents were concerned for their own safety as well as the safety of their surviving children. There were bomb scares, extremists who threatened to protest at funerals, rumors of more shootings, spontaneous memorials, vans moving furniture in and out of the school, funerals, police processions, and the world media with lights, cameras, satellite trucks and dishes, officials, and celebrities. We advised families on how to deal with the media. We encouraged thoughtful conversation about what families hoped to gain by telling their stories to the press and the public. We counseled families before, during, and after condolence calls from government officials including Governor Malloy and President Obama ("Is there something you want to say or ask him?"). We reminded survivors to connect with trusted friends, family, and clergy and gave permission to family members to keep unwelcome or peripheral family, friends, and clergy at a distance. We supported a strategy to place trusted friends between themselves and what was at times an unintentionally unhelpful and intrusive community.

One young couple asked how these horrific events should be explained to a surviving brother or sister (the answer depended on the age of the child), and whether it was okay for children to watch the description of events on television (No). We emphasized that these young parents should provide as much reassurance ("we'll find a way to get through this together"), safety ("the bad man who did this will never hurt anyone else again"), routine (maintaining wake up and bedtimes, getting back to school as soon as possible) and honesty as possible.

Another father was disturbed by a friend's suggestion that seeing the open casket would help his young surviving child experience "closure." He did not feel comfortable allowing the child to witness this sight, but was afraid he might be thwarting a healthy grieving process. I was able to reassure him that such exposure was not a necessary for healing.

We informed survivors about the significant individual, gender, and cultural differences in how people mourn and encouraged them to tolerate each other's patterns and styles of mourning. We also reminded parents that grief could have a ripple effect. When parents are preoccupied with grief over a child, the surviving children can feel not only the loss of a sibling but abandoned by parents and grandparents. We therefore encouraged the parents to reach out to trusted friends, family and clergy and specifically ask them for help for themselves and surviving children

I am a professor and clinician, a product of the secular humanist tradition. Yet Sandy Hook reinforced for me the centrality of discussions with clients about meaning, faith, spirituality, and religion. In the wake of tragedy and loss people need to talk about death and the afterlife. Disaster Mental Health professionals must be culturally competent to have these conversations, even while helping clients obtain spiritual support from clergy.

Family members told my colleagues and me that that evidence-informed early mental health intervention we offered — emphasizing the promotion of safety, calm, social support, self-efficacy and hope — was helpful to them. The United States has more than its share of disasters, some human-caused like Sandy Hook, some from natural causes like floods, hurricanes, tornadoes and wildfires. We need to assure that our crisis counselors are available and well trained when they are needed, as, sadly and surely, they always will be.

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