

Crisis and emergency intervention treatment options



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Crisis and Emergency Intervention

Tragedy in this day and age is commonplace. The same can be said of school violence and shootings in those schools. As a crisis worker, I need to become familiar with this issue and learn on how to help those who survive this ordeal. First, I will need to look at an incident and study it. I chose the incident at Virginia Tech on April 16, 2007. This is the deadliest shooting in U. S. History. There were 32 students and teachers to die by the hands of this killer. They were gunned down on the campus Virginia's Polytechnic Institute and State University. The killer was a student that happened to go to that school. His name was Seung Hui Cho. He would be victim number 33, as he ended his life as police were closing in on him. (Worst U. S. Shooting Ever, n. d.). It started on the morning of April 16, 2007. Mr. Cho was 23 and majoring in English while at the school. He started his killing spree by murdering a female freshman and a male RA (resident assistant) in a dormitory before leaving the building (Worst U. S. Shooting Ever, n. d.). The police soon came on the scene, however, were unaware of the shooter's identity. Then at around 10 o'clock, Cho struck again; he was armed with a 9- millimeter and a 22- caliber pistol with an overwhelming amount of ammunition. He entered the classroom building and locked several of the doors behind him, preventing escape. Afterwards, he went into each classroom and began firing (Worst U. S. Shooting Ever, n. d.). After 10 minutes of continuous carnage, he took his own life. The incident's death toll was 32 and 17 wounded. But that wasn't the end of it; around two days later, NBC News received a package that Cho had sent. The package contained

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photos of him posing with his weapons and a video dialogue on which he ranted about killing those “ wealthy brats” (Worst U. S. Shooting Ever, n. d.).

The police were baffled by this incident. They could find no evidence that he targeted specifically anyone of his victims. Cho was born in South Korean and had moved to the United States with his family back in the 1990’s. The public also found out that his classmates described him as a loner, and had a long dated history with mental health issues. It was also later revealed that Cho had written a plethora of assignments that exhibited his aggressive and violent nature; to the point that his professors had some concern for his well-being, but nothing was done (Worst U. S. Shooting Ever, n. d.).

Now that I have studied the material and summarized the incident, I can now give my assessment and courses of action. My assessment would have to be that the most people that would be traumatized by this are the wounded. They not only suffered physical trauma but mental anguish as well; those individuals should be treated mentally as soon as possible (Littleton, H. 2011). The secondary victims are the friends and family of those victims along with people that were on campus that day. They should be given an opportunity for counseling and or group therapy as well. The tertiary victims or third concern would be the personnel who were on the ground during that incident, whether they were police, ems or faculty (Littleton, H. 2011). These people already have access to mental health providers and I would touch base with their respective provider to see if there was any additional counseling assistance that they may need in order for their personnel to be back to normal.

My courses of action are fairly simple. For the first concern, I would outline one on one counseling sessions with the 17 wounded. After my initial assessment of them, I would then see if they needed additional crisis counseling or if they didn't, I would still give them my contact information just in case. For those that wanted additional assistance or that I felt that needed more counseling, I would go ahead and outline a treatment plan with them. The second group I would try and utilize group therapy. All of them have a connection to the first group, so that commonality would be a great place to start. Then, I would listen to their concerns or issues they might have. While listening to all of them, I would write down those that seem to have an issue coping with what they just experienced (Littleton, H. 2011). Those individuals would be then given my contact information so I may give them a proper assessment to see if they need one on one crisis counseling. The third group I wouldn't be too concerned about as I had stated earlier, they have their own professional mental health providers. However, I would avail myself to them to see if they needed additional assistance and we would go from there if that were the case. I would like to do a one on one crisis intervention session with a survivor of the incident. These individuals seem like they would need the most help. According to the text, during any single-session intervention, the crisis worker must accomplish three pivotal or essential goals (Collins & Collins, 2005). Those three goals are the victim or survivor's personal safety, manage short-term master of the incident in order to keep moving on in life and lastly, the crisis worker must be able to show the individual there is help out there; whether its physical, mental or spiritual assets. However, this is difficult because a survivor usually has the

hardest time to cope with what happened at the incident. The crisis intervention model seems appropriate to use in this situation.

The first step is to empathize with the client's ordeal, how they are feeling and support their decision in getting assistance or help. This could be done by letting them tell their story and listening intently (Collins & Collins, 2005). Then, I would also ask how they felt during the incident and right at that moment. The second step involves safety in all aspects of the crisis. This is done by showing them that the crisis is over and that steps have been taken to ensure that the crisis wouldn't happen again i. e. increased law enforcement on campus and training that involves resident assistants and college professors. I could also show the survivor that if they wanted to feel safer, they should take a self-defense class or carry a weapon of some kind. This produces a kind of empowerment and usefulness to the survivor, thus promoting their safety.

The third step would be the most difficult, due to the fact that the survivor would have to recall certain situations. They would have to relive the moments leading up to the event and afterwards. This would take a while and it would be pivotal for me as a crisis worker to listen and be empathetic the whole time. When the survivor finally starts to open up, I would try my best to point out any feelings of paranoia or fears while trying to still listen (Collins & Collins, 2005). If the survivor had divulged that they felt these issues, I would then ask them to take a step back and look at the event, if they could. Then, I would ask if they could see if what they're feeling is because of the shooter or if it's just from the trauma and show them that they can deal with it. Afterwards, I would ask if there was anything else that

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happened if they felt comfortable enough to continuing on reliving the event. If the survivor chose to continue, they may learn something new that they hadn't seen or realized before when retelling their story.

The fourth step is to for this survivor is to start a discussion on making new plans. It would be at this point that I would ask the survivor on how they felt about going to another school in order to finish their degree, or just getting away from that university in general in order to get a new start. If the survivor liked that idea, I would ask how you would go about doing that and what resources do you have to make that a reality. I would also ask the survivor if they had any relatives or support systems that could help them move away and to start asking them for assistance. Afterwards, I would ask them to write down a pros and cons list of what would be better, to stay or leave (Collins & Collins, 2005). Then, I'd have them tally it up and tell me what they really feel when that possibility could be made into a reality, that would it really help them move on from the crisis.

The fifth step is for the survivor to implement any plans they have for the future in order for them to move on. This would also include any additional counseling sessions they may need or if they just wanted to check-in from time to time, that would be great as well. Throughout this last step, I would be empathetic and continue to tell the survivor whatever decision that they had made was a good choice in the right direction. Then, I would give the survivor my contact information so that the survivor could contact me when everything is settled. Lastly, if the survivor did want a follow-up meeting, I would then ask how they felt, how they were doing and if they were obtaining any of their goals that we had set out.

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Now that the one on one crisis intervention had passed, I would then focus on possible long term treatment goals for this survivor. A long term goal for this survivor is to ensure that they completed their education. This would be important to the survivor due to the fact that it would mean that the shooter did not deter them from their future plans in life. A second long term goal is to make sure that the survivor felt safe going anywhere at any time. This would prove that even though the world is a scary and eventful place, the survivor would be able to function in an open environment and not have any anxiety. A third goal is be able to forgive the shooter. The survivor must be able to forgive the shooter for his actions due to his mental instability. Unfortunately, the survivor cannot face the shooter but they can let them go and move on with their life. The plan's outline would be something akin to the ongoing treatment plan in a crisis intervention model. The purpose of the ongoing plan is to provide a guideline or process of rebuilding one's life (Collins & Collins, 2005). The first time I would meet with the survivor again after the crisis counseling is that I would try to get them to open up about what happened and observe to see if they were less apprehensive or emotionally distraught. They must be able to express themselves about what happened without too much emotional instability (Collins & Collins, 2005). Then, it would be a confirmation that they had indeed moved on to the next chapter of their life. If the survivor was able to recall the event without too much emotional imbalance, I would move to the next part of the plan. The next step would be to see if the survivor had control of their life again. They must be able to enjoy life and do things that they want to do rather than be possessed by fear or anxiety.

The following step is for the survivor to be able to recall what happened to them and they did in that event. The survivor must be able to see that it wasn't their fault for being there at the wrong place at the wrong time; that it just happened (Collins & Collins, 2005). They must be able to realize that the incident was tragic but random, not planned. The fourth step in the ongoing treatment plan is developmental. The survivor was unexpectedly dealt a serious blow when the event occurred. At the time that the shooting occurred, the survivor may have been idle and not moved forward with their life. The survivor must be able to show that they are moving forward with their life goals, i. e. completing their degree (Collins & Collins, 2005). Lastly, this step is to see how the survivor's support systems are doing. I would ask them how their family is and if they were seeing anyone in particular if they weren't married. I would then ask about any external support system groups such as church or a specific group. According to the text, being able to fully reintegrate with your new surroundings is a great indicator of moving on after the crisis (Collins & Collins, 2005). The expected outcome for the survivor looks good. I think they will be able to move on from this tragedy and be a stronger person because of it.

Sometime after I had assisted the survivor, I would then debrief my coworkers and develop a self-plan and self-treatment plan so that I could mitigate the trauma exposure. According to the text, after a crisis or event subsides, a team member may need assistance in processing the experience and not be completely affected by it (Collins & Collins, 2005). Essentially, the debriefing I would say would include all of the events prior to the intervention and during the intervention with the survivor. I would then

divulge any emotional issues I was having and ask my coworkers for feedback on how I handled the situation and what could I do better the next time.

The self-care plan entails having six steps or guidelines. As mental health specialists, we sometime think we know what's best for us when it comes to certain issues. This would be what experts call "burden of knowledge". We should look to our fellow crisis workers in order to assist us rather than trying to treat ourselves. After a crisis or traumatic event, sleep is the best ally. Studies show that people are more resilient to their trauma with a good night's rest (Collins & Collins, 2005). The third item is that nobody is perfect. There will be some issues that can cause stress and may also trigger that traumatic event's memories to come flooding back. However, if you remember to use your own coping strategies, i. e. go for a run, you should be able to mitigate that issue. The next item in the plan entails being able to "ritualize" the work that you accomplished for that event. A suggestion for myself would be to start a journal, detailing what happened prior to the crisis, during and afterwards, in order to keep perspective. The fifth detail in the plan is to being able to distance yourself from the work (Collins & Collins, 2005). I find it refreshing if not spiritual, to go mountain climbing and look upon the horizon once you reach the summit. It helps put things in a certain order and allows me to be away from work, which was the cause of my distress. Lastly, I have to realize I'm not alone in this endeavor. There were other crisis workers present during that event. I'm sure if we got together and did a group therapy session, many of us would be relieved that we aren't

the only ones that experienced a side effect to those that we assisted during that time frame.

In conclusion, I hope that my time with the survivor assisted them in moving on from the traumatic event; I'll be fine due to my extensive training and the ability to distance myself from the person I'm trying to assist while maintaining professionalism and the ability to empathize. Unfortunately, these tragedies are now being more and more commonplace. Therefore, it is up to us as the mental health providers to step up to the challenge and assist those that need it most.

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