Crisis, Stress, and Human Resilience: An International Journal

Volume 4, Number. 3
March 2023

AN INTEGRATED MULTI-COMPONENT PSYCHOLOGICAL INTERVENTION IN RESPONSE TO COMMUNITY VIOLENCE

Lt. Steve Thomas
Anne Arundel County Police Department

Jennifer Corbin, Director
Anne Arundel County Crisis Response

George S. Everly, Jr., PhD, ABPP
International Critical Incident Stress Foundation
and the Johns Hopkins University

ABSTRACT: *We hear commentaries claiming crime is out of control. Cities such as Portland (OR), Chicago, Detroit, Baltimore, and even New York City have seen disturbing increases in crime, especially violent crime. While there is a hue and cry for more effective enforcement and changes to the criminal justice system, comparatively little is being said about the survivors of crime. The adverse mental health effects of crime can persist for years, even generations. In this paper we describe the development and implementation of an innovative integrated law enforcement – community-based mental health response to community violence. We provide a step-by-step description of how these services were functionally integrated in response to shootings in Annapolis, Maryland. In doing so, we provide a road map for how other communities might structure a program to respond to the psychological consequences of crime.*

KEY WORDS*: crisis intervention; psychological first aid (PFA); violence; community mental health; Critical Incident Stress Management (CISM); Critical Incident Stress Debriefing (CISD), Annapolis shootings.*

INTRODUCTION

Data suggest that crime is rising throughout the United States. Communities such as San Francisco, Portland (OR), Chicago, Detroit, Baltimore, and even New York City appear to be struggling to effectively address the problem. All crime, especially violent crime, takes not just a physical and financial toll, there will always be the potential for an adverse and lasting mental health consequence to crime. As communities attempt to address the plague of escalating crime, comparatively less attention has been focused on the survivors of crime, especially violent crime. Victim advocacy programs have been in existence for decades and serve a valuable role. Employee Assistance Programs are often used in the wake of workplace violence. "Community policing" is being debated and redefined. Community mental health providers are being trained in psychological first aid (PFA) and Critical Incident Stress Management (CISM). But often these services function as independent silos which sometimes results in wasteful redundancy, as well as gaps in service. In this paper we

ISSN 2836-1709

describe the development and implementation of an innovative law enforcement and community-based psychological crisis intervention response to community violence. In addition, we provide a step-by-step description of how these services were functionally integrated in response to shootings in Annapolis, Maryland.

PSYCHOLOGICAL FIRST AID (PFA)

Psychological first aid (PFA), is a form of psychological crisis intervention. As physical first aid is to the practice of medicine, psychological first aid is to the practice of psychotherapy. PFA may be thought of as a short-term helping process consisting of response-focused psychological support (Everly, 2020, 2021; Everly & Lating, 2021). More specifically, crisis intervention targets a person's reactions to a problem or incident with the goal of stabilizing acute distress (keeping the response from intensifying), mitigating acute distress (reducing the acute distress), if possible, assessing the need for further assistance, and facilitating access to such care if necessary. PFA typically does not focus on problem-solving per se, but rather helping people cope with their problems. Sometimes after crisis intervention, people will be referred to professional counseling to continue the support process. PFA can be conducted by any adequately trained adult. Formal mental health training is not necessary (McCabe, Everly Jr, Brown, et al., 2014; McCabe, Semon, Lating, Everly, et al., 2014; Wu, Connors & Norvell 2022). There are even asynchronous learning modules (e.g., Coursera: https://www.coursera.org/learn/psychological-first-aid). It can be conducted individually, in small groups or in large groups.

Research has clearly demonstrated the effectiveness of PFA and other crisis-focused psychological interventions (Despeaux, Lating, et al, 2019; Everly, Lating, Sherman, & Goncher, 2018; Everly, McCabe, Semon, Thompson, & Links, 2014; McCabe, Semon, Thompson, et al., 2014).

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

For literally decades psychological crisis intervention was applied as one-off interventions. And the number of discrete interventions themselves were limited. This changed when Jeffrey Mitchell developed the Critical Incident Stress Management (CISM) intervention system in the 1980s (Everly & Mitchell, 1997; Mitchell, 2021). CISM is an integrated, multi-component psychological crisis intervention system. It includes structured opportunities for physical rest and psychological decompression referred to as Rest-Information-Transition-Services (RITS), psychological first aid (PFA) applied to individuals face-to face or telephonically, briefing sessions for the dissemination of information referred to as Crisis Management Briefings (CMB), small group crisis interventions—the most common of which is the Critical Incident Stress Debriefing (CISD), as well as other interventions.

The component intervention PFA has been validated as described above. The small group CISD has been validated, as well, with adults (Adler, et al., 2008; Deahl, et al., 2000; Tuckey & Scott, 2014) and children (Vila, Porche, & Mouren-Simeoni, 1999).

Over all, CISM has been shown to be effective in reducing distress and maladaptive coping amongst survivors of mass violence (Boscarino, Adams, Foa, &

Landrigan, 2006; Boscarino, Adams, & Figley, 2011).

ANNAPOLIS CAPITAL-GAZETTE SHOOTING

On Thursday, June 28, 2018, a disgruntled man entered the Annapolis Capital-Gazette newspaper's newsroom and took five innocent lives, wounding two others. At times like this, words cannot adequately capture the thoughts and raw emotions that run through a community in the wake of the senseless violence that has repeated itself once again. That said, intervention with survivors was an imperative. Below we detail an integrated CISM-informed community psychological crisis intervention.

The Intervention

The city of Annapolis, Maryland is geographically surrounded by Anne Arundel County. At the time of the shootings, the newspaper was physically located in Anne Arundel County. The Anne Arundel County Crisis Intervention Team (CIT) is a fully integrated unit between the Anne Arundel County Police Department and Anne Arundel County Crisis Response. At the time there were four officers and one supervisor assigned to the unit and each is partnered with a mental health clinician. Each officer in the unit has at a minimum completed the forty-hour CIT (Memphis model) course, is trained in Mental Health First-Aid and in CISM through the International Critical Incident Stress Foundation (ICISF).

In response to the Capital-Gazette shootings, the Anne Arundel County CIT Team mobilized a comprehensive CISM-informed psychological crisis intervention response. As the incident was unfolding, a detailed strategic Crisis Action Plan was developed.

Upon arriving at the scene three CIT Teams (law enforcement officer and mental health clinician) trained in Critical Incident Stress Management (CISM) were deployed to a neighboring bank which was being used as a triage area for survivors and witnesses evacuated from the primary scene. Assessment and PFA were applied as indicated. Follow-up was done by the clinicians on those who displayed distress.

Another CIT team was deployed to assist survivors and witnesses utilizing PFA when their interviews with homicide detectives were completed. Additional follow-up for those interviewed was done by Anne Arundel Crisis Response clinical staff and CIT teams.

An informational telephone resource was established for the public utilizing the pre-existing Anne Arundel Crisis Response "warm-line."

Two CIT teams were deployed to the Information Assistance Center to assist in acute assessment and PFA, as indicated. Additional mental health clinicians from the Anne Arundel County Health Department were at the Information Assistance Center to assist the CIT teams. Numerous families reunited at the Information Assistance Center. Anyone evacuated who had contacted family or friends and did not need any further assistance was allowed to leave the Information Assistance Center. Additionally, numerous restaurants at Annapolis Mall donated food and drinks, while concerned citizens also contributed cases of water. Many employees of the Capital-Gazette who were not in the office at the time of the incident showed up at the Information Assistance Center to get information on their co-workers. CIT teams conducted follow-up assessment and PFA with the co-workers.

Eventually, after the deceased were positively identified, death notifications were made by a CIT team (with a police chaplain) to three of the five deceased families. All of the families were assisted from the Information Assistance Center out of sight of

the media. An additional death notification was made at University of Maryland Shock Trauma, as the deceased was transported there for medical care and was pronounced deceased at the hospital. A CIT team went to Silver Spring, Montgomery County, Maryland to make the final death notification. Unfortunately, a media outlet contacted the wife of a deceased prior to the names being released and before the CIT team arrived. CIT continued to follow-up with all the families of the deceased.

A CISM-trained peer support law enforcement officer remained at the scene and was available to speak with officers who were having concerns or showing signs of acute distress

Officers from the Annapolis City Police Department (APD) were among those who responded to the shootings. A CIT team was dispatched to provide a psychological decompression session (referred to as Rest-Information-Transitional-Services [RITS]) as responding officers went back to the station to end their tour of duty. APD officers would not return for their next tour of duty until Monday July 2, 2018. A CIT team was at the 6:00 a.m. lineup for a Crisis Management Briefing (CMB) at that time.

A CIT Team went to Anne Arundel County Police Southern District. Responding officers from Southern District went back to the district station to complete reports. Due to officers completing their administrative tasks at different times, the CIT team conducted one-on-one PFA interventions prior to officers leaving the station.

The next day, the same CIT team attended the Southern District line-ups on Friday June 29, 2018 at 07:00 a.m. and 3:00 p.m. and conducted a Critical Incident Stress Debriefing (CISD) of each shift. The CISD is considered to be a process designed to foster some form of "psychological closure" in the wake of a traumatic incident. One-on-one law enforcement peer follow-ups utilizing PFA were done for officers who initially entered the newspaper building.

On Friday June 29, 2018, a CIT team conducted another CISD at the Communication Center at 06:45 a.m. and 2:45 p.m. lineups for the call takers and dispatchers. The same day a CIT team assisted the management of the Capital-Gazette, as they removed the personal belongings of staff members and the deceased from the office where the incident occurred.

Again, on Friday June 29, 2018 a CIT team (three officers and a clinician) returned to the newspaper building parking lot and escorted those survivors who were evacuated to their vehicles which had been left after the shooting. The clinician provided professional assistance and follow-up for anyone needing additional assistance.

The building remained secure until 7:00 a.m. on Monday, July 2, 2018 at which time a CIT team and an additional mobile crisis team (three clinicians) were at the building as employees returned to work for the first time since the incident. Informational fliers from Anne Arundel County Crisis Response with information on common signs and signals of distress along with positive coping strategies were taken to each office in the newspaper building.

In addition to the aforementioned activities occurring on June 29, 2018, the following activities transpired:

1) A CISM team (peer/clinician team) conducted a CISD at the Anne Arundel County Sheriff's Office. The CISM team consisted of members from outside agencies who were assisting the Anne Arundel County CIT team;
2) A peer/clinician team went to Anne Arundel County CID (Gang Unit).

An initial intervention was done with the detectives and a follow-up was completed when the detectives were psychologically ready. The CISM team consisted of members from partner agencies who were assisting the Anne Arundel County CIT team;

3) A Crisis Management Briefing (CMB) was done with the Anne Arundel County Police Academy Recruit Class. The Recruit Class had done a grid search of the crime scene earlier in the morning prior to the crime scene processing being completed. The CMB was completed with the assistance of a clinician from a partner agency.

CIT teams conducted follow-up PFA with all family members of the deceased. On Saturday June 30, 2018 a CIT team met with two families. One was a follow-up as the family was at the Information Assistance Center where the death notification took place. The second family was notified at University of Maryland Shock Trauma by hospital personnel, as the deceased was transported there for treatment.

On Tuesday, July 3, 2018 a CISM team (clinician/peer) conducted PFA interventions with the administrative staff at Anne Arundel County Police ECU (Evidence Collection Unit). A second CISM team PFA interventions took place on Thursday July 5, 2018 when the evidence collection technicians returned to work from their regular day off.

A community CMB titled, "Helping Your Child Cope with Violence" written by Dr. Victor Welzant from ICISF was disseminated throughout the community. Further, a community CMB was recorded at the Anne Arundel County Government Television Station. The CMB featured Anne Arundel County Executive Steve Schuh and Dr. George Everly, Jr. of ICISF. The video was distributed on the County Television Station, on the internet, and social media.

The Anne Arundel County Police Business Liaison visited every business within two blocks of the newspaper building. He spoke to each business about situational awareness and resources available from Anne Arundel County Crisis Response for any employee having concerns due to the incident. Further, every business was provided with the Active Shooter Reference Card and directions to view the Guardian website Active Shooter Training - On the Go training.

A CIT Team not involved in the incident assisted the suspect's family.

After more than a week, a CIT officer and Anne Arundel County Police Chaplain assisted the property management company with the removal of the memorial that had been placed at the newspaper building. This was considered a preventative measure in that removing the memorial might be distressing to some.

Anne Arundel County Crisis Intervention/CIT continued to provide follow-up support for the family of the deceased, the survivors, the victims, and community members who experienced continued distress.

SUMMARY

This paper has detailed a prototypic application of a fully integrated multi-component psychological crisis intervention system in the wake of violence that took the lives of five and wounded two others near Annapolis, Maryland in 2018. The intervention team was multidisciplinary (law enforcement, chaplaincy, and mental health clinicians) and served survivors, witnesses, their families, the families of victims, the family of the then suspect, first responders, and the community at large. The interventions included surveillance/assessment,

psychological first aid (PFA), Rest-Information-Transition-Services, (RITS), crisis management briefings/town hall meetings, Critical Incident Stress Debriefings (CISD), chaplaincy services, death notifications, and supportive presence.

We submit such an integrated approach can serve as a model for implementing psychological crisis intervention in the wake of community violence, accidents, or larger scale disasters. But such a complex multi-faceted intervention should not be attempted without appropriate training. So-called "just in time training" would be clearly contraindicated for such a complex undertaking and could lead to doing more harm than good.

REFERENCES

Adler, A., Litz, B. T., Castro, C. A., Suvak, M., Thomas, J. L., Burrell, L, McGurk, D., Wright, K. M., & Bliese, P. D. (2008). Group randomized trial of critical incident stress debriefing provided to US peacekeepers. *Journal of Traumatic Stress, 21*, 253-263. https://doi.org/10.1002/jts.20342

Boscarino, J. A., Adams, R. E., Foa, E. B., & Landrigan, P. J. (2006). A propensity score analysis of brief worksite crisis interventions after the World Trade Center disaster: implications for intervention and research. *Medical Care*; *44*(5) 454-62. https://doi.org/10.1097/01.mlr.0000207435.10138.36

Boscarino, J., Adams, R., & Figley, C. (2011). Mental Health Service Use After the World Trade Center Disaster: Utilization Trends and Comparative Effectiveness. *Journal of Nervous and Mental Disease, 199*(2), 91-99. https://doi.org/10.1097/nmd.0b013e3182043b39

Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2000). Preventing psychological trauma in soldiers: The role of operational stress training and psychological debriefing. *British Journal of Medical Psychology*, *73*(PT 1), 77-85. https://doi.org/10.1348/000711200160318

Despeaux, K. E., Lating, J. M., Everly, G. S., Jr., Sherman, M. F., & Kirkhart, M. (2019). A randomized controlled trial assessing the efficacy of group psychological first aid (PFA). *Journal of Nervous and Mental Disease. 207*(8), 626-632. DOI: 10.1097/NMD.0000000000001029

Everly, G. S. Jr. (n.d.) Psychological First Aid. *Coursera*. https://www.coursera.org/learn/psychological-first-aid

Everly, G. S. Jr., (2020). Psychological first aid to support healthcare professionals. *Journal of Patient Safety and Risk Management, 25*(4), 159–162. https://doi.org/10.1177/2516043520944637

Everly, G. S., Jr., (2021) Disaster mental health: Remembering the past, shaping the future. *International Review of Psychiatry*, *33*(8), 663-667. DOI: 10.1080/09540261.2022.2031633

Everly, G. S., Jr., & Lating, J. M. (2021) Psychological first aid (PFA) and disasters, *International Review of Psychiatry*, *33*(8), 718-727. DOI: 10.1080/09540261.2021.2016661

Everly, G. S., Jr., Lating, J. M., Sherman, M. F., & Goncher, I. (2018). The potential efficacy of psychological first aid on self-reported anxiety and mood: A pilot study: Erratum. *Journal of Nervous and Mental Disease, 206*(4), 301. https://doi.org/10.1097/NMD.0000000000000816

Everly, G. S., Jr., McCabe, O. L., Semon, N., Thompson, C. B., & Links, J. (2014). The development of a model of Psychological First Aid (PFA) for non-mental health trained public health personnel: The Johns Hopkins' RAPID-PFA. *Journal of Public Health Management Practice, 20*(5), S24–S29. https://pubmed.ncbi.nlm.nih.gov/25072485/

Everly, G. S. Jr., & Mitchell, J. T. (1997). *Critical Incident Stress Management.* Chevron.

McCabe, O. L, Everly, G. S., Jr., Brown, L. M., Wendelboe, A. M., Hashidah Abd Hamid, N., Tallchief, V. L., & Links, J. M. l. (2014). Psychological First Aid: A consensus-derived, empirically supported, competency-based training model. *American Journal of Public Health, 104*(4), pp. 621-628. https://doi.org/10.2105/ajph.2013.301219

McCabe, O. L., Semon, N, Lating, J. M., Everly, G. S., Jr., Perry, C. J., Straub Moore, S., Mosley, A. M., Thompson, C. B., & Links, J. M. (2014). Developing an academic-government-faith partner-ship to build disaster mental health preparedness and community resilience: Program description and lessons learned. *Public Health Reports, 129*(Supp 4), S96-106. *https://doi.org/10.1177%2F00333549141296S413*

McCabe, O. L., Semon, N., Thompson, C. B., Lating, J. M., Everly, G. S., Jr., Perry, C. J., Moore, S. S., Mosley, A. M., & Links, J. (2014). Building a national model of public mental health preparedness and community resilience: Validation of a dual-intervention, systems-based approach. *Disaster Medicine and Public Health Preparedness*. *8*(6). https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/abs/building-a-national-model-of-public-mental-health-preparedness-and-community-resilience-validation-of-a-dualintervention-systemsbased-approach/BDD9A63A0D70D0B8DDDC1115EEF7EE14

Mitchell, J. T. (2021) Continuum of care for disasters and catastrophes. *International Review of Psychiatry*, *33*(8), 728-739. DOI: http://10.1080/09540261.2022.2030678

Tuckey, M. R., & Scott, J. E. (2014). Group Critical Incident Stress Debriefing with emergency services personnel: A randomized controlled trial. *Anxiety, Stress, and Coping*; *27*(1), 38-54.

Vila G., Porche L. M., Mouren-Simeoni, M. C. (1999). An 18-month longitudinal study of posttraumatic disorders in children who were taken hostage in their school. *Psychosom Med., 61*(6), 746-754. https://doi.org/10.1097/00006842-199911000-00005

Wu, A. W., Connors, C. A., & Norvell, M. (2022) Adapting RISE: Meeting the needs of healthcare workers during the COVID-19 pandemic. *International Review of Psychiatry, 33*, 711-717. DOI: 10.1080/09540261.2021.2013783