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Providing Resources to Victims, Survivors, & Those Who Serve Them

The Continuum of Mass Violence Behavioral and Mental Health Services from Preparedness Through Response and Resiliency

July 8, 2025

14th Virtual National Town Hall on Mass Violence

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NATIONAL TOWN HALL ON MASS VIOLENCE

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U.S. Department of Justice, Office for Victims of Crime

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Housekeeping Announcements

- This National Town Hall is being recorded and has live ASL interpretation.
- Closed captioning is available to attendees; please go to your setting at the bottom of your screen and turn on "closed captions" (available in multiple languages).
- After being posted to our website, the recording, slide deck and resources will be available for download at www.nmvvrc.org.
- **Joining us by telephone?** Please email us at nmvc@musc.edu with your full name and email address to receive credit for attending.
- Thanks to many of you who sent questions to our presenters in advance – we will save time at the end to answer the most frequently asked questions.

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Learning Objectives

- Identify evidence-based practices in effective behavioral and mental health responses to mass violence victims and survivors, and resources to support their implementation.
- Describe the core elements of Improving Community Preparedness TTA (ICP TTA) Best Practice #11, Community Behavioral Health Response, to facilitate effective planning and preparation.
- Describe the behavioral/mental health impact on victims, survivors and community members, based upon findings from the NMVC's ongoing MVI needs assessment project.
- Identify effective interventions that can be utilized by practitioners at the Friends & Relatives Center, Family Assistance Center, and Resiliency Center, and resources available from the NMVC that provide guidance and support.
- Describe behavioral and mental health interventions that are specific to child and adolescent victims, and resources for schools to provide support across the continuum.

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National Town Hall Presenters

Rochelle F. Hanson, Ph.D., Moderator
Director, Training & Education Division
National Mass Violence Center (NMVC)

Angie Moreland, Ph.D., NMVC Associate Director, and Director, Improving Community Preparedness Division, National Mass Violence Center (NMVC)

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School Psychologist
Consultant, National Mass Violence Center (NMVC)

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Director, Training & Education Division

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Defining Evidence-based Practices and Terminology for Behavioral and Mental Health Response to and Recovery from Mass Violence

Alyssa Rheingold, Ph.D.,

Director, Response, Recovery & Resilience Division

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Trauma-Informed Programs & Services

Safety

Trust

Choice

Collaboration

Empowerment

Coordination
Collaboration
Constant evaluation

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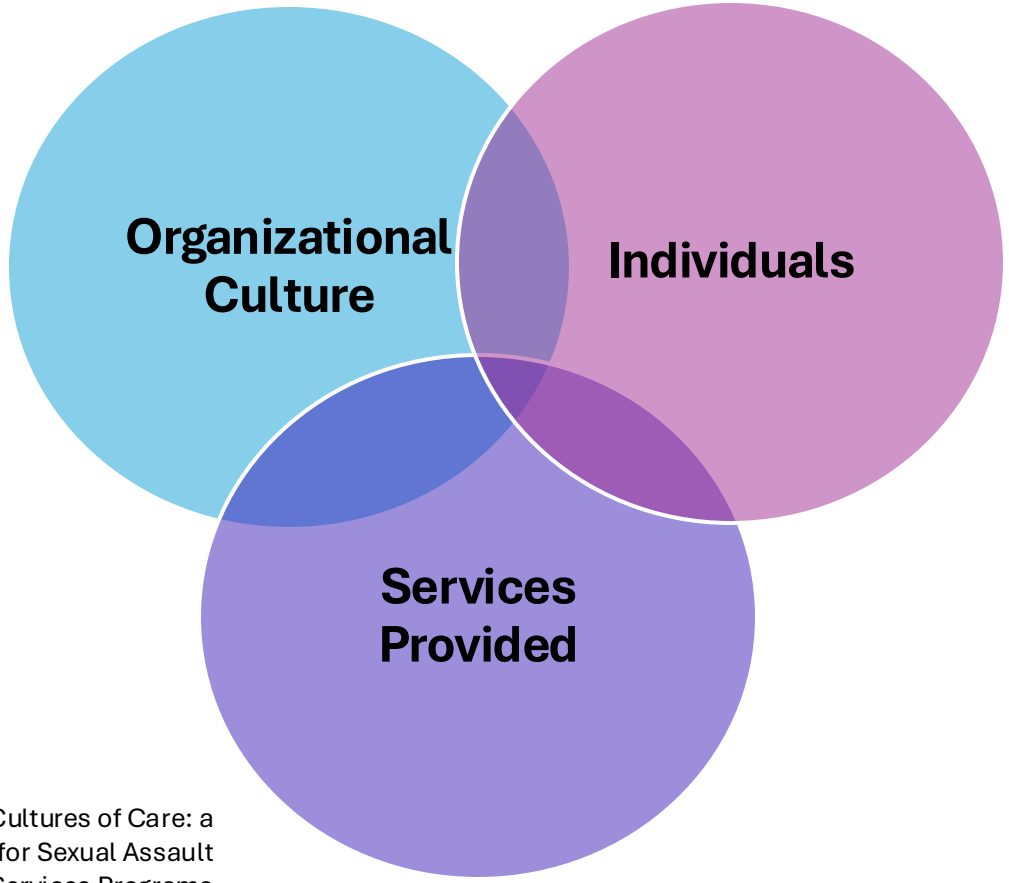
Spheres of Trauma-Informed Care



Building Cultures of Care: a Guide for Sexual Assault Services Programs
Adapted from Proffitt, 2010

A trauma-informed program values all people and their ability to transcend experiences of trauma.

This approach is multidimensional and can be seen throughout the various spheres of an organization, including:

- Organizational culture
- The services provided
- The individual staff, volunteers and interns, and their commitment to self-care and growth.

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Evidence Based/Supported Treatment (EBTs/ESTs)

Evidence Based Practices (EBPs)

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Evidence Based/Supported Treatments (EBTs/ESTs)

- Two rigorous research studies evaluated through a peer-reviewed process, and specifically randomized controlled trials, are needed for a treatment to be labeled as an EBT/EST.

  Randomized Controlled Trial (RCT)

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Promising Practices

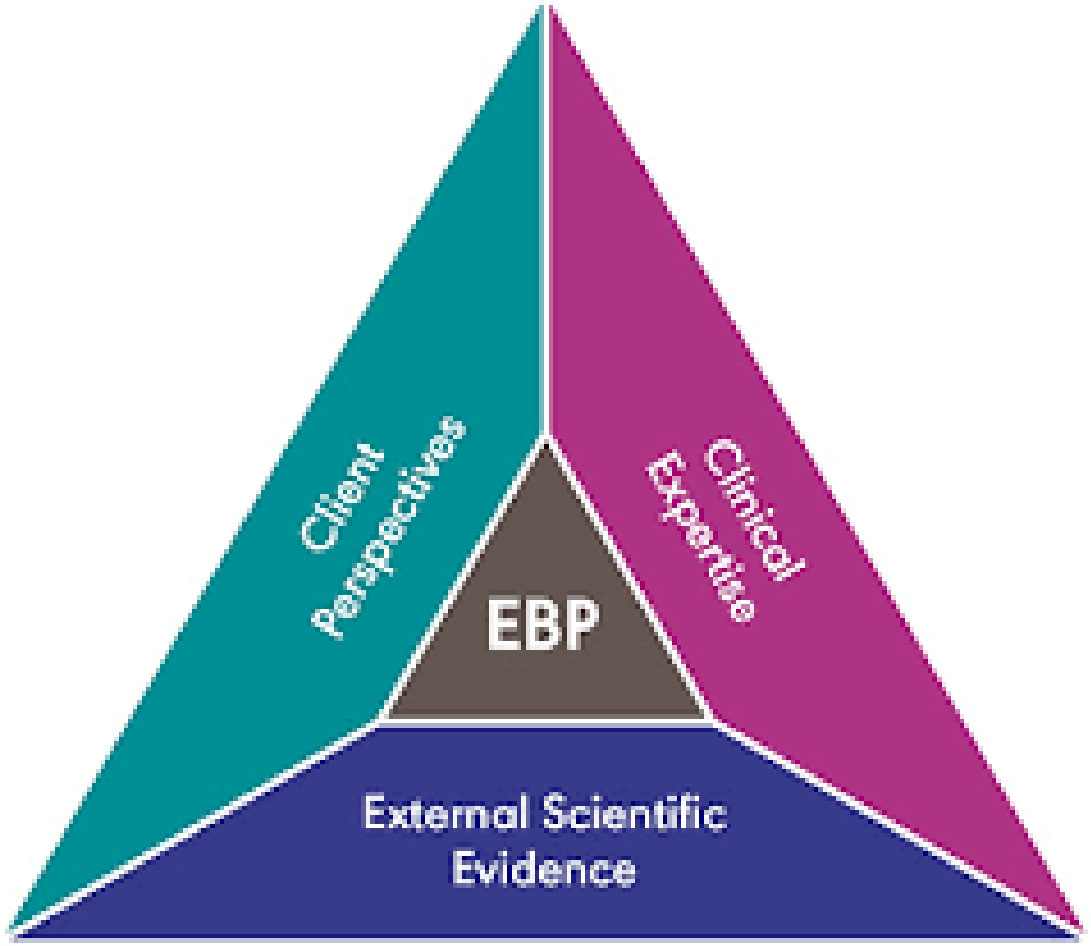
- A program, intervention, or approach that shows potential for developing into a best practice based on early evidence and expert judgment
- Interventions with some rigorous peer-reviewed research but not two randomized controlled trials:
  - Case Studies combined with
  - Open Trials – pre/post outcomes
  - Other methodological approaches to measure outcomes

Evidence-informed Interventions

- Interventions developed that are informed by existing researched concepts and strategies
- Best available science, but have not been fully evaluated

Evidence-based Practice

Integrates available research evidence and clinical expertise and applies them to try to solve the problems of a particular group of patients to achieve the best possible outcomes.



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Best Practice #11: Enhancing Community Preparedness Through Behavioral Health Response Planning

Angie Moreland, Ph.D.,

NMVC Associate Director, and Director, Improving Community Preparedness Division

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NMVC – Improving Community Preparedness

Transition from Improving Community Preparedness (ICP) TTA Project to the NMVC

TTA to individual communities/sites

- Provide individualized TTA to assist in developing partnerships, policies, and procedures to proactively prepare to identify and address the needs of victims and survivors after MVIs.
- Expand capacity of agencies and local governments by providing supplemental resources to those seeking to augment their existing emergency response plans.

Webinars
Trainings (virtual or in person)
Case studies/Scenarios
Review of emergency response plans
Short-term TTA
Long-term TTA

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16 Best Practices

1. Incident Command	2. Committee Identification & Engagement	3. Up-to-Date Contact List	4. Friends & Relatives Center (FRC)
5. Victim Identification & Notification Protocol	6. Public Information & Crisis Communications Protocol	7. Volunteer Management Protocol	8. Family Assistance Center (FAC) Plan
9. Financial Donation Management Protocol	10. Memorial & Special Event Management Protocols	11. Community Behavioral Health Response	12. First Responder Support
13. Planning & Preparedness Grants and Emergency Funding Assistance	14. Community Resilience Planning	15. Criminal Justice System – Victim Support	16. Training and Exercise

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16 Best Practices

1. Incident Command	2. Committee Identification & Engagement	3. Up-to-Date Contact List	4. Friends & Relatives Center (FRC)
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13. Planning & Preparedness Grants and Emergency Funding Assistance	14. Community Resilience Planning	15. [illegible] System – Victim Support	16. Training and Exercise

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Understanding the Behavioral Health Impact of Mass Violence: Insights from the NMVC Needs Assessment

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Methodology of MVI Community Surveys

***COMMUNITIES*: Dayton, OH; El Paso, TX; Parkland, FL; Pittsburgh, PA; San Bernardino, CA; Virginia Beach, VA**

***SAMPLING*:** Area probability household samples of adults (age 18 or older) from each community identified using address-based sampling. Invitations mailed and randomly selected adults from each household selected for participation using most recent birthday method. **Total sample size = 5,991.**

***DATA COLLECTION*:** English or Spanish versions of surveys self-administered online or via paper version.

***SAMPLING, DATA COLLECTION, WEIGHTING*:** Conducted by Abt and Associates.

***FIELD PERIOD for SURVEYS*:** 02/26/2020 - 09/17/2020

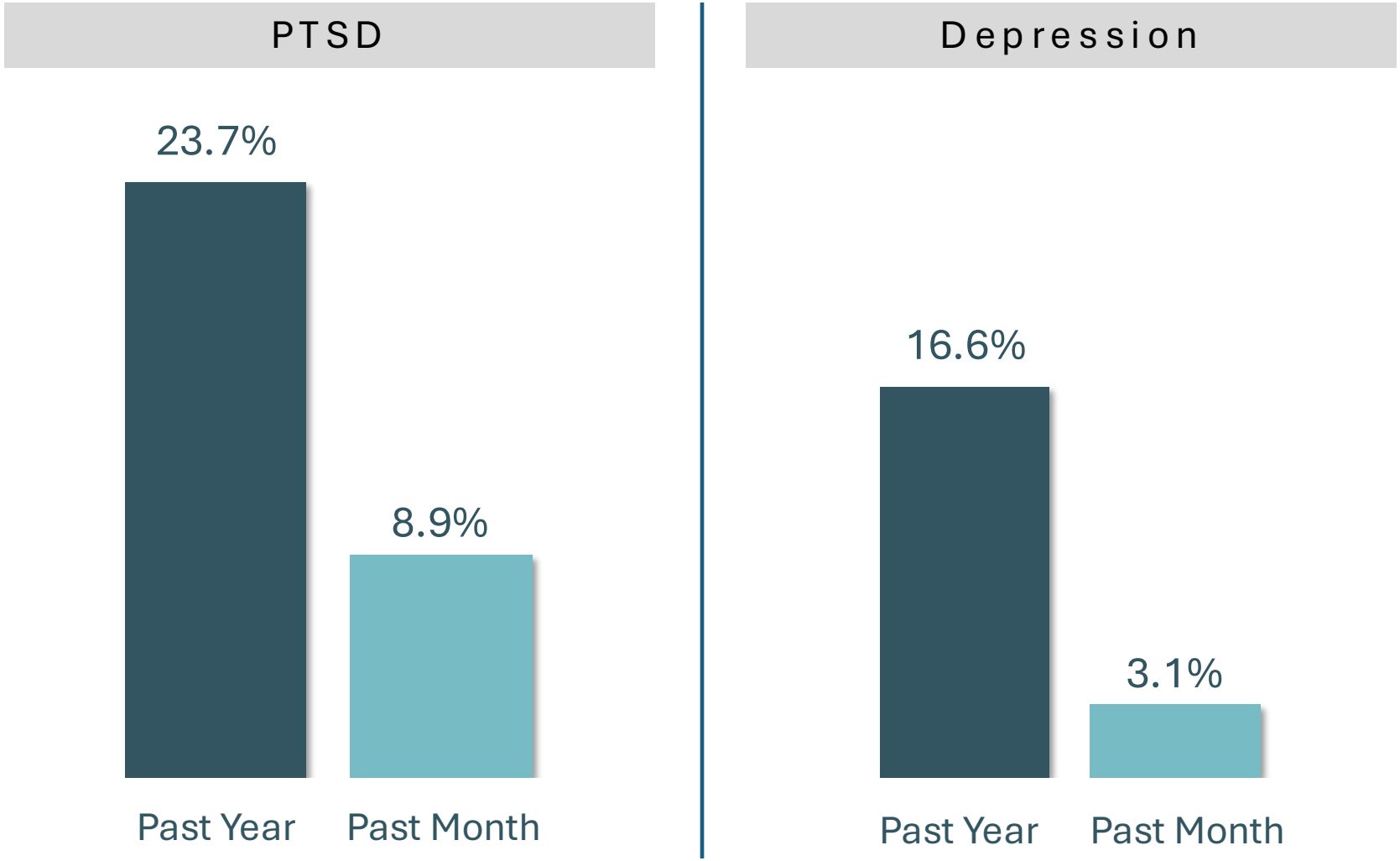
Survey Content

- **Demographic characteristics** (age, sex, race/ethnicity, income)
- **High exposure to the MVI** (i.e., respondent or family member or friend was onsite at MVI)
- **History of prior physical or sexual assault, including during childhood**
- **Social support**
- **Past year PTSD and major depression measured using DSM-5 criteria**
- **Availability and use of three types of support services following an MVI**

Past Year and Current PTSD and Depression

N=5,991

Mental Health Prevalence



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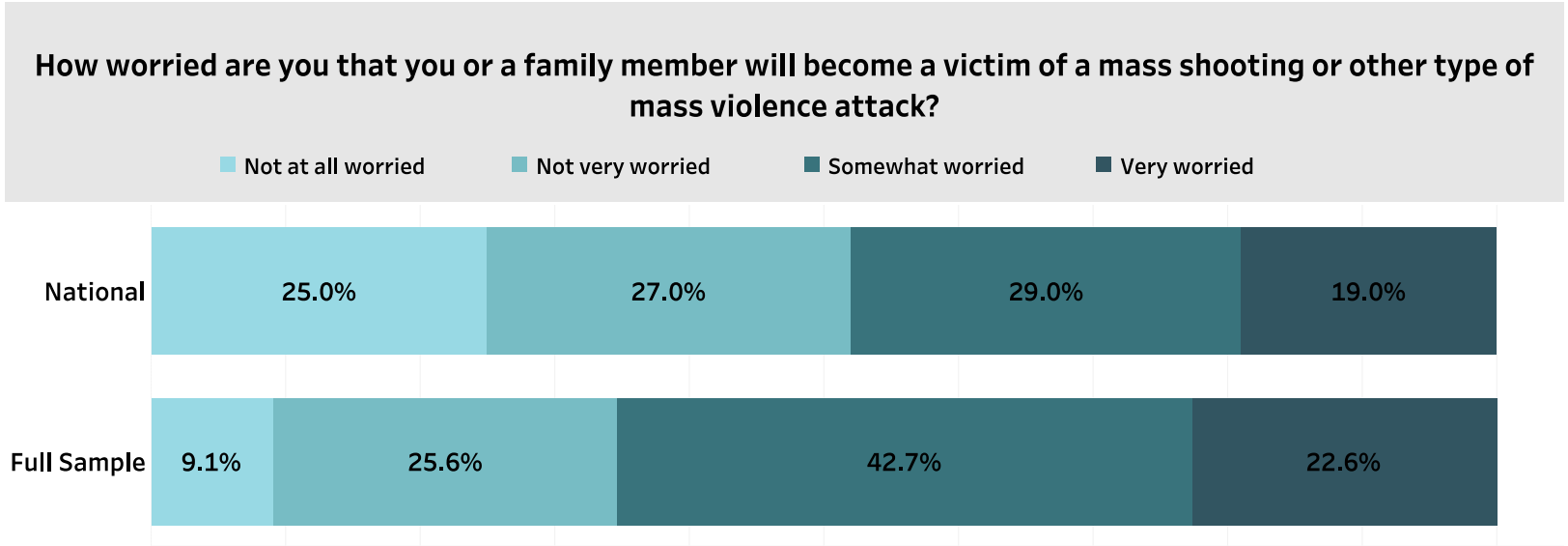
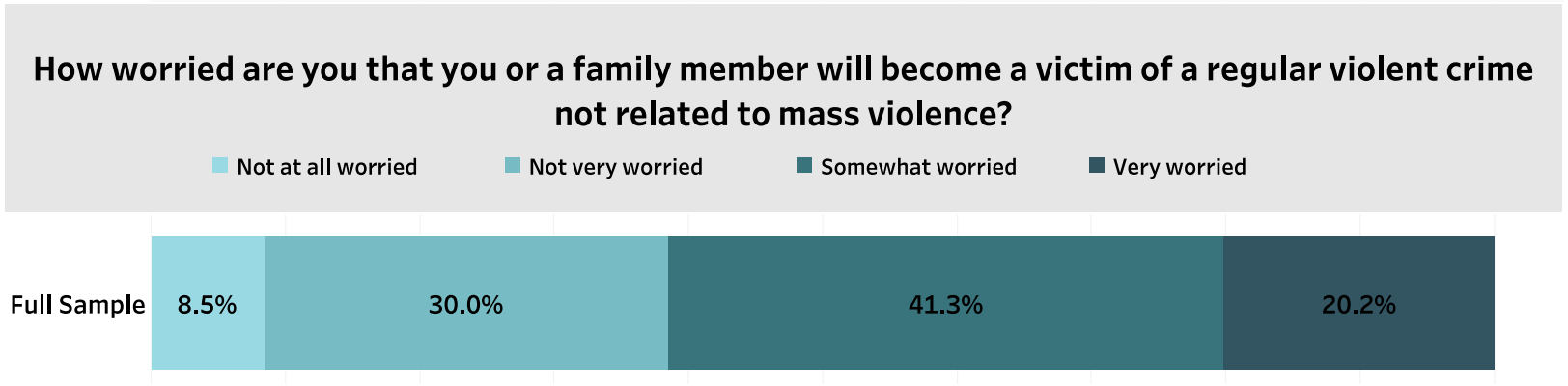
Fear of Additional MVIs or Other Violent Crime





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Take Home Points

- Clear evidence of mental health ripple effects – percent with PTSD and depression higher than in the Nation as a whole.
- Most adults in MVI communities were resilient and did not have PTSD or depression, but many do have problems and need some services.
- Prior physical or sexual assault victimization is a huge risk factor for PTSD and depression after MVIs. An MVI may exacerbate preexisting crime-related mental health problems.
- Good social support is a critical factor for reducing the impact of MVIs.
- Many additional indicators of impact beyond mental health concerns.
- Findings across the six MVI communities were similar, but there were many meaningful differences. **One size may not fit all!**

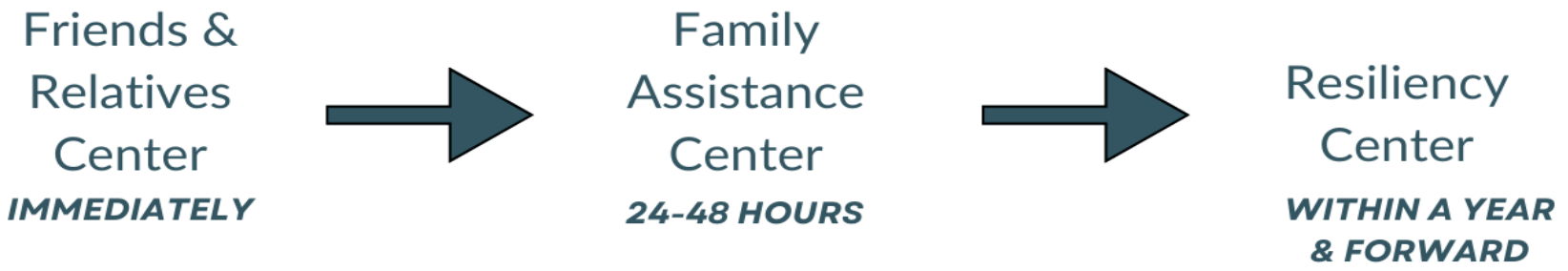
Core elements of Improving Community Preparedness TTA (ICPTTA) Best Practice #11, Community Behavioral Health Response, to facilitate effective planning and preparation

Community Behavioral/Mental Health (BH/MH) Response

Mental health, substance use disorders, physical symptoms related to stress, and overall wellness (sleep, nutrition, exercise)

- State-level behavioral health leadership → develop **immediate, short-term, and long-term** response plans to address BH/MH
- Subcommittee to be activated during an actual incident to deploy immediate responders and explore funding options for BH/MH services and support

Community BH/MH Services



Initial assessment of victims' needs	Coordinated case management Ongoing assessment of victims' needs	Coordinated case management Ongoing assessment of victims' needs Service linkage and tracking Address the potential for increased risk of substance use/abuse

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BH/MH Immediate Response

Immediate Response

- Toll-free hotline established to provide information to victims and public
- Psychological First Aid (PFA) – recommended response to MVIs during the immediate and short-term response
- Trained BH/MH professionals, spiritual care teams and victim advocates deployed to the FRC and FAC

Long-term Response

- BH/MH support and referrals to evidence-based interventions for long-term treatment (will transition to RC)

Community BH/MH Response – Questions

- *How will BH/MH providers be included in the incident management organizational structure?*
- *Is Incident Command aware of the critical roles and services of BH/MH providers?*
- *Is training for PFA available across the state?*
- *Do state-level agencies have a comprehensive victim needs assessment instrument to begin the process of assessing and addressing victims' needs?*
- *Do BH/MH service providers across the state have experience and expertise in evidence-based interventions?*

BH/MH Communication

- PIOs should communicate that trained BH/MH, spiritual care, and victim assistance support is available for victims at all service locations (provide listing of services).
- PIOs should communicate unaffiliated/spontaneous BH/MH volunteers and where they should report.
- Brief, online or telephonic client evaluation process should be established to receive feedback about services.
- Communicate specific needs for First Responders.

Community BH/MH Subcommittee Goals

- BH/MH subcommittee designates POC to oversee coordination of providers for the FRC and FAC.
- Bilingual service providers and interpreters for Deaf and hard-of-hearing identified.
- Be aware of holistic approaches to support survivors and surviving family members both immediately and in the long term.
- Develop a list of BH/MH services with the capacity to work with victims for the long-term (made available at the FAC and RC).
- Research funding mechanisms to supplement local resources.

Community BH/MH Subcommittee – Questions

- *Which agencies should be represented on the subcommittee?*
- *What will be the role of each of the entities?*
- *How will we incorporate all groups that are not on the subcommittee?*
- *What is our sustainability plan?*

Additional Considerations

- Lead law enforcement agency and prosecution will determine who will be considered a “legal victim” in accordance with state and/or Federal law *(this impacts who is eligible to receive state- or federally-funded victim services)*.

- Staff impacted by the MVI may be experiencing their own trauma – and may need additional support.

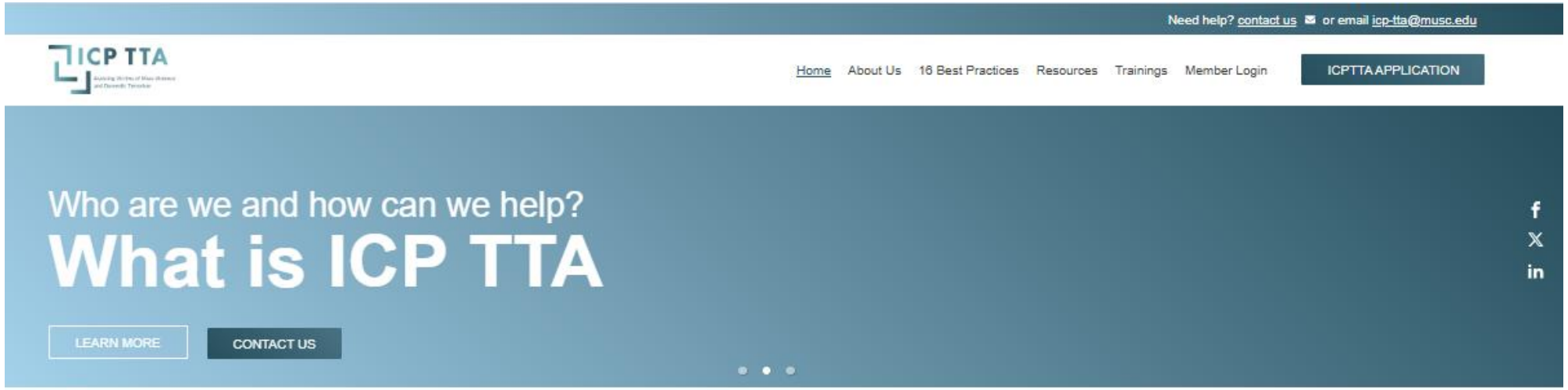
Community BH/MH Services – Questions

- *Do any state statutes and regulations exist regarding contracts with BH/MH providers?*

- *Is there a centralized source at the state-level to identify BH/MH organizations and providers?*

NMVC ICP TTA

Website: https://icptta.com/



See Spanish intro here >>

No one wants to think that a mass violence incident (MVI) can occur in their community, but, in reality, MVIs can occur anywhere and at any time. Unfortunately, all communities are at risk for mass violence and must consider the possibility of these tragedies striking close to home.

START HERE

Effective Interventions for Response and Recovery Efforts Relevant to Mass Violence

Alyssa Rheingold, Ph.D.,

Director, Response, Recovery & Resilience Division

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Overview of Three Centers

Friends and Relatives Center

USUALLY ESTABLISHED IMMEDIATELY AFTER A MVI OCCURS, OFTEN RUNNING FOR 24-48 HOURS

Family Assistance Center

CAN OPERATE CONCURRENTLY WITH THE FRC OR CAN BE ESTABLISHED WHEN THE FRC CLOSES; OR CAN BE OPEN 7-10 DAYS LONGER

Resiliency Center

GENERALLY ESTABLISHED WITHIN A YEAR OF THE MVI AND IN EXISTENCE FOR VARYING LENGTHS OF TIME

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FRIENDS AND RELATIVES CENTER (FRC)

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Psychological Debriefing

Several studies have now concluded that PD is no more effective than ***no intervention*** at reducing trauma related symptoms and may ***worsen*** symptoms for some.

Rose et al. (2005). *Cochrane Database Syst Rev*.

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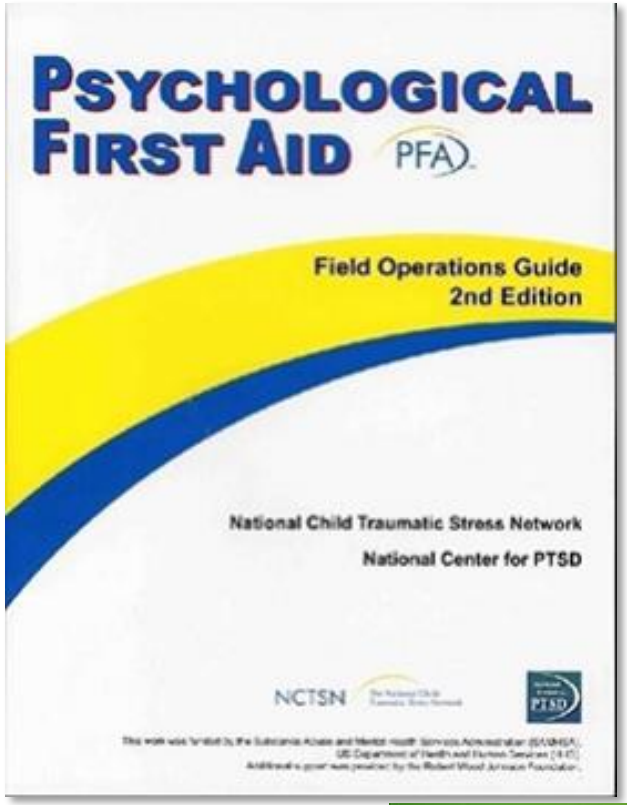

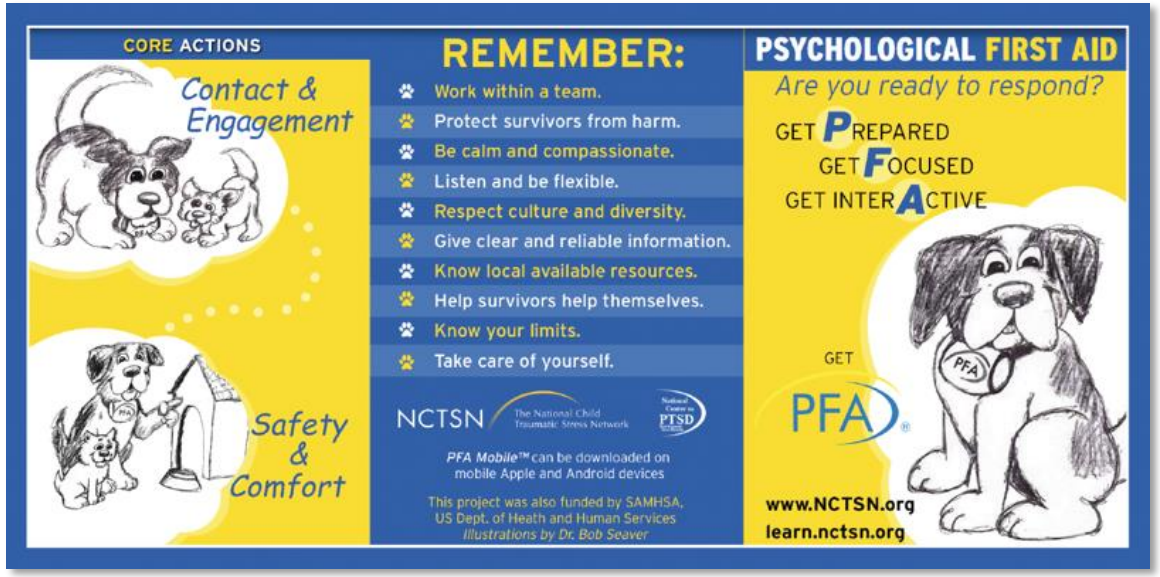

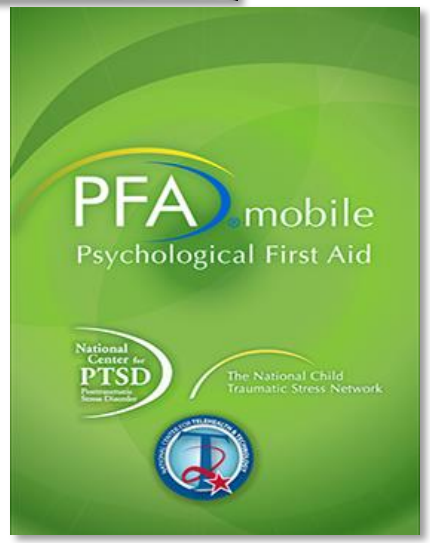

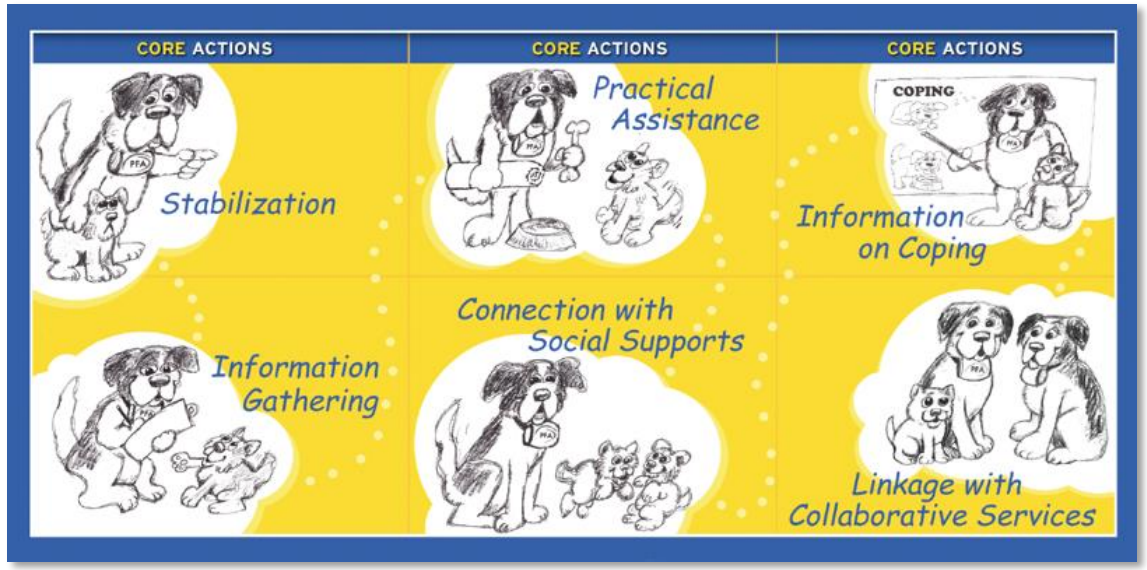

www.nctsn.org
www.ptsd.va.gov

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Psychological First Aid (PFA)

- Evidence-informed approach for assisting in the immediate aftermath of traumas, and to foster short- and long-term adaptive functioning.
- Usually delivered in first 24 - 72 hours (may be appropriate in first few months).
- Manual available in four languages (English, Spanish, Japanese, Chinese).
- Available in a free, five-hour online interactive course. ***https://www.nctsn.org/resources/psychological-first-aid-pfa-online***

Essential Goals of PFA Are to Create and Sustain an Environment of:

- Safety
- Calm and Comfort
- Self- and collective-efficacy
- Connectedness
- Hope

Hobfoll et. al, 2007

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Psychological First Aid Core Actions

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

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PFA Main Action Principles

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National Organization for Victim Advocacy (NOVA) Crisis Response Team Training

- NOVA's Crisis Response Framework/training was written in 1987.
- Following the events of 9/11 there was a surge in the use of PFA and NOVA's model is reflected in many of the PFA steps.
- NOVA's Basic Level Community Crisis Response Team Training™ focuses on understanding individuals' crisis reactions and crisis intervention, teaching adapted techniques for individuals and groups.
- NOVA's Framework provides a road map for trauma-informed conversations.
- For more information about NOVA training www.trynova.org or email CRT@trynova.org

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NOVA Crisis Response Teams

- NOVA trains individuals to respond in their respective communities, but it can also deploy teams to assist in impacted areas.
- NOVA's assistance can range from phone consultation, a management team, to "boots on the ground".
- NOVA has trained over 16,000+ individuals here is the US and around the world.
- A unique feature of NOVA teams is that we match the demographics of the communities we have been called to serve.
- Requesting a response, contact rogerroberts@trynova.org or kellymuklevicz@trynova.org

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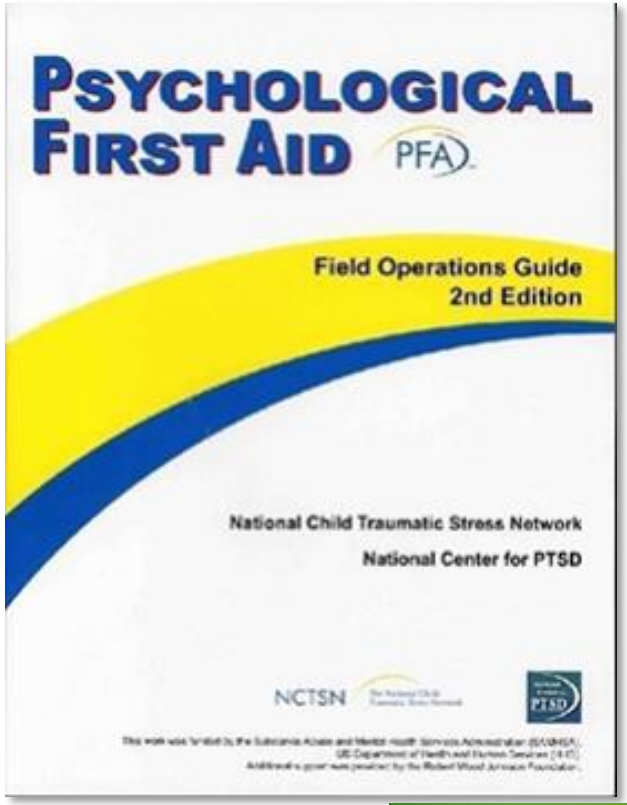
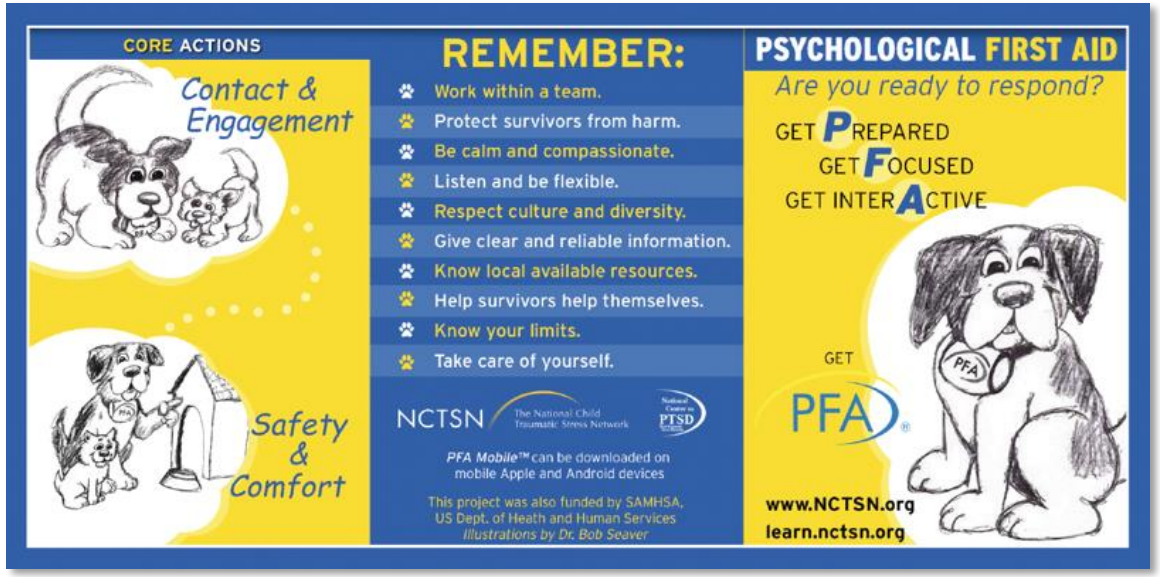
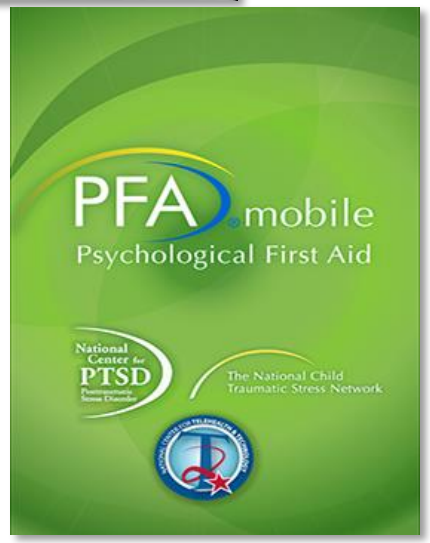
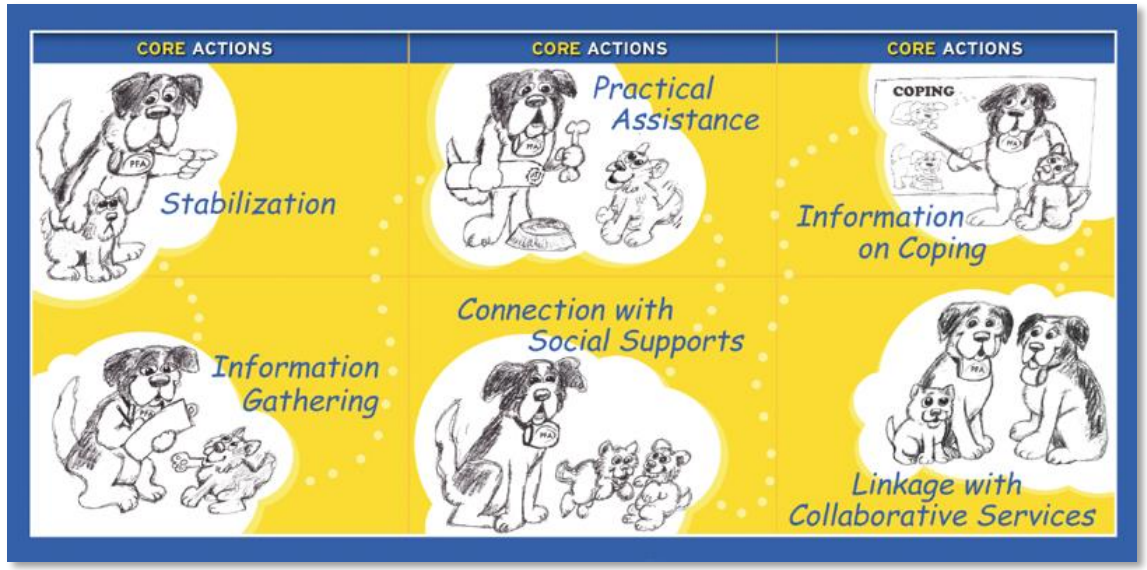
FAMILY ASSISTANCE CENTER (FAC)









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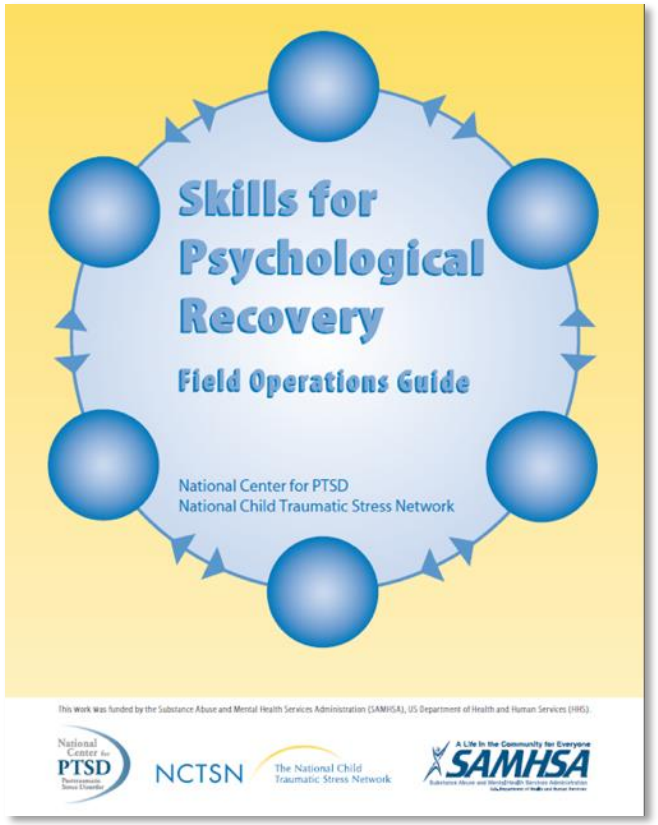
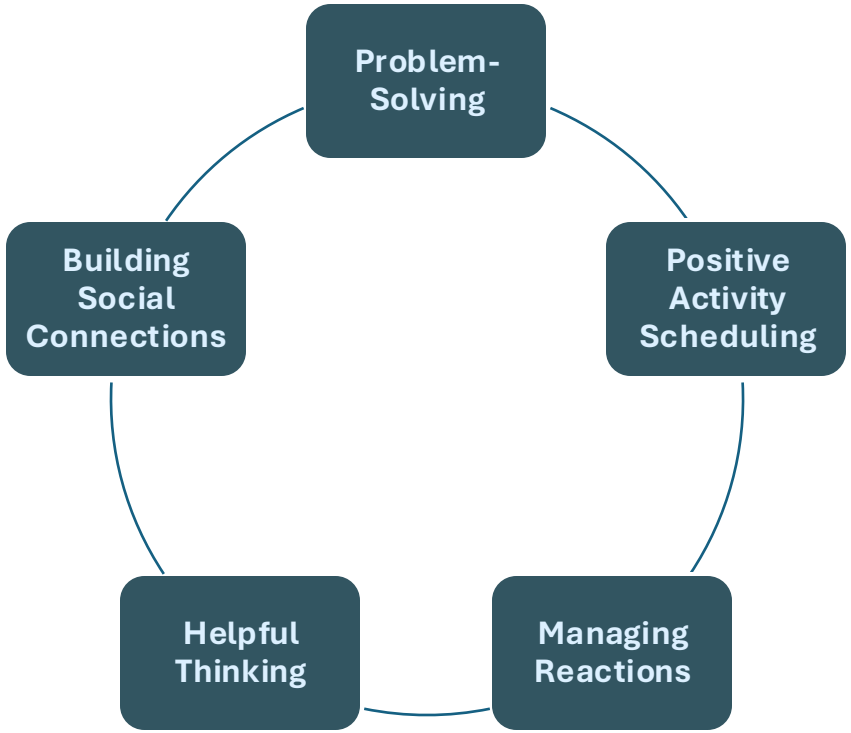
Evidence-informed Early Interventions: *Skills for Psychological Recovery (SPR)*





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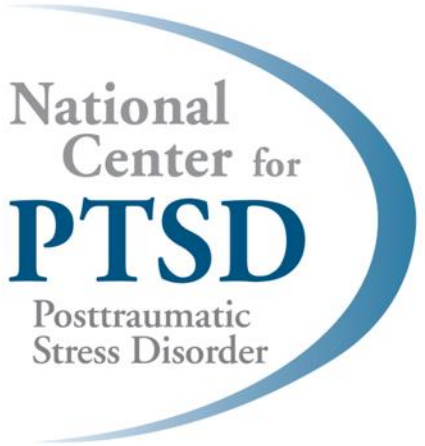
Skills for Psychological Recovery

- Evidence-informed intervention
- NOT mental health therapy
- Can be provided by non-mental health professionals
- Identify needs and teach skills to address those needs
- Generally, one-to-five sessions



Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., & Watson, P. (2010). Skills for psychological recovery: field operations guide. Washington (DC): National Center for PTSD (US Department of Veterans Affairs) and National Child Traumatic Stress Network (funded by US Department of Health and Human Services and jointly coordinated by University of California, Los Angeles, and Duke University).

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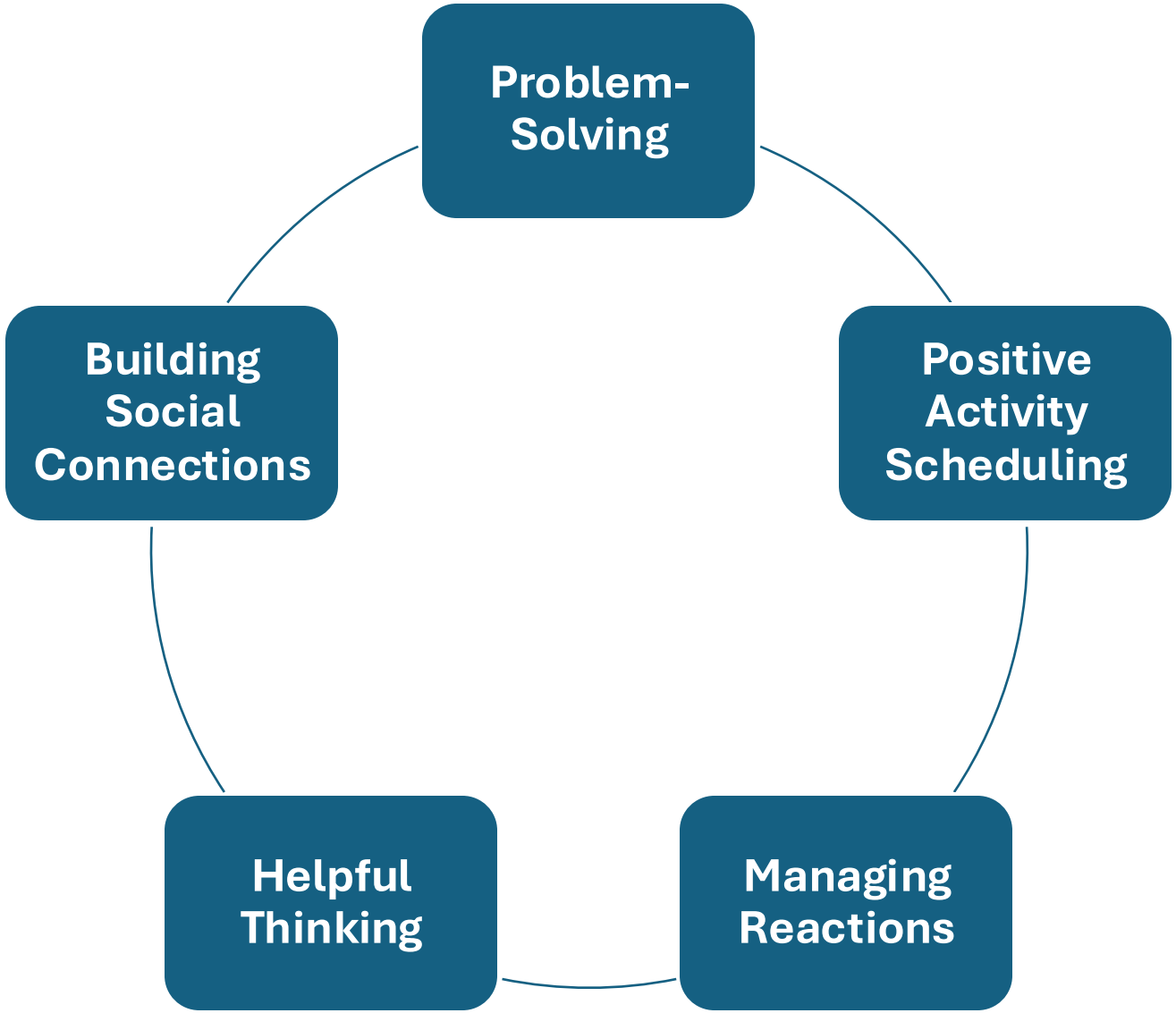

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How is PFA Different from SPR?

- PFA is intended to provide victims with support in the first few days after an event.
- SPR is intended to help victims rebuild during the recovery phase – after safety, security, and immediate needs have been met.

Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., & Watson, P. (2010). Skills for psychological recovery: field operations guide. *Washington (DC): National Center for PTSD (US Department of Veterans Affairs) and National Child Traumatic Stress Network (funded by US Department of Health and Human Services and jointly coordinated by University of California, Los Angeles, and Duke University).*

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RESILIENCY CENTER (RC)

Evidence-based Interventions for Mental Health Difficulties

- Cognitive Behavioral Therapies
  - Exposures-based Therapies
  - Behavioral Therapy
  - Cognitive Therapy
- Acceptance and Commitment Therapy
- Dialectical Behavioral Therapy
- Family Therapies
- Motivational Interviewing
- Transdiagnostic Treatments

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Goals of Evidence-based, Trauma-focused Treatments

- Improve understanding of PTSD, prolonged grief, depression, and other trauma-related symptoms.
- Reduce distress about memories of the trauma.
- Decrease emotional numbing (i.e., difficulty experiencing feelings) and avoidance of trauma reminders and trauma cues.
- Reduce feelings of being tense or “on edge.”
- Decrease depression, anxiety, guilt and/or shame.
- Improve day-to-day living.

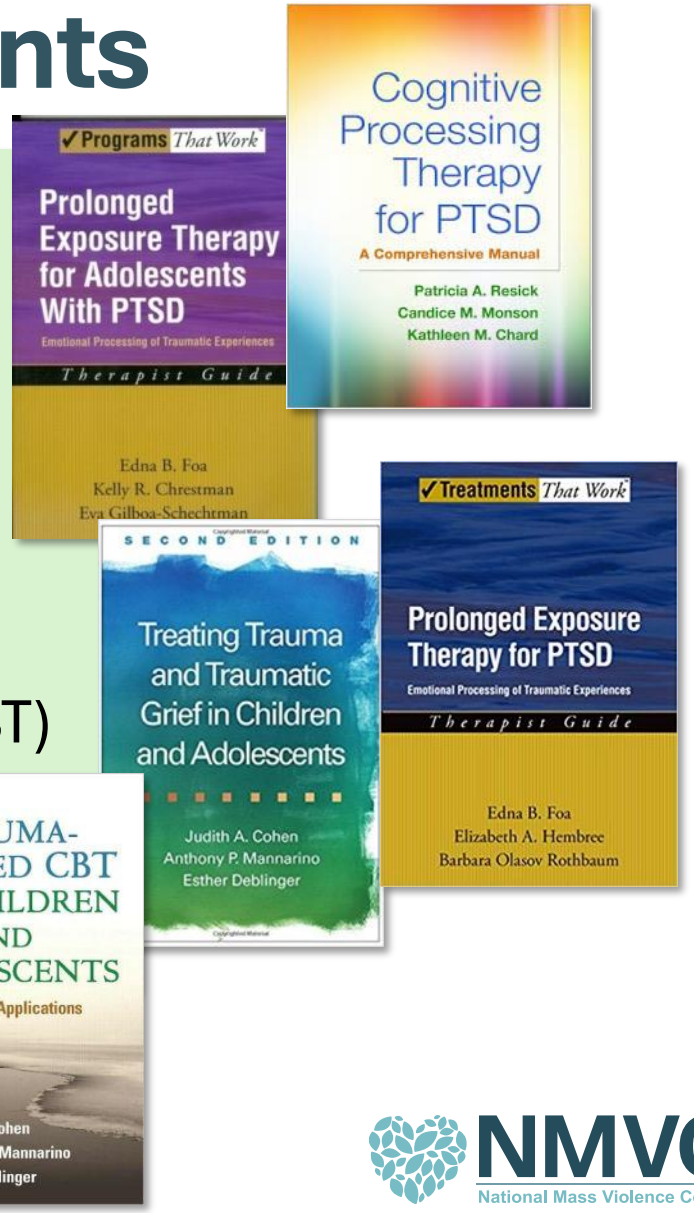
Examples of Evidence-based Trauma/Grief Treatments

Adults

- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Prolonged Grief Disorder Therapy (PGDT)
- GRIEF Approach

Children and adolescents

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Trauma and Grief Component Therapy (TGCT)



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Trauma-Focused Interventions

- Evidence-Based Trauma-Focused Treatments
- Adjunctive/Complementary Therapies
- Alternative Therapies

Trauma-informed Resiliency Interventions

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Examples of Evidence-informed Resources To Foster Mental Health Wellbeing

- Peer support
- Mindfulness
- Physical wellbeing – nutrition, sleep, exercise

Examples* of Trauma-informed Resiliency Activities

*Not all evidence-based to treat trauma difficulties

- Psychoeducational groups
- Yoga
- Art programs
- Music programs
- Programs involving animals
- Exercise-based groups activities (e.g., hiking groups)

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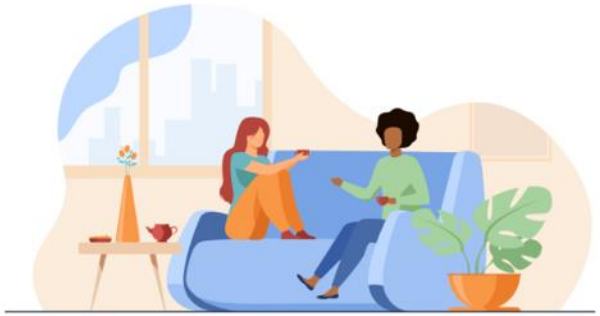
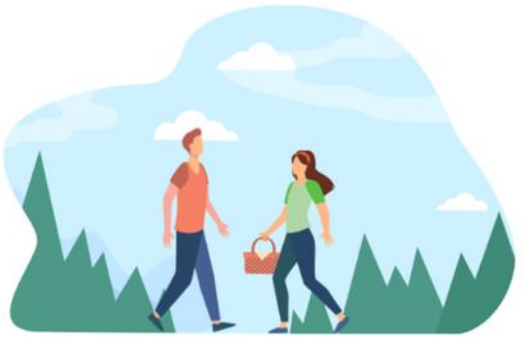
Virtual Resiliency Center

massviolence.help

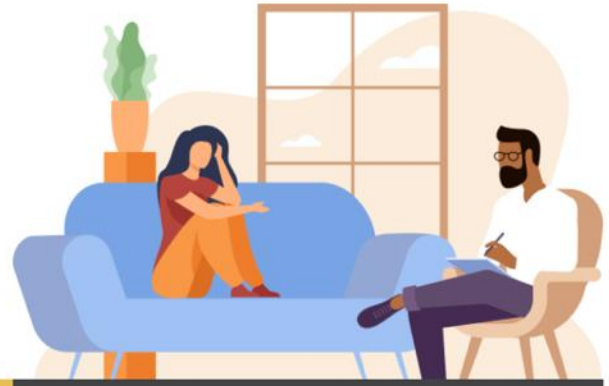
Victim & Social Services



Social Connection & Empowerment



Health & Wellness



Managing Grief & Trauma

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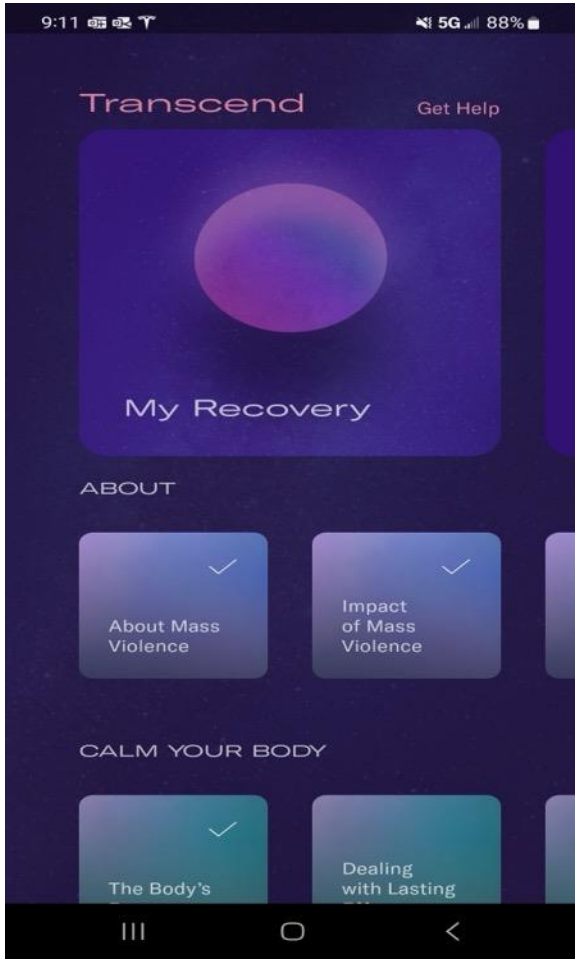

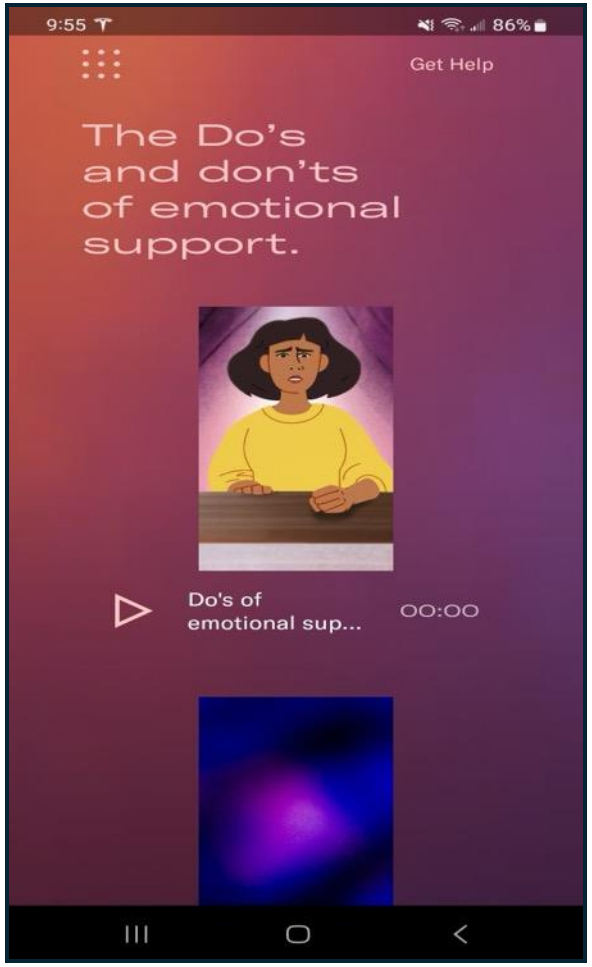

Transcend NMVC:

Free mobile app to facilitate recovery from mass violence events

HOW CAN I FIND THE APP?

From a smart phone or tablet, download the Transcend app from the Google Play Store or Apple Store.

GET IT ON Google Play

Download on the App Store

Developed with partners SpursTech, South I/O, & Igor + Valentine

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Behavioral Health Interventions for Child and Adolescent Victims: Resources for School-based Support

Melissa A. Reeves, Ph.D., NCSP, LPC

School Psychologist

NMVC Consultant

NMVC
National Mass Violence Center

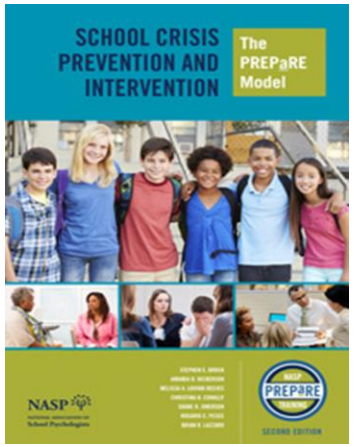
Evaluating Psychological Trauma

Conducting Psychological Triage: A Process, Not an Event

Primary Triage
Establishes initial treatment priorities

Secondary Triage
Uses data collected during interventions

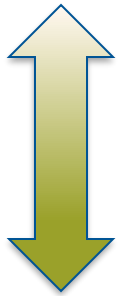
Referral Triage
Is conducted as interventions conclude



www.nasponline.org/prepare
www.nasponline.org/publications

Providing Crisis Interventions and Responding to Mental Health Needs

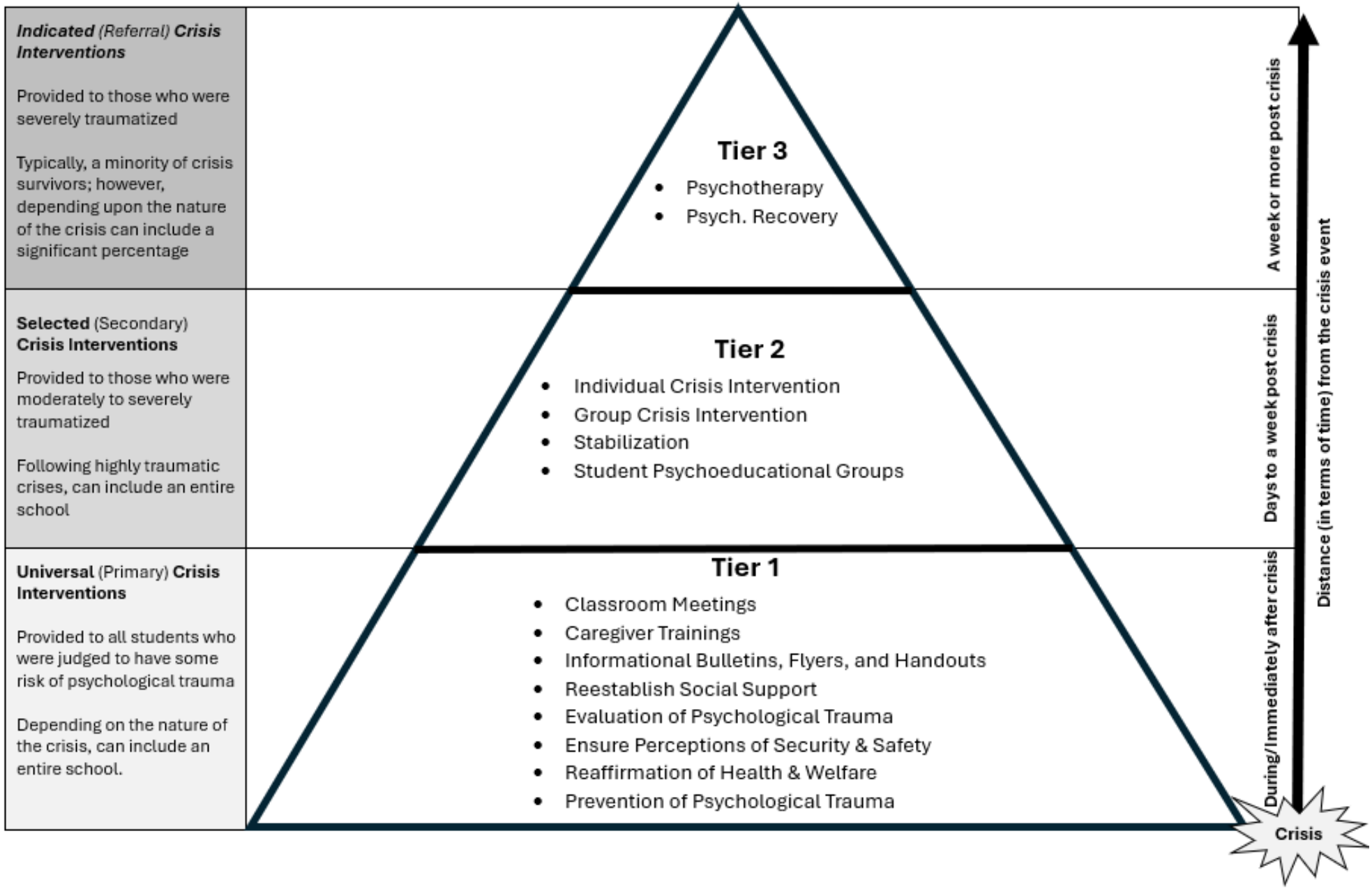
Immediate, Least Restrictive



Later, Most Restrictive

1. Social Support
   - Reunite naturally occurring social support systems
   - Empower social support systems
2. Psychological Education
   - Teach how to cope
3. Psychological Intervention
   - Facilitate immediate coping
   - Treat psychopathology

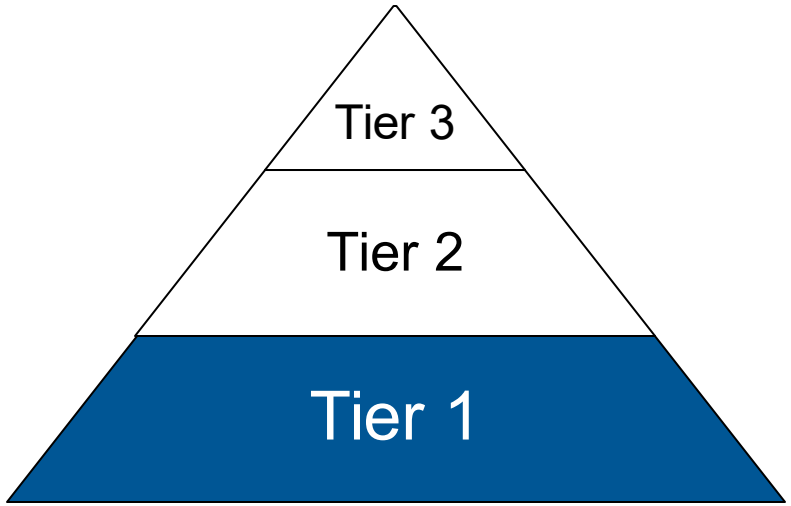
Providing School-based Crisis Interventions



Social Support

- Strategies
  1. Reunite with primary caregivers & siblings
  2. Reunite with peers & teachers
  3. Return to familiar environments & routines
  4. Empower caregivers

Universal Interventions

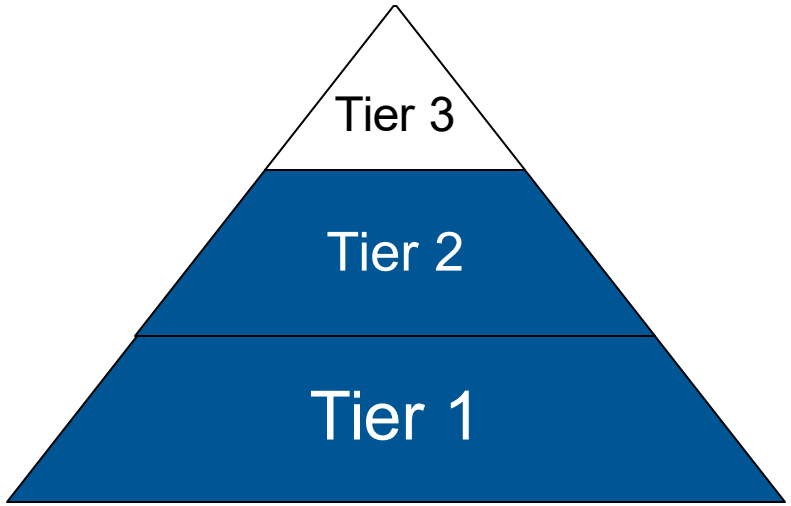


Psychological Education

- Strategies:
  1. Informational Documents
  2. Caregiver Trainings
  3. Classroom Meetings
  4. Student Psychoeducational Groups

Universal Interventions

Selected Intervention

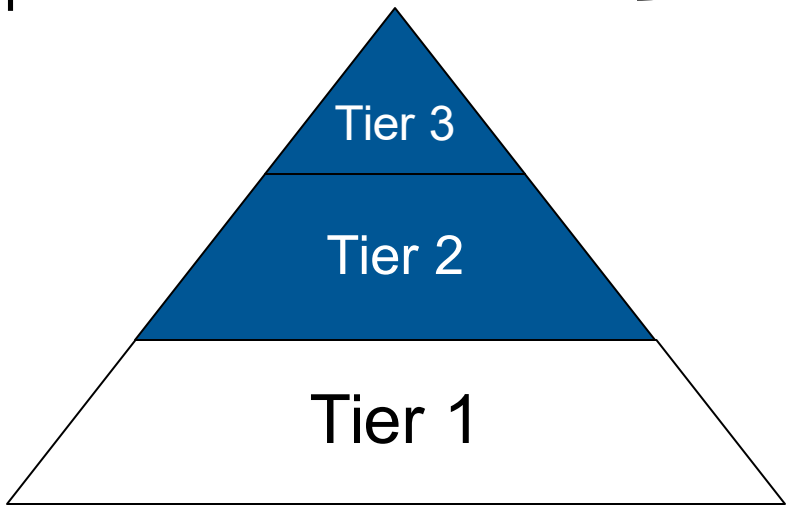


Psychological Intervention

- Strategies:
  1. Stabilization
  2. Group Crisis Intervention
  3. Individual Crisis Intervention
  4. Psychological Recovery
  5. Psychotherapeutic Treatments

Selected Interventions

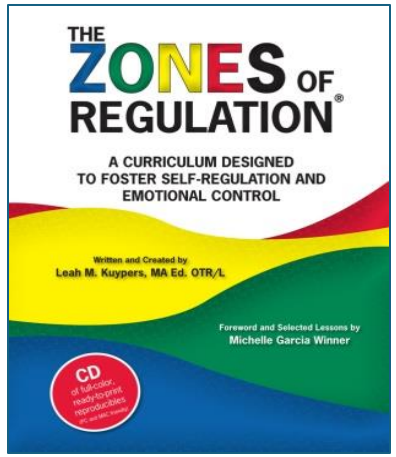
Indicated Interventions



Psychotherapeutic Interventions for Schools

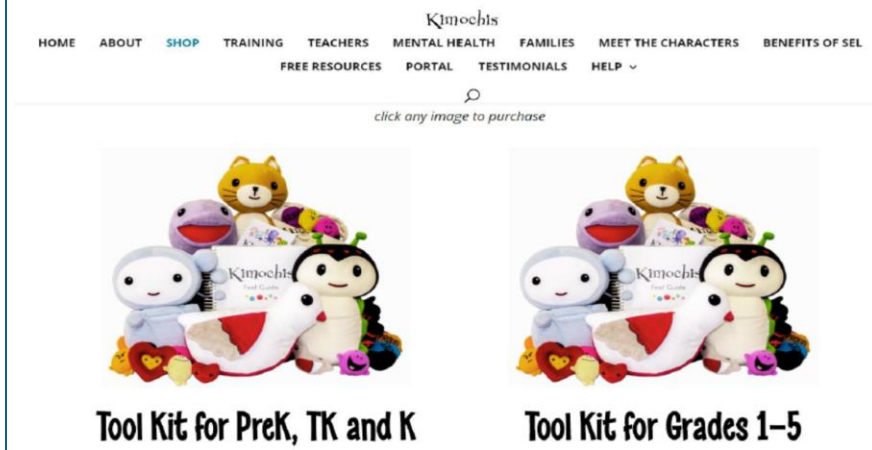
https://traumaawareschools.org/

Building Resiliency & Skills



https://www.zonesofregulation.com

Kimochis



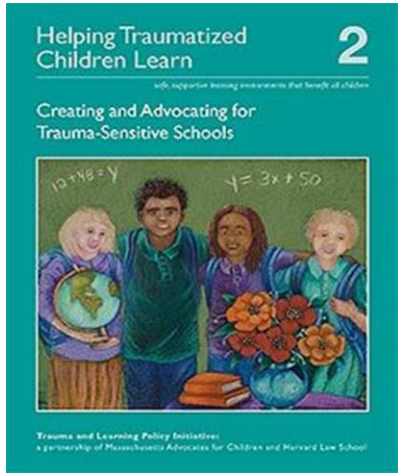
https://www.kimochis.com/

Social-Emotional Learning
www.casel.org

Second Step (P–Middle School)
https://www.secondstep.org/

Promoting Alternative Thinking Strategies—PATHS* (K–6th)
https://www.pathstraining.com/main/

Aggression Replacement Training (ART) - 3rd Ed. Ed. (12–17 yrs. old)
https://aggressionreplacementtraining.com/



https://traumasensitiveschools.org/

ONE STRATEGY OR SKILL

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Questions from the Field

Thank you for submitting questions in advance.

Let’s answer a few frequently asked questions…

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To Request an NMVC Consultation or Technical Assistance:

- *For Consultations: nmvc@musc.edu*
- *For Technical Assistance: ICP-TTA@musc.edu*

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WRAP-UP & EVALUATION

Upon ending your session, a survey will appear.
We ask that ***you please take the time to complete this brief survey***.

Your feedback and suggestions are appreciated, and are helpful to improve our National Town Hall series, and to identify National Town Hall topics for the future.

We appreciate your time and attention.

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Next National Town Hall #15

Topic: The Impact of MVIs on Family Survivors of Homicide Victims & Resources to Assist Them

(National Day of Remembrance for Murder Victims)

Date: Thursday, *September 25, 2025*

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