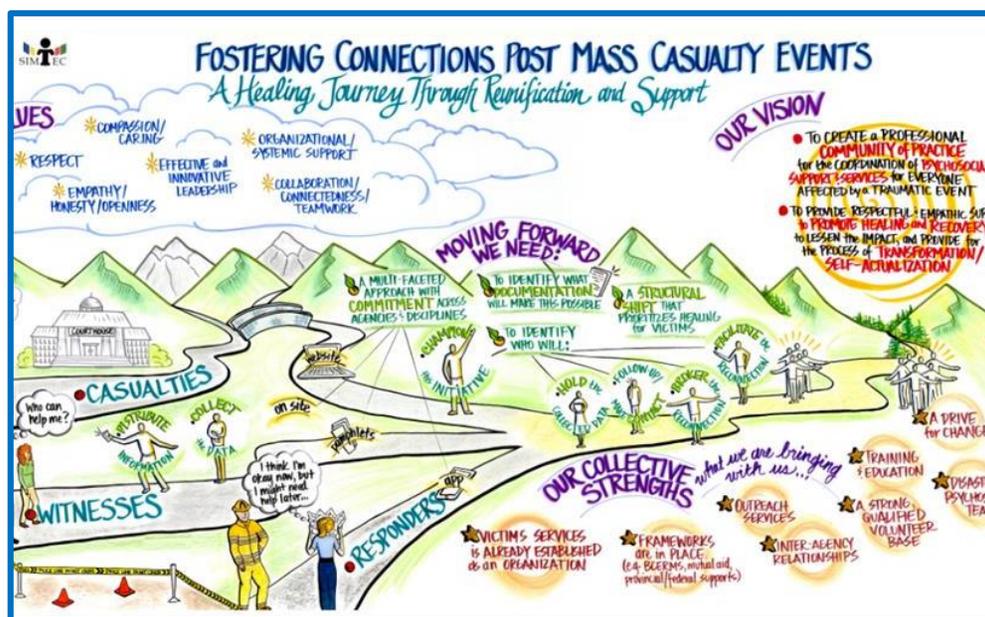


Simtec Project—Exercise Target Red

Post-Event Recovery Initiative



Notes From the March 2015 SOAR Analysis SESSION

Introduction

Laurie Pearce, Research Chair at the Justice Institute of BC welcomed and set the tone for the day by providing background information on the Simulation Training and Exercise Collaboratory (SIMTEC) Project and on Exercise Target Red. The SIMTEC project team has delivered a suite of five tabletop exercises to assist senior decision makers in communities across Canada and internationally consider the psychosocial implications of their strategic and tactical decisions in a disaster. These exercises, with their supporting documents and training videos, are available to download at <http://simtec.jibc.ca>.

Underpinning Exercise Target Red (the third of five exercises) is the recognition of the increased potential for mass casualty events – both terrorist and non-terrorist based - and the desire to enhance Canada’s and the international community’s capacity to respond more effectively to these types of events. Thus, the SIMTEC Research Team has been undertaking research to promote the inclusion of the psychosocial dimensions of these events by senior decision makers, first responders, support responders, first receivers, and others involved in or and/or impacted by these types of events. The SIMTEC research team developed evidence-informed, practical tools and guidelines for responders; those who provide psychosocial supports to them; and for any affected populations.

Exercise Target Red focused on the impact of being involved in and/or responding to a mass-casualty incident. These incidents are often traumatic with little advance warning, thus, there is limited opportunity to plan for immediate need or to communicate with family and friends. The existing research indicates the impact of this trauma can be reduced when first responders and support responders work together to offer Psychological First Aid during and immediately after the incident. For Exercise Target Red, researchers developed training and resources to support responders in these efforts. In doing so, the researchers and Expert Advisory Group members (convened for the purpose of bringing expertise and oversight for the exercise) became aware of the benefits for those involved in a Mass-Casualty Incident (MCI) to connect at a later time in order to receive additional information, emotional support, and/or to express gratitude and thanks.

Currently in British Columbia, while there are excellent examples of ad hoc and informal initiatives to enable casualties, bystanders, and responders to connect post-event, there are no formalized or established mechanisms. The SIMTEC Project Team, based on research and interviews with numerous individuals and organizations, concluded this is a serious gap in service that warrants the development of formal policy and supporting processes. Importantly, there is a willingness within government agencies, responder networks, and community non-governmental organizations to collaborate and to generate and action opportunities to fill this gap.

The SIMTEC team, along with members of our Expert Advisory Group, conducted preliminary research on how strategies might be operationalized to provide these services using a two-pronged approach—an administrator to generate awareness and manage the database and a coordinator/broker to facilitate any requests to connect post-event.

To move this initiative forward, the SIMTEC research team hosted a multi-agency/multi-disciplinary session to explore and strategize how to build the business case for a mechanism to connect casualties, bystanders, and responders post-event. The agenda was designed to garner maximum input using a strength-based SOAR Analysis framework. This framework uses an appreciative inquiry approach to guide meaningful, solution-focused conversations aimed at identifying and leveraging strengths and opportunities. Specifically, the goals of the workshop was to explore the benefits and logistics of connecting post-event; thus enabling casualties to receive group support for themselves or for casualties and responders to connect to share gratitude and assist in their healing journey to manage the psychosocial impacts of MCIs.

Hosting this SOAR Analysis session supported a key SIMTEC Project research objective—fostering collaboration amongst agencies to identify and integrate evidence-informed practices that address the psychosocial aspects of being involved in, or responding to, traumatic and/or critical incidents—so that collectively, we benefit from the knowledge and expertise of experienced practitioners, decision-makers, and researchers.

The Panel: Setting the Context for this Post-Event Recovery Initiative

Following the introduction, a panel was convened.

Wendy van Tongeren, retired Crown Counsel, provided an overview of the issues relevant to connecting post-event from a contextual and systemic perspective as she built the case that casualties, bystanders, and responders benefit from psychosocial support during and after a traumatic event. Importantly, she asserted that providing this psychosocial support in incidents that may involve criminality and/or fault should not affect the proper administration of justice—both the police investigation and any criminal justice proceedings. Wendy challenged us to consider the level of involvement and the attributes of the impacted persons as workshop participants assisted to design a comprehensive responsive process to support and/or connect casualties, bystanders, and responders post-event.

Wendy then moderated the morning panel of Carolyn Cross, Dave Gustafson, and Dr. Hughes Hervé. These panelists delivered short presentations to set the context for connecting post-event and responded to participant questions.

Carolyn Cross exuded courage and resilience as she brought life to the importance of connecting post-event by sharing her experience surviving a plane crash. Carolyn spoke of the “purgatory of post-traumatic stress” including the tendency to keep emotions inside and “just move forward.” She suggested that while we all respond differently to traumatic events, often questioning the “why me,” it is important to receive emotional support. This is especially true for civilian responders who are often unaware of the impacts of the event on themselves, or of the support needed to recover. This support could include a range of services along a continuum - from receiving individual counselling through to receiving peer /group support from those experiencing similar suffering or emotional pain. Carolyn said her experience, convinces her that it is critical to bring survivors together as soon as possible after the event; that there is healing in supporting and encouraging peers and in offering thanks and gratitude to those who risked their lives to save a stranger(s). She noted that due to privacy restrictions, this often becomes difficult as personal information is not readily released by police, hospital, or other agencies.

Dave Gustafson graciously shared his extensive experience working with traumatized individuals and communities by highlighting several transferable learnings from the restorative justice movement. He focused on the human connection; on relationships and values as individuals determine who has been hurt, what are their needs, whose obligation it is to meet those needs, and what can agencies and services, collectively, need to do to make things “right” and to assist with the healing. Restorative principles include: to

invite full participation and consensus; to work towards healing; to seek direct accountability between people; to reintegrate; and to strengthen the individual and community to prevent further harm. He noted that because the traumatic event has disrupted one's sense of safety (physical, emotional, psychological, and spiritual), autonomy, and connectedness, it becomes important to encourage, support, and empower individuals through their own healing journey so they are able to reclaim balance. In this way, persons acknowledge, addresses, and position any impacts within the context of their life, thus, enabling the re-establishment of social connections and personal efficacy.

Dr. Hugues Hervé delivered a thoughtful presentation on the impact of and recovery from a significant incident. He noted that persons experiencing a significant incident range from experiencing no apparent impact to severe impact, depending on their individual risk and resiliency factors; and how individual life circumstances (biological, psychological, and social) influence how they make sense of what has happened, how they respond, and how they recover. Dr. Hervé detailed how one's precipitating, predisposing, perpetuating, and protective factors affect impact and he suggested understanding the interplay between these factors within the context of the individual's life is critical for healing. He noted, because this leads to different pathways, the importance of grounding the response in a culture of healing that removes stigma, promotes resilience and connectedness, and offers focused services that are comprehensive, timely, and appropriate to the person within their current environment. He recommended the *StepWise* approach to recovery which can be tailored to each individual life situation and includes attending to basic needs, offering psychosocial support (Psychological First Aid, crisis counselling, and psychotherapy), connecting post-incident (knowledge- sharing and giving thanks), and rebuilding (both from the individual and community levels).

Facilitated Group Discussions: Capitalizing on our Collective Expertise

The remainder of the day was spent in facilitated discussions, working through scenarios aimed at generating awareness and gathering the information necessary to build a business case for a MCI Post-Event Recovery Initiative. Initially, small groups worked through one of four scenarios: (1) a gang-targeted shooting at a busy, multi-purpose community centre; (2) a motor vehicle accident involving a tour bus and a school bus; (3) a bank robbery with hostages; and (4) river flooding and a landslide in a residential area. Working through the SOAR Analysis, the large group then worked through a scenario to illustrate how numerous agencies can, and do, have mandates to assist the casualties move along a healing journey starting with the event and leading to recovery.

Small Group Activity #1: Who Might be Impacted by a Traumatic Event

Working in multi-disciplinary groups, the tasks were to: (1) identify those who might be impacted by the event; (2) determine what supports they might require for a supportive and comprehensive response; and (3) suggest who could provide these supports.

Summary of Responses:

Those who might be impacted by the event include:

Intensity of Impact	Directly Impacted	casualties, hostages, witnesses, staff and volunteers on duty, bus drivers and passengers, gang members on scene, bank robber, civilian rescuers, and responders on scene (police, fire, ambulance, victim services)
	↑	evacuees, separated family members, family members of the injured and deceased, neighbours, stranded motorists, and other additionally involved responders (911 operators, DPS and ESS volunteers)
	↑	hospital staff, ESS, reporters/media on scene, people on social media, school and counselling staff, CISM team members, and the family members of responders
	Indirectly Impacted	people living nearby, government staff (municipal, regional/headquarters, provincial, federal), business communities, other students or customers, and emergency planners
	↑	Community-at-large, people learning about the event, those affected by social media, and politicians

The kinds of supports these persons require include: Psychological First Aid at the scene, victim services, disaster psychosocial services, Red Cross services, medical and hospital services, ongoing medical treatments and therapies, counselling, access to First Nations healers, language translation and consular services, legal advice, updated information on case/information clarity on case,

information on available services, food, shelter, transportation, communication, and pet care needs. Additionally, responders might need to be reminded to practice self-care, to access CISM and EAP services, and to communicate with family.

These supports could be provided by: first responders (police, fire, ambulance), support responders (victim services, disaster psychosocial services, emergency social services), healthcare staff (hospital staff, family physicians, mental health providers, community health providers), Coroner services, CISM teams, community agencies (e.g., Red Cross, Salvation Army, SPCA), financial aid providers, lawyers, insurance brokers, family and friends, and members of the community.

Small Group Activity #2: Our Vision and Values for the Post-Recovery Initiative

Working in multi-disciplinary groups, the three tasks were to: (1) determine the vision for the initiative; (2) list the values to be embedded; and (3) identify the desired outcomes.

Summary of Responses:

The most offered values for the vision statement included: caring, compassion, collaboration, empathy, support, integrity, commitment, expertise, confidence, accountability, professionalism, competence, honesty, respect, teamwork, timeliness, flexible, innovation, and relatedness.

The most stated concepts for the vision statement: accessible, leadership, support (individual and organizational), clarity, hearing smaller voices, emotional stability, community engagement, guidelines/best practices, awareness raising, relatedness, access to information, making sense of chaos, healing, and embedding complexity.

The most offered desired outcomes include: positive cultural change, more productive working relationships, enhanced trust, effective communication, mindfulness, greater awareness and understanding of emotional need, effective safety net, and the opportunity to heal.

These responses were reviewed by all of the participants and the following statement was agreed to by all of the participants:

Post-Recovery Initiative Vision Statement: A professional community of practice for the coordination of psychosocial support and services for everyone affected/impacted by a traumatic event in a respectful and empathetic manner that

promotes healing and recovery to lessen the impact and provide for the process of transformation and self-actualization.

Small Group Activity #3: Inquiry into STRENGTHS and Imagine the OPPORTUNITIES

Now working in self-disciplinary/organizational groups, the four tasks were to discuss: (1) what we individually and collectively are doing well or we are most proud of; (2) what expertise and resources we can contribute to the initiative; (3) what changes in expectations from casualties, citizens, and responders we might expect, and (4) how we can reframe perceived challenges into opportunities.

Summary of Responses:

The existing strengths most often listed included:

- the value of existing relationships,
- professionalism and availability of responders (first responders, support responders, SAR, and emergency management),
- leadership from EMBC and JIBC,
- the breaking down of silos,
- training and training options available online,
- trained CISM teams,
- BCERMS framework,
- EOC development,
- good scene management,
- accessible, inter-connected medical services,
- collaborative partnerships,
- mutual aid agreements,
- high-level of care provided by highly-trained, committed staff & volunteers,
- safe work procedures,
- organizational policies and procedures,
- recruitment and screening,
- outreach and group services,
- funding and resources available,
- community support and engagement, and
- improved/improving communication.

Numerous opportunities were mentioned; those most often mentioned included:

- training and cross-training,
- expanding collaborative partnerships across systems and including NGOs,
- establishing communities of practice,
- promoting national standards of care,
- designing a transparent response model,
- securing funding for operations and resources,
- acknowledging that events can affect responders and their families,
- providing more awareness and education about mental health, and

- modelling and sharing expertise and resources
- identifying barriers and remove them,
- removing stigma surrounding mental health amongst responders.

It was concluded that it was imperative to develop a resource plan and advocate for additional training and education for mental health professionals to gain trauma expertise, and to communicate the benefits to the management/leadership of those organizations. This is a critical step so that those providing mental health services are seen as providing important services; services as important as the provision of any other safety equipment so that management personnel can allocate a portion of their operating budget to the provision of mental health services.

Small Group Activity #4: Innovate to Meet ASPIRATION and Inspire to Achieve RESULTS

Working in self-discipline/organizational groups, the six tasks were to: (1) identify what we are passionate about and committed to; (2) what difference we hope to make; (3) identify the benefits we hope for casualties, citizens, and responders as a result of offering a supportive and comprehensive response; (4) identify what policies and processes need to be in place to realize these benefits; (5) determine what resources are required; and (6) provide meaningful measures to indicate when the provision of a supportive and comprehensive response has been achieved.

Summary of Responses:

The most significant aspirations included:

- the need for a culture of healing,
- a desire to support all those involved in a traumatic event (have their physical, emotional, and spiritual needs met, be reunited with family and peers, and when necessary, deal with death),
- the availability of recovery services and the establishment of a sense
- reduced stigma, reduced trauma, healing and a smooth transition back to “normal” for the directly impacted casualties, bystanders, and responders,
- a centralized registration system with sufficient privacy protections,
- promotion of preparation planning for individuals and organizations,
- a model for support that embraces respect and promotes accessible, relevant, and comprehensive services that span the continuum from crisis intervention through to intensive counselling, and
- the importance of making a difference, and raising awareness of mental health issues to reduce any potential impact of post-

- safety,
- ongoing public awareness and education,

- outreach services to diverse communities,

traumatic injuries on casualties, bystanders, responders, and society.

The most significant potential results included:

<ul style="list-style-type: none"> • continuing dialogues, • a transparent service-delivery model, • a central governing body with a clear message, • standardized forms (assessment, consent, etc.), statistics, and a website with updated materials, • 	<ul style="list-style-type: none"> • the introduction of meaningful measures (when initiated across systems in their planning, response, and recovery documents everyone will gain new information and will respond more effectively) • mandatory protocols that include defusing and follow-up resulting in leadership, awareness, acceptance, policy change, budget allocation, compliance and partnerships, 	<ul style="list-style-type: none"> • cross-training to enable an understanding and common language to build improved government oversight and accountability, and • continuing the SIMTEC research with those impacted by traumatic events as it will increase awareness and build capacity to respond by sharing the lessons learned, and strategies for improvements, for systemic change, and for adequate mental health supports.
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Large Group Discussion: Building Strategic Capacity and Moving into Action

Wendy Van Tongeren presented her analyses on the principles, legalities, and competencies for multi-agency support to a casualty, bystander, or responder following a traumatic event. She noted the importance of balancing open and frequent communication with the necessity to comply with privacy legislation, required intentionality and proper documentation, including consents and waivers.

To illustrate how a casualties both want and needs information about the process, and how numerous agencies can, and do, have mandates to assist the casualties through the process, the following scenario was presented for the group to work through.

Script for Facilitator: *It is 1845h on Wednesday, December 19th. A shooting just occurred in the main restaurant of a busy downtown luxury hotel. The hotel is full with guests, holiday celebrators, visitors to the charity tree display, and staff. We estimate there are: 458 registered guests, including 14 members of a junior high school girls volleyball team, 48 members of a seniors tour group from Denmark, and 38 members of a wedding party; 23 adults and 5 staff in the lounge; 7 patrons of various ages and 2 staff in the coffee bar; and 78 guests and members of the public of various ages and 4 staff in the reception/lobby.*

The shooting caused total chaos—people in the hotel and surrounding streets hit the ground or attempted to flee. The hotel building is now wrapped in police tape; there is broken glass in the hotel and on the street. Numerous emergency responders are active on the scene—for example police are busy securing the crime scene, taking witness statements, and collecting CCTV tapes. The media, guests, and public are arriving at the hotel.

Script for Casualty: There were 49 adult dinners and 14 staff in the restaurant. I am a casual employee. I was clearing the table next to where the man was shot dead. His table was in front of the large window and so there was blood and broken glass everywhere. I was hit by the glass from the window, froze, and was saved by a young man who pushed me to the floor and under the table. On the night of the shooting there were many people who wanted to speak with me. I need help to remember all of them. Can you help me?

Group Response: BC Ambulance Service, police, Victim Services, medical professionals, on-site clinician, hotel management and co-workers, family and friends, and the media.

Script for Casualty: It is two weeks later; I am still having trouble returning to work. For me work is now “the scene of the crime.” I

am so frightened that the shooter will come after me that I keep looking over my shoulder for him as I don't think he was arrested yet. I am having flashbacks to the shooting; I hear the noise and see the blood. My parents are on my case—they tell me I am a mess and I need to get my life together for my daughter's sake. I am the single parent of a six year old. I need help, who can help me?

Group Response: counsellor/counselling organization, VictimLINK/crisis line, WorkSafe BC, employer/union, Victim Services, Chaplin/faith-based persons, Salvation Army, family doctor, and Emergency Social/Support Services.

Script for Casualty: It is two months later; I am feeling better and able to return to work. I still have lots of appointments to attend because of the shooting but I received great help from a trauma counsellor. My employer arranged both individual and group counselling sessions for the restaurant staff and we are a much closer and supportive group. I am told it might help me to move on if I met with others who were in the restaurant. I'd really like the opportunity to thank the young man who saved me. I don't know his name so I need to know how to make this happen?

Group Response: media and social media, Victim Services could contact the police officer for contact information and could make the call between the victim and the rescuer, she could be offered the opportunity to write an anonymous thank-you letter. There is need to assess the victim before reunification to address the "trigger" effect of emotions that may surface.

There are numerous privacy and liability issues to take into account—who has the capacity and authority to take on the responsibilities that come with reunification? Is this something that DPS would consider taking on? What training would be provided? If there was an independent consent form—who would collect and store the information? There was agreement that the process needs to be simplified to enable easy access yet comprehensive enough to adhere to privacy legislation,

Script for Casualty: Nine months later, I read in the paper that the shooter was arrested and charges were laid. I am worried as I will most likely be called as a witness. I have never been to court and don't know how things work. Since I read about the arrest I have started to relive the shooting again.....I am back to looking over my shoulder and to hearing gunshots and seeing blood. I jump when there is a large bang of any kind. What should I do? What supports are available to me?

Group Response: Crown Counsel will provide updated information on the court proceedings, Victim Services can help with court orientation, individual counselling and peer support can help with the flashbacks.

Closing/Next Steps

Laurie Pearce thanked everyone for their active participation, their willingness to share expertise, and their commitment to supporting those impacted by a traumatic event. Based on the information gathered at the workshop, our next steps include meeting with the Expert Advisory Group to strategize on building a business case for this initiative, including exploring funding sources.

We look forward to future opportunities to connect. The SIMTEC Project team are always available to discuss aspects of this initiative and to support others in similar efforts within your organizations.

In closing, we are pleased to offer this summary of the significant learnings from this SOAR Analysis Session of the Exercise Target Red Post-Event Recovery Initiative with this depiction by a graphic artist, Lisa .

FOSTERING CONNECTIONS POST MASS CASUALTY EVENTS

A Healing Journey Through Reunification and Support

OUR VALUES

- * COMPASSION/ CARING
- * RESPECT
- * EMPATHY/ HONESTY/ OPENNESS
- * ORGANIZATIONAL/ SYSTEMIC SUPPORT
- * EFFECTIVE and INNOVATIVE LEADERSHIP
- * COLLABORATION/ CONNECTEDNESS/ TEAMWORK

OUR VISION

- TO CREATE a PROFESSIONAL COMMUNITY OF PRACTICE for the COORDINATION of PSYCHOSOCIAL SUPPORT SERVICES for EVERYONE AFFECTED by a TRAUMATIC EVENT
- TO PROVIDE RESPECTFUL & EMPATHIC SUPPORT to PROMOTE HEALING and RECOVERY to LESSEN the IMPACT, and PROVIDE for the PROCESS of TRANSFORMATION/ SELF-ACTUALIZATION

MOVING FORWARD WE NEED:

- A MULTI-FACETED APPROACH WITH COMMITMENT ACROSS AGENCIES & DISCIPLINES
- TO IDENTIFY WHAT DOCUMENTATION WILL MAKE THIS POSSIBLE
- TO IDENTIFY WHO WILL!
- A STRUCTURAL SHIFT THAT PRIORITIZES HEALING for VICTIMS



Members of the Expert Advisory Group:

Heather Hildred, Darlene Kent, Doreen Myers, Heleen Sandvik, Carolyn Sinclair, and Wendy van Tongeren

Members of the SIMTEC Project Team:

Laurie Pearce, Karen Beketa, Christa Brown, Laurie Hearty, Michelle Marteleira, Marit Heideman, and Ciara Moran

Presentation materials by Laurie Pearce, Wendy van Tongeren, Dave Gustafson, and Dr. Hugues Hervé can be located in the SIMTEC Toolbox (<http://simtec.jibc.ca>)

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