

Center for the Study of Traumatic Stress

The Center for the Study of Traumatic Stress (CSTS) is part of the Uniformed Services University's Department of Psychiatry

Psychosocial Concerns after Las Vegas Shootings Tips for Health Care Providers

Health care providers assume many roles in the midst of disasters: caregiver, leader, comforter, and information source. The Las Vegas mass shootings resulted in mass death and injury on an extraordinary scale. Although the shooting event is over, its aftermath will be felt throughout the country for considerable time to come.

As health care providers mobilize to help, they should

be mindful of the common reactions experienced by the population they will assist. Interviewing with sensitivity is essential, and is the first step in assessing specific needs. This fact sheet provides information for health care providers after mass shootings and pays special attention to some of the issues for individuals providing support in the aftermath of the Las Vegas shooting event.

Individuals exposed to mass shootings often experience a range of behavioral and psychological reactions, including distress reactions, health risk behaviors, and psychiatric disorders. Distress reactions include insomnia, irritability and scapegoating. Sense of safety is diminished and perception of threat is increased. Health risk behaviors include increased use of alcohol and tobacco to manage distressing feelings, as well as restriction of activities, social isolation, as well as over-dedication leading to lack of self care. A smaller percentage of exposed individuals will experience psychiatric disorders.

Many healthcare providers will encounter patients who have been effected by the mass shootings in Las Vegas and have an opportunity to provide interventions that reduce distress reactions and enhance health-promoting behaviors.

Psychological first aid, an evidenced-informed approach for helping populations cope in the aftermath of a disaster, aims to reduce the emotional and physical responses in the immediate aftermath of a disaster.

Principles include:

- Promotion of safety (help people meet the basic needs for shelter and food, provide a 'recovery environment' to include limited exposure to news and other media related to the disaster, encourage people who feel unsafe to travel with others in pairs or groups)
- Promote calm (offer accurate information about the disaster and the efforts underway to help the situation)

- Promote connectedness (help to reunite families and friends, establish a sense of normalcy for children by reinforcing parent-child bond, reuniting children with playmates, and re-establishing, if possible, school and other safe environments)
- Promote self-efficacy (give practical suggestions and referrals that move people to help themselves)
- Promote hope (direct people to services that are available, remind people (if you know) that more assistance will be arriving).

Many of those who have experienced the shootings, either directly or through a friend or loved one, will experience grief over the events as well the loss of safety. It is helpful to listen as people share their grief. Remind people that experiences such as difficulty sleeping, disbelief, nightmares, sadness, and anxiety are common. In most individuals, these symptoms remit over time and require no formal treatment. A small subset will continue to have difficulties and may present with depression, increased arguments with significant others, difficulties at work, unexplained medical symptoms, and increased use of cigarettes and alcohol. This may indicate a need for more formalized assessment and intervention.

Providers must be aware of the impact of the disaster on themselves and their professional colleagues. High demands and the desire to "do more" put providers at risk for burnout and reduced effectiveness. Providers sustain effectiveness by also being mindful and attentive to their own needs.



