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Forward

DONNA CULBERT MPH PE RS | Director of Health, Newtown, CT



HOW COULD THIS HAPPEN IN MY BEAUTIFUL TOWN? As the relentless deluge of well-intended helpers and media descended upon the town, it was hard to see through the haze and think past the “why”, and get to the “what do we do now, how do we survive, recover and thrive?”

As the Director of Health, there are many facets of the community that I had come to know and understand as the fabric of the town. I thought about all the education and training, all the relationships developed, and along the way, so much sharing, the deep, strong, trusting and protective bonds of family, friends, neighbors, advisors, mentors, community – all of the stuff that makes life so rich and the heart so full.

It’s the existence of these assets and how they are intricately woven into our collective community that makes the pain so searing. And it’s exactly those assets, if we can only know how to best leverage them during this most difficult time, which will bring and keep us together and help us heal our hearts and help us thrive and grow. I knew we needed help – and I knew Ana Paula Machado, the school district’s medical director and Dr. Draper, the Health District’s medical advisor, would have much needed insight.

ANA PAULA MACHADO MD | Medical Director, Newtown Public School System



MY THOUGHTS ON MY DRIVE HOME THAT FATEFUL DAY WERE “How are the adults possibly going to help the children in this community?” As medical director of the Newtown Public School System, I was very concerned about the fall out for the children after the events of 12/14. I needed guidance as a pediatrician and I knew the school nurses would need guidance as well. Who would help *us* (the adults) get through this so we could help the children in town? I didn’t want to add any additional trauma to the situation by having the “helpers” be ill-prepared.

On that drive home that day, I called Jill Barron, a colleague who I collaborated with prior to 12/14. She and I had collaborated around complex situations in the past (not like this). With her expertise in child psychiatry, trauma and in developing strategies for helping individuals, first responders and communities after traumatic events, I thought she would bring a quality perspective to our situation. Donna Culbert and I informally obtained support and guidance from Jill for the first three long and difficult months after the tragedy. Donna Culbert and I asked town leadership to consider a long-term plan for the future well-being of our town. Jill was subsequently hired to conduct a Needs Assessment of the town to inform that plan.

I’ve lived in Newtown for 21 years, raised my children here, and consider Newtown to be one of the most idyllic places to live. I am certain Newtown has the fortitude to support each other as we reach “a new normal”. I am grateful to Jill for this contribution to our town’s recovery. I am grateful that during a moment as dark as December 14th I was able to reach out to someone I knew, could trust, and would bring a measure of light and comfort to myself and to others.

JILL L BARRON MD | Newtown Mental Health and Trauma Advisor



I HAD JUST ARRIVED HOME THAT DAY when Ana Paula Machado called me to ask if I would provide support and guidance to her in her role as a local pediatrician, as medical director of the school system, and as a resident of Newtown. What ensued in the hours, days, weeks and months following that phone call on 12/14 is impossible to capture in words.

Community, the strength of the relationships formed within the community, and the power of those personal relationships to create and effect change has been the narrative of Newtown that has most deeply resonated with me. It has formed the basis upon which this assessment was conducted. It has been an honor and a privilege to have been invited into the community of Newtown and to have been valued and supported by the Newtown Community.

PAT LLODRA | First Selectman, Town of Newtown, CT

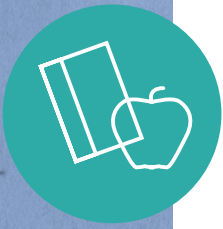


Newtown is a place of families and neighbors, as we are now and have always been. Families lie at the very core of our identity. Not just families with young kids, but families with persons of all ages, interests, resources, and lifestyles. Our quest for excellence in education, for safe streets, for leisure and recreational opportunities for all ages, and for open spaces that please the eye and soothe the soul create a place where people can live in comfort and thrive.

We are also a community with significant strength, character and capacity to prevail in the face of horrendous circumstances. Nothing, in our long 300 year history has hurt us more than the shooting at Sandy Hook Elementary School. That act of violence damaged us in ways that are almost indescribable. We recognized early on the need for a mental health consultant with expertise in trauma was of paramount importance to us and were confident Dr. Barron would serve us well in that regard as she conducted the community needs assessment.

We are working hard to bandage the wounds and move toward some future goodness from the horror of that day. I think often that we are different because of that violence...how our focus on kindness and compassion has strengthened us.

The final chapters of this story have not been written and we can only speculate on what is to come. But, what I see is a bright and positive future for Newtown. I am confident for our people and confident in their kindness. I see their strength commitment, and their goodness. I am inspired everyday by the progress that I see in Newtown and I am confident in our path forward to recovery.



Conceptual Lens of Report

TRANSFORMATIONAL CHANGE AFTER TRAGEDY

Educating, Strengthening and Empowering the Support Structures Within a Community



ON DECEMBER 14, 2012 twenty children aged 6 and 7: and six women who educated, cared for and protected them were violently killed at the Sandy Hook Elementary School in Newtown, CT by a member of the Newtown Community.

Within minutes that morning, society questioned its collective ability to protect its most valuable and vulnerable assets (children) and one of the most important mechanisms used to nourish their social, emotional, and academic growth (educational systems and educators).



This feeling reverberated across the community of Newtown and in Communities across the United States and around the World. The depth of these reverberations have made it painfully obvious for some and simultaneously difficult for others to reflect upon the impact that violent tragedy has on the individual, the community and society as well as the need for meaningful sustainable change to support the individual, community and society.

Since the tragedy in Newtown, our world has experienced countless other tragedies. These tragedies have made it difficult to ignore the need for *different* mechanisms of support within our communities –both to respond to tragedy when they do occur, and to diminish the likelihood that they will occur as frequently, if at all.



This report and my recommendations are predicated on two simple conceptual ideas that I put forth here:

- As a society, we **MUST** recognize, value and conceptualize the integration of an individual's overall **WELLNESS** to include their physical, psychological, social, emotional, and spiritual well being
- As a society, if we truly value children, we **MUST** adequately provide meaningful support to the systems that nurture, guide, care for and protect them through the process of education, strengthening, and empowerment

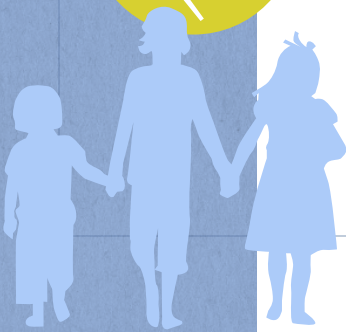


Without buy-in and support of these conceptual ideas at the individual, community, leadership, legislative levels, true transformational change will not occur and valuable opportunities missed. A cultural and paradigmatic shift occurs when the reverberations of tragedy become difficult to ignore.



This report outlines practical ways in which the Town of Newtown can integrate wellness, strengthen and empower the support structures within its own community, and sustain itself in the wake of the impact created by the tragedy that occurred on December 14, 2012. It is predicated on the idea that through education, strengthening, and empowering the support structures in a community, a community is better able to mitigate the long-term consequences of an unprecedented tragedy such as this. The concepts are simple and they are shared from the philosophical perspective that children do well if the adults and the support structures that surround them do well.

This report is dedicated to those whose lives were taken, to all of those whose lives have been impacted by this tragedy, to the hope that meaningful change can be implemented so that its impact can be stemmed, and to the belief that through strengthening support systems in a meaningful way we can stem the tide of further tragedy.



Background

A. NEWTOWN

Newtown is often described as a “quintessentially idyllic New England Town” attracting vacationers, visitors from surrounding towns, and those wishing to relocate from more densely populated surrounding areas. It is located approximately 60 miles north of New York City. It was founded in 1705 and incorporated in 1711. It’s landscape is beautiful and lush, marked by rolling hills, steeples, and has a central Main Street with an iconic flagpole. It is the 5th largest town in Connecticut, covering 60 square miles. It’s population is approximately 28,000. Unlike most states, with the exception of Rhode Island and parts of Massachusetts, Connecticut is governed by town (not county government). Newtown has an elected Board of Selectman with the First Selectman acting as the Chief Executive Officer.

B. TRAGEDY

a. Events

On the morning of December 14, 2012 a 20 year-old Sandy Hook Resident entered Sandy Hook Elementary School after killing his mother in their home and shooting his way through the locked glass front doors. He killed the school principal, the school psychologist and injured another educational professional, all who valiantly tried to stop him before he could harm others. He then proceeded to mercilessly kill 20 children in two first-grade classrooms along with two teachers, and two teachers aides as they tried to protect their students. He killed himself as responders arrived on the scene.

b. Response

In the immediate aftermath, local, state, and federal agencies assisted in the response along multiple axes. Law enforcement, mental health, health, non-profit, corporate, private, academic, and individual support subsequently poured in from across the state, the country and around the world. Groups formed locally in Newtown, and coalesced around common goals and visions. Families, community members have organically engaged in activities that have felt most natural to them.



Community Needs Assessment

In the wake of a tragedy such as this, every member of the community is impacted. Careful assessment of resources, capacity to meet the needs of community members where they are at in a given moment and creating an infrastructure to support those needs is critical. A community needs assessment is a starting point to do just that.

I met with members of all known constituent groups in the Newtown Community that were impacted by the tragedy and simultaneously providing support to the youth in the community: Families; First Responders; Health/Mental Health Care Professionals; Educational Professionals; Clergy; Arts/Recreation/Non-Profits

A. BACKGROUND

i. I was formally hired by the town of Newtown in March 2013 to conduct a preliminary assessment of the Newtown community in the aftermath of the tragedy. Having been present since December 14th provided a unique vantage point of the evolution of the response from the beginning of the tragedy across all sectors of the community and was additionally valuable in informing this assessment.

ii. This community needs assessment is unique in that it was conducted by myself, facilitated by introductions made by the Newtown Health Director and further facilitated by individuals I met while conducting the assessment itself.

iii. By definition, a community needs assessment identifies the strengths in a community that are needed to support children, youth and families in a community

B. METHODS

i. I conducted the Community Needs Assessment utilizing my knowledge and expertise in:

1. Trauma
2. Public Health
3. Communities
4. Educational Systems
5. First Responder Groups
6. Primary Care Delivery Systems
7. Public and Private Mental Health Care Service Delivery
8. Child, Adolescent and Adult Mental Health

ii. While keeping in mind:

1. The unique nature of this tragedy
2. The ages of the children who were killed
3. The ages of the women who were killed and their professions
4. The location that it took place

iii. Understanding the landscape of Newtown:

1. Politically
2. Socially
3. Economically

iv. With the primary groups identified, I had one on one meetings with leadership, met with individual group members, conducted focus groups, attended group meetings, held meetings in the community

1. Families

- a. Families of Victims
- b. Families in the broader Newtown community

2. First Responder (leadership and members)

- a. EMS
- b. Fire
- c. Dispatch
- d. Police

3. Health and Mental Health

- a. Private and public agencies
- b. Hospital and Non-Hospital based Practitioners
- c. Pediatricians/Primary Care Physicians
- d. Leadership in Health and Mental Health
- e. Mental Health Agencies/ Providers within
- f. +/- outside of Newtown providing specialized services to specific populations (first responders, children)

4. Education

- a. Board
- b. Leadership
- c. Educators

5. Clergy

- a. Interfaith Group
- b. Individual Clergy

6. Arts/Recreation/ Non Mental Health Related Service Providers/ Non-Profit Groups

Executive Summary

WHAT MUST OCCUR TO ENSURE MEANINGFUL, SUSTAINABLE, SUPPORT FOR THE NEWTOWN COMMUNITY IN THE WAKE OF THE TRAGEDY

A. WELLNESS: Shifting our conceptualization of 'health'

Taking a holistic approach to an individual's well-being requires conceptualizing that each of us is the product of a complex interplay of physical, psychological, social, emotional, and spiritual factors.

When we fail to recognize that each of these factors are intimately interconnected, we remain unaware of the impact that any one component may have on the overall balance of the individual's well being.

Failing to recognize for example that an increase in headaches or elevations in blood pressure may be related to increased emotional stress in the wake of a traumatic event may result in a missed opportunity to address strategies to minimize stress.

Not knowing that it is normal to experience mild memory impairment "where did I leave my keys, did I forget to tell you to pick up the kids" with increased stress in the wake of traumatic events can lead one to incorrectly think there is something "wrong" with them.

B. EDUCATING, STRENGTHENING, EMPOWERING SUPPORT STRUCTURES IN THE COMMUNITY: Creating a Paradigm Shift

a. *Educating:* Keeping in mind the conceptualization of

wellness for a moment, it can be utilized as an incredibly powerful educational tool and platform to educate individual members of a community, as well as group leadership and members of the six groups I have identified. This educational platform can be utilized to aid the supporters in the community to better understand how trauma impacts themselves, their families, and their members and what appropriate expected normal responses may be.

b. *Strengthening:* Educating group members and leaders, can provide group members and leaders a platform for strengthening the support structures in the community. Imagine if you will, a leader in a first responder group is now aware of the complex interplay between one's physical health-emotional health-spiritual health after attending an educational session on what to look for in their members in the wake of a traumatic event. That leader notices that one member has been isolating from her friends, has stopped engaging in volunteer work related social activities she once enjoyed, and the leader no longer sees her at church on Sundays. The first responder leader has identified someone who may be struggling due to the tragedy. What does the leader do next?

c. *Empowering:* The First Responder Leader has identified a member who is struggling, but are they empowered to take the next step, if so, do they know what to do. Is the culture in their organization such that they are able to have an open conversation about wellness with the member? Do they have mechanisms



of support in place to adequately support leaders and group members? Educating and Strengthening support structures can provide some degree of empowerment, however, are there adequate financial, policy programmatic and legislative measures in place to ensure that the needs of group members and leaders are met in a meaningful way?” “In other words is there funding to support the first responder who is struggling, is there a culturally appropriate program that exists for this first responder, are there policies that support her overall wellness (not just her physical health), and legislative buy-in to ensure viability of that support?

C. Leadership and Culture

- a. A leaders ability to either quickly shift their own preconceived ideas or quickly understand basic concepts of trauma and how they may relate to their constituents in the wake of large scale tragedy is the single most important element involved in the implementation of these critically important steps. For example, if a leader does not believe that physical and emotional well being are intimately connected, this will lead them to make important decisions on programming and utilization of existing resources that separates rather than integrates these components. If a leader believes that tragedy may impact some of their constituents but does not believe that “every” constituent is impacted in some way, this may lead them to endorse narrow, targeted interventions as opposed to broad interventions.
- b. The culture created by a leader (of a group, an organization, a community) sets the tone and is the ‘rate-limiting step’ to its’ members having their needs met. If the culture created by a leader is one that is narrowly defined and unwilling to consider ‘different’ mechanisms of support, for it’s member, members will not uniformly have their needs met. If the culture set by a leader of a non-profit organization, for example, is one where members who work there feel that they can bring innovative ideas that are valued, feel that they can effect change, feel their voice is heard, these members feel valued and important. Organizational, and group culture is driven by leadership style. Willingness of a leader to accept support and guidance from others will create an environment where members feel safe to accept support and guidance.

In the wake of tragedy, a leaders ability to recognize that everyone is impacted and needs support, even themselves, is a critical component of setting the tone and modeling behavior for constituent members.

D. Infrastructure

- a. Creating the infrastructure that houses vectors to deliver ‘conceptual, cultural, and paradigmatic shifts’ in the wake of a tragedy is incredibly complex and requires a sophisticated design that involves:
 - i. Physical space
 - ii. Financing
 - iii. Administrative Oversight
 - iv. Advisory team with informed leaders from each of the 6 member groups
 - v. High level trauma specialist fluent in needs of educators, first responders, health care professionals
 - vi. High level referral specialist fluent in the different modalities of mental health and trauma informed mental health treatment and who understands the challenges of the mental health service delivery system
 - vii. Organizational Consultant
 - viii. Should be divorced from town, preexisting organizations as the primary driver of the infrastructure

Guiding Principles

- In the wake of a tragedy such as this, each and every member of a community is impacted
- How impacted an individual or group is, is not always directly related to proximity to the tragedy
- Degree of impact sometimes relates to an individuals vulnerabilities prior to a traumatic event
- The relative strengths and weaknesses of an individual, group, community prior to a tragedy play an important role in how impacted they might be by a traumatic event
- The strengths and weaknesses of an individual, group, community play an important role in recovery
- The ability of an individual group or community to move forward depends on the ability of leadership to recognize and tend to the needs of the group or community
- Clear and concise communication is critical in the wake of tragedy, information needs to be repeated multiple times, in various mediums to reach the greatest numbers of community members. Trauma impacts one's ability to recall information.
- Every community member will be in a different place at a different time with regards to how they process their understanding and response to the event.
- Guilt is a common theme after a traumatic event.
- Not isolating oneself is critically important and remaining connected to family, friends, and community members is key
- Being armed with basic knowledge about how one might respond both physiologically and psychologically after a traumatic event irrespective of the phase after the traumatic event can be grounding for individuals and family members
- Basic knowledge and education can be empowering and enable individuals, groups, and a community as a collective to feel less "stuck" after a traumatic event.
- Demystifying what is normal, what is not normal for oneself, ones children, ones patients, ones group members can be tremendously empowering and offer one a more appropriate lens through which to understand feelings and behavior as opposed to pathologizing oneself and others
- Understanding and knowing that not every member of a community will need mental health services after a traumatic event, but what conditions should precipitate concern is critically important



Findings and Recommendations

GENERAL

In order to adequately support the community of Newtown in the wake of the tragedy that occurred on December 14, 2012 we must adequately brace the support structures in the community that support the children in the community: Families, First Responders, Health Care Providers, Educators, Clergy, Arts and Recreation

Children do well if the adults around them do well. This is a simple concept that those who work primarily with children know well. It may run counter to natural drive or intuition to focus on oneself first, but it is the most effective mechanism to provide meaningful and sustainable support for children. Consider the simple analogy of the need to put one's oxygen mask on first prior to helping a child.

It is not enough to tell adults to 'do well' or 'care for themselves'. Adults need specific guidance, particularly in the wake of a tragedy that calls upon them to utilize skills they don't have and were never asked to use. This is particularly salient when many of the adults in the groups we have discussed have been multiply impacted (live in Newtown, lost a loved one, know someone who was killed, were at the scene of the tragedy and are caring for members of the community).

The single greatest challenge for the adults in all groups is that they must continue on with their day to day functions of supporting the community despite having the impact of the tragedy ever present.

This section outlines findings and concrete recommendations for the adults in each of the six identified groups. Each group has different needs based on the mission and objective of the group, but common recommendations for all groups include

AN EDUCATIONAL STRATEGY

- highlighting what to expect of it's members in the wake of a tragedy
- including the importance of understanding that wellness is more than physical health but a composite of physical, psychological, social, emotional, and spiritual components

STRENGTH-BASED STRATEGY

- highlighting ways to strengthen supports to the specific group beyond the educational strategies
- including culturally appropriate mechanisms of support for leaders and members of each group

EMPOWERMENT STRATEGIES

- highlighting ways to assist members and leadership of each group to find their individual and collective narratives
- including ways to ensure there is financial, programmatic, policy, and legislative support for the group
- ensure clear communication, collaboration, coordination, and integration



GROUP SPECIFIC



Families

The Challenge: Imagine for a moment, losing a child or adult loved one to an act of violence perpetrated by a member of your own community. Then imagine having to continue to care for the remaining members of your family, continue with the activities of your daily life, find meaning in living. Imagine the burden of having to contend with public scrutiny, food shopping, paying bills, having to console strangers who break down or avoid eye contact because they are overwhelmed with the enormity of your loss. Imagine contending with all of this while trying to grieve your loss, plan a service for your loved one and find meaning in your life.

Recommendations: Families who lost loved ones have very specific needs. First and foremost there should be a mechanism in place that significantly lightens if not completely eliminates logistical or bureaucratic burdens. Akin to a high-level navigator, families should each be assigned an individual with the capacity to interface with the myriad of challenges that families will have to confront. A program was created by a member of the Newtown Community that served such a function and could serve as a model for other communities. Families who lost loved ones should have specific grief and loss professionals available to them. Ideally, a skilled ‘navigator’ in conjunction with a trusted family friend or confidante could help vet the different needs of the individual family and facilitate the connections to eliminate the burden on the family members.

No two families loss will be the same, and each family will find ways to sustain themselves, create meaning and develop a narrative to help them navigate through their pain. A powerful collective narrative that has emerged from the families who lost loved ones in Newtown has been the creation of ways to honor and effect change IN honor of their loved one.

Loss, especially loss of a loved one to a violent trauma impacts all members of a family and each member of a family will respond differently. Knowing some basic information about traumatic loss and grief, having it repeated or written somewhere so that one can know what to expect from oneself and other family members can provide a measure of comfort for some.

The Challenge: Imagine living in a town where an unspeakable tragedy has occurred. Your loved ones survived. You find yourself feeling sad and you are sometimes tearful. “I don’t have the right to cry or be sad...I have my children and my loved ones...they are safe.” It is not uncommon for those community members whose families were not lost in a tragedy to feel tremendous guilt for being blessed and then ashamed for even feeling sad when they did not experience a loss. Not being made aware that these feelings are ‘normal’ and expected in the wake of a tragedy can lead one to further isolate and guilt and shame can intensify.

Recommendations: Basic educational strategies for community members and families who did not experience traumatic loss, but who live in the community can be grounding, create a sense of togetherness and can serve to eradicate distorted perceptions or ideas about oneself. Letting someone know basic facts about trauma, and what to expect from themselves, their children (based on developmental stage) can be incredibly empowering. “My 4 year old who has always slept in her own bed, has started coming into our bed at night...I just know there is something wrong with her”. Letting a parent know that it is normal for child to either revert to an earlier developmental stage or engage in behaviors that seek to achieve comfort or support are completely normal. “My son just started college and he stopped telling people where he is from...”. Letting parents know that it is okay and even healthy for adolescents and adults to want to maintain some measure of control around their narrative. Taking a break, for instance from listening to what other people think about where you are from is normal in the context of other things going well.

These educational strategies can be achieved in small intimate focus groups like the ones I conducted in the community or via town hall meetings. They serve a dual purpose: dissemination of information and getting community members to spend time together



First Responders

The Challenge: Imagine for a moment that you are a first responder (dispatch, EMS, fire, police) and you have dedicated your career and spent countless hours of training to save lives and protect your community. You are called upon to respond to an event that is unprecedented. The outcome is one that you could never imagine and that you desperately wish you could alter. You may not even have been able to access the scene of the event to try and help. While there is nothing that you could have done to alter the outcome of the tragedy, the nature of your profession leaves you feeling... “If only I could have done something different”... “I failed”. Then imagine having to wake up the next morning after witnessing unspeakable tragedy and having to go to work and on the ambulance, answering 911 calls, responding to fires, and maintaining safety in the community. Where do you put the thoughts, doubts, questions, feelings about what you just witnessed, heard, learned about while responding to the next job?

Recommendations: The vital importance of first responders to the safety and well being of our communities coupled with the frequency and severity with which tragedies are occurring in our world call upon the need for a true paradigm shift in the way we support and prepare them. In first responder culture, there is a tactical preparedness and a reflective preparedness. In many ways, the shift in tactical preparedness is easier because it is tangible. Tactical preparedness refers to the way a police department might respond to an active shooter or the way dispatch might route calls involving an armed intruder. Reflective preparedness, or engaging first responders in a process that involves reflecting on ones feelings is often more difficult. Though difficult, evidence has shown that the more aware or reflective one is, the better able they are to withstand stress, and they are less likely to experience ‘burnout’ in addition to a host of physical problems. Veterans taught us much of what we know about the impact of untreated stress on the body: increased stress hormones (cortisol, epinephrine, norepinephrine) can result in weight gain, elevated blood pressure, elevated blood sugar, trouble sleeping.

How do we create a shift in the way that we support first responders in the wake of an ever changing world in which they have to respond?

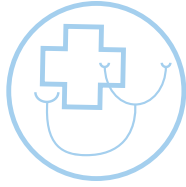
Wellness: Creating a culture of acceptance where it is understood that wellness is not just physical health, but paying

attention to psychological, emotional, social and spiritual well being. If the leader of a first responder group understands the concept of wellness, it is more likely to be accepted by the members of the group.

Educating, Strengthening, Empowering: An educational strategy that has been very effective in many first responder communities post tragedy and has led to transformation of first responder culture is one where a first responder is paired with a trauma specialist. This ‘team’ will meet with first responder leadership and let them know what to expect from themselves, their members, their own families in the wake of a tragedy and will give guidance on how to identify at risk members and what to do once they are identified. This method is repeated with members as well. It is a very simple but effective strategy that outlines what first responders should expect from themselves physically, psychologically, behaviorally as well as what to expect from their loved ones in the wake of a tragedy. Knowledge can be an incredibly empowering tool. An increase in knowledge can lead to less overinterpretation of one’s responses and more measured responses towards others “I remember they said during that meeting that kids act differently depending on their age; when my 7 year old son was whiny and clingy when I showed up at his baseball game the other day, I remembered them saying that and instead of getting mad at him I realized he might have been acting like that because he was afraid I’d get hurt at the fire”

A way to strengthen first responder groups in a manner that is non-invasive is through a peer support program. First responders are more likely to speak with other first responders. In the wake of the tragedy on September 11th, the FDNY recognized the need for a different way to support its members. A peer support program is one that utilizes first responders who have experienced tragedy to help other first responders. It is a facilitative mechanism to get first responders to reach out for help. It is a nonintrusive way to destigmatize discussions around wellness, identify members who are at risk, and facilitate referrals for more specialized care.. Peer counselors from one department will frequently visit first responders in another town after a tragedy to check in, to gently remind the first responders to take care of themselves. The message is more effective coming from a peer.

Education and Peer Support programs are invaluable ways to strengthen first responders and to begin the process of reflective preparedness. Leadership, financial, policy, and legislative support are critical for effecting sustainable change and transformation.



Health Care Providers

The Challenge: You are a pediatrician in town and a 10 year old girl comes in for stomach pain. You discover she is not sleeping well, is having discomfort before school and at bedtime. According to your physical examination and lab studies, there is no clear ‘cause for the pain’. She returns 3 times for the same reason over the next two weeks. Now she is missing days of school due to the pain and is having increased difficulty sleeping at night, causing her to wake up her parents who appear exhausted in your office. You refer them to the gastroenterologist.

Under ‘normal’ circumstances, you are pretty astute diagnostically and would have picked up on the fact that there may be something else contributing to the young girls stomach pain. You know the family well. On your way home this thought quickly passes through your mind ...”why did I send her to the gastroenterologist”? You quickly dismiss the thought as you go to see your family after a long day.

Health care providers, like the members of the 5 other groups, in the wake of the tragedy in Newtown are multiply impacted (live in community, know victims, or victims families, practice in community). They need specific support in the wake of the tragedy:

Educating, Strengthening, Empowering: Educational Strategies that concretely and gently remind primary care, emergency room, and specialty care physicians the ways in which stress can present physically is critically important in the wake of tragedy. It is helpful to do this along age ranges and time frame post traumatic event. This is particularly important since physicians who might normally pick up on the connection between stress and elevated blood sugar may not make the connection since they are contending with multiple layers of impact themselves. Succinctly pointing out concerning symptomatology, when to refer patients for more specialized care is helpful as well. Educating physicians on the connection between stress, trauma, and physical manifestations of symptoms will minimize unnecessary referrals to an already overburdened mental health system.

Arming the physician workforce with concrete knowledge about what to expect from their patients after a trauma can help both strengthen and empower them individually, will eliminate the need for as many referrals. These educational strategies for physicians can be web-based, delivered via grand rounds, and can somehow incorporate Continuing Medical Education credits, which alleviates an additional burden.

There exists an incredibly complex landscape in our country wherein we have enactment of federal mental health parity legislation, but incomplete penetration of the translation of this legislation at the state level. What this means is that coverage of mental illness should be no less restrictive than coverage of physical illness by insurers. This is not always the case. Couple this with the stigma of ‘mental illness’, shortage of mental health professionals, children having more difficult access to mental health care than adults, privately insured having more difficult access than publicly insured.

THEN add the constantly changing landscape of our world and consider trying to meet the needs of a community in the wake of a tragedy. This calls upon the need for different ways of supporting physicians so they can care for their community

Some practical mechanisms of support for the physicians in the wake of the tragedy include **care coordinators** who could assist physicians in facilitating referrals of patients to mental health care providers (due to lack of mental health parity this is often a laborious process and when a referral is made by a physician it can not be ensured that the referral will result in an appointment). A care coordinator is someone who can alleviate that burden; **embedding mental health care providers in primary care settings** in order to provide care to patients where they routinely receive care and to create a collaborative model; **educational strategies for physicians**.

Mental Health Care Providers

The Challenge: You are a local mental health care provider from Newtown in solo private practice who is seasoned in your field. You have seen both children and adults in your practice for the past two decades. You receive a new patient in your office, a 45 year-old woman who reports nightmares, flashbacks, intrusive thoughts, elevated heart rate and sweating when confronted with reminders of the tragedy (six months after). You form a good therapeutic connection, she does well with twice weekly therapy with you and medication management from a local psychiatrist. Unsure if you are on the “right track”, you refer her for more specialized ‘trauma informed therapy’ with a local therapist who has recently been trained in this therapy. You have been told that this is the ‘gold standard’ treatment for trauma related symptomatology. Your patient attends the sessions at your insistence despite feeling it is not the ‘right fit’ with the ‘trauma therapist’ nor does she feel it is the right modality. Your return to your previous schedule of twice weekly visits.

Educating, Strengthening, Empowering: While not all therapists have trauma expertise or practice evidence based trauma therapies, all therapists (therapists can be social workers, psychologists, nurse practitioners, or psychiatrists) can benefit from basic information on how trauma impacts the individual (by age and developmental stage), the family, and the community. Educating therapists in a community post tragedy takes the form of outlining expected normal traumatic responses from patients, what to say to patients and what not to say to patients. Not everyone who requires therapy in the wake of a tragedy that impacts a community will need evidence based trauma treatment, arming local therapists with basic knowledge about who to refer for more specialized treatment and where to refer them to is critically important.

The Mental Health Care System in the United States is complex, owing to a variety of social, economic, and philosophical factors. Many insurers employ the concept of ‘moral hazard’ when it comes to mental health care. In other words, the fear is the service is if made available, people will take advantage of it without consideration of the impact. This frequently drives insurers to utilize ‘behavioral health carve out’ companies that employ restrictions to minimize risk and contain cost. How this translates for the average American seeking mental health care is that it is far more difficult. Comparing diabetes to depression, a depressed individual oftentimes needs to be

in the equivalent of a diabetic coma, ie suicidal or having attempted suicide to receive care, whereas an individual with diabetes receives care upon diagnosis.

These complexities and a lack of true mental health parity (treating ones mental health ‘on par’ with ones physical health) leads to a series of challenges for the individual with mental illness. Until there is true mental health parity, we must consider the landscape that is currently available and work within those boundaries. The landscape that is already quite complex that we outlined under the previous section creates challenges for the entire health care delivery system and it becomes more difficult to meet the needs of individuals and a community in the wake of a tragedy when there is increased need (are there enough providers, do they accept insurance, how many limitations are there on visits)

Not everyone impacted by a tragedy will need specialized mental health care, but the mental health care providers along with the other supporters within the community should be armed with knowledge. Since the landscape of mental health service delivery is already quite complex, careful attention must be paid to this when considering the infrastructure and funding of programs. Investing wisely in programming that will reach the greatest number of community members, that will increase the knowledge of primary care providers, and limit unnecessary referrals to mental health care providers.

Going back to the conceptual lens, until we conceptualize ones overall wellness as an interplay of physical, psychological, social, emotional, and spiritual components and truly value each of the components with legislative, programmatic and policy support, true empowerment remains difficult.



Educational System

The Challenge: Imagine being an educator; school administrator; school guidance counselor, social worker, or psychologist where you are charged with carrying out your ever evolving and increasing daily responsibilities. In the wake of the tragedy at Sandy Hook Elementary School, you are left wondering “how do I know if one of my students is struggling? ... what if I don’t pick up on something? ... I am a teacher and I am really good with my students, but that is a lot to ask ... I’m a school social worker, but I don’t get enough time to spend with my students anymore to even assess if there is a problem to that degree ...”

In addition to at times feeling that they have to contain their own emotional responses to the tragedy in front of their students, educational professionals have a complex challenge where they are publicly “on” most of the day conducting their work and then have the additional burden of feeling as though they are responsible for identifying at risk students.

Educating, Strengthening, Empowering: An approach that begins by teaching school leadership, administration, teachers, guidance, and support staff the basic principles of what to expect in the wake of a tragic event (from themselves, from staff, from one another, from students) is a simple and tangible way to begin. Conducting these supportive educational engagements in brief sessions that are repeated frequently will decrease the need for acute interventions, overinterpretation of behaviors and will enable students and school professionals to feel more grounded and supported.

Educating non-mental health educational professionals on how to identify students who may be at risk is an effective strategy since they spend the most time with students. Identifying ‘at risk’ students simply means knowing the risk factors that make some students vulnerable to having social emotional difficulties that present in school. Knowing the risk factors and which students are vulnerable can lead to early identification and early intervention so that appropriate referrals can be made.

Culturally appropriate mechanisms can be put in place for students that simultaneously support the student and the staff at the school. Developmentally appropriate non school-system related mental health professionals that are embedded within the school but do not ‘report’ to the school can serve as a safe way to provide support to students and decrease the strain on the system that is contending with the tragedy. It also simply makes sense.

True change requires legislative endeavors that support school systems. Embedding developmentally and culturally appropriate mechanisms of support for children and staff in the wake of tragedy is critical. These supports are critical even in the absence of tragedy.

Embedding support services for children and staff that focus on wellness and encourage healthy means of communication and open dialogue are empowering. For example, legislative approval for a program that is embedded in a school system which provides support for teachers to help them understand normal child development, and when to be concerned about a child’s behavior. Embedding support for students that engage them in a developmentally appropriate way that is not connected to the school system increases the likelihood that they will actually seek out support. The goal is for educators, administration, support staff (bus drivers, lunch assistants) to feel safe, supported, and engaged in a meaningful way. This will lead to students who feel safe, supported, engaged, and identified if struggling.



Religious Leaders

The Challenge: Imagine providing support to an entire community and being a shoulder that a community leans on for support. How does one even imagine asking for support for oneself? In addition, how does one begin to think about identifying members of their congregation who may be at risk and need increased support? Where to they send them if they are concerned?

Educating, Strengthening, and Empowering: A unique opportunity exists for both educating clergy in identifying members that may be struggling and also having clergy teach other groups about how faith plays an important role in their members lives. Oftentimes physicians and mental health care providers do not accurately screen for the presence of faith based strengths in their patients. Clergy can provide a unique educational opportunity for such professionals.

Lending support to clergy through encouraging them to take time to care for themselves and perhaps allow clergy from other towns to take over so that they can rest and engage in restorative healing is critically important.

Faith and the role of faith based organizations has been a tremendous pillar of support in the Newtown community. Learning more about culturally appropriate ways to support clergy is important.



Arts/Recreation

The Challenge: Imagine you are the leader of a local recreation group. In the wake of the tragedy you observe behaviors in your young participants you are not sure how to interpret. "Is this normal ... should I be worried about this child ... I am not sure what to do"

Recommendations: Arts /Recreation /PetTherapy /Equine Therapy have been a tremendous support for the community in the wake of the tragedy. Arming leaders with knowledge of normal child development and how to identify children who may be at risk will help eliminate misinterpretation of behaviors. Educating leaders on how children's behavior may change in the wake of a tragedy is similarly important.

The arts and recreation, non-mental health therapeutic activities such as yoga meditation, sports, equine and pet therapy have played such a critical role for the children and adults in Newtown in the wake of the tragedy. Identifying an advocate who can effectively support for maintaining these programs with the passage of time is critically important. Funding is oftentimes tied to 'evidence based outcomes'. Small programs often don't have the capacity to engage in such program evaluations and it can often be difficult to measure outcomes of arts programs.

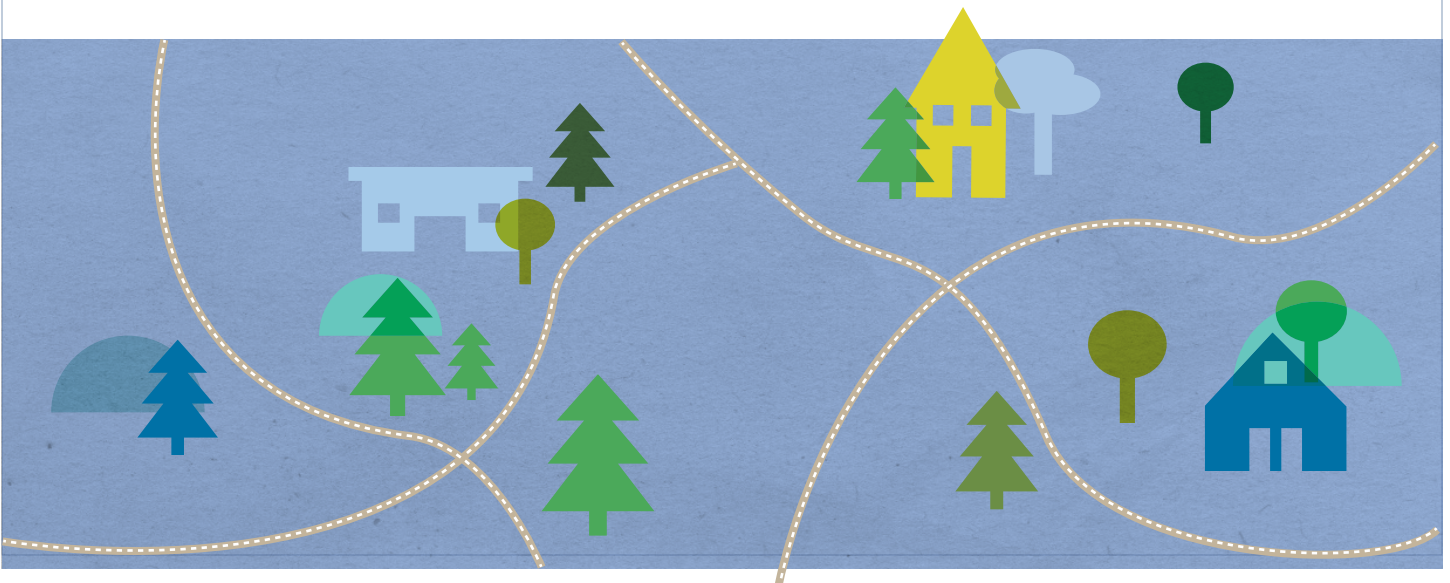
Since residents have derived much therapeutic benefit from these programs and they oftentimes lose funding, it is important for community members and leadership to ensure that there is adequate representation from this group membership at the infrastructural level.

Infrastructure

The idea of empowering a community after a tragedy such as that which occurred on December 14, 2012 through strengthening its support structures is deceptively simple. Creation of the infrastructure is complex and must include:

- execution of a culturally appropriate strength based educational approach for each member group
- ensuring effective coordination among existing resources
- adequate administrative and financial resources to support its creation and sustainability
- have administrative oversight
- contain a high-level referral specialist
- contain an individual who can easily understand and explain funding to community members
- can be flexible, organic and meet the needs of the community (is housed in a building on main street, yet accessible via internet for example)
- contain an executive advisory committee with representation from each of the membership groups that understands the complexities of each groups needs in the wake of the tragedy
- contain a political strategist or consultant to navigate the legislative aspects of the programming
- contain a high level trauma specialist familiar with the challenges of each of the six groups
- contain an organizational consultant
- have independent fiscal accountability

The decision about “where” or “what” it should look like should be up to Newtown. Sometimes having a physical gathering space to get information, a cup of coffee, or to just “be” with others can be a powerful experience. The physical space would not house mental health or health services per se but rather be a gathering space and a location for high level careful coordination of resources.



About the author



JILL L. BARRON, MD MHS

is a Child, Adolescent and Adult psychiatrist who completed her training at Yale-New Haven Hospital, and at the Yale Child Study Center in New Haven, CT.

She completed the Robert Wood Johnson Clinical Scholars Program at Yale University where she received her Masters in Health Sciences and examined:

1. Children's unmet mental health needs nationally and
2. Inner-City Youth Gun Violence

She was hired by the town of Newtown in the aftermath of the tragedy at the Sandy Hook Elementary School to:

- assess the impact of the tragedy on the community and
- to provide guidance to leadership on building an infrastructure to meet the long term needs of the community

Dr. Barron is the Immediate Past President of the Connecticut Council of Child and Adolescent Psychiatry, branch of the American Academy of Child and Adolescent Psychiatry, where she focused on mental health parity, access to care, and primary care partnerships.

She is the Associate Director of Medical Student Education in Psychiatry at the Yale University School of Medicine where she teaches, mentors, develops programming for medical students, and is currently engaged in the curriculum redesign.

Dr. Barron has served as a consultant for UNICEF in the Post-Soviet Republic of Georgia, where she was the health expert counterpart of the first interdisciplinary team (health, education, parenting, policy) to address Early Childhood Development. She also helped rewrite the country's health guidelines, which hadn't been updated since the decentralization of the USSR.

She has expertise working with children, adults, families, and communities post tragic events. She is a consulting psychiatrist to the NYC Fire Department (FDNY) and treats firefighters with posttraumatic stress disorder (PTSD) secondary to the events of September 11. She consults to first responder communities locally and nationally.

Dr. Barron consults to school systems throughout CT assisting them in supporting students with special emotional, social, academic, and behavioral needs in addition to providing support to staff and administration.

Dr. Barron enjoys partnering across disciplines, lending her expertise to facilitate an understanding of complex issues. Her goal when partnering with individuals, groups, and communities is to implement support structures that are sound, evidence based and take into account the unique needs of those she partners with. She enjoys employing an approach that blends both the practical and theoretical in her work

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