

THE AFTERMATH OF THE SHOOTINGS AT VIRGINIA TECH: A CHRONOLOGY OF THE FIRST NINE MONTHS

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Abstract

This paper presents a chronology of a number of the remarkable efforts made by the Virginia Tech community during the initial nine months following the shootings. Having been taught the importance of “observation” and “data collection” during my early years of training, I made the decision to record initial steps taken by the university. In my opinion, many of these initial steps led to an extraordinary level of safety and stability to those impacted by the shootings. While many additional steps may have been taken as documented in the Virginia Tech Review Panel (2007), it is clear that a great deal of expertise, care, and concern was exhibited.

Given that this was the first mass shooting of this type on a college campus in the US, Virginia Tech had no “roadmap” to follow. As such, initial efforts revolved around the provision of immediate comfort and stability as well as meeting the acute needs of family, friends, and coworkers. In the few moments and days following the shootings, Virginia Tech was to frame its own recovery and spell out steps to move forward. I refer to these actions as “The Virginia Tech Resilience Recovery Model.” At the outset, I should say how much I was moved by the flood of expressed love, concern, support, and expertise shown by individuals, agencies, and organizations from local, state, and federal partners.

Acute Aftermath

Immediate actions were taken to assist and support the families of students and faculty that were injured or fatally wounded, as well as the general Virginia Tech community at large. Among strategies to accomplish this was spearheaded by University Departments. For example, the Division of Student Affairs early on established a group of family liaisons. These Virginia Tech staff members would serve as “contacts” for families of the injured and deceased. These individuals were from the Division of Student Affairs, the Provost’s Office, and the Graduate School. Their assignments were to contact family members, of the deceased and injured, and provide a wide range of help primarily serving as a “contact” between them and the university. These liaisons were tasked with a host of helping behaviors that ranged from contacting funeral homes, transporting the deceased, including helping with local, national, and international transportation, and more immediate needs including where to lodge for the night. In the short term, arrangements were made for attendance at the 2007 graduation ceremony the following month, for those students who were scheduled to graduate; and to provide more long-term help,

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which included researching procedures for accessing victim compensation. As such, the provision of specific services to those families who had students that were injured or killed was instituted. Simultaneously, The Family Assistance Center, housed at the Inn at Virginia Tech, not only provided lodging for the families, but also served as an initial information hub. This was a logical choice as it provided a gathering place to receive information regarding victim's status, but it also was central for accommodations (rooms, food, etc.). Concurrently, there were "media centers" established with the primary goal of protecting families from their encroachment at this difficult time. The counselors were made available to assist those in need as well.

Additionally, there was the support of "victim assistance programs" from the Department of Criminal Injuries Compensation Fund, which arrived and provided their expertise to help these distressed families. It should be noted that throughout the day and days following the shootings, the state and local police were available to provide announcements of death and injured. A 24-hour call center was also initiated to aid in the response effort. The Virginia Department of Emergency Management provided manpower to work with University personnel to aid in this effort.

University Wide Counseling

Virginia Tech's University Counseling Center, Cook Counseling Center, initiated several efforts to accommodate the needs of impacted individuals. More specifically, with regard to meeting the emotional and physical needs of students, additional hours of service were made available immediately. Special attention was given to two primary groups; residents of West Ambler Johnston dormitory, the site where the first two students were killed. Within 30 minutes, two therapists from Cook Counseling Center arrived to help friends and dorm mates adjust to the tragedy. Special care was also provided to survivors who were in Norris Hall at the time of the shootings. Critical Incident Stress Management activities were also carried out by local and regional EMS providers for those exposed in Norris Hall. Wounded individuals were taken to local hospitals, for immediate attention. It should be noted Virginia Tech's Schiffert Health Center assisted in this process.

Counselors targeted other highly exposed individuals, including roommates of those killed, classmates and victim's professors in other classes they attended; as well as students who shared membership in Virginia Tech's clubs, sororities, fraternities, etc. Campus-wide, a host of psycho-education was provided. Experts from national, state, local, and university departments made themselves available to every level of the university, to distribute information aiding in the recovery process. Virginia Tech's Human Resources Department tasked their Employee Assistance Providers to meet a variety of needs of faculty and staff in the recovery process.

Of significant import to many was the anticipated anxiety and sorrow likely to be experienced at the upcoming graduation. Therefore, counselors from the Cook Counseling Center attended the ceremony to assist those in need and to provide information regarding ways of coping with various aspects of this traumatic event.

To meet this need, counselors as well as dissemination of recovery information were provided. Assistance from a number of other university organizations including Hokie United, Residence Life, Human Resources, and the Cranwell International Center was also provided.

Additional Outreach

In light of the fact that the shooter was of Asian descent, special attention was given to the Virginia Tech Asian population. The International Cranwell Center made impressive efforts to ensure students' safety and support on campus, and in the surrounding community. It is significant to note that one third of the 4/16 victims were International students. As such, the center received calls from multiple embassies. Cranwell Center staff and volunteers called every International student. Additionally, phone cards were given to assist students' communication with their loved ones. These efforts were greatly facilitated through partnering with several university organizations, including the Asian American Student Union and Multicultural Program and Services.

With regard to "resuming classes", several initiatives were engaged. Among them included the Office of the Provost's provision of options for completion of course requirements. Department Heads were instrumental in initiating these various options. In addition, specific classroom accommodations were made available for injured students' return to class. The Services for Students with Disabilities Office was instrumental in this effort. Plans were made to accommodate the survivor's return to campus. Lastly, Residence Life Advisors were encouraged to apprise students of counseling services. This office endeavored to enable students' unexpected departure in a streamlined fashion. Residence Life staff remained actively involved with the students' safety.

A number of significant activities were initiated by a Virginia Tech student organization entitled Hokies United. One of the first actions spearheaded was a candlelight vigil, which was held on the day following the shooting. It should be noted that several local businesses and a radio station donated candles, while a number of individuals gave finances to enable the services to occur. Forty thousand candles were donated over the course of the day to accommodate people expected to be at the vigil. It was quite moving to observe the thousands of candles burning, signifying the great loss experienced by the university. Another poignant action that took place that evening was the placement of stones in a semicircle in front of Burruss Hall. This appeared to be a memorial signifying that the lost would not be forgotten. Additionally, there was the construction of several 6-foot walls of plywood and paper, which were later taken to the candlelight vigil. This proved quite cathartic, in that there was the opportunity to record Bible verses, sentiments, and vows to remember those that died. The Hokies United website encouraged the students, faculty, community, etc. to bring mementos to the drill field as an expression of love, care, and support. These acts served as powerful sources of genuine condolences to the Virginia Tech community.

Another significant occurrence was the Convocation held in Cassell Coliseum and Lane Stadium on the day following the shootings. This event was well attended by 35,000 students, faculty and staff. This worldwide televised service, proved to be a major step in communal healing. It is my opinion, having the President of the United States, George Bush, the First Lady, Laura Bush, and Governor Tim Kaine in attendance did much to let our community know that the entire state and country were aware of our grief and anguish. In short, their attendance was a powerful source of support. This sentiment was accurately conveyed in the words of President Bush, "Now they're gone -- and they leave behind grieving families, and grieving classmates, and a grieving nation. In such times as this, we look for sources of strength to sustain us." The resolve to move forward was captured by the concluding words of Professor and Poet, Nikki

Giovanni, "...We are the Hokies, We will prevail, We will prevail, We will prevailWe are Virginia Tech."

It is my opinion that this convocation was a major component of the initial healing process. While I have long known professionally the benefit of memorial services and the significance of the establishment of sites to recognize the loss of lives, it was not until I experienced this tragedy, at my school, did I realize the tremendous effect they have in building psychological resiliency. The memorial established by the setting of stones is an ever present reminder to current and future students, faculty and staff that 32 lives were lost. Not only is this significant for the Virginia Tech family, but it is a necessary and powerful comfort to the victims' families, a knowing there is a place that commemorates their loss. These stones mark the date and represent the lives lost. They are a permanent reminder of the shared grief and world-wide support extended to the bereaved families. On a final note, the lives lived by the fallen 30 students and two faculty, will forever be etched for future Hokies to know they will be remembered as hard working and disciplined, and that they were loved by their families, friends, and the Hokie Nation.

As news of the shootings spread, it was quite remarkable to see the "army of volunteers" that quickly blanketed the campus. Many came as representatives of their organizations, such as the Red Cross; while others "just came." This outpouring of "goodwill" is not at all surprising given the magnitude of the event. These forms of tragedy often compel one to "do something." Nonetheless, however well intended these efforts were, the end result proved to be counterproductive at times. This display of support and concern is understandable given the enormity of the need.

My primary goal was to assist the university in promoting recovery and resiliency for the Virginia Tech community. It was my hope that my many years of trauma-related experience, beginning in 1976 teaching children how to cope with fire emergencies, would enable me to be one of hundreds of resources that the university could call upon. A related goal was to provide initial guidelines and recommendations for other universities and colleges who may be faced with similar tragedies in the future. As such, I turned to my friend and colleague Robert Pynoos, an internationally known trauma clinician and researcher, for guidance and support. Given his many years studying school shootings, (Santana High School and Columbine High School), he was a logical person to seek out. From our initial conversations, it was determined that Virginia Tech could benefit from his expertise. As such, early on, Pynoos came to campus and met with numerous individuals and groups to discuss steps toward recovery. His input was invaluable as it provided much needed guidance as to how and when to move forward.

In addition to Pynoos' input the efforts of Shep Kellam at Johns Hopkins was also of significant benefit. Given his illustrious background in the areas of prevention intervention work, several recommendations were provided. Based on the input primarily from Kellman and Pynoos combined with my own background and ongoing efforts in the trauma area, the following outline was developed. This working outline encompassed several important steps targeting the recovery of those impacted by the inconceivable act of violence that took place on April 16th 2007.

Stage 1

Public Health/Prevention Framework
Articulating a shared vision

Stage 2

Coordination and Development of Services

- Coordination of existing services
- Identification of gaps in existing services
- Development of new services
- Implementation of Prevention Model (Universal/ Selective / Indicative)

Stage 3

Coordination and Maintenance of Public Health / Prevention Strategies at the University & Surrounding Community

- Continued obtainment of input from university students/faculty/staff, and members of the surrounding community
- Continued obtainment of the scientific advisory board

While many recommendations in this outline are yet to be fully addressed, issues related to intervention became a major focal point. More specifically, Pynoos' model, the UCLA Trauma Psychiatric Program's three-tiered model for school-based mental health interventions, which was used following the tragedy at Santana High School (Pynoos, Goenjian & Steinberg, 1995) and later after the Columbine High School shootings (Weintraub, Hall, & Pynoos, 2001) was found to have direct application for several challenges facing Virginia Tech.

When conceptualizing many of the initial efforts of the Virginia Tech administrators, faculty, staff, counselors, psychologists, graduate students, employee assistance program, community agencies, local mental health association, as well as several other departments, it was clear to me that many were consistent with this model. These actions encompassed a wide range of initiatives.

Several of the initial actions described above, were consistent with the first tier of this model. More specifically, the two counselors' response to the shootings within 30 minutes supported the recommendation for early intervention of mental health professionals. The concurrent efforts focusing on the enhancement of safety and support, restoration of normalcy, as well as crisis intervention were also in line with this tier. For example, the university's focus on students' needs on the first day of classes following the shootings, where a network of professionals provided immediate large scale support throughout the campus, was consistent with this tier. Developing the strategy where some 300 volunteers visited all classes where one of the injured or deceased had attended to provide psycho-education regarding reactions to trauma as well as locations where mental health assistance could be obtained, is likely to have been of great benefit.

Consistent with the goals of the second tier, the implementation of specialized mental health services for those with severe persistent distress, and the assessment of individuals' needs for mental health services, two activities were initiated. With regards to treatment, Virginia Tech offered greater availability to mental health services. This was accomplished, in part, by the Cook Counseling Center temporarily establishing "walk in hours", as well as extending normal hours from 7:00 a.m. to 9:00 p.m., including weekends. Additionally, Virginia Tech instituted a campus-wide advertisement of three sites for faculty and staff to obtain services.

With reference to the assessment of needs, a small group of researchers worked together to design a student, faculty, and staff needs assessment survey. This team modeled Ron Kessler's

innovative work following Hurricane Katrina (Kessler, Galea, Jones, & Parker, 2006), not only for the surveys' development, but also for their implementation. More specifically, two surveys initiated by the Virginia Tech Center for Survey Results were sent out on July 10 and August 19, 2007. Within the context of this effort funded by the JED Foundation, respondents were asked to respond to questions regarding the following aspects of the shootings and their aftermath: their degree of exposure to the events of April 16th, their mental health prior to and after April 16th, their trauma reactions and grief experiences resulting from the events of April 16th, and their use of therapy and counseling before and after April 16th. The primary purpose of this survey was to inform the University of the students', faculties', and staffs' needs. It was hoped that these data would serve as baseline to inform the university and the surrounding community to build appropriate capacity for psycho-education, crisis intervention, intermediate and long-term intervention efforts as well as case management. A secondary goal was to determine the extent to which the findings would add to the growing knowledge of trauma's impact on individual's functioning. Approximately, 5,000 students and 1,700 faculty and staff completed the survey. Response rates were approximately 20% for students and for faculty and staff. Initial findings are available upon request.

Attainment of the final tier of this model, the provision of access for assistance for those in need of more intensive services was realized by special care given to survivors who lived in West Ambler Johnston dormitory as well as those who were in Norris Hall at the time of the shootings. Wounded individuals were taken to local hospitals, for immediate attention. It should be noted that Virginia Tech's Schiffert Health Center assisted in this process. Critical Incident Stress Management activities were also carried out by local and regional EMS providers for those exposed.

Efforts initiated in the more intermediate recovery phase were carried out by a number of local as well as national and international mental health professionals with backgrounds in trauma. At the local level, professionals from the Department of Psychology, Cook Counseling Center as well as many other departments and campus organizations provided a variety of workshops and presentations. At the national level, Dr. Christopher Layne from UCLA presented a workshop where he described an evidence-based protocol entitled: the UCLA Trauma-Grief Focused Treatment Program for Adolescents (TGFT). Application of this intervention to students and adults was also provided. This workshop was very well attended. There were several reports of the usage of this treatment by several therapists within the Virginia Tech community.

Department Of Education Grant

As a result of another effort that began during the acute phase of the recovery period, initiated by the University Provost, Dr. Mark McNamee, funding was obtained from the US Department of Education. Given the Department's extensive history of developing and implementing programs to assist students facing a variety of challenges, it was hoped that many of the initial recovery efforts would be sustained while new efforts would be implemented in a timely fashion. Key partners identified to assist with the actual administration and implementation of the grant included the University Provost, the Division of Student Affairs, the Human Resources Department, the Virginia Tech Police Department, Virginia Tech professors and researchers in psychology and sociology departments, as well as a number of off-campus partners (i.e., Community Services Board). It was decided that the Cook Counseling Center

would serve as the primary vehicle for students to gain access to mental health services on campus, while services for the faculty and staff would be provided by Human Resources. Referrals would be made to see a clinician or local therapist. A limited number of sessions would be underwritten by the state approved contractor for mental health services, ValuOptions.

The primary goal of this grant was to develop a model for identifying, assessing, and responding to students, faculty, and staff whose behaviors might suggest risk for perpetrating violence. The following goals were identified:

1. Develop a university-wide infrastructure whose purpose is to identify, review, and respond to individual students, faculty, and staff personnel who exhibit at-risk behaviors that may lead to threats or various types of violence;
2. Obtainment of assessment data to inform service delivery efforts;
3. Provision of outreach, education, and training for students, faculty, staff as well as off campus partners in identifying and referring at-risk individuals; and
4. Provision of insight to the national discussion of the interface between laws, regulations, policies and practices at the state, federal, and institutional levels that promote and impede identification of and response to those individuals deemed at risk.

It was determined that the aforementioned efforts would be informed by the findings from several sources, including the US Department of Education, the Substance Abuse and Mental Health Services Administration, the National Child Traumatic Stress Network, the Office of Safe and Drug-Free Schools, the Safe School Initiatives, US Department of Justice, Virginia Tech, and national experts representing a host of relevant fields. Recommendations from the report, issued by the Office of the Inspector General for Mental Health, Mental Retardation, and Substance Abuse Services, resulting from the Independent Incident Review Panel, commissioned by Governor Tim Kaine, would also be instrumental in attaining these goals.

What follows is a brief description of efforts initiated to achieve the goals of this project. A task force was created with the charge of reviewing and recommending the necessary university infrastructure required to identify, assess, and respond to the needs of at-risk students, faculty, and staff. The process of collecting data from both external and internal reviews regarding university policies and practices has begun; this information is being used to inform various components of the model. A project steering committee and scientific advisory committee were developed as well as the appointment of a project director and three project coordinators. With respect to “goals implementation,” the following goals were spelled out and are in various stages of implementation:

Goal 1. Recommendation and Establish an Institutional Infrastructure

Objectives to attain this goal included the convening of a university-wide conference consisting of national experts tasked with reviewing current laws, policies, and practices which inform response to at-risk behaviors as well as assessment; convening of university-wide task force with the purpose of reviewing and recommending trauma recovery and threat assessment activities.

Goal 2. Needs Assessment

As described earlier, needs assessment surveys were carried out in July of 2007, with follow ups to be implemented in March of 2008. Again, the primary purpose of these surveys was to inform the design and implementation of screening, assessment, intervention and/or prevention efforts. The framework for delivery of services will be informed by the UCLA Trauma Psychiatric Program's public mental health model for school based interventions, as well as the public health prevention framework. Evaluation of the progress and achievement of these goals will be an ongoing component of this process.

Goal 3. Service and Identification and Case Management

To achieve this goal, two case managers were proposed; one for students and one for faculty and staff. These managers are tasked with the assisting in the identification of services, developing needed agreements for both on campus and community services, and to serve as liaisons between the project coordinators, project directors, and the steering committee. Policies and practices to facilitate the provision of services for students, faculty, and staff will be a primary responsibility of the case managers.

Goal 4. Education and Outreach

Given the significance of education and outreach, assistance and expertise will be drawn from a variety of sources some of which include the project director, project coordinators, case managers, and members of the steering committee. The objective corollary of these combined efforts will be the identification of at-risk behaviors, the provision of appropriate referrals, and guidance on how to respond to symptoms of trauma. Guides for trauma-based intervention and recovery efforts for students, faculty, and staff will be developed through collaborations with the project coordinators, the scientific advisory committee, the steering committee, and psychologists and counselors within the university. The identification and consideration of moderators such as educational level, race/ethnicity, and age, which impact the quality of interventions, will be an important element of this process. Trainings and workshops on trauma-based interventions will be carried out by a variety of experts from the university and the community, as well as national and international authorities.

Goal 5. National discussions on risk assessment in higher education settings

This goal consists of developing and articulating findings for dissemination. Products will include publications of a demonstration model/plan and procedures for trauma recovery and threat assessment to be disseminated amongst institutions of higher education. Information on crisis response including education and communication will also be produced and disseminated. Both the evaluation of all phases of this grant, as well as the sustainability of existing and new projects, was documented as important components of this effort.

A key component of any recovery effort should be culturally competent care. In that the Virginia Tech community is composed of a variety of races and ethnicities, including Caucasians, Koreans, African American, and Hispanics; it was proposed that concerted attention be given to issues related to cultural sensitivity. It was reasoned that particular attention is rendered to the needs and perceptions of Korean students, given that the shooter was Korean. Many actions taken by the Cranwell International Center and other specialized offices within the university assisted Korean groups (i.e., students, faculty, Korean – American communities). Proposed guidelines from a variety of resources were considered and adapted to varying degrees. One example was the discussion of issues related to stigma with “people of color.” Guidelines from a model developed by Jones et al., 2006, proposed to target people of color was adapted to address several challenges faced by the Korean students, faculty and their communities. This model targets three important areas, namely, mistrust/beliefs, barriers to access, and culture/linguistics. Each is essential for the successful conceptualization, assessment, and treatment of problem behaviors facing people of color. A brief outline of each component of the model is presented below.

Mistrust/Beliefs

Given the stigma associated with assessment and treatment under the best of circumstances, special attention is warranted when working with members of minority and marginalized communities. Mistrust is a major obstacle for people of color’s participation in treatment and/or research-related activities. What follows are steps to be considered when attempting to engage these persons in recovery efforts.

- Assess & discuss levels of mistrust.
- Find community gatekeepers and request their involvement.
- Interact with leaders & members of target community.
- Build rapport by establishing bonds with members of the community.
- Include representatives from the target groups as part of the research team.
- Use People of Color and individuals from marginalized communities as role models.
- Understand current needs & realities of target group.
- Recognize and respect differing cultural beliefs and practices.

Barriers to Access

Below is a list of incentives that may be helpful in increasing participation of minorities unfamiliar with intervention programs and the research process. Consideration of these salient points greatly reduces hindrances to one’s participation in therapeutic or research processes.

- Find study sites proximate to communities/convenient location.
- Use publicity campaigns directed at minorities.
- Use door-to-door subject recruitment.
- Develop convenient hours of operation.
- Provide/find transportation services to research/treatment sites or reimbursement for transportation costs.

- Provide financial assistance, fee waivers, & incentives.

Culture/Linguistics

An awareness, understanding, and appreciation of cultural nuances are essential if one genuinely desires to engage individuals from various cultural groups. Integrating customs, beliefs, and values of marginalized, underserved group, will go a long way to not only gain involvement, but equally important, widen clinicians and researchers perspectives. An equally significant barrier for non-English speaking peoples is language. Bi-lingual mental health professionals, who are familiar with local idiomatic expressions, symbols and concepts shared by cultural groups, have been shown to be quite beneficial. Perhaps recruitment of these types of mental health professionals would do much to resolve historical barriers to participation.

What follows is a concise set of steps to be considered when working with minority groups.

- Develop, implement, and assess specific plans that outline goals, policies, and systems of accountability when engaging in culturally and linguistically appropriate services.
- Train all research team members in culturally and linguistically appropriate service delivery and research methods.
- Appropriately translate and interpret research materials and measures when research participants are not comfortable with the English language.

Lessons Learned

A number of solid recommendations were spelled out in the Virginia Tech Review Panel (2007), amongst which included the need for universities and colleges to develop plans, establish a joint information center, creation of a family assistance center following a criminal mass casualty, the provision of scheduled briefing to victims' families, availability of short-and long-term counseling, and training in crisis management. Nonetheless, it is clear that the outstanding recovery efforts of the Virginia Tech community, thus far, resulted from the high degree of social support prior to, during, and after the shootings amongst the Hokie Nation. Indeed, one of the greatest strengths of the Virginia Tech recovery effort, to date, was the fact that a solid infrastructure for both the university and the surrounding community had been established over many years. The needed support of community partners contributed to many of the timely recovery and transition efforts. Additionally, the insightful and timely actions on the part of many contributed much to several facets of the successful recovery.

The openness to input and strategies based on our "best science" in many instances, also greatly facilitated the recovery thus far. That is, knowledge obtained from members of the Virginia Tech community as well as a host of local, state, federal agencies and organizations proved to be invaluable. Additionally, insight gleaned from the trauma literature was also most helpful. For example, a number of scientifically based principles and strategies were obtained from an often cited source entitled: *Research Methods for Studying Mental Health After Disasters and Terrorism* edited by: Fran Norris, Sandro Galea, Matthew Friedman, and Patricia Watson. The adoption and integration of knowledge on topics including the integration of public mental health surveillance/monitoring strategies with mental health assessment efforts, evidence

based treatments for traumatic stress, dissemination of evidenced interventions, and conducting assessments and intervention based efforts with people of color again proved to be quite beneficial. Also, the application of tenets from the emerging field of Disaster Behavioral Health contributed to success along several dimensions.

The high quality and quantity of culturally sensitive actions initiated by the International Cranwell Center at Virginia Tech was yet another ingredient in the success enjoyed thus far. Because of the long standing efforts of many professional at the Center and throughout the university, culturally-competent care was provided to many individuals. This was particularly useful for Asian student and faculty as well as members of the Asian community.

In summary, the need to continue and expand all of the aforementioned efforts is of utmost importance given the probability of problems and challenges confronting many in the days, weeks and years in the shootings' aftermath. However, I am hopeful as well as the thousands of others that this senseless act of violence will inspire countless members of the Hokie Nation to up hold the University's motto, *Ut Prosim* (That I May Serve). It is hoped that the world-wide outpouring of love and support extended to us in our most desperate time of need, will make the Hebrew proverb, "comfort others in the way you have been comforted," a reality in the lives of every Hokie.

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