

Columbine: The Healing and the Lessons Learned

(Keynote speech given to 25th Annual Convening of Crisis Intervention Personnel in Chicago on April 21, 2001 by Jeanne Oliver, Public Information Officer at Jefferson Center for Mental Health, Jeanne@jcmh.org, 303 432 5174)

...I have had the privilege of working with some incredible people in Colorado during the past two years to make a difference in the lives of others--to help a community heal from a previously unimaginable tragedy. I'd like to share some of what we've learned...are still learning... with you this morning. Perhaps it will make the healing for your community a little easier and a little faster if such a terrible tragedy should ever happen to you. The healing process in my community is still on-going and numerous events continue to re-traumatize individuals. We've had a pretty tough couple of years, yet perhaps the biggest lesson we've learned is just how resilient the human spirit is.

Columbine. It's a high school in Littleton, Colorado. It is also the word used to refer the worst school "massacre" in our nation's history. On April 20, 1999 two teenagers at Columbine High School shot and killed 12 of their fellow students and a favorite teacher and coach. Another 25 were wounded, mainly students and a couple of teachers. They then killed themselves. Three of the wounded students today remain paralyzed and in wheelchairs. There were 2,052 students enrolled at Columbine High, with sisters and brothers and friends at neighboring schools. The emotional scars are massive. And nothing will ever be the same for thousands of families. The trauma and emotional pain inflicted by these two impacted thousands...and, rippled literally throughout the world.

Our community was shaken to its core. I am sure you, your communities, and communities across the nation were also seriously shaken by it. TV beamed images of terrified students fleeing the school, past the bloody bodies of gunned down classmates. Chances are by now you've seen pictures or video footage of the two gunmen in the school cafeteria, laughing as they detonated their bombs. They had nearly 100 bombs. Or perhaps you've heard the chilling 911 tapes of the terrified teacher in the library pleading for help as the two teenagers continued their deadly rampage.

None of us, no agency, no family, no one individual was prepared beforehand to respond to such a massive tragedy like the April 1999 attack on Columbine High School. The crisis response required was monumental. There were other school shootings before and sadly many others since Columbine. But the shootings at Columbine had rocked the community because of the intensity and duration and breadth of violence. Unlike many other violent events across the country, this tragedy had the look and feel of a terrorist act or a siege. Students and staff at Columbine High School were trapped for hours, hiding in fear and experiencing sensory trauma. When the bombs went off it set off the alarm system and the sprinkler system. Students and staff endured piercing sirens along with the sounds of helicopters close overhead for hours in many cases, while they hid in closets and storerooms. Many actually witnessed and/or suffered atrocities. Outside, parents waited for hours not knowing if their children had been injured or killed.

While we were not initially prepared to respond to such extensive human-caused disaster, none of us could have predicted just how hard the next two years would be. From May 1999 to September of 2000, 12,000 people in the Columbine received mental health assessment/treatment services for trauma related symptoms. This figure does not include services provided in the first few weeks after the tragedy during the massive crisis intervention response. The need for these services continues as events both in Colorado and the nation continue to re-traumatize individuals.

Much has changed in this nation's schools and communities because of Columbine. But on April 20th 1999 we had no guidebook, no map to help us figure out what to do. We were faced with helping and entire community heal, not just individuals. We were lucky enough later on to work with some experts...like Bob Pynoos and Marlene Wong, Laurie Pearlman, and the folks from Project Heartland in Oklahoma City. They taught us about trauma. They taught us about the importance of taking care of ourselves. They warned us that communities who do not respond effectively to trauma can experience increases in death due to suicide and accidents, increases in family dysfunction, domestic violence, and divorce, higher rates of substance abuse and depression, increases in drop-out rates and decreases in staff retention. And that those at highest risk usually don't seek treatment. But...most of what we learned has been by doing.

Let me give you some brief background. Jefferson Center for Mental Health is the community mental health center that serves Jefferson County just west of Denver. We have a comprehensive array of mental health services and have 350 staff in about 20 locations throughout the county. The county has a population of over 500,000. Littleton, a suburb in the south part of the county is where Columbine High School is located along with three other high schools close by and several feeder schools.

Our community was fortunate. We had had a long history of agency collaboration and working together and community leaders knew each other well through a local group called MasterPlanning. It included the heads of key human service agencies, law enforcement and the schools who met monthly to help improve services for kids and families. So when the call came in that tragedy had struck Columbine High School, we knew who to call and how to work in partnership. We had already established trust and this eliminated turf battles, saved time, and increased the effectiveness of the crisis response. Developing strong relationships ahead of time is key.

Jefferson Center responded to the tragedy in many ways. Within hours of the shooting, we had counselors in the field, working side by side with victim's advocates, law enforcement and school officials. It was a chaotic afternoon we all tried to make sense of what was happening and what was needed and as parents, watching the horror unfold on live tv, rushed to rescue their children. The streets in the Columbine area became a virtual gridlock. The use of so many cell phones and the media satellite trucks jammed communications. Parents were diverted to nearby Leawood Elementary School to be reunited with their children...at least some were reunited. Others waited and waited for word that their children were ok. The teenagers who were not injured were scattered throughout the neighborhood...at neighbors' homes, at churches, at nearby businesses.

We had counselors on site at many of these locations. The local media covered the afternoon live as it unfolded, in graphic detail and with helicopters hovering over the scene. By that evening, the national and international media began to arrive in droves. And what had been a beautiful springtime Colorado blue sky day turned to a cold, rainy night.

Most of us did not go home until after midnight on that tragic day and caught just a few hours sleep. The first order of business the following morning was to create a “Command Central” in our boardroom at the mental health center. I’m not sure how they did it but by noon our MIS department had installed 8 additional phone lines (total of 16 lines) for crisis and other Columbine related calls. The process of matching the calls from volunteers with the calls for help needed in the field was staggering. The media calls were nonstop.

Ah, the media. The media can serve as an educational conduit to inform the public during a crisis. The media’s coverage of a crisis and the aftermath can also cause harm and further traumatize. **We learned a lot about dealing with the media.** Understand the media’s need for information. But, don’t try to accommodate all requests. My new policy is to only respond to the media when the interview will serve an educational purpose and it will help with the community’s healing. In the first 48 hours following the shootings, the media was very good at publishing the mental health center’s 24-hour crisis line and information about signs of trauma. That changed as they looked for stories about the victims and the whys. Which leads me to another lesson learned...decide early on what you will and will not talk about. We talk about the effects of trauma and how people can get help. We do not talk about youth violence or speculate about the why of Columbine or any other school shooting. We have worked extensively with the media during the past two years in an effort to educate them about the negative impact they can have. We were able to negotiate good outcomes several times, including a ban on helicopter coverage during the first anniversary observance.

Let me go back to that first day. By that evening flowers and posters and mementos were filling the park next to the school. The snow began to fall and it seemed as if a soft blanket had been sent to wrap the grieving community. At midnight of that second day, school administrators, victims services staff, mental health workers, state emergency preparedness personnel, county officials came together for a briefing. One person there who had worked the Oklahoma City bombing cautioned the group...*you’d better start to pace yourselves...this is not a sprint, it’s a marathon we’re facing.* **That became our first lesson: Prioritize.** Initially, in trying to plan a response to such a devastating event, everything seems overwhelming. It would have been easy to head off in a hundred different directions – vigorously and with good intent, but not very effectively. For Jefferson Center, our **first priority was to be in the community with our services and our information**...and we were. In the 10 days following the tragedy, JCMH and the volunteer mental health staff from around the state (and around the country) provided over 3,000 hours of on-site crisis mental health services. We had staff at every major church in the south area where people were congregating in a town hall like atmosphere. We staffed community meetings and memorials...the first one held just a few days after

the shootings drew over 50,000 people. Our staff attended the funerals to provide mental health support, not just to the victims' families but to the community and the caregivers ...including the clergy and their staff.

As we responded to our first priority of being in the community, we realized that not all needs were being met even with the organized meetings and memorials. In a CEO e-mail, Harriet Hall shared her concern:

"I woke up this morning thinking about the snow, and how it is going to make it less likely that kids get out and together with their friends, and be in the places where counseling is offered, and how I have heard much discussion is also going on via the internet, and wondered if there was any way we can tap into that to offer services. "

Lesson two became using creativity in reaching those in need who are uprooted and dispersed throughout the community. Within 3 days of the shootings, JCMH had developed a peer chat room on the Internet.

After responding to those immediate community needs with direct involvement, our next big hurdle was getting ready for the return of students to school, two weeks after the shootings and the long process of helping the community heal. Our Command Central was dismantled and operations were turned back to our Emergency Team. The true magnitude of what we were facing began to hit us as we realized that this was not going to "be over" anytime soon. All of us on the JCMH staff were starting to show the strains of 23-hour days. **It was then that we learned one of our biggest lessons: take care of the caregivers.**

Our manager of Emergency Services summed it up well in a memo he wrote to staff.

"For those of you who haven't been counting, we are now beginning our tenth day of responding to the Columbine tragedy. I want to take a moment to tell you all what a fine, fine job you are doing. In 29 years in working in mental health, I have never seen such a dedicated, compassionate and professional response to the community. Everyone has been demonstrating a selfless commitment to doing everything we can to help. This includes not only the front line staff, but also those behind the scene providing leadership, coordination, support, and those of you who are covering our "other jobs" so that we can dedicate our time and energy to the Columbine response. I want to urge all of you (I'd really like to insist, if I had the authority) to exercise the following four recommendations:

- 1. Take at least one full day off, without any involvement with the Columbine situation for that day.** Everyone needs at least a day to decompress and recharge your batteries (I'm taking Sunday). Better to take time out now than to risk the "crash and burn" syndrome later.
- 2. Take advantage of the staff debriefings.** Even if you have already been to a debriefing, the intensity and pervasiveness of this crisis suggests that we may need more than a single debriefing.

3. **Restore the word "NO" to your vocabulary.** *Everyone has been wonderful about saying yes to our many requests for help. However, it is increasingly apparent that this crisis is not going to be over anytime soon and we need to pace ourselves.*

4. **Keep an eye on your co-workers.** *If you start to see that glazed "deer in the road" look or raccoon eyes on the faces of; your co-workers, encourage them to take time out. We have to take care of ourselves and each other. It is clear that JCMH is going to be involved for the long haul in helping our community recover from the Columbine tragedy. No group of people is more skilled or capable of handling this than we are. We can take pride in the job we have done so far. We just have to fasten our seat belts and prepare for the turbulence ahead. Thanks to every one of you."*

So with these words of counsel in our minds, we took the next step, and **began to learn lessons about how to support people as they try to resume their daily lives** after such traumatic tragedy. After Jefferson Center responded to the initial crisis, Center staff became advocates for the mental health needs of the victims and for the ongoing need for treatment. It was easy for public officials, the media and others in the community to understand the needs of the 39 deceased and injured victims and their families. It was much harder to understand the impact on thousands of other people in the community, and the need to provide mental health services for them as well.

The Columbine students returned to school ...not at their own Columbine, but at their nearby rival Chatfield High School. When they fled the building on April 20th, they left behind all of their backpacks and belongings. The staff also left everything in their classrooms and had no supplies. We knew the logistics of going back to school after such a tragedy would only be compounded by the feelings of displacement. We tried to prepare the school staff as best we could. In addition to regular debriefings and drop-in counseling sessions, we provided breakfast and "care bags". In the care bags we included a few office supplies to help with their first day back and a variety of nurturing items...herbal teabags, bubble bath, a blank journal, tickets to a movie, bottled water, chocolates (of course!), granola bars, oranges, and the like. The last thing we included was a small envelope with 35 cents inside. On the outside of the envelope it read:

PLEASE TAKE CARE OF YOU.

Use these coins to make a phone call to a loved one, a friend, or any of the following assistance centers. It listed the phone numbers of the mental health center, Colorado Organization for Victim Assistance and the Jefferson County Office of Victims Services.

The day the students returned, we had 23 counselors at area schools and more at the churches. Yet we knew that this was only the first day and that students would continue to need help.

Once again, **we used a non-traditional approach to reach those in need who are uprooted and dispersed throughout the community.** Within four weeks of their return to school, a teen drop-in and recreation center – organized collaboratively but run by the Mental Health Center - was opened. The goal was to give kids an alternative, safe place

to go and to provide mental health support in a non-traditional way. We realized that due to stigma many teens simply would not seek out counseling. The center, “SHOUTS,” was staffed by “cool mentors” (i.e. young adult mental health counselors). In addition to being just a place to come and chat or get help, SHOUTS had an art room with an arts therapy staff, a music studio and a café modeled after the set on the TV show “Friends”.

Mental health counselors were placed in every school in the Columbine area for the remainder of the school year. We began to prepare for the end of the school year and began anticipating how to respond to staff and students who would become isolated over the summer. The last week of school, Center staff and volunteers once again made bags of goodies for the Columbine and Chatfield staff. The intent was to make contact with them once again before they left for the school year and to let them know of services available. We included a newsletter with information about counseling services and a questionnaire asking them what other things would be helpful to them during the summer. Drop in counseling throughout the summer continued at various locations, including the teacher’s union office and a Saturn car dealership. Again, we tried to provide services in non-traditional settings to help reduce the stigma of accessing help.

By July we had hired around 20 new staff and opened a storefront resource center called Columbine Connections, an office where mental health, victim’s services, and community activities were based. Columbine Connections is a true collaboration, developed by numerous organizations and individuals including the school district, sheriff’s dept and DA’s office, the local parks and recreation district, and a local grassroots organization called PACCT. SHOUTS stayed open for a year. Columbine Connections Resource Center is still open, and now is mainly a trauma treatment center for both crisis and ongoing treatment of Columbine victims, a central location for information and referral, and the home base for PACCT.

With the approach of the 1999-2000 school year, **our focus returned to the daily needs of Columbine students.** This would be the first time these students would go back into the Columbine high school building since April 20th and we were ready with the following support:

- 7 counselors on site providing direct services, support and consultation to students, faculty and parents.
- Mental health and victim’s advocacy staff available at S.H.O.U.T.S. for back to school breakfast for parents.
- Mental health counselors for the feeder schools
- Ongoing management consultation with and from schools.
- Ongoing parent and staff support groups
- Mental health services at Columbine Connections and S.H.O.U.T.S.

In providing students, families, school staff and other community members with help, we’ve found that **the need for mental health services has been greater than we estimated as has the length of time mental health services would be needed.** This is

in part due to the number of traumatic events that have happened since April 20th that have continued to retraumatize this community.

When our director of emergency services advised us on day 10 to fasten our seatbelts for the turbulence ahead we had no idea just how tough the year would be. Several additional traumatic events shook the community in the year between the event and its first anniversary. Events like the murder of 2 more students at a nearby sub shop, the discovery of a young child found murdered in a trash dumpster just across from the high school, suicides of one of the injured students mother and the suicide of another parent re-traumatized people over and over and over. After the anniversary, but before the end of the school year, a Columbine high school student committed suicide, and disturbing videotapes were released.

The community struggled through the first anniversary. The planning for the observances began 6 months in advance. There was a memorial walk, a large community observance in the park next to the high school and a candlelight vigil later that evening. Many were healing, many had sought services and support. Some were “sick of Columbine” and wondered why people couldn’t just “get over it”. And some, as we found out this year, would delay seeking treatment. As recently as the last two weeks there was a dramatic increase in the number of walk-ins and phone calls to Columbine Connections Resource Center following the shootings in Santee, California and El Cajon, California.

We learned how hard it is to get funding for ongoing mental health services after a community crisis. There was no federal mental health funding for this human-caused disaster such as there is in the case of natural disasters like earthquakes, tornadoes, and floods. Immediately after April 20, donations poured into the community, and numerous funds were set up. Donors focused on the injured, the families of the deceased, scholarships, violence prevention, building a new library, building a memorial. No one but us focused on MH Funding. Throughout the last two years, the fight for funding to provide these services has been a constant task – and one that demanded a tremendous amount of advocacy. To get dollars for MH funding, we had to teach the funders about the Mental Health impact of trauma. We had to remind them of the 2000+ kids and teachers in the school who weren’t physically injured, and what they went through.

- The students who held teacher Dave Saunders while he bled to death.
- A young girl in a locked down elementary school watching the tragedy on TV – and knowing her older brother was in the high school.
- A teacher hiding with a group of students, hoping he and they were safe, but wanting also to help the kids he thought had been shot close-by.
- A student in the library, hiding under a table while her best friend was shot under a close by table.
- A neighbor listening to the shots and explosions while watching medical triage take place in her own driveway.
- The parents, frantic with fear, waiting to hear if their child was alive and safe.

Sometimes it seems we're fighting a losing battle. Just two weeks ago, the future of Columbine Connections looked bleak when the Colorado legislature voted to cut our funding. There was much debate about how could there still be a need for mental health services two years later. After a massive education and lobbying effort we persevered. Just yesterday we found out that 85% of our funding was restored.

Another lesson we learned: Outreach and community based treatment reduce the stigma and make it much easier for those who are impacted to get help.

While Columbine students were thus provided help in resuming their daily activities, more than 4,800 Columbine area residents likewise received some sort of mental health service, between July and December of 1999. In responding to these needs, **we learned just how crucial is the role of mental health center after a serious community trauma to educate the broader community about trauma and its impacts.** Initially, we did numerous handouts with two important focuses... Telling people how to access mental health services and other resources, and telling them how to recognize problems. An additional goal was to mobilize their support systems.

- During the first week, we developed more than 20 flyers on debriefings, trauma reactions, community meetings, drop in counseling...over 50,000 distributed.
- In addition to establishing the chat room, we revamped our website that received 7,000 hits in first 3 weeks
- We mailed letters to homeowner's associations, businesses in the area, physicians, first responders (ie fire, police, paramedics, those continuing to work on the tragedy (ie DA's office, etc)

Later on, a major focus on an ongoing basis was to provide the community with the information it needs to heal. Our largest single effort was a Parent Resource Guide, published before the end of the school year, and reprinted several times since. So far we have distributed nearly 125,000 copies. We conducted trainings and workshops, published numerous articles, and handouts on the impacts of trauma for community members, caregivers, the faith community, and local businesses. Our efforts to educate school district staff even included the production of a videotape on the Neurobiology of Trauma, so that teachers could better understand the impacts of trauma on academic performance and behavior. We issued monthly newsletters to families and to school staff, sent letters to college guidance counseling centers about students coming and handed out articles about the effect of trauma on academic achievement at parent teacher conferences. Here is an excerpt from one of those articles:

Trauma causes changes in the brain, often after a single exposure. While not every child will have a traumatic reaction to an inescapable or terrifying event, we know from research that up to two-thirds do. Research also tells us that even those who were not actually present at the violent event but who view coverage of the event display trauma reactions.

One of the results is that children and youth who have been exposed to trauma cannot perform at the same level as they did last year. The effect of trauma on academic

performance can be dramatic. Because of the physical changes in the brain, a student can have concentration difficulties, difficulty with sequencing, memory problems and problems with learning. In addition, a shattering of their world view and sleep disturbances are common, as is depression. The result? Students do not have the same ability they had before the trauma to think in concepts or abstract terms. Instead, they become very concrete. Students are less able to form new memories and therefore don't learn as well as they did before the trauma. Students have a difficult time with recall and testing. Students who are exhausted by lack of sleep and hyper vigilance are unable to attend class and concentrate. Students can also display irritability, aggression, withdrawal, and testing behavior in the classroom and an inability to calm themselves down when they get upset.

Now... just in case you think that maybe things in our community calmed down in the second year. We've had releases of graphic videos and reports, suicides, increased crisis calls and walk ins every time there is a school shooting somewhere else. We've had community leaders quit or leave due to Columbine stresses. This week alone we've had the 60 Minutes show laying blame on the sheriff's dept and school, lawsuits filed by the families settled, the 2 year anniversary and word of another school shooting. The current level of need is increasing. In the last two weeks at Columbine Connections, there were 17 crisis calls, 12 walk-ins and 8 calls to Social Services due to protective reasons. This level of demand for mental health services is over and above the usual number of intakes and ongoing sessions.

At the current time, the level of utilization of services is still very high. The people we see now have clearly suffered a degree of trauma that is long-term and is having a significant impact on their lives.

Research from around the country predicts a high need for mental health services well on into the 3rd and 4th years after the shootings. And so, we will keep on doing what we've learned to do to help the healing continue...prioritize, being out in the community where the people are in order to make it ok to seek MH services, lots of psycho education and communication, traditional and nontraditional approaches to trauma treatment, and helping them mobilize their own support systems.

There is one last thing that I want to tell you about...the impact that being involved in this sort of major community trauma and providing this many trauma based services has had on Jefferson Center for Mental Health Center.

We were told from the beginning that secondary trauma has a major impact on staff. A study showed that 14% of mental health clinicians working with trauma victims reported traumatic stress symptoms equivalent to those of clients diagnosed with PTSD. Our experience shows this to be true; despite the fact that we started talking about it from the day Columbine Connections opened its doors, and did many things to help staff handle it.

As many of you know, dealing with trauma victims day after day takes a lot out of you. We have provided mandatory debriefings and "decompressions", extra time off, which

we sometimes had to order staff to take, on site massages, treatment including EMDR, and a lot of specialized supervision and training. At this point, around half of our staff at Columbine Connections are planning to leave or move to other jobs at the end of this school year. Some experts have suggested that no staff should do full time intensive trauma work for more than 6 months.

We had no idea how much our response would impact our whole organization. Initially, there was a sense that everyone was pulling together - not just the staff involved in the massive crisis response, but also those who held down the fort back at the center. But after time, many in the organization were ready to be done with it, while others were still in the thick. This causes stresses and pressures, can divert management focus from important ongoing issues, and is something we are still struggling with daily.

I've packed so much into a short time this morning, just as we've packed in so much into a very long two years. **Let me review again some of the lessons we've learned:**

- Be prepared...plan ahead...start now!
- It's not a sprint, it's a marathon
- Prioritize...early
- That those at highest risk usually don't seek treatment. And that outreach and community based treatment reduce the stigma and make it much easier for those who are impacted to get help.
- Relationships, relationships, relationships...they are key...develop them now
- Bob Pynoos taught us that when you provide effective help to the most traumatized – those whose suffering is apparent to those around them – the rest of the community is also helped to heal.
- “Ground” staff early and often
- Secondary Trauma is an inevitable part of Trauma Work
- Crisis has long-term life; remember healing processes and triggering events
- The media can be help and a hindrance

Yesterday was the 2nd Anniversary. It's not over yet. But, the community is healing. Those who have worked in the trenches for two years are healing. There *is* hope after darkness. We've developed many prevention programs (another whole speech!). And yesterday students at Columbine High School launched the Heart of Columbine, a national campaign for youth to give back to our communities and create hope.

As the memorial observance in Clement Park began yesterday with a reading of the names of those who died that day at Columbine High School, the clouds rolled in and it started to rain, mixing with our tears once again. At the end of the short, quiet ceremony, it was only fitting that the sun appeared. **As I looked out over the crowd, talked with students and families who lost loved ones, I was once again struck by the resiliency of the human spirit. There is hope. That's certainly a lesson for all of us who do such tough crisis intervention and ongoing healing work.**