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**NJOHSP**

**OFFICE OF HOMELAND SECURITY AND PREPAREDNESS**

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## NJOHSP Podcast *Intelligence. Unclassified.* Episode 17: One-on-One with Deb Del Vecchio-Scully

**Rosemary Martorana, Director of Intelligence, New Jersey Office of Homeland Security and Preparedness:** Hello. I am Rosemary Martorana, Director of Intelligence here at the New Jersey Office of Homeland Security and Preparedness (NJOHSP) and you are listening to *Intelligence. Unclassified.* This podcast is exactly what the title states: unclassified information about current trends in homeland security for the state of New Jersey, as well as educational information and resources for your awareness. Although it is produced every month, we aim to stay on top of current events and will often offer additional content. If this is your first time listening, then thanks for coming! Please feel free to add this podcast to your RSS feed or iTunes. You can also follow NJOHSP on Twitter @NJOHSP and Facebook. All links can be found in the show notes and on our website [www.njohsp.gov](http://www.njohsp.gov).

**Rosemary Martorana, Director of Intelligence, New Jersey Office of Homeland Security and Preparedness:** Hi. This is Rosemary Martorana, Director of Intelligence here at the New Jersey Office of Homeland Security and Preparedness. On March 18<sup>th</sup>, our office celebrated its 10<sup>th</sup> Anniversary Conference, where over 600 of our public and private sector partners joined us to engage in valuable dialogue surrounding counterterrorism, resiliency, and cybersecurity issues. The day's events included insightful presentations from a wide array of experts, who then graciously sat down with our podcast to delve deeper into some of their topics. Over the next several weeks, we will be hearing from the likes of:

- Clint Watts, a Robert A. Fox Fellow for the Program on the Middle East and Senior Fellow for the Program on National Security at the Foreign Policy Research Institute
- Lauren Steinberg, a Terrorism Analyst for the Anti-Defamation League's Center on Extremism
- Ehsan Zaffar, a Senior Civil Rights and Civil Liberties Official at the United States Department of Homeland Security,
- Del Del Vecchio-Scully, a counselor and trauma specialist serving the Sandy Hook/Newtown community, and
- Police Chief Jarrod Burguan of San Bernadino

**Angie Gad, Intelligence Analyst, New Jersey Office of Homeland Security and Preparedness:** This is Angie Gad, I am and Intelligence Analyst with the New Jersey Office of Homeland Security and I am here with Deb Del Vecchio-Scully. She is a licensed professional and nationally-certified counselor. She holds diplomat status as a clinical mental health specialist in trauma counseling from American Mental Health Counselors Association. Ms. Del Vecchio-Scully has a Master's in Science from Southern Connecticut State University and was appointed to serve on the American Counseling Association Presidential Anti-Bullying/Interpersonal Violence Task Force in July 2015. She is also nationally known as a stress and trauma expert,

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having worked with survivors of the 9/11 terrorist attacks as well as adults and children impacted by the Sandy Hook Elementary School shooting. Ms. Del Vecchio-Scully now serves as a Clinical Recovery Leader and Trauma Specialist of the Newtown Recovery and Resiliency Team. To start off, in the aftermath of tragedies like Sandy Hook, for instance, what sorts of counseling needs does a community require?

**Deb Del Vecchio-Scully:** Well initially, following any kind of communal tragedy, there is something we call disaster mental health. That is a particular type of mental health response. It is usually coordinated through the American Red Cross for example, or disaster mental health teams that exist in a community. These consist of trained volunteers, and they may be actual counselors, but they may also be laypeople who have just received training. The purpose in those initial days and weeks is really what I call calming and containing. You are just identifying the basic needs that the most impacted individuals might have and depending on the type of tragedy as well, if it is more of an environmental tragedy, then these might be different. People might need housing, for example. But in the aftermath of the Sandy Hook Elementary School shooting, it was really much more focused on making sure those who were most directly impacted had adequate supports, helping to make sure that their family members were able to come to town to support them, and just provide them with whatever was needed. That is more of a disaster mental health approach. Typically, the standard for that is something we call Psychological First Aid. It is not treatment based and that is an important differentiation.

Unfortunately, after tragedies, all types of tragedies, there can be a real influx of what we call spontaneous uninvited visitors. These are perhaps people who might have training and feel call to come and help the community or just curiosity seekers. They become a burden on the response teams. They may need resources and actually be taking those away from those who are impacted. They become the secondary group that needs to be taken care of. I think what is really important to think about in that immediate aftermath is, do not show up unless you are invited or unless you are deployed. And we definitely saw a great deal of that in Sandy Hook in the initial days and weeks following that. It is a very small town and very small community, many of the roads are single lanes on each side, and people just could not get around their own communities, both because of the media and all of the extra people who were in town. That is a really important factor. Once we start to move out from those initial days and weeks, in general, most people who are involved in some form of an event that might be traumatic in nature, few go on to develop full blown post-traumatic stress disorder. It is what the literature tells us. However, I would say in this case that there was a great deal of post-traumatic stress that developed early on because I think that the nature of the number of children who were killed that day. And when we transition out of Psychological First Aid into more treatment, you want to be working with counselors who have extensive training in trauma and experience, who have the ability to diagnose, come up with a comprehensive treatment plan, implement it, and gauge where they are going with it. And that is a specialty, just like doctors have specialties, so do mental health professionals. And I think it is really important that first, the treatment is provided by someone who has adequate treatment experience, and number two, has the capability and the capacity to continue to do that over time. It is a great emotional burden to provide counseling in the aftermath of a tragedy, such as Sandy Hook.

**Gad:** On that note, is there a particular method of counseling that seems to work best with survivors and families in these situations?

**Del Vecchio-Scully:** I think there is a combination of factors that would go into making that decision. First, there are certainly types of treatment that are more appropriate to work with young children. Again, in the case of the Sandy Hook shooting, there were almost 400 staff and students in the school. The treatment has to be geared to meet children where they are developmentally. In that case, you are doing things like play therapy, art therapy, music therapy. There are certain types of trauma treatments that can be used with even young children, something called eye movement desensitization reprocessing, or EMDR, can be used with younger children. It really depends on the child's capacity, emotional maturity, and for anyone across the lifespan, their tolerance. What can a person tolerate in any given moment? For the younger children, they needed a great deal of support to feel safe again. Was it safe to go back to school? That was really hard because the site of this tragedy was school where they previously felt safe. That was particularly difficult. When we move more upward in age to adolescence and adulthood, there is more maturity and ability to have perhaps some more complex constructs and understand. Young children, their brains have not developed quite yet to fully understand or appreciate what death is and the permanence of death, so that is particularly tragic here. And we had multiple layers that needed to be addressed. Obviously, you have the complete shock of the horror of that day, there is grief, there is something called traumatic grief. Traumatic grief occurs within the context of when whatever is causing the bereavement happened in a way that would make it be traumatic. Some examples would be car accidents, sudden death due to a car accident, or murder. It is something that is unexpected. We were looking at a great deal of overwhelming grief and sadness and loss. We were looking at traumatic grief, and post-traumatic stress disorder, as well as depression and a great deal of anxiety. Complicated to say the least.

And when we are working with adults, you are looking at all of the other lifespan events that they have been exposed to, as well. For some people, this was the first bad that had ever happened in their lives, and they will perhaps do better because of that. There is just less exposure. Because of where Newtown/Sandy Hook is located, it is a fairly close proximity to New York City, this was an impacted community from the terror attacks of September 11. There were several things that had happened just in the month before. Hurricane Sandy impacted Connecticut a great deal. Almost the entire town of Newtown was without power for, some for up to 2 weeks, and it was really frigid, it was really cold, so that was really stressful. The degree that a person's able to have capacity to engage in treatment and receive its positive effects that has a lot to do with what they bring in the door with them. There was a lot of preexisting stressors. Some people have more than one trauma. It is actually pretty common for that to happen.

I feel the most effective ways to approach this are always to meet a person, client, exactly where they are in their lives, exactly where they are in their recovery and always be mindful of the impact of trauma on the brain. We call this the neuroscience of trauma and there is something that is described as the bottom up or bottom down approach. The bottom up approach means you are working from the body's reaction to the trauma, and you are working the lower parts of the brain: the subcortex, the limbic system, the amygdala. These are the structures in the brain that regulate everyday stress, which we all know what that is. They also are involved and responsible for regulating a traumatic stress reaction. If we do not use treatments that directly impact that lower part of the brain, we risk doing more harm than good. A part of that is because during a stress response, the higher functions of the brain, we call executive functions, and the part of the brain that is responsible for language, literally shut down. They are not operating, and your brain is then sending all of its energy and blood and resources to other parts of your body to either

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fight or flee. A person does not have the ability or the capacity to give you a recall of what has happened to them. The memory is not there because it never got stored in long-term memory, as all of our other memories are. Therefore, the traumatic memory gets stored more in our body, in visceral reactions. That might be the tightness that you felt or the clenching in your body, tightening of the jaw perhaps, and it would be completely unaware. You do not have an understanding that this is what happen to you as it happens. The most effective strategies for recovery, and really not to just reduce symptoms but to eliminate them, are from these brain-based treatments that more directly impact the subcortex of the brain and can take those fragmented memory pieces of the trauma and through different ways of stimulating the brain, help a person bring it all together in a more cohesive way, while releasing the intensity of the memory.

**Gad:** That is very interesting. You worked with adults and children that have been impacted by the Sandy Hook Elementary School shooting, as well as survivors of the 9/11 terrorist attacks. Can you speak to if there was a difference in the level of trauma by two different sets of groups, or individuals, that have been impacted?

**Del Vecchio-Scully:** When we look at, when I say we I mean the mental health profession, look at post-traumatic stress disorder, there are a set of symptoms that we use to make that diagnosis. Regardless of the reason that someone might be traumatized, we were always going to use those criteria for diagnosis. However, there is a unique culture to every event that happens in the world for individuals. The cultures of the terrorist attacks of September 11th and the Sandy Hook Elementary shooting, are different. With the Sandy Hook Elementary School shooting, there is a particular emotional pull for most people, whether they have any connection to it or not. I believe it is because of the age of the children who were murdered that day. There is something really unique about that. And I think there is something really unique about the terror attacks of September 11, which was a much larger event and encompassed much more people. Comparing experiences, I think a more helpful response is identifying what the culture is that the person is experiencing. Understand that every individual is going to have their own unique story related to the traumatic event and how they have made meaning of it. Then third, it is also the degree of impact. The closer you are, and that does not have to be physically, you could have been on the other side of the world, but if you had a loved one who was in the Twin Towers, or on one of the airplanes, or you had a grandchild in the Sandy Hook Elementary School, and you did not know for hours if that child was safe. Each of those is unique and different, and you as an individual are going to make meaning of that however you do. That is our personalities, our life experiences meet that experience. Then we look at the uniqueness of each individual, while always following where are they on this list of symptoms and what would be most helpful in helping them to recover and heal from their emotional and psychological wounds.

**Gad:** Speaking of the uniqueness of the individual, is there an average time for individuals to recover or is there a time where people never recover? Or does that also matter depending on the proximity, as you were speaking of?

**Del Vecchio-Scully:** That is a great question. I think there are many ways to answer it. One, if you lose your child to murder, I do not know that there is any getting over that. I think there can be a moving forward from it, but that is a life changing event. When I think about the time that I spent with some of those closely impacted, who were there in those moments, they will tell you

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this is life changing, and there is no going back to who I was before that. It is like a line drawn in the sand. I think it does have a lot to do with who you were before this, your overall health, and well-being, what other events have happened in your life that would have either positively or negatively impacted you. And there is always this factor of resilience. Some people have more resilience than others. We all have it and it can be encouraged and fostered, but if I come into a traumatic event and I am a very resilient person, perhaps my recovery will not be as difficult or as bumpy as someone else who comes in with less resilience.

**Gad:** To switch into a different topic now, what functions does a recovery and resiliency team serve?

**Del Vecchio-Scully:** We were the first team, to my knowledge, that was ever created after any kind of tragedy like this. The Department of Justice funded this team and we have been in operations for the past 20 months. We were tasked with serving the entire community-28,000 people with a team of 6-to increase communication, to bring groups together, to provide direct services when it was needed, to meet with community members, with their children, sometimes it was the adults themselves, to assess and identify what their current issues were, and then to match them to the best possible treatment that we could, to the best possible clinician, and the best possible treatments. I often say, it is the right treatment, for the right person, at the right time. It is a complex process of careful coordination to do that. That was a very significant piece. The other parts of it are that we were tasked in bringing recovery programming to particularly impacted groups in the community-the emergency responders, the Sandy Hook school staff, children in the community, the clergy, mental health clinicians, to name a few-to create programming to provide them support so that all of the supporters and helpers could continue to do so. And to try to work as much as we could with as many individuals. In fact, in the last 20 months, we interviewed over 900. A team of 6, over 900. That was roughly 600 head of households, so multiple members of families were served and many of them came back multiple times. Because the nature of such a complex trauma is that at this point in time, a particular type of treatment worked, helped, and then time would pass, something else might come up, a child might move into a different developmental state, a new teacher, new school, something bad happens in the world because bad things happen all the time, unfortunately. And they would come back and we would reevaluate, reassess, and say OK, what do we need to layer on now. Honestly most needed layered treatment, there was not really one treatment for all problems. An example might be a child would go for equine therapy and do that for a bit and then come back and we might need them to do maybe some brain-based treatment, like an EMDR or brainspotting. And we just keep wrapping around until they say they are good.

**Gad:** Now, dealing with this, you are a team of 6 and you dealt with 28,000 individuals?

**Del Vecchio-Scully:** Well, the town comprises 28,000. We worked with around 900 of them.

**Gad:** Did that cause your team any kind of trauma or stress?

**Del Vecchio-Scully:** That is a very good question. That is something we call vicarious traumatization. Looking at the mental health community at large that served the Newtown area, it was the town of Newtown, but surrounding towns as well, there is something that is called shared trauma. Shared trauma is when both the therapist and the client both experienced that trauma. This was something we saw after the terror attacks of 9/11 and the Sandy Hook shooting.

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We have clinicians who lived in town so this was their trauma as well as needing to be able to provide the counseling to their community. Within shared trauma, it is complex, for sure. There are a lot of other factors about how do you take care of yourself, what can you do? That is something we called vicarious trauma. Vicarious trauma is the impact any helper, it is traditionally associated with mental health, medical providers, and law enforcement, it is the cumulative impact of what you are exposed to and having the obligation and responsibility to do something about what you are exposed to. So certainly, we were definitely impacted by working in the community.

**Gad:** I wanted to ask if you can speak to what the mission of the Anti-Bully/Interpersonal Violence Task Force is.

**Del Vecchio-Scully:** Certainly. This task force was developed by the current American Counseling Association President, Thelma Duffey. Its goal is to heighten awareness around the consequences of bullying and interpersonal violence, within the profession of counseling and the larger global community. This is being done in a few ways: through advocacy and identifying prevention and intervention strategies. The mission of the initiative is to move compassionate awareness into meaningful, impactful, and sustainable action. One of the national pieces of this that we are doing is the Know Your Impact campaign. What this means is we are asking people, think about the people who have impacted you in your life, who may never know that. We all need to tell people, but we are not necessarily good at doing so, myself included. So what this is, we are bringing this all over the country to universities, to communities, where we are just inviting people to think about who is impacted you, who would you like to think that way. We all have a need to feel like we belong, and at the very crux of bullying is isolation. This is one of the ways that we are bringing people together around preventing bullying and interpersonal violence, as well as really developing the highest level of resources that you can imagine receiving. We are creating that and it will be available to anyone who needs that for any reason through the American Counseling Association.

**Gad:** You spoke about resiliency. Are there any steps individuals can take to make themselves more psychologically resilient, before they become involved in any traumatic incident for instance?

**Del Vecchio-Scully:** I think resilience happens whenever we are challenged and are stressed in some way. Think about even just the basic learning process. Whenever we have to learn something, it is uncomfortable, we do not like it, we want to give up. But when you stay with it, you eventually master whatever it is. I use the example of learning to ride a bicycle. It is hard. You are wobbly, you are all over the place, but eventually, one day, you do it. And the stress of learning that has made you more resilient for the next challenge that you might come up to. It is not this esoteric concept that is really hard to reach. We do it every day. We have to get up 15 minutes earlier than we are used to—we do not like it, but it does make us a little bit more resilient. And then, of course, within the field of counseling, there are things that help foster resilience. Anytime that someone can look towards the constructs of appreciation and gratitude, that makes us just happier, more resilient people. If you can foster greater tolerance for those things that you do not like in your life or in the world, that makes you more resilient. And that is for anything that might happen, not only a traumatic event, but anything that you need to experience.

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**Gad:** Lastly, what is one good resource you could recommend for our listeners?

**Del Vecchio-Scully:** First, I would say the American Counseling Association's website, which is [counseling.org](http://counseling.org). There are a lot of resources there. The task force resources that we have created will be on that website. That is wonderful for the layperson, as well as if you are a professional, if they are listening to this. Secondly, the Newtown Recovery and Resiliency Team, although our work is ending, we do have a pretty comprehensive website that will still be live, and that is [newtownrrt.org](http://newtownrrt.org). Lastly, I would say that I am a great resource on trauma, and you can reach me through my website which is [debdelvecchioscullylpc.com](http://debdelvecchioscullylpc.com).

**Gad:** Thank you so much, Deb.

**Outro:**

Again, all links can be found in the show notes and on our website at [www.njohsp.gov](http://www.njohsp.gov). Thanks for listening and do not forget to subscribe to *Intelligence. Unclassified*.