

First Person Singular



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What Can We Do to Stop the Growth of Mass Shootings?

Spoiler alert:
It's not about gun control

Some places in the United States have become synonymous with mass killings: Columbine, Newtown, Aurora. And now, Shelby, S.C.

One awful aspect of these tragedies is that some of them could have been avoided. The sad truth is that these horrific events largely result from a lack of resources and care for the troubled shooters during their early development.

More than 50 years ago, the Community Mental Health Act of 1963 (CMHA) provided federal funding for community mental health centers in the United States. This legislation—also known as the Community Mental Health Centers Construction Act, Mental Retardation Facilities and Construction Act, Public Law 88-164, or the Mental Retardation and Community Mental Health Centers Construction Act of 1963—was passed as part of John F. Kennedy's New Frontier.

The law led to considerable deinstitutionalization; people with mental health illnesses left inpatient psychiatric wards and instead

received care through community mental health centers.

Working as a clinical mental health counselor at that time, I personally observed the incredible treatment provided to *everyone* who came to the centers for help. No one was turned down! After about 1974, however, the funding for these centers dried up, and at-risk patients no longer received treatment for many of their mental health needs. Only the chronically mentally ill were treated, and usually the treatment was minimal—often only psychopharmacology.

If we are to reduce and possibly eliminate some of these horrific shootings, we must take a hard look at early identification, diagnosis, and treatment of those who are at-risk and in need.

Too many parents today who have children with mental health and behavioral issues have too few options for where to take their children so that the children receive the proper treatment. We must recognize and replicate what worked in the past to determine how to proceed in the present and future.

I recently evaluated a 16-year-old who is in prison for shooting another person multiple times. He had no true rationale for the shooting, only that the other person had treated him disrespectfully. It didn't take long for me to learn that this young man's early development

was replete with soft signs and red flags that he was "at-risk" even before his adolescence. In the 1960s and early 70s, a plethora of treatment would have been available to him that could have potentially warded off his senseless crime. Instead the futures of two young people have been blunted, and their families and communities have been wounded emotionally as well.

The omnipresent interviews with "experts," National Rifle Association representatives, anti-gun lobbyists—and even mental health experts—suggest infinite causes and solutions to the mass shootings in the United States. I have yet to hear, however, one person speak of preventing these tragedies from occurring by providing appropriate mental health intervention at the first sign of a red flag.

IS THERE A SOLUTION?

The solution to this problem requires a multifaceted approach:

1. Early mental health intervention, with identification of symptoms and character traits
2. Treatment of both the at-risk individual and that person's family

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3. Strict gun licensing that involves a comprehensive background check that eliminates individuals who have been identified as “at-risk” and those with a criminal record. This would include the same protocols used to screen police recruits.

“more than half of the cases involved school or workplace shootings.”

The Centre for Research on Globalization (CRG) published data showing that the total number of mass murders from 1940 through 1970 was 28. The tally for 1980 through 2013 was 116. (Mass murder is defined as one aggressor, with at least four people killed, not counting the shooter, in a 24-hour period.)

Certainly these statistics are not comprehensive, but regardless of which side of the gun management issue you are on, it is axiomatic that

deaths attributable to shootings in our country have significantly risen in recent years.

Is it possible that the easy availability of guns may not be a direct cause of the explosive increase in the number of deaths from mass shootings?

Could it be instead that the deadly violence has increased in part due to the failure to appropriate funds—which were available in the past—to properly diagnose and treat our children?

The children and young adults who have committed mass murder displayed significant mental instability during their formative years. I believe that until we restore the allocation of funds to support the diagnoses and treatment of at-risk children, we may reasonably expect dangerous future behavior to develop unchecked, putting all of us at risk. 

Norm Hoffman, the clinical director of Counseling and Psychotherapy Centers in Ormond Beach, Fla., and the president of the National Board of Forensic Evaluators, began his work with the Devereux Foundation in 1963 as a music therapist for children. A qualified and approved Parenting Coordinator and a Florida Family Law Supreme Court mediator, he has served as treasurer of the Florida Mental Health Counselors Association for the past three years.

MAYBE GUNS ARE NOT THE MAIN PROBLEM

Since 1982, there have been at least 70 public mass shootings across the country, according to *Mother Jones*, which found that

Sources for “Mental Health by the Numbers”

On the back cover of this issue, you’ll find a list of statistics that reveal a slice of truth about some aspect of health or mental health. Below are the sources for each item, which can be found online.

- 1, 2: University of Connecticut (see also the Research Findings in the July *Advocate* for more on how the rate of infidelity relates to economic dependence on a spouse)
- 3: Medical News Today
- 4: University of California–Berkeley
- 5, 6: University of Adelaide
- 7: Medical News Today
- 8–10: National Center for Biotechnology Information, U.S. National Library of Medicine
- 11: Centers for Disease Control and Prevention, and the National Council for Behavioral Health
- 12: University of Waterloo
- 13: Social Science Research Network
- 14, 15: University of Illinois at Urbana–Champaign