

MISSOURI DEPARTMENT OF MENTAL HEALTH

Disaster Communications Guidebook



**Preparedness & Public Education:
Response and Recovery Planning for
Public Leaders and Spokespersons**

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Promoting Trust, Cooperation & Emotional Well-Being through Risk Communication

How to Use This Guidebook

Introduction

The Centers for Disease Control and Prevention (CDC) slogan for their risk communications initiative following the 2001 anthrax attacks is rooted in evidence-informed principles:

BE FIRST. BE RIGHT. BE CREDIBLE.

What is said and how it is conveyed to key audiences by public officials, spokespersons, and elected leaders can make a tremendous difference in individual and community recovery. Building trust, providing realistic reassurance and conveying messages of hope and recovery are critical to the emotional well-being of persons affected by the disaster and the general public as well. Ideally, messages promoting adaptive responses and emotional resilience must be interwoven with safety and public health communications strategies and planning. Consistent messages are vital to effective crisis, emergency and risk communications. This guidebook focuses on mental-health-oriented messages to blend into public communication as part of state and local response and recovery efforts.

History

When responding to disasters, public officials and authorities provide advice and guidance regarding safety, health and appeals for assistance to the affected communities. Previously, mental health experts were not consulted on constructing appropriate messages to address the psychosocial impact of the event. However, in recent decades much has been learned about disaster psychology to promote healthy outcomes and the use of risk communication to promote public cooperation and adaptive responses.

Purpose

The public's emotional well-being is impacted by messages that provide information about physical safety and promote the use of natural support systems such as families, friends and communities which include neighborhoods or faith-based groups. These mental health messages have a solid foundation in resilience. In keeping with psychological first aid principles, the key goals of these messages are to accomplish the following tasks:

- Encourage adaptive and cooperative behavior that is consistent with individual and community safety;
- Provide realistic reassurance through fact-based information that counteracts rumors and normalizes strong emotional reactions;
- Reduce stress and promote self-care strategies for stress management and access to needed crisis counseling support; and
- Increase emotional resilience for individuals and communities.

The Missouri Department of Mental Health (DMH) created this disaster communications guidebook so that response agency spokespersons could integrate appropriate mental health messages into their efforts during an event or recovery. When utilizing these messages, consider:

- Selecting applicable messages consistent with the chronology of the incident as illustrated in the Figure 1 below—a graphic representation of a community’s emotional response and recovery after a disaster event.
- Giving people action steps helps reduce stress and promote community unity and confidence.
- Using risk communication principles that engender trust and credibility with the audience.
- Seeking partners and experts that increase credibility with target audiences.
- Adapting messages into message maps for the incident.
- Sharing the templates & message maps with public health and emergency management partners to promote consistency.

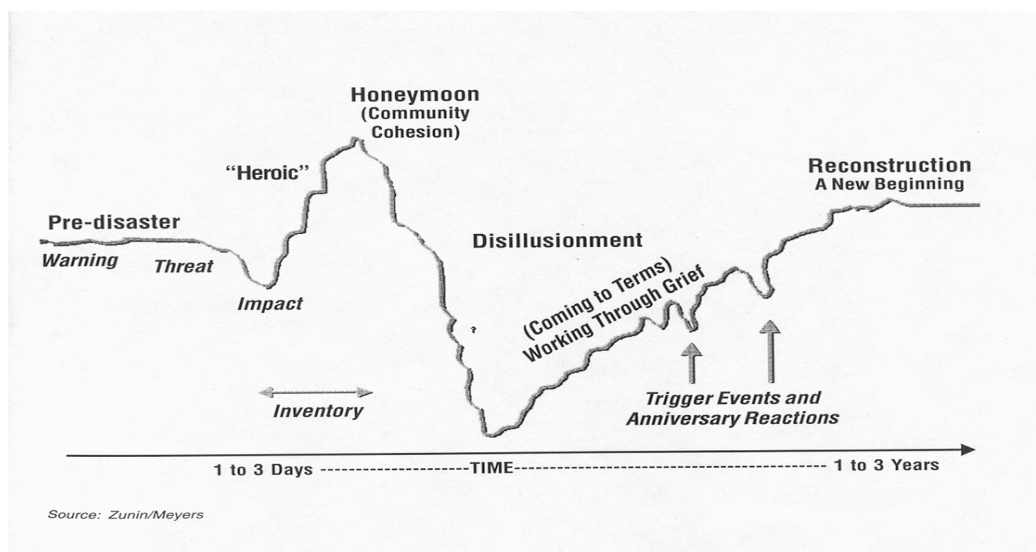


Figure 1

Intended Users of the Guidebook

This guidebook provides important mental health messages that can be incorporated into the larger public information response to address the emotional needs of survivors, responders and other at-risk populations, and the community at large. The information in this guidebook was designed to pull off the shelf in an event to develop public information strategies and content. Primary audiences for this publication are:

- State and local public health, public mental health, and emergency management officials;
- Public information officers and website managers at State and local public health, public mental health, and emergency management agencies; and
- Joint information center (JIC) staff representing State and local public health, public mental health, and emergency management agencies.

Organization of Guidebook

Core mental health messages are provided for use during most events for general audiences. Although the core messages address the needs of most audiences for most events, the guidebook includes event-specific and audience-specific supplemental messages to address unique aspects. The following event-specific messages are addressed:

- Agroterrorism
- Bioevent
- Chemical
- Incendiary/Explosives
- Natural Disasters
- Radiological
- Terrorism

All community members benefit from concrete tips and ideas to keep their families safe and informed. Specific audiences may face additional emotional risk due to their role in response efforts, their personal history of trauma, or the nature of the disaster. In order to tailor for specific audiences, mental health messages have been compiled for the following target audiences:

- Culturally diverse groups
- Emergency responders
- Healthcare workers
- Parents/caregivers of children
- Seniors and persons with disabilities
- Victims, survivors and their families

Finally, the guidebook includes key risk and media communications resources for quick review by spokespersons to address the emotional needs of communities experiencing a disaster.

Spokesperson Practice

All of us have our own speaking and presentation styles. Even using risk communication principles outlined in the resource section of the guidebook, it is important for each spokesperson to:

- Adapt the talking points included in the guidebook for individual style, comfort, and language;
- Tailor comments to the specific event;
- Practice responses to increase comfort with the content and incorporate body language that communicates credibility, sincerity, and empathy.

Don't Forget Preparedness

In recognition that the most effective response efforts are grounded in community preparedness, a companion document addresses public education regarding emotional preparedness for disasters. The companion guide is titled, *“Disaster Resilience: Promoting Emotional Well-Being through Preparedness and Public Education”*. It is available on line at www.dmh.mo.gov or copies may be requested by calling 1-800-364-9687. Users of this guidebook may find the preparedness messages helpful to promote readiness during non-emergency periods as an add-on component to the Missouri Department of Health and Senior Services Ready-in-3 campaign materials available at www.dhss.mo.gov/Ready_in_3/

CORE MENTAL HEALTH TALKING POINTS

The core mental health talking points in the following chart represent universal messages that can be adapted to most incidents. This matrix provides guidance for media communications or for coordination of public information efforts related to mental health needs.

CORE MENTAL HEALTH TALKING POINTS

PHASE	ALL AUDIENCES / ALL EVENTS
<p>REAL OR POTENTIAL THREAT/ UNCERTAINTY</p> <p><i>Communication during a period of uncertainty and unconfirmed threat should promote credibility, trust, and commitment to public well-being, encourage appropriate preparations and precautions and offer realistic reassurance.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Promote Preparedness</p> <p><i>For more information, visit the Department of Mental Health website at www.dmh.mo.gov or call toll-free 1.800.364.9687</i></p>	<p>REASSURE</p> <ul style="list-style-type: none"> • Experts are diligently working to determine the nature and extent of the problem/threat and how best to protect us all. It may take time. It is common to experience worry and stress under these circumstances. • It may help to remind ourselves that information will be shared by the authorities and experts when confirmed and verified as factual. <ul style="list-style-type: none"> ○ Factual information helps us take informed protective actions for ourselves and our families. ○ Engaging in speculation or rumors can be counterproductive, wasting time and resources that may be put to better use. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> • It is normal to feel anxious and worried about the threat. To relieve stress, <ul style="list-style-type: none"> ○ Get information from trusted sources. ○ It is natural to want to confirm and discuss the information with adult family members and others in our support network we trust to develop a plan of action. ○ We need to remind ourselves and others it is not helpful to speculate or guess what may happen. ○ Discussing our feelings can be helpful as long as we do not spend all of our time and attention on the potential threat. Ask kids how they are feeling and provide reassurance. ○ Limit television exposure for you and your family to help everyone cope better. ○ Use print or radio to avoid exposure to frightening images. ○ Schedule a limited amount of time to get information rather than leaving the television on at all times. • If worrying is occupying a great deal of our time and attention, use the time to take action such as: <ul style="list-style-type: none"> ○ Volunteering ○ Preparing or adding to emergency kits including comfort items and stress relievers <ul style="list-style-type: none"> ○ Updating the In Case of Emergency (ICE) listings on family cell phones • Dealing with a sustained level of threat or a series of false alarms can take an emotional toll due to the build-up of stress.

PHASE	ALL AUDIENCES / ALL EVENTS
	<p>To reduce stress levels:</p> <ul style="list-style-type: none"> ○ Practice healthy nutrition and exercise habits. ○ Stay away from caffeine and alcohol which further add to already existing stress. ○ Seek the company and support of people we enjoy to relax and spend leisure time with. ○ Establish “safe zones” where you and others can “banish” all thoughts and worries for a period of time. <p>PROMOTE PREPAREDNESS</p> <ul style="list-style-type: none"> • It is common to experience worry and stress under these circumstances. <ul style="list-style-type: none"> ○ Take steps to improve preparedness in case the threat is real. ○ It is OK to take some extra precautions to protect ourselves and our families. Until we know more, we may wish to: <i>(Give specific examples appropriate to the situation such as the ones listed below.)</i> <ul style="list-style-type: none"> ▪ Stay away from X location or public gatherings. ▪ Report any unusual activity such as ... ▪ Avoid handshaking and other casual contact that may spread germs. ▪ Wear masks. ▪ If you were at X location during the time period of X x.m. to X x.m. on Xday, X/X/XX, contact local authorities at XXX-XXX-XXXX and follow their guidance. ▪ Contact your doctor (or give other contact) if you experience the following... ▪ Use alcohol wipes and hand cleanser frequently. ▪ Stock up on supplies such as (give specific list). • Find comfort through meaningful social engagement and support activities. <ul style="list-style-type: none"> ○ Provide mutual support for neighbors, extended family, church community and others by reaching out to others, especially those who live alone or require extra assistance. ○ Although it can be tempting to blame others for the threat or for not taking care of us, it is important to extend a helping hand to everyone in our community. ○ Identify and promote solutions and responses to the threat that are fair, equitable and consider the “greater good”. ○ We can take comfort in acting responsibly and knowing that most people will also act responsibly, some even heroically if the threat becomes real. (Be ready to give examples from past events such as 9/11 or Katrina.)

PHASE	ALL AUDIENCES / ALL EVENTS
	<ul style="list-style-type: none"> If the stress and worry interfere with your home or work life, ask for help. Many workplaces have Employee Assistance Programs (EAP) that can help or call your doctor or the local mental health center in your area. For referral information to find counseling assistance, go to the Department of Mental Health (DMH) website or call the DMH toll free number, 1.800.364.9687.
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Reconnect</p> <p><i>For more information, visit the Department of Mental Health website at www.dmh.mo.gov or call toll-free 1.800.364.9687</i></p>	<p>REASSURE</p> <ul style="list-style-type: none"> None of us is untouched by this (fill in event) and the losses we have experienced in (fill in locations). We are all concerned and want to extend our hands and hearts to those in need at this difficult time. For their safety and ours, emergency crews must act quickly in emergency situations. <ul style="list-style-type: none"> Trust and follow their direction. Our lives may depend on it! Generally, people respond appropriately during an emergency. Many respond heroically. Some may become stronger due to the experience. Be prepared for uncertainty and limited information during the earliest phases of this event. <ul style="list-style-type: none"> Reliable information calms fears and assists us all in making informed decisions. Available information may seem complex or confusing. Under stress it may be more difficult to process information. Review key facts as needed. Rumors are common in fast-moving emergency events. Check information through credible sources and authorities. Do not waste time, energy and concern on misinformation. Mandatory evacuations may occur, some with little warning. The physical health and safety of families and communities is the goal. Stress may be caused due to: <ul style="list-style-type: none"> Deciding what to take and what to leave. Clogged evacuation routes or packed public transportation. Temporary housing in public shelters, motel rooms or private homes with family/friends for extended periods of time in less than ideal conditions. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> The Department of Mental Health coordinates the Federal Emergency Management Agency (FEMA) crisis counseling services to ensure access to a variety of approved local programs. (For this event, explain where and how to access services) Crisis counseling services will be available after a large-scale

PHASE	ALL AUDIENCES / ALL EVENTS
	<p>emergency to those impacted by the event. There is no cost, clinical eligibility or citizenship requirement. Seek this professional help if experiencing:</p> <ul style="list-style-type: none"> ○ Isolation and withdrawal. ○ Mood swings or sadness that interfere with daily life. ○ Thoughts of self-harm or suicide. ○ Intrusive thoughts or images that interfere with daily life. ○ Drinking or drug use that interferes with work or family life. ○ Family conflict or domestic violence. <ul style="list-style-type: none"> ▪ Stress and emotional reactions are normal responses to emergency events. <ul style="list-style-type: none"> ○ Grief reactions are common when we face losses including material, financial, or changes in lifestyle. ○ Feelings of denial, sadness, crying, irritability, and/or anger may occur. ○ Family and friends may experience the stages of grief differently based on age, life skills, gender, etc. Be patient, but if their emotions raise concerns, urge them to seek crisis counseling services. ○ People who experienced previous traumas in their lives may be especially vulnerable. ▪ Stress causes our brains and bodies to react in ways that make it hard to think through decisions. <ul style="list-style-type: none"> ○ Do not be alarmed if feeling overwhelmed and unable to make decisions. ○ It is OK to postpone decisions or ask for help. ▪ Stress and anxiety can show up as physical symptoms and illness. ▪ Many people find comfort in their faith community for coping and guidance following a traumatic event. ▪ Identify meaningful ways to be involved in recovery efforts to promote personal healing. ▪ In emergency situations, helpful coping skills for many people include: <ul style="list-style-type: none"> ○ Keeping normal, healthy routines and practicing self-care. ○ Talking to and being with family and friends. ○ Regaining a sense of community (<i>neighbors, family, faith</i>). ○ Getting adequate exercise, sleep, meditation or prayer, and relaxation. ○ Enjoying hobbies and social activities. ○ Writing down thoughts and feelings in a journal. ○ Avoiding alcohol, drugs, and caffeine. ○ Any activities that have worked in the past when facing these difficult challenges. ▪ Repeated exposure to tragic or disturbing events can be harmful.

PHASE	ALL AUDIENCES / ALL EVENTS
	<p>Lower risk by:</p> <ul style="list-style-type: none"> ○ Reducing time spent with media coverage, especially TV and internet. ○ Avoiding unnecessary or frequent trips to the event location until the area is safe and you feel emotionally prepared to be there. ○ Limiting conversation about the event. <p>RECONNECT</p> <ul style="list-style-type: none"> ▪ Make a positive difference by volunteering or acting responsibly as a citizen in the community. Contributions now will be most valuable to those in need and to emergency responders if we (Enter one or more activities tailored to the event and needs; examples follow.): <ul style="list-style-type: none"> ○ Go to X location to help sandbag. ○ Give blood. ○ Reach out to others such as neighbors, seniors, and people with disabilities to offer support or assistance. ▪ If families are separated: <ul style="list-style-type: none"> ○ Get in touch with out-of-state contacts for family check-in. ○ Contact relief agencies such as the Red Cross or other identified agencies for assistance in locating/reuniting with family.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ▪ The best self-help is to re-establish meaningful routines and coping skills through: <ul style="list-style-type: none"> ○ Family routines. ○ Nurturing relationships and friendships. ○ Stress management such as exercise and relaxation or keeping a journal. ○ Attending community meetings regarding financial, legal, tax, business and emotional assistance. ○ Balance between work and personal needs. ▪ Families, neighbors and businesses may relocate due to the event. <ul style="list-style-type: none"> ○ Reduced access to social supports can be difficult for everyone. ○ Keep connected to relatives, friends and co-workers through e-mail, web logs, telephone and other forms of communication as available. ▪ Buyer beware! Sometimes people try to take advantage of others amid the confusion of a disaster. “Con” artists may:

PHASE	ALL AUDIENCES / ALL EVENTS
<p><i>For more information, visit the Department of Mental Health website at www.dmh.mo.gov or call toll-free 800/364-9687</i></p>	<ul style="list-style-type: none"> ▪ offer goods/services at higher prices. ▪ may fail to deliver purchased good/services. ▪ may provide substandard goods/services. ○ Only do business with reputable businesses. ○ If it sounds too good to be true, it probably is. ○ Report complaints to local authorities. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ▪ Healing takes time. We may have setbacks but it is important to give ourselves time to return to “normal.” ▪ We should watch for signs that we may need the help of a counselor: <ul style="list-style-type: none"> ○ Isolation and withdrawal. ○ Mood swings or sadness that interfere with daily life. ○ Thoughts of self harm. ○ Intrusive thoughts or images that interfere with daily life ○ Drinking or drug use that interferes with work or family life ○ Family conflict or domestic violence. ○ Holding on to blame and anger. ▪ Encourage friends and family to tell us if they are worried about us or if they are worried about their own reactions and feelings. ▪ Avoid alcohol, tobacco, caffeine and drugs since they can interfere with our ability to cope. ▪ Most will recover by accessing natural supports with no special assistance. ▪ Accepting help from community programs and resources is healthy. ▪ Participate in volunteer and community activities such as Community Emergency Response Training (CERT), neighborhood watch, faith-based initiatives, etc. ▪ Support groups can facilitate the recovery journey. ▪ For some people, it may be six months, one year, or two years after the event before they seek help. It is never too late to ask for help. ▪ Remember, FEMA crisis counseling services are free and confidential. <p>COMMEMORATE</p> <ul style="list-style-type: none"> ▪ Symbols and rituals are important tools for coping and recovering after an event. <ul style="list-style-type: none"> ○ Memorial and commemorative activities can be helpful to individual and community recovery. ○ Faith-based activities and counseling are important as people struggle with powerful spiritual questions. ○ These activities are comforting and healing.

PHASE	ALL AUDIENCES / ALL EVENTS
	<ul style="list-style-type: none"> ○ Different cultures utilize different customs and rituals for grief, hope and recovery. ▪ The disaster may alter community traditions and cultural cornerstones depending on where the impact occurred and what cultural groups or neighborhoods were affected. <ul style="list-style-type: none"> ○ Focus on honoring the culture and memories while building new traditions. ○ Encourage and respect involvement and ideas from all key stakeholders. ○ Promote community consensus and resilience. ▪ Establish ways to make the community safer while honoring those who were injured or killed. ▪ Contribute to charitable or memorial funds for victims and their families. ▪ Patronize businesses that contributed to the recovery or were economically impacted by the event. ▪ Offering thanks to those who have helped is important. The simple act of expressing and receiving thanks is important for our well being and community recovery. ▪ It is normal that anniversary dates, holidays, media accounts of similar emergencies from around the globe, and other reminders can trigger stress and cause us to re-experience the event. ▪ To help a community heal and recover, each of us needs to: <ul style="list-style-type: none"> ○ Recognize that the rest of the world will move forward while affected communities rebuild and recover. ○ Remember that the media, disaster response agencies, and volunteers will eventually leave for other assignments. There is hope and strength in what we have learned together from the experience. ○ Get the help we need without shame or embarrassment. We can move forward stronger, together.

EVENT-SPECIFIC MENTAL HEALTH TALKING POINTS

The following charts identify some unique and specific talking points that are relevant to specific types of disaster or terrorism events. These messages can supplement or replace items in the core talking points.

AGROTERRORISM

PHASE	AGROTERRORISM
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p>Key Themes:</p> <p>Empowerment, Confidence & Coping</p>	<p>EMPOWERMENT & CONFIDENCE</p> <ul style="list-style-type: none"> ▪ In the event of an agricultural disease, we may need to change our lifestyles in limited ways consistent with information and directions provided by local officials and health authorities. ▪ In the case of an animal disease, it is important to follow the instructions of the officials. They are doing everything they can to prevent further spread of the disease in our community. ▪ As part of our civic responsibility, each of us must be prepared to report anything that might indicate that animal or plant disease is spreading. <ul style="list-style-type: none"> ○ Fast action will prevent the spread of the disease to other communities and we will have played our part in protecting others. ○ Reporting can also be stressful if it means a farm family is quarantined or animals must be killed to prevent disease spread but we must remind ourselves that it is the right decision for our communities and our nation. ▪ Be sure to fact-check information with a reliable source for effective rumor control and share factual information with those we care about who may not be aware of the situation and what to do. ▪ Learning helpful hints will assist us in coping better. (Give specific examples appropriate to the situation such as the following.) <ul style="list-style-type: none"> ○ When traveling, take a second pair of shoes in case travel restrictions require that shoes be left behind to prevent spread of animal or plant disease. ○ Changes in safe cooking and food handling may be necessary so we may need to include a new disinfectant in our kitchen cabinet or use a thermometer to verify thorough cooking. ▪ When taking new precautions recommended by authorities, checklists or reminders on post-it notes may be helpful. <ul style="list-style-type: none"> ○ Established habits are hard to change. ○ New practices may be especially challenging for seniors, persons with memory or cognitive disabilities, and for children. ▪ When we have losses in our lives, including those of crops or livestock, financial losses, and changes in lifestyle, grief is a normal response. <ul style="list-style-type: none"> ○ Feelings of denial, sadness, crying, irritability or anger are typical in the face of unusual and stressful circumstances. ○ Expressing feelings can help, whether talking with a friend over a cup of coffee, writing in our journals or through art, music or poetry.

PHASE	AGROTERRORISM
	<ul style="list-style-type: none"> ○ A supportive listener is the “best medicine” for people in distress, something all of us can offer in a crisis. ○ Family members may experience the stages of grief differently so be patient with family members. <ul style="list-style-type: none"> ▪ If worried about their behavior or extreme emotional reactions, urge them to seek mental health assistance. ▪ Watch for signs of suicide and take action if necessary to get help. ▪ Reach out to others in our neighborhood, church or community who may have difficult jobs to do in an agricultural emergency or whose financial security may be at risk such as: <ul style="list-style-type: none"> ○ Veterinarians ○ Farmers and farm families ○ Bankers ○ Emergency responders <p>ADAPTIVE COPING</p> <ul style="list-style-type: none"> ▪ Follow official instructions regarding throwing out affected food. <ul style="list-style-type: none"> ○ Don’t take chances. ○ No one wants to live with regrets. ▪ We may feel resentful regarding the impact of the event on our lives, especially if favorite foods are involved. ▪ Assist family members, particularly children, in finding healthy alternatives to foods they have had to give up. ▪ If areas have been quarantined we need to respect and abide by the decisions of the officials in order to protect ourselves and our communities. ▪ Even if it is inconvenient or interferes with our daily routines, we need to remind ourselves how important it is for our health and well being. <ul style="list-style-type: none"> ○ Find alternatives for any disrupted social connections through phone or email if necessary. ○ Try new recreational activities or take another route to work that is more scenic or less congested. ▪ We need the support of our neighbors. It is easy to cut ourselves off from each other in this disaster, but we need to talk together about how we can manage and plan for the future. ▪ Maintain and encourage social outlets and gatherings, if possible. Encourage other outreach by internet, phone, or other means. ▪ Tensions run high in cases of animal disease, but remember that our neighbors who are quarantined are innocent victims and need support. Reach out to them. ▪ Help is available. Seeking assistance from a mental health professional is important if our stress is so high that domestic violence or threatened suicide is possible.

PHASE	AGROTERRORISM
	<ul style="list-style-type: none"> ▪ Support our farmers when they need it the most. Officials will inform us whether farm products are edible or not. We need to trust their knowledge and lead normal lives eating the things that we normally consume unless there is a specific warning. ▪ Many businesses besides the farming community are being impacted by this event. (Use the following sentence only if true and verified: It is important for us to remember that this disease is not contagious to humans.) We need to continue to live our lives, keep our routines and travel our normal routes unless advised otherwise by officials. ▪ Offering thanks to the veterinarians or other emergency responders responding to this disaster benefits them and us. <ul style="list-style-type: none"> ○ Let them know that we appreciate their time away from family and community. ○ While responders are on assignment, offer support and assistance to their families as well by (Give specific examples such as the following.) <ul style="list-style-type: none"> ▪ Purchasing phone cards to help emergency responder families stay in touch with their loved ones, ▪ Helping with yardwork, walking dogs or other pet care, and other chores that can cause stress when left undone due to extended work schedules.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p>Key Themes:</p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ▪ Although it will take time to recover, it is important that our community is united and works together to rebuild. ▪ Participate in community meetings; community leaders will be able to direct you to emotional, financial, and business restructuring assistance. ▪ Normal routines, fun nights, exercise, participation in community activities or church, and volunteering, are examples of healthy activities that will help in our recovery. <ul style="list-style-type: none"> ○ Comfort and healing are important functions supported by these activities. ○ Different cultures utilize different customs and rituals for grief, hope, healing and recovery. ▪ Readjusting to a “new normal” may take time and may cause tension. <ul style="list-style-type: none"> ○ Talk about the change and discuss feelings with family and friends to support each other. ○ Watch for signs that someone needs counseling support such as increased alcohol use, extreme isolation and inability to carry out their daily work and family activities.

PHASE	AGROTERRORISM
	<p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ▪ We need to give ourselves time to allow things to get back to normal! <ul style="list-style-type: none"> ○ Emotional ups and downs are common since we are all affected by this event. ○ None of us are untouched by this event and it strengthens our families and communities to show the world that we can recover. ▪ Anxiety and worry as well as physical signs of stress are normal reactions to the stress caused by an agricultural disease. ▪ Accepting help from community programs and resources is healthy. <ul style="list-style-type: none"> ○ Economic recovery is based on individual recovery. ○ Getting help early can accelerate family and emotional recovery/well-being. ○ Refusal of help slows the community’s ability to recover. <p>COMMEMORATE</p> <ul style="list-style-type: none"> ▪ Symbols and rituals help us cope and recover. <ul style="list-style-type: none"> ○ Memorial and commemorative activities can be helpful to individual and community recovery. ○ Faith-based activities and counseling are important as people struggle with powerful spiritual questions. ▪ Formal recognition of the important contributions and sacrifices by emergency responders is an important part of assuring that they will be ready to respond in future events. <ul style="list-style-type: none"> ○ Express appreciation in public ceremonies and awards. ○ Embrace personal preparedness for future events as a way to make their jobs easier in future emergencies. ○ All of us can learn from the experience of the last disaster to improve readiness for the next crisis. ▪ Celebrate our country’s heritage as producers to reclaim the role of providing safe, healthy food locally and globally. ▪ Identify “heroes” who made a meaningful contribution to the emotional recovery of communities and publicize the importance of emotional readiness as a component of recovery.

BIOEVENT

<p>PHASE</p>	<p>BIOEVENT</p>
<p>REAL OR POTENTIAL THREAT</p> <p><i>Communication during the threat phase should promote preparedness, coping, and constructive precautions.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Promote Preparedness</p>	<p>REASSURE & REDUCE STRESS</p> <ul style="list-style-type: none"> ▪ Be prepared for uncertainty during periods of alert. It is reassuring to know that the best scientists and medical experts are working diligently to provide the public with reliable scientific information to protect us all. ▪ It may take some time for authorities to determine whether an illness is naturally occurring or an epidemic is taking place, or if a terrorist has released a biological agent. <ul style="list-style-type: none"> ○ Seek health information from the experts with the most current information on the threat. <p>PROMOTE PREPAREDNESS</p> <ul style="list-style-type: none"> ▪ It is OK to take some extra precautions to protect ourselves and our families. Until we know more, we may wish to: <i>(Give specific examples appropriate to the situation such as the ones listed below.)</i> <ul style="list-style-type: none"> ○ Stay away from large public gatherings or venues. ○ Avoid handshaking and other casual contact that may spread germs. ○ Wear masks. ○ If you were at X location during the time period of X x.m. to X x.m. on Xday, X/X/XX, contact local authorities at XXX-XXX-XXXX and follow their guidance. ○ Contact your doctor (or give other contact) if you experience the following... ○ Use alcohol wipes and hand cleanser frequently. ○ Stock up on supplies such as (give specific list).
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Promote Connectedness</p>	<p>EMPOWERMENT & CONFIDENCE</p> <ul style="list-style-type: none"> ▪ Don't be surprised if we have to listen or read information several times to understand what is happening or how to minimize risk of exposure for our family. <ul style="list-style-type: none"> ○ Under stress, it is more difficult to take in information. ○ The information may be complex and unfamiliar to us. ▪ Good information is one of the best antidotes for fear. <ul style="list-style-type: none"> ○ Maintain connections by phone, e-mail or other safe communication means. ○ Gather information from trusted sources and use it to make informed decisions. ▪ Practice self-care strategies that help us stay healthy emotionally and physically. <ul style="list-style-type: none"> ○ Respond to fear with positive protective action. ○ Take reasonable steps to protect ourselves and our family from the illness but maintain normal routines as much as possible.

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	<ul style="list-style-type: none"> ○ Reassuring and positive attitudes are strong resilience factors that help us emotionally and benefit our immunity to disease. ■ Don't let worries about getting sick be a barrier to staying well. <ul style="list-style-type: none"> ○ Make time to eat properly, exercise and rest. ○ Schedule time to do enjoyable things such as hobbies and social activities. ○ Caring for ourselves, even having fun, will help us stay balanced and enable us to better deal with stressful times. ■ Although we may prefer to speak to our own physician, be aware that public health may be the most expedient source of up-to-date health advice during a public health emergency. <p>COPING</p> <ul style="list-style-type: none"> ■ Good medical advice and care is an important emotional support during a public health emergency. <ul style="list-style-type: none"> ○ Listen carefully for guidance from local, state, and federal public health and homeland security authorities. ○ Immediately follow their guidance, especially related to seeking health care. It will be very detailed information about what people should do based on their exposure, health status, and the seriousness and contagiousness of the disease. ○ It may be safer to stay home, if instructed, than to go to hospitals or emergency rooms. ○ If large numbers of people rush to the emergency room, contagious disease can spread faster and we may unnecessarily expose ourselves and others to risk. ○ Remember that some diseases are not contagious and do not spread human to human. ■ If a contagious disease is the cause of the health emergency, it may be best to seek individualized guidance and advice by telephone as a means to prevent further spread of the illness. <ul style="list-style-type: none"> ○ Hotlines to get information about medical issues will be set up but may be overwhelmed with calls. Be patient. ○ Hotlines for emotional and mental health will also be activated. ○ Internet resources and e-mail may also be an option to get additional information from legitimate authorities. ■ If we are exposed to the illness and do not wish to further expose our family, we may wish to discuss options with a health care professional about how to protect our family from further risk. ■ Social distancing is an important strategy to prevent spread of disease but it has emotional impact for all of us, especially if it interferes with important events such as weddings, reunions,

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	<p>graduations, or other milestone events.</p> <ul style="list-style-type: none"> ○ Plan to recognize and celebrate as soon as authorities say it is safe to have social gatherings again. ○ Use alternative means to stay in touch by exchanging digital pictures, writing personal notes or other ways to stay connected. <ul style="list-style-type: none"> ■ The fear and stigma of the disease can be nearly as devastating as the disease itself. Maintain social connections to prevent the emotional consequences of isolation and/or being treated with suspicion, fear or anger. ■ Decontamination can be an emotionally upsetting event. <ul style="list-style-type: none"> ○ Removing clothing in front of strangers is embarrassing for most people. Reminders that this could save lives and prevent loved ones from being exposed can help whether we say it to ourselves or gently share with others. ○ Use positive thoughts to get through the decontamination process. <ul style="list-style-type: none"> • Focus on progress toward the end of the line. • Think about going home to personal comforts such as family, a soft bathrobe or favorite sweats, a warm cup of coffee or cocoa. ○ Find a “buddy” going through the decontamination process, a friend or person who is calming, comforting and capable of handling this experience. ○ Ask for and offer assistance to people who may have to give up their eyeglasses, hearing aids or wheelchairs until they can be decontaminated. ○ Offer and seek comfort from those nearby. ○ After the stressful experience of decontamination, individuals may need support immediately to help them deal with strong emotions. ○ People who have experienced traumas in the past such as rape, living in a refugee camp, wartime experiences, or other similar events may find decontamination triggers memories of earlier trauma and may need additional help. ○ Asking for follow-up information and resources helps people remember what to do later and how to get help later if needed. ■ Worry, fear and stress are common and appropriate if they help us make good choices to protect ourselves and our families. To help with these feelings: <ul style="list-style-type: none"> ○ Consider doing things that have fostered coping in the past.

PHASE	BIOEVENT
	<ul style="list-style-type: none"> ○ Build supports into our lives by phone and e-mail if getting out is not safe. ■ If we, or someone we care about is quarantined: <ul style="list-style-type: none"> ○ Recognize it is normal to be upset about it. ○ Remember that different people will react differently. ○ Maintain connections by phone, e-mail and or other safe ways to stay in touch. ○ People who are quarantined may need to express their feelings of frustration, helplessness, and loneliness. ■ Unreasonable fear and stigmatization of those who are ill or recovering is damaging to communities. <ul style="list-style-type: none"> ○ Those who contract the illness are innocent victims and society should not blame them for their misfortune. ○ They need our support more than ever.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p><i>Empowerment, Connection & Community Cohesion, and Emotional Resilience</i></p>	<p>EMPOWERMENT</p> <ul style="list-style-type: none"> ■ Recovery from a public health emergency or biological event will be an uncertain process and may take an extended time. Continue to watch closely for advice and guidance from local public health and other government authorities about precautions to protect yourself and your family. <p>STAY CONNECTED</p> <ul style="list-style-type: none"> ■ Isolation and withdrawal from social supports can be emotionally very difficult for many people, especially for young children and their parents. <ul style="list-style-type: none"> ○ Use telephone, e-mail and other communication methods to stay in touch with family and friends. ○ Telephone trees, conference calls, and scheduled calls can all be reassuring supports if our normal social routine is interrupted. ■ Meaningful contribution can be an important tool for personal and community recovery. <ul style="list-style-type: none"> ○ Increasing our own preparedness by building emergency kits and supplies builds personal and community resilience. ○ Consider creative ways to volunteer that do not pose a risk to ourselves or others such as: <ul style="list-style-type: none"> ■ Providing remote support to others. ■ Serving on a hotline. ■ Preparing supplies to be delivered by authorized organizations to those in quarantine.

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	<p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Don't let worries about getting sick be a barrier to staying well. <ul style="list-style-type: none"> ○ Make time to eat properly, exercise and rest. ○ Schedule time to do the things you enjoy such as hobbies and social activities. ○ Caring for ourselves, even having fun, will help us stay balanced and enable us to better deal with stressful times. ○ Blame and anger can be destructive responses to stress and can be redirected into positive outlets such as exercise, problem-solving and constructive volunteer activities that require physical exertion. ■ Stress levels may increase or occur at different times based on the events in the recovery phase such as: <ul style="list-style-type: none"> ○ The beginning of flu season. ○ Rumors and reports of renewed illness. ○ Return to buildings that may have been contaminated or housed quarantined individuals. ○ Disruption to income due to economic impacts of the public health emergency. ○ Long-term physical impairments or disabilities associated with the illness.

CHEMICAL

<p>PHASE</p>	<p>CHEMICAL EVENT</p>
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></p> <p><u>Key Themes:</u></p> <p>Reassure Reduce Stress, Reconnect</p>	<p>REASSURE</p> <ul style="list-style-type: none"> ■ Chemical events are self-limiting in nature. <ul style="list-style-type: none"> ○ Chemical clouds usually blow away quickly. NOTE: use knowledge of local conditions to improve the message by suggesting exact length of time and good outcomes such as the local elementary school was not in the plume. ○ Soap and water are often the recommended method for decontaminating skin or clothing. ■ Having a spare set of clothes at the office or in the car may increase a sense of privacy and dignity if contaminated clothes must be removed immediately. ■ Local hazmat teams are well-trained and have practiced dealing with chemicals that are commonly used in the community. <ul style="list-style-type: none"> ○ They are trained to move quickly to protect more people. Remind yourself of that if you are feeling embarrassed or scared during decontamination. ○ Express your needs and help others get through the line as quickly as possible. The emotional support will be important to help everyone cope better. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> ■ Knowing what to look for that might require further medical evaluation for ourselves or other family members is important. ■ Use the publicized telephone hotline to get more information if someone is showing signs or symptoms of exposure. ■ Remember that stress and worry can cause physical reactions or symptoms that may appear to be illness or signs of exposure. Consult a health worker by phone or follow instructions for seeking an examination. ■ A complete medical evaluation may be appropriate to determine if shortness of breath, distressed breathing, tears, changes in appetite, gastrointestinal distress, and other symptoms are the result of normal stress or are signs of exposure to chemicals. ■ Following the advice of authorities is the best thing we can do to protect ourselves and our families. ■ Decontamination can be an emotionally upsetting event. <ul style="list-style-type: none"> ○ Removing clothing in front of strangers is embarrassing for most people. Reminders that this could save lives and prevent loved ones from being exposed can help whether we say it to ourselves or gently share with others. ○ Use positive thoughts to get through the decontamination process. <ul style="list-style-type: none"> • Focus on progress toward the end of the line.

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	<ul style="list-style-type: none"> • Think about going home to personal comforts such as family, a soft bathrobe or favorite sweats, a warm cup of coffee or cocoa. ○ Find a “buddy” going through the decontamination process, a friend or person who is calming, comforting and capable of handling this experience. ○ Ask for and offer assistance to people who may have to give up their eyeglasses, hearing aids or wheelchairs until they can be decontaminated. ○ Offer and seek comfort from those nearby. ○ After the stressful experience of decontamination, individuals may need support immediately to help them deal with strong emotions. ○ People who have experienced traumas in the past such as rape, living in a refugee camp, wartime experiences, or other similar events may find decontamination triggers memories of earlier trauma and may need additional help. ○ Asking for follow-up information and resources helps people remember what to do later and how to get help later if needed.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p>Key Themes:</p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ It is normal to be concerned and fearful about returning to an area where a chemical release has occurred. <ul style="list-style-type: none"> ○ Information can ease fears and concerns. ○ Details from authorities and/or independent experts can reassure that a safe return to the impacted building or neighborhood is possible/ ○ Participate in community forums to ask questions and be involved in public decisions. ■ Businesses should have recovery plans that quickly communicate when safe return is possible to minimize economic impact. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Anxiety and worry may continue after the chemical threat has cleared. <ul style="list-style-type: none"> ○ Using the experience from the event, add items to family emergency kits. ○ Adopt new precautions to improve family health and safety. ○ Get help if fear interferes with work or family life or if substance abuse is a problem. ○ Use the publicized telephone hotline to get more information if someone is showing signs or symptoms of exposure.

P _{HASE}	CHEMICAL EVENT
	<p>COMMEMORATE</p> <ul style="list-style-type: none">■ Honor those exposed to, ill from, or who lost their lives due to the event.<ul style="list-style-type: none">○ Examine ways that citizens, businesses and communities can be better prepared to prevent or reduce the risk of another event.○ Make a difference by assisting with public awareness campaigns, educational brochures, memorial contributions to response agencies, or other activities.

EXPLOSIVE/ INCENDIARY

<p>PHASE</p>	<p>INCENDIARY / EXPLOSIVES EVENT</p>
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></p> <p>Key Themes:</p> <p>Cooperation, Coping, Social Connection</p>	<p>COOPERATION</p> <ul style="list-style-type: none"> ■ If an explosion occurs or if instructed by authorities to evacuate: <ul style="list-style-type: none"> ○ Follow evacuation procedures and don't delay. ○ Be alert to possible presence of secondary devices at exits or additional explosions at timed intervals. ○ Ensure that visitors, guests and those with special needs to evacuate safely, assisting as necessary. ○ For everyone's safety, move away from the explosion site to allow rescue workers to do their job, to prevent contamination from materials released as the result of the explosion, and to permit law enforcement to collect evidence. ■ Follow the directions of emergency personnel as appropriate. ■ Decontamination can be an emotionally upsetting event. <ul style="list-style-type: none"> ○ Removing clothing in front of strangers is embarrassing for most people. Reminders that this could save lives and prevent loved ones from being exposed can help whether we say it to ourselves or gently share with others. ○ Use positive thoughts to get through the decontamination process. <ul style="list-style-type: none"> • Focus on progress toward the end of the line. • Think about going home to personal comforts such as family, a soft bathrobe or favorite sweats, a warm cup of coffee or cocoa. ○ Find a "buddy" going through the decontamination process, a friend or person who is calming, comforting and capable of handling this experience. ○ Ask for and offer assistance to people who may have to give up their eyeglasses, hearing aids or wheelchairs until they can be decontaminated. ○ Offer and seek comfort from those nearby. ○ After the stressful experience of decontamination, individuals may need support immediately to help them deal with strong emotions. ○ People who have experienced traumas in the past such as rape, living in a refugee camp, wartime experiences, or other similar events may find decontamination triggers memories of earlier trauma and may need additional help. ○ Asking for follow-up information and resources helps people remember what to do later and how to get help later if needed. ■ Remain aware of surroundings and be prepared to take cover or other precautions recommended by authorities.

PHASE	INCENDIARY / EXPLOSIVES EVENT
	<p>COPING</p> <ul style="list-style-type: none"> ■ Activate family communication plans to reassure and provide information to loved ones. <ul style="list-style-type: none"> ○ Recognize that phone lines may be overwhelmed and it may take time. ○ E-mail or text messaging may work when voice calls cannot get through. ■ If separated from loved ones and unable to reach them, notify authorities and register with appropriate authorized organizations such as Red Cross or National Center for Missing Children. ■ Stress alters time perception. <ul style="list-style-type: none"> ○ Having to wait for assistance to arrive may increase anxiety. Doing things that will help rescue workers locate anyone who is trapped and providing assistance to others may help. ○ Soothing words and comforting gestures may reduce tension and worry. <p>SHOW CARING AND CONCERN FOR OTHERS</p> <ul style="list-style-type: none"> ■ Help others who may need assistance leaving the area if able. <ul style="list-style-type: none"> ○ Seek help for those seriously injured. ○ Supportive comments or simply listening can offer emotional comfort to those around us. ■ Caring responses such as offering water or a blanket can provide physical and emotional comfort.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ Each of us can make meaningful contributions to recovery by: <ul style="list-style-type: none"> ○ Participating in neighborhood watch programs as a detection and deterrence activity; ○ Getting trained and becoming active members of a Community Emergency Response Team (CERT) to learn how to respond and support our community in a disaster event; or ○ Getting volunteer training from voluntary or faith-based organizations that assist in disaster response or recovery. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ After an explosion or bombing has occurred, many of us will startle when we hear a loud noise. We may feel jittery and uneasy afterwards until we are reassured that there is no renewed threat to us or our community. ■ Mass trauma and burn care incidents require large amounts of medical staff and supplies. We can make a difference by giving blood or platelets as a resource to recovering patients over the coming months.

P _{HASE}	INCENDIARY / EXPLOSIVES EVENT
	COMMEMORATE <ul style="list-style-type: none">■ Establish ways to make the community safer while honoring responders and those who were injured or killed.■ Contribute to charitable or memorial funds for victims and their families.■ Patronize businesses that contributed to the recovery or were economically impacted by the event.

NATURAL DISASTERS

<p>PHASE</p>	<p>NATURAL DISASTER</p>
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></p> <p><u>Key Themes:</u></p> <p>Empowerment and Adaptive Coping</p>	<p>EMPOWERMENT AND ADAPTIVE COPING</p> <ul style="list-style-type: none"> ■ Threats to our health and safety or that of our family are the most stressful events we can experience. <ul style="list-style-type: none"> ○ Only when we are safe can we begin to take care of our emotional needs and address our psychological reactions to the event. ○ Experts agree that we must muster the necessary strength to protect ourselves and our families. ■ Sometimes our emotions in a stressful situation over-ride basic information about safety. <ul style="list-style-type: none"> ○ We can put emergency responders and others at risk if we do not follow basic safety rules. ○ Recognize the importance of a buddy system or checklists to help us follow basic safety rules when stress makes it difficult to think. ○ Notify local authorities of health and safety hazards and let them handle it. ■ Public authorities will work hard to assure that we are safe. Their efforts will be more effective and our stress will be less if: <ul style="list-style-type: none"> ○ We recognize it may take time for assistance to arrive. ○ We use supplies and materials in our emergency kits including those that promote calm and comfort. ○ We use self-care skills for our physical and emotional well-being until help arrives.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p>Re-establish Roles, Foster Emotional Resilience</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ Accepting help from community programs and resources is healthy. ■ Focusing on strengths and abilities will help with healing. ■ Being displaced from home, especially for a long period of time, can increase stress on families. ■ Living in smaller space can limit privacy. ■ Finding creative ways to give everyone alone time and personal space can help. ■ Also find ways to stay connected to friends, family and church communities to maintain a support network for each family member. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Don't try to do too much at once. <ul style="list-style-type: none"> ○ Be aware of exhaustion. ○ Set priorities and pace yourself. ■ Each of us has different needs and different ways of coping. <ul style="list-style-type: none"> ○ Expect ups and downs in the recovery phase.

PHASE	NATURAL DISASTER
	<ul style="list-style-type: none"> ○ It is normal to feel discouraged at times. ○ Ask for support from family and friends to get through the low times. <p>RECONNECT</p> <ul style="list-style-type: none"> ■ Celebrate family strengths and accomplishments on the road to recovery. <ul style="list-style-type: none"> ○ Schedule more family activities or mini-vacations to promote and support, and provide hope and anticipation. ○ Celebrate any “missed” events due to the disaster such as holidays, birthdays, vacation, or graduations. ■ Families that experienced separation or displacement should re-institute family routines and traditions and may wish to establish new traditions in recognition of their triumph over adversity.

RADIOLOGICAL

PHASE	RADIOLOGICAL EVENT
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></p> <p><u>Key Themes:</u></p> <p><i>Reassure, Reduce Stress, and Promote Social Cohesion</i></p>	<p>REASSURE AND REDUCE STRESS</p> <ul style="list-style-type: none"> ■ Being assessed for radiation exposure can be frightening and unfamiliar. <ul style="list-style-type: none"> ○ Disposing of clothing in a plastic bag can reduce exposure by 90%. Ask for modesty clothing¹ or store an extra change of clothes at work if possible. ○ Ask questions and get written informed instructions. It will be hard to absorb information due to the stress but later you will want to know. Get a number to call if you have questions later. ○ The uncertainty of dealing with “invisible” exposure like radiation can be very stressful. Worry and fear are normal but we can find ways to cope through the support of family, friends and experts. ○ Early treatment can be helpful. Ask about treatment options. Pregnant women and children will receive treatment in different amounts and types to protect them. ■ Decontamination can be an emotionally upsetting event. <ul style="list-style-type: none"> ○ Removing clothing in front of strangers is embarrassing for most people. Reminders that this could save lives and prevent loved ones from being exposed can help whether we say it to ourselves or gently share with others. ○ Use positive thoughts to get through the decontamination process. <ul style="list-style-type: none"> • Focus on progress toward the end of the line. • Think about going home to personal comforts such as family, a soft bathrobe or favorite sweats, a warm cup of coffee or cocoa. ○ Find a “buddy” going through the decontamination process, a friend or person who is calming, comforting and capable of handling this experience. ○ Ask for and offer assistance to people who may have to give up their eyeglasses, hearing aids or wheelchairs until they can be decontaminated. ○ Offer and seek comfort from those nearby. ○ After the stressful experience of decontamination, individuals may need support immediately to help them deal with strong emotions.

¹ Modesty clothing is typically light-weight, one-size fits most designed for a single use before being discarded. It may be similar to the disposable gowns used in physician’s exam rooms.

<p>PHASE</p>	<p>RADIOLOGICAL EVENT</p>
	<ul style="list-style-type: none"> ○ People who have experienced traumas in the past such as rape, living in a refugee camp, wartime experiences, or other similar events may find decontamination triggers memories of earlier trauma and may need additional help. ○ Asking for follow-up information and resources helps people remember what to do later and how to get help later if needed. <p>PROMOTE SOCIAL COHESION</p> <ul style="list-style-type: none"> ■ Unreasonable fear and stigmatization of those who are exposed or recovering is damaging to families and communities. <ul style="list-style-type: none"> ○ Persons exposed/decontaminated are innocent victims and society should not blame them for their misfortune. ○ They need our support more than ever.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p>Empowerment, Emotional Resilience, Commemorate</p>	<p>EMPOWERMENT</p> <ul style="list-style-type: none"> ■ It is normal to be concerned and fearful about returning to an area where a radiological event has occurred. <ul style="list-style-type: none"> ○ Information and empowerment can ease fears and concerns. ○ Details from authorities and/or independent experts can reassure that a safe return to the impacted building or neighborhood is possible. ○ Participate in community forums to ask questions and be involved in public decisions. <p>COPING & EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Returning to an area where a radiological release has occurred can be frightening. Authorities will provide information about when it is safe to go back inside a building or neighborhood where a release took place. ■ Sometimes our emotions cause us to want to return to our homes, even when it is not safe to do so. We should listen to authorities about safe return so we do not put ourselves or our families at greater risk. ■ There are helpful ways to prepare to return to a building associated with traumatic memories. Physicians, Employee Assistance Programs, or crisis counselors may be able to help us prepare for and deal with our emotions during a transition. ■ Setting up support groups where people can normalize each others experiences and reactions, as well as provide support and encouragement, can be an important part of a journey to recovery.

PHASE	RADIOLOGICAL EVENT
	<ul style="list-style-type: none"> ■ Businesses should have recovery plans that quickly communicate when safe return is possible to minimize economic impact. ■ Ongoing supports and crisis counseling may be needed for an extended period due to the long-term health and disability consequences of radiation exposure. <p>COMMEMORATE</p> <ul style="list-style-type: none"> ■ Honor those exposed to, ill from, or who lost their lives due to the event. <ul style="list-style-type: none"> ○ Examine ways that citizens, businesses and communities can be better prepared to prevent or reduce the risk of another event. ○ Make a difference by assisting with public awareness campaigns, educational brochures, memorial contributions to response agencies or other activities.

TERRORISM

<p>PHASE</p>	<p>TERRORIST EVENT</p>
<p>REAL OR POTENTIAL THREAT</p> <p><i>Communication during a period of uncertainty and unconfirmed threat should promote credibility, trust, and commitment to public well-being, encourage appropriate preparations and precautions and offer realistic reassurance.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, & Promote Preparedness</p>	<p>REASSURE & REDUCE STRESS</p> <ul style="list-style-type: none"> ■ We can expect to be more frightened by things that are unfamiliar, that violate our sense of how the world should be, cause disfiguration or death, or target children. <ul style="list-style-type: none"> ○ Limit exposure to televised coverage of the threat, especially for children. ○ Limit conversation about the threat and try to maintain normal routines. ■ It is normal to feel jumpy and anxious since thinking about intentional violent acts shakes our sense of safety and security. <ul style="list-style-type: none"> ○ Find calming and reassuring activities or rituals to ease worries such as prayer, recreation or play, or making a meal with your family. ○ Monitor surroundings and take reasonable safety precautions consistent with the advice of authorities. ■ Reach out to family and friends. <ul style="list-style-type: none"> ○ Encourage family and friends to take steps to be prepared, especially those who live alone or require assistance due to age or disability. ○ Make extra phone calls or send notes to loved ones to increase comfort that they are OK. ○ Don't leave unfinished business with family. Say thank you and I'm sorry more often. <p>PROMOTE PREPAREDNESS</p> <ul style="list-style-type: none"> ■ Preparedness is extremely important for terrorist events. Because terrorist events occur without warning and are meant to disrupt our lives and cause fear, normal reactions include worry, anxiety, vulnerability and even anger. <ul style="list-style-type: none"> ○ Preparing and talking about terrorism can be stressful for people, even when an incident has not yet happened. ○ It is harder to prepare for events that have no warning. ○ Thinking about intentional violent acts shakes our sense of safety and security. ○ Preparing requires us to think on our feet since we do not know what to expect. ○ It is tempting to not prepare at all because we would like to believe it could never happen to us or it could never happen in our community.

PHASE	TERRORIST EVENT
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p><i>Reassure, Reduce Stress, Reconnect</i></p>	<p>REASSURE</p> <ul style="list-style-type: none"> ■ The good news is that research shows, even in the most horrible events, people do not generally panic, especially those who have accessed official information in advance about protective actions and how to help others. ■ Grief and trauma will extend well beyond the boundaries of the community that experienced the terrorist attack. It is normal for people who observe the event through media coverage to have strong emotional reactions. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> ■ Watching TV coverage, especially graphic images of injury, death or destruction, for extended periods is highly associated with adverse mental health outcomes after an event such as depression or other conditions. Limit TV viewing and internet exposure and consider radio and print coverage to get essential information. ■ Terrorism affects us in different ways than natural disasters. We should be prepared for stronger emotional reactions to an intentional event designed to cause harm and fear. ■ It has become common for people to gather at the location of the event and to create impromptu memorials after a community loss. <ul style="list-style-type: none"> ○ Going to the site can trigger emotional reactions for those who have experienced trauma in the past. ○ For investigation and criminal purposes, access to the area may be restricted. Spontaneous crowds can interfere with access and investigation by authorities. ○ Flowers and other items left at memorials typically do not meet the immediate needs of the survivors. ○ Consider volunteering for agencies with disaster missions to address the needs identified by authorities and to assist in response and recovery. <p>RECONNECT</p> <ul style="list-style-type: none"> ■ Participate in community events such as: <ul style="list-style-type: none"> ○ Memorial events for victims. ○ Recognition ceremonies for the responders. ○ Religious or spiritual activities may be especially meaningful and comforting after a terrorist event. ■ Listen to the public authorities for ideas of constructive contributions and volunteer opportunities through recognized affiliated organizations.

PHASE	TERRORIST EVENT
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p>Key Messages:</p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ Communities can be stronger after an event if people take constructive and supportive action to rebuild and to support their neighbors, especially those most seriously affected. ■ If we want to be part of the solution: <ul style="list-style-type: none"> ○ Participate in neighborhood watch programs as a detection and deterrence activity; ○ Get trained and become an active member of a Community Emergency Response Team (CERT) to learn how to respond and support the community in a disaster event; or ○ Get training to become a volunteer from any of the many faith-based or not-for-profit organizations that assist in disaster response and recovery. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Special services are available to crime victims and communities when a terrorist event occurs. Government funding supports assistance to victims through the National Organization of Victims Assistance. ■ Mass trauma incidents require large amounts of medical staff and supplies. Make a difference by giving blood or platelets as a resource to recovering patients. ■ Terrorists want us to be divided from each other and our government. Giving in to hatred, violence or discrimination gives terrorists what they want. <ul style="list-style-type: none"> ○ Confront racism or other forms of discrimination in a way that promotes acceptance and understanding in our community. ○ Advocate in our neighborhoods, faith communities, cultural groups that we need to live by principles of fairness, acceptance and understanding. ○ Help any group we are part of to embrace unity and inclusion rather than blame and divisiveness if we are to defeat the terrorists' aim. ○ Reach out to community members who might face stigma by involving them in neighborhood and community activities. ■ Sometimes emotional reactions to terrorism happen a long time after the event. Even if it is one or two years later, or more, it may be helpful to talk with a mental health professional when persistent fear or emotions interfere with daily routines and important relationships, such as: <ul style="list-style-type: none"> ○ Anxiety or feelings of panic; ○ Overwhelming sadness;

PHASE	TERRORIST EVENT
	<ul style="list-style-type: none"> ○ Persistent depression; ○ Isolation and withdrawal; or ○ Uncontrollable anger or irritability. <p>COMMEMORATE</p> <ul style="list-style-type: none"> ■ Symbols and rituals are important tools for coping and recovering after a terrorist event. <ul style="list-style-type: none"> ○ Memorial and commemorative activities can be helpful to individual and community recovery. ○ Faith-based activities and counseling are important as people struggle with powerful spiritual questions. ○ Comfort and healing are important functions supported by these activities. ○ Different cultures utilize different customs and rituals for grief, hope and recovery. ■ Returning to life as usual or finding a new normal may be the most important tribute to those who lost their lives to senseless acts of terrorism.

AUDIENCE- SPECIFIC MENTAL HEALTH TALKING POINTS

These charts contain talking points designed for use with specific audiences to more effectively address unique circumstances and vulnerability of different populations. Again, these can be used to supplement or replace talking points in the core talking points matrix.

CULTURALLY DIVERSE AUDIENCES

<p>PHASE</p>	<p>CULTURALLY DIVERSE GROUPS</p>
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Theme:</u></p> <p>Cultural & linguistic accessibility</p>	<p>CULTURAL AND LINGUISTIC ACCESSIBILITY</p> <ul style="list-style-type: none"> ■ In emergency situations individual cultural background and traditions have an effect on coping. Crisis counseling services will be adapted to be responsive to, and respectful of, cultural and language differences. ■ Find trusted sources of information that provide real-time information in understandable form. <ul style="list-style-type: none"> ○ If available, tune into a 24/7 radio station that broadcasts in your native language. ○ Watch broadcast or cable stations that broadcast news and emergency updates in the language one speaks or with translated subtitles or crawl lines. ○ Ask for an interpreter or call XXX-XXX-XXXX to request translation. ■ For those who do not speak English: <ul style="list-style-type: none"> ○ Tell emergency responders. ○ Ask for an emergency responder who speaks your language. ○ Ask for an interpreter to translate into your native tongue. ■ Carry identification, health information and emergency contact information at all times, including information about language used, communication devices, religious preferences, and the name of an English speaking advocate.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p>Reduce Barriers, Promote Natural Supports, and Community Cohesion</p>	<p>REDUCE BARRIERS</p> <ul style="list-style-type: none"> ■ Ask for a crisis counselor who speaks your native language. <ul style="list-style-type: none"> ○ If one is not available, ask for a translator or interpreter to assist in the counseling process. ○ Children should not serve as translators unless absolutely necessary. It is an unfair and stressful burden for adults and children. ■ Different cultures have different ways of expressing grief and loss. Recovery is especially difficult when: <ul style="list-style-type: none"> ○ Separated from family who may still be in their native land. ○ Living on limited income with limited assets. ○ Rituals and symbols associated with loss, grief and recovery are not accepted or understood in the culture where one lives. ■ Educate crisis counselors about cultural traditions and norms and how they differ from those in the U.S. ■ For anyone who came to this country as a refugee or had major losses or trauma in our lives, share that information with a counselor:

PHASE	CULTURALLY DIVERSE GROUPS
	<ul style="list-style-type: none"> ○ Those experiences may be important in helping to recover from this disaster experience. <p>PROMOTE NATURAL SUPPORTS</p> <ul style="list-style-type: none"> ■ Different cultures have different ways of coping with stress. <ul style="list-style-type: none"> ○ Educate crisis counselors by telling them accepted methods of coping in our culture. ○ Suggest that healing traditions from diverse cultures be incorporated into commemorative activities to promote inclusion and community cohesion. ○ Invite the larger community to a culturally specific commemoration or recognition activity to share religious and cultural traditions that promote emotional recovery and healing. <p>COMMUNITY COHESION</p> <ul style="list-style-type: none"> ■ Treating others badly because of their culture or nationality is unacceptable behavior. If anyone is the target of hateful actions because of race or culture: <ul style="list-style-type: none"> ○ Report it to the appropriate authorities for necessary protective precautions. ○ Ask for the emotional support you need. ■ No formal application is required when a disaster survivor uses the federally funded Crisis Counseling program. <ul style="list-style-type: none"> ○ Identification and citizenship information are not required or requested. ○ You do not have to pay for the counseling. ○ There is no eligibility investigation. ○ No individual identifying information is recorded.

EMERGENCY RESPONDERS

EMERGENCY RESPONDERS

Traditional first responders¹ include fire departments, law enforcement agencies, emergency medical technicians (EMTS) and others at the forefront of disaster response and recovery. These talking points should be used as part of a specialized outreach and education campaign for emergency responders and their families after catastrophic events, mass fatalities, etc., especially if emergency responders are killed and where emergency responders face unknown or significant risk to their own health.

PHASE	EMERGENCY RESPONDERS
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p>Promoting Resilience and Access to Counseling Services</p>	<p>PROMOTING RESILIENCE</p> <ul style="list-style-type: none"> ■ Practice stress management principles for self care and in our family life. ■ Use personal protective equipment (PPE) as instructed for the event and use a “buddy system” to promote safe and effective PPE use. ■ If feeling overwhelmed by the nature of the event, take a break and seek out a supervisor for some relief and respite. ■ Practice self-talk, compartmentalization and other strategies to minimize over-identification with victims and their families. Over-identification can interfere with emotional well-being and ability to cope. ■ Supervisors of emergency response workers should make assignments carefully based on experience, training, and past performance to minimize likelihood of adverse emotional reactions. <ul style="list-style-type: none"> ○ Consider pairing more experienced responders with those with less experience. ○ Prepare inexperienced responders for the reality that they cannot save everyone. ○ Ask questions to help identify people who may not be coping well. Don’t expect responders to ask for help. ○ Work alongside responders to get a better sense of how the work may be affecting the responders. ○ Give detailed instructions regarding use of PPE and enforce use. ○ Emotional reactions will be greater in mass casualty and mass fatality events.

¹ Be aware that other groups may become first responders by default, depending on the event. Examples include members of the media, teachers and school staff, colleagues and co-workers, health care workers, postal workers, housekeeping and maintenance, etc.

<p>PHASE</p>	<p>EMERGENCY RESPONDERS</p>
	<ul style="list-style-type: none"> ○ Expect questions about how work on the scene may affect families in terms of safety and health risks. <p>PROMOTING ACCESS TO COUNSELING SERVICES</p> <ul style="list-style-type: none"> ■ Notify the Employee Assistance Program (EAP) or other resources for emotional support when high stress events occur to assure the availability of supportive counselors or advisors. <ul style="list-style-type: none"> ○ Identify at-risk individuals and refer appropriately. ○ Manage referrals, support confidentiality, be respectful, and recognize accessing services as a normal reaction to an overwhelming situation. ○ Individuals with past trauma or mental health conditions may be candidates for preventive and early interventions rather than waiting for indications of need for referral.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Themes:</u></p> <p><i>Emotional Resilience and Adaptive Coping</i></p>	<p>EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Take time to emotionally decompress after working a shift. ■ Drinking can increase after a traumatic event, interfering with emotional recovery and disrupting healthy family routines. Practice relapse prevention if you are in recovery. ■ Develop healthy coping strategies that build connectedness with family and friends. ■ Journaling, meditation, exercise, and reconnecting to faith communities or other shared interests can be powerful coping mechanisms after a traumatic event. <p>ADAPTIVE COPING</p> <ul style="list-style-type: none"> ■ Peer support and recovery groups can be important support systems in coping with the aftermath of a traumatic event. ■ Sometimes reactions to terrorist events happen a long time after the event. <ul style="list-style-type: none"> ○ Even if it is one or two years later, or more, it may be helpful to talk with a mental health professional. ■ If reactions to the event are interfering with work or home life, seek confidential help through Employee Assistance Programs (EAP) or health care network providers. ■ Get help if experiencing persistent fear or emotions that interfere with daily routine and important relationships such as: <ul style="list-style-type: none"> ○ Anxiety or feelings of panic; ○ Overwhelming sadness; ○ Persistent depression; ○ Isolation and withdrawal; ○ Uncontrollable anger; or, ○ Irritability.

HEALTH CARE WORKERS

HEALTH CARE WORKERS

Following the events of September 11, and the ongoing threat of terrorism or naturally occurring diseases such as SARS or pandemic flu, health care workers have become front-line in disaster response. If the precipitating event requires a surge in medical response or places health care workers at risk, these talking points should be used as part of a specialized outreach and just-in-time education campaigns related to the stress and emotional needs of both patients and health care workers.

PHASE	HEALTH CARE WORKERS
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p><i>Integrating of Mental Health into Medical Response and Promoting Emotional Resilience for Caregivers</i></p>	<p>INTEGRATION OF MENTAL HEALTH INTO MEDICAL RESPONSE</p> <ul style="list-style-type: none"> ■ Apply basic principles of psychological first aid to patients. <ul style="list-style-type: none"> ○ Conduct thorough medical evaluation offering reassurance and sound scientific information. ○ Initial psychological interventions should focus on well-being rather than mental health. <ul style="list-style-type: none"> • Encourage sufficient rest and sleep. • Normalize eat, sleep and work cycles. • Limit exposure to media. • Avoid triggers such as traumatizing images, sounds, smells. ○ Provide adjacent location for observation and presence of individuals who can offer reassurance and support. ○ Refer for mental health services when indicators of concern arise related to harm to self or others. ○ Do not force people to talk about what they have just experienced. They will talk when they are ready. ○ Experts do not recommend use of psychological debriefing. ■ Triage, evaluation and treatment must integrate knowledge of: <ul style="list-style-type: none"> ○ Psychological response to disasters and grief processes. ○ Somatic symptoms of stress and distress. ○ Management of individuals with Medically Unexplained Physical Symptoms (MUPS). <ul style="list-style-type: none"> • Conservative medical approach. • Limited testing. • Frequent observation. • Reassurance. ■ Be open to consider that some illnesses may, at first evaluation, appear to be psychiatric or behavioral disorders but may be atypical presentations of a biological agent causing neuro-psychiatric symptoms. ■ Once an illness or agent is identified, learn what preventive strategies and methods are effective. Use recommended actions for your own protection and to inform and advise family and

PHASE	HEALTH CARE WORKERS
	<p>patients of effective protection methods or activities.</p> <p>PROMOTING EMOTIONAL RESILIENCE FOR CAREGIVERS</p> <ul style="list-style-type: none"> ■ The health and well-being of caregivers and responders is important! <ul style="list-style-type: none"> ○ Practice effective use of personal protection equipment (PPE) indicated for the event. ○ Using a “buddy system” to promote safe and effective PPE use makes everyone more aware and cautious about effective use. ■ Health care response to disasters can be emotionally draining and stressful. Stress management and practicing self-care strategies are critical for health care workers in emergency situations. <ul style="list-style-type: none"> ○ Keeping routines as normal and healthy as possible. ○ Using exercise, sleep, meditation or prayer, and relaxation to cope with the stress. ○ Writing down thoughts and feelings in a journal. ○ Taking breaks that help rejuvenate and rebuild energy and stamina. ○ Avoiding alcohol, drugs, and caffeine. ■ If we feel overwhelmed by the nature of the event, taking a break and seeking out a supervisor for relief and respite is advised. ■ Practice compartmentalization and other strategies to minimize over-identification with victims and their families. Over-identification can interfere with emotional well-being and ability to cope. ■ As a supervisor of health care workers, make assignments carefully based on experience, training, and past performance to minimize likelihood of adverse emotional reactions. <ul style="list-style-type: none"> ○ Psychological effects are most likely to occur among staff who have the greatest amount of contact with the deceased and/or dying, and those dealing with children or pregnant women. These effects are more likely to occur with staff who are severely fatigued by being on duty for a long period of time. ○ Prevention is the best approach.. <ul style="list-style-type: none"> ■ Use a psychological first aid team that includes credentialed mental health providers. ■ Hospitals should assign counselors who can dedicate time to staff support. ■ Staff will be concerned about their own families, so hospitals should establish a communication liaison for them. ■ Provide for rotation of staff to reduce fatigue.

PHASE	HEALTH CARE WORKERS
	<ul style="list-style-type: none"> ○ Hard decisions may be required of responders and health care workers about who to save and who not to save. <ul style="list-style-type: none"> • Health care workers have a real sense of guilt when they cannot treat everyone and are not able to do as much as possible for each patient. This concern could result in anger, feelings of helplessness, depression (potentially long-term), and sleep disturbances. • All of these will be aggravated by fatigue and exhaustion from response demands. • Supervisors and co-workers should be supportive and provide or arrange for needed support by contacting the EAP or calling XXX-XXX-XXXX. ■ Notify the Employee Assistance Program (EAP) or other supportive counselor or advisor if needed. <ul style="list-style-type: none"> ○ Identify at-risk individuals and refer appropriately. ○ Handle referrals and support confidentially and respectfully. Recognize that employee responses are normal reactions to an overwhelming situation. ○ Individuals with past trauma or mental health conditions may be candidates for preventive early interventions rather than waiting for indications of need for referral.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Theme:</u></p> <p>Practicing Self-Care</p>	<p>PRACTICE SELF-CARE</p> <ul style="list-style-type: none"> ■ Take time to emotionally decompress after working a shift and after deployment. Helpful fact sheets for post deployment adjustment can be found at: www.centerforthestudyoftraumaticstress.org/education.courage.shtml ■ Develop healthy coping strategies that build connectedness with family and friends. <ul style="list-style-type: none"> ○ Journaling, meditation, exercise, and reconnecting to communities of faith or other shared interests can be powerful coping mechanisms after a traumatic event. ○ Peer support and recovery groups can be important support systems in coping with the aftermath of a traumatic event. ■ Drinking can increase after a traumatic event, interfering with emotional recovery and disrupting healthy family routines. ■ If reactions to the event are interfering with work or home life, seek confidential help through an employee assistance program (EAP) or health plan provider network.

PARENTS & CHILD CAREGIVERS

<p>PHASE</p>	<p>PARENTS & CAREGIVERS OF CHILDREN</p>
<p>WARNING / UNCERTAINTY</p>	<ul style="list-style-type: none"> ■ Offer realistic reassurance and answer questions the children may have with age-appropriate information. ■ Limit exposure to television coverage and speculation or dramatization of disaster events. ■ Involve children in rehearsing safety measures or preparing supplies. Encourage, without insisting on discussion of disaster fears within the family setting.
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p><i>Reassure, Reduce Stress, Reconnect</i></p>	<p>REASSURE</p> <ul style="list-style-type: none"> ■ Use emotional first aid principles when working with children. <ul style="list-style-type: none"> ○ Provide for safety and basic needs. ○ Give support and “presence”. ○ Comfort children. ○ Clarify and provide reliable information ■ Consider these child-friendly guidelines: <ul style="list-style-type: none"> ○ Give clear directions and assist child to safety. ○ Be sensitive to language and cultural needs. ■ Stay calm and be an active listener. Our children will look to us for help after a disaster. Our ability to cope and respond well will help our children cope as well. ■ Children will need extra time with us and their friends as they try to cope after a disaster. ■ Returning to healthy daily routines as quickly as possible will help our children cope. Keep them nearby as they may fear being away or separated from us. ■ We need to reassure and provide love and attention to children even when our own stress might make it difficult for us to give them additional attention. ■ Children grieve, too, and it is important to tell them that the feelings of denial, sadness, crying, irritability or anger are normal reactions to what has happened. ■ Children may regress to an earlier developmental stage after a disaster; for example - asking parent to help them dress. We need to be patient during this time. ■ Children may also show some of the following behaviors/ emotions after a disaster. <ul style="list-style-type: none"> ○ Stomachaches. ○ Fears (for example – of going places). ○ Needing more attention. ○ Withdrawal and avoidance (not wanting to go to school or avoiding friends and family). ○ Temper outbursts.

PHASE	PARENTS & CAREGIVERS OF CHILDREN
	<ul style="list-style-type: none"> ■ Watch for: <ul style="list-style-type: none"> ○ Problems concentrating. ○ Declines in school performance. ○ Play that depicts the events over and over. ○ Experiencing persistent disturbing feelings and memories when reminded of the event. ○ Changing friends or peer group. ○ Appetite changes. ○ Inappropriate avoidance of responsibilities. ○ Showing indifference. ○ Resisting authority. ○ Alcohol and drug use. ○ Feeling down. ■ These responses are common. Encourage, but do not insist that children talk about their feelings with a trusted adult or professional. Promote healthy coping skills. ■ Most behaviors disappear in the weeks following the event, but if they continue, seek help. If children display dangerous behaviors to themselves or others, get help immediately. ■ If a disaster is human-caused, youth may express “getting back” at the groups or cultures who caused it. Explain that promoting revenge and hate hurts everyone. ■ Children with special needs such as pre-existing mental health problems, learning disabilities and health issues may need additional attention from family and caregivers in a disaster event. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> ■ Limit adults and children’s exposure to the media. Children up to age seven may believe the disaster is happening again when they hear repeated media stories. ■ Older children may feel guilty that they could not intervene to diminish the tragedy. Such normal responses may be reduced by allowing our teens to participate in safe, age appropriate volunteer activities. ■ Children may feel afraid and allow their imaginations to run away with them. Talk with them honestly presenting what happened without overexposing them to detail. ■ Share accurate information with children to dispel rumors. Be situated at their eye level and reassure them that as a family we will get through this together. ■ If directly impacted in a disaster, tell children what has happened and the next steps to be taken. For example – “Tonight we will stay at Grandma’s house.”

<p>PHASE</p>	<p>PARENTS & CAREGIVERS OF CHILDREN</p>
	<p>RECONNECT</p> <ul style="list-style-type: none"> ■ Children previously traumatized or who already have emotional or behavioral difficulty will be more at-risk post-disaster and may need additional mental health assistance. ■ Children who have cognitive or emotional difficulties may be more susceptible to rumors and false information. Provide accurate information in a timely manner. ■ If not directly impacted by the disaster, our children can reach out to help others. Find projects where they can help others and show they care. ■ We adults are all responsible for the well-being of our community’s youth and should reach out in practical ways to lessen the effects of the disaster. <ul style="list-style-type: none"> ○ Children can benefit from volunteering with community or disaster groups to organize food, toy or furniture drives; stocking food pantries, assisting with cleanup, food, fundraising, or repairs.
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Messages:</u></p> <p><i>Re-establish Roles, Foster Emotional Resilience, Commemorate</i></p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ Children are resilient. With caring support and reassurance from trusted adults, they can get through just about anything. Most children and adults recover without professional help. ■ Reestablishing routines is helpful. Playing with our children and talking about the event will help reduce their stress. Recovery times vary for children as well as adults. ■ Emotionally healthy routines may include: <ul style="list-style-type: none"> ○ School. ○ Family time together such as shared meals. ○ Community or faith-based events. ○ Exercising and play. ○ Hobbies. ○ Creating writing, music or art. ■ After a disaster, our children may be afraid: <ul style="list-style-type: none"> ○ The event will happen again. ○ Someone will be injured or killed. ○ Of separation from family or of being left alone. ■ Post-disaster, children who normally stay at home alone may require after-school care. Reassure children by calling them, sending notes and providing a return timetable. ■ Our children may seem to be doing fine, only to show signs of stress months after the event: <ul style="list-style-type: none"> ○ Irritableness. ○ Acting-out behaviors. ○ Crying. ○ Nightmares.

PHASE	PARENTS & CAREGIVERS OF CHILDREN
	<ul style="list-style-type: none"> ○ Aggressive play. ○ Dark drawings. ■ Watch for: <ul style="list-style-type: none"> ○ Avoidance of school and friends. ○ Other behaviors that are not normal for them. ○ Mental health assistance may be needed to help our children heal. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ As adults, we are responsible for the well-being of our community’s youth and should reach out in practical ways to lessen the effects of the disaster. ■ If directly impacted in a disaster, tell children what has happened and the next steps to be taken. For example – “Tonight we will stay at Grandma’s house.” ■ When talking with our children, be situated at their eye level and reassure them that as a family or community we will get through this together. ■ We should limit our children’s media exposure, particularly to television, following the event. Children see replays of disasters and often think the event is happening again. ■ We can help our children feel part of the family recovery by letting them help us look for housing or be involved in other recovery activities. ■ Before leaving children with someone else, consider: <ul style="list-style-type: none"> ○ If children want to stay close for reassurance or are experiencing fears of being separated. ○ Providing children a choice to stay or accompany us. ■ We should seek mental health assistance for our children if their reactions such as nightmares, aggressive play or fears get worse over time instead of better. ■ If our child experiences emotions, behaviors, thoughts, or physical aches and pains beyond a normal response to the disaster, we should access mental health assistance for him/her. ■ Children previously traumatized by an event or currently experiencing emotional or behavioral difficulties are more at-risk following the disaster and may need additional mental health assistance. ■ We should ask friends and family to let us know if they are worried about us or about our children’s behaviors in case we need help. ■ Counseling after a tragic event is common and promotes healing. It is healthy to obtain help for children who may need help to move forward.

PHASE	PARENTS & CAREGIVERS OF CHILDREN
	<p>COMMEMORATE</p> <ul style="list-style-type: none"> ■ Everyone may experience heightened stress during anniversary dates of a disaster. Talking about these feelings with our children will help them get through these events too. ■ When deciding whether to include children in memorials, consider: <ul style="list-style-type: none"> ○ <i>Age, maturity and understanding.</i> Include age-appropriate activities such as releasing balloons or placing a letter in the casket. ○ <i>Appropriateness for children.</i> Personal tributes that include the sharing of stories or photos with close family and friends may be more fitting. ■ Children and youth may struggle with spiritual questions after a disaster. Allow expression and talk with children about events and their feelings in age appropriate ways. ■ You and your child may respond differently to spiritual struggles, or feel uncomfortable in discussing these issues. If so, seek out a trusted Pastor or Rabbi.

SENIORS & PERSONS WITH DISABILITY (PWD)

SENIORS AND PERSONS WITH DISABILITIES

The response to Hurricane Katrina highlighted the importance of addressing the needs of seniors and persons with disabilities (PwD) in disaster response.

PHASE	SENIORS AND PERSONS WITH DISABILITIES (PwD)
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Reconnect</p>	<p>REDUCE STRESS</p> <ul style="list-style-type: none"> ■ Tell emergency responders of any special assistance you or anyone else in your home requires to expedite evacuation and rescue activities. ■ If you need to seek shelter, be prepared to share information about your health care history and special needs. Inform the shelter if you have a service animal that they must accommodate. ■ Asking for help can be hard. Reach out to family, faith leaders, health care providers or others to request assistance. ■ As soon as possible, get back into typical meal, sleep and exercise routines. ■ Stay involved in decision-making and choices that must be made if you are displaced from your home. <p>COPING / RECONNECT</p> <ul style="list-style-type: none"> ■ The greatest challenges for seniors or people with disabilities during and after a disaster tend to be the same things that were challenges before the disaster, such as: <ul style="list-style-type: none"> ○ Transportation. ○ Isolation. ○ Low income and resources. ○ Medical needs. ○ For assistance with these needs, contact XXX-XXX-XXXX. ■ Re-establish links with established personal and home health providers to let them know what you need and where you are. ■ Due to life experience and coping skills, seniors are typically able to resume “normal” lifestyles within a few months and may be more resilient than younger people. ■ It can be frightening if our ability to live independently is threatened because of a disaster. <ul style="list-style-type: none"> ○ Rebuilding a care plan that allows us to live independently can take time. ○ Ask for assistance from your local senior center, center for independent living, casemanager, or crisis counselor.

<p>PHASE</p>	<p>SENIORS AND PERSONS WITH DISABILITIES (PwD)</p>
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Messages:</u></p> <p>Re-establish Roles, Foster Emotional Resilience, Commemorate</p>	<p>RE-ESTABLISH NORMAL ROLES & FUNCTIONAL ROUTINES</p> <ul style="list-style-type: none"> ■ Continue to monitor news on where to get help from disaster relief organizations and government agencies. ■ Drinking alcohol can increase after a traumatic event and can become a problem, interfering with emotional recovery and disrupting healthy relationships. Help is available, call XXX-XXX-XXXX. ■ Older adults may have more health problems following a disaster. Get care as soon as possible; delaying can lead to more serious complications. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Leaving home in an emergency can be traumatic, especially if return is not possible or takes a long time. <ul style="list-style-type: none"> ○ For your mental health, it is best to remain involved in decision-making about where you will live and how you will return to “normal.” ○ People adjust better if they make decisions and choices for themselves. ■ People with histories of trauma in their lives may need some extra assistance in coping with a disaster. It is normal to be reminded of those very difficult experiences and it is important to talk to others to help get back to “normal.” ■ People with episodes of depression or other mental health problems are at higher risk of emotional difficulties after a disaster. <ul style="list-style-type: none"> ○ It is important to rely on natural support systems like friends or family and to make sure you stay connected to those activities that help you cope with stress. ○ Contact your case manager or physician if you need some additional assistance to cope or feel better. ■ Depression is not a normal part of aging. Treatment is available and you can feel better. Ask your doctor for help or call XXX-XXX-XXXX. ■ Sometimes people show stress by acting out in anger. If you or someone you know is mistreated or hurt by family, caretakers or others, contact the Missouri Division of Senior and Disability Services hotline at 1-800-392-0210 for help.

PHASE	SENIORS AND PERSONS WITH DISABILITIES (PwD)
	<p>COMMEMORATE</p> <ul style="list-style-type: none">■ Life experience is a great teacher.<ul style="list-style-type: none">○ Volunteer with a community or disaster response organization to reach out and support others and to contribute to the lessons learned from the event.○ Invest time in emergency preparedness for future events. You and your community will recover faster if you do.

VICTIMS, SURVIVORS, AND THEIR FAMILIES

VICTIMS, SURVIVORS AND THEIR FAMILIES

Sustained public and community support for victims and survivors is associated with improved mental health outcomes. In addition, effective emotional and crisis counseling assistance build trust and confidence in public and private emergency response systems. These talking points must be coupled with availability and responsiveness of crisis counseling services and supports. Typically, emotional support needs surge after public safety and basic needs are met by response systems.

PHASE	VICTIMS, SURVIVORS AND THEIR FAMILIES
<p>EVENT & RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></p> <p><u>Key Themes:</u></p> <p>Reassure, Reduce Stress, Reconnect</p>	<p>REASSURE</p> <ul style="list-style-type: none"> ■ We are all concerned and want to extend our sincere concern and sympathies to those who lost family, friends, homes or possessions at this difficult time. ■ Stress and emotional reactions are normal responses to tragic events. ■ Services and supports are available for victims/survivors and their families. <p>REDUCE STRESS</p> <ul style="list-style-type: none"> ■ After the initial shock and taking care of basic needs such as shelter, food and medical care, many people may need crisis counseling assistance. ■ Stress and anxiety can show up as physical symptoms and illness. ■ We should use positive coping skills that have worked for us in the past when we have faced difficult challenges, such as prayer, meditation or other coping strategies. ■ It is OK for us to postpone decisions or ask for help. <p>RECONNECT</p> <ul style="list-style-type: none"> ■ Most people will recover with time but will need the supportive assistance of friends, families and communities to get through these difficult times. ■ In emergency situations, cultural background can have a profound effect on how we grieve and recover. <ul style="list-style-type: none"> ○ Help crisis counselors, physicians, employers and others understand the ways culture affects our views on loss, grief and recovery after a traumatic event. ○ Personal and cultural experiences must be respected to provide helpful support in such difficult circumstances.

<p>PHASE</p>	<p>VICTIMS, SURVIVORS AND THEIR FAMILIES</p>
<p>RECOVERY</p> <p><i>Communication during a period of recovery should promote optimism, help-seeking, and access to recovery resources and services.</i></p> <p><u>Key Messages:</u></p> <p><i>Re-establish Roles, Foster Emotional Resilience, Commemorate</i></p>	<p>RE-ESTABLISH ROLES</p> <ul style="list-style-type: none"> ■ The best self-help is to re-establish meaningful routines and coping skills, including: <ul style="list-style-type: none"> ○ Nurturing family routines/relationships and friendships. ○ Participating in community activities such as civic, neighborhood, church, or clubs. ○ Stress management such as exercise and relaxation. ■ Use the services available to help with: <ul style="list-style-type: none"> ○ Health and mental health services. ○ Employment. ○ Taxes and money matters. ○ Legal assistance. <p>FOSTER EMOTIONAL RESILIENCE</p> <ul style="list-style-type: none"> ■ Healing takes time. We may have setbacks but it is important to give ourselves time to return to “normal.” ■ Sometimes reactions to disasters are delayed. Talk with a mental health counselor or professional if fear interferes with daily routines and important relationships. Watch for reactions such as: <ul style="list-style-type: none"> ○ Anxiety or feelings of panic. ○ Overwhelming sadness. ○ Persistent depression. ○ Isolation and withdrawal. ○ Uncontrollable anger or irritability. <p>COMMEMORATE</p> <ul style="list-style-type: none"> ■ Offering thanks to those who have helped is important. The simple act of expressing and receiving thanks has health benefits. ■ Symbols and rituals are important tools for coping and recovering after a disaster or terrorist event. <ul style="list-style-type: none"> ○ Memorial and commemorative activities can be helpful to individual and community recovery. ○ Faith-based activities and counseling are important as people struggle with spiritual questions. ○ Comfort and healing are important functions supported by these activities. ○ Different cultures utilize different customs and rituals for grief, hope and recovery. ■ Anniversary dates or reminders can trigger stress and cause us to re-experience the event.

Spokesperson Preparedness Resources



SPOKESPERSON PREPAREDNESS RESOURCES

Many examples from history demonstrate the value of preparedness and practice.

Famous Missouri author and storyteller, Mark Twain, recognized the power of public speaking preparedness. He is reported to have said that his “spontaneous” speeches often took three weeks to write.

New York City Mayor Rudolph Giuliani demonstrated his preparedness efforts as he spoke to his constituents and the world following the events of September 11, 2001. His messages were clear, powerful and showed conviction and compassion to an outraged public. Giuliani’s leadership reflected the needs of Americans and New Yorkers alike and convinced us that he had concern for everyone’s well-being during those difficult hours and days. His responses to difficult questions validated, reassured, promoted constructive responses, and conveyed hope for recovery and triumph over the attackers. The Mayor made it look easy. His grace under pressure was actually the result of longstanding practice and preparation with Vincent Covello, Ph.D., of the Center for Risk Communications in New York City. After the first World Trade Center bombing in 1993, Mayor Giuliani was convinced another attack was inevitable. He made preparation a priority by including on every staff meeting agenda one or more tough questions that might be posed to public officials in a terrorist incident. The questions were provided by Dr. Covello who has identified the most common questions posed by the media in a disaster event. Preparation using evidence-based risk communication principles and research-based questions paid off for the Mayor and provided solace to a jittery public after the largest terrorist attack on U.S. soil.

As leaders preparing for any disaster (or other critical event that requires our leadership), it is important to practice our comments before delivering them to our audiences or the media. Anticipating standard questions and practicing key message are important to ensure the correct information is conveyed in an empathic way during the crisis.

This section of the guidebook provides helpful tools in preparing to serve as a spokesperson in a crisis. The following were selected as quick reference tools during an event:

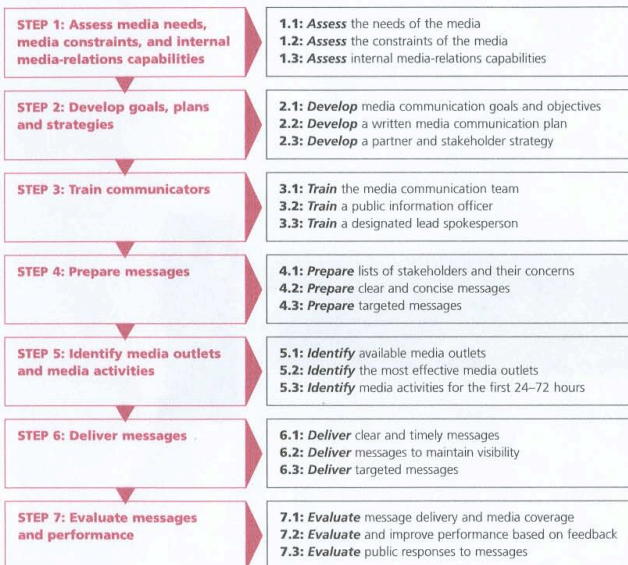
- World Health Organizations Media Communication Guidance
- Questions to Ask Reporters Prior to an Interview
- 77 Questions Commonly Asked by Journalists During a Crisis

The reader should consult the DHSS Public Information Toolkit on their website at: http://www.dhss.mo.gov/LPHA_Toolkit/index.html or CDC Emergency Risk Communication Tool and Training at <http://www.bt.cdc.gov/erc/> for more in-depth or advance preparation.

World Health Organization Media Communication Guidance

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK%20WAL%20L%20CHART.pdf>

7 STEPS TO EFFECTIVE MEDIA COMMUNICATION DURING PUBLIC HEALTH EMERGENCIES



Taken from:
Effective Media Communication during Public Health Emergencies: A WHO Handbook.
 Hyer RN and Covelto VT. Geneva, World Health Organization (WHO/CDS/2005.31) 2005; July.

When talking with the media, questions often asked include:

- Who is affected?
- Who is at fault?
- Who is responsible?
- What has happened?
- What is the cost?
- Where has it happened?
- What is being done?
- When did it happen?
- Why did it happen?
- Why wasn't it prevented?
- Will it happen again?

See WHO Handbook for a fuller list of 77 frequently asked questions.

When wanting to return to key points or redirect the communication, examples of "bridging" statements include:

- *And what's most important to know is...*
- *However, what is more important to look at is..."*
- *However, the real issue here is..."*
- *And what this all means is..."*
- *And what's most important to remember is..."*
- *With this in mind, if we look at the bigger picture..."*
- *With this in mind, if we take a look back..."*
- *If we take a broader perspective..."*
- *If we look at the big picture..."*
- *Let me put all this in perspective by saying..."*
- *What all this information tells me is..."*
- *Before we continue, let me take a step back and repeat that...*
- *Before we continue, let me emphasize that..."*
- *This is an important point because..."*
- *"What this all boils down to is..."*
- *"The heart of the matter is..."*

See WHO Handbook for a fuller list of 33 bridging statements.



World Health Organization

POINTS TO REMEMBER WHEN PREPARING AND DELIVERING MESSAGES

When preparing messages

- prepare three key points that communicate your core messages;
- prepare supporting message points;
- develop supporting material such as visuals, examples, quotes, personal stories, analogies, and endorsements by credible third parties;
- keep messages simple and short; and
- practise delivery.

To communicate voluntariness – prepare messages that:

- make the risk more voluntary by providing options and choices;
- encourage public dialogue and debate;
- ask permission; and
- ask for informed consent.

To communicate controllability – prepare messages that:

- identify things for people to do (for example, precautions and preventive actions);
- indicate a willingness to cooperate and share authority and responsibility with others;
- provide important roles and responsibilities for others;
- tell people how to recognize problems or symptoms; and
- tell people how and where to go to get further information.

To communicate familiarity – prepare messages that:

- use analogies to make the unfamiliar familiar;
- encourage experiential learning;
- have high visual content; and
- describe means for exploring issues in greater depth.

To communicate fairness – prepare messages that:

- acknowledge possible inequities;
- address inequities; and
- discuss options and trade-offs.

To communicate trust – prepare messages that:

- cite credible third parties;
- cite credible sources for further information;
- acknowledge that there are other points of view;
- indicate a willingness to be held accountable;
- describe achievements;
- indicate conformity with the highest professional, scientific and ethical standards;
- cite scientific research;
- identify the partners working with you; and
- indicate a willingness to share the risk.

When delivering messages during an emergency

- recognize and acknowledge anger, frustration, fear, outrage or concern;
- provide three or more positive points to counter negative information or bad news;
- accept and involve the public and the media as legitimate partners;
- indicate through actions, words and gestures that you share their concerns;
- listen carefully to what people are concerned about;
- convey compassion, conviction and optimism through actions, gestures and words;
- speak clearly, simply and calmly – avoid technical terms and long words or phrases; and
- gain trust by admitting that there are things you do not know.

When conducting a news conference or other formal media event:

- make your formal statement as brief as possible;
- include all pertinent information in your statement and allow time for questions;
- limit the number of speakers to no more than three and limit each to 3–5 minutes;
- remember that it is primarily held to allow the media to ask questions, not to attend a lecture; and
- start on time – journalists have deadlines and need enough time to file your story.

When addressing affected populations:

- identify the information they most need to protect themselves;
- use very clear means and formats to communicate the information to them; and
- use diverse formal and informal channels, such as community meetings, open houses, stand-up presentations where people congregate, radio broadcasts and posters.

When communicating through the media during an emergency:

- brief the media promptly following an incident;
- fill information vacuums;
- state, if appropriate, that the information is preliminary;
- state that the media will be updated as additional information becomes available;
- state what is factual and known – avoid speculating on the unknown;
- hold regular briefings (for example, every 2 hours) even if nothing has changed;
- state when you expect new information to become available;
- provide dedicated hotlines and telephone information services for all important stakeholders;
- provide a media communications centre that is staffed 24 hours a day;
- plan how often information updates will be provided, who will do it, and how; and
- use news conferences, briefings and one-on-one interviews.

Questions for Reporters

Vincent Covello, Ph.D.

http://www.state.in.us/isdh/bioterrorism/questions_%20reporters.htm

QUESTIONS FOR REPORTERS

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A first step in conducting a successful media interview is to ask the reporter all or some of the following questions before the interview. It is your right to ask these questions and to receive reasonable responses.

Background Questions

- Who will be conducting the interview?
- What is the reporter's name, media affiliation, telephone number, cell number, fax number, and e-mail address?
- Is the reporter a staff member (full-time or part-time) or a free-lancer?
- What stories have previously been covered by the reporter?
- Does the reporter specialize in any particular area?
- Will the reporter have any say in writing the headline or lead for the story?
- What type of publication or program is it?
- Who generally reads, see, or hears the publication or program?

Logistical Questions

- Where and when will the story appear?
- Is the story likely to appear elsewhere? If so, where?
- What is the reporter's deadline for the story?
- Is the reporter's deadline flexible?
- Will it be possible for the interviewee to get back to the reporter to do the interview later? If so, when?
- Where will the interview take place?
- How long will the interview take?
- How long will the story be?
- Does the reporter call back to verify the accuracy of specific quotes attributed directly to the person being interviewed?
- What is the format for the interview – for example, live, tape, sit down, stand up, panel?
- Will the person being interviewed be allowed to have a voice regarding the interview settings, such as seating arrangements?
- Will the interview be audio taped or video taped by the reporter?
- Will it be all right if the interviewee records the interview?
- Will it be all right if the interviewee uses notes?
- Who will write the headline or the lead to the story?

Topical Questions

- What is the interview topic?
- What is the focus of the interview?
- What specific topics or subjects does the reporter expect to cover in the interview?
- What types of questions will be asked? Can the reporter provide examples?
- Has the reporter done any background research related to the topic of the interview? If so, what was found and where was the information found?
- Would the reporter like to receive background material related to the topic before conducting the interview?
- Who else has the reporter interviewed? What did they say?
- Who else does the reporter expect to interview for the story?
- Would the reporter like suggestions about who else to interview?
- How will the reporter use the interview material? How will the interview material fit into the story?
- If you are not the right person for the interview, would the reporter like suggestions about who would be a better person to interview?

Answers to These Questions are Critical for:

- Deciding if you are the right person for the interview.
- Establishing a verbal contract with the reporter that can be called upon if needed during or after the interview.
- Deciding what your key messages will be.

77 Questions Commonly Asked by Journalists During a Crisis

Vincent Covello, Ph.D.

<http://www.dcpnp.org/journalist.pdf>

RISK AND CRISIS COMMUNICATION: 77 QUESTION COMMONLY ASKED BY JOURNALISTS DURING A CRISIS

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Journalists are likely to ask six questions in a crisis (who, what, where, when, why, how) that relate to three broad topics:

1. What happened;
2. What caused it to happen;
3. What does it mean?

Specific questions include:

1. What is your name and title?
2. What are your job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those that were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you?
28. How much damage do you expect?

29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?
39. Could this have been avoided?
40. Do you think those involved handled the situation well enough?
41. When did your response to this begin?
42. When were you notified that something had happened?
43. Who is conducting the investigation?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you?
54. Has anyone made mistakes?
55. Have you told us everything you know?
56. What are you not telling us?
57. What effects will this have on the people involved?
58. What precautionary measures were taken?
59. Do you accept responsibility for what happened?
60. Has this ever happened before?
61. Can this happen elsewhere?
62. What is the worst case scenario?
63. What lessons were learned?
64. Were those lessons implemented?
65. What can be done to prevent this from happening again?
66. What would you like to say to those that have been harmed and to their families?
67. Is there any continuing danger?
68. Are people out of danger?
69. Are people safe?
70. Will there be inconvenience to employees or to the public?
71. How much will all this cost?
72. Are you able and willing to pay the costs?
73. Who else will pay the costs?
74. When will we find out more?
75. What steps need to be taken to avoid a similar event?
76. Have these steps already been taken – if not, why?
77. What does all this mean?

Glossary of Disaster Mental Health Terms

Glossary of Disaster Mental Health Terms¹

The following glossary is compiled from a variety of public domain disaster mental health publications. The reader may encounter these terms and acronyms while reviewing literature on disaster mental health preparedness, response and recovery.

Agroterrorism: The use of biological agents against crops, livestock or poultry.²

All-Hazards Planning: Planning for any disaster, emergency or critical event, with the assumption that no matter what occurs, the basic response and recovery processes are used and adjusted to address the uniqueness of the event.

Bioevent: According to the Centers for Disease Control (CDC) a bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, can not. For more information visit <http://www.bt.cdc.gov/bioterrorism/overview.asp>

Business Continuity: The ability of an organization to ensure continuity of service and support for its customers and to maintain its viability before and after, and during an event.

Center for Mental Health Services (CMHS): CMHS is a center within the Substance Abuse Mental Health Services Administration (SAMHSA) and located in Gaithersburg, Maryland. CMHS advises the Federal Emergency Management Agency (FEMA) on disaster mental health. SAMHSA is part of the Department of Health and Human Services (DHHS).

CDCynergy: A risk communication curriculum put together by the CDC for effectively communicating with the public in a public health emergency that can be accessed on the web at <http://www.bt.cdc.gov/erc/> to download information and course components as well as message mapping tools and other spokesperson support tools.

¹ Compiled from Missouri Department of Mental Health resources and from SAMHSA publications including *Crisis Counseling Programs for the Rural Community* (DHSS Publication No. SMA 99-3378 Substance Abuse and Mental Health Services Administration Printed 1999) and *Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations* (DHSS Publication No. SMA 3828 Printed 2003)

² Policy Brief Vol. 5, No. 37: September 26, 2002 *On Alert for Agroterrorism* by Roy Frederick, Public Policy Specialist, Department of Agricultural Economics, University of Nebraska-Lincoln. Accessed from website <http://iannews.unl.edu/static/0209260.shtml> on May 20, 2006.

Chemical Event: According to the Centers for Disease Control (CDC) a chemical emergency occurs when a hazardous chemical has been released and the release has the potential for harming people's health. Chemical releases can be unintentional, as in the case of an industrial accident, or intentional, as in the case of a terrorist attack. Some chemicals that are hazardous have been developed by military organizations for use in warfare. Examples are nerve agents such as sarin and VX, mustards such as sulfur mustards and nitrogen mustards, and choking agents such as phosgene. Many hazardous chemicals are used in industry (for example, chlorine, ammonia, and benzene). Others are found in nature (for example, poisonous plants). For more information, review the CDC website <http://www.bt.cdc.gov/chemical/overview.asp#what> (accessed May 10, 2006).

Community Mental Health Centers (CMHC). The CMHC is the agency made up of administrative agents that contract with the Department of Mental Health to provide mental health services to clients in a specified service area. Often, local disaster services groups collaborate to review survivors/victims needs, pool resources and ensure non-duplication of services. Committees meet on a regular basis for emergencies, disasters, mobilization and for maintaining a state of readiness to provide the necessary level of information processing support commensurate with the mission requirements/priorities identified by the respective functional proponent. This term traditionally is used by the Federal Government and its supporting agencies to describe activities otherwise known as Disaster Recovery, Business Continuity, Business Resumption, or Contingency Planning.

Crisis Counseling Assistance and Training Program: The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program) is funded by the Federal Emergency Management Agency (FEMA) through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288 as amended by Public Law 100-707). Services offered by the Crisis Counseling Program involve direct interventions, as well as crisis counseling to individuals and groups impacted by a major disaster or its aftermath. Educational activities and public information on disaster mental health issues are another component of the Crisis Counseling Program. In addition, disaster mental health consultation and training are also provided.

The Crisis Counseling Program includes two separate funding mechanisms: Immediate Services (IS) and Regular Services (RS). States must apply for the IS within 14 calendar days after the Presidential disaster declaration. FEMA may fund the IS for up to 60 days after the declaration date. The RS is designed to provide up to nine months of crisis counseling services, community outreach, and consultation and education services to people affected by the disaster. Although states must submit an application for RS funds to FEMA within 60 days of the disaster declaration, the RS funding is awarded through CMHS based on a formal review of the grant application.

Crisis Counselor (Outreach Worker): An individual who provides crisis counseling services and ideally is from the community, cultural, or ethnic group that is to receive those services. Crisis counselors are members of, familiar to, and recognized by their own communities. They may be spouses of community leaders, natural leaders in their own right, or individuals who have a nurturing role in their communities. Crisis counselors may include retired persons, students, and community volunteers. They may or may not have

formal training in counseling or related professions, and they may be paraprofessional or professionals.

Cultural Competence: A set of values, behaviors, attitudes, and practices that enables an organization or individual to work effectively across cultures; the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as of staff who are providing such services.

Culture: The shared attributes of a group of people; a common heritage or learned set of beliefs, norms and values.

Director, Human Services Division: Located at FEMA Headquarters in Washington, D.C., this person approves or disapproves a request for Regular Service funding for crisis counseling under section 416 of the Stafford Act.

Disaster Recovery Manager (DRM): This person is appointed to exercise the authority of the FEMA Regional Director for a particular emergency or major disaster.

Disaster Field Office (DFO): When a disaster strikes and FEMA is activated to respond, a DFO is opened, generally near the disaster site. Many functions are performed and programs run from this office. The DFO is a joint Federal/State operation.

Emergency Operations Center (EOC): This is the nerve center of disaster recovery operations and is usually under the jurisdiction of local government. It may be located in or near government offices to have access to records and resources. The EOC is usually designed to be self-sufficient for a reasonable amount of time with provisions for electricity, water, sewage disposal, ventilation, and security. The major functions of the EOC are information management, situation assessment, and resource allocation.

Emergency Mental Health and Traumatic Stress Services Branch: The branch within the Division of Program Development, Special Populations and Projects at CMHS, that provides disaster mental health technical assistance to FEMA and the State Mental Health Authority on the Crisis Counseling Assistance and Training Program.

Ethnicity: The common heritage of a particular group of people; includes shared history, language, rituals, and preferences for music and foods.

Federal Emergency Management Agency (FEMA): FEMA is the lead Federal agency in disaster response and recovery and is housed at the Department of Homeland Security (DHS). The Stafford Act provides the authority for the Federal government to respond to disasters and emergencies in order to provide assistance to save lives and protect public health, safety, and property. FEMA provides funding for crisis counseling grants to state mental health departments following Presidentially declared disasters.

Federal Coordinating Officer (FCO): This person is appointed by the President to coordinate Federal assistance in an emergency or major disaster. The FCO acts as the President's representative on-site during a disaster recovery operation. The positions of Disaster Recovery Manager (DRM) and FCO are usually held by the same person.

Gatekeepers: Gatekeepers are people within the community who can provide access to target populations and are part of the community support system. Examples include teachers, clergy, school counselors, physicians, health care workers, welfare workers, funeral directors, and others.

Governor's Authorized Representative (GAR): This person is appointed by the Governor and has the authority to execute all necessary documents for disaster assistance on behalf of the state. Often the GAR and the State Coordination Officer (SCO) are the same person.

Individual Assistance (IA): FEMA disaster programs and services include assistance for individual disaster survivors/victims and their families. Major HS programs include: Disaster Unemployment Assistance, Individual and Family Grant Program, Disaster Housing Program, Cora Brown Fund, and Crisis Counseling Assistance and Training. HS programs were called IA programs prior to 1992. Some state offices of emergency management still refer to IA programs.

Immediate Services (IS): The IS grant is for the initial crisis counseling response. Although programming may be continued through the RS grant, funding is considered separate and comes from FEMA. IS funding may be approved in response to a state request for up to 60 days from the date of the Presidential Declaration or until a RS is funded. Reimbursement for eligible expenses incurred between the date of the disaster occurrence and the disaster declaration may be provided through the immediate services program.

Incident Command System (ICS): Combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively direct and control the response to an incident. Intended to expand, as situation requires larger resources, without requiring new, reorganized command structure. (National Emergency Management Association definition.)

The ICS is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to enable effective and efficient domestic incident management. A basic premise of ICS is that it is widely applicable. It is used to organize both near-term and long-term field-level operations for a broad spectrum of emergencies, from small to complex incidents, both natural and man-made. ICS is used by all levels of government – Federal, State, local and tribal – as well as by many private-sector and non-governmental organizations. ICS is also applicable across disciplines. It is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, and finance and administration.

Acts of biological, chemical, radiological, and nuclear terrorism represent particular challenges for the traditional ICS structure. Events that are not site specific, are geographically dispersed, or evolve over longer periods of time will require extraordinary coordination between Federal, State, local, tribal, private-sector, and non-governmental

organizations. An area command may be established to oversee the management of such incidents.

Linguistic Competence: The capacity of an organization or individual to communicate effectively with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals who are deaf or hard of hearing.

National Association of State Mental Health Program Directors (NASMHPD): The directors of state departments of mental health comprise this organization located at 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314. Phone: 703-739-9333.

National Incident Management System (NIMS): The NIMS was developed to provide a system that would help emergency managers and responders from different jurisdictions and disciplines work together more effectively to handle emergencies and disasters. Most incidents are handled on a daily basis by a single, local jurisdiction at the local level, often by fire personnel, EMS, and law enforcement. But even for incidents that are relatively limited in scope, coordination and cooperation among the responding organizations makes for a more effective response. NIMS will be used nationwide to form a standardized, unified framework for incident management within which government and private entities at all levels, can work together effectively. The NIMS provides a set of standardized organizational structures such as the Incident Command System and standardized processes, procedures and systems. These processes and procedures are designed to improve interoperability among jurisdictions and disciplines in various areas – command and management, resource management, training, communications.

National Voluntary Organizations Active in Disaster (NVOAD): NVOAD is a group of voluntary organizations that have made disaster response a priority. State VOADs also exist and can direct local organizations and governments to resources within their area. If unable to determine the state VOAD coordinator, check out their website at www.nvoad.org or contact the national VOAD coordinator at 301-270-6782.

Outreach: A method for delivering crisis counseling services to disaster survivors; consists primarily of direct contact with survivors in their natural environments.

Paraprofessional: A person who works as a crisis counselor and has a bachelor's degree or less in a specialty that may or may not be related to counseling. Paraprofessionals have strong intuitive skills, know how to relate well to others, possess good judgment and common sense, and are good listeners. They may or may not be indigenous workers. In times of disaster, they provide outreach, counseling, education, information, and referral services. They work with individuals, families, and groups. Effective crisis counseling programs train paraprofessionals in how to work with people who are experiencing the psychological sequel of disasters.

Professional: A person who has an advanced degree (master's level or higher) in psychology, social work, counseling, or a related profession. Professionals have experience in the mental health or counseling fields as well as the expertise needed to provide clinical supervision and training to crisis counselors. Typically, a professional coordinates and supervises the local outreach team associated with a crisis counseling program. He or she may provide crisis services directly or offer consultation and support

to crisis counselors. Professionals clinically evaluate clients to determine whether their needs exceed the scope of the crisis counseling program. They may work directly with individuals, families, and groups whose problems are unusually challenging or complex.

Professionals often need training on the ways in which crisis counseling for disaster survivors differs from traditional mental health or counseling practice.

Project Officer (PO): The PO is the person representing CMHS to monitor the crisis counseling project, provide consultation, technical assistance and guidance, and be the contact point within the Department of Health and Human Services for the mental health services provided following a disaster.

Public Assistance (PA): FEMA funds programs and services available to communities impacted by disasters. This is the “bricks and mortar” response such as debris removal and road and bridge reconstruction.

Race: A category describing people according to a set of characteristics that are socially important but that are not necessarily defined by visible physical features (DHHS, 2001).

Racial and Ethnic Minority Group: A collective, heterogeneous group of people who identify as African American, American Indian and Alaska Native, Asian American and Pacific Islander, or Hispanic American (DHHS, 2001).

Ready in 3: Missouri Department of Health and Senior Services (DHSS) public education campaign advising all citizens to prepare for disasters by creating an emergency plan, preparing an emergency kit of needed supplies, and listening for information from trusted sources. More details are available at www.dhss.mo.gov/Ready_in_3/

Refugee: A person who, because of fear of being persecuted for reasons of race, religion, nationality, or political opinion, is residing outside the country of his or her nationality and is unable or unwilling to avail himself or herself of the protection of that country; also, a person, who, not having a nationality and being outside the country of his or her formal habitual residence, is unable or unwilling to return to that country.

Regular Services Grant (RS): The RS Grant funds recovery crisis counseling services following a disaster. The RS can be funded for up to nine months. An extension can be requested due to documented extreme need for three months beyond the initial nine month period. Program and funds are monitored by DHHS.

Special Population: A targeted group in a disaster-impacted community or area with needs that require specific attention by the crisis counseling program. Special populations include children, adolescents, older adults, elderly persons, members of ethnic and cultural groups, migrant workers, disaster relief workers, persons who are severely mentally ill, persons with disabilities, and homeless persons. Other special populations may be unique to the area being served by the crisis counseling program.

Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act): The Stafford Act is the legislation (Public Law 93-288 as amended by Public Law) that enables Federal emergency response and services to be provided following a disaster.

Section 416 authorizes the President to provide Crisis Counseling Assistance and Training for disaster victims/survivors following Presidentially declared disasters.

State Mental Health Authority (SMHA): The lead State government organization for providing mental health services. Because this organization may be a department, division, or branch, depending on the State government system, CMHS and FEMA use the abbreviation “SMHA” to denote the lead mental health organization.

Substance Abuse Mental Health Services Administration (SAMHSA): The Department of Health and Human Services (DHHS) houses SAMHSA, which is divided into three centers: Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); and, the Center for Substance Abuse Treatment (CSAT). CMHS provides the technical assistance to FEMA for the Crisis Counseling Program.

State Coordination Officer (SCO): The SCO is the person appointed by the Governor to work in cooperation with the Federal Coordination Officer. Often, the SCO and the Governor’s Authorized Representative (GAR) are the same person.

Unmet Needs Committees (UNC): Often, local disaster services groups form an unmet needs committee to review survivors/victims needs, pool resources, and ensure non-duplication of services. Committees meet on a regular basis. Crisis counseling representatives ensure that eh disaster mental health needs are met not only for the survivors but for committee members as well. May also be referred to as Community Organizations Active in Disaster (COAD)