

Disaster Communications Guidebook



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

NEW: Pandemic Flu Section

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PROMOTING TRUST, COOPERATION AND EMOTIONAL WELL-BEING THROUGH RISK COMMUNICATIONS

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.

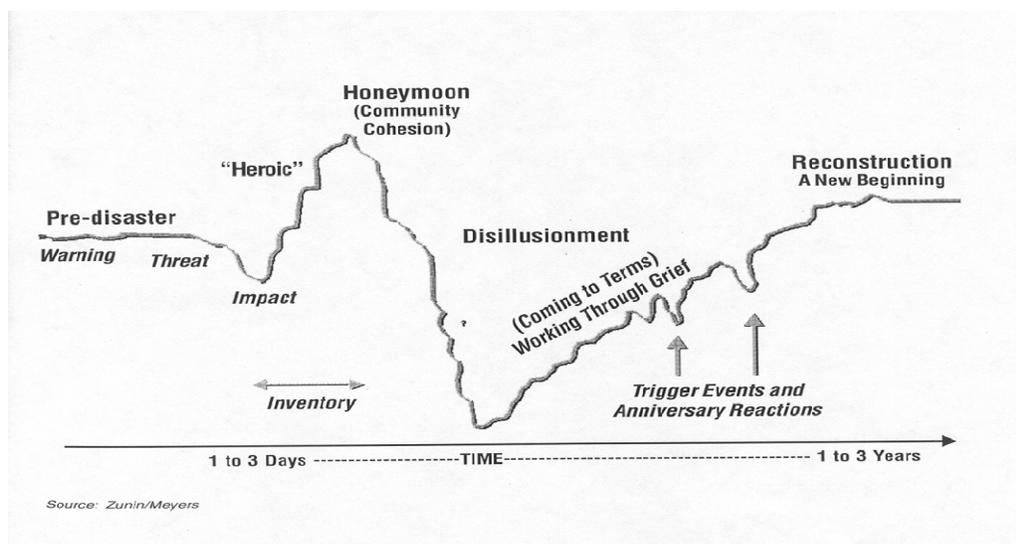


Figure 1

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
- Explosives/Incendiary
- 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

A new section has been added regarding public information during a Pandemic Flu event. The section addresses emotional preparedness for all audiences as well as event and recovery communication.

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 DURING EVENTS AND RECOVERY

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.

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>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. <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.

PHASE	ALL AUDIENCES / ALL EVENTS
	<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: (Give specific examples appropriate to the situation such as the ones listed below.) <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.) ▪ 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, 800/364-9687.
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</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.

PHASE	ALL AUDIENCES / ALL EVENTS
	<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 emergency to those impacted by the event. There is no cost, clinical eligibility or citizenship requirement. Seek this professional help if experiencing: <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. ▪ 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

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	<p>based on age, life skills, gender, etc. Be patient, but if their emotions raise concerns, urge them to seek crisis counseling services.</p> <ul style="list-style-type: none"> ○ People who experienced previous traumas in their lives may be especially vulnerable. <ul style="list-style-type: none"> ▪ 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, and 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. Lower risk by: <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.

PHASE	ALL AUDIENCES / ALL EVENTS
<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>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. <p>“Con” artists may:</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. <ul style="list-style-type: none"> ○ 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-

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	<p>based initiatives, etc.</p> <ul style="list-style-type: none"> ▪ 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. ○ 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 EVENT
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></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. <i>(Give specific examples appropriate to the situation such as the following.)</i> <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. ○ 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.

PHASE	AGROTERRORISM EVENT
	<ul style="list-style-type: none"> • 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. ▪ 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

PHASE	AGROTERRORISM EVENT
	<p>officials.</p> <ul style="list-style-type: none"> ▪ 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 yard work, 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>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 re-structuring 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. <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.

PHASE	AGROTERRORISM EVENT
	<ul style="list-style-type: none"> ○ 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

PHASE	BIOEVENT
<p>REAL OR POTENTIAL THREAT</p> <p><i>Communication during the threat phase should promote preparedness, coping, and constructive precautions.</i></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: (Give specific examples appropriate to the situation such as the ones listed below.) <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 AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></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. ○ 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.

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	<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 healthcare. 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 healthcare 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, graduations, or other milestone events. <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. ▪ 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

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	<p>anger.</p> <ul style="list-style-type: none"> ▪ 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. ○ 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.

PHASE	BIOEVENT
<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>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. <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

PHASE	CHEMICAL EVENT
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></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. • Think about going home to personal comforts such as family, a soft bathrobe or favorite sweats, a warm cup of coffee or cocoa.

PHASE	CHEMICAL EVENT
	<ul style="list-style-type: none"> ○ 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>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. <p>Businesses should have recovery plans that quickly communicate when safe return is possible to minimize economic impact.</p> <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 hotline number to get more information if someone is showing signs or symptoms of 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.

EXPLOSIVES/INCENDIARY

PHASE	EXPLOSIVES / INCENDIARY EVENT
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></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. <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.

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	<ul style="list-style-type: none"> ○ 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>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 for recovering patients over the coming months. <p>COMMEMORATE</p> <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

PHASE	NATURAL DISASTERS EVENT
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</i></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>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. ○ 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

PHASE	NATURAL DISASTERS EVENT
	<p>promote and support, and provide hope and anticipation.</p> <ul style="list-style-type: none"> ○ 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 AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, coping, and confidence.</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. ○ 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.

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.

PHASE	RADIOLOGICAL EVENT
	<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>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. ▪ 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

PHASE	TERRORISM EVENT
<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>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.
<p>EVENT</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</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.

PHASE	TERRORISM EVENT
	<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.
<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>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.

PHASE	TERRORISM EVENT
	<p>Giving in to hatred, violence or discrimination gives terrorists what they want.</p> <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. <ul style="list-style-type: none"> ▪ 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; ○ 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 GROUPS

PHASE	CULTURALLY DIVERSE GROUPS
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></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>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: <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

PHASE	CULTURALLY DIVERSE GROUPS
	<p>cultural traditions that promote emotional recovery and healing.</p> <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>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. ○ 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

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, healthcare workers, postal workers, housekeeping and maintenance, etc.

PHASE	EMERGENCY RESPONDERS
	<p>overwhelming situation.</p> <ul style="list-style-type: none"> ○ 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>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 healthcare 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.

HEALTHCARE WORKERS

HEALTHCARE WORKERS

Following the events of September 11, and the ongoing threat of terrorism or naturally occurring diseases such as SARS or pandemic flu, healthcare workers have become front-line in disaster response. If the precipitating event requires a surge in medical response or places healthcare 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 healthcare workers.

PHASE	HEALTHCARE WORKERS
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</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 patients of effective protection methods or activities. <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.

PHASE	HEALTHCARE WORKERS
	<ul style="list-style-type: none"> ○ Using a “buddy system” to promote safe and effective PPE use makes everyone more aware and cautious about effective use. ▪ Healthcare response to disasters can be emotionally draining and stressful. Stress management and practicing self-care strategies are critical for healthcare 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 healthcare 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 that 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. ○ Hard decisions may be required of responders and healthcare workers about who to save and who not to save. <ul style="list-style-type: none"> ● Healthcare 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

PHASE	HEALTHCARE WORKERS
	<p>overwhelming situation.</p> <ul style="list-style-type: none"> ○ 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>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 / CAREGIVERS OF CHILDREN

PHASE	PARENTS / CAREGIVERS OF CHILDREN
<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 AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</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. ▪ 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.

PHASE	PARENTS / CAREGIVERS OF CHILDREN
	<ul style="list-style-type: none"> ○ Showing indifference. ○ Resisting authority. ○ Alcohol and drug use. ○ Feeling down. <ul style="list-style-type: none"> ▪ 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>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.

PHASE	PARENTS / CAREGIVERS OF CHILDREN
<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>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. <ul style="list-style-type: none"> • Creative 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. ○ 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:

PHASE	PARENTS / CAREGIVERS OF CHILDREN
	<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. <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. <ul style="list-style-type: none"> ○ 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 AND PERSONS WITH DISABILITIES (PwD)

SENIORS & 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 & PERSONS WITH DISABILITIES (PwD)
<p>EVENT AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></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 healthcare 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, healthcare 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, case manager, or crisis counselor.

PHASE	SENIORS & PERSONS WITH DISABILITIES (PwD)
<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>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. <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 AND RESPONSE</p> <p><i>Communication during an event should promote cooperation, confidence and coping.</i></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>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>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.

PHASE	VICTIMS, SURVIVORS AND THEIR FAMILIES
	<ul style="list-style-type: none"> ○ 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.

PANDEMIC FLU

PREPAREDNESS AND PUBLIC EDUCATION

Pandemic Flu Preparedness and Public Education

How to Use This Guidebook

Introduction

In 2006, the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services funded two Disaster Communications Guidebooks created by the Missouri Department of Mental Health (DMH). One guidebook was targeted toward the general public for “Promoting Emotional Well-Being When Preparing for Disasters.” This book has been named a *promising practice* by the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota. The second book provided behavioral health messages to blend into public communication as part of state and local response and recovery efforts. Both publications have been extremely well received and are available on the DMH website www.dmh.mo.gov/diroffice/disaster. This third guidebook titled *Disaster Communications Guidebook: Pandemic Flu* comprehensively addresses the behavioral health consequences of pandemic flu. Preparedness information is combined with critical messages to be provided by leaders and spokespersons during the event and recovery.

Why Pandemic Flu?

The 2006 guidebooks did not address how to deal with a pandemic, a disease with the potential to affect a vast number of people and geographic areas. Scientists and health experts believe the world is long overdue for a pandemic flu with the most recent U.S. flu pandemics being the Hong Kong Flu in 1968-69 (resulting in 33,800 deaths). Prior to that was an outbreak of the Asian Flu in 1957-58 (69,800 deaths), but the most deadly U.S. event was the Spanish Flu of 1918-1919 (675,000 deaths).

A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causing serious illness, and can sweep across the country and around the world in a very short time. (www.pandemicflu.gov)

Based upon these risks, the DMH Office of Disaster Readiness created this guidebook to address both public preparedness and leadership response and recovery efforts for pandemic flu. We encourage citizens and leaders alike to review this information and share it with family, friends, colleagues and co-workers.

Organization of Publication

There are two sections to this publication which follow the format of the 2006 Disaster Communications Guidebooks. Both sections focus on emotional health messages to address pandemic flu.

1. Emotional Preparedness: This content covers preparedness tips for the general public.
2. Event and Recovery Communication: Messages for leaders and spokespersons.

Each section contains additional content for key target groups including:

- Culturally Diverse Groups
- Faith Community
- Frontline Workers/First Responders and their Employers/Organizations
- Parents/Caregivers of Children
- Seniors and Persons with Disabilities

In addition, resources and websites are listed. Please note this final draft was completed in July, 2007 so readers should check the Missouri Department of Health and Senior Services (DHSS), DMH and CDC websites regularly for updates: www.dhss.mo.gov; www.dmh.mo.gov; www.pandemicflu.gov;

EMOTIONAL PREPAREDNESS PRE-EVENT MESSAGES

EMOTIONAL PREPAREDNESS

According to the American Red Cross, only 23% of the population prepares for disasters in advance with up to 77% preparing just in time.¹ The Missouri Department of Mental Health Office of Disaster Readiness compiled this information so Missourians can personally prepare for a pandemic flu.

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
<p>PRE-EVENT MESSAGES</p> <p><i>Communication during the pre-event phase should promote awareness, preparedness, and access to helpful information.</i></p>	<p>LEARN Be informed. Know the difference between seasonal flu and pandemic flu and what is being done in Missouri. Remember, vaccines and antivirals may not be available for months.</p> <p>The Missouri Department of Health and Senior Services (DHSS) is our lead agency on pandemic response. DHSS created a pamphlet explaining the potential threat and how to prepare here in Missouri. Order a copy of Ready in 3: Pandemic Influenza at 573.751.6400 or download from the DHSS website at: http://www.dhss.mo.gov/PandemicInfluenza/</p> <p>Be prepared, not afraid Preparedness can reduce our risks. We must learn about the anticipated risks and actively prepare ourselves, our families and our workplace to handle them.</p> <p>Our lives will be disrupted during a pandemic flu event. We should all follow good health practices and support each other emotionally.</p> <p>Experts believe that hospitals and other medical care facilities will be overwhelmed. There will be deaths due to the pandemic. Our best defense is to be educated and prepared to face the challenges of a pandemic.</p> <p>Monitor news reports on pandemic flu at websites such as www.pandemicflu.gov . Additional preparedness resources are listed at the end of this section.</p> <p>Learn the symptoms If pandemic flu does occur, DHSS officials will alert the public of the symptoms of the new flu and provide advice on how best to deal with them.</p> <p>Understand Social Distancing In a pandemic, we must all consider our daily interactions as family members, co-workers and community members. Social distancing is the practice of separating yourself from others in order to protect yourself from infection, to decrease the risk of exposure to yourself, or to keep from infecting others if you may have been exposed.</p>

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<p>Social distancing has different components, including: maintaining distance between you and others, avoiding public places and crowds, and not sharing personal items or even ball point pens with others. Read about social distancing and become aware of other practices that will help you and your family. But remember, the reality is, no matter how cautious we are, not everyone will avoid infection.</p> <p>Stigma Stigma is a result of fear and misunderstanding. Unfortunately, negative behaviors may occur during a pandemic and can affect a product, industry, animal, place or people. To prevent stigma, each of us should become educated on how the flu is spread and offer support to those working on behalf of our health and safety.</p> <ul style="list-style-type: none"> ▪ Consider the following negative perceptions and beliefs which may occur during a pandemic: <ul style="list-style-type: none"> ○ Persons contracting the illness, living with persons with the flu or working frontline to eradicate the illness, may experience family, friends, colleagues and the public avoiding them for fear of catching the disease. ○ People may consider caregivers and first responders the source of the pandemic flu, even if they are taking every precaution to avoid spreading the disease. ○ During the SARS outbreak in Toronto in 2004, emergency medical staff who entered fast food restaurants were avoided and not accepted by the other customers who moved several feet out of the way to avoid getting near them. Such behavior was upsetting to the workers who were fighting the epidemic frontline². The customers were not practicing social distancing but clearly responding with fear to these civil servants in uniform. ▪ Try to understand, without condemning, persons practicing negative behaviors. Determine how to reduce the impact of such conduct and do not practice these behaviors yourself. <ul style="list-style-type: none"> ○ Encourage family, friends and colleagues to become educated on pandemic preparedness. ○ Consider in advance the actions you may take to lessen the impact of stigma. ○ Help children understand that making fun of others or avoiding them without reason can be hurtful. ○ Explain to children that these behaviors may occur and what to do. ○ Plan with children ahead of time some ways that you can support first responders with goody bags, etc. ○ Model good behavior yourself. <p>If you find yourself fearful and practicing negative behaviors, remember to practice social distancing instead.</p>

<p>ALL AUDIENCES</p>	<p>PRE-EVENT MESSAGES —PANDEMIC FLU</p>
	<p>PLAN</p> <p>Prepare appropriately Learn what you can do in advance. Create a plan and then lead your lives in a normal way.</p> <p>Develop a personal and family preparedness/emergency kit These items should be included to address aspects of pandemic flu:</p> <ul style="list-style-type: none"> ▪ Contact information for doctors and pharmacists. ▪ List of pre-existing medical conditions and current medications (prescription and over-the-counter) for family members. ▪ Identification for all family members. ▪ A notepad and pen to keep information about symptoms. ▪ Pain medication such as acetaminophen (brand name Tylenol) in appropriate dosage levels per ages of family members. ▪ Games, blankets/pillows and entertainment items to enjoy individually (books, DVDs, puzzles, music, etc.) to be more comfortable during the illness. ▪ Relevant information such as this material, Ready in 3 brochures from the Missouri Department of Health and Senior Services, preparedness information from the American Red Cross, etc. ▪ A small bell or noisemaker to signal to caregiver that you have a need. ▪ Information about the likely emotional reactions that you and family members may experience through the pandemic. <p>Know that our daily lives may be significantly different during a pandemic. Be prepared to help others. Plan how you would handle these likely scenarios:</p> <p>Workplace Individuals may juggle heavier schedules. Up to 40% of colleagues becoming sick or unable to report to work due to exposure.</p> <ul style="list-style-type: none"> ○ Understand your workplace business continuity plan. ○ Know what additional duties you or others may need to take on when co-workers are out due to sickness or caring for ill family. ○ Practice telecommuting (if feasible) to see how your home computer system or remote devices link with your workplace computer network. ○ See if your employer will schedule flexible/staggered hours to promote social distancing. ○ Some jobs require personnel such as healthcare personnel, utility workers, etc. on site no matter the circumstances. If you have this type of job, talk with your supervisor to understand your role and responsibilities in case of a pandemic.

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<p>Ill Relatives Those sick with the flu, particularly children, the elderly and other relatives, may require home care as hospitals and medical sites may be overcrowded.</p> <ul style="list-style-type: none"> ▪ Identify persons through discussion with your spouse, older teens, extended family and trusted neighbors and friends who may be available to provide home care for family members if you must work. ▪ Identify those who may assist in other ways such as taking care of pets, shopping, etc. ▪ Educate family and other caretakers on how the flu is spread and ways to protect yourself/the caregiver. ▪ Understand social distancing. <p>Schools and Businesses Consider the impact on your lives if schools or businesses should close.</p> <ul style="list-style-type: none"> ▪ Consider the impact on you and your children in order to minimize the disruption to your routine. ▪ Schools and businesses may rely on distance learning or telecommuting and cancel all extracurricular or ancillary meetings and uses for their buildings. ▪ Children and young people will need to stay in touch with friends. Explore safe options such as the use of e-mail, phone, or internet sites such as “My Space” with parental involvement and monitoring. <p>Faith-Based Community Faith-based and community gatherings/meetings may be cancelled or suspended:</p> <ul style="list-style-type: none"> ▪ Consider and test communication options such as interactive websites, webcasts, e-mail, list serves, telephone trees, conference calls and other creative means to keep connected and informed. ▪ Investigate how to acquire certain items in advance or during times of controlled commerce such as communion wafers/wine, holy water, ▪ Bibles/Korans/Torahs or other religious books and supplies. ▪ Plan for how your faith community can support those that are ill, as well as their caregivers, with: <ul style="list-style-type: none"> ○ Spiritual and emotional support ○ Deliveries of medicine and food ○ Transportation for non-ill members ○ Pet and service animal care <p>Public Services and Shopping</p> <ul style="list-style-type: none"> ▪ Retail and grocery stores may have limited hours and supplies. Consider how this may impact you physically and emotionally. These disruptions to our routines may leave us feeling sad and wishful for the way things used to be. Try to look forward to when the pandemic is history and in the meantime: <ul style="list-style-type: none"> ○ Stock up on supplies in advance such as water, non-perishable food, comfort food and pet food and treats. ○ Have on hand entertainment items such as books, DVDs, games, arts and crafts supplies, etc. ○ Have medicines and over-the-counter items for family

<p>ALL AUDIENCES</p>	<p>PRE-EVENT MESSAGES —PANDEMIC FLU</p>
	<p>members, pets and service animals.</p> <ul style="list-style-type: none"> ○ Outings may become small family drives or picnics instead of movies or shopping. Be creative! <ul style="list-style-type: none"> ▪ Making alternate plans for when services such as mail delivery, public transportation, or healthcare may be limited will help us handle the event better. Some ideas for proactive planning include: <ul style="list-style-type: none"> ○ Make arrangements for direct deposit of paychecks, dividends and other financial income. ○ Sign up for on-line banking and bill paying. Keep cash on hand for emergency use. ○ If operating, use public transportation at times when it is least crowded. As feasible, plan alternate ○ Transportation methods. Use available resources within walking distance or bicycle commute. ▪ Vulnerable populations will have increased risks. Be sure to: <ul style="list-style-type: none"> ○ Work with neighbors/family members with special needs and their caregivers/attendants regarding how you can assist them. ▪ Meet with family members living in a nursing or care facility regarding the facility’s pandemic/emergency plan. Identify any additional preparedness necessary for that family member. Support them with additional phone calls during a pandemic. <p>PROTECT</p> <p>Psychological First Aid.³ There is consensus among international disaster experts and researchers that psychological first aid can help alleviate painful emotions and reduce further harm from initial reactions to disasters. Sometimes called “Emotional First Aid,” it offers practical outreach and information to assist us in understanding our emotional responses after we or loved ones have experienced pandemic flu or other stressful events. It creates and sustains an environment of:</p> <ul style="list-style-type: none"> ▪ Safety ▪ Calming ▪ Connectedness to others ▪ Personal effectiveness/empowerment ▪ Hopefulness <p>Understanding these principles will assist us in managing our feelings as well as guide our actions and interactions to aid others in distress.</p> <ul style="list-style-type: none"> ▪ Safety: Help people meet basic needs for food and shelter, and obtain emergency medical attention. Provide repeated simple and accurate information on how to obtain these resources. ▪ Calming: Listen to people who wish to share their stories and emotions and remember there is no right or wrong way to feel. Be friendly and compassionate even if people are being difficult. Provide accurate information about the pandemic influenza and the ongoing response efforts.

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<ul style="list-style-type: none"> ▪ Connectedness to others: Help people contact friends or loved ones. Keep families together. Keep children with parents or other close relatives whenever possible. ▪ Empowerment: Provide practical suggestions that steer people toward helping themselves. Engage people in meeting their own needs. ▪ Hopefulness: Find out the types and locations of services available from the public and private sector and direct people to those services. If you know that more help/services/resources are on the way, remind people of this when they express fear or worry. <p>The Three R's of Psychological First Aid. Remember these key words to assist with resilience and recovery:</p> <ul style="list-style-type: none"> ▪ Reduce arousal ▪ Reassure ▪ Reconnect
Poultry Workers and Owners	<p>Because of the possible increase of avian flu, or “bird flu,” people who raise or work with poultry, such as chickens, ducks and turkeys, should follow safety procedures of their companies so they can reduce their fears for themselves and their families.</p> <ul style="list-style-type: none"> ▪ Companies should provide a written copy of security practices to workers and contract growers and translate it into other languages as necessary.
Culturally Diverse Groups	<ul style="list-style-type: none"> ▪ Plan with cultural leaders in advance so the community response is culturally appropriate and sensitive. ▪ Ensure pandemic flu materials are translated into the languages used in your community and distributed in the appropriate neighborhoods, faith communities and commercial districts. ▪ Cultural practices may differ for accessing or accepting medical treatments/services and in handling grief, loss, death and spirituality.
Expatriates and Foreign Students	<p>There will be unique challenges brought on by a pandemic for expatriate employees and students studying abroad⁴.</p> <p>For those individuals working or studying away from their home nations, there may be additional emotional stress associated with:</p> <ul style="list-style-type: none"> ▪ Not being able to return home due to travel restrictions, even if loved ones are sick or have died. ▪ Disruptions in communications systems that prevent contact with loved ones. ▪ Coping with one’s own illness without the care and comfort of loved ones. ▪ Coping with the illness or death of loved ones at home without being there to comfort, care for or say goodbye. <p>Support by additional phone calls, e-mail, phone over web, etc.</p>
Faith Community	<p>Evaluate activities and services (including rites and religious practices) to identify those that may facilitate virus spread from person to person. Identify ways to modify these activities to prevent the spread of pandemic influenza.</p>

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<p>Develop tools such as a website, toll-free number or answerline to counsel congregations on safe ways to conduct worship services during the pandemic. Consider developing call trees or “friendship lines” to keep in touch and support each other.</p> <p>Design alternate methods to conduct religious services, ceremonies, rituals, i.e. webcasts.</p> <p>Be aware of spiritual reactions to stress:⁵</p> <ul style="list-style-type: none"> ▪ Feeling distant from God ▪ Withdrawal from the place of worship ▪ Uncharacteristic involvement with the place of worship ▪ Sudden turn toward God ▪ Familiar faith practices seem empty ▪ Sense of isolation ▪ Loss of meaning and purpose ▪ Questioning of one’s basic beliefs ▪ Believing God is not in control, is powerless, or does not care ▪ Anger at clergy ▪ Belief that we have failed God
<p>Spiritual Leaders</p> <p>Funeral Directors</p> <p>Coroners</p>	<p>If you are in the spiritual leadership of your church, synagogue or temple, or if you are a coroner or funeral director, consider the impact of a pandemic on you. Multiple illnesses and deaths will take their toll. Practice self-care and peer-care. For example:</p> <ul style="list-style-type: none"> ▪ Take time off and take breaks during response ▪ Make time for your own family ▪ Do something for enjoyment such as taking a walk, reading, journaling, etc. ▪ Exercise and eat right ▪ Take breaks from the phone ▪ Consider ahead of time how as professionals you can support each other.
<p>Frontline Workers</p> <p>First Responders</p> <p>Community Leaders</p> <p>Essential Service Providers</p> <p><i>Transportation, Communication, Utilities, Financial, etc.</i></p>	<p>It is recommended that employers in the public and private sector develop the following psychosocial support services, particularly for the groups identified:</p> <p>The following information is from <i>HHS Supplement 11: Workforce Support</i>. Psychosocial Considerations and Information Needs.</p> <p>Develop Workforce Resilience Programs with these components:</p> <ul style="list-style-type: none"> ▪ Plan for a long response of more than one year ▪ Identify pre-deployment briefing materials ▪ Augment Employee Assistance Programs (EAP) with social support services for the families of deployed workers ▪ Train staff on cognitive, physiological, behavioral and emotional reactions, especially in children ▪ Teach self-care in the field to safeguard physical and emotional health and maintain a sense of control and personal effectiveness ▪ Understand cultural differences that can affect communication

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<ul style="list-style-type: none"> ▪ Be aware of potential pandemic impact on special populations <p>Develop organization supports including teams, effective communication strategies, etc.</p>
<p>Faith Community</p> <p>Healthcare Workers</p>	<p>Establish stress control/resilience teams to assist and support employees and foster cohesion and morale by:</p> <ul style="list-style-type: none"> ▪ Monitoring employee health and well-being. ▪ Staffing “rest and recuperation” sites. Sites can be stocked with healthy snacks, relaxing music and DVDs, and information about workforce support services. ▪ Distributing informational materials. <p>Develop services for families of employees who are in the field, frontline, working long hours and/or staffing hospitals or other workplaces overnight:</p> <ul style="list-style-type: none"> ▪ Assist with elder or child care ▪ Provision of cell phone or wireless communication devices to allow regular communication among family members ▪ Information dissemination via websites or hotlines specifically for family members of staff ▪ Access to expert advice and answers to questions about disease control measures and self-care
<p>Parents and Caregivers of Children</p>	<p>Teach children good hand washing techniques and hygiene.</p> <p>Help children maintain healthy routines throughout the event, especially if schools are closed.</p> <p>Answer children’s questions honestly and in an age-appropriate way.</p> <p>Talk about the emotional impact of being sick or having family members who are sick. Be prepared to address fears, anxieties and sadness.</p> <p>School plans: Understand school pandemic and emergency plans, distance learning/home schooling options, emergency notification and communication.</p> <p>Childcare: Have back-up childcare plans in case one or both parents are required to work or are ill. Check with faith affiliate or employer to see what supports may be provided.</p> <p>Social distancing: Teach children the distance rule using a ruler, yardstick or measured string to demonstrate. Have pretend times when children role play to practice social distancing and good hygiene skills.</p>
<p>Seniors and Persons with Disabilities</p>	<p>Ensure that information is provided in an accessible manner. Repeat pertinent information periodically. Be prepared to address fears, anxieties and breaks in the regular routine of some individuals.</p> <p>Complete a personal assessment of the individual’s needs. Develop an emergency kit containing general preparedness items as well as items required to meet the unique needs of the person who has a disability such as:</p>

ALL AUDIENCES	PRE-EVENT MESSAGES —PANDEMIC FLU
	<ul style="list-style-type: none"> ▪ Medications with detailed medication regime ▪ Nutritional supplements ▪ Adaptive eating utensils ▪ Batteries for wheelchairs, hearing aids and other tools ▪ Communication devices ▪ Nebulizers and other special treatments and supplies ▪ Hygiene supplies such as adult diapers, catheters, alcohol-based hand cleaner, etc. <p>Work to develop a support system that includes family members, friends, co-workers, church members, providers and personal care attendants. Should the primary caretaker become ill, develop back-up plans to provide necessary supports to the individual with a disability. Communicate and practice these plans.</p>

PANDEMIC FLU COMMUNICATION

EVENT AND RECOVERY COMMUNICATION

In order to provide Missouri’s leaders and spokespersons with appropriate behavioral health messages, the Missouri Department of Mental Health Office of Disaster Readiness reviewed numerous pandemic flu resources. Most critical events are measured in terms of casualties, destruction of property and the emotional toll. A pandemic influenza will inflict a great emotional toll as well as the physical toll. Pandemic flu may emerge and then subside over a number of weeks only to return to the same community weeks or months later. Emergency response and recovery phases will recur and overlap as the pandemic spikes over an estimated 12-18 months. Therefore, risk communication will be one of the most important components of emotional recovery.

Leaders and spokespersons must provide comprehensive information using risk communication principles to promote trust and credibility. Communicating in a crisis is different because the affected communities/people will take in, process and act on information differently when their well-being is threatened. Communicators are reminded of three key risk communication concepts from the CDC:

- Express empathy.
- Provide action steps for the public.
- Communicate with respect.

The following information is organized into two sections titled *Event Response* and *Recovery*. Again, these phases will overlap and recur during a pandemic flu. The reader is advised to keep current with the threat and status of pandemic flu by regularly monitoring the CDC’s pandemic flu website: www.pandemicflu.gov or the Missouri Department of Health and Senior Services’ website: www.dhss.mo.gov .

EVENT	COMMUNICATION—PANDEMIC FLU
<p>All Audiences</p> <p><i>Communication during an event should promote cooperation, confidence, and coping.</i></p>	<p>STAY INFORMED Stay current on the recommended procedures to address pandemic flu. Missouri’s Department of Health and Senior Services (DHSS) is the lead agency and regularly updates pandemic information on their website, www.dhss.mo.gov.</p> <p>Because we live in a global community, a human outbreak anywhere means risk everywhere.⁶ Be informed and educate yourself on how to prevent the spread of the disease. Monitor news reports on pandemic flu. Regularly check national websites such as www.pandemicflu.gov.</p> <p>REASSURE Experts are working 24/7. The best minds in the world are working on a cure and methods to reduce the impact of the pandemic flu. Follow the recommendations of the experts. It could save your life. You can reduce the spread of the disease.</p> <p>Do your best to understand how pandemic flu is spread. Know the steps you can take to reduce the spread of the disease including:</p>

EVENT	COMMUNICATION—PANDEMIC FLU
	<ul style="list-style-type: none"> ▪ Washing hands frequently with soap and water ▪ Use alcohol-based hand cleaner ▪ Cover your mouth and nose with a tissue when you sneeze ▪ Immediately toss used tissues into wastebasket ▪ Avoid touching eyes, nose or mouth ▪ Stay at home if you are sick ▪ Wear gloves if your are caring for someone who is ill ▪ Practice social distancing (such as maintaining at least three feet of distance from a person who is ill). <p>REDUCE STRESS Understand that the pandemic may occur with short notice, causing widespread impact over a long term. It may come and go over several months. The length and uncertainty will lead to stress in many of us. Be aware that stress may manifest as:</p> <ul style="list-style-type: none"> ▪ Concerns/fears regarding safety in public places such as school, work, or public transportation. ▪ Emotional responses such as depression, anxiety and grief. ▪ Physical responses such as headaches, fatigue, or an increased heartbeat. ▪ Cognitive responses such as poor concentration, blaming, confusion, and difficulty problem-solving. ▪ Behavioral responses including isolation and changes in eating and sleeping habits. ▪ Spiritual responses such as increased faith, questioning your faith or blaming your higher power. <p>SELF-CARE AND STRESS MANAGEMENT Many of our family members and co-workers may become ill, requiring us to perform extra duties at home and at work. We all should practice self-care and stress management techniques to help us cope. As circumstances allow during the pandemic, try to:</p> <ul style="list-style-type: none"> ▪ Eat balanced meals, exercise, and limit alcohol/sugar/caffeine. ▪ Keep to a normal routine at work, school, home, etc. ▪ Recognize that some family/friends/colleagues will want to express their concerns and fears while others will prefer inward reflection. Respect these differences. ▪ Take the time to resolve day-to-day conflicts so they do not build up and add to stress. ▪ Spend time with and/or maintain communication with loved ones. ▪ Enjoy relaxing activities such as watching a movie, listening to music, taking a walk, etc. <p>We have done our best to anticipate what to expect during an outbreak⁷ such as:</p> <p>Postponed Effect: Unlike a tornado, hurricane or other naturally occurring disasters, we can't see the virus and there is lag time between exposure and onset. We may not know how or where we or our loved ones contracted the disease. This may frighten or anger us.</p>

EVENT	COMMUNICATION—PANDEMIC FLU
	<p>Invisibility: Illness and infection caused by an invisible agent/virus can be upsetting.</p> <ul style="list-style-type: none"> ▪ Facing an invisible agent may result in projecting blame on “tangible” sources such as the government, birds, or a perceived person or group assumed responsible for transmitting the virus. ▪ Most natural disasters have sensory cues, which enable us to be on guard, prepare, assess the threat and respond using our best judgment. In a pandemic there are no such cues until the infection takes hold. This will be stressful for us. <p>Uncertainty: Not everyone who is exposed will contract the pandemic flu. Developing antibodies takes unspecified time and is a slow process. There is no way to predict individual immunity.</p> <p>Risk and exposure: Other stressors include:</p> <ul style="list-style-type: none"> ▪ Friends, family and co-workers may be the source of the virus. ▪ Conflicts may arise when caregivers and first responders risk exposure while caring for the sick. ▪ Some infected persons may use denial as defense mechanisms. Encourage family and friends to seek treatment when symptoms occur. ▪ Strategies to limit risk will be stressful and possibly increase pre-existing stressors at home and in the community. ▪ We may feel guilt if we suspect we transmitted the disease to a loved one. <p>Anticipate that our daily routines and services will be interrupted and plan accordingly. For example, our daily lives may be significantly different in that:</p> <ul style="list-style-type: none"> ▪ Routines we count on may be altered. ▪ Closed gatherings such as church, temple or mosque services may have limited meeting times impacting our sources of support. <p>Complications: We will experience sadness and worry due to the illness or loss of loved ones and friends. We may also experience guilt due to our inability to assist more. Additionally, there may also be multiple deaths in communities due to the pandemic. Funeral and mortuary services may be modified due to multiples deaths. None of us including those who are responders will be immune from grief. We must consider the complications caused by grief, sudden loss and impacted mortuary services.</p> <ul style="list-style-type: none"> ▪ Grief: We each react differently to grief based upon our age, gender, cultural background, religious beliefs and life experiences. Be aware of some of the following reactions to grief: <ul style="list-style-type: none"> ○ Physical reactions such as increases or decreases in eating, sleeping, headaches, stomach problems, blood pressure, allergies, etc. ○ Behavioral reactions including excess alcohol use or drug abuse to numb the pain, reckless driving, self-doubt and difficulty making decisions, withdrawal, irritability or tension,

EVENT	COMMUNICATION—PANDEMIC FLU
	<p>apathy, increased energy and focus on shopping/cleaning/talking/projects.</p> <ul style="list-style-type: none"> ○ Cognitive reactions including short attention-span and forgetfulness, obsessively thinking about the loss, remembering the relationship and person as flawless. ○ Emotional reactions of fear, helplessness/ hopelessness. ○ To learn more about grief and how to cope, check out the New York State Office of Mental Health <i>Grief Counseling Resource Guide: A Field Manual</i> http://www.omh.state.ny.us/omhweb/grief/ <ul style="list-style-type: none"> ▪ Sudden Loss: We may experience grief, stress and other emotional impacts due to sudden loss. The following is from Section 4 “Sudden Death Loss Issues” from the New York <i>Grief Manual</i>. Be aware of these potential complications when dealing with sudden loss: <ul style="list-style-type: none"> ○ Inability to comprehend the loss of family member/friend/colleague due to the suddenness of the event or illness. ○ Coping diminished due to the shock and additional stress caused by the event. ○ No time to say “Good-bye,” “I love you,” or “I’m sorry” which could increase emotional pain. ○ Secondary losses such as family stability, employment, financial, faith/belief system, need to relocate and other issues that may compound adjusting to the loss. ▪ Mortuary Service: There is the possibility that several deaths will occur and overwhelm mortuary services. Funerals and memorial services may be delayed or postponed. This may cause additional stress and exacerbate grief. Find ways to honor the departed until a formal service can be provided: <ul style="list-style-type: none"> ○ Write a poem or essay about the deceased person. ○ Compile a scrapbook of photos and mementos. ○ Ask family and friends to post tributes to a web blog, etc. ○ Help children express grief by releasing balloons, creating artwork or other ways of honoring the deceased.
Culturally Diverse Groups	<p>Different cultures utilize different customs and rituals for grief, hope and recovery. Honor the customs of your neighbors and friends.</p> <p>Outreach to specific cultural groups may include providing information in their native language.</p>

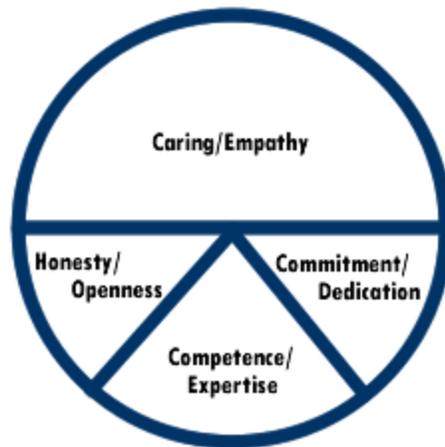
EVENT	COMMUNICATION—PANDEMIC FLU
Faith Community	<p>During the pandemic, consider modifying or adjusting portions of the worship service that involve close contact among the congregation or worshippers that could facilitate the spread of the virus.</p> <p>Provide tools such as a website, toll-free number or answerline to advise congregations on safe ways to conduct worship services during the pandemic.</p> <p>Provide emotional and spiritual support while understanding <i>“What Victims Want To Say To Clergy”</i>⁶</p> <ul style="list-style-type: none"> ▪ Don't explain ▪ Don't take away my reality ▪ Help me deal with forgiveness and integrity ▪ Stay close ▪ Remember me for a long time ▪ Don't be frightened by my anger ▪ Listen to my doubt ▪ Be patient ▪ Remind me this isn't all there is to life
Frontline Workers First Responders Community Leaders Essential Service Providers <i>Transportation, Communication, Utilities, Financial etc.</i> Faith Community Healthcare Workers	<p>Those providing emotional support, persons responding to the pandemic flu and those providing for critical infrastructure may experience concerns about their own well being as well as that of their families. Employers can decrease the stress on their employees by being proactive in planning. Employers may take some of the following actions advised in the Health and Human Services Supplement 11: <i>Workforce Support: Psychosocial Considerations and Information Needs.</i></p> <p>Review policies on personal health and safety throughout the pandemic and revise as needed. Provide a suggestion box for input via e-mail or anonymous voice-mail with a toll-free number. Consider the following:</p> <ul style="list-style-type: none"> ▪ Pre-deployment/Assignment <ul style="list-style-type: none"> ○ Conduct briefings/trainings on behavioral health, resilience, stress management issues and coping skills. ○ Train supervisors in strategies for maintaining a supportive work environment. ○ As applicable, ensure all employees know how to access the employee assistance program (EAP), the services provided and the confidentiality guarantee. ▪ During Deployment/Assignment Field Personnel <ul style="list-style-type: none"> ○ Deploy as a team or assign “buddies” to maintain frequent contact and provide mutual help in coping with daily stresses. ○ Frequently monitor the occupational safety, health and psychological well-being of deployed staff. ○ Provide access to activities that help reduce stress (e.g. rest, hot showers, nutritious snacks, light exercise).

EVENT	COMMUNICATION—PANDEMIC FLU
	<ul style="list-style-type: none"> ○ Provide behavioral health services, as requested. <ul style="list-style-type: none"> ▪ Central Operations <ul style="list-style-type: none"> ○ Enlist stress control or resilience teams to monitor employees' occupational safety, health and psychological well-being. ○ Establish rest and recuperation sites (as mentioned in preparedness) and encourage staff to use these resources. ○ Provide behavioral health services, as requested. ○ Have teams contact/check on ill employees and their families. ▪ Responders' Families <ul style="list-style-type: none"> ○ Assist with elder or child care. ○ Provide use of or access to cell phones or wireless communication devices to allow regular communication among family members. ○ Disseminate information via websites or hotlines specifically for family members of staff. ○ Provide access to expert advice and answers to questions about disease control measures and self-care. ○ Ensure families can provide for themselves or access services to obtain food, medicine and psychosocial support such as family support groups, bereavement counseling, coping and stress management trainings/information, etc. ○ Provide outreach to the employee AND their family to address ongoing needs and concerns. ▪ Post deployment/Assignment <ul style="list-style-type: none"> ○ Interview employees and families, if possible, for lessons learned to apply to future efforts impacting your organization. <p>Provide ongoing post-emergency psychosocial support services for employees and their families either on-site or through the EAP or partner organizations.</p>

RECOVERY	MESSAGES—PANDEMIC FLU
<p><i>Communication during recovery should re-establish roles, foster emotional resilience and acknowledge efforts and losses.</i></p>	<p>RETURN Social and economic infrastructure is important for our individual and collective recovery. Provide emotional support and encouragement to persons who are part of our daily life.</p> <p>Families and communities are encouraged to sustain and maintain daily routines as possible. It may be difficult when there have been many personal and community losses. Support one another in moving forward. Support local businesses and organizations in impacted areas.</p> <p>REFLECT This has been a stressful time for us all but Missourians are incredibly resilient and able to overcome difficult situations.</p> <p>Anniversary dates, media accounts of similar outbreaks around the globe and other reminders can trigger stress and cause us to re-experience the event.</p>

RECOVERY	MESSAGES—PANDEMIC FLU
	<p>that the structure is safe. State/local dignitaries and experts should participate in a meaningful way for a significant duration that proves that the building is safe.</p> <p>Children may be afraid to return to school. Be supportive during their initial days back in the classroom. Friends and teachers may be absent or have died due to the pandemic. Talk to children and provide reassurance to help them adjust. Notes and cards tucked in their school work may brighten their day during difficult times.</p>
	<p>Losses may include those who provide services and care-giving, therefore, it is important to have back-up plans in place.</p> <p>This may be a difficult time emotionally for those who survive, but have younger family members who die due to the illness.</p> <p>Loneliness is likely to occur so it is important to stay in touch with those we know through phone and by e-mail and letter if possible.</p> <p>Persons with disabilities may have additional difficulties due to the impact of the illness.</p> <p>The following are some tips from the AARP:</p> <ul style="list-style-type: none"> ○ It is important to ask for help if you need it. ○ Make a list. Do and complete one thing at a time then move on to the next item. No matter how small the task, accomplishing it will help you feel more in control and reduce stress.

SPOKERSPERSON 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.

RESOURCES AND FOOTNOTES

PANDEMIC FLU

RESOURCES (as of 6/09/10)	
Pandemic Flu	<p>Centers for Disease Control and Prevention(CDC) www.pandemicflu.gov</p> <p>Individuals and Personal Preparedness www.pandemicflu.gov/plan/individual/checklist.html Individual checklists in Amharic, Arabic, English, Russian, Somali, Spanish, Oromo and Vietnamese</p> <p>Missouri Department of Health and Senior Services (DHSS) http://www.dhss.mo.gov/PandemicInfluenza/</p> <p>Missouri Department of Mental Health www.dmh.mo.gov/diroffice/disaster/disaster.htm</p> <p>New Jersey Department of Mental Health Emotional Challenges of Influenza www.disastermentalhealthnj.com/</p> <p>United States Department of Agriculture www.usda.gov/wps/portal/usdahome?navtype=SU&navid=AVIAN_INFLUENZA</p> <p>World Health Organization www.who.int/csr/disease/avian_influenza/en/</p>
Social Distancing	<p>Social Distancing www.socialdistancing.org</p> <p>www.globalsecurity.org/security/ops/hsc-scen-3_flu-pandemic-distancing.htm</p>
Grief	<p>Grief Counseling Resource Guide New York State Office of Mental Health http://www.omh.state.ny.us/omhweb/grief/</p>
Personal Preparedness	<p>Missouri Department of Health and Senior Services (DHSS) Ready in 3 - http://www.dhss.mo.gov/Ready_in_3/</p> <p>The American Red Cross www.redcross.org</p> <p>The U.S. Department of Homeland Security (DHS) www.ready.gov</p>

RESOURCES (as of 6/09/10)	
Faith Community	<p>Church World Service www.cwserp.org/congregations/</p> <p>Emotional and Spiritual Care, an Introduction on Basic Concepts, National Voluntary Agencies Active in Disasters (NVOAD) http://www.nvoad.org/Portals/0/Light_Our_Way_LINKS.pdf</p> <p>Preparation for Pandemic Influenza in Communities of Faith, Nebraska Behavioral Health www.disastermh.nebraska.edu/pandemicinfluenza.html</p> <p>United States Conference of Catholic Bishops http://usccb.org/</p>
Schools	<p>Schools Prepared (Missouri School Board Association and DHSS) www.schoolsprepared.org</p> <p>Contra Costa County Pandemic Action Kit for Schools www.cccoe.k12.ca.us/about/flu/resources_flu_action_kit.html</p>
Seniors and persons with disabilities	<p>American Association of Retired Persons (AARP) www.aarp.org</p> <p>Congregations who Care Prepare...National Organization on Disability www.nod.org/index.cfm?fuseaction=Page.ViewPage&PageID=1549&</p> <p>Dealing with Disaster www.aarp.org/articles/states/dealing_with_disaster.pdf</p> <p>We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters www.aarp.org/rqcenter/il/better.pdf</p>
Handouts and Fact Sheets	<p>Is it cold or flu? Download a flyer explaining the difference between seasonal flu and a cold. English and Spanish versions available. www.niaid.nih.gov/publications/cold/sick.pdf www.niaid.nih.gov/publications/cold/sick_spanish.pdf</p> <p>Center for the Study of Traumatic Stress. A variety of fact sheets including “Psychological First Aid: How You Can Support Well-Being in Disaster Victims” www.centerforthestudyoftraumaticstress.org/factsheets.shtml#response</p>

WORLD HEALTH ORGANIZATION MEDIA COMMUNICATION TIPS

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK%20WALL%20HART.pdf>

7 STEPS TO EFFECTIVE MEDIA COMMUNICATION DURING PUBLIC HEALTH EMERGENCIES

STEP 1: Assess media needs, media constraints, and internal media-relations capabilities	1.1: Assess the needs of the media 1.2: Assess the constraints of the media 1.3: Assess internal media-relations capabilities
STEP 2: Develop goals, plans and strategies	2.1: Develop media communication goals and objectives 2.2: Develop a written media communication plan 2.3: Develop a partner and stakeholder strategy
STEP 3: Train communicators	3.1: Train the media communication team 3.2: Train a public information officer 3.3: Train a designated lead spokesperson
STEP 4: Prepare messages	4.1: Prepare lists of stakeholders and their concerns 4.2: Prepare clear and concise messages 4.3: Prepare targeted messages
STEP 5: Identify media outlets and media activities	5.1: Identify available media outlets 5.2: Identify the most effective media outlets 5.3: Identify media activities for the first 24–72 hours
STEP 6: Deliver messages	6.1: Deliver clear and timely messages 6.2: Deliver messages to maintain visibility 6.3: Deliver targeted messages
STEP 7: Evaluate messages and performance	7.1: Evaluate message delivery and media coverage 7.2: Evaluate and improve performance based on feedback 7.3: Evaluate public responses to messages

Taken from:
Effective Media Communication during Public Health Emergencies: A WHO Handbook.
 Hyer RN and Covello 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.



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 TO ASK REPORTERS PRIOR TO AN INTERVIEW

Vincent Covello, Ph.D.

QUESTIONS TO ASK REPORTERS PRIOR TO AN INTERVIEW

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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.

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

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://ianrewn.unl.edu/static/0209260.shtml> on May 20, 2006.

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.

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, healthcare 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 a new, reorganized command structure. (Definition from the National Emergency Management Association.)

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)

¹ Figure from CDC conference call on Crisis & Emergency Risk Communication for Pandemic Influenza 1/23/07.

² This example from presentation in STL 2006 by Peter Macintyre, Manager, Community Safeguard Services, Toronto Emergency Medical Services

³ Psychological First Aid: How you Can Support Well-Being in Disaster Victims from the Center for the Study of Traumatic Stress, a program of the Uniformed Services University, the nation’s federal medical school, Bethesda, MD www.usuhs.mil/csts

⁴ From the Emotional Challenges of Influenza, on-line resource from New Jersey Department of Mental Health <http://www.disastermentalhealthnj.com/>

⁵ From Emotional and Spiritual Care, an Introduction on Basic Concepts, National Voluntary Organizations Active in Disasters (NVOAD)

⁶ This sentence from DHSS Pan Flu plan version 2.0, 2/9/06, page K.1.12(5)

⁷ Info for responders: following the SARS epidemic in Toronto in 2004, quarantined persons in households with combined incomes of less than \$40,000 had more self-reported depression and stress symptoms. The authors of the study surmised that quarantined persons with lower household incomes may require additional levels of support. *“SARS Control and Psychological Effects of Quarantine, Toronto, CANADA from Emerging Infectious Diseases, Vol. 10, NO 7, July 2004, pg 1211)*

⁸What Victims Want To Say To Clergy, A Collection of Feelings Expressed by Victims”, author unknown, reprinted from “Emotional and Spiritual Care, An Introduction and Basic Concepts, A Working Document” featured in Mental Health and Disasters: A Basic Approach for Pastoral Care from Missouri Department of Mental Health and St. Louis University Heartland Center for Public Health Preparedness

Adapted from Ohio Department of Mental Health, full document
<http://www.mh.state.oh.us/ibhs/centraloffice/allhazards/allhazards.provideronepager.pdf>