

Facing Fear: Crisis Communication and Disaster Behavioral Health

**Satellite Conference
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Produced by the Alabama Department of Public Health
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Faculty

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Program Objectives

- Be able to list basic assumptions about life that are violated by disasters.
- Be able to outline factors that influence people's assessment of risk and their level of fear.
- Be familiar with principles of crisis communication.

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Disaster Behavioral Health

- Ordinary responses to extraordinary events
- Populations
- Behaviors
- Prevention
- Outreach
- Consultation
- Preparedness

Crisis And Emergency Risk Communication

- Decisions must be made within a narrow time constraint.
- The decision may be irreversible.
- The outcome may be uncertain.
- The decisions usually need to be made with incomplete or imperfect information.

Basic Assumptions About Life

- Belief in a “just” world
- Health denial of hazards/risk
- Order
- Predictability
- Control
- Meaning

Behavioral Responses To Threat

- Usual response is to seek familiar people and places.
- People tend to move away from danger and towards places perceived as familiar and safe.
- Separation from familiar people and surroundings typically more stressful than physical danger.

Psychological Responses

- Horror
- Fear
- Anger
- Paranoia
- Disbelief
- Altruism
- Sadness / grief
- Uncertainty
- Terror
- Resilience
- Numbing and withdrawal

Importance Of Psychological Responses

- Affect appraisal of danger.
- Promote adaptive or maladaptive individual and group behaviors.
- Affect physiological responses.
- Can disrupt rational problem-solving.

“Let me assert my firm belief that the only thing we have to fear is fear itself -nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance.”

Franklin Delano Roosevelt, 1933

Manifestations Of Fear



Terrorism is an action undertaken to achieve a political, ideological, or theological goal through a threat or action that creates terror or horror.

WMD: Chemical, Biological, Radiological, Nuclear, and Explosives

- Can be Weapons of Mass Destruction
- Are weapons of Mass Disruption

Terror Producing Aspects Of CBRNE

- Invisible, odorless
- Ubiquitous symptoms
- Magical thinking
- Uncertainty
- Novelty
- Grotesqueness

Terror Producing Aspects Of CBRNE

- Potential for high numbers of casualties and dead
- Limited availability of treatments
- Uncertainty about effectiveness of treatments
- Contagion
- Dispersion of biological casualties

Special Problems Related To CBRNE

- Poorly understood outside of limited professional groups.
- Subject of controversy in professional community.
- Public and scientific uncertainty likely to characterize an incident.

The Importance Of Information

“That which is clearly known hath less terror than that which is but hinted at and guessed.”

Sir Arthur Conan Doyle
Hound of the Baskervilles

Disaster Mythology

- Panic
- Looting
- Price gouging
- Contagion of deviant behaviors
- Martial law
- Psychological dependency
- Disaster shock
- Evacuation behavior as chaotic
- Overestimation of damage

Mass Panic

- Did not occur following Tokyo sarin attack, Israeli SCUD attacks, OKC bombing, Hiroshima, Nagasaki, 9/11.
- Rare following disasters.
- Risk is reduced by providing accurate knowledge even if that is not good news.
- Training and simulation decrease risk.

Risk Factors For Mass Panic

- Belief that there is a small chance of escape from the agent.
- Perceived high risk.
- Available, but limited, treatment resources.
- No perceived effective response.
- Loss of credibility by authorities.

The Importance Of Perceptions

That which is believed to be real has real consequences.

I. W. Thomas

Factors Affecting Risk Perception

- Voluntary vs. involuntary
- Personally controlled vs. controlled by others
- Familiar vs. exotic
- Natural vs. manmade
- Reversible vs. permanent
- Statistical vs. anecdotal
- Endemic vs. epidemic (catastrophic)
- Fairly distributed vs. unfairly distributed
- Affect adults vs. children

Risk Perception Research

- Perception and acceptance of risk are rooted in psychological, social and cultural factors.
- Responses are influenced by family, friends, co-workers, and respected public officials.
- The mental strategies, or heuristics, that people use to make sense of hazards and risks have been studied.

Risk Perceptions

“Whereas technologically sophisticated analysts employ risk assessment to evaluate hazards, the majority of citizens rely on intuitive risk judgments, typically called “risk perceptions.”

Slovic, 1987

Risk Perception – “Most Risky”

Activity/Technology	League Of Women Voters	Experts
Nuclear power	1	20
Motor vehicles	2	1
Police work	8	17
Hunting	13	23
Mountain climbing	15	29
Electric power	18	9
X-rays	22	7
Swimming	19	10

Definition Of Crisis And Emergency Risk Communication

“Is the effort by experts to provide information to allow an individual, stakeholder, or an entire community to make the best possible decisions about their well being within nearly impossible time constraints, and to help people ultimately accept the imperfect nature of choices during the crisis.”

CDC Crisis and Emergency Risk
Communication, September, 2002

Crisis And Emergency Communication

- Be first.
- Be right.
- Be credible.

Principles Of Emergency Risk Communication

- Two-way process.
- Stop trying to allay panic.
- Emphasize that there is a response process in place.
- Avoid over-reassurance.
- Acknowledge uncertainty.
- Give people things to do.
- Express wishes.

The Truth Hurts

Efforts to Calm The Nation’s Fears Spin Out of Control

By JOHN SCHWARTZ

If there’s one lesson to be learned from the Bush administration’s response to the anthrax threat, it’s this: People in the grip of fear want information that holds up, not spin control.

Again and again in recent weeks, administration officials tried to reassure the public; again and again, the situation proved more serious than the officials had suggested. As a result, public trust has evaporated.

While the number of people known to be affected by the disease is still relatively small, and the number of deaths smaller still, the admission that the type of anthrax used was so deadly and so highly refined

initially not told all that they knew in order to prevent a panic.

A similar back and forth ensued over the proper treatment for postal workers: first, they were told it was not necessary to take antibiotics. Then two postal workers died and officials belatedly realized that ultra-fine powders could easily seep out of the unglued gaps in an envelope’s seal, or even through pores in the paper.

The confusion only deepened, for many, the feelings of dread. It began to feel as if the United States was under the kind of relentless attack, against which defense could be futile, that London experienced from Hitler’s V-2 rockets.

Principles Of Emergency Risk Communication

- Acknowledge the shared misery.
- Provide anticipatory guidance.
- Address “what if” questions.
- Ask more of people.
- Be a role model.

Human Behavior In A Crisis: What Can Communication Address?

- Most people will act reasonably.
- Vicarious rehearsal (people farther away exercise less reasonable reactions than those directly involved).

Human Behavior In A Crisis: What Can Communication Address?

- Denial
- Stigmatization
- Fear and avoidance
- Helplessness, hopelessness, withdrawal

Harmful Behavioral Issues

- Misallocation of resources based on demand rather than need
- Accusations of preferential treatment
- Unreasonable trade / travel restrictions
- Charlatans
- Rumors and hoaxes
- Doomsayers
- Negative coping behaviors

Anxiety: Signs And Symptoms

- | | |
|------------------------|-----------------------|
| • Anorexia | • Light-headedness |
| • Chest pain/tightness | • Muscle tension |
| • Diaphoresis | • Nausea |
| • Diarrhea | • Pallor |
| • Dizziness | • Palpitations |
| • Dry mouth | • Paresthesias |
| • Dyspnea | • Shortness of breath |
| • Faintness | • Tachycardia |
| • Flushing | • Urinary frequency |
| • Hyperventilation | • Vomiting |

CBRNE And Health Care Seeking “Surge”

- Misattribution of physiological arousal.
- Rational decision to be cautious.
- Increased by rumors and false information.

CBRNE And Health Care Seeking “Surge”

- Increased by hyper-suggestibility in initial victim transitional states secondary to environmental disruption.
- Risk communication and rumor control.

Goiania, Brazil September, 1987

- 125,800 screened (city of 1.2 million)
- 249 contaminated (0.2%)
- 50 required medical surveillance
- 20 hospitalized
- 4 died

Screening for Contamination

- Between September and late April, 12.5% of the population had been checked for contamination.
- Evaluation required taking time off from work or use of weekend hours, traveling across the city, and waiting in line to be scanned.
- 8,000 asked for an official certificate that they were not contaminated.

Goiania: Anticipatory Stress

- Approximately 11% of the 113,000 Goiania residents, who were waiting their turns to be assessed for contamination, exhibited the classic symptoms of radiation (nausea, reddened skin, etc.).
- After receiving a clean bill of health, their symptoms disappeared in a few hours.

Goiania: Stigma

“The hearse carrying the first fatality, a six-year-old girl (who was to be “...buried along with her radioactive dolls”) to the Goiania cemetery was blockaded and then stoned - forcing the driver to flee.”

Goiania: Stigma

- Economic consequences:
 - Prices of agricultural and manufactured goods ↓ 40-50%
 - All conventions were canceled or rescheduled

Goiania: Stigma

- Social consequences:
 - Could not stay in neighboring hotels.
 - Airplanes and buses refused to carry them.
 - Autos with Goiania tags were stoned.

Goiania: Stigma and Fear

“It must be emphasized that this situation was not simply a case of ‘ignorant peasants’ flopping around in confusion...For example, doctors and dentists, trained in the U.S., routinely refused to treat patients without certificates; unlike other emergencies, nurses refused to return from strike to treat contaminated individuals.”

Crisis Communication Life Cycle

- Precrisis
- Initial
- Maintenance
- Resolution
- Evaluation

Precrisis

- Prepare
- Develop relationships with the media, agencies involved in response and recovery activities, etc.
- Identify spokespeople and subject matter experts and provide media training
- Develop consensus recommendations
- Test messages

Initial Phase of Crisis

- Acknowledge the event with empathy.
- In the simplest terms, explain and inform the public about the risks.
- Provide emergency actions the public can take (including how and where to get information).
- Establish spokesperson/agency credibility.
- Commit to providing updates.

Maintenance During Crisis

- Help public more accurately assess risks.
- Provide background and detailed information for those needing it.
- Gain understanding and support for response and recovery plans.
- Listen to feedback and correct misinformation.

Maintenance During Crisis

- Explain emergency recommendations
- When possible, frame expectations (e.g. predictable events)
- Support risk/benefit decision-making

Crisis Resolution

- Use education to improve the public's response to future events.
- Honest review of what worked and what did not in the response and recovery efforts.
- Persuade the public to support public policy and allocate resources to the problem.

Evaluation

- Evaluate communication plan performance
- Document lessons learned
- Determine specific action to improve crisis systems or the crisis plan

10 Tips For The Effective Communicator

- Do no harm. Words have consequences – choose them carefully.
- Don't babble. Plan what you want to say.
- If you don't know what you're talking about, stop talking.

10 Tips For The Effective Communicator

- Focus on informing people rather than impressing them. Use everyday language.
- Do not believe in "off the record" - Never say anything you are not prepared to see in the news.

10 Tips For The Effective Communicator

- Never lie. You will not get away with it.
- Don't make promises you can't keep.
- Don't use "No Comment." You'll look like you have something to hide.

10 Tips For The Effective Communicator

- Don't get angry. When you argue with the media, you will always lose – and publicly.
- Don't speculate, guess, or assume. When you don't know something, say so.

Risk Communication Summary

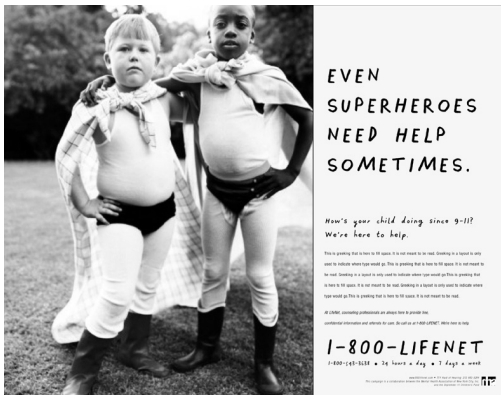
- Be first.
- Be right.
- Be credible.

HHS Web-based Risk Communication Resources:

- CDC
 - www.cdc.gov/communication/emergency/cerc.htm
- SAMHSA Communicating in a Crisis: Risk Communication Guidelines for Public Officials
 - www.mentalhealth.org/cmhs/EmergencyServices/fpubs.asp?sid=

Crisis And Emergency Communication

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Upcoming Programs

Loss of Bladder Control Across the Population: Who's Affected and How Can People Get Diagnosed and Treated?

Thursday, November 17, 2005
3:00 - 4:00 p.m. (Central Time)

For complete list of upcoming programs visit: www.adph.org/alphtn