RANGE OF PUBLIC REACTIONS

10

RANGE OF PUBLIC REACTIONS

GOAL OF THIS SECTION

To provide insight into the public's range of posttraumatic reactions to terrorism and other public health emergencies so that the media better understand their audiences.

WHAT THIS SECTION INCLUDES

- **Information about the ripple effect of terrorism, factors that may influence individual reactions to a traumatic event, the range of reactions, and the phases of recovery**
- **Information adapted from the field of disaster mental health, which has focused mostly on reactions to natural events**

WHAT IS NOT INCLUDED AND WHY

Reactions to specific categories of events or by specific audiences are not included because it is difficult to predict how audiences will react to specific events. There is little data or research on this issue.

IMPACT OF TERRORISM

PANIC RARELY OCCURS

What happens when the unthinkable strikes? Will we see the typical Hollywood depiction of a disaster scene—people screaming, stampeding, rioting? Will the general public be irrational, uncoordinated, and uncooperative? Probably not. A study of responses to disasters shows a pattern of mostly helpful and adaptive behaviors by the public (Glass & Schoch-Spana 2002). The most recent experiences with the public's reactions to September 11 provided more such evidence. For example, people evacuating the World Trade Center towers went out of their way to help disabled people get down the stairs. People have a wide range of reactions, as described in this section, but panic is not a common one.

Fear should not be misunderstood or mislabeled as panic. In fact, fear is a normal and often appropriate response to very frightening circumstances. A more complete discussion about fear can be found in the essay by Dr. Peter Sandman at the end of the "Risk Communications During a Terrorist Attack or Other Public Health Emergency" section (see p. 183).

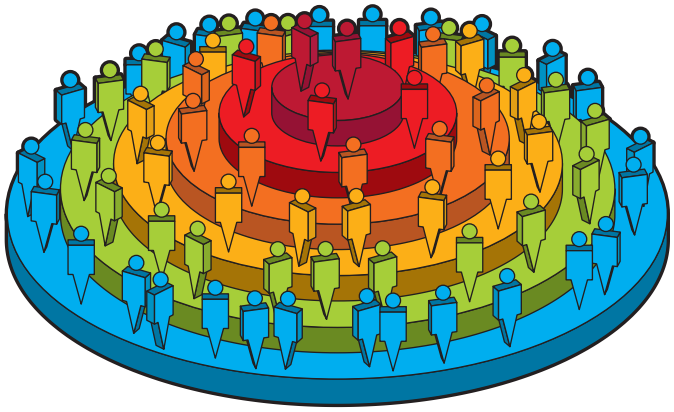
Panic is not only rare but also preventable when timely and accurate information, which includes personal protective measures, is released to the public (Glass & Schoch-Spana 2002). The media play a critical role in helping public officials disseminate needed information. By doing so, the media not only help mitigate potential panic reactions but also help harness the capacities of the public to constructively participate in disaster response.

RECOGNIZING THE RIPPLE EFFECT

Terrorism is primarily a psychological assault that erodes our sense of safety and sense of security, two of the most basic human needs. The physical impact of a terrorist or other public health emergency involving mass trauma and casualties is concrete and visible. The psychological impact, however, is much more subtle in nature, sending waves of shock and distress throughout the community, the state, and the nation. As such, the psychological suffering from an act of terrorism is usually more extensive than the physical injuries (Institute of Medicine of the National Academies 2003).

Some experts use what is called the population exposure model (DeWolfe, In press) to depict the emotional impact that mass violence has on various victims, families, responders, and community groups. In essence, the psychological impact of the event ripples out from those immediately affected, such as victims and their family members, through the community beginning with rescue workers who are exposed to tremendous suffering and other service providers who deal directly with

FIGURE 10–1: EMOTIONAL IMPACT OF A MASS VIOLENCE OR TERRORISM EVENT (Population Exposure Model)[1]



- Seriously injured victims; bereaved family members, loved ones, close friends
- Victims with high exposure to trauma; victims evacuated from the disaster
- Bereaved extended family members and friends; rescue and recovery workers with prolonged exposure; medical examiner's office staff; service providers directly involved with death notification and bereaved families
- People who lost homes, jobs, pets, valued possessions; mental health providers; clergy, chaplains, spiritual leaders; emergency health care providers; school personnel involved with survivors; families of victims; media personnel
- Government officials; groups that identify with the target victim group; businesses with financial impacts
- Community at large

Note: This diagram is based on the "Population Exposure Model."

[1] DeWolfe, D.J. (Ed.). (In press). *Mental health response to mass violence and terrorism: A training manual*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

REDUCING PANIC WITH INFORMATION

By Vincent Covello, Ph.D.

The disaster research literature indicates that panic rarely occurs. The degree to which these general findings apply to a bioterrorist attack, however, is debatable. Panic may be more of a risk following a bioterrorist attack using contagious, dreaded, or lethal organisms, such as pneumonic plague or smallpox.

Panic describes an intense contagious fear causing individuals to think only of themselves. The risk factors for panic include:

- **The belief that there is a small chance of escape**
- **Perceiving oneself at high risk of being injured or killed**
- **Available but limited resources for assistance**
- **Perceptions of a "first come, first served" disaster management system**
- **A perceived lack of effective disaster leadership and management**
- **Loss of credibility by authorities**

The chance of panic occurring is even further reduced when people receive:

- **Clear, brief, and consistent information**
- **Frequent information from trusted and credible leaders who are highly visible**
- **Meaningful tasks that increase group interaction, increase connectedness, and provide a sense of control**

The assumption that people will immediately panic or behave irrationally following a disaster can have negative consequences. Authorities may provide inaccurate information or unfounded reassurance motivated by a wish to calm the public. The desire to avoid panic may also lead authorities to miss opportunities to engage the public in managing the disaster.

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RESPONSES TO TRAUMA
September 11 Example

For every person who is physically harmed, many more are likely to experience psychological and emotional effects. As a matter of fact, most people will experience some psychological distress following a terrorist attack. Immediately following September 11, a survey of more than 3,500 New York City Metropolitan area residents found that 75 percent reported having problems attributed to the attacks, while only 35 percent reported being or knowing a victim. The study also found that:

- **49 percent participated in religious or community memorial services.**
- **48 percent experienced anger.**
- **37 percent experienced worry.**
- **21 percent of smokers increased smoking.**
- **12 percent of respondents with problems received help. Family members (36 percent) and friends or neighbors (31 percent) were the main source for help.**
- **3 percent increased drinking.**

(Centers for Disease Control and Prevention 2002)

family members, such as medical examiner staff and recovery workers. The next ripple touches those who support members of the community, such as clergy, spiritual leaders, mental health providers, and journalists, who are all repeatedly immersed in the details of the situation. The next ripple touches the officials who are managing the situation, including government officials, and businesses that are financially impacted, and the ripple effect then continues through the national community. Figure 10–1 illustrates this concept.

FACTORS THAT INFLUENCE INTENSITY OF REACTIONS

In an emergency, stress reactions often surface after people have grappled with their immediate physical situations. The intensity of the reaction is determined by the magnitude of the disaster, the level of trauma experienced, and individual coping and stress management abilities. The intensity of the reaction may also be influenced by certain characteristics of the emergency, such as:

- Threat to life
- Severe physical harm or injury
- Receipt of intentional injury or harm
- Exposure to images of the grotesque
- Violent or sudden loss of a loved one
- Witnessing or learning of violence toward a loved one
- Exposure or fear of exposure to a noxious agent
- Intentional death or harm caused by others
- A large number of deaths, especially the deaths of children

In addition, people experience emergencies through their own individual lenses. The meaning that a person assigns to the emergency, his or her personality, and his or her world view and spiritual beliefs contribute to how each person will perceive, cope with, and recover from the event (DeWolfe 2000).

RANGE OF REACTIONS

Terrorism and traumatic events activate the body's survival response, i.e., fight, flight, or freeze. People who are exposed to terrorism and traumatic events may experience a variety of reactions. These responses may be very different from reactions they have had to other stressful events in their lives in the past, and that difference itself can be unsettling and even frightening. Nevertheless, the majority of people's reactions are ordinary reactions to extraordinary events.

For most people, the return from crisis to the resumption of everyday activities and the resolution of stress reactions is an automatic process requiring little or no intervention other than "tincture of time." But for others, the return to a regular routine is much more challenging. It is very difficult to predict which individuals will have a difficult time recovering from a particular event. Any person, regardless of existing coping skills or psychological strength, may be particularly moved by a specific event. This is a sign of being human, not of being weak.

On the following page are some reactions common to people who experience traumatic stress. Although these cognitive, emotional, behavioral, and physical reactions can be upsetting, they are normal reactions to extreme stresses (Jacobs 2003).

COGNITIVE REACTIONS

- Having recurring dreams and nightmares about the event and its aftermath
- Reconstructing in one's mind the occurrences surrounding the event itself, in an effort to make it play out differently
- Having difficulty concentrating or remembering things
- Questioning one's own spiritual or religious beliefs
- Having repeated thoughts or memories of loved ones who died or the damage that resulted from the event that are hard to stop

EMOTIONAL REACTIONS

- Feeling numb, withdrawn, or disconnected
- Feeling frightened or anxious when sounds or smells remind one of the event
- Feeling a lack of involvement or enjoyment in everyday activities
- Feeling depressed, blue, or down much of the time
- Feeling bursts of anger or intense irritability
- Feeling a sense of emptiness or hopelessness about the future

BEHAVIORAL REACTIONS

- Being overprotective of one's own safety and one's family's safety
- Isolating oneself from others
- Becoming very alert at times and startling easily
- Having problems getting to sleep or staying asleep
- Avoiding activities that remind one of the event or its damage; avoiding places or people that bring back memories
- Having increased conflict with family members
- Keeping excessively busy to avoid thinking about the event
- Being tearful or crying for no apparent reason

PHYSICAL REACTIONS

- Stomach upset and nausea
- Diarrhea and intestinal cramps
- Elevated heart rate
- Elevated blood pressure
- Elevated blood sugar

A person experiencing any of these reactions may need to seek assistance from a mental health or medical professional if the reaction interferes with daily functioning. In addition, the following reactions may indicate the need for medical intervention or a mental health evaluation:

- Disorientation—dazed; memory loss; inability to cite the date, time, or state in which one lives, recall events of the past 24 hours, or understand what is happening
- Inability to care for oneself (not eating, bathing, or changing clothes); inability to manage the activities of daily living
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse, or elder abuse

FLASHBACKS

Sometimes people exposed to trauma may experience a "flashback," which may be triggered by a sight, sound, or smell that reminds them of the event. Flashbacks are much more than just intrusive and unwanted memories. In a flashback, for a few seconds the person feels as if he or she is back in that traumatic moment again. Flashbacks can be so real that people can see all the colors, hear all the sounds, and even smell all the smells—just as if the moment were happening again. People who experience flashbacks and are unfamiliar with them sometimes fear that they are having a psychotic breakdown. Flashbacks can be fairly common, however, and generally become less frequent with time until they disappear altogether. If flashbacks persist after an event or increase in frequency, the flashback sufferer may find professional mental health support beneficial.

PHYSICAL EFFECTS OF STRESS

Numerous studies have found that trauma has negative effects on physical health. This appears especially true for those suffering from posttraumatic stress disorder. People who are exposed to traumatic events may be at increased risk not only for posttraumatic stress disorder but also for major depression, panic disorder, generalized anxiety disorder, and substance abuse. They may also have physical illnesses, including hypertension, asthma, and chronic pain syndromes (Yehuda 2002). One study found that adults who reported traumatic experiences as children had higher rates of serious medical conditions, including cancer, heart disease, and chronic lung disease (Felitti et al. 1998).

> **"THE AIM OF TERROR IS TO BREAK A SOCIETY'S RESOLVE,** to separate a society from its traditional values, to cause it to break internally. The result of ongoing terror is that people in Northern Ireland have experienced rising rates of alcoholism, domestic violence, suicide, smoking, drug abuse, and a general hollowing out of society. The violence has stopped, but we still don't know how deeply the poison has run."
>
> *Conor Brady, former editor of The Irish Times*
> *From Reporting on Terrorism: The News Media and Public Health*

CHILDREN AND ADOLESCENTS

Children process information, and experience and express emotions, differently than adults. A child's reaction to disasters, violence, and the sudden death of loved ones is dependent on that child's psychological development, life and family situation, and critical caretaking relationships (DeWolfe, In press). Terrifying events can cause overwhelming and unfamiliar physical and emotional reactions that can traumatize children.

Children have a difficult time deciding what is fact and what is fantasy, which leads to fear and confusion. When trying to make sense of what has happened, children often blame themselves for causing or worsening an incident, which can lead to feelings of guilt and shame.

Very young children depend on a stable environment and reliable people to take care of them. As children become older, they may try to understand why the event happened and what will happen next. Family, significant adults, pets, playmates, school, and the neighborhood are important features in a child's world. When a public health emergency takes place in a community, many of these significant features may be disrupted or destroyed. Table 1, on the following page, provides more information on the behavioral, physical, and emotional symptoms children at different ages may experience.

Some youngsters are more vulnerable to trauma than others, for reasons scientists do not fully understand. It has been shown that the impact of a traumatic event is likely to be greatest in the child or adolescent who previously has been the victim of child abuse or some other form of trauma or who already has a mental health problem (National Institute of Mental Health 2001).

OLDER ADULTS

Older adults may in some ways be uniquely resilient to the grief and trauma of acts of terrorism. The wisdom and experience accrued over a lifetime can provide tools to help cope with loss, changes, and painful emotions. As older adults become more physically frail or develop significant health problems, however, their reactions to terrorism can be greatly affected by their physical needs. When an older person is already feeling vulnerable due to changes in health, mobility, and cognitive abilities, the feelings of powerlessness and vulnerability that result from a terrorist event can be overwhelming. Sudden evacuations from nursing or residential facilities can be disorienting and confusing. Sensory impairment may cause older adults to be unresponsive to offers of help. Below are other ways that older adults might be affected:

- Overwhelming grief after losing children or grandchildren
- Fear after losing children who were their primary caretakers
- Distress over having to step in to care for a child whose parents have died (can be intensified as older adults worry about changing their lifestyle and making sure there is enough money to care for an extra person in the household)
- Memories of combat that could be stirred up in war veterans

TABLE 1. CHILDREN'S AND ADOLESCENTS' REACTIONS TO TRAUMA

AGE	BEHAVIORAL SYMPTOMS	PHYSICAL SYMPTOMS	EMOTIONAL SYMPTOMS
1–5	• Clinging to parents or familiar adults • Helplessness and passive behavior • Resumption of bed-wetting or thumbsucking • Fear of the dark • Avoidance of sleeping alone • Increased crying	• Loss of appetite • Stomach aches • Nausea • Sleep problems, nightmares • Speech difficulties	• Anxiety • Generalized fear • Irritability • Angry outbursts • Sadness • Withdrawal
6–11	• Decline in school performance • School avoidance • Aggressive behavior at home or school • Hyperactive or silly behavior • Whining, clinging, or acting like a younger child • Increased competition with younger siblings for parents' attention • Traumatic play and reenactments	• Change in appetite • Headaches • Stomach aches • Sleep problems, nightmares • Somatic complaints	• Fear of feelings • Withdrawal from friends and familiar activities • Fear triggered by reminders of the event • Angry outbursts • Preoccupation with crime, criminals, safety, and death • Self-blame • Guilt
12–18	• Decline in school performance • Rebellion at home or school • Decline in previous responsible behavior • Agitation or decrease in energy level; apathy • Delinquent behavior • Risk-taking behavior • Social withdrawal • Abrupt shifts in relationships	• Change in appetite • Headaches • Stomach aches • Skin eruptions • Complaints of vague aches and pains • Sleep problems, nightmares	• Loss of interest in peer social activities, hobbies, recreation • Sadness or depression • Anxiety and fearfulness about safety • Resistance to authority • Feelings of inadequacy and helplessness • Guilt, self-blame, shame, and self-consciousness • Desire for revenge

Source: DeWolfe, D.J. (Ed.). (In press). *Mental health response to mass violence and terrorism: A training manual*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

TABLE 2. OLDER ADULTS' REACTIONS TO TRAUMA

BEHAVIORAL SYMPTOMS	PHYSICAL SYMPTOMS	EMOTIONAL SYMPTOMS
• Withdrawal and isolation • Reluctance to leave home • Relocation adjustment problems	• Worsening of chronic illnesses • Sleep disorders • Memory problems • Somatic symptoms	• Feeling overwhelmed and shutting down • Depression • Despair about losses • Apathy • Confusion, disorientation • Suspicion • Agitation, anger • Fears of institutionalization • Anxiety with unfamiliar surroundings • Embarrassment about receiving "handouts"

Source: DeWolfe, D.J. (Ed.). (In press). *Mental health response to mass violence and terrorism: A training manual*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

In addition, certain vulnerabilities that are more common among older adults may heighten reactions and/or interfere with recovery. These include:

- Mobility limitations
- Susceptibility to hypothermia and hyperthermia
- Physical and sensory (sight, hearing) limitations

Table 2 provides some of the symptoms that older adults may experience in reaction to a traumatic event.

RESILIENCY-BUILDING (AND STRESS-RELIEVING) RECOMMENDATIONS

Following are some of the recommendations that media may hear from mental health and public health professionals during these times. Helping community members cope with the impact of terrorism and return to regular routines is an important part of the public health message and is likely to become a part of the story in the days and weeks after an act of terrorism.

THINGS TO REMEMBER WHEN TRYING TO UNDERSTAND DISASTROUS EVENTS

(Substance Abuse and Mental Health Services Administration 2003)

- Few people who see a disaster are untouched by it.
- It is normal to feel anxious about your and your family's safety.
- Profound sadness, grief, and anger are ordinary reactions to an extraordinary event.
- Acknowledging our feelings helps us recover.
- Focusing on our strengths and abilities will help us heal.
- Accepting help from community programs and neighbors is healthy.
- We each have different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain, but it is important not to extend these feelings toward people who merely look like those who perpetrated an act of terrorism. Nothing good is accomplished by hateful language or actions.

SIGNS THAT ADULTS NEED ASSISTANCE

If the reactions listed below last longer than a period of 4–6 weeks or impair a person's ability to function normally in day-to-day life, he or she may want to consider speaking to a mental health professional:

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance in lifestyle, activities, or schedule
- Frustration triggered easily
- Increased use of drugs or alcohol
- Limited attention span
- Poor work performance
- Headaches or stomach problems
- Tunnel vision or muffled hearing
- Disorientation or confusion
- Difficulty concentrating
- Reluctance to leave home
- Depression, sadness
- Feelings of hopelessness
- Mood swings
- Crying easily
- Overwhelming guilt and self-doubt
- Fear of crowds, strangers, or being alone

WAYS TO EASE THE STRESS

- Talk with someone about your feelings—anger, sorrow, and other emotions—but only if the conversation feels comfortable to you.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by staying active or by adjusting your daily habits. A healthy outlook (i.e., healthy eating, rest, exercise, relaxation, and meditation) will benefit you and your family.
- Maintain a normal household and daily routine and limit responsibilities that are demanding of yourself and your family.
- Spend time with family and friends.
- Participate in memorials, rituals, and symbolic gestures and events as a way to express feelings.
- Use existing support groups of family, friends, and church.
- Establish a family emergency plan. Taking an active role in this way ("doing something") can be very comforting.

If these stress-relieving strategies are not helping, or loved ones are using drugs or alcohol to cope, outside or professional assistance may be needed.

HELPING CHILDREN COPE

(American Red Cross 2001)

Routines. Children of all ages can benefit from the family keeping its usual routines—meals, activities, and bedtimes—as close to normal as possible. This allows a child to feel more secure and in control. As much as possible, children should stay with people with whom they feel most familiar.

Special needs. Accept the special needs of children by allowing them to be more dependent on you for a period of time. Give more hugs if they need them; let them keep the light on at night, have their favorite teddy bear or blanket (even if previously put away), or not sleep alone; accept any clinging behavior.

Media coverage. Following a disaster, everyone is eager to hear the latest news about what happened. Disaster research has shown, however, that unexpected messages or images on television can be frightening to children, causing an appearance of stress-related problems. In addition, anyone who watches a lot of the disaster coverage can become what is called a "secondary victim" and suffer emotional and physical problems. Therefore, experts feel that it is best not to allow children to watch news coverage of the disaster.

Feelings and reactions. Children express their feelings and reactions in different ways. Your acceptance of this will make a difference in how your child recovers from the trauma. This means accepting that some children will react by becoming withdrawn and unable to talk about the event, while others will at times feel intensely sad and angry and will at other times act as if the disaster never happened. Children are often confused about what has happened and about their feelings. However, do not be surprised if some children appear unaffected by what they have seen and heard. Not everyone has immediate reactions; some have delayed reactions that show up days, weeks, or even months later and some may never have a reaction.

Talking About What Happened

- Listen to and accept children's feelings.
- Give honest, simple, and brief answers to their questions.
- Make sure that children understand your answers and the meaning you intend.
- Use words or phrases that will not confuse a child or make the world more frightening.
- Create opportunities for children to talk with each other about what happened and how they are feeling.
- Give your child an honest explanation if you are feeling so upset that you do not want to talk about what happened. You may want to take "time out" and ask a trusted family friend to help talk to the child.
- If children keep asking the same question over and over it is because they are trying to understand—trying to make sense out of the disruption and confusion in their world. Younger children will not understand that death is permanent, so their repeated inquiries are because they expect everything to return to normal.
- If the child feels guilty, ask him or her to explain what happened. Listen carefully to whether he or she attaches a sense of responsibility to some details or circumstances. Explain the facts of the situation and emphasize that no one, least of all the child, could have prevented the tragedy.
- Let the school help. The child's teacher can be sensitive to changes in the child's behavior and may be able to talk to the child in a helpful way.
- Even if you feel the world is an unsafe place, you can reassure your child by saying, "The event is over. Now we will do everything possible to stay safe, and together we can return things to normal."
- Notice when children have questions and want to talk.
- Be especially loving and supportive and willing to talk; children need you at this time.

Certain circumstances may make a child more vulnerable to having difficulty coping with the disaster. If a child has experienced a recent loss, such as a divorce or a death of someone who was close, or has moved to a new neighborhood, he or she may feel particularly overwhelmed. A traumatic event can reactivate the emotions associated with previous traumas, which can be overpowering. Seeing a counselor does not mean that a child is "mentally ill" or that the parents have failed to support him or her. Following a trauma, many adults and children have found that it is helpful to talk with a counselor who has specialized training in posttraumatic reactions and can help them understand and deal with how they are feeling.

More information on helping children and adolescents cope with violence and disaster can be found in appendix J (see p. 247).

COPING WITH DISASTER: TIPS FOR OLDER ADULTS

(National Mental Health Association 2001)

- Talk about the experience and how you are feeling. Expressing your thoughts with others gives you the opportunity to relieve stress, reduce anxiety, and realize that other people share your feelings.
- Communicate with loved ones often. Communicating with family and friends following a disaster helps increase feelings of safety and security.
- Take care of yourself physically. If exercise is a regular part of your routine, continue to exercise. It is also important to eat well, drink plenty of water, and rest.
- Be around others. Isolation and loneliness can increase the degree to which you experience symptoms. If you do not have a local network of family or friends to visit with often, find a place where you can be with people. Volunteer at a

TABLE 3: THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' MAJOR ACTIVITIES RELATING TO THE PSYCHOLOGICAL EFFECTS OF TERRORISM

The two major agencies within the U.S. Department of Health and Human Services that are working on preparing for the psychological effects of disasters and terrorism are the Substance Abuse and Mental Health Services Administration (SAMHSA), which assists states with funding and training on service delivery, and the National Institute of Health's National Institute of Mental Health (NIMH), which focuses on research. The Centers for Disease Control and Prevention (CDC) is becoming increasingly involved as it examines ways to incorporate mental health into its public health activities. All three agencies work closely together on many initiatives and frequently cosponsor activities. The Health Resources Services Administration (HRSA) also plays a role through terrorism grants administered by CDC and HRSA to the states, which include benchmarks for integration of mental health into public health and hospital preparedness activities.

SAMHSA (http://www.samhsa.gov)

Since 1974, SAMHSA has had a collaborative agreement with the Federal Emergency Management Agency to administer crisis counseling and training assistant programs after presidentially-declared disasters. In 2001, SAMHSA initiated the Child Traumatic Stress Initiative to identify effective treatments and services; collect clinical data on child trauma; develop resources for professionals, consumers, and the public; and develop trauma-focused professional training. SAMHSA has devoted significant resources to helping the states improve their disaster preparedness capacity. In 2003, SAMHSA sponsored a conference, Creating a Roadmap for Disaster Preparedness: Strengthening State Capacity for Disaster Mental Health and Substance Abuse, which was attended by more than 50 states and territories. It was followed up by a series of regional meetings to further develop plans. SAMHSA also awarded 2-year planning grants to 35 states to enhance their substance abuse and mental health service provision in the event of a disaster, such as terrorism.

NIMH (http://www.nimh.nih.gov)

Through its research programs, NIMH conducts and supports mental and behavioral health research relevant to preparation for and response to the psychosocial effects of terrorism and mass emergencies. This research spans and integrates basic science, clinical practice, and health care system issues. Additional research focuses on preventing the damaging effects of traumatic stress through the study of basic mechanisms; detection and diagnosis; treatment and prevention; and education, training, and information resources.

This research contributes to better response planning; training for the health and human services workers; more communication before, during, and after incidents to reduce anxiety or distress and promote compliance with safety procedures; the design and deployment of outreach and intervention programs to reduce symptoms and improve functioning; and the treatment of psychiatric disorders that arise after exposure to mass trauma.

local nonprofit organization, offer to speak at local schools about historical events you have experienced, contact local churches or senior centers to see if they are holding any activities of interest to you, or call your doctor or local mental health center to see if there is an older adults support group in your area that you could attend. If you are unable to drive, do not hesitate to ask for a ride, look into reduced special taxi fares for senior citizens, or take public transportation, if you are able.

- Do things you enjoy. If you have put things aside that you normally enjoy, get involved in those activities now. Go for that walk, plant flowers, or play cards with your friends.
- Write about significant experiences in your life and how they have affected you. Journaling gives you the opportunity to express your feelings in your own words and at your own pace. It is also an opportunity for you to share pieces of your life with future generations.

It is important to return to your usual routine at your own pace; however, if your symptoms do not seem to be subsiding or if they appear to be getting worse, you may want to speak with a mental health professional. If you have already been diagnosed with a mental health disorder or if you find you are distressed about traumatic events from your past, you may want to meet with a mental health professional as a precautionary measure. To find a mental health professional in your community, contact your primary care physician, a local mental health center, or your area mental health association.

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