

Citizen Corps Council
Organizational Basics Workshop

James City County

May 2010



Stan Rockwell, PsyD, LPC

Solutions and Services

stanrockwellpsyd@gmail.com

How to Facilitate a Meeting



Who Wants to Go to a Meeting?

52 minutes per day 'wasted' in meetings

26.Oct.09

The average office worker wastes 52 minutes a day in 'pointless' meetings where they don't contribute, aren't listened to or are just making up the numbers.

That's according to research by coaching firm You Brand, who quizzed their clients, which include FTSE 50 companies, about the etiquette and mechanics of meetings.

You Brand founder Julia Goodman said: "Many people feel isolated and cut out of meetings, with the biggest complaint being shouted down by louder colleagues.

"Interestingly, more dominant characters say meetings fail because colleagues don't contribute enough.

"What people don't realise is that speaking in the first five minutes of a meeting will make sure they are listened to later.

"While the chair of a meeting needs control, everyone is responsible for ensuring discussions run smoothly," says Goodman. "People must communicate clearly, and say what they mean to make meetings more effective."

<http://bdaily.info/news/business/26-10-2009/52-minutes-per-day-wasted-in-meetings/>

What is a meeting?

Formal or informal deliberative assembly of individuals called to debate certain issues and problems, and to make decisions. Formal meetings are held at definite times, at a definite place, and usually for a definite duration to follow an agreed upon agenda. ... A meeting is typically headed by a chairperson, and its deliberations are recorded in a written form called minutes... (M)eetings must have a minimum number of members (called quorum) present to make the legally operative. Decisions (called resolutions) are made on the basis of number of votes the assenting and dissenting parties can muster. Under the doctrine of collective responsibility, decisions taken at ... meetings bind all members whether present or not.

<http://www.businessdictionary.com/definition/meeting.html>

Why Meetings Fail

- The facilitator puts aside the meeting agenda for his or her own personal agenda
- The facilitator allows interruptions such as telephone calls, etc.
- Loud group members are allowed to dominate the meeting
- Decisions are made based on generalizations, exaggeration, guesswork, and assumptions
- Discussions consistently wander off the topic
- Key members of the group are not present
- Overly ambitious agendas
- Meetings that exceed previously agreed-upon time limits
- Minutes that are inaccurate or biased
- Too many participants
- Waiting for latecomers to arrive
- An unclear, or inappropriate, decision-making process. For example, taking a vote when leadership and unilateral action by a company's CEO is clearly needed.

<http://www.answers.com/topic/meeting> - Small Business Encyclopedia

How Google Runs Meetings

1. Set a firm agenda.

Distribute the agenda ahead of time that outlines what the participants want to discuss and the best way of using the allotted time. Agendas need to have flexibility but agendas act as tools that force individuals to think about what they want to accomplish in meetings. It helps all those involved to focus on what they are really trying to achieve and how best to reach that goal.

2. Assign a note-taker.

A Google meeting features a lot of displays. On one wall, a projector displays the presentation, while right next to it, another projector shows the transcription of the meeting. (Yet another displays a 4-foot image of a ticking stopwatch.) Google executives are big believers in capturing an official set of notes, so inaccuracies and inconsistencies can be caught immediately.

Those who missed the meetings receive a copy of the notes. When people are trying to remember what decisions were made, in what direction the team is going, and what actions need to be taken, they can simply review the notes.

3. Carve out micro-meetings.

Use smaller, self-contained gatherings on a particular subject or project, generally in 5 to 10 minute segments. This method offers enough flexibility to modify the agenda just before the meeting, should anything pressing occur. It also instills discipline that keeps the meeting tightly focused.

4. Hold office hours.

Employees add their name to a board outside the office, and the manager sees them on a first-come, first-serve basis. Sometimes project managers need approval on a marketing campaign; sometimes staffers want a few minutes to pitch a design.

5. Discourage politics, use data.

This idea can and should apply to meetings in organizations in which people feel as though the boss will give the green light to a design created by the person he or she likes the best, showing favoritism for the individual instead of the idea.

This mindset can demoralize employees, so she goes out of her way to make the approval process a science. Google chooses designs on a clearly defined set of metrics and how well they perform against those metrics. Designs are chosen based on merit and evidence, not personal relationships.

Facilitators discourage using the phrase "I like" in design meetings, such as "I like the way the screen looks" but instead encourage such comments as "The experimentation on the site shows that his design performed 10% better." This works for Google, because it builds a culture driven by customer feedback data, not the internal politics that pervade so many of today's corporations.

6. Stick to the clock.

To add a little pressure to keep meetings focused, Google gatherings often feature a giant timer on the wall, counting down the minutes left for a particular meeting or topic. It's literally a downloadable timer that runs off a computer and is projected 4 feet tall.

Imagine how chaotic it must look to outsiders when the wall shows several displays at once—the presentation, transcription, and a mega-timer! And yet, at Google, it makes sense, imposing structure amidst creative chaos. The timer exerts a subtle pressure to keep meetings running on schedule. Maintain a healthy sense of humor about it.

http://www.businessweek.com/smallbiz/content/sep2006/sb20060927_259688.htm

Meetings Are Groups of People Working Together

Groups Are Teams

Teamwork – How hard can it be?

A team has vision. Committees have agendas - often separate agendas. Ralph Strayer

Team/Group formation

- Forming – Have a reason for your team to exist and have a single shared theme and defining objective
- Storming – Getting to know your team mates
- Norming – Setting the rules for play
- Performing – Getting the job done

[The following sections are adapted from the work of Patrick Lencioni.]

The Five Dysfunctions of Teams

1. Inattention to results
2. Avoidance of accountability
3. Lack of commitment
4. Fear of conflict
5. Absence of trust

The Five Characteristics of Cohesive Teams

1. Trust one another
2. Engage in unfiltered conflict around ideas
3. They commit to decisions and plans of action
4. They hold one another accountable for delivery of those plans
5. They focus on achievement of collective results

Outcomes and Score Cards - Lencioni

<p>Teams With Trust:</p> <ul style="list-style-type: none"> • Admit weaknesses and mistakes • Ask for help • Accept questions and input about their areas of responsibility • Give one another the benefit of the doubt before arriving at negative conclusions. • Look forward to meetings as opportunities to work as a group • Take risks in offering feedback and assistance • Appreciate and tap into each other's skills and experiences • Focus time and energy on important issues, not politics • Offer and accept apologies when they make mistakes 	
<p>Teams That Engage In Conflict:</p> <ul style="list-style-type: none"> • Have lively interesting meetings • Extract and exploit ideas of all team members • Solve real problems quickly • Minimize politics • Put critical topics on the table for discussion 	<p>Teams That Fear Conflict:</p> <ul style="list-style-type: none"> • Have boring meetings • Create environments where backchannel politics and personal attacks thrive • Ignore controversial topics that are critical to team success • Fail to tap into the opinions and perspectives of team members • Waste time and energy with posturing and interpersonal risk management
<p>Teams That Commit:</p> <ul style="list-style-type: none"> • Creates clarity around direction and priorities • Aligns the entire team around common objectives • Develops an ability to learn from mistakes • Takes advantage of opportunities before competitors do • Moves forward without hesitation • Changes direction without hesitation or guilt 	<p>Teams That Fail to Commit:</p> <ul style="list-style-type: none"> • Creates ambiguity among the team about direction and priorities • Watches windows of opportunity close due to excessive analysis and unnecessary delays • Breeds lack of confidence and fear of failure • Revisits discussions and decisions again and again • Encourages second guessing among team members
<p>Teams That Embrace Accountability:</p> <ul style="list-style-type: none"> • Ensures that poor performers feel pressure to improve • Identifies potential problems quickly by questioning one another's approaches without hesitation • Establishes respect among team members who are held to the same high 	<p>Teams That Avoid Accountability:</p> <ul style="list-style-type: none"> • Creates resentment among team members who have different standards of performance • Encourages mediocrity • Misses deadlines and key deliverables • Places an undue burden on the team leader as the sole source of discipline

standards <ul style="list-style-type: none"> • Avoids excessive bureaucracy around performance management and corrective action 	
Teams Focused on Collective Results: <ul style="list-style-type: none"> • Retains achievement oriented individuals • Minimizes individualistic behavior • Enjoys success and suffers failure acutely • Benefits from individuals who subjugate their own goals/interests for the good of the team • Avoids distractions 	Teams Not Focused on Collective Results: <ul style="list-style-type: none"> • Stagnates and fails to grow • Rarely defeats competitors or meets goals • Loses achievement oriented members • Encourages team members to focus on their own agenda and individual goals • Is easily distracted

Meeting Effectiveness Rating Scale

Meeting Name: _____

Date: _____

In reviewing the effectiveness of this meeting, please rate the following areas, where marks to the left represent low levels of goal attainment and marks to the right indicate high levels of goal attainment.

Communication

(How well individuals communicated constructively)

|-----|

Collaboration

(How effectively members worked together)

|-----|

Focus

(How well the members stayed on task and defined outcomes)

|-----|

Overall

(Overall effectiveness of meeting clearly defined goals)

|-----|

Dashboard

Tracking Meeting Success

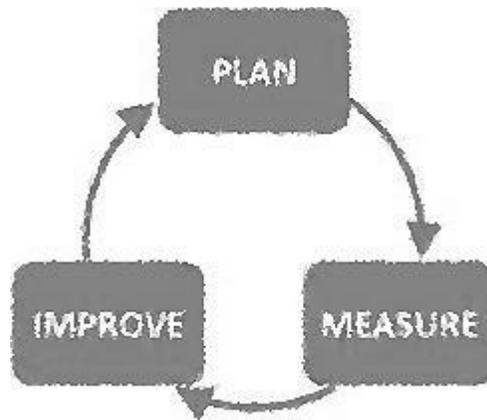
	Based on a dashboard created by the ODU School of Business	5 = Strongly Agree
Initiating		1 2 3 4 5
	We “speak up” and take risks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Visioning		1 2 3 4 5
	We clearly understand what is brought to the COMMITTEE meetings for decision vs. information vs. input	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We are clear on the role of the COMMITTEE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We demonstrate passion for our purpose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Before being announced publicly, “vision” stretches from the Executive Director/Chair are efficiently run by a “practical COMMITTEE litmus test”, to consider budget, time lines, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Before being announced publicly, “vision” stretches from the Executive Director/Chair are efficiently run by a “philosophical litmus test” of the COMMITTEE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	The COMMITTEE works with Executive Director/Chair to push “pseudo-visions” to greater clarity, definition and boundary decisions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Executive Director/Chair is transparent on his decision progress (completely decided and no input needed, partially complete and need input, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We work through and bring clarity and understanding around key guiding philosophy pillars (our relationship with sponsors, push toward community, budget emphasis, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Claiming		1 2 3 4 5
	When we leave the COMMITTEE decision making process, we have clarity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	When we finish the COMMITTEE decision process, we have alignment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	We have the correct pace in the work we do (not overextended)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We have clear decided upon overarching priorities (money, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We develop quick, efficient cycle times on new initiatives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Expectations of the COMMITTEE are clear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Letting Go		1 2 3 4 5
	We speak openly and honestly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We openly embrace conflict and effectively work through it	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We confront bad news and disappointment directly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We feel supported taking risks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	When we are clear on Executive Director/Chair's decision stance and if he is not fully decided, we all push back	
Celebration		1 2 3 4 5
	We effectively celebrate as a COMMITTEE/ team	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Service		1 2 3 4 5
	We are servicing well the needs of our internal customers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We are servicing well the needs of our external customers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	We have clearly identified who are customers are	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Other Resources

- Effective Meetings - <http://www.effectivemeetings.com/>
- How to Manage Meetings (2002, 2007). Alan Barker. ISBN-10 0 7494 4547 5
- Robert's Rules of Order – Quick Summary - <http://www.robertsrules.org/>
- The Table Group – Patrick Lencioni's web site - <http://www.tablegroup.com/>

Strategic Planning Fundamentals



If you don't know where you're going, you'll probably end up somewhere else. David Campbell

1. You and your group/team need to establish a framework in order to succeed.
 - a) What is your vision for the future? What is your personal vision?
 - b) What is your mission? This defines what you are doing. What is your personal mission? Do your mission and vision statements align with the team's statements? This should not be static but create a "capacity to engage in principle-centered strategic thinking for years to come." (Cagna and Notter)
 - c) What are your values? These shape your actions, and vice versa.
 - d) What are your strategies? "Strategies are the broadly defined four or five key approaches the organization will use to accomplish its mission and drive toward the vision. Goals and action plans usually flow from each strategy." An example might be, "Broaden the base of people in the county who volunteer in emergency management." (Susan M. Heathfield)
2. Keep it simple and flexible!

- a) “Most strategic plans don't work. They involve too much paper, too much time, too many nodding heads, and far too many poorly informed so-called experts.”

James F. Hollan

- b) Technology has changed timelines. Events tend to play out more quickly. Be able “to respond quickly without moving through layers of committees for approval to adjust the plan.” Remember the difference between “strategic” and “tactical” planning. “*Strategic* thinking, planning, and actions reflect the doer's ability to consider the big picture, recognize patterns and trends, honor priorities, anticipate issues, predict outcomes, and have smart alternatives to fall back upon. Strategic issues deal with overriding mission and purpose, why the organization exists, how it makes a difference that others don't or can't make, and where it will be in the future. *Tactical* refers to the hands-on part of getting the job done, making sure the strategic goals are met. It's performing each implementation task with quality and efficiency.” <http://www.mentoringgroup.com/mentees.html> There must be balance. Strategic planning can't begin and end with a static document. It has to bend and flex with the forces that shape the future.

<http://www.asaecenter.org/PublicationsResources/EUArticle.cfm?ItemNumber=1463>

- c) “Strategic planning, when used by association CEOs and boards as a mechanism of control, prevents associations from leveraging all of its potential in the name of value creation for members, customers, and stakeholders ... (P)eople in organizations rarely make important decisions based on what's written in the latest plan. Rather, they are guided by the flow of events, as well as by organizational

traditions, norms, and culture. Strategies are more likely to be advanced by internal needs and expectations of success that are established dynamically, over time, in every corner of the organization. For strategy to be successful, execution and the culture that drives it must receive as much attention as strategy development. In fact, they must be fully integrated.” What principles shape your group/team’s strategic decision making? See James G. Dalton below.



Dalton's Four Elements of Strategy

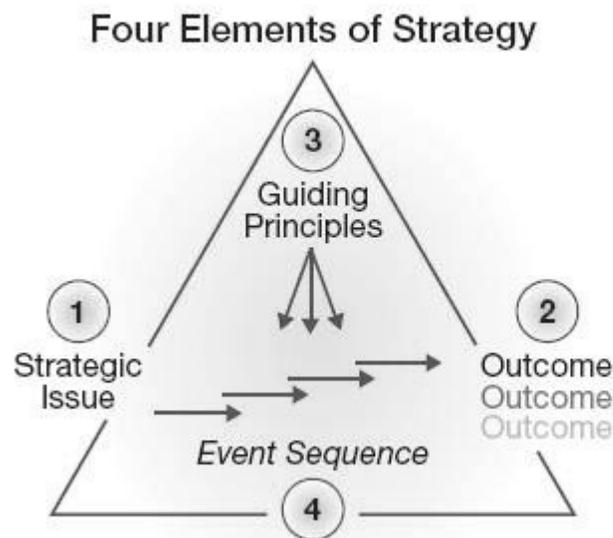


Figure 3

First is the issue or the motive to act. Keep it simple and focused. The issue will change as you become more familiar with it and the dynamics of the issue itself change over time.

Second are the outcome measures. How will you know you are succeeding? These may be dynamic as well as the situation changes.

Third involves boundaries and principles – who are responsible for what and at what levels. You need to be flexible but also stay within the rules.

Four is the action plan that defines the tasks necessary to achieve the outcome in a manner that respects the principles.

Dalton's full article can be found at

<http://www.asaecenter.org/PublicationsResources/JALArticleDetail.cfm?ItemNumber=19978>

Qualitative and Quantitative Data

Qualitative data is non-numerical data. It may consist of interviews, direct observations, or a review of documentation.

Quantitative data is numerical data or data which can be quantified.

Other Resources

- Strategic Planning in nonprofit and for-profit organizations - http://managementhelp.org/plan_dec/str_plan/str_plan.htm
- Association for Strategic Planning - <http://www.strategyplus.org/>

The Ins and Outs of Outcome Measuring

Jonathan Walters has written about outcomes in his books Measuring Up and Measuring Up 2.0.

In the latter, he gives seven reasons as to why people tend to oppose measuring outcomes (with answers to each).

- 1) We already did that.
- 2) Performance measures are inherently unfair.
- 3) Performance measurement is going to invite unfair comparisons.
- 4) It's a great idea, but what happens when this administration gets tossed out?
- 5) There is no way to measure what I do.
- 6) My agency has conflicting missions.
- 7) I still don't want to.

Defining outcomes and defining how to measure those outcomes is perhaps the critical piece of strategic planning. What follows is a primer on performance measuring from the US government.

<http://govinfo.library.unt.edu/npr/library/resource/gprapmr.html>

Office Of Management and Budget

PRIMER ON PERFORMANCE MEASUREMENT

(Revised February 28, 1995)

This "primer" defines several performance measurement terms, outlines areas or functions where performance measurement may be difficult, and provides examples of different types of performance measures.

I. Definition of Terms

No standard definitions currently exist. In this primer, the definitions of output and outcome measures are those set out in the **Government Performance Results Act**. Input measures and impact measures are not defined in GPRA. As GPRA is directed at establishing performance goals and targets, the definitions are prospective in nature. Variations or divisions of these definitions can be found in other Federal programs as well as non-Federal measurement taxonomies. For example, a measurement effort which retrospectively reports on performance might define "input" as resources consumed, rather than resources available. The nomenclature of measures cannot be rigidly applied; one agency's output measure (e.g., products produced) could be another agency's input measure (e.g., products received).

OUTCOME MEASURE

GPRA Definition: An assessment of the results of a program compared to its intended purpose.

Characteristics:

Outcome measurement cannot be done until the results expected from a program or activity have been first defined. As such, an outcome is a statement of basic expectations, often grounded in a statute, directive, or other document. (In GPRA, the required strategic plan would be a primary means of defining or identifying expected outcomes.)

Outcome measurement also cannot be done until a program (of fixed duration) is completed, or until a program (which is continuing indefinitely) has reached a point of maturity or steady state operations.

While the preferred measure, outcomes are often not susceptible to annual measurement. (For example, an outcome goal setting a target of by 2005, collecting 94 percent of all income taxes annually owed cannot be measured, as an outcome, until that year.) Also, managers are more likely to primarily manage against outputs rather than outcomes.

- The measurement of incremental progress toward a specific outcome goal is sometimes referred to as an intermediate outcome. (Using the example above, a target

of collecting 88 percent of taxes owed in 2002 might be characterized as an intermediate outcome.)

OUTPUT MEASURE

GPRA Definition: A tabulation, calculation, or recording of activity or effort that can be expressed in a quantitative or qualitative manner.

Characteristics:

The GPRA definition of output measure is very broad, covering all performance measures except input, outcome or impact measures. Thus it covers output, per se, as well as other measures.

- Strictly defined, output is the goods and services produced by a program or organization and provided to the public or to other programs or organizations.
- Other measures include process measures (e.g., paperflow, consultation), attribute measures (e.g., timeliness, accuracy, customer satisfaction), and measures of efficiency or effectiveness.
- Output may be measured either as the total quantity of a good or service produced, or may be limited to those goods or services with certain attributes (e.g., number of timely and accurate benefit payments).

Some output measures are developed and used independent of any outcome measure.

All outputs can be measured annually or more frequently. The number of output measures will generally exceed the number of outcome measures.

In GPRA, both outcome and output measures are set out as performance goals or performance indicators.

- GPRA defines a ***performance goal*** as a target level of performance expressed as a tangible, measurable objective, against which actual performance can be compared, including a goal expressed as a quantitative standard, value, or rate.

e.g., A goal might be stated as "Improve maternal and child health on tribal reservations to meet 95 percent of the national standards for healthy mothers and children by 1998". (Note that this goal would rely on performance indicators (see below) to be measured effectively.)

- GPRA defines a *performance indicator* as a particular value or characteristic used to measure output or outcome.

e.g., Indicators for the maternal and child health goal above might include morbidity and mortality rates for this population cohort, median infant birth weights, percentages of tribal children receiving full immunization shot series, frequency of pediatric checkups, etc.

- Performance goals which are self-measuring do not require separate indicators.

e.g., A performance goal stating that the FAA would staff 300 airport control towers on a 24 hour basis in FY 1996.

IMPACT MEASURE

Definition: These are measures of the direct or indirect effects or consequences resulting from achieving program goals. An example of an impact is the comparison of actual program outcomes with estimates of the outcomes that would have occurred in the absence of the program.

Characteristics:

Measuring program impact often is done by comparing program outcomes with estimates of the outcomes that would have occurred in the absence of the program.

- One example of measuring direct impact is to compare the outcome for a randomly assigned group receiving a service with the outcome for a randomly assigned group not receiving the service.

If the impacts are central to the purpose of a program, these effects may be stated or included in the outcome measure itself.

- Impacts can be indirect, and some impacts are often factored into cost-benefit analyses. An outcome goal might be to complete construction of a large dam; the impact of the completed dam might be reduced incidence of damaging floods, additional acreage converted to agricultural use, and increased storage of clean water supplies, etc.

The measurement of impact is generally done through special comparison-type studies, and not simply by using data regularly collected through program information systems.

INPUT MEASURE

Definition: Measures of what an agency or manager has available to carry out the program or activity: i.e., achieve an outcome or output. These can include: employees (FTE), funding, equipment or facilities, supplies on hand, goods or services received, work processes or rules. When calculating efficiency, input is defined as the resources *used*.

Characteristics:

Inputs used to produce particular outputs may be identified through cost accounting. In a less detailed correlation, significant input costs can be associated with outputs by charging them to the appropriate program budget account.

Often, a physical or human resource base (e.g., land acreage, square footage of owned buildings, number of enrollees) at the start of the measurement period is characterized as an input.

- Changes to the resource base (e.g., purchase of additional land) or actions taken with respect to the resource base (e.g., modernize x square footage, convert y enrollees to a different plan) are classified as outputs or outcomes.

AN EXAMPLE OF OUTCOME, OUTPUT, IMPACT, AND INPUT MEASURES FOR A HYPOTHETICAL DISEASE ERADICATION PROGRAM:

Outcome: Completely eradicate tropical spastic paraparesis (which is a real disease transmitted by human-to-human contact) by 2005

Outputs: 1.) Confine incidence in 1996 to only three countries in South America, and no more than 5,000 reported cases. (Some would characterize this step toward eradication as an intermediate outcome.)

2.) Complete vaccination against this retrovirus in 84 percent of the Western hemispheric population by December 1995.

Inputs: 1.) 17 million doses of vaccine

2.) 150 health professionals

3.) \$30 million in FY 1996 appropriations

Impact: Eliminate a disease that affects 1 in every 1,000 people living in infested areas, which is progressively and completely disabling, and with annual treatment costs of \$1,600 per case.

AN EXAMPLE OF OUTCOME, OUTPUT, IMPACT, AND INPUT MEASURES FOR A JOB TRAINING PROGRAM:

Outcome: 40 percent of welfare recipients receiving job training are employed three months after receiving job training.

Output: Annually provide job training and job search assistance to 1 million welfare recipients within two months of their initial receipt of welfare assistance.

Input: \$300 million in appropriations

Impact: Job training increases the employment rate of welfare recipients from 30 percent (the employment level of comparable welfare recipients who did not receive job training) to 40 percent (the employment rate of those welfare recipients who did receive job training).

AN EXAMPLE OF OUTCOME, OUTPUT, IMPACT, AND INPUT MEASURES FOR A TECHNOLOGY PROGRAM:

Outcome: Orbit a manned spacecraft around Mars for 30 days in 2010 and return crew and retrieved Martian surface and subsurface material safely to Earth.

Output: (For FY 2007) Successfully complete a 900 day inhabited flight test of the Mars Mission Module in lunar orbit in the third quarter of CY 2007.

Input: Delivery of 36 EU-funded Mars Surface Sample Return probes from the Max Planck Institute in Germany.

Impact: A comprehensive understanding of the biochemical, physical and geological properties of the Martian surface and subsurface to a 35 meter depth. Detection of any aerobic or anaerobic life forms (including non-carbon based, non-oxygen dependent forms) in the Martian surface crust.

AN EXAMPLE OF OUTCOME, OUTPUT, IMPACT, AND INPUT MEASURES FOR AN ENVIRONMENTAL RESOURCES PROGRAM:

Outcome: Restore the 653,000 square hectare Kolbyduke Paleoartic Biome Reserve to a pre-Mesolithic state, and preserve it in that state.

Output: (In FY 2002) Eradication on all non-native plants from 51,000 square hectares, for a cumulative eradication of non-native plants from 38 percent of the Reserve.

Input: (In FY 2002) Donation of 22,000 volunteer workhours from four wildlife organizations.

Impact: The protection of this biome as one of three internationally-designated Paleoartic biomes and perpetuating it as a research site for studies of the pre-historic ecological equilibrium.

II. Complexities of Measurement

A. FUNCTIONAL AREAS. Some types of programs or activities are particularly difficult to measure.

Basic Research, because often:

- likely outcomes are not calculable (can't be quantified) in advance;
- knowledge gained is not always of immediate value or application
- results are more serendipitous than predictable;
- there is a high percentage of negative determinations or findings;
- the unknown cannot be measured.
- (Applied research, applied technology, or the "D" in R&D is more readily measurable because it usually is directed toward a specific goal or end.)

Foreign Affairs, especially for outcomes, to the extent that:

- the leaders and electorate of other nations properly act in their own national interest, which may differ from those of the United States (e.g., Free Territory of Memel does not agree with US policy goal of reducing US annual trade deficit with Memel to \$1 billion);
- US objectives are stated as policy principles, recognizing the impracticality of their universal achievement;

- goal achievement relies mainly on actions by other countries (e.g., by 1999, Mayaland will reduce the volume of illegal opiates being transhipped through Mayaland to the US by 65 percent from current levels of 1250 metric tons).

Policy Advice, because often:

- it is difficult to calculate the quality or value of the advice;
- advice consists of presenting competing views by different parties with different perspectives;
- policy advice may be at odds with the practicalities of political advice.

Block Grants, to the extent that:

- funds are not targeted to particular programs or purposes;
- the recipient has great latitude or choice in how the money will be spent;
- there is little reporting on what the funds were used for or what was accomplished.

B. BY TYPE OF MEASURE. Some measures are harder to measure than others. Some of the difficulties include:

For outcome, output, and impact measures

- Direct Federal accountability is lessened because non-Federal parties (other than those under a procurement contract) are responsible for the administration or operation of the program.
- The magnitude and/or intrusiveness of the performance reporting burden.
- The nature and extent of performance validation or verification requires a substantial effort.
- Individual accountability or responsibility is diffuse.

For outcome measures

- Timetable or dates for achievement may be sporadic.
- Achievement often lags by several years or more after the funds are spent.

- Results frequently are not immediately evident, and can be determined only through a formal program evaluation.
- Accomplishment is interrupted because of intervening factors, changes in priorities, etc.
- Changing basepoints can impede achievement (e.g., recalculation of eligible beneficiaries).
- Achievement depends on a major change in public behavior.
- The outcome is for a cross-agency program or policy, and assigning relative contributions or responsibilities to individual agencies is a complex undertaking.

For output measures

- Equal-appearing outputs are not always equal (e.g., the time and cost of overhauling one type of jet engine can be very different from another type of jet engine).
- It may be difficult to weight outputs to allow different (but similar appearing) outputs to be combined in a larger aggregate.
- Many efficiency and effectiveness measures depend on agencies having cost accounting systems and the capability to allocate and cumulate costs on a unit basis.

For impact measures

- Impacts are often difficult to measure.
- A large number of other variables or factors contribute to or affect the impact, and which can be difficult to separate out when determining causality.
- Federal funding or Federal program efforts are of secondary or even more marginal significance to the achieved outcome.
- Determining the impact can be very expensive, and not commensurate with the value received from a policy or political standpoint.
- Holding a manager accountable for impacts can be a formidable challenge.

For input measures

- The measurement itself should not be complicated, but the alignment of inputs with outputs can be difficult.

III. Emphasized Measures in GPRA

A. GPRA emphasizes the use and reporting of performance measures that managers use to manage. There are several reasons for this emphasis:

GPRA increases the accountability of managers for producing results.

Underscores that these measures are central to an agency's capacity and approach for administering programs and conducting operations.

- Because of this, the amount of additional resources to develop and improve performance measurement and reporting systems should be rather limited.

- The conundrum is that agencies requesting large amounts of additional resources would be conceding either that their programs were not being managed, or were being managed using an inappropriate or poor set of performance measures.

B. As output measures are more readily and easily developed than outcome measures, more of these are expected initially in the GPRA-required performance plans, but agencies should move toward increasing the number and quality of outcome measures.

IV. Selected Examples of Various Types of Performance Measures

Please Note: For the purpose of these examples:

Some of the outcome measures are much more narrowly defined than would otherwise be appropriate or expected.

Some of the outcome measures are not inherently measurable, and would require use of supplementary performance indicators to set specific performance targets and determine whether these were achieved.

Some measures include several aspects of performance. Italics are used to feature the particular characteristic of that example.

Many of the examples of output measures are process or attribute measures.

"TRADITIONAL" PRODUCTION OR DELIVERY TYPE MEASURES

Production

Output: *Manufacture and deliver 35,000 rounds of armor-piercing 120mm projectiles shells in FY 1997.*

Outcome: *Produce sufficient 120 mm armor-piercing projectiles to achieve a 60 day combat use supply level by 1999 for all Army and Marine Corps tank battalions.*

Transaction processing

Output: *Process 3.75 million payment vouchers in FY 1995.*

Outcome: *Ensure that 99.5 percent of payment vouchers are paid within 30 days of receipt.*

Records

Output: *Update earnings records for 45 million employee contributors to Social Security Trust Fund.*

Outcome: *Ensure that all earnings records are posted and current within 60 days of the end of the previous quarter.*

Service Volume

Output: *Provide meals and temporary shelter for up to 18 months for 35,000 homeless individuals for up to 18 months following the Short Beach tsunami disaster.*

Outcome: *Maintain a capacity to provide, nationally, meals and temporary shelter for an indefinite period for up to 100,000 individuals who are homeless as a result of major disasters.*

Workload (Not otherwise categorized)

Output: *Annually inspect 3200 grain elevators.*

Outcome: *Through periodic grain elevator inspection, reduce the incidence of grain dust explosions resulting in catastrophic loss or fatalities to zero.*

Frequency rates

Output: *Issue 90 day national temperature and precipitation forecasts every six weeks.*

Outcome: *Provide users of meteorological forecasts with advance information sufficiently updated to be useful for agricultural, utility, and transportation planning.*

Inventory fill

Output: *Store a minimum of 3.5 million barrels of petroleum stock.*

Outcome: *Petroleum stocks shall be maintained at a level sufficient to provide a 60 day supply at normal daily drawdown.*

OPERATING-TYPE MEASURES

Utilization rates

Output: *Operate all tactical fighter aircraft simulator training facilities at not less than 85 percent of rated capacity.*

Outcome: *Ensure optimized operation of all simulator facilities to provide all active duty tactical fighter aircraft pilots with a minimum of 80 hours of simulator training every 12 months.*

Out-of-service conditions

Output: *All Corps of Engineer locks on the Showme River basin shall be operational during at least 22 of every consecutive 24 hours.*

Outcome: *Ensure no significant delays in commercial traffic transiting through the Showme River basin system.*

Maintenance and Repair Intervals

Output: *All out-of-service aircraft requiring unscheduled repairs shall be repaired within 72 hours.*

Outcome: *The Forest Service will maintain 90 percent of its 135 firefighting aircraft in an immediately deployable status during forest fire season.*

QUALITY-TYPE MEASURES

Defect rates

Output: *Not more than 1.25 percent of 120 mm armorpiercing projectiles shall be rejected as defective.*

Outcome: *No armor-piercing ammunition projectiles fired in combat shall fail to explode on impact.*

Mean Failure rates

Output: *Premature space Shuttle main engine shutdown shall not occur more than once in every 200 flight cycles.*

Outcome: *Space Shuttle shall be maintained and operated so that 99.95 percent of all flights safely reach orbit.*

Accuracy

Output: *The initial monthly estimate of the previous month's value of exports shall be within one percent of the revised final value.*

Outcome: *All preliminary, periodic estimates of economic activity shall be within three percent of the final value.*

Error Rates

Output: *Not more than four percent of initial determinations of the monthly entitled benefit amount shall be incorrectly calculated.*

Outcome: (Not commonly measured as an outcome.)

CUSTOMER-RELATED MEASURES

Complaints

Output: *Not more than 2.5 percent of individuals seeking information will subsequently re-request the same information because the initial response was incomplete.*

Outcome: (Not commonly measured as an outcome.)

Customer Satisfaction Levels (Output and outcome measures may often be indistinguishable.)

Output: *In 1998, at least 75 percent of individuals receiving a service will rate the service delivery as good to excellent.*

Outcome: *At least 90 percent of recipients will rate the service delivery as good to excellent.*

Timeliness

Response times

Output: *Adjudicative decision on all claim disallowances will be made within 120 days of appeal hearings.*

Outcome: *Provide every claimant with timely dispositive determination on claims filed.*

Adherence to schedule

Output: *Operate 95 percent of all passenger trains within 10 minutes of scheduled arrival times.*

Outcome: *Provide rail passengers with reliable and predictable train service.*

Responsiveness

Output: *98 percent of notices to the Department of Transportation of navigational hazards will result both in an on-site inspection of the hazard and Notice to Mariners within 48 hours of receipt of the notice*

Outcome: *Ensure prompt response to potential public safety concerns in the navigation of coastal and off-shore waters.*

EFFICIENCY AND EFFECTIVENESS MEASURES

Efficiency

Output: *Annual transaction costs/production costs/delivery of service costs projected on a per unit basis. Produce 35,000 rounds of armor-piercing ammunition at a cost of \$17.75 per round.*

Outcome: *(Not commonly measured as an outcome.)*

Effectiveness

Output: IN FY 1999, *not more than 7,000 in-patients* in military hospitals will be readmitted, post discharge, for further treatment of the same diagnosed illness at the time of initial admission.

Outcome: Annually, *initial treatment* will be therapeutically *successful for 85 percent* of all hospital admissions.

OTHER TYPES OF MEASURES

Milestone and activity schedules

Output: *Complete 85 percent of required flight-worthiness testing for Z-2000 bomber by July 30, 1999.*

Outcome: The Z-2000 *bomber* will be flight-certified and *operational by December 1, 2000.*

Design Specifications

Output: Imaging *cameras* on Generation X observational satellite will have *resolution of 0.1 arc second.*

Outcome: Generation X observational satellite will successfully map 100 percent terrain of six Jovian moons to a resolution of 100 meters.

Status of conditions

Output: In 1995, *repair and maintain 1,400 pavement miles* of Federally-owned highways *to a rating of "good"*.

Outcome: By 2000, *35 percent of all Federally-owned highway pavement miles* shall be *rated as being in good condition.*

Percentage coverage

Output: Provide *doses of vaccine to 27,000 pre-school children* living on tribal reservations.

Outcome: *100 percent* of children living on tribal reservations will be *fully immunized* before beginning school.

The Lingo

Words you may need to know...

(Adapted from the Dept. of Treasury and Finance of Tasmania.

<http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/03b2a1d6613ba1894a2566bf001d6c3f/3fd01dff12836ef64a2566dd000cd01b>)

<i>Accountability Reporting</i>	Measures used for accountability reporting are concerned with measuring either something that an agency's managers need to know, or something that is required to be reported externally.
<i>Activity</i>	What an agency does to convert inputs to Outputs.
<i>Appropriateness</i>	The extent to which the intended outcomes (or the objectives) for an Output are the correct ones; that is, whether they match the real needs of clients and stakeholders. Appropriateness may focus on whether objectives for the service have been met, or on the way that the service meets its objectives. Measures of appropriateness address questions such as whether there are realistic alternatives to government provision and funding of the Output, and whether the Output is aligned with government policy priorities. Appropriateness can be measured in terms of adequacy, relevance, sustainability, and policy or outcome achievement.
<i>Benchmarking</i>	A systematic process to identify and introduce best practice into an organization by making valid comparisons with other processes or organizations.
<i>Benchmarks</i>	Standards derived from the performance levels achieved by other Government agencies in comparable jurisdictions, by businesses in the private sector, by Government agencies in the same jurisdiction, or by other sections in an agency. Benchmarks are used as best practice standards, or as challenging target for performance.
<i>Budgeting for Outputs</i>	The process of allocating resources on the basis of the Output to be produced or delivered.
<i>Budget Information</i>	Information which is used in the resource allocation process.
<i>Business Plan</i>	Strategic and/or annual operating plans for an agency or business unit. These plans specify the goods and services to be provided and costs.
<i>Community Outcomes</i>	High level policy objectives of the Government derived from the Government's perception of community expectations.
<i>Clients/Customers</i>	The people, organizations and government agencies that use services or consume goods provided by an agency.
<i>Criteria</i>	Provide the basis for establishing how performance against a measure is to be judged. Criteria can be in the form of targets, standards or benchmarks. They are derived from stakeholders' expectations for the performance of the Output.
<i>Deliverable</i>	A tangible or intangible object produced as a result of the project that is intended
<i>Direct costs</i>	Direct costs are expenses that are directly accountable to the Output. Direct costs can include the costs of intermediate Outputs produced within an agency.
<i>Direct measures</i>	Direct measures provide evidence of the actual results of specific activities,

processes or Output delivery systems. They focus on what has been achieved in relation to targets and provide information about what has been done, what has been delivered, the demand for the service and the workload involved. Direct Measures are not indicator of performance. They actually measure whether the Output has been provided as intended. They are the measures used when providing information about the quantity (eg volume, level of supply); cost (eg cost per unit and total cost); timeliness (eg delivery and/or response time); and other aspects of quality (eg to an agreed standard) of a good or service.

<i>Economy</i>	Economy focuses on the input-use achieved in delivering a service. It is a direct measure defined as 'cost per unit of input' and is about minimizing the use of resources.
<i>Effectiveness</i>	The extent to which objectives are being achieved. Effectiveness is determined by the relationship between an organization and its external environment. Effectiveness indicators relate Outputs to impacts and to outcomes. They can measure the steps along the way to achieving an overall objective or an Outcome, and test whether Outputs have the characteristics required for achieving a desired objective or a Government Outcome.
<i>Efficiency</i>	Efficiency is about producing more services or better quality services with the same or fewer resources. Efficiency is determined mainly by the internal structure and operations of an organization. Efficiency indicators relate resource input to resulting Outputs. They indicate how well an activity or operation is being performed. Measures of efficiency can focus on either operational or outcome efficiency.
<i>Evaluation</i>	Evaluation is the process of determining merit, worth and value. In relation to the measurement of Output performance, evaluation is a systematic and disciplined process through which trustworthy information is gathered to enable judgments to be made about appropriateness, effectiveness, efficiency, responsiveness and social justice.
<i>Indirect (relational) measures</i>	Measure how well results at one level in the process of providing an Output translate into results at the next level of performance. Indicators are indirect or relational measures.
<i>Indicator</i>	See <i>Performance Indicators</i> and <i>Indirect measures</i> .
<i>Indirect Costs</i>	Costs that relate to more than one Output, such as the salary of the Head of Agency. There is no direct relationship between the cost and one Output. Indirect costs include costs that have in the past been referred to as overheads, such as the provision of support services (for example Corporate Services).
<i>Inputs</i>	Items such as labor, materials, office space and other non-capital or non-balance sheet items purchased by the agency for use in producing an Output.
<i>Intermediate Outputs; Sub-Outputs</i>	Goods and services produced by or delivered within an agency which in combination with other internally delivered goods or services, contribute to the provision of Outputs. They are the 'output' of sub-systems within an agency (for example 'trained staff' or 'research reports') that become inputs to systems that produce the Outputs provided to external clients.
<i>Internal Management Measures</i>	Measures that focus on those things that need to be monitored, contained or managed within the agency.
<i>Measure</i>	A measure identifies the focus for measurement: it specifies what is to be measured.

<i>Measurement Procedure</i>	An explanation of how and when required information is to be collected and reported, which identifies who is to be involved in the process of collecting and reporting, and specifies a process for ensuring that both the data and the measure are updated on a regular basis.
<i>Outcomes</i>	<ol style="list-style-type: none"> 1. High level and long term policy objectives of the Government derived from the Government's perception of community expectations 2. The short to medium term results desired by Government that are expected to be achieved largely through the resourcing of Government agencies to produce specified Outputs 3. Intended impact or effect on the community of the activities and policies of Government.
<i>Outputs</i>	Goods and services provided by an agency for clients outside the agency.
<i>Output Aggregation</i>	<p>The level at which an Output is specified for a particular decision making or accountability purpose.</p> <p>An Output specified at a very general level represents the aggregation of a number of Outputs that will have been specified in detail for other purposes.</p>
<i>Output Adequacy Measure</i>	Information about effort and performance relative to measures of community need or demand.
<i>Output Costs</i>	The cost of producing an Output consists of both direct and indirect expenses (see also Direct Costs; Indirect Costs).
<i>Output Groups</i>	Groups of homogenous Outputs which contribute to a common service, have the same clients, and usually relate to a discrete <i>Government Outcome (qv)</i> . [Groups are aggregated Outputs.
<i>Output Methodology</i>	Managing an agency (or whole-of-Government) through focusing on the goods and services (the Outputs) delivered for external clients, and on ensuring that client needs are satisfied, within a framework of policy objectives specified as Outcomes. The methodology involves the processes of Outcome clarification, Output specification and costing; resource allocation; and performance specification and measurement. The major vehicles for managing by Outputs are Corporate Plans and Business Plans, Operational Plans; Purchase, Service, Performance and Ownership Agreements, Budget information, quarterly reporting, Annual Reports, and performance management processes.
<i>Output Delivery(or Production) System</i>	The processes through which an Output is produced and delivered.
<i>Overheads</i>	See <i>Indirect Costs</i>
<i>Performance</i>	Achievement in relation to objectives, plans or intentions.
<i>Performance Criteria</i>	<p>Criteria provide the basis for establishing how performance against a particular measure is to be compared and judged. They represent an agreement about desired levels of performance based on the expectations of clients and key stakeholders.</p> <p>Performance criteria are usually expressed in the form of standards, targets, or benchmarks. They can be specified in quantitative terms or as qualitative statements of expectation.</p>
<i>Performance indicators</i>	<ol style="list-style-type: none"> 1. Explicit statements that define how success is to be measured, and identify the criteria, or benchmarks, to be used in judging success. They are expressed in the form of an index, a ratio, a per unit measure or some

other form of comparison.

2. Information about a selected aspect of performance, collected in order to assess performance against predetermined targets, which enables a relationship to be inferred between what is measured and other aspects of the agency. Indicators enable general inferences to be made about agency performance; it is the inference that is of major interest, not the information about the specific aspect measured. Performance indicators provide a guide to performance where causal links are not obvious and where changes in performance are difficult to measure directly.

<i>Performance Information</i>	Quantitative and qualitative information collected systematically and used as evidence for making judgments about achievement in relation to objectives, plans or intentions. It is information about performance that is suitable for use as evidence in making decisions. Performance information consists of a measure, criteria, contextual and explanatory information, underpinned by a clearly defined measurement procedure.
<i>Performance Measurement</i>	Any activity through which performance is gauged.
<i>Performance Measures</i>	<ol style="list-style-type: none">1. Explicit statements that define how success is to be measured, and identify the criteria, or benchmarks, to be used in judging success.2. Discrete and predetermined information collected in order to assess performance against targets.
<i>Performance Information Management System</i>	A systematic process for managing the development and use of performance information on an ongoing basis. The management system consists of a strategic plan, a framework for the performance information, a guideline for developing performance indicators, a set of performance indicators, and a process for managing the information. The management system should be part of the agency's corporate and operational planning, reviewing and reporting processes.
<i>Policy Objectives</i>	The Government's high level, intended Outcomes for the community. Both the public and the private sector contribute to the achievement of policy objectives through the provision of goods and services.
<i>Processes</i>	The operational policies, strategies, procedures, rules and regulations used by agencies.
<i>Productive Efficiency</i>	Information about how effort is organized so as to get best performance and adequacy. Productive efficiency is measured in terms of the ratio of inputs needed per unit of Output produced and the relationship between variations in the mix of inputs and variations in the mix of Outputs.
<i>Provider</i>	The provider is the agent who delivers the agreed Outputs.
<i>Purchaser</i>	The purchaser is the agent who decides what will be produced and the criteria (standards and targets) for judging performance.
<i>Quality of Service</i>	Service quality relates to the characteristics by which an organization, product or service is judged by clients or stakeholders. The dimensions of quality that performance measures can cover include: accuracy, completeness, accessibility, timeliness, risk coverage, compliance with legal standards and satisfaction of client needs.
<i>Relevance</i>	The relationship between intended result and actual impact, measured either quantitatively or qualitatively.
<i>Resource Allocation</i>	The process by which the Government makes decisions on allocating the funds, or the use of the funds, to purchase goods and services for achieving policy objectives.

<i>Responsiveness</i>	Indicators of ‘responsiveness’ measure the extent to which the demand and preferences of the public are satisfied. They focus on the quality of service or the standard of service.
<i>Service agreements; Service Level Agreements</i>	<ol style="list-style-type: none"> 1. Intra public sector contracts; and intra-agency contracts. 2. Formal arrangements entered into by a purchaser and a provider for the purchase of Outputs. 3. Explicit or implicit contracts in which the purchasing agency, or section, ‘exchanges’ budgetary funds for the delivery of specified services by the provider agency or section. <p>Intra-public sector and intra-agency service agreements are based on the creation of an internal exchange relationship through the separation of purchaser, funder and needs assessment responsibilities from the service provision and management responsibilities.</p>
<i>Social Justice Measures</i>	Sometimes referred to as equity measures. These measures focus on the social impact of a service in terms of equity of service delivery, and equality of access and participation. These indicators measure the distribution of services, especially in relation to demographic characteristics and in accordance with various generally accepted criteria of fairness.
<i>Stakeholders</i>	People, organizations and agencies, other than those that are clients or customers, whose interests are affected by the provision of Outputs.
<i>Standards</i>	<p>Predefined levels of excellence or performance. Standards are often specified as minimum levels of excellence or performance.</p> <p>Standards relate to specific aspects of a product or service, such as the level and quality of client service, and can also be set for inputs, processes, various aspects of service delivery, and objectives.</p> <p>For Outputs, standards are set with the aim of defining a level of performance that is appropriate for the service and is expected to be achieved.</p>
<i>Standard of Service Measures</i>	Measures of the quality of service to clients focus on aspects such as client satisfaction with the way they are treated; comparison of current standards of service with past standards; and appropriateness of the standard of service to client needs.
<i>Sustainability</i>	The persistence of impact or results over time.
<i>Targets</i>	Targets are agreed levels of performance to be achieved within a specified period of time. Targets are usually specified in terms of the actual quantitative results to be achieved or in terms of productivity, service volume, service-quality levels or cost effectiveness gains. Agencies are expected to assess progress and manage performance against targets. A target can also be in the form of a standard or a benchmark.
<i>Workload Measures</i>	Measure process and effort. Examples of workload measures are throughputs, production rates, and activity counts. These measures provide evidence of how hard people are working and are useful in managing an organization. They may also provide information helpful in understanding the performance of an agency and the context within which it operates. However, they do not measure performance and, therefore, do not provide evidence about whether the agency is accomplishing anything.
<i>Accountability Reporting</i>	Measures used for accountability reporting are concerned with measuring either something that an agency’s managers need to know, or something that is required to be reported externally.

Volunteers 101



One of the best overall resources for guidance on setting up a volunteer component to an organization was done by the Substance Abuse Mental Health Services Administration and is located at http://www.samhsa.gov/FBCI/Volunteer_handbook.pdf. A copy can also be found at <http://stanrockwell.com/jccems.html>.

Energize, Inc. also has an excellent list of articles covering all aspects of recruitment and retention at <http://www.energizeinc.com/art/subj/recruit.html>. What follows is a sample article:

Barriers to Volunteering: Hidden Messages in Your Recruitment

By Susan J. Ellis

Appeared as an "*On Volunteers*" column in *The NonProfit Times*

Have you been successful in recruiting volunteers in the past but now seem to have hit a wall of apathy? Are there populations you'd love to involve but who do not seem attracted to your organization?

Maybe the problem lies in the hidden messages of your recruitment techniques. Consider the following key elements of volunteer recruitment and what image you are conveying to prospects:

Your language

Whether in a brochure, on a poster, or in a speech, your choice of words communicates much more than literal meaning. For example, what level of education is required for the volunteer assignment and what level are you implying with your word choice? If you need candidates with

strong verbal skills, go ahead and use whatever vocabulary you wish. But if you are more interested in qualities of prospective volunteers other than formal education, review your words more carefully.

If the language of your recruitment materials is erudite (with words like "erudite"), people without confident in their reading or writing skills will automatically feel excluded. This is also true for people for whom English is a second language.

The idea is not to "dumb" down recruitment material; just to consider whether you are unnecessarily implying that applicants are expected to have college degrees. Shorter, more common words will be most welcoming

Another turn-off is jargon. Almost every organization evolves its own set of abbreviations, acronyms, and terminology that everyone already on board understands but becomes unintelligible to outsiders. The best way to avoid jargon is to give a draft of your material to someone who does not work in your agency - your spouse, the mail carrier, a colleague in another state.

Only distribute materials in another language if someone in your office is capable of answering the telephone, interviewing and generally working with volunteers who are non-English speakers. What you really want is bilingual volunteers fluent in both English and another language. So you can recruit them in English.

Finally, assess your use of the word "volunteer." As this column has recently discussed, the label of "volunteer" is not universally welcomed. Vary your vocabulary as fits your target audience.

Use terms like community service, helping out, taking action, making a difference. Also remember that volunteer is a pay category, not a title.

Never head a poster "Volunteers Wanted." What does this mean? Unpaid workers wanted? To do what? Instead, emphasize the title of the assignment itself. Recruit for tutors, mentors, cyber deputies, origami experts, whatever.

Photographs and artworks

A picture is indeed worth a thousand words, but the wrong picture can do a lot of harm. The general public has many misconceptions about volunteering, with long-standing stereotypes about who volunteers are and what they do. So, be careful not to feed the stereotype.

The best approach with photographs is to use as many as possible, with a wide range of activities and types of people pictured. This is a bonus on a Web site, where it costs nothing to post additional images. On a short printed brochure, however, you'll have to make choices. It may be better to select a non-representational graphic rather than convey only one small component of your program in one photo.

Think about whether your photographs convey the right recruitment message. Do they picture the type of people you hope to attract? Depending on what matters to you, mix and match the following images:

- Men and women;
- A variety of ages and races;
- Volunteers actually doing something, not just sitting around or posing for the camera;
- Smiles;
- Business or casual clothing;
- Warmth and energy.

What you want is for someone to look at the pictures and think, "I could fit in there."

Where you place materials

There is no mystery to recruiting a diverse corps of volunteers: ask a diverse audience of prospects. If you want to recruit African-American men, don't give a speech at the Polish-American Woman's Club.

This holds true for where you leave printed material. When you leave flyers or post bulletin board messages in different places around town, you clearly imply your desire for volunteers from those locations. It's obvious that a flyer seen at a senior center conveys an interest in senior volunteers, while one left in a college dormitory welcomes young adults.

The same is true for racial, ethnic and income diversity. Do some research. If you want reading tutors who are bilingual in Spanish, place recruitment announcements in the library branch that serves the Spanish-speaking part of town. Similarly if you place an exhibit booth at a Kwanzaa event, you won't have to point out that you want to recruit African-Americans.

The people who represent you

Just as with photographs and where you recruit, unspoken messages are conveyed by the people representing you. Successful recruiters do not have to look exactly like the audience they are addressing. But they need to look comfortable in the environment and be genuinely welcoming. They need to understand the expectations of the setting. Is this a place where casual clothes will seem insulting or where business clothes will seem officious? How prepared are these representatives for questions "off the script," particularly about the clients served?

If you are doing outreach to new audiences, it may work best to assign recruiters in pairs, making sure that the two representatives are different from each other, even if not a match to the target audience.

At least you will be showing that your organization already has variety. A slide show with many photographs of an array of faces will also convey your meaning.

The applicant's reception

It's amazing how many organizations totally undercut their recruitment efforts by ignoring what happens to prospects when they make the attempt to express interest in becoming a volunteer.

If you aren't sure how it feels to contact your agency for the first time, recruit a spy. Ask a friend or colleague to telephone or drop in with an inquiry about volunteer work. What happens?

- Does the voice mail system offer an option for contacting the volunteer office or does every caller have to know a person's name?
- If the right person is not in, how is the message taken on the phone? Is the prospective volunteer thanked for calling? Assured that s/he will be called back (or is the applicant asked to call back)?
- Is the receptionist or security guard friendly? Helpful?

When you are in the midst of a recruitment campaign, take a moment to inform the frontline personnel. It's amazing how helpful receptionists, secretaries, even custodians can be if they understand their role in the welcoming process. And don't overlook professional colleagues.

If they do not understand the importance of nurturing a potential volunteer making first contact, they may inadvertently sabotage the process by sounding hurried or disinterested on the telephone.

All of this in-house preparation goes double if you are trying to recruit a more diversified corps of volunteers. How ready is everyone if you are successful in attracting volunteers who look and perhaps act very different from what has been the norm?

It's just as important to assure the receptivity of volunteers already on board. How long will new volunteers stick around if they are treated coldly by the existing corps of workers? Don't leave good relationships to chance. Involve current volunteers in the plans to recruit a more diverse group of volunteers and engage them in running orientation programs for the newcomers. Do some team building exercises.

In the last analysis, if the work you are asking volunteers to do is truly meaningful and you are sincerely interested in involving a wide range of participants, your message will be communicated.

Originally published as the bi-monthly column "On Volunteers" in The NonProfit Times, © January 2002.

<http://www.energizeinc.com/art/npbarriers.html>

More Resources for Your Volunteer Tool Box

<http://www.volunteermatch.org/> **Volunteer Match**

<http://www.nationalserviceresources.org/> **Corporation for National and Community Service**

(and <http://www.nationalserviceresources.org/sample-forms> and

<http://www.nationalserviceresources.org/connect>)

Disaster Behavioral Health



Adapted from the *Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan Appendix D-1*

Disaster Behavioral Health Concepts

Definition of Disaster Behavioral Health

Disaster behavioral health is a departure from traditional behavioral health practice in many ways. Disaster behavioral health interventions are designed to address incident specific stress reactions, rather than ongoing or developmental behavioral health needs. Outreach and crisis counseling activities are the core of disaster behavioral health activities. Behavioral health professionals work hand in hand with paraprofessionals, volunteers, community leaders, and survivors of the disaster in ways that may differ from their formal clinical training.

Key Concepts of Disaster Behavioral Health

1. NO ONE WHO SEES A DISASTER IS UNTOUCHED BY IT.

In any given disaster, loss and trauma will directly affect many people. In addition, there are many other individuals who are emotionally impacted simply by being part of the affected community. A disaster is an awesome event. Simply seeing massive destruction and terrible sights may evoke deep feelings. Often residents of disaster stricken communities report disturbing feelings of grief, sadness anxiety and anger, even when they themselves are not directly impacted. Such strong reactions confuse them when, after all, they were spared any personal loss.

2. THERE ARE TWO TYPES OF DISASTER TRAUMA.

There are two types of disaster trauma that can occur jointly and continuously in most disasters: individual and collective. Individual trauma is defined as “a blow to the psyche that breaks through one’s defenses so suddenly and with such brutal force that one cannot react to it effectively.” Individual trauma manifests itself in the stress and grief reactions which individual survivors experience.

Collective trauma is a “blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community.” Collective trauma can sever the social ties of survivors with each other and with the locale. These may be ties that could provide important psychological support in times of stress. Disaster disrupts nearly all activities of daily living and the connections they entail. People may relocate to temporary housing away from their neighbors and other social supports such as church, clinics, childcare, or recreation programs.

Work may be disrupted or lost due to business failure, lack of transportation, loss of tools, or a worker’s inability to concentrate due to disaster stress. For children, there may be a loss of friends and school relationships due to relocation. Fatigue and irritability can increase family conflict and undermine family relationships and ties.

3. MOST PEOPLE PULL TOGETHER AND FUNCTION DURING AND AFTER A DISASTER, BUT THEIR EFFECTIVENESS IS DIMINISHED.

There are multitudes of stressors affecting disaster survivors. In the early “heroic” and “honeymoon” phases there is much energy, optimism and altruism. However, there is often a high level of activity with a low level of efficiency. As the implications and meaning of the losses become more real, grief reactions may intensify. As fatigue sets in and frustrations and disillusionment accumulate, more stress symptoms may appear. Diminished cognitive functioning (short-term memory loss, confusion, difficulty setting priorities and making decisions, etc.) may occur because of stress and fatigue. This can impair survivors’ ability to make sound decisions and take necessary steps toward recovery and reconstruction.

4. DISASTER STRESS AND GRIEF REACTIONS ARE NORMAL RESPONSES TO ABNORMAL EVENTS.

Most disaster survivors are normal persons who function reasonably well under the responsibilities and stresses of everyday life. However, with the added stress of disaster, most individuals usually show some signs of emotional and psychological strain. These reactions are normal reactions to an extraordinary and abnormal situation, and are to be expected under the circumstances. Survivors, residents of the community, and disaster workers alike may experience them. These responses are usually transitory in nature and very rarely imply a serious mental disturbance or mental illness. Contrary to myth, neither post-traumatic stress disorder nor pathological grief reactions are rampant following a disaster.

The post-traumatic stress process is a dynamic one, in which the survivor attempts to integrate traumatic event into his or her self-structure. The process is natural and adaptive. It should not be labeled pathological (“a disorder”) unless it is prolonged, blocked, exceeds a tolerable quality, or interferes with regular functioning to a significant extent.

Grief reactions are a normal part of the recovery from disaster. Not only may individuals lose loved ones, homes and treasured possessions, but hopes, dreams, and assumptions about life and its meaning may be shattered. The grief response to such

losses are common and are not pathological (warranting therapy or counseling), unless the grief is an intensification, a prolongation or an inhibition of normal grief.

Relief from stress, the ability to talk about the experience, and the passage of time usually leads to the reestablishment of equilibrium. Public information about normal reactions, education about ways to handle them and early attention to symptoms that are problematic can speed recovery and prevent long-term problems.

5. MANY EMOTIONAL REACTIONS OF DISASTER SURVIVORS STEM FROM PROBLEMS OF LIVING CAUSED BY THE DISASTER.

Because disaster disrupts so many aspects of daily life, many problems for disaster survivors are immediate and practical in nature. People may need help locating missing loved ones; finding temporary housing, clothing, and food; obtaining transportation; applying for financial assistance, unemployment insurance, building permits, income tax assistance; getting medical care, replacement of eyeglasses or medications; obtaining help with demolition, digging out and clean-up.

6. DISASTER RELIEF PROCEDURES HAVE BEEN CALLED “THE SECOND DISASTER”.

The process of obtaining temporary housing, replacing belongings, getting permits to rebuild, applying for government assistance, seeking insurance reimbursement and acquiring help from private or voluntary agencies is often fraught with rules, red tape hassles, delays and disappointment.

People often establish ties to bureaucracies to get aid they can get nowhere else. However, the organizational style of the aid-giving bureaucracies is often too impersonal for survivors in the emotion-charged aftermath of the disaster. To complicate the matter, disasters and their special circumstances often foul up the bureaucratic procedures even of organizations established to handle disaster. Families are forced to deal with organizations that seem or are impersonal or inefficient.

7. MOST PEOPLE DO NOT SEE THEMSELVES AS NEEDING BEHAVIORAL HEALTH SERVICES FOLLOWING A DISASTER, AND WILL NOT SEEK OUT SUCH SERVICES.

Many people equate “mental health services” with being “crazy.” To offer behavioral health assistance to a disaster survivor may seem to add insult to injury – “First I have lost everything and now you think I’m mentally unstable.” In addition, most disaster survivors are overwhelmed with the time-consuming activities of putting the concrete aspects of their lives back together. Counseling or support groups may seem esoteric in the face of such pragmatic pressures. Very effective behavioral health assistance can be provided while the worker is helping survivors with concrete tasks.

8. SURVIVORS MAY REJECT DISASTER ASSISTANCE OF ALL TYPES.

People may be too busy cleaning up and dealing with other concrete demands to seek out services and programs that might help them. Initially, people are relieved to be alive and well. They often underestimate the financial impact and implication of their losses,

and overestimate their available financial resources. The bottom-line impact of losses is often not evident for many months or, occasionally, for years.

The heroism, altruism, and optimism of the early phases of disaster may make it seem that “others are so much worse off than I am.” For most people, there is a strong need to feel self-reliant and in control. Some people equate government relief programs with “welfare.” For others, especially recent immigrants who have fled their countries of origin because of war or oppression, government is not to be trusted. Pride may be an issue for some people. They may feel ashamed that help is needed, or may not want help from “outsiders.” Tact and sensitivity to these issues are important.

9. DISASTER BEHAVIORAL HEALTH ASSISTANCE IS OFTEN MORE “PRACTICAL” THAN “PSYCHOLOGICAL” IN NATURE.

Most disaster survivors are people who are temporarily disrupted by a severe stress, but can function capably under normal circumstances.

Much of the behavioral health work at first will be to give concrete types of help. Behavioral health personnel may assist survivors with problem-solving and decision-making. They can help them to identify specific concerns, set priorities, explore alternatives, seek out resources and choose a plan of action. Behavioral health staff must inform themselves about resources available to survivors, including local organizations and agencies in addition to specialized disaster resources. Behavioral health workers may help directly with some problems, such as providing information for filling out forms, helping cleanup, locating health care or child care, and finding transportation. They may also make referrals to specific resources such as assistance with loans, housing, employment, permits.

In less frequent cases, individuals may experience more serious psychological responses such as severe depression, disorientation, immobilization, or an exacerbation of prior mental illness diagnosis.

These situations will likely require referral for more intensive psychological counseling. The role of the disaster behavioral health worker is not to provide treatment for severely disturbed individuals directly, but to recognize their needs and help link them with an appropriate treatment resource.

10. DISASTER BEHAVIORAL HEALTH SERVICES MUST BE UNIQUELY TAILORED TO THE COMMUNITIES THEY SERVE.

The demographics and characteristics of the communities affected by disaster must be considered when designing a behavioral health program. Urban, suburban and rural areas have different needs, resources, traditions and values about giving and receiving help. It is essential that programs consider the ethnic and cultural groups in the community and provide services that are culturally relevant and in language of the people.

Disaster recovery services are best accepted and utilized if they are integrated into existing, trusted community agencies and resources. In addition, programs are most

effective if workers are from the community and its various ethnic and cultural groups are integrally involved in service delivery.

11. BEHAVIORAL HEALTH STAFF NEED TO SET ASIDE TRADITIONAL METHODS, AVOID THE USE OF “MENTAL HEALTH” LABELS, AND USE AN ACTIVE OUTREACH APPROACH TO INTERVENE SUCCESSFULLY IN DISASTER.

The traditional, office-based approach is of little use in disaster. Very few people will come to an office or approach a desk labeled “mental health.”

Most often, the aim will be to provide human services for problems that are accompanied by emotional strain. It is essential not to use words that imply emotional problems, such as counseling, therapy, psychiatric, psychological, neurotic, or psychotic. Behavioral health staff need to use an active outreach approach. They must go out to community sites where survivors are involved in the activities of their daily lives. Such places include impacted neighborhoods, schools, disaster shelters, Disaster Application Centers, meal sites, hospitals, churches, community centers, and the like.

12. SURVIVORS RESPOND TO ACTIVE INTEREST AND CONCERN.

They will usually be eager to talk about what happened to them when approached with warmth and genuine interest. Behavioral health outreach workers should not hold back from talking with survivors out of fear of “intruding” or invading their privacy.

13. INTERVENTIONS MUST BE APPROPRIATE TO THE PHASE OF THE DISASTER.

It is important that disaster behavioral health workers recognize the different phases of disaster and the varying psychological and emotional reactions of each phase³. For example, it will be counterproductive to probe for feelings when shock and denial are shielding the survivor from intense emotion. Once the individual has mobilized internal and external coping resources, he or she is better able to deal with feelings about the situation. During the “heroic” and “honeymoon” phases, people are seeking and discussing the facts about the disaster, trying to piece the reality together and understand what has happened. They may be more invested in discussing their thoughts than talking about feelings. In the “disillusionment” phase, people will likely be expressing feelings of frustration and anger. It is not usually a good time to ask if they can find something “good” that has happened to them through their experience. Most people are willing and even eager to talk about their experiences in a disaster. However, it is important to respect the times when an individual may not want to talk about how things are going. Talking with a person in crisis does not mean always talking about the crisis. People usually “titrate their dosage” when dealing with pain and sorrow, and periods of normalcy and respite are also important. Talking about ordinary events and laughing at humorous points is also healing. If in doubt, ask the person whether they are in the mood to talk.

14. SUPPORT SYSTEMS ARE CRUCIAL TO RECOVERY.

The most important support group for individuals is the family. Workers should attempt to keep the family together (in shelters and temporary housing, for example). Family members should be involved as much as possible in each other's recovery.

Disaster relocation and the intense activity involved in disaster recovery can disrupt people's interactions with their support systems. Encouraging people to make time for family and friends is important. Emphasizing the importance of "rebuilding relationships" in addition to rebuilding structures can be a helpful analogy.

For people with limited support systems, disaster support groups can be very helpful. Support groups help to counter isolation. People who have been through the same kind of situation feel that can truly understand one another. Groups help to counter the myths of uniqueness and pathology. People find reassurance that they are not "weird" in their reactions. The groups not only provide emotional support, but survivors can share concrete information and recovery tips. In addition to the catharsis of sharing experiences, they can identify with others who are recovering and feel hope for their own situation. Behavioral health staff may involve themselves in setting up self-help support groups for survivors, or may facilitate support groups.

In addition, behavioral health workers may involve themselves in community organization activities. Community organization brings community members together to deal with concrete issues of concern to them. Such issues may include social policy in disaster reconstruction, or disaster preparedness at the neighborhood level. The process can assist survivors with disaster recovery not only by helping with concrete problems, but by reestablishing feelings of control, competence, self-confidence, and effectiveness. Perhaps most important, it can help to reestablish social bonds and support networks that have been fractured by the disaster.

Disaster Typologies

As defined under the **Stafford Act**, a major disaster is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Geography of a Disaster

A **Local Disaster** is any event real or perceived that threatens the well-being (life or property) of citizens in one municipality. A local disaster is manageable by local officials without a need for outside resources.

A **Regional Disaster** is any event real or perceived that threatens the well-being of multiple communities or contiguous geographic areas of Nebraska.

A **State Disaster** is any event, real and/or perceived, which threatens the wellbeing of citizens in multiple cities, counties, regions and/or overwhelms a local jurisdiction's ability to respond, or affects a State-owned property or interest. In these situations, the Governor is likely to issue a State Disaster Declaration.

A **Federally Declared Disaster** is any event, real and/or perceived, which threatens the well-being of citizens, overwhelms the local and State ability to respond and/or recover, or the event affects federally owned property or interests. If it appears that a disaster is of a magnitude to warrant a Presidential Disaster Declaration, then steps need to be taken to quantify the extent of needed human services to justify a request to receive federal funding for a Crisis Counseling Program (CCP). There are two types of Federally Declared Disasters: a) federally declared disasters eligible for public assistance and b) federally declared disasters eligible for individual assistance.

Types of Hazards

Natural disasters are of many types and have diverse characteristics. Their onset and duration can be rapid or slow, and the intensity of disruptions caused to people, property and human need vary greatly and are, in part, a product of the degree to which people are prepared, as well as the extent and severity of the event.

Natural disasters include many events such as floods, tornados, earthquakes, forest and bush fires. Natural disasters are often familiar to the survivors, and the affected communities may have developed a lot of experience with these particular hazards. Usually, these disasters are seen as unavoidable. Although early warning systems are developed to various degrees, the impact can be extremely powerful and may cause substantial destruction, social disruption and many secondary stressors, such as loss of both home and income.

Technological disasters are due to **human failures or accidents**, and are rarely preceded by warnings. Such incidents may have a sudden onset and produce reactions of shock. While the impact is extremely powerful, the destruction is often concentrated and causes little social disintegration. These disasters may result in a sense of loss of control, for which someone or some agency may be seen as responsible. The feeling that someone is to blame may make it more difficult for survivors to cope with the situation.

Security-related disasters are caused by **violence, war, and specific acts of human malevolence** (mass shootings, bombings). Chemical, biological and radiological (or nuclear) **terrorism** adds a new dimension to such human-made disasters. The threat may be sudden, focused or unfocused. The intent of such terrorism is, of course, to evoke terror, and the uncertainty and anxiety generated may lead to panic. Physical or physiological responses may be of 'epidemic' proportions, leading to further impact, even in otherwise unaffected populations.

Many authors have argued that human-caused disasters, both technological and security-related, are phenomenologically and etiologically different from natural disasters. Human-caused disasters seem to be more traumatic to mental health.

Their higher **unpredictability**, **uncontrollability** and culpability may partly account for this. Generally, natural and human-caused disasters are differentiated based on distinct qualities of the stressor (e.g. its **suddenness** and **severity**), mediating factors such as **sense of control** perceived by the victims, or modifying characteristics such as effect on **social support**. Each of these characteristics may theoretically have a differential effect on psychological outcomes.⁷

Psychological Phases of a Disaster

Heroic

This phase is characterized by individuals and the community directing inordinate levels of energy into the activities of rescuing, helping, sheltering, emergency repair, and cleaning up. This increased physiological arousal and behavioral activity lasts from a few hours to a few days.

Honeymoon

Despite the recent losses incurred during the disaster, this phase is characterized generally by community and survivor optimism. Survivors witness the influx of resources, national or worldwide media attention, and visiting VIPs who reassure them their community will be restored. Survivors begin to believe that their home, community, and life as they knew it will be restored quickly and without complications. However, generally by the third week, resources begin to diminish, the media coverage lessens, VIPs are no longer visiting, and the complexity of rebuilding and restoration becomes increasingly apparent. Concurrently, the increased energy that survivors and the community initially experienced begins to diminish and fatigue sets in, setting the stage for the next phase.

Disillusionment

Fatigue, irritating experiences, and the knowledge of all that is required to restore their lives combine to produce disillusionment. Survivors discover that: significant financial benefits are in the forms of loans rather than grants, home insurance is not what they understood it to be, and how politics rather than need can shape decisions. Often complaints about betrayal, abandonment, injustice, bureaucracy and incompetence are commonplace. Symptoms related to traumatic stress intensify and hope may diminish.

Reconstruction/Recovery

The groundwork laid during the previous months begins to produce observable changes. Applications have been approved, loans accepted, and reconstruction begins to take place. The majority of individuals regain their previous level of functioning. There is significant individual variance during this phase.

Essentially, some individuals are able to regain equilibrium within 6 months, while others it may often take between 18-36 months. A majority of survivors attribute their

increased appreciation of relationships, life, and their confidence to manage difficult circumstances to the lessons learned from the disaster.

Phases of Disaster Response for Organizations

Pre-Disaster/Preparation Phase

The primary goal during this phase is to insure that the behavioral health system continuously improves the capacity to competently respond to a disaster. During the pre-disaster phase, training and planning will occur that will increase the capacity of the system to respond to the needs precipitated by a disaster.

Immediate Response Phase

The primary goal during this phase is to ensure that there is an immediate and appropriate behavioral health response to the needs created by a disaster. During this phase crisis counseling services may be provided, often implementing the existing local capacity of the behavioral health system. If it appears that the behavioral health needs precipitated by the disaster require a response greater than the capacity of local resources, additional resources should be sought.

Long-term Response/Recovery Phase

Recovery services continue beyond the first month of the immediate phase of disaster response services, up to several years depending on the nature of the disaster. Local service providers will often be expected to address the needs of disaster survivors during the recovery phase. In the case of a Presidentially Declared Disaster, federal funding may be available for those who are eligible for individual assistance.

Terms and Acronyms

ARC (American Red Cross) - The American Red Cross is a congressionally= chartered, humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies

ASD (Acute Stress Disorder) – Acute Stress Disorder, or ASD, is a psychological diagnosis used to explain extreme reactions to stress above what is often expected as a normal response to disaster.

CDC (Centers for Disease Control)

CERT (pronounced 'sert'; Community Emergency Response Team) – The Community Emergency Response Team (CERT) is collection of individuals who are trained in basic disaster response skills, such as fire safety, search and rescue, team organization, and disaster medical operations. CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help.

CISD (Critical Incident Stress Debriefing) – CISD is a technique that is specifically designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing, ideally conducted near the site of the event, allows those involved with the incident to process the event and reflect on its impact. This is a central component of Critical Incident Stress Management. **See CISM.**

CISM (Critical Incident Stress Management) – CISM is an intervention protocol, consisting of several elements, that was developed specifically for dealing with traumatic events. This protocol is a formal, highly structured process for helping those involved in a traumatic event to share their experiences, vent emotions, learn about stress reactions and symptoms and receive referrals for further help if required.

CMHS (Center for Mental Health Services) – The CMHS is a federal agency contained within the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services. This organization is mandated to adopt a leadership role in mental health services delivery and policy development. Further, CMHS has a specific interest in Disaster Mental Health and has created a branch specifically for this focus. CMHS disaster mental health programs are conducted by the Emergency Mental Health and Traumatic Stress Services Branch of the Federal Center for Mental Health Services (CMHS). In partnership with the Federal Emergency Management Agency (FEMA), this Branch of CMHS is responsible for assessing, promoting, and enhancing the resilience of Americans in times of crisis. The Branch disseminates mental health information about disasters and traumatic events in print and on the Internet.

CCP (Crisis Counseling Assistance and Training Program) – The Crisis Counseling Training and Assistance Program is funded by the Federal Emergency Management Agency (FEMA) under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The purpose of the CCP is to support short term interventions with individuals and groups experiencing psychological sequelae to large scale disasters. The CCP is implemented as a supplemental assistance program available to the United States and its Territories, by the Federal Emergency Management Agency (FEMA).

CC (Crisis Counseling) – CC refers to the short term intervention that is focused upon assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors recover to their pre-disaster level of functioning

CSAT (Center for Substance Abuse Treatment) – The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), was congressionally mandated to expand the availability of effective treatment and recovery services for alcohol and drug problems.

Emergency – As defined by the Stafford Act an "Emergency" means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

DAC (Disaster Application Center)

DFO (Disaster Field Office) – usually staffed by FEMA

DHHS (Department of Health and Human Services)

DHS (Department of Homeland Security)

DMH (Disaster Mental Health)

DTAC (Disaster Technical Assistance Center)

ECC (Emergency Coordination Center)

EMS (Emergency Medical Services)

ESF (Emergency Support Function)

EOC (Emergency Operations Center) – A central location where government at any level can provide interagency coordination and executive decision-making for managing response and recovery

FEMA (Federal Emergency Management Agency) – FEMA is a federal agency affiliated with the Department of Homeland Security (DHS) that reports to the President. FEMA is also the lead federal agency for disaster/emergency management. However, FEMA cannot direct a state or its agencies.

Hazard – Any situation with the potential for causing damage to people, property or the environment.

Hazard Mitigation Plan – Hazard mitigation plan means the plan resulting from a systematic evaluation of the nature and extent of vulnerability to the effects of natural hazards present in society and includes the actions needed to minimize future vulnerability to hazards.

HAZMAT (Hazardous Materials) – This refers to substances that are flammable, corrosive, reactive or toxic chemical, infectious biological (etiologic) agent, or radioactive material. A hazardous material can be either a material intended for use or a waste intended to be treated or disposed of.

HHS – See DHHS

HRSA (pronounced 'her-sa'; Health Resources and Services Administration) – a division of HHS

ICC (Incident Command Center)

ICS (Incident Command System) – An all-hazards, functional incident management system that establishes common standards in organization, terminology, and procedures and further provides a means (unified command) for the establishment of a common set of incident objectives and strategies during multi-agency /multi-jurisdiction operations while maintaining individual agency/jurisdiction authority, responsibility, and accountability. The ICS is a component of the National Interagency Incident Management System (NIIMS).

ICU (Information Coordination Unit)

Immediate Response – Actions taken from the time a disaster/emergency strikes or is imminent to the time which Mental Health Response Teams (MHRT's) and other mental health responders begin leaving the scene and the transition to longer-term, follow-up services begin. **Please see MHRT**

ISP (Immediate Services Program) – This is the initial phase of a Crisis Counseling Program which includes screening techniques, as well as outreach services such as public information and community networking.

Immediate Services Application – The immediate Services Application is an application for funding for Immediate Services Crisis Counseling Program; this must be submitted within 14 days of the Presidentially Declared Disaster and is eligible for individual assistance.

JIC (Joint Information Center)

JOC (Joint Operations Center)

LEDRS (Livestock Emergency Disease Response System) – Veterinarians trained and deployed by the Nebraska Department of Agriculture to investigate suspected livestock disease.

Mental Health Needs Assessment – A mental health needs assessment is an assessment conducted by the state or local mental health agencies to determine the approximate size, cost, and length of the proposed mental health program.

The assessment also must identify why supplemental grant assistance will be needed. It is the basis for the Immediate Services Application (due 14 days following the Presidentially Declared Disaster) and therefore must be initiated as soon as possible.

MHRT (Mental Health Response Team) – MHRT's are multi-disciplinary teams of mental health professionals and paraprofessionals who provide necessary interventions in the initial phases of disaster/emergency recovery.

MMRS (Metropolitan Medical Response System) – This system is funded through the U.S. Department of Homeland Security and instituted in metropolitan areas of a certain size, including Omaha and Lincoln. The focus of this system is to focus on preparation and coordination of local law enforcement, fire, HAZMAT, EMS, hospital, public health, and other "first response" personnel plan to more effectively respond in the first 48 hours of a public crisis. **See also LMMRS, MOA or MOU (Memorandum of Agreement OR Memorandum of Understanding)**

NCP (National Oil and Hazardous Substances Pollution Contingency Plan)

– The federal government's blueprint for responding to both oil spills and hazardous substance releases. This is the result of our country's efforts to develop a national response capability and promote overall coordination among the hierarchy of responders and contingency plans.

NDMS (National Disaster Medical System) – The National Disaster Medical System (NDMS) is a section within the U.S. Department of Homeland Security, Federal Emergency Management Agency, Response Division, Operations Branch, and has the responsibility for managing and coordinating the Federal medical response to major emergencies and Federally declared disasters including: natural disasters, technological disasters, major transportation accidents, and acts of terrorism including weapons of mass destruction events.

Working in partnership with the Departments of Health and Human Services (HHS), Defense (DoD), and Veterans Affairs (VA), the NDMS Section serves as the lead Federal agency for medical response.

NDMSOSC (National Disaster Medical System Operations Support Center)

NICC (National Interagency Coordination Center)

Non-PDD (Non-Presidentially Declared Disasters) – A Non-PDD is a disaster or emergency of any magnitude, which does not receive a proclamation of Presidentially Declared Disaster.

NPSC (National Processing Service Center)

ODP (Office of Domestic Preparedness)

POA (Point of Arrival) – The designated location (typically an airport) within or near the disaster-affected area where newly arriving staff, equipment, and supplies are initially directed. Upon arrival, personnel and other resources are dispatched to either the DFO, a mobilization center, a staging area, or directly to

a disaster site.

POD (Point of Departure) – The designated location (typically an airport) outside the disaster-affected area from which response personnel and resources will deploy to the disaster area.

PDA (Preliminary Damage Assessment)

PDD (Presidentially Declared Disaster) – A PDD is any natural catastrophe (including any hurricane, tornado, storm, flood, high water, wind driven water, tidal wave, tsunami, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Federal Disaster Relief Act. The PDD grant is intended to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering.

PIO (Public Information Officer)

Presidentially Declared Emergency – A Presidential Declared Emergency is any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to lessen or avert the threat of a catastrophe in any part of the United States.

PTSD (Post-Traumatic Stress Disorder) – Posttraumatic Stress Disorder, or PTSD, is a psychological disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape.

People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

RSP (Regular Services Program) – A Regular Services Program is a continuing portion of a Crisis Counseling Program designed to provide crisis counseling, community outreach, and consultation and education services to people affected by the disaster for the purpose of relieving continued emotional problems caused by the disaster. Funding is available for a period of 9 months beyond the 60 days of an Immediate Service Program for purposes of providing disaster crisis counseling services.

Robert T. Stafford Disaster Relief and Emergency Assistance Act – Public Law 93-288, as amended (P.L. 100-707); an act intended to provide an orderly and continuing means of assistance by the federal government to state and local government in carrying out their responsibilities to alleviate the suffering and damage which results from disaster/emergencies.

SAMHSA (pronounced 'sam-sa'; Substance Abuse and Mental Health Services Administration) – an independent agency of the U.S. Department of Health and Human Services (HHS) that was created to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. **See also CMHS and CSAT.**

SITREP (Situation Report)

Stafford Act - See Robert T. Stafford Disaster Relief and Emergency Assistance Act

Terrorism – As defined by the FBI, terrorism is the unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in the furtherance of political or social objectives.” This definition includes three elements: terrorist activities are illegal and involve the use of force, the actions are intended to intimidate or coerce, and the actions are committed in support of political or social objectives.

VAL – Department of Homeland Security Voluntary Agency Liaison

VOAD (pronounced ‘voh-ad’; **Voluntary Organizations Active in Disasters**) or **NVOAD (National Voluntary Organizations Active in Disasters)** – This is a nation-wide coalition that is comprised of individual member organizations that typically specialize in an aspect of disaster response. Different organizations often have different specialty areas, so that by working in concert, they are able to provide a range of services with little duplication.

WMD (Weapons of Mass Destruction)

Websites

Government Agencies

Administration on Aging: Disaster Assistance Resources

http://www.aoa.gov/eldfam/Disaster_Assistance/Disaster_Assistance.asp

Links to web-based resources for older persons, their families and caregivers

Centers for Disease Control – Emergency Preparedness and Response

www.bt.cdc.gov and <http://www.bt.cdc.gov/mentalhealth/>

The Center for Disease Control is a governmental organization that is charged with the task of protecting the health of the populace. This includes: agents of bioterrorism, chemical agents, radiation emergencies, mass trauma, natural disasters, outbreaks of disease (i.e. SARS, Influenza, etc.)

Federal Emergency Management Agency (FEMA)

<http://www.fema.gov/>

An agency in Homeland Security, whose mission is to reduce loss of life and property and protect our nation's critical infrastructure from all types of hazards through a comprehensive, risk-based, emergency management program of mitigation, preparedness, response and recovery.

FirstGov: America Responds

<http://www.firstgov.gov/Topics/Usgresponse.shtml>

This site lists information on preparing for emergencies and disasters, information on chemical and biological weapons, safe travel tips, and a personnel locator.

Guide to Citizen Preparedness

<http://www.citizencorps.gov>

Citizen Corps, a component of USA Freedom Corps, was created to help coordinate volunteer activities. It provides opportunities for people to participate in a range of measures to make their families, their homes, and their communities safer from the threats of crime, terrorism, and disasters of all kinds.

National Institute of Mental Health - Information About Coping with

Traumatic Events

<http://www.nimh.nih.gov/healthinformation/traumaticmenu.cfm>

The National Institute of Mental Health conducts research not only on a wide range of mental health disorders, but also on the reactions that occur in a time of crisis or terror.

Substance Abuse and Mental Health Services Administration

• Disaster Technical Assistance Center

<http://www.mentalhealth.samhsa.gov/dtac/default.asp>

Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Disaster Technical Assistance Center (DTAC) helps SAMHSA ensure that our Nation is prepared and able to respond rapidly when events increase the need for trauma-related mental health and substance abuse services.

See also <http://www.samhsa.gov/trauma/index.aspx>

• Emergency Services

<http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp>

This site provides tips for talking about disaster. Some materials are available in Spanish. Includes links to other relevant mental health information.

U.S. Census Bureau

<http://www.census.gov/>

This is a link to the United States Census Bureau that provides a wealth of information regarding people (i.e. income, housing, population estimates), Businesses (i.e. economic census, government, etc.), Geography (Maps, etc.) and Current Events (i.e. recent news releases, etc). This site is often extremely valuable when writing grants and proposals.

U.S. National Library of Medicine

<http://www.nlm.nih.gov/medlineplus/biodefenseandbioterrorism.html>

This MEDLINE Plus site provides links to information on dealing with emergencies and disasters.

U.S. Food and Drug Administration

<http://www.fda.gov/oca/sthealth.htm>

This site lists contact information for each State Health Agencies and links to their web sites.

General Information About Psychological Responses to Emergencies

American Psychological Association Disaster Response Network

<http://www.apa.org/practice/drnindex.html>

American Red Cross

<http://www.redcross.org/>

Dart Foundation - PTSD

Gateway to Post Traumatic Stress Disorder Information

<http://www.ptsdinfo.org/>

This link service is a public Service of the Dart Foundation. It is a gateway to four nonprofit sites that offer PTSD information and resources.

David Baldwin's Trauma Information Pages

<http://www.trauma-pages.com/>

The purpose of this private site is to provide information for clinicians and researchers in the traumatic-stress field. This site includes both clinical and research aspects of trauma responses and their resolution.

International Society of Traumatic Stress Studies

<http://www.istss.org/>

The International Society for Traumatic Stress Studies provides a forum for the sharing of research, clinical strategies, public policy concerns, and theoretical formulations on trauma.

National Center for Post-Traumatic Stress Disorder

<http://www.ncptsd.org/>

The National Center for Post-Traumatic Stress Disorder is involved in multidisciplinary activities in research, education, and training related to PTSD.

National Mental Health Association

<http://www.nmha.org/reassurance/anniversary/index.cfm>

The National Mental Health Association has prepared several fact sheets for adults, seniors, children, individuals with mental illness, employers, and physicians on coping with war-related stress and terrorism. Many are also available in Spanish.

National Rural Behavioral Health Center

<http://www.nrbhc.org/disaster.asp>

This is the National Rural Behavioral Health Center rural disaster page.

National Voluntary Organizations Active In Disaster

<http://www.nvoad.org/>

NVOAD coordinates planning efforts by many voluntary organizations responding to disaster. Member organizations provide more effective and less duplication in service by getting together before disasters strike..

New South Wales Disaster Mental Health

http://www.nswiop.nsw.edu.au/Resources/Disaster_Handbook.pdf

This is a link to the New South Wales Disaster mental health handbook for professionals

New York State Office of Mental Health

<http://www.omh.state.ny.us/omhweb/crisis/crisiscounseling10.html>

This is the New York training outline for mental health professionals & nonprofessionals.

Relief Web

<http://www.reliefweb.int/w/rwb.nsf>

Relief Web is an electronic clearinghouse for those needing timely information on humanitarian emergencies and natural disasters – designed specifically to help the humanitarian community improve its response to emergencies.

Sweeney Alliance

<http://www.sweeneyalliance.org/>

The Sweeney Alliance is a nationally recognized non-profit organization that provides help to families and professionals coping with grief and stress.

Uniformed Services University of the Health Sciences

<http://www.usuhs.mil/psy/infectiousoutbreaks.html>

Site provides a wide range of useful links to sites and documents related to mental health and management of bioterrorism or public health perspective including risk communication, evidence-based practices and information about biological agents.

Resources for Faith Communities

American Academy of Experts in Traumatic Stress

www.aaets.org/arts/art82.htm

Article discusses roles of funeral, memorials, and spiritual fellowship for communities affected by disaster as well as the effectiveness of pastoral counseling.

Church World Service

<http://www.cwserp.org/training/>

This is the Church World Service disaster information for faith communities.

International Critical Incident Stress Foundation, Inc. – Pastoral Care

www.icisf.org/articles/Acrobat%20Documents/Pastoral%20Care/Special%20Article%20Everly.pdf

This is a link to a brief article that describes approach to pastoral care in an emergency or disaster event. Also includes links to related mental health sites.

National Center for PTSD

- www.ncptsd.org/publications/cq/v5/n1/decker.html

Sponsored by the national PTSD organization, this article discusses spiritual themes that may arise in secular therapy and distinguishes therapist role from spiritual adviser role.

- www.ncptsd.org/publications/cq/v5/n1/drescher.html

Addresses spirituality as a post-trauma coping resource and discusses group approaches.

- www.ncptsd.org/topics/spirituality.html

This provides lists spirituality-related fact sheets, articles, videos and website links sponsored by the National Center for PTSD.

National Council of Churches USA

www.nccusa.org/nmu/mce/childrenterrorism.html

Sponsored by the National Council of Churches, this site provides a short list of tips for talking to children about terrorism and also lists religious and secular resources for work with children.

Resources for Families

Casey Family Programs, National Center for Resource Family Support

<http://www.hunter.cuny.edu/socwork/nrcfcpp/support-and-retention/terrorism-and-trauma.html>

The National Center for Resource Family Support is a one-stop source of information, technical assistance, written materials, and referrals to both families and child welfare professionals who work with them.

Center for Mental Health Services – Child and Adolescent Trauma

<http://www.mentalhealth.org/child/childhealth.asp>

The Center for Mental Health Services sponsors this page on general topics related to child and adolescent mental health, including the Child Traumatic Stress Network and school violence prevention.

Center for Disease Control - National Advisory Committee on Children and Terrorism (NACCT)

<http://www.bt.cdc.gov/children/>

The National Advisory Committee on Children and Terrorism (NACCT) provides recommendations for the preparedness of the health care system to respond to bioterrorism as it relates to children.

Community Resilience Project – Children and adolescents

- <http://www.communityresilience.com/Information/DisasterWhatTeensCanDo.htm>

A short fact sheet for teens that provides suggestions for coping after a disaster based on what was learned from working with teens affected by the 1995 Oklahoma City bombing.

- <http://www.communityresilience.com/Information/StressManagementforTeensbrochure.htm>

Defines stress for teens, how to recognize it, ways to manage stress and three helpful stress relief activities.

Helping Children After A Disaster

<http://www.aacap.org/publications/factsfam/disaster.htm>

Strategies for parents who are comforting children after a disaster. It explains that children must be allowed to talk about the frightening parts of the disaster and that their experience must not be minimized.

Helping Children Cope After A Disaster

International Center to Heal Our Children

http://www.dcchildrens.com/about/abt5a_mn.asp

This site provides several online publications on the emotional responses of children to disasters.

National Child Traumatic Stress Network

<http://www.nctsn.org/>

The mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

National PTA: Helping Children Cope with Tragedy

<http://www.pta.org/parentinvolvement/tragedy/index.asp>

This website offered information on coping strategies such as how to adjust while living in a climate of uncertainty.

Substance Abuse and Mental Health Service Administration – Tips for Parents

<http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/tips.asp#parents>

Parents will find articles to guide them in providing mental health support for their children related to the emotional impact of war.

Resources for Educators

Community Resilience Project – Information for Parents and Children

<http://www.communityresilience.com/InformationForParentTeacher.htm>

Provides links to fifteen other resource pages to support parents and teachers in helping children cope.

National Center for Child Traumatic Stress

http://nctsn.org/nccts/nav.do?pid=ctr_schl This is a brief overview of child

trauma and additional websites provided by the National Center for Child Traumatic Stress about trauma risk, normal reactions, best practices and other resources.

Substance Abuse Mental Health Service Administration – Tips for Teachers

<http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/tips.asp#teachers>

Teachers will find articles at this SAMHSA site giving them tips and suggestions for responding to children of different ages. Information also describes signs and symptoms that may indicate stress or fear in a child and coping strategies for dealing with fear and anxiety.

Special Populations and Needs

After the Disaster: A Children’s Mental Health Checklist

http://www.fema.gov/kids/tch_mntl.htm

A checklist to assess a child’s mental health status, following a disaster or traumatic experience.

American Red Cross – Persons with Disabilities

<http://www.redcross.org/services/disaster/beprepared/prep.html>

This is a link that provides guidance on disaster preparedness for persons with disabilities.

National Center for PTSD – Substance Abuse

http://www.ncptsd.org/facts/disasters/fs_substance_disaster.html

This is a fact sheet prepared by the National Center for PTSD regarding substance abuse after disasters.

National Organization on Disability

- <http://www.nod.org/emergency/>

This is a list of links and resources to help individuals with disabilities and their families plan for emergencies or disasters.

- <http://www.nod.org/content.cfm?id=1267>

This link provides both text and PDF formats of the *Emergency Preparedness Initiative Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners & Responders*.

Cultural Competence

Federal Emergency Management Agency – Spanish Version

<http://www.fema.gov/spanish/>

Agencia Federal para el manejo de emergencias.

Massey University - Australasian Journal of Disaster and Trauma Studies

<http://www.massey.ac.nz/~trauma/issues/1999-2/doherty.htm>

This article reviews cross-cultural counseling research including studies involving disaster victims and workers in other cultures.

Project Liberty

<http://www.projectliberty.state.ny.us/Resources/PLcultural.htm>

A site developed as part of Project Liberty, New York’s crisis counseling program post 9/11. The page provides specific information about why cultural competence is important in disaster services, tips for crisis counselors for cross-cultural engagement and therapeutic alliances, and links to other related information.

Substance Abuse and Mental Health Services Administration (SAMSHA)

<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA03->

[3828/default.asp](#)

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations was developed to assist States and communities in planning, designing, and implementing culturally competent disaster mental health services for survivors of natural and human-caused disasters.

Support in the Workplace

American Psychological Association - Workplace

<http://www.apa.org/pubinfo/post911workplace.html>

A brief article developed by the American Psychological Association that describes effective practices for organizations to prepare their workforce for emotional aftermath of violence in the workplace.

Center for Mental Health Services – Disaster Worker Stress

<http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/tips.asp#workers>

This site sponsored by SAMHSA focuses on managing job related stress and more for emergency workers and mental health workers. It also links to a catalogue of disaster-related and other mental health information that can be downloaded or ordered free of charge.

National Mental Health Association

http://www.nmha.org/reassurance/workforce_printpage.cfm

A brief overview of how employers can support their workforce in the aftermath of a terrorist attack. It includes specific key messages for communication to employees.

What It Takes To Survive

Why some people walk away from a plane crash or thrive after a job loss, while others don't stand a chance. And what's luck got to do with it anyway?

Ben Sherwood

NEWSWEEK

From the magazine issue dated Feb 2, 2009

The knitting needle pierced her heart. Then it saved her life. Ellin Klor savors the irony, but it wasn't always so, especially when doctors cracked open her chest in the operating room to pry out the wooden needle that had punctured her breastbone and penetrated her right ventricle. Jan. 9, 2006, was her lucky day. After dinner with her family, the 58-year-old children's librarian was anxious to show the gang in her knitting group some new patterns, so she grabbed three bags stuffed with books, yarn and needles and headed to a friend's house in Palo Alto, Calif. Already late, she could tell from the other cars that some of the knitters had arrived. She hoisted her bags from the back seat. "The scourge of a librarian," she recalls, "carrying too much stuff around." Klor climbed the first of two wide steps, stubbed her foot and suddenly fell down, landing chest first on a sack filled with unfinished knitting. Klor, 5 feet 4 with soft hazel eyes and a generous, round face, had long considered herself a bit of a klutz, so her spill wasn't exactly a surprise. When she took a breath, her chest hurt, but she figured it was nothing. Inside, the knitters were

already working in the living room. Klor wanted to get started, but the ache in the middle of her chest was getting worse with each breath. It wasn't an ordinary pang. She looked down at her red Façonnable sweater and lifted it up. The next image is ingrained in her memory. A jagged splinter of a wooden knitting needle, nearly four inches long, was jutting from her chest. It had clearly broken in half, piercing her clothing and lodging in the middle of her bra right between her breasts. "Oh, my God," she whispered. Her friends gaped at the needle and urgently calculated the options. First and foremost, should they try to pull it out? "No, don't touch it," Klor declared. It was pure instinct: she didn't want anyone to go near the injury until she was at the hospital. Doctors would say later this was the first decision that helped save her life. Plucking the spike would have been like pulling a plug or uncorking a bottle, and she might have bled out in the living room.

Klor and her friends faced the next critical question: should they jump in a car and race to the emergency room? "No," Klor decided. "Call 911 right now." Waiting for the paramedics was a second lifesaving choice. If the needle had moved even the slightest amount in transit to the ER, the injury to her heart might have proved fatal. So Klor carefully sat down on a sofa to wait for the ambulance. She felt alert and even noticed something very odd. She had been impaled and yet there wasn't a single drop of blood anywhere. How was this possible? The next string of images flew by like a strange TV drama. Paramedics. Stretcher. Sirens. IV. Oxygen. Emergency room. CT scan.

At the Stanford University Medical Center in Palo Alto, Klor waited anxiously for the ER doctors to tell her the extent of her problems. To distract herself, she focused on her daughter, Callie. Her thoughts also turned to her husband, Hal, a rugged research engineer who once hiked two miles on a broken ankle. Sometimes he teased her lovingly that she was "a little wimpy." What would Hal say when he heard about this?

When the ER team finally briefed her on the results of her scans, she felt the first flood of fear. Their tone was urgent. The needle had penetrated her sternum, the long flat breastbone that's supposed to protect the heart, lungs and major blood vessels from trauma. Over the years, this team had extracted every imaginable object sticking from every conceivable body part, but they told her a knitting needle was unprecedented. Paparazzi style, a young doctor snapped her photo and then took mug-shot close-ups of the offending object. Then the doctors delivered the scary news: the point of the needle had grazed her heart, nicking the right ventricle. They could see internal bleeding. They needed to operate as soon as possible.

Less than an hour after her tumble, trauma surgeons would cut her open, crack her sternum, stitch up her heart, wire her breastbone back together and sew her up. They would leave a seven-inch scar from her neck to the middle of her chest. They would save her life. And then, by chance or fate, the knitting needle would save her life all over again. In fact, Klor's real struggle for survival was just beginning.

Why do some people live and others die? Why do a few stay calm and collected under extreme pressure when others panic and unravel? How do some bounce back from adversity while others collapse and surrender?

At ABC's "Good Morning America," where I worked as executive producer for two and a half years, I watched a veritable parade of survivors appear on television. The procession of death-defiers never seemed to stop, and I always wondered: How do these people endure their trials? Were they always so strong and resilient—or did these abilities suddenly materialize? And what do they know about surviving and thriving that we don't?

It's probably safe to say you're never going to end up with a knitting needle through the heart, but it's equally indisputable that eventually you will face some kind of life-changing crisis or struggle. How would you have responded if your airplane had landed on the icy Hudson River? Or what would you do if you were suddenly fired from your job or received a dire medical diagnosis? Dr. David Spain has a blunter way of putting it. He runs the trauma and critical-care department at Stanford Medical Center and sees what happens to regular people all the time. Every day, he says, some of us get dressed, kiss our families goodbye, walk out the door and get run over by cement trucks.

After two years of research, I discovered that everyone has a crisis personality—a Survivor IQ—that they marshal in a moment of adversity: a mindset and ways of thinking about a situation. The best survivors and thrivers understand that crisis is inevitable, and they anticipate adversity. Understanding that even misfortune gets tired and needs a break, they're able to hold back, identify the right moment and then do what they need to do. Psychologists have a clunky term for this: active passiveness. It means recognizing when to stop and when to go. In a critical sense, doing something can mean doing nothing. Action can be inaction, and embracing this paradox can save your life.

It was early Saturday morning, just 12 days after surgeons had delicately removed Ellin Klor's splinter and stitched her up. Klor had been home for a week, thankful for the attention of her husband and daughter, but she awoke with excruciating chest and back pain. Writhing and struggling to breathe, she had no idea what was happening, and she rushed to the emergency room.

Doctors poked and prodded her. They listened to her heart and lungs. They whispered their greatest fear: perhaps it was a pulmonary embolism, a potentially fatal blood clot in her lungs. They ordered immediate scans along with enough morphine to erase the pain.

When the doctors returned, they shook their heads and seemed confused. The tests were all negative. Her lungs were clear and her heart was healing just fine. So they explained it away as some kind of fleeting discomfort from surgery and gave her more painkillers before sending her home.

The next day, Klor was home alone when the phone rang. A radiologist from Stanford wanted to see her right away. At the hospital, the doctors explained the urgency. On a CT scan, the radiologist had detected a mass under her armpit. It looked like an enlarged lymph node, a telltale sign of breast cancer.

A decade earlier, she had battled the disease on the other side. But this was a brand-new malignancy and not a recurrence of the old tumor, which has lower survival rates. This was like

starting from square one, a brand-new battle. Klor felt so lucky that she let out a whoop when the doctor informed her that only one lymph node was implicated and the disease was contained.

The knitting needle through her heart had actually saved her life, her doctors said. If she hadn't gone to the ER—if she hadn't been screened with all those machines—the tumor probably wouldn't have been detected until it had grown and spread. Klor believes she's one of the luckiest people in the world. I didn't die from the knitting needle, she remembers thinking, So I'm not going to die from cancer.

Klor spent most of the year undergoing surgery, chemo and radiation. On every single trip to the doctor, she was accompanied by family or friends. During that time, she also managed to finish a quilt, knit shrugs, scarves and shawls, and watch her daughter grow up fast. Klor suffered plenty from the treatments, but she also discovered something she didn't know about herself. She had always struggled with a sensitive nature; at times, she had been vulnerable to depression. Physically, she wasn't very tough either. "I really have surprised myself," she says about her experience, adding, "I didn't think I had this kind of strength."

The blunt reality of survival is this: too many people perish when they shouldn't. They morph into marble instead of taking decisive action. Exploring this phenomenon is the main focus of Dr. John Leach, one of the world's leading experts on survival psychology. He has lived for more than 20 years in England's Lake District, where he teaches an advanced course in survival psychology at Lancaster University.

In November 1987, Leach was changing trains one night in London at the King's Cross Underground station, a sprawling hub that throbs with more than 30,000 passengers during rush hour. He noticed the "thickest, greasiest, most cloying smoke I've ever seen." At first, it didn't make sense. There were no flames—just acrid smoke like the kind that belches from a ship's funnel. Almost without thinking, he found his way up to ground level and hurried to the exit.

Today, more than 21 years later, most of the memories have faded, but Leach can still smell the foul smoke and hear the wail of a uniformed railway worker: "There are people dying down there." For some inexplicable reason, as the fire spread, trains kept on arriving in the station. Meanwhile, aboveground, officials unwittingly directed passengers onto escalators that carried them straight into the flames. Many commuters followed their routines despite the smoke and fire. They marched right into the disaster, almost oblivious to the crush of people trying to escape—some actually in flames. Thirty-one people perished in the King's Cross fire, and incredibly, the Underground staff never sprayed a single fire extinguisher or spilled a drop of water on the fire.

Leach has a name for this syndrome. It's called the "incredulity response." People simply don't believe what they're seeing. So they go about their business, engaging in what's known as "normalcy bias." They act as if everything is OK and underestimate the seriousness of danger. Some experts call this "analysis paralysis." People lose their ability to make decisions.

In any emergency, people divide into three categories, Leach says. First, there are the survivors like the 155 people on US Airways Flight 1549, who manage to save themselves in the worst

situations. Second, there are unavoidable fatalities: people who never have a chance, like so many of the 200,000 people in Southeast Asia who were swept away by the tsunami of 2004. Third, there are victims who should have lived but perished unnecessarily.

After examining countless disasters and categorizing the ways people respond to life-threatening situations, Leach came up with what might be called the theory of 10-80-10. First, around 10 percent of us will handle a crisis in a relatively calm and rational state of mind. The top 10 percent are leaders, like a few passengers on the US Airways flight who took charge and guided others off the plane.

Leach says the vast majority of us—around 80 percent—fall into the second category. In a crisis, most will "quite simply be stunned and bewildered." We'll find that our "reasoning is significantly impaired and that thinking is difficult." We'll behave in "a reflexive, almost automatic or mechanical manner." We'll sweat. We'll feel sick, lethargic, numb. Our hearts may race. And we'll experience "perceptual narrowing" or tunnel vision. We'll barely hear people around us. It's OK—it's not necessarily fatal—and it doesn't last forever. The key is to recover quickly from brain lock or analysis paralysis, shake off the shock and figure out what to do.

The last group—the final 10 percent—is the one you definitely want to avoid in an emergency. Simply put, the third band does the wrong thing. They behave inappropriately and often counterproductively. In plain terms, they freak out and can't pull themselves together. And they often don't survive.

Prof. Richard Wiseman can tell if you're lucky or unlucky just by handing you a newspaper and asking you to count the number of photographs in its pages. Some folks finish the job in a few seconds while others need a couple of minutes to tally all the pictures. The reason for the difference isn't that some people are better counters than others. Rather, the secret lies on page two of the newspaper where Wiseman has inserted a huge message in one-inch letters:

STOP COUNTING—THERE ARE 43 PHOTOGRAPHS IN THIS NEWSPAPER.

Believe it or not, many people actually miss this enormous headline in the paper. They're too busy counting photos to notice. The giant message isn't a trick. There really are 43 pictures in the paper. Professor Wiseman has found that if you see the announcement right away, you tend to be a lucky person open to random opportunities. By contrast, if you don't spot it, you're usually an unlucky person more likely to miss out on fortuitous possibilities.

Psychologists call this "inattention blindness"—we don't notice things when we don't pay real attention. One of the most famous studies of inattention blindness was conducted by Daniel Simons and Christopher Chabris in the elevator lobby of the 15th floor of the Harvard psychology department. One team of players wearing white shirts and another group dressed in black tossed two orange basketballs back and forth. Subjects were asked to watch a video of this ball-passing exercise and count the number of passes made by players dressed in white. After 45 seconds in one version of the video, a woman in a full gorilla costume walks right through the scene. The hairy ape is clearly visible crossing the screen for five seconds. Remarkably, 56 percent didn't even notice the gorilla right in the middle of the action. In another video, the

gorilla stops, faces the camera, pounds her chest and then marches off. The action lasts nine seconds, but again only 50 percent spotted the furry interloper.

How is it possible to miss the gorilla? And what does it tell us about survival? Professor Simons now teaches psychology at the University of Illinois at Urbana-Champaign. The main lesson and surprise of the gorilla experiment, he tells me, is how easy it is to miss something as obvious as a gorilla. "Distinctive and unusual objects do not automatically capture our attention," he says. Many other studies have demonstrated that it's difficult—if not impossible—to be aware of everything going on around you, or even right in front of you. One reason is that your eyes see in high resolution only within around two degrees of your focal point. In other words, no matter how good your eyesight, the vast majority of your surroundings are essentially out of focus. To understand, try holding your arm out in front of you and making the thumbs-up sign. The sliver of the world that you see in high resolution is only about as wide as your thumbnail. If you focus, say, on your cuticle, you'll immediately notice how the detail in your peripheral vision drops off dramatically.

The gorilla experiment is important, Simons says, because it shocks you into realizing how little of your environment you consciously perceive, especially if you're very focused on a specific task. Once you've gained this insight, Simons believes, you can start opening yourself up to all the possibilities that you may be missing. In everyday life, Simons recognizes there's no guarantee he'll notice a gorilla or cement truck coming right at him. This awareness has changed the way he interacts with the world. Especially when he's driving, he's more alert to potentially disastrous events, and he intentionally devotes attention to those dangers instead of assuming they'll immediately capture his eye.

When it comes to spotting hairy apes and red-light runners, Wiseman believes there's another important factor at work, too. Neuroticism is a personality trait of people who tend to be anxious, tense and sensitive to stress, he explains. In the gorilla experiment, people with high levels of neuroticism are very serious and intense about their assignment to count the number of basketball passes. People with low levels are calmer and less sensitive to stress. According to Wiseman, lucky people usually are more laid-back and open to life's possibilities—like giant headlines in his newspaper experiment—while unlucky people are more uptight, nervous and closed off.

If you want to test yourself, take a quick look at this domain name sometimes used by stress researchers: www.opportunityisnowhere.com.

What do you see? For many people, the web site seems discouraging: opportunity is nowhere. But others see the exact opposite: opportunity is now here. When it comes to hidden messages, lucky people perceive more of the world around them. "It is not that they expect to find certain opportunities, but rather that they notice them when they come across them," Wiseman writes in his book "The Luck Factor." This ability (or talent) "has a significant, and positive, effect on their lives."

Wiseman, who holds Britain's only professorship in the public understanding of psychology, at the University of Hertfordshire, has devoted a decade to exploring the secrets of serendipity. He

discovered that some people actually do have all the luck, while others are a "magnet for ill fortune."

"Luck is not a magical ability or a gift from the gods," Wiseman writes. "Instead, it is a state of mind—a way of thinking and behaving." Above all, he insists that we have far more control over our lives—and our luck—than we realize. Going back to the Italian Renaissance philosopher Niccolò Machiavelli, great thinkers and writers have argued that 50 percent or more of what happens in life is determined entirely by chance (or Fortuna, the Roman goddess of fortune). Wiseman says no way. He believes that only 10 percent of life is purely random. The remaining 90 percent is "actually defined by the way you think." In other words, your attitude and behavior determine nine tenths of what happens in your life. Wiseman has concluded that there are four reasons why good things happen to certain people.

First, lucky people frequently happen upon chance opportunities. "Being in the right place at the right time is actually all about being in the right state of mind," Wiseman writes. As his newspaper experiment shows, lucky people are more open and receptive to unexpected possibilities. They tend to be more relaxed about life, and they operate with a heightened awareness of the world around them. Quite simply, they spot and seize upon openings that other people simply miss. They also tend to be more social and maintain what Wiseman calls a "network of luck." Most of us know around 300 people on a first-name basis. According to Wiseman, that means you're only two handshakes away from 90,000 people who could bring chance opportunities into your life.

Second, lucky people listen to their hunches and make good decisions without really knowing why. Unlucky people, by contrast, tend to make unsuccessful decisions and trust the wrong people. "My interviews suggested that lucky people's gut feelings and hunches tended to pay off time and time again," Wiseman writes. "In contrast, unlucky people often ignore their intuition and regret their decision." In survival, this kind of instinct can make all the difference.

Third, lucky people persevere in the face of failure and have an uncanny knack for making their wishes come true. They're convinced that life's most unpredictable events will "consistently work out for them." Their world is "bright and rosy," Wiseman writes, while unlucky people expect that things will always go wrong. Their world is "bleak and black." When Wiseman gives lucky and unlucky people a puzzle that is actually impossible to solve, the reactions are very telling. "More than 60 percent of unlucky people said that they thought the puzzle was impossible, compared to just 30 percent of lucky people. As in so many areas of their lives, the unlucky people gave up before they even started."

Fourth, lucky people have a special ability to turn bad luck into good fortune. Of all four defining factors involved in luck, Wiseman believes this one plays the most important role in survival. Wiseman's conclusion echoes the work of Dr. Al Siebert, one of America's foremost authorities on survival psychology. After more than 40 years investigating what he calls "the survivor personality," Siebert believes, "life's best survivors not only cope well, they often turn potential disaster into a lucky development."

So in the end, what does it take to survive life's inevitable challenges? Clearly, no single theory can encompass every situation. No common denominator applies to every person or struggle. In some cases, the cosmic coin toss determines everything. Alzheimer's patients don't pick their DNA. Trauma victims don't choose the drunk drivers careening through the streets. Still, survival isn't entirely out of your hands. In fact, you control much more of your destiny than you may imagine. Above all, your mindset makes the difference. You can take care of yourself, pay attention to your surroundings and even count the rows to the emergency exit on an airplane. You can make your own luck in the worst situations. You can pray, too, if it suits you. There are as many ways into the Survivors Club as there are personalities.

Sherwood is a journalist, author and executive director of TheSurvivorsClub.org. This article is adapted from his new book, *The Survivors Club: The Secrets and Science That Could Save Your Life* (Grand Central Publishing, January 2009).

URL: <http://www.newsweek.com/id/181290>

© 2009

Caring for Yourself – From SAMHSA

1. Manage workload.

Set priority levels for tasks with a realistic work plan.

Delegate existing workloads so workers are not attempting disaster response in addition to their usual jobs.

2. Balance lifestyle.

Get physical exercise, and stretch muscles when possible.

Eat nutritiously, and avoid excessive junk food, caffeine, alcohol, or tobacco.

Get adequate sleep and rest, especially on longer assignments.

Maintain contact and connection with primary social supports.

3. Apply stress reduction techniques.

Reduce physical tension by activities such as taking deep breaths, meditating, and walking mindfully.

Use time off for exercise, reading, listening to music, taking a bath, talking to family, or getting a special meal.

Talk about emotions and reactions with coworkers during appropriate times.

4. Practice self-awareness.

Learn to recognize and heed early warning signs for stress reactions.

Accept that you may need help to assess problematic stress reactions.

Avoid overly identifying with survivors' and victims' grief and trauma, which may interfere with discussing painful material.

Understand differences between professional helping relationships and friendships.

Examine personal prejudices and cultural stereotypes.

Be mindful that vicarious traumatization or compassion fatigue may develop.

Recognize when a personal disaster experience or loss interferes with effectiveness.

Normal Reactions to a Traumatic Event

No one who responds to a mass casualty event is untouched by it.
Profound sadness, grief, and anger are normal reactions to an abnormal event.
You may not want to leave the scene until the work is finished.
You likely will try to override stress and fatigue with dedication and commitment.
You may deny the need for rest and recovery time.

Signs That You May Need Stress Management Assistance

Disorientation or confusion, and difficulty communicating thoughts.
Difficulty remembering instructions. Difficulty maintaining balance.
Becoming easily frustrated and being uncharacteristically argumentative.
Inability to engage in problem solving and difficulty making decisions.
Unnecessary risk taking.
Tremors, headaches, and nausea.
Tunnel vision and muffled hearing.
Colds or flu-like symptoms.
Limited attention span and difficulty concentrating.
Loss of objectivity.
Inability to relax when off duty.
Refusal to follow orders or to leave the scene.
Increased use of drugs or alcohol.
Unusual clumsiness.

Ways to Help Manage Your Stress

Limit on-duty work hours to no more than 12 hours per day.
Rotate work from high-stress to lower stress functions.
Rotate work from the scene to routine assignments, as practicable.
Use counseling assistance programs available through your agency.
Drink plenty of water, and eat healthy snacks such as fresh fruit, whole grain breads, and other energy foods.
Take frequent, brief breaks from the scene, as practicable.
Talk about your emotions to process what you have seen and done.
Stay in touch with your family and friends.
Participate in memorials and rituals, and use of symbols as a way to express feelings.
Pair up with another responder so that you may monitor one another's stress.

Helpful Resources

National Mental Health Information Center Toll-Free: 1-800-789-2647 (English and Español)
TDD: 1-866-889-2647 Web Site: www.mentalhealth.samhsa.gov
National Clearinghouse for Alcohol and Drug Information Toll-Free: 1-800-729-6686 (English and Español)
TDD: 1-800-487-4889 Web Site: www.ncadi.samhsa.gov
Treatment Locators
Mental Health Services Locator Toll-Free: 1-800-789-2647 (English and Español) TDD: 1-866-889-2647
Web Site: www.mentalhealth.samhsa.gov/databases
Substance Abuse Treatment Facility Locator Toll-Free: 1-800-662-HELP (4357) (24/7 English and Español)
TDD: 1-800-487-4889 Web Site: www.findtreatment.samhsa.gov

Hotlines

National Suicide Prevention Lifeline Toll-Free: 1-800-273-TALK (8255)TTY: 1-800-799-4TTY (4889)Web Site: www.suicidepreventionlifeline.org

*Office for Victims of Crime*Toll-Free: 1-800-851-3420TTY: 1-877-712-9279Web Site: www.ojp.usdoj.gov/ovc/ovcres/welcome.html

Other Resources

*Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health*Phone: 404-639-3311Toll-Free: 1-800-311-3435Web Site: www.cdc.gov/niosh/unp-trinstrs.html

Department of Veterans Affairs National Center for Post-Traumatic Stress Disorder Phone: 802-296-6300Web Site: www.ncptsd.va.gov

Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

KEN-01-0098Revised 4/07