**Technical Information Paper No. 33-001-0311**

PURPOSE. To provide guidance on crisis and emergency risk communication.

REFERENCE. Reynolds, B., J. Hunter-Galdo, and L. Sokler. 2002. *Crisis and Emergency Risk Communication,* Atlanta, GA: Centers for Disease Control and Prevention.

POINTS OF MAJOR INTEREST AND FACTS.

BACKGROUND

Decisions during a crisis situation must be made within a narrow time constraint, may be irreversible, and are often made with imperfect or incomplete information with uncertain outcomes. The goals of crisis communications are to provide information: (1) to allow stakeholders to make the best possible decisions about their well-being and (2) to help people accept the imperfect nature of choices during the crisis. Consider the five phases of a crisis (see Figure) when communicating during a crisis—
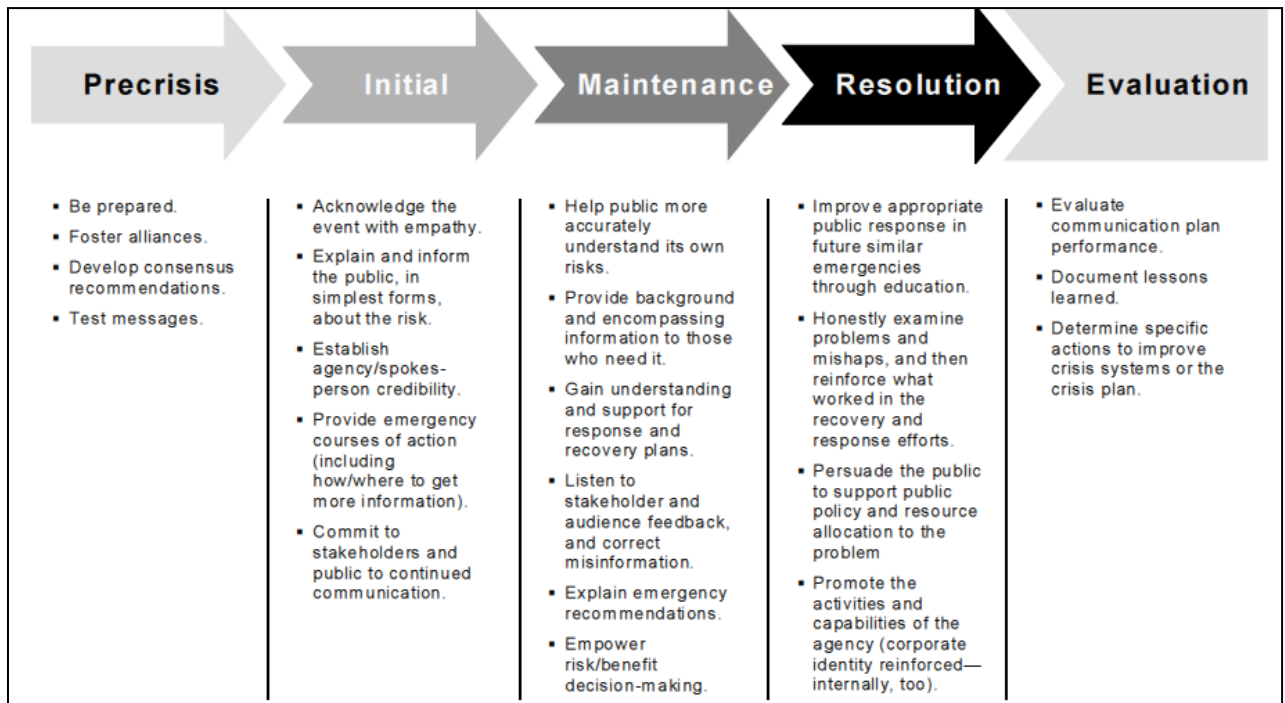
Five Phases of a Crisis and Communication Aspects Figure
(Source: Reynolds, 2002)

PHASES OF A CRISIS

1. Pre-crisis Phase. The earthquake, tsunami, and nuclear power events in Japan are already past the pre-crisis phase, which focuses on preparation and forming alliances.

2. Initial Response Phase. As of the date of this document, the **nuclear power plant** crisis is in between the initial response and crisis maintenance phase. An organization's reputation depends on what is said and not said. In other words, there is no second chance to get it right. Messages should demonstrate that an organization is addressing the issue appropriately and that its approach is reasonable, caring, and timely.

3. Crisis Maintenance. As of the date of this document, the **earthquake and tsunami** crises are in the maintenance phase. Ongoing public communications should continue to minimize rumors, address unexpected developments, continue to gauge the public's information need, and monitor and correct any misinformation.

4. Resolution. Organizational support starts to decline and the realities of the situation become apparent to include financial burdens and permanent life changes. This phase is a good time to reinforce public health messages and to start a public health campaign while the issue is current.

5. Evaluation. When the crisis is over, the evaluation phase is used to assess the effectiveness of communication activities. Leadership will be asked tough questions during this phase of the event as interest focuses on preventive measures in place (or not), the perceptions of specific groups or key leaders involved in the crisis related to stigma (e.g., religious groups, political groups), as well as the leadership's decision-making process.

PSYCHOLOGY OF A CRISIS

The U.S. Centers for Disease Control and Prevention research has found that when a crisis occurs or is looming, the public's ability to process information is clouded by psychological and stress responses to the crisis. When people experience a crisis, or when they are threatened in some way, those impacted will—

- Simplify information because they cannot physically process complex information. As a result, they tend to follow the lead of others or revert to habits, long-held traditions and stereotyping.

- Maintain current beliefs, and exploit what they view as contradictory information by interpreting it as consistent with existing beliefs.

- Rely on the first message they hear, even though more accurate information may follow.

- Scrutinize the intent of communications from Leadership if trust is low.

One of the public's primary crisis communication needs is for Leadership to address the questions: "Do you get it? Do you know what it's like for me (my family, us, and so forth) to face this kind of crisis?" While providing factual information about the crisis is important to everyone involved, the public will also gauge your organization's credibility on your willingness and ability to answer these key questions. This means that spokesperson empathy and willingness to verbally acknowledge the stress and uncertainties the recovering community is facing will be a vital first step in successful crisis and emergency risk communication.

SUMMARY

Although crisis events cannot be predicted, effective crisis and emergency risk communication efforts can help alleviate unnecessary public concern while delivering clear, accurate and timely facts. For additional information and CERC or health risk communication support, please contact the Health Risk Communication Program at the U.S. Army Institute of Public Health by e-mailing usachppmhrcp@AMEDD.ARMY.MIL or calling (410) 436-3515 or 1 (800) 222-9698.

PREPARED BY: MS. BETHNEY DAVIDSON

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