



CENTER FOR THE STUDY OF TRAUMATIC STRESS

A Leadership Document to Inform Planning,
Response and Policy for Workplace Preparedness
and Behavioral Risk Management
of Disaster and Terrorism

BASED ON A CONFERENCE:

*Workplace Preparedness and Response for Disaster and Terrorism:
Creating a Community of Safety, Health and Security through
Integration, Knowledge and Evidence-Based Intervention*

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Center for the Study of Traumatic Stress
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Workplace Preparedness and Response
for Disaster and Terrorism:
*Creating a Community of Safety, Health
and Security through Integration, Knowledge
and Evidence-Based Interventions*

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Executive Summary

In the United States, the workplace has been the primary target of terrorism and bioterrorism. Natural disasters such as Hurricanes Rita and Katrina have disrupted and in some instances destroyed industries, large and small, underscoring the vulnerability of occupational settings and the impact of disaster on the health, security and livelihood of individuals, families and communities. In June, 2006, the Center for the Study of Traumatic Stress of Uniformed Services University convened a conference, *Workplace Preparedness and Response for Disaster and Terrorism: Creating a Community of Safety, Health and Security through Integration, Knowledge and Evidence-Based Interventions*, to address workplace preparedness from the perspective of human continuity planning and behavioral risk management.

A broadened approach to workplace preparedness and behavioral risk management involves consideration of five critical areas for human continuity planning: 1) disaster behaviors, 2) psychological responses and interventions, 3) the cultural implications of disaster exposure, 4) the integration of key workplace functions for crisis planning including security, human resources, occupational health and employee assistance, and employee communications; and, 5) the coordination of private and public resources.

Inappropriate behavioral responses in the face of emergency lead to loss of life and injury. Nearly one in four WTC employees who survived 9/11 believed the roof could be used for evacuation and only one in ten had ever entered a stairwell as part of a fire drill. Workplace preparedness planning should educate leadership, management and employees about health sustaining disaster behaviors and promote the routine practice of drills that familiarize employees with exit routes and building specific features that can facilitate evacuation. While resilience is the most common response to disasters, traumatic events can result in a range of psychological responses including distress, psychiatric disorder and increased health risk behaviors (smoking, drug and alcohol misuse) that disrupt performance and productivity. Psychological First Aid (PFA) is an important evidence-informed post-disaster intervention to mitigate the psychological consequences of traumatic exposure and has been found to be helpful in restoring function and resilience. Knowledge and practical application of PFA and pre-event planning around the spectrum of responses to disasters are essential in order to minimize the psychological impact and health risk consequences that can result from disasters.

Disasters and terrorism open the fault lines of our society and expose and exac-

Workplace preparedness for disaster and terrorism requires human continuity planning and behavioral risk management of the psychological and health consequences of disasters.

erbate racial, ethnic, religious and economic differences. Occupational settings bring together and require the cooperation of individuals of diverse cultures, beliefs and behaviors. Workplaces must develop crisis plans that are responsive to these differences such as providing preparedness information and post-disaster services that are culturally appropriate and sensitive to diverse audiences and their needs.

The interface and cooperation of the public and private sector is essential in disaster planning and response. The public and private sectors bring different strengths that can be complementary and beneficial in planning and responding to disasters. To facilitate cooperation, the public and private sector must develop disaster planning and response policies and procedures that recognize and support human continuity as the core value. There should be collaborative, planning, practice and updating of disaster exercises.

Human continuity planning requires the integration of corporate security, human resources, occupational health (medical and Employee Assistance Program (EAP)), and senior corporate leadership (e.g. President/CEO), which is essential in establishing a corporate culture of preparedness. Corporate security can be influential in educating the workplace about disaster behaviors. Collaboration between security, human resources and occupational health addresses the ongoing accountability, communication and health of employees, and promotes practice of disaster behaviors such as evacuation, shelter-in-place, development of family communication plans and back to work policies.

Workplace preparedness for disaster and terrorism requires human continuity planning and behavioral risk management of the psychological and health consequences of disasters. Understanding the human continuity issues of workplace preparedness informs the development of psychological and behavioral risk interventions, which foster the resilience of organizations and employees as well as families, communities and the nation.

Sustaining human continuity in the workplace through preparedness planning and disaster response requires an integrated approach involving diverse workplace functions and resources.

Workplace Preparedness and Response for Disaster and Terrorism: *Creating a Community of Safety, Health and Security through Integration, Knowledge and Evidence-Based Interventions*

The impact of natural disasters and terrorism on our nation has drawn attention to the vulnerability of the workplace, and the importance of fostering and sustaining a workplace environment of safety, preparedness and health. In order to accomplish this, a broad approach to workplace preparedness is needed that addresses behavioral risk management. How do we motivate employees to prepare? How do we communicate the risks of not preparing? What constitutes workplace disaster leadership? How can such leadership reduce risk? Which workplace interventions are most effective in the immediate aftermath of disaster to mitigate distress, psychiatric disorder and health risk behaviors, and to foster resilience?

To address these issues, the Center for the Study of Traumatic Stress (CSTS) of the Uniformed Services University of the Health Sciences, convened a conference, *Workplace Preparedness and Response for Disaster and Terrorism: Creating a Community of Safety, Health and Security through Integration, Knowledge and Evidence-Based Intervention*, in June of 2006. Workplace professionals in the public and private sector and renowned academicians and policy-makers in disaster mental health and disaster planning and response presented findings from disaster research, and firsthand accounts of corporations and federal agencies involved in 9/11, the anthrax attacks and Hurricanes Katrina and Rita.

Sustaining human continuity in the workplace through preparedness planning and disaster response requires an integrated approach involving diverse workplace functions and resources. Protecting people, functions, community, environment and culture as well as the communications among family members is needed to sustain the individual. Within organizations, the collaboration of human resources, security, employee assistance and occupational health together with leadership and management can address work policies, behavioral health policies and safety.

To assist business and government stakeholders in workplace preparedness, the conference developed a broad perspective on human continuity planning and behavioral risk management, and identified actionable information. This information can inform workplace disaster training, evidence-based practices and workplace preparedness policy.

Sustaining human continuity in the face of traumatic events requires an understanding of disaster behavior, a concept that is at the core of employee preparedness.

Background

In June 2006, the CSTS held a national conference in Bethesda, Maryland to educate invited senior level workplace professionals and stakeholders about the psychological and behavioral health implications of disaster preparedness, response, and recovery. Over 65 individuals representing nearly 50 private and public workplaces participated. Attendees included global Fortune 500 corporations and federal and state agencies. Attendees represented diverse workplace functions from senior level security, occupational health and employee assistance, human resources and employee communication in a deliberate attempt to disseminate information across organizational silos and promote collaboration. The conference was funded by a Knowledge Dissemination Grant from the Substance Abuse Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services, the Alfred P. Sloan Foundation and Lehman Brothers.

The conference organizer, the CSTS, is part of the Department of Psychiatry of the Uniformed Services University Medical School. The CSTS studies the psychological effects and health consequences of exposure to disaster (including war and terrorism) from the cellular level to its impact on individuals, communities, and the nation. Since 1987 the center has been actively engaged in workplace disaster research, education, and consultation to both private and public employers, and has collaborated with federal, state, and local agencies to foster organizational planning, response, and recovery around natural disasters, terrorist incidents, and pandemic threat.

The CSTS conference addressed workplace preparedness from a human continuity perspective. The focus on human continuity highlights the importance of leadership and management in creating a workplace culture of safety and health on a day-to-day basis.

The conference underscored the importance of integrated workplace planning to preserve function, performance and health of organizations and their people. Through a review of findings from national disaster studies including Oklahoma City bombing, 1993 WTC bombing, the events of 9/11 and the anthrax attacks, and first hand accounts of private and public sector workplaces, the workplace attendees learned comprehensive strategies for preparing, responding and recovering from disasters and terrorism.

Behavioral Perspective of Workplace Preparedness for Disaster and Terrorism

“People will do anything in their power to not be alone during an emergency, especially a fire emergency. Group size is important. If the group is too large, it gets unwieldy and is not cohesive. If the group is too small, people linger because they are waiting for somebody to emerge to lead them.”

—Robyn Gershon, Ph.D.

Sustaining human continuity in the face of traumatic events requires an understanding of disaster behavior, a concept that is at the core of employee preparedness. Employee preparedness is an important element of behavioral risk management. Numerous studies (Aguirre et al., 1998; Gershon, 2005; Weisabeth, 1989) have provided evidence of inappropriate behavioral responses in the face of emergency leading to loss of life and injury. Health sustaining disaster

Knowledge of disaster behaviors (including evacuation, sheltering-in-place, quarantine, and developing family/work communication plans) is a necessary part of workplace preparedness and planning at all levels.

behaviors—human responses in the face of traumatic events—are not instinctive and are often counter-intuitive. They require planning, education, practice and leadership.

Recent studies of World Trade Center employees who survived the September 11 terrorist attacks showed that nearly one in four believed the roof could be used for evacuation and only one in ten had ever entered a stairwell as part of a fire drill (Gershon, 2005). Studies conducted after the 1993 World Trade Center explosion found that 32 percent of employees had not begun to evacuate the building an hour after the bomb detonated and 30 percent decided not to evacuate at all (Aguirre et al. 1998). In the many events, these behaviors described above could be the difference between life and death.

Knowledge of disaster behaviors (including evacuation, sheltering-in-place, quarantine, and developing family/work communication plans) is a necessary part of workplace preparedness and planning at all levels. These behaviors are often overlooked as important human continuity issues and health interventions in occupational settings, yet they are central to organizational resilience (Fullerton et al., 2003).

Workplace interventions to foster employee knowledge and learning of disaster behaviors include:

- Routine practice of drills that familiarize employees with exit routes and building specific features that can facilitate evacuation, or other disaster behaviors such as shelter-in-place
- Participation of leadership in planning and practice to model employee engagement and seriousness of purpose
- Family/work communication plans to alleviate the anxiety of knowing where, what and how loved ones will be accounted for
- Identifying and educating key individuals as floor directors to assist individuals and groups at the time of crisis
- Developing and delivering explicit communication plans to reach employees during and immediately after a disaster
- Planning for the disabled to include a buddy system, and alternative strategies in the absence of the “buddy”
- Encouraging proper shoes. Employees should have an extra pair of shoes that are comfortable for practice of drills and in the event of actual emergency
- Encouraging employee fitness for everyday health and the potentially strenuous task of high-rise evacuation
- Identifying “teachable moments” such as at the time of hire when people fill out paper work to involve the new employee in drills and workplace disaster protocol

Psychological Impact of Disasters

“When we think about workplace concerns, PTSD is only one part of the story. The range of problems is much broader. Depression, unexplained somatic symptoms and complaints, sleep disturbances, increased use of alcohol and cigarettes, traumatic grief, increased family violence and conflict, and over-

dedication to the group — all can be substantial problems in organizations.”

—Robert J. Ursano, M.D.

While resiliency is the expected outcome, disasters result in a wide range of psychological responses from distress to psychiatric disorders including depression, generalized anxiety and panic disorder, acute and post-traumatic stress disorder.

While resiliency is the expected outcome, disasters result in a wide range of psychological responses from distress to psychiatric disorders including depression, generalized anxiety and panic disorder, acute and post-traumatic stress disorder. There are a substantial number of psychological symptoms that can adversely affect workplace performance and supervisory employee interactions long before they come to health awareness, or the attention of the medical community. These workplace significant symptoms range from anger, paranoia, and fear, to sleep problems, social isolation, a breakdown in normal communication patterns and over dedication that can compromise an individual's health and performance.

Disasters also result in increased health risk behaviors such as smoking, drug and alcohol misuse, and family violence. Age, previous psychiatric history and gender predispose certain populations to psychiatric disorder and distress, i.e. women are more likely to experience PTSD and major depression after disasters, while men are at greater risk for substance abuse following disaster. Workplaces must plan for the fact that it does not require previous psychiatric illness to develop psychiatric illness after exposure to trauma.

The phases of disasters are significant markers of emotional reactions that can affect workplace morale and productivity. Cohesion is common in the early honeymoon phase, and anger more prevalent in the disillusionment phase that follows. Disasters are not local, and reverberate throughout organizations with regional, national and global impact.

Psychological First Aid (PFA) is an important evidence-informed post-disaster intervention to mitigate the psychological consequences of traumatic exposure, found to be helpful in restoring function and resilience (Stith et al., 2003). PFA is a behavioral risk management tool whose principles include safety, calming, efficacy, connectedness and hope. Analogous to other forms of First Aid (e.g. CPR), Psychological First Aid is intended to be delivered not only by behavioral health care specialists, but by a larger population of individuals who have received training in applying its core principles. These principles can also inform disaster leadership and risk communication.

An ideal mechanism for the delivery of PFA is an integrated workplace team made up of diverse functions such as occupational health, safety, human resources, and employee assistance whose role is to assess for risks that compromise or threaten human continuity. This team, sometimes referred to as the Critical Incident Needs Assessment Team (CINAT), helps identify vulnerable subpopulations that may be reluctant to seek help, provides educational briefings and materials on stress management and consults to leadership on principles of grief leadership. Delivering informational briefings and educational materials should not be confused with debriefing. The highly popularized intervention of debriefing used by many crisis management firms to industry has been found to not prevent PTSD and in some instances be more harmful than helpful.

There are behavioral consequences of disaster-related distress and psychiatric disorder such as presenteeism (showing up for work, but not performing) and

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impaired safety due to errors, which can create additional costs for employers beyond the healthcare costs associated with mental health treatment.

Workplace interventions to mitigate the psychological consequences of disaster and terrorism and to foster recovery include:

- Pre-event planning and resources that address the spectrum of responses to disasters, i.e. a workforce that is predominately male should anticipate increased use of alcohol and have health education materials and screening in place prior to a disaster
- Psychological first aid (PFA) in the immediate aftermath of disaster. Leadership, management and occupational health and employee assistance responders should learn and practice PFA, and integrate these principles into their role throughout the recovery phase. PFA is the recommended, post-disaster early intervention
- Transition back to work can be facilitated by flexible work hours, counseling services offered by and/or at the workplace, acts of compassion such as grief leadership (see Role of Leadership), and food – all are mental health tools for restoring function, safety and trust
- Referral for professional care is needed for those with continuing and impairing symptoms
- Bioterrorism and pandemic interventions include management of belief in exposure or perceived exposure (North et al., 2005) through workplace education and employee and family communication
- Attention to ongoing safety issues, adherence to prescribed medications given to protect from infectious illness, and other behaviors to prevent illness and risk of life. Examples include willingness to take and adhere to a course of antibiotics or to shelter in place

Cultural Implications of Workplace Planning and Response to Disaster

“If your intervention is hostile to the culture, your outcomes are not going to be helpful.”

—Carl Bell, M.D.

Disasters and terrorism open the fault lines of our society, which includes racial and ethnic divisiveness, economic differences, and religious differences (Ursano, 2002). Workplaces are communities that bring together and require the cooperation of individuals of diverse cultures, beliefs and behaviors. Traumatic events can magnify these differences.

After 9/11, workplaces had to address employee sensitivity to individuals of Middle Eastern background. During the anthrax attacks, postal workers questioned the difference in their medical treatment from that administered to Congress. The opening of fault lines can have short-term and long-term consequences ranging from lack of trust, decreased cohesion, workplace disruption and low morale.

The cultural implications of disasters require behavioral risk management strategies in the planning, responding and recovery phases of disaster.

Workplaces can address and mitigate the cultural implications of disaster and terrorism by:

The public and private sectors must join together to develop effective strategies for planning and responding to disasters.

- Planning for the expectable opening of fault lines of the organization/society along racial, ethnic, socio-economic lines
- Developing crisis plans that are responsive to these differences, i.e. providing preparedness information in languages represented by the workplace, and communicating information in culturally-appropriate ways, e.g., using home mailings versus email for part-time or seasonal workers who may not have access to the internet.
- Providing post-crisis information and resources that are sensitive to diverse cultural groups in the workforce
- Considering the composition of Critical Incident Needs Assessment Teams, who may offer Psychological First Aid. Since a group's acceptance of any form of support depends greatly on their ability to trust and accept the person(s) delivering the assistance, the diversity of support teams is important
- Fostering a respectful and tolerant workplace that recognizes the uniqueness of cultural differences in the context of connectedness and shared values

Public Private Sector Interface

“In my view, organizational culture and leadership trumps the importance of public or private dichotomies. If an organization values its employees, does not treat them as a burden or as dispensable materials, and has good leadership, it doesn't matter whether an organization is public or private.”

—Brian Flynn, Ed. D.

The public and private sectors must join together to develop effective strategies for planning and responding to disasters. The protracted recovery of Hurricanes Katrina and Rita and the threat of terrorism and a pandemic underscore the importance of integrated, human continuity planning and response between government and private industry.

A number of barriers exist that challenge this collaboration. Both sectors need increased understanding about disaster behavioral health and its central role in productivity and the human costs (of not identifying them). Both sides need to acknowledge and overcome negative, mutual stereotypes, (e.g. the belief that the public sector does not value efficiency and productivity and the private sector only cares about the bottom line). There needs to be both the recognition and a working through of the differences in each sector's language and culture. The public and private sectors bring different strengths that can be complementary and beneficial in planning and responding to disasters.

Strategies for overcoming barriers and achieving public private collaboration for human continuity planning and response to disaster and terrorism are:

- Establish, protect and support people as a primary organizational priority in government and private sector
- Promote leadership and management recognition of these priorities
- Develop policies and procedures that reflect people as the priority and core value
- Personalize public/private sector relationships by maximizing face-to-face contact

Effective crisis management requires cross-functionality and teamwork within the workplace.

- Keep disaster and critical incident planners attending joint public private meetings consistent in order to build trust (e.g. minimize sending substitutes to meetings)
- Plan together using an all-hazards approach (i.e. all types of disasters), conduct practice drills and exercises together; sustain these activities and update them
- Address the challenges of integrated planning and response in special communities: poor and disenfranchised communities; communities that have limited resources to sustain life; rural areas of small businesses
- Develop response strategies for disasters that encompass a large part or all of country whose impact may be of a protracted nature
- Engage in planning with states and communities that are on borders

Integrated Approach for Behavioral Risk Management

“There are other ways to get to the issue of resiliency and rebounding from traumatic events than the obvious forms of communication. Our human resources, employee assistance and security worked together to have our bomb dogs, Bella and Boris, become a part of the workplace. This humanizing gesture was therapeutic and fostered a sense of safety and security. We still have Bella to this day as part of the staff.”

—Kyle Maldiner, Lehman Brothers

Effective crisis management requires cross-functionality and teamwork within the workplace. An integrated approach involving human resources, employee assistance, and security functions has proven extremely effective in addressing back-to-work policies and programs after critical incidents. Collaboration between security, medical, and human resources personnel is critical to planning for bioterrorism and pandemic threats (Ursano et al. 2006).

Each workplace function brings a unique perspective, skill set and energy that influence the effectiveness of behavioral risk management. Coordination between these functions is crucial to comprehensive preparedness planning and response—e.g., translating information and messages about preparedness into a “climate” that encourages individuals to alter their planning and behaviors to protect themselves and their families (and, therefore, the organization).

Role of Security

“I consider myself in the business of influencing employee behaviors, especially at the time of crisis.”

—Ken Damstrom, Lehman Brothers

In many corporations the role of security has expanded beyond an operational focus to the human continuity of the organization. Security is ideally positioned to:

- Facilitate employee preparedness through pre-event training in disaster behaviors
- Promote leadership support of human continuity planning and activities through a direct reporting relationship to the CEO

Each workplace function brings a unique perspective, skill set and energy that influence the effectiveness of behavioral risk management.

- Foster a sense of safety that is seamless by proactive outreach and interface with the workforce around ongoing safety and security issues as well as crisis focused
- Strengthen communication about actual or potential threat through open and honest dialogue using workplace communication channels
- Cultivate third party relationships (vendors) essential at times of crisis

Role of Human Resources

“We are now working with the American Red Cross to develop teams to work when disasters occur. Had we done this post 9/11, we would have had that many more employees back doing useful, productive work that was contributory.”

—Kyle Maldiner, Lehman Brothers

- Ensure employee accountability through constant updating of employee contact information
- Take a proactive role in employee communications from immediate incident to post event
- Restoring resilience of employees through identification of “useful roles” including philanthropic kind of initiatives in order that employees can use work to organize their recovery and care for others as a way to care for themselves
- Develop preparedness planning and employee communication scripts for specific disasters such as a pandemic
- Thinking ahead/out of the box to address non traditional issues to support workplace continuity

Role of Employee Assistance/Occupational Health and Safety

“As manager of employee assistance, my role fundamentally when disasters occur is to try to mitigate the impact of traumatic stress driven by one, powerlessness, the loss of the ability to control one’s safety and the safety of loved ones and one’s environment, and the impact of shattered assumptions.”

—Phil Jonas, Lehman Brothers

- Help restore a sense of purpose and mission, rebuilding normalcy, continuity and a sense of future
- Be sensitive to timing of outreach to families with loss, trauma
- Organize and facilitate workplace education post disaster to foster recovery
- Utilize Psychological First Aid
- Provide counseling by lingering, wandering, spending time together
- Mental health screening and health promotion related to disaster mental health in particular depression and substance use
- Apprise external employee assistance professionals about the organization’s culture and previous history with disasters to be effective workplace disaster mental health planners and providers of interventions

We pulled together the best risk communication expertise we could to address the issues and concerns.

Role of Employee Relations: Internal Communications

“We pulled together the best risk communication expertise we could to address the issues and concerns. How do you talk to your children about anthrax? Peoples’ children were very upset. Daddy, I don’t want you to go to work. I don’t want you to deliver the mail. How do you talk to them?”

—Dennis Derr, Federal Occupational Health, USPS

- Provide information on rehearsal of drills to engage employees to prepare
- Dispel rumors and provide information as it emerges
- Emails, voice mail, home mailings, internet, PA system
- Communicate continuously
- Provide information that educates the employee, his/her family and community
- Provide informational briefings to leadership and management around course and consequences of disaster
- Develop and implement non-verbal forms of communication allied with principles of PFA: safety, calming, efficacy, optimism and hope
- Prepare employee communications prior to disaster (pandemic boiler plates)

Role of Leadership

“A tipping point was when our organization’s leadership elected to pay employees throughout the post Katrina recovery process. In terms of resiliency, this gesture was a critical factor around having a job and rebuilding the site.”

—Greg Simmons, Dupont

- Demonstrate top down leadership around human continuity, preparedness, safety
- Communicate job stability to foster calm and human continuity
- Promote a culture that empowers employees to improvise and make decisions during crisis
- Exemplify “Grief Leadership”, a style that: models appropriate emotions of sadness, grief and loss in the context of hopefulness and time will heal
- Be visible and present during the crisis
- Participate in or solicit information from post disaster briefings regarding employee recovery as well as operational continuity

Educating workplaces for disasters, critical incidents and terrorism is an important task for our nation and workplace, and involves businesses, large and small, federal, state and local agencies, and national and multi-national corporations. Human continuity planning for disasters and terrorism requires a programmatic approach to developing a culture of safety and health in occupational settings (Fullerton et al., 2003). Strategic planning for behavioral risk management involves the integration of security, occupational health and employee assistance, human resources and communication, as well as top down leadership and leadership support (Ursano, et al., 2006; Vineburgh et al., 2006). Disaster behaviors, in particular evacuation and other preparedness behaviors,

are important for ensuring physical safety and decreasing psychological distress and psychiatric disorder. Knowledge and training in evidence-informed interventions such as Psychological First Aid and needs assessment are important for human continuity planning and response. Continued dialogue is needed amongst workplace professionals in the public and private sector as well as business stakeholders to better understand and achieve human continuity planning for disasters and terrorism.

Educating workplaces for disasters, critical incidents and terrorism is an important task for our nation and workplace, and involves businesses, large and small, federal, state and local agencies, and national and multi-national corporations.

A tipping point was when our organization's leadership elected to pay employees throughout the post Katrina recovery process.

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Strategic planning for behavioral risk management involves the integration of security, occupational health and employee assistance, human resources and communication, as well as top down leadership and leadership support.

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