

MEETING REPORT

STRATEGIES TO IMPROVE MEDIA COVERAGE OF MILITARY VETERANS WITH MENTAL HEALTH ISSUES

Report of the Dialogue Meeting
July 2012

Convened by the
Substance Abuse & Mental Health Services Administration

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DISCLAIMER

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Contents

1.0 Overview

2.0 The Dialogue

3.0 About the Media Field Kit

3.1 Process

3.2 Content

4.0 Anticipated Outcomes

5.0 Dissemination Strategies

6.0 Selected Resources

7.0 References

Appendix A. Participants and Planners

Appendix B. Media Field Kit

Appendix C. Dialogue Participants' Reactions to Media Pieces on Veterans' Mental Health Issues

We can teach people to tell their stories, and we can give media a set of guidelines. But if we don't show how to engage the media, we've lost the boat. The problem is that media shows up on our doorstep. They're prepared to hear our story, but they don't know the biggest picture. We may not know how to manipulate them the way they definitely want to manipulate us.

—Dialogue participant

Informed journalists can have a significant impact on public understanding of mental health issues as they shape debate and trends with the words and pictures they convey. They influence their peers and stimulate discussion among the general public, and an informed public can reduce stigma and discrimination.

—Former First Lady Rosalynn Carter

1.0 Overview

As America has pursued wars in both Afghanistan and Iraq over the past decade, the media has intensified its coverage of veterans with mental health problems. Since 2001 more than two million military personnel have been deployed. Many have seen combat duty and some have survived serious injuries. Many veterans develop symptoms of traumatic stress disorder or depression, endure the consequences of traumatic brain injuries, or experience some combination of these conditions. In addition to combat trauma, veterans who have returned from Iraq and Afghanistan face other significant stressors, including long deployments, multiple deployments, and difficulty in reintegrating into civilian life in the community (SAMHSA, 2011, cited in SAMHSA’s GAINS Center, n.d.).

Some veterans have made news headlines when they initiated violent acts, though most veterans who return from Afghanistan and Iraq do not have a behavioral health condition and have not experienced a traumatic brain injury (SAMHSA, 2012).

Nevertheless, news media persist in exploiting tragic, high-profile incidents in which veterans are involved. Recent news stories have described veterans as “ticking time bombs,” for example, and as “damaged and potentially unstable” due to post-traumatic stress syndrome (PTSD) (Hoit, 2012). In addition, substance use disorders frequently occur in tandem with those issues, and media have paid a great deal of attention to manifestations of these and other significant problems, such as suicide and unemployment rates among veterans.

These conditions affect many members of the U.S. armed forces, veterans, their families, and survivors, and when reporters accord them sensational, inaccurate, and incomplete media coverage, the public takes away a negatively skewed view of veterans and servicemembers. Reporters and editors often fail to check the accuracy or completeness of the information they report as they seek to create sensation. Such news coverage needlessly and erroneously fuels negative stereotypes and fear of future violence by people with mental health disorders. Some observers have likened this effect to the inevitable stir created as beach season begins and stories about shark attacks appear in the media. People fear shark attacks—even though shark attacks are exceedingly rare (Hoit, 2012).

Sensational media coverage prompts other adverse effects as well. The negative attitudes engendered by these stories tend to discourage many veterans who need help from seeking out the available resources. Moreover, the conversation frequently turns chilly when veterans mention their military service to college admissions officers or potential employers who perhaps know about veterans only what they hear and see in the news.

As I watch my two young children develop, I worry about how media coverage of combat veterans and PTSD will affect them as they grow up, what their friends may assume about their father. In previous eras perhaps he would have been lauded as a hero, but today’s headlines seem just as likely to characterize him as a “ticking bomb.”

I’m sure you all know how frustrating (and even potentially triggering when the topic is military sexual trauma, or possibly carrying the risk of contagion when it is suicide) the coverage can be.

2.0 The Dialogue

To address the issue of negative portrayals of veterans with behavioral health disorders, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened an expert panel in July 2012 to create guidelines to improve the appropriateness and quality of media coverage. Over the course of a 2-day facilitated dialogue, a group of about two dozen individuals shared experiences, expertise, and varying perspectives. Many of the participants were veterans, some of whom themselves have experienced mental and/or substance use disorders. Representatives of peer-run veterans organizations,¹ organizational media specialists, representatives of the criminal justice system, nationally recognized researchers, policy makers, and veterans advocates (see appendix A for participant list) were present at the table.² Together they began the task of developing a multidimensional toolkit to promote balanced media coverage of veterans with mental health disorders. The plan was to compile the array of ideas identified during the dialogue into concise, detailed guidance for targeted audiences.

In addition to presenting a snapshot of the issues underlying sensational media coverage of veterans, this report illustrates the context of the panel's decisions on content and describes the process by which the dialogue participants set out to develop the Media Field Kit.

Participants brought to the dialogue their personal and professional experience, and they approached their mission with the following objectives and understandings:

- Assist peer veterans and other key stakeholders in developing capacity to access and engage different types of community media. The mass media have excellent potential to educate the public about the mental health challenges that active duty soldiers, veterans, and military families experience, but they often fail to do so in an accurate manner.

One way to address this problem is to empower peer veterans, veterans' organizations, and other veterans' advocates with a sustained mix of strategies that motivate, strengthen the capacity of, and build relationships with journalists, and that are effective in enhancing the quality of the media coverage of veterans and their families.

- Assist peers and other key stakeholders in educating local and national media on how to portray veterans with behavioral health disorders and veterans' families more accurately and in a more balanced light. Negative portrayals tend to grab headlines, but the over-representation of negative imagery gives the public a distorted view of veterans impacted by mental and substance use disorders. Therefore, it is critical to show veterans who cope successfully with their mental and/or substance use disorders as productive, functioning members of society.

One approach to accomplish this media balance is to encourage veterans to share their stories. This strategy represents an important and effective way to educate the media on portraying veterans accurately, but also to educate the community at large, thereby reducing discrimination and promoting social inclusion.

- Educate peers and other key stakeholders on how to respond to negative stories.

Great need exists to have in place an effective plan of action to respond to crises and emergency events, and to use proven tools to communicate effectively with the media. Peer veterans, peer-run veterans organizations, and other advocates must have a process to deal with negative publicity. The discussion lay the foundation for guidance on how to prepare a crisis communication plan.

¹ In this report, *peer* refers to people in recovery from mental or substance use disorders, or both.

² Although SAMHSA extended invitations to several media representatives to join in the dialogue, none chose to participate.

- Assist peers and other key stakeholders in ensuring that the local and national media genuinely reflect veterans' behavioral health needs and aspirations.

Media coverage has the potential to prevent development or worsening of mental and substance use disorders, as well as to promote treatment for these disorders. Stories about these disorders can inform readers and viewers about the causes, contributing risk factors, warning signs, prevalence, recent treatment advances—and generally what helps and what hinders veterans' recovery on an individual level and on a systems level.

3.0 About the Media Field Kit

Well-crafted media stories can educate the public about the mental health challenges veterans face and the paths many have taken toward recovery from their trauma, depression, or injury. Positive stories also can inspire readers, viewers, and listeners themselves to seek effective interventions and move toward recovery from mental health problems.

SAMHSA's Media Field Kit (see Appendix B) offers a set of guiding principles and strategies to encourage broadcast, print, and other media to abstain from publishing sensational news reports related to veterans' PTSD, depression, and/or traumatic brain injury. Based on input from dialogue participants, the strategies outlined in the Media Field Kit are designed to empower the media to portray the issues of veterans and their families accurately and even handedly—and to encourage media representatives to become champions of recovery.

The Media Field Kit was compiled by and for servicemembers, veterans, military families, survivors, and advocates to work together proactively with the media to report on mental health issues and supportive resources in a way that protects and restores the quality of life of servicemembers, veterans, family members, and survivors. In particular, the Media Field Kit aims to develop capacity to access and engage a range of community media outlets that offer either an open editorial policy or a more fine-tuned approach that encourages community participation in the correct and positive portrayals of veterans and their families. The guidelines also were expected to educate local and national media and a variety of other stakeholders on how to portray veterans with behavioral health disorders and veterans' families accurately, and on how to respond to negative stories.

The toolkit addresses three main audiences. Veterans and their families can learn the value and steps necessary to tell their story to the media; organizations and advocates that represent or work with veterans, servicemembers, family members, and survivors can learn about principles of media engagement; and the media can learn strategies on reporting responsibly on servicemembers, veterans, their families, and survivors. It is based on identified effective practices such as contact, education, and protest/reward (Corrigan, 2004) for implementation by peer veterans and local and national peer-run veterans organizations (for example, Veterans of Foreign Wars, Disabled Veterans of America, American Legion) to augment programs and activities already underway to access and engage the media effectively. The Media Field Kit offers strategies for these stakeholders to assist media in conveying messages that effective treatments and resources exist for behavioral health disorders and that veterans do recover.

3.1 Process

SAMHSA had suggested that dialogue participants read several selected references prior to the meeting. These documents described strategies to access and engage the media (Policy Research, 2012), use of media stories to promote recovery-oriented care for veterans and their families (Bardach, 2011), strategies to foster accurate portrayal of veterans and military families affected by behavioral health challenges (Deahl, Klein, & Alexander, 2011), effective responses to negative stories in the media (Policy Research, 2012), and promotion of the value of peer support (Washington State Department of Health, 2007). During the course of the dialogue meeting, participants also reviewed Recommendations for Reporting on Suicide (American Association of Suicidology, et al., n.d.).

Following a round of self-introductions and led by an impartial facilitator, the participants discussed these materials and considered the following topics:

- Potential negative impacts of inaccurate portrayal of veterans and their families
- Examples of negative consequences on veterans and their families of sensational reporting
- Potential positive impact of accurate portrayal of veterans and their families
- Information necessary to be provided to media to foster accurate portrayals
- Considerations and processes involved in media coverage of veterans in crisis and their recovery

Dialogue participants identified potential target audiences for the toolkit and engaged in a series of focused exercises to identify and to agree upon the toolkit's key content. They determined that while much of the guidance would focus on strategies for veterans themselves to use in their interactions with the media, the toolkit also must be useful to all types of media organizations, veterans' families, veterans organizations, and policy makers. The media's key role in those interactions suggested the need to frame the Media Field Kit to address explicitly what the media needs to know and do in order to capture veterans' stories accurately and appropriately.

As a group participants assessed videos of two real-life broadcast clips plus a blog, each of which portrayed veterans in different light. Following the presentations, participants offered feedback on the strengths of each media clip or blog, as well as the media coverage's challenges or drawbacks. They also suggested potential enhancements to strengthen the reporters' focus on recovery. (See Appendix C for details of participants' reactions to the media pieces.) Regardless of the degree to which participants commended or criticized the clips' coverage, they found significant room for improvement in each.

Participants commended the reporter, blogger, and news anchors for the following qualities:

- Well versed in, and sensitive to, veterans' mental health issues
- Embraced a recovery orientation
- Countered negative stereotypes
- Cited sources of relevant, accurate statistics and other facts
- Well organized and able to manage diverse viewpoints
- Incorporated the viewpoint of a veterans' spokesperson
- Cited resources for veterans

Presentations that participants judged to be detrimental to veterans included the following:

- Placed no emphasis on recovery, hope, resilience, healing, or empowerment
- Cited insufficient or irrelevant statistics and cited sources inadequately
- Made no link between a veteran's diagnosis and the consequences
- Missed opportunities to identify national and local resources for veterans
- Ignored gender diversity and revealed ignorance of women's roles and experiences in the military
- Incorrectly referred to *soldiers*, rather than *servicemembers* or *military personnel*
- Used biased, inflammatory language for its shock value

3.2 Content

In a final exercise, participants developed an outline of critical components of the Media Field Kit and decided on its format. In addition to an introduction, the toolkit would be organized into four two-page sections. Though conceptualized during the dialogue meeting, a section geared to government policy makers ultimately was omitted.³

Following an introduction to the key issues, the Media Field Kit's final content incorporates the following information:

³ Guidance for governmental systems and policy makers would have targeted local, state, and federal agencies, and policy leaders in communities. The reader would be coached on the importance of staying on message, tailoring the message to the audience, and educating policy makers with data (for example, facts, costs, outcomes, recovery focus).

- **Telling Your Story to the Media: Recommendations for Veterans and Family Members.**
This section lists the target audiences and defines terms; explains the value of a veteran’s personal story to oneself, to one’s peers, and to the media; delineates strategies to determine whether an individual is ready to tell his or her story, taking into consideration the importance of self-care, possible repercussions of telling the story, and planning strategies for engagement with media; specific dos and don’ts in terms of interview arrangements, researching the interviewer, appropriate language, and caution to stay on message; and resources.
- **Helping You Help Those You Serve: Media Engagement Recommendations for Organizations and Advocates that Represent or Work with Veterans, Servicemembers, Family Members, and Survivors**
This section, targeted toward national and local organizations, defines the terms used in the section and identifies the target audience; describes how organizations can develop policies and strategies; offers techniques to manage crisis response; provides guidance on proactive planning; notes the advantages of engaging editorial boards; and identifies the practice of placing stories. The section also includes a list of resources and do’s and don’ts. Specific guidance is given on how to develop Frequently Asked Questions, create press releases, use social media, train individuals to give interviews, develop relationships with media representatives, and create a speakers bureau.
- **Recommendations for the Media: Reporting on Servicemembers, Veterans, Their Families, and Survivors⁴**
This section covers the impact of negative reporting, provides a pertinent list of dos and don’ts, encourages avoiding publishing misinformation, introduces the concept of offering hope, guides the use of social media, and provides resources as a sidebar (with hyperlinks in the electronic version).

Participants also recommended development of several related products to enhance the Media Field Kit. These included a tip/fact sheet targeted specifically at children, a mobile app, one-page fact sheets for individuals and organizations independent of the larger Media Field Kit, and a tip sheet for peers.

I regularly encounter a host of misperceptions. Contrary to the assumptions of many civilians, most of us who choose to enlist in the military today do so not because we have no other options or are “too dumb” to go to college. In the era of the all-volunteer force, the military has relatively stringent standards. Over a lifetime, veterans are higher earners, more highly employed, and more highly educated than people who have never served.

The readjustment period can be challenging, however, though proper supportive services can ease reintegration and help prepare troops for the next stage of their lives. The original GI Bill is perhaps the most famous positive strategy to promote a successful transition.

In my opinion, when the media covers the challenges today’s veterans are facing, they should also provide contextual information. Yes, young veterans today face higher unemployment than the general population, and they should tell that story.

But also set those statistics against historical data. Tell the compelling human stories about today’s struggles, but in a way that does not contribute to hopelessness among veterans or negative stereotypes among hiring managers, who, surveys show, have concerns about mental health issues

⁴ The panel anticipated publication of this chapter also as a standalone piece, modeled on existing suicide reporting guidelines (American Association of Suicidology, et al. (n.d.)).

Participants also suggested developing and incorporating checklists (where appropriate) for Media Field Kit users to duplicate; recognizing the importance and possibility of collaboration and understanding between reporter and subject; emphasizing the need to empower more veterans to speak out and tell their stories; projects and programs able to respond to reporters' questions quickly, accurately, and on message; need to stay on message and mission; and an expectation that veterans would "stand on the side of their fellow veterans and servicemembers."

4.0 Anticipated Outcomes

The Media Field Kit was designed to create societal change. With its use, more veterans are anticipated to feel empowered to speak out and tell their stories. More recognition will be possible of diversity and equality in terms of race, ethnicity, socio-economic background, and gender, particularly that the vulnerabilities and strengths of women veterans are worthy of attention equal to those of male veterans.

Potential outcomes for veterans and families might include the following:

- Service members and veterans significantly more motivated to seek behavioral health services
- People in general celebrating the “new normal” that Media Field Kit will advocate
- Increase in case management and other new services once more people seek mental health services
- Service members and veterans kept relevant in the public eye
- Veterans and families who readjust and recover more quickly, experience more resiliency, and enjoy better quality of life and employment opportunities

The Media Field Kit must be an evolving document, updated periodically to keep content relevant and fresh.

Potential outcomes for media might include the following:

- Members of the media more educated and sensitive to the impact on the public of their messages
- Veterans and their families able to respond to media questions more quickly and easily, and on message

Training on a variety of topics would help to facilitate implementation of the Media Field Kit’s principles. These topics would include:

- Military and cultural training for media and community
- Standardized, continually updated curricula
- Review of the Media Field Kit by persons trained in media mass marketing
- Available resources that are widely known (e.g., School of Political Leadership, which teaches mass marketing and tips for TV appearances)
- Targeted training for first responders
- Ongoing training for organizations and other stakeholders in communities on preparing and issuing press releases

Organizational partnerships with media might focus on building rapport versus breaking the trust, collecting relevant information, building relationships with reporters and editorial boards, credible reactive reporting in the face of inflammatory reports, dispelling myths by working together using the Media Field Kit process, and emphasizing a mutually beneficial relationships between organizations and media editorial boards.

To gauge the usefulness and effectiveness of the Media Field Kit, outcome and process evaluations would be useful. Such local evaluation strategies might include tracking the history of successfully resolved issues, one-page reports, success metrics compiled on a regular basis, and building capacity for a nationwide (and/or local) speakers bureau.

The intent and goals of the Media Field Kit allow veterans and the media to reach attainable outcomes that will provide a better portrait of veterans in the media. Through training and significant and trustworthy media partnerships, veterans will be better represented in the media. Upon implementation, this model will be adjusted based on tracked and recorded data.

5.0 Dissemination Strategies

Participants recommended strategies to disseminate the Media Field Kit in a timely and efficient manner, including enabling multiple ways to access the toolkit, including electronic versions. Acknowledging limited resources, they recommended incremental development of the various aspects of the kit and stressed that SAMHSA's leadership in this endeavor was essential.

- Web-based Media Field Kit, possible components:
 - .pdf files
 - YouTube videos with instructions
 - Statement of purpose on general website
 - Quick read code, a bar code that smart phones can capture and use to link directly to the website
 - Embedded html code to enable linking to other websites
 - Standalone guidance for journalists
 - Embedded URLs in the text of all documents
- Mobile app, possible tasks:
 - Develop design
 - Find host
 - Get quick-read code (iPhone, Android, Windows)
 - Add a moderated or unmoderated blog
 - Offer sidebar on “here’s where to go for help,” easily grabbed by journalists and placed in their stories
 - Serve as a convenient pointer to a specific website
 - Frame the Media Field Kit as technical assistance to grantees
- Social media, possible advantages:
 - Support and promote the Media Field Kit at all levels of government and to nongovernmental organizations
 - Engage partners to develop and disseminate the Media Field Kit
 - Identify organizations’ newsletters/e-newsletters to reach a broad audience
- YouTube video tutorials to introduce the Media Field Kit:
 - Develop script and content
 - Base on roundtable design
 - Use social media to promote tutorials
- Partnerships with journalism schools that adopt principles embodied in the Media Field Kit:
 - Engage in dissemination
 - Indoctrinate students and alumni
- Webinar and follow-up consultation:
 - Package technical assistance
 - Identify consultants
 - Jump-start dissemination of Media Field Kit
 - Engage young veterans in a Twitter discussion
 - Engage interested grantees and state organizations to participate
 - Respond to veterans organizations’ and media’s violations of suicide reporting guidelines

- Additional strategies:
 - Invite and engage local media reporters/editors to participate as partners in community coalitions
 - Offer technical assistance from SAMHSA
 - Develop generally accepted curricula for peer-support services
 - Create mutually beneficial relationships with media editorial boards
 - Convene a range of stakeholders at meetings and conferences

I am confident that our work here will lead to a media field kit that can help journalists navigate these tricky shoals. I firmly believe in the value of the Fourth Estate: A free public press is a vital component to a healthy democracy. But journalists must also bear in mind that they have a responsibility not to exacerbate the problems they identify.

6.0 Selected Resources

Participants in the Media Field Kit dialogue meeting suggested the following resources:

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration

www.store.samhsa.gov/pages/searchResult/veterans

www.samhsa.gov/militaryfamilies

Coming Home: Supporting Military Service Members, Veterans, and their Families

http://www.recoverymonth.gov/~media/Images/Files/Webcast%20Transcript/R2R2012_Military_Families_Discussion_Guide_508.ashx

<http://store.samhsa.gov/product/Coming-Home-Supporting-Military-Service-Members-Veterans-and-Their-Families/SMA12-4677DVD>

Study of Veterans Finds Links between Outdoor Activities, Improved Mental Health

<http://www.recoverymonth.gov/Press-Room/News/2013/Jul29-Study-of-Veterans-Finds-Links-Between-Outdoor-Activities-Improved-Mental-Health.aspx>

Veterans Suicide Prevention Lifeline (CMHS), 800-273-TALK, press 1

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

<http://gainscenter.samhsa.gov>

SAMHSA's GAINS Center aims primarily to expand access to community-based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system. The GAINS Center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.

Recovery Month Toolkit for Military and Veterans, 2006

<http://www.recoverymonth.gov/Resources-Catalog/2006/Targeted-Outreach/Recovery-Month-Toolkit-2006-military.aspx>

Department of Defense

www.dod.gov

Military OneSource

militaryonesource.mil

800-342-9647

Military OneSource, an "employee assistance program" targeted to servicemembers and their families, provides nonmedical counseling and other services, such as healthcare system navigation, help with VA enrollment and claims, and linkages to community resources. Military OneSource offers consultation, research, and referrals, including guidance on managing combat and other stress, family issues, and sharpening communications skills. Military OneSource is available 24 hours a day, 7 days a week, anytime, and from anywhere. Educational materials are available free online regarding parenting, relationship issues, and more, and the interactive website offers locators for education, child care, and elder care; useful newsletters; informative articles; referrals to military and community resources; financial calculators; webinars; relocation tools; audio podcasts; access to consultants; and much more!

Military OneSource is available to all active-duty, Guard, and Reserve (regardless of activation status), and their families.

National Plan Supports Veterans' Mental Health, Brain Injury Care
<http://www.defense.gov/news/newsarticle.aspx?id=120631>

Obama: Nation Pours Resources into Mental Health Care for Vets
<http://www.defense.gov/news/newsarticle.aspx?id=120198>

Department of Justice
National Institute of Justice
www.nij.gov

Male-Perpetrated Domestic Violence: Testing a Series of Multifactorial Family Models
<https://www.ncjrs.gov/pdffiles1/nij/199712.pdf>

Department of Veterans Affairs
www.va.gov

Office of Mental Health Services
www.mentalhealth.va.gov/mentalhealth/index.asp

Returning Service Members
www.oefoif.va.gov/index.asp

Defense Suicide Prevention Office Resources
www.suicideoutreach.org

Homeless Services (Veterans Justice Outreach)
<http://www.va.gov/homeless/vjo.asp>

American Legion
www.legion.org

Focusing on service to veterans, servicemembers, and communities, the American Legion currently has about 2.4 million members in 14,000 posts worldwide.

Battlemind
www.battlemind.org

Battlemind.org offers such resources as Family Resilience Training Modules that train soldiers' families to prepare for and manage the realities of deployment and the transition back home. Battlemind.com also offers information, training products, and resources designed for behavioral health and primary care providers.

Blue Star Families
www.bluestarfam.org

Blue Star Families represents a platform through which military family members and their supporters can work directly to address challenges that face the military community during a period of long war and into the transition home. Programs include the annual Military Family Life Style Survey, which

helps bring insights and experiences of military families directly to lawmakers; Blue Star Museums; Books on Bases; and the Operation Appreciation letter-writing program. Through Blue Star Families' Operation Honor Card program, more than 20 million hours of community service nationwide were pledged in honor of the service of military people. A suicide-prevention public service announcement series launched in 2011 in which dozens of celebrities participated.

Carter Center Mental Health Journalism Program

www.cartercenter.org/health/mental_health/fellowships/index.html

Mental illnesses constitute some of the most serious, unrecognized, and underreported health problems in the United States and around the world. As part of an international effort to reduce stigma and discrimination, The Rosalynn Carter Fellowships for Mental Health Journalism provide stipends to journalists to report on topics related to mental health or mental illnesses. The goals of the fellowships are to increase accurate reporting on mental health issues and decrease incorrect, stereotypical information; help journalists produce high-quality work that reflects an understanding of mental health issues through exposure to well-established resources in the field; and develop a cadre of better-informed print and electronic journalists who will more accurately report information through newspapers, magazines, radio, television, film, and the Internet and influence their peers to do the same.

Council of State Governments

www.csg.org/about/default.aspx

Council of State Governments, a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy, offers regional, national, and international opportunities to network, develop leaders, collaborate and create problem-solving partnerships.

SLC Star Program: Kentucky Veterans Connect

http://www.slcatlanta.org/STAR/2013KY_STAR_summary.pdf

Dart Center for Journalism and Trauma

www.dartcenter.org

The Dart Center for Journalism and Trauma, a project of the Columbia University Graduate School of Journalism, is dedicated to informed, innovative, and ethical news reporting on violence, conflict, and tragedy. Whether the topic is street crime, family violence, natural disaster, war, or human rights, effective news reporting on traumatic events demands knowledge, skill, and support. The Dart Center provides journalists around the world with the resources necessary to meet this challenge, drawing on a global, interdisciplinary network of news professionals, mental health experts, educators, and researchers. The Dart Center's website provides timely articles, expert interviews, journalist-to-journalist advice, tipsheets, and other resources. The website also serves as a multimedia venue for discussion of controversies and breakthroughs in trauma science, policy, and media coverage.

Disabled American Veterans

www.dav.org

Disabled American Veterans' (DAV) mission is to provide service and advocacy on behalf of the men and women who put their lives on the line to ensure America's safety and protect freedoms and cherished way of life. A strong and influential advocate for veterans, DAV fights to ensure they receive the full range of services and protections they deserve. DAV accomplishes this by providing free professional assistance to all veterans and their families in obtaining benefits from the Department of

Veterans Affairs (VA) and advocating for their rights.

Family Alliance for Veterans of America

www.fava.westcare.com

Family Alliance for Veterans of America (FAVA) provides information, education, advocacy, and support to families of veterans and veterans at times of critical need. Such need arises, for example, when veterans return from combat with PTSD and/or traumatic brain injury; when veterans and their families need assistance in getting help from the VA; when veterans suffer from addictions to drugs or alcohol; when veterans have encountered the criminal justice system, including incarceration; when veterans have attempted, or committed, suicide; in short, when veterans and their families suffer in any way from service-related issues and problems. Focused assistance to veterans and especially their families is FAVA's prime objective. FAVA seeks to establish a peer-to-peer (or family-to-family) network that provides mentoring, guidance, education, and information services to the families of veterans in need, helping their veteran loved one.

InterNational Association of Peer Specialists

www.naops.org

The InterNational Association of Peer Supporters, Inc. (formerly the National Association of Peer Specialists), is a private, nonprofit organization dedicated to promoting peer support in mental health systems. The organization publishes regular newsletters, offers discounts on recovery-oriented materials, provides access to recovery and peer support information, conducts surveys of job satisfaction and salaries, publishes reports on the current status of the profession, and presents an annual national conference to bring together peer support providers and those who champion the peer support movement to share ideas, strategies, and innovative programs ideas.

iNAPS newsletter

<http://inaops.org/naps-newsletter>

Justice for Vets

www.justiceforvets.org

Justice for Vets, a nonprofit, nonpartisan organization exclusively committed to ensuring that veterans who experience mental illness and/or substance abuse, and who are involved in the criminal justice system, have access to a veterans treatment court, offers a variety of resources for veterans treatment court professionals and other stakeholders, information on a veteran mentors court program, advocacy, and research.

Veterans Treatment Court Conference

<http://www.justiceforvets.org/2013-vet-court-con>

Mental Health America

www.nmha.org

Mental Health America offers a wide array of resources on mental illness, including veterans' issues.

Blog Archives

<http://www.mentalhealthamerica.net/blog/archives.cfm/category/veterans>

Milblogging.com

Milblogging, an Internet database for organizing military blogs, has as its main attraction an index of military blogs from around the world. Milblogging indexes more than 1,500 military blogs in more than 25 countries, including weblogs written by military spouses, military veterans, military personnel (in the Air Force, Army, Navy, Marines, and Coast Guard), civilian contractors, reporters, military parents, civilians, and other groups. Many of the military blogs listed on Milblogging are written by troops deployed to the frontlines of Iraq and Afghanistan.

A soldier has PTSD/TBI and his wife supports him. Together they work toward recovery and advocacy.

<http://www.milblogging.com/listingDetail.php?id=4928>

Military.com

Military.com connects service members, military families, and veterans to all the benefits of service —government benefits, scholarships, discounts, lifelong friends, mentors, great stories of military life or missions, and much more. Military.com started in 1999 to revolutionize the way the 30 million Americans with military affinity stay connected and informed. Today it is the largest military and veteran membership organization at 10 million members.

NFL Legend Discusses Mental Illness with Soldiers

<http://www.military.com/daily-news/2013/02/21/nfl-legend-discusses-mental-illness-with-soldiers.html>

“Crazy Veteran” Assumptions More Stereotype than Real

<http://www.military.com/daily-news/2013/02/11/crazy-vet-assumptions-more-stereotype-than-real.html>

Military Pathways

www.militarymentalhealth.org

The Military Pathways website offers mental health screening tools and an array of articles on mental health, alcohol, and family relationships.

National Alliance on Mental Illness (NAMI)

www.nami.org

Army OneSource. NAMI’s Education, Training, and Peer Support Center launched the collaboration between NAMI and Army OneSource to bring Treating the Invisible Wounds of War, a no-cost, five-course online training program, to NAMI state organizations and NAMI affiliate leaders to help build awareness of the culture in which the military, veterans, and their families live and work.

VA Make the Connection Partnership. NAMI serves as VA Outreach Partner for Promoting the VA’s mental health outreach campaign.

National Association of Community Behavioral Health and Disability Directors

www.nacbhdd.org

The National Association of Community Behavioral Health and Disability Directors (NACBHDD) is the only national voice for county and local behavioral health and developmental disability authorities

in Washington, D.C. Through education, policy analysis, and advocacy, the organization promotes national policies that recognize and support the critical role counties play in caring for people affected by mental illness, addiction, and developmental disabilities. NACBHDD is also an active partner in efforts to improve access to, funding for, and quality of behavioral health services, especially those that serve the most vulnerable in U.S. communities. Key issues include protecting Medicaid coverage, ending the stigma of mental illness, better treatment for veterans, achieving parity in insurance coverage for behavioral health care, affordable housing, and vocational training for those with mental illness or developmental disabilities, and many more.

National Association of Counties

www.naco.org

Dogs come to the rescue for Veterans with PTSD

<http://www.naco.org/newsroom/countynews/Current%20Issue/8-27-12/Pages/DogscometotherescueforveteranswithPTSD.aspx>

National Association of Drug Court Professionals

www.nadcp.org

Established by the National Association of Drug Court Professionals (NADCP), the National Drug Court Institute is the preeminent source for comprehensive training and cutting-edge technical assistance to the entire drug court field. NADCP also provides training to drug court and problem-solving court professionals at its national conference, the largest training conference in the nation addressing substance abuse and crime.

National Association of State Mental Health Program Directors (NASMHPD)

www.nasmhpd.org

The National Association of State Mental Health Program Directors (NASMHPD) makes available dozens of publications of interest to veterans on a variety of topics.

President Obama Issues Executive Order on Meeting Behavioral Health Needs of Veterans, Service Members, and Families

http://nasmhpd.org/docs/Policy/ExecutiveOrderonMeetingBehavioralHealthNeedsOfVeterans09_2012.pdf

National Drug Court Institute

www.ndci.org

The National Drug Court Institute provides training and other information on drug courts, including veterans courts.

National Resource Directory

www.nationalresourcedirectory.gov

The National Resource Directory aims to connecting wounded warriors, service members, veterans, their families, and caregivers with those who support them. Resources are available on benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, volunteer opportunities, among other resources.

Resource Guide for Veterans Dealing with Medical, Psychological, and Behavioral Health Conditions
https://www.nrd.gov/health/medical_psychological_and_behavioral_health_conditions

Statewide Family and Consumer Networks Technical Assistance Center

www.policyresearchinc.org

The Statewide Family and Consumer Networks Technical Assistance Center (FCN TA Center) helps statewide consumer networks strengthen coalitions among consumers, peers, policy makers, and service providers. These organizations, which are consumer operated, foster peer support groups and offer training for peer support leaders and the broader behavioral health community. Additionally these organizations provide advocacy and wellness supports for specific populations in need such as veterans (and older adults and people in the criminal justice system) in a trauma-informed, recovery-focused way. The FCN TA Center supports these organizations using a wide range of technical assistance approaches (webinars, discussion groups, written resources, one-on-one consulting) to strengthen the networks by meeting the specific needs of grantees in numerous critical areas including data reporting, network enhancement, organizational leadership building, and development.

Swords to Plowshares

www.swords-to-plowshares.org/about

A community-based, not-for-profit veteran service organization that provides wraparound care to more than 2,000 veterans in the San Francisco Bay Area each year, Swords to Plowshares helps veterans break through the cultural, educational, psychological, and economic barriers they often face in their transition to the civilian world. Swords to Plowshares are a national model for veteran services and advocacy.

Tragedy Assistance Program for Survivors (TAPS)

www.taps.org

TAPS is the 24/7 tragedy assistance resource for anyone who has suffered the loss of a military loved one, regardless of the relationship to the deceased or the circumstance of the death. TAPS provides comfort and care through comprehensive services and programs including peer-based emotional support, casework assistance, connections to community-based care, and grief and trauma resources. Its National Military Survivor Seminar and Good Grief camp have been held annually since 1994. TAPS also conducts regional Survivor Seminars and Good Grief Camps at locations across the country.

Veterans of Foreign Wars

www.vfw.org

The voice of Veterans of Foreign Wars (VFW) was instrumental in establishing the Veterans Administration (VA), creating a GI bill for the 20th century, the development of the national cemetery system, and the fight for compensation for Vietnam vets exposed to Agent Orange and for veterans diagnosed with Gulf War Syndrome. In 2008 VFW won a long-fought victory with the passing of a GI Bill for the 21st century, giving expanded educational benefits to America's active-duty service members, and members of the Guard and Reserves, fighting in Iraq and Afghanistan. The VFW also has fought for improving VA medical centers services for women veterans. Annually, the 1.9 million members of the VFW and its Auxiliary contribute more than 8.6 million hours of volunteerism in the community, including participation in Make A Difference Day and National Volunteer Week.

Vietnam Veterans of America

www.vva.org

Vietnam Veterans of America is the only national Vietnam veterans organization congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families. Vietnam Veterans of America works to promote and support the full range of issues important to Vietnam veterans, to create a new identity for this generation of veterans, and to change public perception of Vietnam veterans. Special programs include aggressively advocate on issues important to veterans, seek full access to quality health care for veterans, identify the full range of disabling injuries and illnesses incurred during military service, hold government agencies accountable for following laws mandating veterans health care, create a positive public perception of Vietnam veterans, seek the fullest possible accounting of America's POW/MIAs, support the next generation of America's war veterans, and serve communities.

Wounded Warrior Project

www.woundedwarriorproject.org

The Wounded Warrior Project aims to foster the most successful, well-adjusted generation of wounded service members in the nation's history, raise awareness and enlist the public's aid for the needs of injured service members, help injured service members aid and assist each other, and provide unique, direct programs and services to meet the needs of injured service members.

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Appendix B. Media Field Kit

SERVICEMEMBERS, VETERANS, MILITARY FAMILIES, SURVIVORS, ADVOCATES, AND THE MEDIA: A TOOLKIT

This Media Field Kit offers guidance to encourage broadcast and print media to change their focus from sensationalized reporting on issues such as post-traumatic stress disorder (PTSD), depression, and/or traumatic brain injury (TBI), which affect many servicemembers, veterans, their families, and survivors.

The guidance in this kit emphasizes treating these issues in a genuine and balanced light, while promoting reintegration into civilian life and recovery. While not all members of these groups struggle with mental health issues, studies have shown that they are not uncommon in combat veterans. In addition, substance abuse frequently occurs in tandem with those issues. Other problems, such as military suicide and veteran unemployment rates, have also received a great deal of media attention.

Some types of media coverage give the public a negatively skewed view of veterans, stigmatize their help-seeking behaviors, and lead to other adverse consequences. On the other hand, media stories can educate the public about the challenges these populations face and how some have successfully overcome them. Stories can also encourage individuals who are struggling to seek effective interventions.

The goal of this toolkit is to assist servicemembers, veterans, military families, survivors, advocates, and the media to work together proactively to report on behavioral health issues and resources in a way that protects and restores the quality of life of every servicemember, veteran, family member, and survivor.

Definition of terms:

- ❖ *Servicemembers* refers to those who serve in the military—Active Duty, Reserves, and National Guard personnel in all branches of service.
- ❖ *Veterans* refers to those who have served in the military. Not all veterans served in combat, and all veterans are not eligible for the same benefits. Under U.S. law, veteran means a person who served in the military and was discharged under conditions other than dishonorable. Various organizations that serve veterans may define the term and set eligibility for services differently.
- ❖ *Military families* refers to family members of both servicemembers and veterans.
- ❖ *Survivors* refers to those who have lost a loved one in military service, including loss to suicide.
- ❖ *Advocates* refers to individuals or organizations working with servicemembers, veterans, their families, and survivors to help them resolve issues resulting from service to their country.

Following this introduction, the toolkit is composed of three two-page sections:

- ❖ *Telling Your Story to the Media: Recommendations for Veterans and Family Members*
- ❖ *Helping You Help Those You Serve: Media Engagement Recommendations for Organizations and Advocates that Represent or Work with Veterans, Servicemembers, Family Members, and Survivors*
- ❖ *Recommendations for the Media: Reporting on Servicemembers, Veterans, Their Families, and Survivors*

Selected resources are provided where relevant.

This toolkit was developed based on a two-day workshop conducted with key stakeholders.

TELLING YOUR STORY TO THE MEDIA: **RECOMMENDATIONS FOR VETERANS AND FAMILY MEMBERS**

Target audience: This segment is aimed at veterans, their family members, and survivors. Active duty military personnel should check with their unit's public affairs officer for guidance on regulations about talking to the media.

YOUR STORY IS VALUABLE . . .

- ❖ *To you.*
 - If you have experienced trauma or overcome adversity, telling your story can be personally beneficial by reminding you of how far you have come.
 - You may derive satisfaction from helping others who can learn valuable lessons from your positive and negative experiences (paying it forward).
 - It may make you proud to have reached a point where you are comfortable telling your story publicly.
- ❖ *To your peers.*
 - Hearing how others have successfully reintegrated into civilian life; reached out for help, treatment, or support; navigated the Department of Veterans Affairs bureaucracy for health care or benefits; learned to cope with traumatic brain injury, chronic pain from war injuries, or symptoms of post-traumatic stress disorder (PTSD); overcome substance abuse, homelessness, or suicidal thoughts; been through involvement with the justice system; or coped with grief can help other military personnel, veterans, and family members experiencing similar circumstances.
 - Those who come after you can gain valuable insights into what works and what doesn't.
- ❖ *To the media.*
 - Compelling personal anecdotes can help illustrate complicated or confusing statistics and help reporters make difficult stories more accessible to their readers.
 - Remember, though, most news outlets are for-profit companies, and though informing the public may be a core component of their mission, getting viewers, listeners, or readers—and therefore profits—is the ultimate goal. Bear that in mind when deciding when to engage with the media, how, and with whom.

. . . ARE YOU READY TO TELL IT?

- ❖ *Self-care is important.*
 - Thoughtfully consider your stage of recovery and whether or not you are ready to share. You must be mentally and emotionally ready to tell your story.
 - Have a support network available to you in case sharing brings up negative emotions that you find difficult to cope with on your own. Know which of your friends, comrades, family members, representatives of support or advocacy organizations, or health care/mental health providers are available on short notice, and reach out if you need help. You may even want to have a supportive person accompany you to the interview.
 - You can request time to collect yourself or reschedule for a different day or time, or end the interview if you are too uncomfortable to continue.
- ❖ *Consider time and place.*
 - Don't try to "squeeze it in over lunch." Make sure you have enough time to center yourself after delving into difficult topics.
 - Be particularly careful about conducting an interview on a date (anniversary of a traumatic incident) or at a location (such as a cemetery) that may trigger strong reactions in you.
 - Ask if the journalist will want to see memorabilia so you have plenty of time to collect items you are willing to share and are comfortable handling them.

- ❖ *Consider possible repercussions of telling your story.*
 - Learning details for the first time may cause grief or trauma to resurface in fellow survivors. Also, details may be disturbing to family members hearing them for the first time. Consider letting them know what you have discussed before the story goes live.
 - The invisibility of the Internet makes some people comfortable writing comments in online forums that they might not make in person. Be prepared for backlash and be cautious about reading a comment thread on your story; some responses may be disturbing.
- ❖ *Have a strategy to engage with the media.*
 - Spend time deciding on the message you want to get across, how many times you are comfortable telling your story, and what you are willing to share.
 - Determine your boundaries beforehand. If needed, set some conditions for the interview as a condition of participation, such as identifying topics you are not comfortable talking about, requesting a list of questions in advance so you have time to consider your answers, or insisting on being allowed to proofread the story before it goes to print.

TIPS AND POINTERS

- ❖ Be clear on the format and ask for details.
 - Print journalists may want to conduct interviews in person, by phone, or via email.
 - If it is in person, you should have a say in the location.
 - Journalists may or may not want to take photos.
 - Radio interviews may be conducted in a studio or by phone.
 - If by phone, stations generally prefer that you use a landline rather than a mobile phone.
 - Make sure you have a backup phone number and email address for someone at the radio station in case of communication problems.
 - Warm (not cold) liquid will help keep your throat muscles relaxed.
 - TV interviews may be conducted in person, via satellite at a studio or Skype, live or taped.
 - You can restate a point if it is taped but not live.
 - Inquire about clothing guidelines: for example, busy prints are often discouraged, and it is easier to clip a microphone to a suit jacket than to a sweater or shirt.
 - If in a studio:
 - The station may or may not provide transportation or hair and makeup services.
 - Be sure you understand how to navigate security and meet your contact.
 - Satellite interviews can feel awkward due to the time delay.
- ❖ Be sure you understand the point of the story.
 - Research other stories the journalist has done to determine if previous coverage has seemed biased or not. Remember that some outlets or individuals push specific agendas.
 - You can decide not to do the interview, can stop if it feels negative, can request to see copies of the story in advance, and can practice strategies to redirect the conversation.
 - If you are asked to be part of a debate-style or panel format, research your opponent or co-panelists and be ready to address points they often raise. Prepare yourself to cope with the interactive style of the program.
- ❖ Stay on message.
 - Before the interview, jot down three key points you want to make and rehearse how you want to express them. If the interviewer tries to shift focus, circle back to your main points.
 - Reframe negative questions. If the questioning is offensive or inappropriate, say so. Keep a calm demeanor. Stop the interview if you are uncomfortable.
 - Avoid inappropriate language (cursing) and excessive use of acronyms that civilians may not understand, especially on live television or radio. Mention resources that helped you.
 - Be clear about whether you are relating personal experiences, individual opinions, facts (such as statistics you have looked up), or “guesstimates” (estimates unsupported by data).

HELPING YOU HELP THOSE YOU SERVE:

MEDIA ENGAGEMENT RECOMMENDATIONS FOR ORGANIZATIONS AND ADVOCATES THAT REPRESENT OR WORK WITH SERVICEMEMBERS, VETERANS, FAMILY MEMBERS, AND SURVIVORS

Target audience: This segment is aimed at organizations that serve, work with, or represent veterans, their family members, and survivors.

Reporters frequently approach organizations that work with military personnel, veterans, family members, and survivors when working on stories on behavioral health issues. They seek to interview individuals who work for the organization, who are served by it, or both.

- ❖ Develop strategies for crisis response.
 - Designate representatives from your organization who can respond effectively to media inquiries in the aftermath of a major story.
 - Train representatives in appropriate terminology for different situations.
 - Direct other staff to forward all media requests to designated representatives trained in media relations.
 - Develop subject matter expertise in whatever areas your organization covers; do not assume that knowledge of those areas translates to competence in topics in which you are not well versed.
 - Respond to inquiries quickly with factual information, context, or background.
 - Be wary of repeating misinformation if not all facts about the crisis are yet known.
 - Follow a protocol when responding to negative media coverage.
- ❖ Engage in proactive planning.
 - Create a list of events (such as Veteran's Day, anniversaries of major incidents) that may trigger media interest.
 - Designate representatives to be on call to answer media requests.
 - Reach out to local, state, or national media organizations with possible story ideas.
 - Compile data to counter sensationalist media reports.
 - Collect relevant, accurate data on illness rates, recovery outcomes, cost, and benefits.
 - Compile and publicize outcome measures for your organization's efforts.
- ❖ Work on placing stories.
 - Approach media editorial boards.
 - Develop relationships.
 - Get to know relevant media organizations and journalists who cover topics relevant to your organization at the local, national, and state levels (as appropriate).
 - Craft press releases.
 - Search online for a template, or copy the basic format used by other organizations.
 - Consider hiring, or contracting with, a public relations professional.
 - Draft and submit op-ed pieces.
 - The nonprofit Op-Ed Project has online tips and resources at www.theopedproject.org.
- ❖ Compile a list of Frequently Asked Questions (FAQs).
 - Do people frequently ask your organization the same things? Rather than scrambling for the answer each time, compile them into an FAQ sheet.
 - Provide source citations for all information from outside sources.
 - Give copies of FAQs to anyone who speaks to the media on behalf of your organization.
 - Post the FAQs on your website for broader public dissemination.
 - Direct journalists, especially those requesting basic information, to these resources.
- ❖ Use social media to control your message.
 - Multiple avenues exist to spread your organization's message through social media. If you do not already have them, consider creating one or more accounts (based on geography, constituency, or other logical categories) on Facebook, Twitter, or other sites.

- Decide who is authorized to use the accounts on behalf of your organization and have them regularly post relevant updates and stories.
- Blogs (on your own website or others) are another way to spread your message.
- Review the guidance for media outlets (see next section) and use as appropriate. (For example, follow evidence-based guidelines for discussing suicide to avoid contagion.)
- ❖ In advance, prepare employees and individuals served by your organization who will speak to the media.
 - Conduct practice interviews.
 - Mimic the format to be used to the extent possible: Set out a tape recorder or hold a notepad; conduct the interview by phone from another room; or use a video camera.
 - Reviewing a recording can help the interviewee identify answers needing more practice, excessive use of “fillers” (“um” or “like”), and body language that should be modified.
 - Employees representing your organization and persons served by it may have different needs. Consider both carefully.
 - Provide adequate support to persons who struggle with trauma or grief. Have them review the guidance for individuals who speak to media (see previous section).
 - Consider the dual roles of leaders or other representatives of your organization who also have personal experiences as veterans, family members, or survivors. Support them in finding the right personal and professional balance.
 - Consider arranging formal media training for representatives you expect to have regular and extensive contact with the media, especially television or radio.
- ❖ Create a speakers bureau.
 - Develop a list of employees and constituents who have received formal or informal media training.
 - Request documentation of relevant paperwork (such as a DD214 or award citations) to prevent confusion or surprises.
 - Note speakers’ strengths, weaknesses, subject matter expertise, availability, and contact information.
 - Be clear on topics the representatives are and are not willing to discuss, and periodically reconfirm this information; it can be difficult to describe trauma repeatedly.
 - Ensure that the speakers bureau is culturally diverse and represents your constituency in terms of ethnicity, gender, and sexual orientation.
- ❖ Emphasize collaboration.
 - Other organizations at the local, state, regional, or national level may be willing to join you in meaningful partnerships on implementing strategies to handle media requests.
- ❖ Provide information on resources in every interview, press release, and op-ed piece.
 - Share contact information for your organization or others relevant to your population, if applicable.
 - Veterans in crisis can contact the *Veterans Crisis Line* at 800-273-8255 (TALK)/Press 1.
 - The National Resource Directory provides a comprehensive searchable database of resources for wounded warriors, service members, veterans, their families, and caregivers at www.nrd.gov.
 - Family Alliance for Veterans of America (FAVA) has a database of more than 100,000 resources across the United States at www.fava.westcare.com.

RECOMMENDATIONS FOR THE MEDIA:

REPORTING ON SERVICEMEMBERS, VETERANS, THEIR FAMILIES, AND SURVIVORS

Certain types of media coverage can have negative repercussions.

- ❖ Confusion and misperceptions about mental health in combat veterans can make private-sector businesses reluctant to hire veterans.⁵
 - ❖ Graphic stories can trigger anxiety or flashbacks in persons who have post-traumatic stress disorder (PTSD) from combat or rape.
 - ❖ Media coverage of suicide can increase the likelihood of suicide in vulnerable populations.⁶
- The well-being of servicemembers and veterans is both a national security and public health issue. Troops volunteer to serve and protect our nation, and they deserve thoughtful and careful coverage of issues that affect them.

FOR REPORTERS

Avoid:

- ❖ Calling all military personnel “soldiers,” which refers only to those who serve in the Army.
 - Refer to those who serve in the Navy, Air Force, and Marines as sailors, airmen, and marines, respectively.
 - “Servicemembers” or “troops” can refer to all military personnel.
- ❖ Referring to all servicemembers as “men” and their spouses as “wives.”
 - Remember that 15% of the total force is made up of women, so use gender-neutral terms.
- ❖ Opening a story with graphic depictions of combat or sexual violence.
 - Consider including a “trigger warning” so vulnerable readers can be wary of disturbing content.
- ❖ Assuming that a violent incident is related to combat trauma.
 - Ensure that you have all the facts. Remember that there is no link between PTSD and increased violence.⁷
- ❖ Portraying veterans as victims, dupes, or idiots.
 - Military personnel are more highly educated than Americans as a whole (99% of military personnel have a high school diploma or GED compared to only 82% of civilian adults) and have complex reasons for choosing to serve.
- ❖ Comparing military and civilian rates without adjustment or clarification, since the populations are dissimilar (the military skews younger and more males).
- ❖ For example, it may be more accurate to compare the military suicide rate to a population-adjusted civilian rate, since young men (the majority of military personnel) have a higher suicide rate than the population at large.
- ❖ Exploiting persons you interview.
 - Carefully weigh the public’s right to know with the interviewee’s right to privacy and readiness to share.

Do:

- ❖ Use accurate terminology.
 - Everyone who has served in the military is a veteran. Not all veterans are combat veterans, and not all veterans are eligible for all veterans’ benefits.
 - Confirm that you report rank and military status correctly.
 - Be aware of the differences among officers, noncommissioned officers, and junior enlisted personnel.
 - Ask the interviewee how they should be referenced.
 - The Associated Press includes an entry on mental illness in the AP Stylebook.⁸

⁵ See, for example, www.shrm.org/publications/hrmagazine/editorialcontent/2011/0711/pages/0711meinert.aspx.

⁶ Specific guidelines for reporting on suicide are available at <http://reportingonsuicide.org/Recommendations2012.pdf>.

⁷ For a particularly egregious example, see www.blogs.va.gov/VAntage/5650/the-mt-rainier-shooting-and-ptsd-how-the-media-got-it-wrong.

- ❖ Use recovery-focused language.
 - PTSD is highly treatable.⁹
- ❖ Use evidence-based guidelines to report on sexual trauma.¹⁰
 - Remember that men as well as women experience military sexual trauma (MST). Men face tremendous stigma in coming forward to report MST; minimizing the incidence of male MST exacerbates that problem.
 - Note that MST correlates more strongly with PTSD than either combat trauma or civilian sexual assault. Post “trigger warnings” and links to resources in stories about sexual assault in the military.
- ❖ Provide context.
 - For example, unemployment among veterans may be higher than average today, but this is common post-service. Over a lifetime, as a group veterans are more highly educated and employed, and have higher average wages, than civilians who have never served.¹¹ Look at trends over time rather than comparing a dip and a peak, which can show greater variation than warranted.
- ❖ Be precise when referring to issues with a gender component.
 - For example, until recently women were not barred from *combat*, they were barred from combat *jobs* and from being *assigned* (though not *attached*) to many combat *units*. Since more than 100 American women servicemembers have died in combat in Iraq and Afghanistan, asserting that they were banned from combat further confuses a complicated issue.

FOR EDITORS

Avoid:

- ❖ Do not publish sensational headlines (e.g., “Police get help with vets who are ticking bombs”).
 - Inform the audience without using scare tactics.
- ❖ Do not exploit veterans or family members.
 - Discourage journalists from pressuring those who have experienced trauma or loss for interviews; the added stress of media contact may hinder recovery.

Do:

- ❖ Encourage all reporters to review and follow evidence-based guidelines for reporting on suicide, sexual violence, and other sensitive topics.
 - The Dart Center has a comprehensive collection of resources at www.dartcenter.org.
- ❖ Include a sidebar with resources.
 - The Veterans Crisis Line website has online banner ads and badges with active links. At a minimum, include the phone number, 800-273-8255/Press 1.
 - Other resources relevant to a particular story may be offered by the interviewee or related organizations. See also www.nrd.gov or www.fava.westcare.com.

⁸ Extensive information is available at www.ap.org/content/press-release/2013/entry-on-mental-illness-is-added-to-ap-stylebook.

⁹ Extensive information is available at <http://www.ptsd.va.gov> and <http://www.samhsa.gov>.

¹⁰ See, for example, <http://dartcenter.org/topic/sexual-violence>.

¹¹ http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2011.pdf.

Appendix C. Dialogue Participants' Reactions to Media Pieces on Veterans' Mental Health Issues

Colorado Public Radio: Coming Home: Far Away from the Battlefield

Strengths	Challenges	Potential Enhancements
Well organized Neutral tone Positive Veteran spokesperson Multiple voices Keeps audience attention Strategies to help veterans Sensitive to issues In depth Normalizes PTSD symptoms Engenders empathy Not inflammatory	No emphasis on recovery, hope, resilience, healing Insufficient explanation of "why" Insufficient statistics Possible political bias Lack of anonymity No link from diagnosis to consequences Too much left to interpretation No mention of outcomes Ignores diversity Absence of recovery language Should refer to <i>servicemembers</i> , not <i>soldiers</i> Insufficiently explicit resources	Safe environment is necessary in preparation for an interview Follow-up to the situation added Include women Focus on empowerment Include discussion of program replication opportunities

Source: Andrea Dukakis, Colorado Public Radio: Coming Home: Far Away from the Battlefield, April 17, 2012, http://www.cpr.org/#load_article|Far_Away_from_the_Battlefield

The Mt. Rainier Shooting and PTSD: How the Media Got It Wrong

Strengths	Challenges	Potential Enhancements
Great rebuttal to original negative coverage, bolstered by details and statistics Promotes concept that recovery is possible Describes post-traumatic growth in "recovery" language Cites sources Combats negative stereotypes	Opinion based General mistrust of media messages Too long Should refer to <i>servicemembers</i> , not <i>soldiers</i> Reader must judge blogger's authority	Add full citations and do research Summarize better or use bullets or bold type for main points Summarize messages of linked articles

Source: Alex Horton, The Mt. Rainier Shooting and PTSD: How the Media Got It Wrong, Department of Veterans Affairs blog on the massacre at Ft. Hood, January 6, 2012. Retrieved July 2012, from <http://www.blogs.va.gov/Vantage/5650/the-mt-rainier-shooting-and-ptsd-how-the-media-got-it-wrong>

Fox News TV Commentary by Liz Trotta

Strengths	Challenges	Potential Enhancements
Neutral anchor Divergent viewpoint	Irrelevant statistics Biased, inflammatory language used for shock value Inaccurate information Opinion piece Anchor did not challenge sufficiently	Preparation on the role and experiences of women in the military

Source: Fox News, <http://www.youtube.com/watch?v=9ZsAosKcgY4>