



child clinicians & the media

a guide for therapists

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Whether clinicians like it or not, children and families affected by trauma are routinely covered by the media. When that happens, clinicians often face difficult choices.

Are you nervous when a reporter calls you? Do you know how to help families facing tragedy respond to the media attention? Do you know how to effectively work with the media? Do you have a set of guidelines for yourself or your organization on how to respond to requests from the media? Do you know how to reach out to the media if you have a story that you want to be told?

Like clinicians, journalists have an important job to do, and they take their work very seriously. Children and families facing traumatic events make news—whether the stories are about adversity or triumph.

Audiences are powerfully affected when direct information comes from children, adolescents or family members. Yet balancing the needs and expectations of survivors, journalists and the public can be complex.

By working collaboratively with the media, we can better ensure that the stories of children and families are told responsibly and effectively lead to increased public awareness about the impact of exposure to trauma.

This guide is designed to help you be more effective in working with survivors and the media:

- **Victims and families:** How can you help victims and families who are approached by the media or want to approach the media?
- **Journalists:** How can you be more helpful as a news source?
- **Community:** How can you improve community knowledge about trauma and trauma-focused programs for children?

1. families & the media

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In many ways, journalists and clinicians share similar broad professional goals.

Both journalists and clinicians feel their work benefits society. Many journalists see their work as a vocation and more than just a job. Like clinicians, journalists have a range of experience and expertise. Some may employ what are considered to be “best practices,” while others may rely on practices that other media professionals call into question. There are Pulitzer Prize-winning journalists, tabloid journalists and a whole range in between.

Many dedicated journalists commit their professional lives to covering serious issues such as war, natural disasters and personal struggles. In many cases, the stories of disenfranchised, impoverished and victimized children are only brought to the public’s awareness through the media.

As professional communicators, journalists can also educate large audiences about child traumatic stress. Combining statistics and evidence with a personal face, journalists can bring attention to trauma-related issues, facts and services in ways the public can understand.

Journalists can raise awareness about the work of dedicated professionals serving those families who are exposed to trauma.

In many cases, news coverage can reduce stigma and shame and inspire

individuals to come forward with information.

Education through the media may lead a community to make choices about how to respond to individual and collective tragedies and atrocities. Increased awareness can also lead to increased allocation of resources, both human and financial, for children and families who have survived traumatic experiences.

What is “good” journalism about traumatic news events?

According to the Dart Center for Journalism & Trauma, good news coverage about violence and disaster:

...portrays survivors and their family’s experiences with accuracy, insight and sensitivity. The best news stories illustrate the effects of violence on victims’ lives and the process of recovery from emotional trauma. Such compelling trauma-related news emphasizes understanding the effects of violence rather than focusing on anger, revulsion or revenge. Furthermore, good trauma-related news avoids sensationalism, melodrama and portrayal of victims as tragic or pathetic.

In many cases, clinicians are well positioned to help journalists achieve these goals. And by helping journalists achieve these goals, clinicians can help survivors in their communities by enhancing the public’s understanding of traumatic stress and its effects.

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Helping a family decide whether to respond to journalists:

Journalists are professionals whose task is to accurately convey important events to the public.

Families need to make informed and individual decisions about the media.

Some families find that talking to journalists helps them feel stronger, allows them to serve as a resource to others and may lead to helpful community responses (e.g., finding the perpetrator, changing community policies, raising awareness, accessing resources, receiving letters and gifts from strangers).

Other families may find media attention intrusive, embarrassing or in some cases overwhelming.

Clinicians are often concerned that individual clients and family members talking to the media about their traumatic experiences may potentially complicate or exacerbate their symptoms.

Use your best judgment and help families make informed decisions. Consider these issues on a case-by-case basis. As with any clinical decision, it is important to consider a range of factors and counsel the family to make decisions that are best for them.

However, it is important to remember that talking to the media is the family's choice, and it is our role to support families as best we can.

Despite any pressures, families need to make their own decisions about what is best for them.

These are a few issues you can help families think about when deciding whether or not to speak to journalists:

- Families should have as much control as possible. They should decide whether or not to talk to the media; be able to set their own personal limits about what they are comfortable discussing; and feel able to end the interview or refuse to answer questions they consider intrusive or overwhelming.
- Families always have a right to refuse to talk with the media, to request a specific reporter, to ask a family member or friend to speak on their behalf and to communicate with the media through written statements.
- Families should be able to talk with a reporter in advance (especially if the interview is taped or live) and get a sense of what the point of the story is, how long the interview might last and what kinds of questions they might be asked.
- Extra care should be taken when children are being interviewed. It is the parents' or caregivers' responsibility to ensure that their children feel safe and protected. It is important to talk it over with children in advance, make sure they feel comfortable and be available to monitor the interview and set limits if needed.

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- Timing is everything. Families can indicate that they are not interested in talking with the media but may be willing to talk in the future. Some journalists will ask if they can contact the family in the future, and families can say yes or no. In addition, families have the right to say no at any point to interviews, even if they previously participated in interviews, or to halt an interview already under way.
- Although families may want to publicly recognize doctors, clergy and rescue workers who helped them, this should not be the sole factor in agreeing to talk to the media.

**Questions for families to ask
journalists to help make the decision**

- Have you written about other situations like this?
- Do you have an idea where this story is heading? What is the purpose of this story?
- Will you alert me before the story is going to run so I can prepare myself and my family?
- Is it okay if I or my child feels uncomfortable with a question or feel like we need the interview to stop?
- Will you read me back my quotes or my child's before the story runs?
- If I were to allow you to talk to my child or teenager, how will you conduct the interview?
- Are you experienced in talking with children?

2. protecting families & children

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If caretakers decide to talk with journalists:

Create a safe setting to meet with journalists. Families can pick a place and a time that makes them feel comfortable if they decide to meet with reporters—whether that is home, a business office or at the journalist's office.

Be sure that caretakers are comfortable with having their identity or identifying information revealed. If there are concerns, steps should be taken to preserve the anonymity or privacy of those being interviewed.

Consider if it is appropriate for family members to provide journalists with official documents about the case. Due to confidentiality shields, journalists may not otherwise have access to complete information about the story.

Protecting privacy:

Polly F., whose children were sexually assaulted, insisted that reporters meet her at home when her children were at school so no opportunity for her children to be photographed or interviewed would occur. In fact, as a condition to meeting with photographers or visual broadcasters, she insisted that personal photographs of her family in the background of a shot be blurred.

Families who are concerned about such privacy issues may choose to temporarily remove such mementos from the premises. The journalist's first impulse will be to do an interview

in the family home; consider asking to meet at the reporter's office or in a neutral place.

Should children talk to the media?

This is a difficult question, and there are no easy answers. Research has not been systematically conducted to answer this question.

In some cases, families report that talking with the media is a positive experience for a child or teenager, resulting in increased self-confidence and support from the community.

In other cases, families report that it led to social difficulties for the child and family.

The decision to talk with the media needs to be made on a case-by-case basis. Families need to consider the child's developmental age, the child's willingness, effects it could have on any legal or criminal proceedings, the particular journalist and news outlet, and the potential advantages and disadvantages of talking to the media.

Children and families should feel in control of the process.

Advise guardians to talk with a child and understand what he or she wants. Given that traumatic events can make a child or teenager feel powerless, offering children some role in decision-making can be helpful.

In some cases, the child may want to speak with the media, but the child's guardian may be concerned. The child should be informed that adults will make the final decision and that

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even though it is not the same as the child's choice, parents will carefully consider the child's opinion in the decision.

If the family decides a child or teenager should participate:

- Discuss the process with the child or teenager. Assure the child or teenager that there are no wrong answers. Also encourage the child or teenager to say no to any question that he/she does not want to answer. It may be helpful to role-play ways to set limits.
- Set ground rules with the journalist.
- Let the journalist know about topics or details that are especially difficult for the child.
- Guardians can let the reporter know that if the child becomes upset or distressed as a result of the interview, the interview may have to be stopped—if possible, let the child make or participate in that decision.
- If appropriate, set a time limit in advance for the interview.
- Parents should establish ground rules for a journalist's use of any images, documents or other material not generally available to the public, particularly photos owned by the family or taken in a private place. Most journalists respect the need to seek permission from parents or guardians before using such documents and images.

- Anticipate ways to make the interview a comfortable experience:
 - » Typically, caregivers should be present and available during an interview with a journalist.
 - » The family may want to have a counselor or other supportive adult present.
 - » A child's sibling or pet may also offer comfort to a child.
 - » If possible, the interview should be conducted in a comfortable, nonthreatening setting.

Have a follow-up plan for families.

- Strategize how caregivers will support the child or teenager immediately after an interview.
- Plan to watch or read the story with the child, provide support and answer any questions or concerns.
- Ask the journalist for contact information in case you have any follow-up questions, concerns or clarifications.
- Be prepared to discuss how the final media piece comes out with your child. Often it can be short, or edited in ways that do not always reflect your experience. In some cases, extensive footage may not even be used or printed in the final story.

If the media reports information inaccurately, you may ask for a retraction or correction. Contact the reporter and a senior editor as soon as possible. Be certain that the error was not yours. News organizations are generally willing to correct their

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mistakes, and it helps if your approach is cordial rather than adversarial.

Whether families agree to an interview or not, they should be prepared for the possibility that the media will contact other people—including neighbors, co-workers, teachers, members of the religious community, extended family and friends.

A story may be told with or without the family's input. Prepare your family for these reactions and choices about how to respond.

How to help a family approach the media:

In many cases, families may want to consider approaching the media to inform the public about a traumatic event confronting their family. Families may believe it will bring resources to bear on the situation, raise awareness about an important issue, help change policy and/or communicate with the community. Every situation is different, but this is a choice all families can make.

To approach the media, families can:

1. Contact a news director.
2. Call upon a journalist with a respected track record.
3. Contact a local news tip hotline.

How can clinicians help families who want to contact the media?

- Help them first think through their decision and analyze the risks and benefits of contact with the media (especially the potential impact it may have on the children involved).

- Understand ahead of time how media in their region cover issues.
- Help the families generate a list of pros and cons (including legal considerations, safety, short- and long-term social ramifications).
- Provide the family with resources about how to talk to the media.
- Offer to provide support to the child and family or be present during and after the interview.
- Help the family make a follow-up plan to cope with media responses and the public's response to any media coverage.

When families find themselves in the news:

Often families and children find themselves in the media spotlight because someone in the family has endured injury or died because of a traumatic event. How can clinicians help families more effectively work with the media?

In the first meetings with a family following a traumatic event, clinicians should routinely ask if family members are aware of or have seen coverage about this event, especially if it is a public event. This is clinically important to know, since:

- News may serve as a traumatic reminder intensifying symptoms.
- Interactions with the media can serve either as a positive coping response or as a stressor to the family.

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For example: In a tragedy involving more than one child, children or teenagers who are singled out to represent the event (and those not selected) may have reactions. (Libow, 1992). Clinicians should be aware that this may be an area needing clinical attention.

- Clinicians can offer secondary materials that might provide important insight into the event, and establish a broader context for issues surrounding the event.

Issues to discuss with the family:

- Do you need to identify people in your environment to protect your family from unwanted media attention?
- If a child will be interviewed, is he or she developmentally mature enough to participate?
- Should someone in the family be appointed the primary media contact?
- Do family members have a realistic sense of what media coverage will and will not accomplish?

If families are involved in the media, remind them that clinicians and doctors cannot talk to the media about specifics of the situation unless signed releases exist.

- Discuss the parameters of confidentiality and the need for informed consent for the health providers to talk to the media.
- Discuss the potential benefits and costs for the family if the clinician or agency discusses the case.

Children may not understand the media's role and presence at public events. Encourage children to explain what they understand and their reactions to this.

Prepare families to respond to community members who saw the news. For example, it may be helpful to remind them they can simply say, "Thank you for your concern and good wishes."

3. helping journalists tell stories

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How to work effectively with journalists:

As a clinician, should you talk with the media? Some clinicians are more comfortable than others talking with journalists. Some may have had negative experiences in the past that make them wary of the media. Others speak with the media routinely as a strategy to raise public awareness and impact policy decisions.

It is important to know your comfort level and limitations. Not everyone is cut out to talk with the media.

If you do decide to talk with the media, it is best to approach it as a collaborative rather than adversarial effort (even if you harbor private mistrust). Journalists have a job to do, and although their interests may overlap with yours, they do not necessarily share the same agenda or objectives.

Some tips for collaborating effectively with the media:

- Remember that you are at all times bound by your profession's ethical standards. You must protect your clients' confidentiality, and do no harm. You can discuss identifying information or specifics of cases that you are privy to only with your client's explicit consent.
- When talking with the media, first establish some basic ground rules and be prepared to set limits on what you will and will not talk about.

- When talking with journalists, don't forget the basics:
 - » Who is calling and whom do they represent?
 - » What is the point or "angle" of the story?
 - » Why is the reporter interested in talking with you?
 - » Are the reporter's questions within your zone of professional expertise?
 - » What is the deadline for getting information to the reporter?
 - » When will the story run or be published?
 - » What is the probable length of the story, and where will it be published or distributed?
 - » What is the contact information for possible follow-up with the reporter (including e-mail address)?
- Create a formal or informal database of journalists you speak with, including their interest areas and contact information. Send these journalists links to information, publications or recently published academic articles that are relevant to their area of interest.
- Identify journalists whom you are comfortable working with, and develop long-term relationships with them.
- Be available. Have someone in your organization available both on- and off-hours.

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It is important to respond to journalists' inquiries in a timely manner. Deadlines are real, and a failure to respond may lead to media coverage that misses crucial information and perspective only you can provide.

Develop an internal or individualized media plan that includes:

- How to respond reactively to events in the media.
- How to proactively reach out to the media when you have a story to tell.
- Your organization's policies and procedures for talking with the media. For example: Do statements or media contacts need to be cleared through a Public Relations office?
- Designated people in your organization who have content expertise in certain areas. Be sure these individuals receive some basic training in how to talk to the media.
- Some basic talking points and core messages (about child trauma) for yourself and your organization. These can be included whenever you have contact with a journalist.

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4. asking & answering questions

How to respond to a journalist's questions:

Most clinicians may not have had practice speaking with journalists. Many may be more accustomed to providing information in a clinical or academic setting.

The needs of journalists are different. Responses should be concise, authoritative and easily quotable. Clinicians may want to avoid making generalizations or talking in "absolutes," but journalists need to provide relevant information in an easily consumable and understandable format.

Interview the journalist:

Scott North, a journalist from *The Herald* (Everett, Washington), says he always responds well when an expert says, "Tell me a little about what you know on this topic, and I'll see if I can help fill in the blanks."

Before agreeing to the interview, talk to the journalist:

- Ask the journalist why this topic is newsworthy right now.
- Ask the journalist why he or she has contacted you and how you can be most helpful.
- Ask the journalist who else he or she has spoken to or plans to contact to speak to about the topic.
- Don't be afraid to challenge the journalist's assumptions.

Some tips for talking with journalists:

- Don't make assumptions about what the public knows or doesn't know.

- Speak simply and clearly about one or two key messages.
- Resist the impulse to be an all-knowing expert; succinct, clear statements on the key matters will be most effective.
- Have short case examples (with any identifying detail removed) to demonstrate your point.
- Avoid the use of jargon or "psychobabble."
- Keep it short and practice ahead of time.
- Be sure to put your answer in context of the larger issues.
- Know the limits of your knowledge and be willing to say "I don't know" or "That is outside of my area of expertise."
- Know when to refer to other experts and provide the journalists with some leads.

In your statements:

- As often as possible, provide a message about positive coping and what families can do to increase resiliency in difficult times.
- Place the event in question in context by explaining how common this type of event is compared with other events. Although news often focuses on extreme or unique cases, the expert can remind people about the context of a particular tragedy in light of similar ones.
- Emphasize victims, not perpetrators.
 - » Portray the effects of violence.

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- » Resist the tendency to discuss portray all victims as heroic in the face of danger, because not all survivors feel their actions were courageous (Libow, 1992).
- » Avoid using words like “closure,” “chaos” and “mayhem.”
- » Convey any information that would reduce the stigma of looking for help.
- » Remind journalists that children who are interviewed by the media in group tragedies and atrocities may have potentially negative reactions (those who are not selected may have reactions as well) (Libow, 1992).
- » When possible, remind journalists to provide children and other victims with a special level of journalistic care regarding privacy, interviewing style, etc.

Press kits:

It is helpful to have a “press kit” ready—a packet of material containing basic background information on traumatic stress and children, mental health resources in the community, other reliable sources of information as well as information on your practice or organization and contact information.

Addressing bias, stereotypes and common misconceptions:

News accounts often present victims in narrow, clichéd terms, as tragic, or pathetic. It will be important to counter these biases by helping the journalist write a story that gets readers to care about the victims in

fresh and unexpected ways. Some tips:

- Inform journalists about traumatic reactions and coping whenever possible.
- Provide information and data about different groups affected by a trauma—the child victim, the parents, the siblings, bystanders, law enforcement and social services—so that journalists consider the story from multiple perspectives.
- Ensure that journalists understand that responses to traumatic events vary widely.

Should clinicians help journalists find families to talk to?

Often journalists will ask clinicians if there is a family struggling with issues of traumatic stress who would be willing to talk to media representatives about a story they are working on. Due to confidentiality laws, journalists may have trouble acquiring official records of trauma-exposed children, and speaking with children and families helps them tell better stories. This is a delicate area. What should you do when journalists ask you to provide them with a real family to speak with in order to tell a story?

- It is important to remember that clinicians are always bound by professional ethical standards including the responsibility to protect the privacy of their clients.
- In general, clinicians need to be cautious because clients may feel

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obliged to comply as a way of acknowledging the care received.

- Remember that the decision to talk to the media is ultimately the family's.
- After treatment, facilities can create an informed-consent list of people who would be willing to talk to the media. The form should make clear that clients are not obligated to comply, that they can receive services in the future regardless of whether or not they choose to be contacted, and that the agency cannot guarantee any particular outcome. They are also free to say no to any journalist if they are ever contacted.
- In some settings, it may be appropriate to leave a flyer in the waiting room indicating that journalists are seeking opportunities to talk with families who have experienced traumatic events. The decision to do this will depend on the agency and the population served.

There are no hard-and-fast rules. You must use your clinical judgment on a case-by-case basis.

5. raising public awareness

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Use media proactively to raise awareness:

Although journalists can help child clinicians raise awareness about trauma responses, journalists are NOT public-relations agents for child clinicians. Journalists operate with their own set of rules and ethical code. Clinicians must learn how to work with journalists collaboratively in a way that respects each professional's aims, culture, code and ethics. Despite the differences in mission, clinicians and journalists can often work in concert to raise public awareness about important issues related to children and trauma.

The two main strategies for using the media proactively involve building collaboration and taking action as described below:

Build collaborations:

- Provide positive feedback, encouragement and incentives to journalists who handle these issues well. Whenever a clinician, advocate or family member sees good media coverage, contact that journalist and his or her boss (managing editor, news director) by e-mail, letter or phone. Audience response can help news decision-makers.
- Take a journalist to lunch and suggest story ideas.
 - » Encourage journalists to ask the hard questions about the evidence of what makes an effective program.
 - » Encourage reporters to look at the lack of resources for

families experiencing trauma and the manner in which they persevere in spite of obstacles.

- » Encourage journalists to tell stories from the child's perspective.
 - » Encourage journalists to tell stories about trauma services from the perspective of a family seeking help, a child protective worker, the state child fatality team, a rescue worker, etc.
- Educate yourself about how the specific media you deal with make assignments and news decisions.
 - » Daily newspapers and larger public radio stations may have a "beat" system; get to know the reporters on beats related to children, families, crime, health and related issues.
 - » At TV stations, the key decision-maker is more likely an assignment editor or producer.
 - » Ask journalists how their particular organizations make news decisions.
 - Don't blame individual journalists for decisions that are out of their hands, such as bad headlines or story placement.
 - Invite journalists to become part of your community's disaster drills as a participant and/or observer. Sometimes journalists will not participate, but it can be helpful to plan their needs in a disaster drill.
 - Always follow up and stay in contact with journalists with whom you would like to be building long-term relationships.

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Take action:

- Write press releases about important trauma-related services and events in your community and distribute them to media outlets.
- Write op-ed pieces or letters to the editor regarding issues that affect trauma-exposed children in your community.
- When you get asked to speak to a reporter, always ask if he or she is the mental health reporter or a children's beat reporter. Remind journalists about novel ways many papers are transforming news coverage.
- Ask journalists or newsroom managers to consider serving on the board of community agencies that serve children who experience traumatic stress. They may not agree due to conflict of interest, but it is important to start asking them to become involved.
- Invite journalists to events sponsored by your practice or agency as a way of raising awareness and building long-term relationships.
- Send journalists links to information, publications or recently published academic articles that are relevant to their area of interest.
- When a story is covered in the media about which you have something to say or a perspective that is not expressed, contact the journalist with whom you have a standing relationship to provide

your point of view and help develop story ideas.

In conclusion:

By following the steps outlined in this booklet, clinicians can begin to develop positive professional relationships with journalists and use the media as an effective means to raise awareness and educate the public about the impact of child traumatic stress. It is our hope that by engaging journalists, child trauma will be better understood, given the attention it deserves and recognized as a serious public health concern.

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Photo: Walt Beazley, Tulsa University

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The **Dart Center for Journalism & Trauma**, based at the University of Washington, is a resource center and program developer for students, educators, journalists and news organizations interested in the intersection of journalism and trauma issues. The Dart Center recognizes and encourages excellence in reporting on victims of violence and trains journalists on issues of trauma.

violence, child abuse, and life-threatening illness. Its reach extends across settings and disciplines and to institutions and systems integral to children's lives. The mission of the NCTSN is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

Established by a congressional Initiative in 2000, the **National Child Traumatic Stress Network (NCTSN)** is a unique collaboration of academic centers and front-line community service providers dedicated to understanding and treating children and families who have experienced traumatic events. The NCTSN's work encompasses all trauma types, from natural disasters to school and community

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