HOW TO USE THIS TRAINER’S GUIDE

This trainer’s guide contains a suggested schedule and learning activities for delivering the required Crisis Counseling Assistance and Training Program (CCP) Core Content Training.

Trainers are encouraged to adapt and modify how they deliver the course to meet the needs of the specific program, audience, and circumstances. For example, the time available and the number of participants are two factors that would impact how the course is delivered.

This trainer’s guide presents two agenda options—one for a 2½-day training course, and another for a 2-day training course. The 2½-day course is preferable, but depending on the specific circumstances, a shorter training may be necessary. The agendas assume an 8½-hour training day, including 15-minute breaks in the morning and afternoon and 1 hour for lunch.

The detailed plan of instruction contained in this guide is written primarily to correspond to the 2½-day course, but it is noted in the design which activities to omit or shorten if you are delivering a 2-day course.

The activities and timing of this design are intended for a group of about 25 participants. If the group is smaller, the activities and group discussions may take less time than indicated in this plan of instruction. If the group is larger than 25, you will need to modify the activities in order to fit the time available. For example, when a table exercise is indicated in the design, with reports from each table, you may want to have the participants work in trios and take a few examples to process in the large group, rather than reports from all of the small groups.

Also contained in this guide is a half-day training for program management staff. This section is optional and can be delivered before, after, or entirely separately from the Core Content Training. Scheduling the program management section after the Core Content Training is preferred, so that the program managers can discuss and build upon the outputs from the learning activities in the Core Content Training.

The CCP Trainer’s Guide provides detailed instructions for suggested talking points and group exercises. It contains images of all slides. If you wish to print the slides out separately, you can do so directly from the PowerPoint file contained on the USB drive in the Trainer’s Toolkit.

The CCP Participant Workbook contains all the essential content from the slides that participants should have as reference material. Many of the slides contained in the Core Content Training PowerPoint file contain supplemental information to be used at your discretion, based upon the needs of the group and the time available. It is suggested that the CCP Participant Workbook be reproduced on three-hole-punched paper and provided to participants in a three-ring binder.
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Pre-Training Checklist

Prior to the course, contact the program manager to discuss the following:

- Disaster specifics
- Type of disaster
- Size and scope of disaster
- Unique dynamics of the disaster
- Population affected, including special populations and cultural factors

Program Data

- Size of program—number of counselors, status of recruitment
- Background and experience of counselors
- Current status of service provision
- Request a copy of key program documents:
  - Immediate Services Program (ISP) Application
  - Current Needs Assessment
  - Current Outreach Strategy/Plan of Services
  - Current Staffing Plan/Organizational Chart
  - Maps of the disaster impact
- Ask the program manager (or designee) to prepare to deliver a 15-minute presentation that provides an overview of the program’s Needs Assessment and Plan of Services, as described in the ISP Application.
- Ask the program manager what the protocol is for staff to submit completed data collection forms.

Course Logistics

- Number of participants—Ensure that all staff including program management, team leaders, crisis counselors, administrators, and fiscal staff attend.
- Length of course—2 or 2½ days
- Optional program management workshop
- Location and training facility—training room size and setup
- Audiovisual support—LCD, computer, capacity for showing DVDs
- Nametags, markers, etc.
- Photocopies of the CCP Participant Workbook and other materials (handouts of program documents, the CCP Job Aid for Crisis Counselors, etc.)—with modification of agenda in Participant Workbook as needed.

Guest Speakers

- Will a Federal Emergency Management Agency (FEMA) representative be attending to provide an overview of FEMA’s assistance programs? If so, obtain name and contact information.
- Contact the FEMA representative to coordinate the timing, focus, and duration of his or her presentation, or request that the program manager provide these details.

Travel Logistics

- Flight recommendations
- Lodging recommendations
- Reimbursement procedure
Other Items

- Review the training agenda and activities with the program manager.
- Agree how the staff input generated through the training activities will be captured and transferred to the program manager.

Post-Training

- Make recommendations to the program manager about post-training followup—e.g., subsequent meetings, training, other actions.
- Submit completed participant evaluations and trainer feedback form to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Participant feedback forms are included in the CCP Participant Workbook, and trainer feedback forms are included at the end of this trainer's guide.
## Recommended Agenda A
### Core Content Training—2½ Days

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
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<tbody>
<tr>
<td><strong>8:30 a.m.</strong> Welcome and Introductions</td>
<td><strong>8:30 a.m.</strong> Opening—Review and Preview</td>
<td><strong>8:30 a.m.</strong> Opening—Review and Preview</td>
</tr>
<tr>
<td><strong>9:00 a.m.</strong> Disaster Response Overview</td>
<td><strong>8:45 a.m.</strong> Survivor Reactions</td>
<td><strong>8:45 a.m.</strong> Data Collection and Program Evaluation*</td>
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<tr>
<td><strong>10:00 a.m.</strong> Break</td>
<td><strong>10:00 a.m.</strong> Break</td>
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<tr>
<td><strong>10:15 a.m.</strong> CCP and Services</td>
<td><strong>10:15 a.m.</strong> Survivor Reactions (cont.)</td>
<td><strong>10:15 a.m.</strong> Stress Management</td>
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<tr>
<td><strong>12:15 p.m.</strong> Lunch</td>
<td><strong>10:45 a.m.</strong> At-Risk Populations</td>
<td><strong>11:30 a.m.</strong> Applying Your Learning, Course Evaluation</td>
</tr>
<tr>
<td><strong>1:00 p.m.</strong> CCP and Services (cont.)</td>
<td><strong>12:15 p.m.</strong> Lunch</td>
<td><strong>Noon</strong> Adjourn</td>
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<tr>
<td><strong>3:00 p.m.</strong> Break</td>
<td><strong>1:15 p.m.</strong> Interventions and Skills</td>
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<td><strong>3:15 p.m.</strong> Cultural Awareness</td>
<td><strong>3:00 p.m.</strong> Survivor Tools</td>
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<tr>
<td><strong>4:45 p.m.</strong> Journal Reflection</td>
<td><strong>3:15 p.m.</strong> Break</td>
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<tr>
<td><strong>5:00 p.m.</strong> Adjourn</td>
<td><strong>4:45 p.m.</strong> Journal Reflection</td>
<td><strong>4:45 p.m.</strong> Training, Stress Management, Fiscal Management</td>
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<td></td>
<td><strong>5:00 p.m.</strong> Adjourn</td>
<td><strong>4:30 p.m.</strong> Data Collection and Evaluation, Reporting, Quality Assurance</td>
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<td><strong>5:00 p.m.</strong> Adjourn</td>
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*Optional Half-Day Session for Program Managers*

| **1:00 p.m.** Needs Assessment, Outreach, Staffing Plan             | **2:00 p.m.** Field Deployment and Supervision                        |
| **2:30 p.m.** Break                                               | **2:45 p.m.** Communications and Media Plan                          |
| **4:00 p.m.** Training, Stress Management, Fiscal Management       | **4:00 p.m.** Training, Stress Management, Fiscal Management          |
| **4:30 p.m.** Data Collection and Evaluation, Reporting, Quality Assurance | **4:30 p.m.** Data Collection and Evaluation, Reporting, Quality Assurance |
| **5:00 p.m.** Adjourn                                           |                                                                       |

*This section may be shortened if crisis counselors will be taking the web-based training course on the data collection forms.*
<table>
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<th>DAY 1</th>
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<th>DAY 3</th>
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<td><strong>8:30 a.m.</strong></td>
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<td>8:30 a.m. Opening—Review and Preview</td>
<td>Optional Half-Day Session for Program Managers</td>
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<tr>
<td></td>
<td>Course Objectives, Agenda, Norms</td>
<td>8:45 a.m. Survivor Reactions (cont.)</td>
<td>8:30 a.m. Objectives, Agenda</td>
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<tr>
<td>9:00 a.m.</td>
<td>Disaster Response Overview</td>
<td>10:15 a.m. Break</td>
<td>8:45 a.m. Needs Assessment, Outreach, Staffing Plan</td>
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<td>10:30 a.m. At-Risk Populations</td>
<td>9:45 a.m. Field Deployment and Supervision</td>
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<td>11:30 a.m. Interventions and Skills</td>
<td>10:00 a.m. Break</td>
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<td>Noon</td>
<td>Lunch</td>
<td>Noon</td>
<td>10:15 a.m. Communications and Media Plan</td>
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<td>Survivor Reactions</td>
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<td>5:00 p.m. Adjourn</td>
<td>12:30 p.m. Adjourn</td>
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Welcome and Introductions (30 min.)

30 minutes

INTRODUCTIONS

Begin the course by welcoming participants and introducing yourself.

Ask participants to introduce themselves by sharing the following:
- Their name
- Their experience with crisis counseling or disaster response
- One expectation they have for this course

Write the participants’ responses to the last question on an easel stand; once completed, summarize their hopes and expectations. Make a link between their expectations and the course objectives.

30 minutes

COURSE OBJECTIVES, AGENDA, AND NORMS

Review objectives of the course.

Objectives—By the end of the course, participants will be able to do the following:
- Describe the range of crisis counseling services.
- Identify typical disaster reactions.
- Demonstrate basic crisis counseling skills.
- Explain the importance of data collection and how to use it.
- Apply techniques for managing stress.

Be sure to indicate which of the participants’ expectations will be addressed during the course and which might not be. Most important, you’ll want to let people know if they have expectations totally beyond the scope of this course and help them identify how to get the information they want.
Review the block schedule, and discuss how the objectives will be addressed over the course of the training.

**NOTE:** Present slide 4 if teaching a 2½-day course; present slide 5 if teaching a 2-day course. Modify the slides, as necessary, to fit the circumstances of the course—e.g., delete the half-day session on program management if it is not being taught.

Be sure to **cover** logistical details such as these:

- Lunch and break times and locations
- Restroom locations
- Time (follow clock in the room)

**Pause and ask** for participants’ reactions or questions, and ask whether they feel there is anything missing from this program.

**Introduce** the *Participant Workbook*, and describe how it will be used during the course. Highlight the following:

- The manual will be used to convey key concepts covered in the course.
- There is space to make notes as well as capture reflections.
- Reference materials are included for use during and after the course.

As in any course, having agreed-upon norms is helpful. **Write** the following guidelines on an easel stand, and review them with participants.

- Keep time (start on time, return from breaks on time, end on time).
- Switch mobile phones off or to “vibrate.”
- Participate fully.
- Ask questions freely.
- Balance talking and listening.
- Respect each other’s points of view.

**Ask** the participants to decide on answers to these questions:

- Would they like to modify any guidelines?
- Would they like to add any guidelines?

**Write** any additional guidelines on the easel stand, and **check** to see if everyone in the room can agree to the list.

Warmly **welcome** the participants again, and jump into the content of the course!
SECTION 1: Disaster Response Overview
(1 hour)

30 minutes

SESSION INTRODUCTION AND CHARACTERISTICS OF DISASTER

Introduce this session by telling participants that the purpose of this session is to give an overview of disaster, as well as the ways in which SAMHSA, FEMA, the state, and local providers work together to implement and run the CCP.

Session Objectives

- Describe the key characteristics of this disaster and the impact on survivors.
- Describe the federal disaster response structure.

Review the session objectives:

- Describe the key characteristics of this disaster and the impact on survivors.
- Describe the federal disaster response structure.

Present the definitions of disaster from the Center for Mental Health Services (CMHS) and the Stafford Act.

Characteristics and Repercussions of a Disaster

Definition of a Disaster

- A disaster is a natural or human-caused occurrence (e.g., hurricane, tornado, flood, tsunami, earthquake, explosion, hazardous materials accident, mass criminal victimization incident, war, transportation accident, fire, terrorist attack, famine, epidemic) that causes human suffering. A disaster creates a collective need that overwhelms local resources and requires additional assistance.

Adapted from the Center for Mental Health Services (CMHS), 2000.
Ask for participants’ reactions to the two definitions—where do they see similarities and differences? Would they define disaster differently? If so, how?

Discuss the differences between natural v. human-caused disasters.

Highlight the differences in survivors’ experiences of blame and anger for human-caused v. natural disasters:

- Blame is a characteristic that differs significantly for natural and human-caused disasters. Survivors of human-caused disasters may blame and feel anger toward individuals, groups, or organizations they believe caused or contributed to the disaster.
- In contrast, survivors of natural disasters may blame and feel anger toward themselves for lack of preparedness or believe it is "God's will" or a punishment.
- Survivors of natural disasters may project their anger onto caretakers, disaster workers, or others.
- In human-caused disasters, such as bombings and other acts of terrorism, technological accidents, or airline crashes, survivors grapple with deliberate human violence and human error as causal agents.
- There is often a continuum between natural and human factors. Many disasters occur or are worsened through an interaction of natural and human elements. Hurricane Katrina and its aftermath are good examples of how natural and human factors interact in disaster.
- For example, damage from the natural event of flooding may be increased due to human factors such as inadequate planning, governmental policies, or faulty warning systems.
- When there is a great deal of anger and blame, as in the case of terrorism, the period of recovery is often protracted.
- As individuals are ready, group crisis counseling may be beneficial since it allows for both support and education.
Emphasize the following points:

- Disasters are ongoing processes that change over time.
- Regardless of the size or magnitude of a disaster, it can have an overwhelming and lasting effect on the lives of the people affected.
- Each survivor’s experience is unique, and everyone “has a story.”
- A recent disaster (within 3 years) can have a strong effect on people and communities. A new disaster can cause setbacks in the recovery process for individuals and groups affected by the previous disaster (e.g., seasonal disasters such as hurricanes or flooding).

Give the following task:

At your table, discuss the following:

- What are the characteristics of this disaster (e.g., cause, size, scope)?
- What has been the effect on survivors?

Tell the groups they have 10 minutes for discussion, and ask that they identify a spokesperson to report out the highlights of their discussion. They can make notes in their CCP Participant Workbook.

Have each group report out. Ask participants where they heard similarities and differences across the different groups. Take about 10 minutes for the reports.

Transition to the next session by saying that since we have a shared understanding of the characteristics and impact of this disaster, we are now going to turn our attention to looking at the federal government disaster response and how crisis counseling fits into the larger response effort.
If there is a FEMA representative at the training, invite him or her to give a brief overview (10–15 minutes) of FEMA’s disaster assistance, using the slides included here, if he or she wishes.

If a FEMA representative is not present at the training, you may either present slides 14–19 yourself or show the Overview section of the DVD *The Face of FEMA: A Review of FEMA’s Individual Assistance Programs*. Review the DVD prior to the training to familiarize yourself with the content. You may show other segments of the DVD during the course at your discretion.

Slides 20–27 are optional, as they provide detailed information about FEMA’s programs. You may choose to present them if you feel sufficiently knowledgeable about the content.
Entities eligible to apply for CCP funding

Disaster Response Structure and Operations

Entities Eligible to Apply for and Receive CCP Funding
- States
- U.S. territories
- Federally recognized tribes and tribal organizations
ISP and Regular Services Program (RSP) grants

The typical CCP timeline—Present this typical timeline, and compare it to the actual timeline of this program’s ISP application and award.

ISP accountability structure

- The State Mental Health Authority (SMHA) conducts a needs assessment and prepares the application for funding through the Governor’s Authorized Representative (GAR).
- The GAR is usually the State Emergency Management Agency (SEMA).
- The GAR reviews the application.
- Typically, funding flows from FEMA to the GAR to the SMHA.

Tell participants that there is a glossary of disaster behavioral health acronyms in the Additional Resources section of their workbook.
CMHS and FEMA roles and responsibilities in the CCP

Through an interagency agreement, CMHS works with FEMA to implement the CCP.
CMHS and FEMA collaborate to
- Provide technical assistance (TA) and consultation
- Administer grants
- Oversee programs
- Ensure that grant services are in accordance with the CCP model

ISP organizational roles and responsibilities

This diagram is explained in greater detail in the CCP Participant Workbook.

SAMHSA DTAC

SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and local entities to deliver effective behavioral health responses during disasters.
Toll-Free: 1-800-308-3515
E-mail: DTAC@samhsa.hhs.gov
Web: http://www.samhsa.gov/dtac

Pause and ask the group what questions they have about the overall CCP structure and operations.

Tell participants we’re now going to take a break and, when we resume, we’ll focus on the CCP and services.

15 minutes  BREAK
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SECTION 2: Crisis Counseling Program and Services (3 hours, 45 minutes)

15 minutes  SESSION INTRODUCTION, KEY CONCEPTS, AND OVERVIEW OF SERVICES

Introduce this session by telling participants that this session deals with what the CCP is and how it is designed to identify and address the process of recovery.

Review the session objective:
- Describe the range of crisis counseling services.

Present the key concepts that form the core of the CCP model, and make the following points:
- **Strengths based**—While CCP crisis counselors have the ability to assess significant adverse reactions and refer people accordingly, CCP services assume natural resilience in individuals and communities.
- **Anonymous**—People should not be classified, labeled, or diagnosed. Each person should be seen as unique in his or her needs and recovery. Therefore, there are no case files, records, or diagnoses for users of CCP services.
- **Outreach oriented**—Crisis counselors take services into the community rather than waiting for survivors to seek services.
- **Culturally aware**—Throughout the project, staff should strive to understand and respect the community and the cultures within the community.
- **Conducted in nontraditional settings**—Crisis counseling is community based and occurs primarily in homes, community centers, disaster shelters, and settings other than traditional mental health clinics or hospitals.
• Designed to strengthen existing community support systems—The CCP supports, but does not supplant, natural community support systems. Likewise, the crisis counselor supports community recovery activities but does not organize or manage them.

• Based on an assumption of natural resilience and competence—Most people will recover and move on with their lives, even without assistance. Promote independence rather than dependence on the CCP, other people, or other organizations, and assume competence in recovery. A key step in recovery is regaining a sense of mastery and control.

Discuss the role of outreach in the CCP model, making the following points:

• Outreach is how you connect both with people in need and community organizations that have resources—in order to match them up with each other.

• It’s a mechanism for educating survivors about how to prioritize their needs and access resources to meet those needs. It’s also a mechanism to educate community organizations about the needs in the community.

Review the list of ways that crisis counselors assist survivors. Note that these items are sometimes referred to as psychological tasks for recovery.

Emphasize the following points:

• The CCP assumes natural resilience in individuals and communities. Most people will recover and move on with their lives, with or without assistance.

• The CCP addresses disaster-related stress and strives to assist people in recovery. The crisis counselor’s primary role is to empower survivors through education, information, and skills development.

• A unique aspect of the CCP that separates it from other disaster relief programs is that it provides psycho-educational services to the community, in addition to affected individuals. It therefore addresses both individual and collective needs.
Discuss the differences between traditional mental health/substance abuse treatment and crisis counseling. If there are mental health or substance abuse services professionals in the audience, validate their clinical skills, noting that these skills are valuable and will be of great benefit to the people with whom they work. However, they will need to adapt their skills to work within the context of the CCP model. Encourage professionals to take time to assess how they can adapt their current skills and develop new skills to be better prepared to work for a community-based project.

Quickly present the range of crisis counseling services, and let the participants know that we’ll be exploring these in greater detail later this afternoon.

Present and briefly discuss the graphic illustrating the reach and intensity of services, making the following points:

- Primary services involve the interaction of crisis counselors and survivors.
- Secondary services involve dissemination of information.
- Face-to-face primary services should be the main focus of the CCP.
- Lower-intensity services reach more people.

Show the pie chart displaying the typical scope of CCP services provision, and make these points:

- This chart is designed to show that disasters affect people in a variety of ways and that not everyone will take advantage of the services offered by the CCP.
- However, crisis counselors should attempt to provide outreach to all survivors represented in the chart.

Use this last point as a transition to the next segment, in which a representative of CCP program management will give an overview of the program’s needs assessment and outreach strategy from the ISP Application.
<table>
<thead>
<tr>
<th>15 minutes</th>
<th>OVERVIEW OF NEEDS ASSESSMENT AND OUTREACH STRATEGY</th>
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Invite the CCP program manager (or designee) to give a brief overview of the program's needs assessment and outreach strategy (plan of services), as described in the ISP Application.

Hand out copies of these sections of the application, if possible.

After the presentation, tell participants that we are going to spend some time working together with this information to make sure that we have a common understanding of the following:

- The affected areas and groups
- Their needs
- Community resources
- The program’s plans to match resources with people in need

<table>
<thead>
<tr>
<th>1 hour, 30 minutes</th>
<th>NEEDS ASSESSMENT AND OUTREACH ACTIVITY</th>
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Step I—Needs Assessment (30 min.)

Note that you can instruct the participants to either brainstorm from scratch or use the existing needs assessment as a starting point upon which to expand.

Assign the table activity. Participants have 15 minutes to complete the following with their table groups:

- Identify the geographic areas affected in the disaster.
- Identify the special population groups.
- Identify the priority needs in the affected communities (e.g., rebuilding/repairing homes, clothing, treatment).
- Make notes in your workbook.
- Choose a spokesperson to report on your group’s discussion.

Have each table report out. While they are reporting, record the priority needs they have identified.

After all the tables have reported out, ask the group to select three to five priority needs to focus on in the next task. You can do this through a large group discussion, or have the participants vote by putting marks (using markers or sticky dots) next to the items they think are the priority needs. Choose the needs that received the most marks.
Step 2—Resource Identification (30 min.)

Groups have 15 minutes to complete the following:

- For the priority needs selected, identify the organizational resources that would be needed to meet those needs (e.g., organizations in the community, such as faith-based organizations, disaster assistance organizations, unmet-needs committees, hospitals, schools).
- Make notes.
- Choose a spokesperson for the table group.

Have each table report out. Ask: What similarities did you hear across group responses? What key differences did you hear?

Step 3—Outreach Strategy (30 min.)

Groups have 15 minutes to complete the following:

- Identify the key actions this program should take to conduct successful outreach to survivors.
- Identify key actions they can take to conduct outreach to organizations that have resources available for survivors.
- Make notes.
- Choose a spokesperson for the table group.

Note: If participants are struggling to identify specific actions, use some of the following questions to guide them:

- How will you gain access to and work with community gatekeepers and cultural brokers?
- How will you use outreach materials to reach target populations?
- How do you prioritize areas for door-to-door outreach?
- How will crisis counselors learn about and participate in community events?
- Are there sites where people affected by the disaster gather?
- How will natural support systems be contacted (e.g., schools, faith-based organizations)?

Have each table report out. Record their ideas on an easel stand, and give it to the program management representative at the end of the day.

You can ask participants to mark their top three favorite outreach ideas on the easel charts as they go to break.

Bring the session to a close, and take a break. Tell participants that when we reconvene, we'll be looking at the different crisis counseling services in greater detail.

1 hour LUNCH
30 minutes

INDIVIDUAL CRISIS COUNSELING AND BRIEF CONTACT

Tell participants that we are going to spend the next couple of hours talking about each kind of service offered by the CCP:

- Individual crisis counseling
- Brief educational or supportive contact
- Group crisis counseling
- Support and educational groups
- Self-help groups
- Assessment, referral, and resource linkage
- Community support and networking
- Public education
- Development and distribution of educational materials
- Media messaging and risk communications

Describe the characteristics of individual and family crisis counseling.

Emphasize that although more than one visit may occur, each visit should stand alone.

Point out that the goal of individual crisis counseling is to reinforce prior successful coping skills, in addition to helping survivors develop new ones.

Specific steps or elements of crisis counseling are these:

- **Engage**—Through outreach, make contact with affected individuals to provide crisis counseling services.
- **Identify immediate needs**—Assist survivors in assessing their current needs.
- **Gather information**—Use reframing, reflecting, paraphrasing, and opening skills to gather information to assess survivors’ needs.
- **Prioritize needs**—Disaster survivors often have safety and physical needs that need to be met first.
- **Offer practical assistance**—Provide referrals and linkage to additional services, including disaster assistance, clothing, food, and shelter.
• Educate—Teach survivors about common reactions, stress management techniques, and coping skills.
• Provide emotional support—Normalize the survivor’s reactions, and provide reassurance.
• Determine next steps and follow up—Assist the survivor to develop a plan and create action steps.

Tell participants that the next section will include working with the skills necessary to conduct individual and family crisis counseling.

Explain that individual and family crisis counseling encounters are recorded in the Individual/Family Crisis Counseling Services Encounter Log. We will review this in more detail in a later training session.

Describe the characteristics of brief educational or supportive contact.

Facilitate a discussion with participants around the following questions:

• What is the difference between individual crisis counseling and brief contacts?
• How are the two services interrelated?
• How would you determine which one is appropriate in a given encounter?
• Which service do you provide more of now? How might it change in the future? What might cause it to change?

Make the following points:

• Generally, you have more brief contacts in the beginning of the program, and this helps you to identify people who would benefit from individual crisis counseling.
• The ratio of brief contacts to individual crisis counseling will likely shift over time.
• The shift occurs because reactions change over time (use the disaster phases to explain how reactions change over time and to explain why this change occurs).
• Data analysis is a way to notice when you’re moving from brief contacts to individual crisis counseling.
Explain that brief educational or supportive contacts are documented on the Weekly Tally Sheet. We will review this in more detail in a later training session.

15 minutes

GROUP CRISIS COUNSELING

Briefly discuss the characteristics of group crisis counseling, and make the point that group crisis counseling is not usually a significant element of an ISP because people are typically not ready to join groups until later. If this program is extended to an RSP, it is likely that group crisis counseling will be a significant part of your portfolio of services.

Refer to the CCP Participant Workbook for additional details and talking points regarding group crisis counseling.

Depending on the time available and the interests of the participants/program management, you can lead a group discussion about the following questions:

- So far, what patterns/common themes/needs have you seen that may serve as useful topics around which to establish groups?
- What cues from survivors may indicate that setting up groups is appropriate (e.g., survivors reporting that they feel alone in their experience)?

Range of Crisis Counseling Services (cont.)

- Services that help group members understand their current situations and reactions to the disaster
- A need that may increase later in the CCP as people are ready to connect with others
- Group members who should have had similar levels of exposure
- Participants gaining mutual support from other group members
- Education, including stress management, coping with triggers, expressing emotions, and problem solving

Range of Crisis Counseling Services (cont.)

- Group crisis counseling is characterized by

Range of Crisis Counseling Services (cont.)

- Support and educational groups
  - Increase the social support network
  - Facilitate the exchange of information about life situations
  - Help develop new ways of adapting and coping
  - Provide tools to obtain and process new information
  - Provide practical and concrete assistance
  - Use handouts and factual information relevant to each group's discussion
  - Use speakers relevant to the content area and group members' needs

Range of Crisis Counseling Services (cont.)

- Self-help groups
  - Are initially facilitated by a crisis counselor
  - Can be co-facilitated by a group member to encourage transition to a member-facilitated process
  - Are no longer a CCP service once the group has transitioned to a member-facilitated process
Explain that group encounters are documented using the Group Encounter Log. We will review this in more detail in a later training session.

30 minutes

ASSESSMENT AND REFERRAL

Present the characteristics of assessment and referral.

Note that crisis counselors may use the CCP Adult and Child/Youth Assessment and Referral Tools to help them decide whether referral is needed. Explain that we'll be covering the assessment and referral tools in more detail later in the course.

Ask participants if they are familiar with the tools. Are they currently using them?

Explain that focusing on tangible needs helps the survivor identify damage and subsequent needs related to rebuilding, repairs, safety, food, shelter, and clothing.

Emphasize that resource linkage is not case management.

Ask: What are some examples of situations in which you've assessed and identified certain needs and then matched or referred survivors to resources?

Say that when conducting assessment, they should consider the following risk factors and reactions:

- Safety
- Level of exposure to the traumatic event
- Prior trauma or physical or behavioral health concerns
- Presence of severe reactions
- Current functioning
- Alcohol and drug use
Ask: What are you doing now to assess where people are and what their needs are?

Ask: What questions do you use to assess?

Provide sample screening questions, if necessary:

- Has your access to health care changed? Is that something you may need help with?
- Are you finding yourself drinking more?

Discuss emergency treatment referral versus nonemergency treatment referral.

Make the following points:

- Crisis counselors should consider the amount of time since the event. Some reactions are very common in the first few weeks and, by themselves, do not necessitate referral. Poor functioning, avoidance of situations, and sleeping problems are common at first.
- Assessment and the need for referral depend on the degree to which the symptoms are interfering with daily life functioning, how well the individual is managing his or her symptoms, and how strong his or her support systems are.
- Perceptions of mental health or substance abuse treatment vary among people in general, as well as cultural groups.
- Crisis counselors should demystify counseling by explaining that counseling and treatment are methods of providing support, information, education, problem solving, and coping.
- The CCP tries to empower people to make and keep their own referral appointments. However, it is sometimes acceptable to guide survivors through the referral process. Some strategies include the following:
  - Provide referral options.
  - Assist people in making appointments.
  - Remind them to attend appointments.
  - Follow up to see if they attended.
- Facilitating the survivor’s connection with the external provider can increase future follow-through with assistance and improve the likelihood of a successful recovery.

Ask: What’s been helpful to you in determining emergency versus nonemergency referrals?

Ask: What additional questions do you have about assessment and referral?

Ask: When would you consider consulting your supervisor?
Describe the role that community support and networking play in the CCP.

Make the following points:

- Referrals can be made between organizations and agencies, and do not need to be limited to mental health and substance abuse treatment. Referrals can be made for other disaster relief services as well.
- Crisis counselors should share training resources, as appropriate, with other disaster relief organizations.
- Networking can help identify need, referral sources, and sources of in-kind donations.
- Community support and networking activities are captured on the Weekly Tally Sheet.
- Sharing losses, traditions, and rituals, as well as acknowledging community resilience and hope for the future, can promote healing.
- Communities, families, and survivors must own their memorial, anniversary, and commemorative events. However, CCP staff can provide useful consultation during the planning process.

Explain that creating effective partnerships is essential for conducting community support—and for all other CCP services as well.

Explain that community networking is documented using the Weekly Tally Sheet. We will review this in more detail in a later section.

Present the graphic showing the typical organizations with which CCPs partner, as well as the next slide, which lists other types of partners. Note that the types of partners will depend on the specific circumstances of the disaster and the community.
Make the following points:

- An unmet-needs committee may be convened by a Voluntary Organization Active in Disaster (VOAD), such as the American Red Cross, as immediate relief services are ending. Participation of CCP management is essential to accessing people in need of services and available resources. These committees can continue for some time and become long-term continuity-of-care committees.
- Partnering with the medical community is important because behavioral health issues are often manifested physically and people more readily seek medical treatment.
- Mental health and substance abuse consumer groups implement peer counseling models in crisis and post-disaster situations.
- Consumer groups also are gatekeepers to populations affected by mental health and substance abuse issues.

Have participants brainstorm on partnering with the medical community:

- Identify health providers in the community.
- Identify how to access them.
- Identify what key information you want to provide.

Present the characteristics and purpose of public education and distribution of educational materials.

Make the following points:

- It is common for CCPs to need more individual services in the immediate disaster aftermath and to then need more group and educational services later.
- Good presentation skills are essential for successful community education. The CCP might consider offering specialized training and practice in group presentations or using staff who have preexisting skill sets in this area.

Explain that public education is documented using the Group Encounter Log. We will review this in more detail in a later section.

Make the following points:

- CCP staff members are encouraged to contact SAMHSA DTAC for help in accessing educational materials.
- Culturally appropriate materials address special populations, are available in multiple languages, and consider the varying educational levels of survivors.
• Educational materials should inform and educate survivors about a variety of issues. Topics to cover include what reactions survivors should expect from themselves, neighbors, family, friends, and children; how to manage those reactions; how to know when reactions are severe and may require further intervention; how to talk to children after a disaster; and how to manage stress.

• Distribution of educational materials is captured on the Weekly Tally Sheet.

**Briefly** present the definition and characteristics of media messaging and risk communications. This topic is covered in greater depth in the (optional) program management section.

**Make** the following points:

- Media messaging and risk communications are important parts of a comprehensive disaster behavioral health plan and any CCP. An effective plan for engaging the media will spread the word about CCP resources and the message of resilience.

- The SAMHSA publication *Communicating in a Crisis: Risk Communication Guidelines for Public Officials* is a good resource for planning communications and dealing with the media. It is available online at the following website [http://store.samhsa.gov/product/Risk-Communication-Guidelines-for-Public-Officials/SMA02-3641](http://store.samhsa.gov/product/Risk-Communication-Guidelines-for-Public-Officials/SMA02-3641).

- It is important to identify an experienced spokesperson from the CCP staff, typically a program manager, team lead, or media specialist, to communicate with media partners and help deliver a consistent and phase-appropriate message about CCP services and recovery.
SECTION 3: Cultural Awareness
(1 hour, 30 minutes)

If you are following the 2-day course agenda, limit this session to 1 hour by shortening the following segments by 10 minutes each: the introduction lectures, the group task, and the group reports.

30 minutes
INTRODUCTION TO CULTURAL AWARENESS

Introduce this session by telling participants that it’s important for CCPs and the range of services provided by the programs to be culturally appropriate and tailored to the needs and values of the specific communities they serve. We are now going to explore methods for ensuring that their services are culturally appropriate.

Session Objective
- Apply culturally sensitive strategies to crisis counseling services in affected areas.

Before showing the slide with the definition of cultural awareness, ask participants the following questions:

- Have you heard the term “cultural awareness” before?
- What does it mean to you?

Present the definition of cultural awareness, pointing out where the definition matches what they said and highlighting any key aspect they didn’t mention.
Introduce the principles of cultural awareness, making the following points:

**Recognize the importance of culture, and respect diversity**—Culture is one medium through which people develop resilience. Culture also provides validation and influences rehabilitation following a disaster.

**Maintain a current profile of the cultural composition of the community**—The cultural diversity (ethnic, religious, racial, and linguistic) should be assessed and described in a comprehensive community profile. The profile should include the values, beliefs, social and family norms, traditions, practices, and politics of local cultural groups, as well as a history of racial relations or ethnic issues in the community.

**Recruit crisis counselors who represent the community**—Recruiting staff whose cultural, racial, and ethnic backgrounds are similar to those of the affected people helps ensure a better understanding of both the survivors and the community and increases the likelihood that survivors will be willing to accept assistance.

**Provide ongoing cultural awareness training to staff**—Training should be provided to direct-services staff, administrative and management staff, language and sign language interpreters, and temporary staff. Training programs work particularly well when they are provided in collaboration with community-based groups.

**Ensure that services are accessible, appropriate, and equitable**—Ensure that staff members speak the language and understand the values of the community. Involving cultural group representatives in disaster recovery committees and program decision making can help ensure that disaster services are accessible, appropriate, and equitable.

**Recognize the role of help-seeking, customs, traditions, and support networks:**

- People turn to familiar sources for assistance, including family members, friends, community leaders, or religious organizations, before reaching out to government and private-sector service systems.
- Religious and cultural beliefs may influence perceptions of the causes of traumatic experiences.
- Reestablishing rituals in appropriate locations is another way to help survivors in the recovery process.
Involve cultural brokers and community leaders in a meaningful way—Cultural brokers can include civic associations, social clubs, neighborhood groups, faith-based organizations, interfaith groups, mutual aid societies, voluntary organizations, health care and social service providers, and nonprofit advocacy organizations.

Ensure that services are culturally and linguistically appropriate—Elements of linguistic awareness include the availability of trained bilingual and bicultural staff, translations of educational materials and documents, and sign language and language interpretation services.

Assess and evaluate the program’s cultural awareness—Assessment and evaluation tools include staff advisory and discussion groups and program self-assessment tools.

Discuss strategies for culturally aware programming.

Tell participants that SAMHSA DTAC can provide guidance with culturally aware strategies and examples of educational materials in multiple languages. Encourage participants to contact SAMHSA DTAC for these resources.

Also tell participants about the SAMHSA publication Developing Cultural Competence in Disaster Mental Health Programs. This guide can be downloaded from the SAMHSA website.

Ask: To what groups in your community would you need to be culturally sensitive?

Capture their responses on an easel chart.

Ask: What would that sensitivity look like?

Tell participants that we’re going to look more closely at what this program is doing to address cultural awareness, and we’re going to identify some additional opportunities to increase cultural awareness.
ACTIVITY TO IDENTIFY CULTURALLY APPROPRIATE STRATEGIES

Organize the participants into groups of about five to seven people.

Give them the following questions to discuss:

- What is your program doing to address cultural awareness? What are some specific examples?
- Who are the cultural brokers you’re working with?
- With whom else could you be working—individuals, groups?
- What more could you do to increase the cultural awareness of the staff? Generate three specific recommendations.

You can instruct each group to focus their discussions on the following:

- One or more of the groups that they identified a moment ago and that you recorded on an easel chart
- A specific geographic area/community the program serves
- The program as a whole

Tell them they have 30 minutes for their discussion. Make notes in the workbook. They should identify a facilitator to keep the group on time and on track, a recorder to capture main points on an easel chart, and a spokesperson to report out.

After 30 minutes have passed, have each group report out.

If all the groups discussed the program as a whole, ask each table to first report on only question one. Summarize similarities. Then, proceed to hear reports from all groups on questions two and three. Capture the responses to question three on an easel chart.

Lastly, hear reports on question four. Process for similarities.

If you had groups working on different communities, have each group report out in full.

Bring the session to a close, and tell participants when you will reconvene to begin the next section, which is about survivor reactions.
Ask participants to turn to the CCP Participant Workbook and complete the journal page there. This is an opportunity for them to reflect on Sections 1–3 and identify their key areas of learning.

Journal questions:

1. What are two things about federal disaster response operations—particularly FEMA and the CCP—you want to remember?

2. What key messages are you taking away about the range of CCP services and how services work together to promote individual and community resilience?

3. What are some ways you can increase your cultural awareness and to ensure the services you’re providing are culturally appropriate?

4. How well are your training needs and expectations being met so far in this course? What topics or issues do you suggest we focus on during tomorrow’s sessions?

If you have time, you can have participants share their responses with a partner or you can ask a few participants to share their responses with the whole group.

Bring the session to a close, and tell participants when you will reconvene to begin the next section, which is about survivor reactions.
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SECTION 4: Survivor Reactions
(1 hour, 45 minutes)

15 minutes REVIEW OF DAY 1

Note that if you are following the suggested agenda and are starting this session on the morning of day 2, begin by reviewing the day’s agenda.

Ask participants to share examples of key takeaways from yesterday’s sessions (if you didn’t ask them to share their journal reflections before closing yesterday).

Ask if they have any lingering questions about content covered yesterday.

15 minutes SESSION INTRODUCTION AND KEY CONCEPTS

Introduce this session by telling participants that this session centers on disaster reactions associated with individuals and the community, and ways to foster resilience in survivors.

Review the session objective:
- Identify typical disaster reactions.
Present the key concepts of disaster reactions and resilience.

- During and after a disaster, people may function at a level of high activity but with low efficiency.
- The use of the word "normal" can be emotionally loaded. "Common" is the preferred adjective.
- The CCP is intended to help people access their natural resilience and develop positive coping skills to diminish disruptions in daily living.
- People have natural resilience; in fact, most survivors will return to their former functioning levels within 6 to 18 months without outside mental health intervention.

Emphasize that the CCP approach is a strengths-based model that assumes natural resilience and sensitivity toward various cultural groups, while being careful to assess for severe reactions.

Discuss the risk factors exposure model. Make the following points:

- The risk factors model helps identify potential groups in need of crisis counseling services.
- More intensive individual crisis counseling may be appropriate closer to the center. Psycho-educational efforts to build community resilience may be more appropriate for the "outer" groups.
Discuss the typical outcomes of disaster.

Note that severe reactions are relatively rare in typical disasters and that most survivors do not seek help. They may even reject help. People will be especially resistant to seeking services if the services are limited, difficult to access, or located outside of the community.

Explain that the CCP is focused on fostering resilience, and that overcoming the stigma associated with receiving mental health or substance abuse services is a common challenge in the CCP.

Describe the differences between individual and collective trauma. Say that the CCP addresses both individual and collective trauma. Explain that we will discuss each type of trauma in this session; we will first explore the range of individual reactions to disaster trauma.
Briefly present the four types of individual reactions:

- Physical
- Emotional
- Cognitive
- Behavioral

Do not have an indepth discussion of the range of reactions under each category at this point, as you’re going to ask the participants in the next activity to discuss the specific reactions they’ve seen.

Emphasize the following points:

- People affected by disaster may experience more than one type of reaction. Reactions may change over time. Reactions may be more intense if people have been more closely exposed to the event or have experienced previous trauma or crises.
- Typical reactions can vary by developmental stage—e.g., children, adolescents, the elderly.
- Reactions can include positive and negative responses.

35 minutes

**DISASTER REACTIONS DISCUSSION**

Assign one type of reaction to each table.

Give the following task—For the type of reaction assigned to your table, discuss the following:

- What specific reactions you have seen in this category—either in response to this disaster, or in previous experiences?
- What differences in reactions you have seen—or could imagine—across age groups?
- Take 15 minutes for your discussion.
- Make notes in your workbook.
- Identify a spokesperson to report out.

Note that if there are participants who haven’t yet had experience interacting with survivors in this disaster, they can discuss the disaster reactions they have personally experienced, have seen in past disasters, or can imagine.

Acknowledge that many of the counselors may also be survivors. All counselors should be aware of how their experience with the disaster, whether surviving or helping, will affect their own reactions and stress.
Have each table report out on its discussion. After each group reports, quickly review the slide for that reaction to highlight reactions not mentioned. Be sure to highlight the positive reactions in each category as well.

After all groups report, ask the participants to turn to pages 103–107 in the Additional Resources section of their workbooks.

The Disaster Reactions and Interventions table is a resource they should review after the training and continue to consult as they encounter different kinds of reactions in different age groups.
Highlight the role that spiritual and cultural beliefs may play in individuals’ reactions.

Explain that when responding to spiritual issues, crisis counselors should do the following things:

- Affirm the right to question beliefs.
- Validate the survivor’s search for spiritual answers.
- Assist in connecting survivors with their spiritual advisors.
- Respect the survivor’s spiritual beliefs and customs.

Discuss the disorders that may result from severe reactions.

Note that the treatment of severe reactions is beyond the scope of the CCP; however, the ability to recognize such symptoms is crucial for the crisis counselor in order to make appropriate referrals.

Emphasize the resources crisis counselors have available to them when faced with a severe reaction:

- The fellow crisis counselor with whom he or she is partnered
- The supervisor, whom they may always call
- The Adult Assessment and Referral and Child/Youth Assessment and Referral screening tools

Tell participants that the Additional Resources section of their workbooks includes a detailed article titled “Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders.” Note that this is a resource they should read after the training and consult when they encounter severe reactions.
Discuss the factors that contribute to or mitigate severe reactions. Note that we will discuss helping people with preexisting trauma in greater depth when we get to the section on special populations.

Note that when working with survivors, especially those with severe reactions, counselors should be aware of their own reactions and stress levels. Maintaining healthy coping and stress management strategies is necessary.

15 minutes  
**BREAK**

10 minutes  
**COLLECTIVE REACTIONS**

Present the graphic showing the typical phases of disaster.

Make the following points:

- Communities progress through these phases at different rates depending on the type of disaster and the degree of exposure. They may also move back and forth between phases.
- Crisis counseling interventions need to be adapted to the phase of the disaster response.

Ask the participants:

- What phase are you in now?
- What tells you that is the phase of disaster the community is experiencing?

Quickly review the characteristics of the various phases of disaster—spending the most time on the current phase of disaster.
Transition to the next session by saying that we have explored the range of individual and collective reactions, and we are now going to turn our attention to the role that resilience plays.

Emphasize that resilience is a critical factor and that the goal of the CCP is to foster resilience among survivors.

30 minutes

RESILIENCE

Ask the group (before showing the slide with the definition of resilience):

- How do you define resilience?

If you want to do this as an individual or table task, direct participants to make notes on the worksheet in the CCP Participant Workbook.

Take a few examples from the group.

Then, present the dictionary definition of resilience. Ask participants what reactions they have to that definition. How well does it match with their understanding of resilience?

Ask participants these questions:

- What helps foster the resilience of individuals? Of communities?
- What factors decrease resilience?
Some key points to note:

- Some people are naturally resilient, and some need assistance in building resilience.
- Resilience varies across situations and within individuals at different times.
- The level of resilience in individuals and communities can change and can be fostered.
- It is crucial to recognize people's strengths as well as the suffering they have experienced.
- While survivors' suffering must be acknowledged, and compassion and empathy conveyed to them, it is also important that those who care for them believe in and support their capacity to master this experience.
- Information and education help people's understanding and should be an integral part of support and care systems.
- Preparation prior to disaster, information about what has happened, education about common responses to such events, training in what to do to help with psychological recovery, information centers, and ongoing information feedback to affected communities all help people's mastery and recovery.

(Source: National Center for Posttraumatic Stress Disorder [PTSD] fact sheet Early Mental-Health Intervention for Disasters)

Factors Affecting Resilience

- Some people are at higher risk of or more vulnerable to disaster stress reactions due to their life situations, individual differences, or experiences prior to the disaster.
- Life situation factors include socioeconomic status, education level, and current life stressors.
- Individual traits include coping strategies, capacity to tolerate stress, substance use and abuse, and gender.
- Disaster and trauma experience factors include previous disaster experience and losses, and trauma or violence history.
Factors Affecting Resilience (cont.)

- These factors can promote a resilient state that lessens the effects of trauma and assists survivors in coping with inevitable stress.
- Probably the most far-reaching but most easily overlooked principle of disaster mental health emerging from the literature is that people are resilient.
- Even after intense exposure to the most severe disasters, only a minority of the most highly affected population is likely to suffer from PTSD, and most people do not develop any psychiatric disorder.
- Emotional distress is common after exposure to severely traumatic events.

Discuss how personal growth is related to resilience.

Point out the article in their workbooks called “The Road to Resilience” in the Additional Resources section.

Bring the session to a close. Let participants know that in the next session, we’ll be reviewing special populations.
SECTION 5: Special Populations  
(1 hour, 30 minutes)

If you are following the 2-day agenda, limit this session to 1 hour by shortening the group task and reports by 10 minutes and omitting the pair task following the journal reflection.

10 minutes
INTRODUCTION TO SPECIAL POPULATIONS

Introduce this session by pointing out that some groups are more vulnerable to more severe reactions to a disaster. It is essential that a CCP be aware of the special populations in the affected communities. In this session, we will be looking at the risk factors for specific groups in your communities and discussing intervention strategies.

Review the session objective:

- Identify special populations and appropriate intervention strategies.

Review the list of special populations, emphasizing that this is by no means a complete list of special populations.

Make the following points:

- These populations may be at higher risk of adverse reactions to disaster. The type of adverse reaction varies by population and is informed by individual factors, such as degree of exposure, prior trauma history, and level of support systems in place.
- Adverse reactions vary. For example, older adults may need assistance obtaining prescription medications and ensuring they have adequate food and appropriate heating or cooling in their homes. Children have limited experience coping with adversity and may lack the coping skills and defense mechanisms to effectively manage stress.
- Special populations may be more resilient than other populations and have access to well-developed coping skills because of their experience with trauma and service systems.
Additional special populations include refugees, migrant workers, and individuals with preexisting medical conditions.

**ACTIVITY: IDENTIFYING SPECIAL POPULATIONS**

**Tell** participants we are now going to take some time to identify the special populations in their communities.

**Give** participants 20 minutes to complete the following:
- Identify the populations that are most affected by this disaster.
- Determine how the disaster has impacted the services they rely on.
- Identify the most effective ways to access these populations.
- Prioritize the populations according to impact.
- Make notes.
- Choose one person for each of the following tasks:
  - Facilitate the discussion.
  - Record the main points.
  - Report out to the larger group.

**Facilitate** the reports from each table group. As each group reports out, **record** on an easel stand the priority special population groups. **Identify** the three to five groups that emerge as the common priority groups.

**PRIORITIZED GROUPS: RISKS AND INTERVENTIONS**

**Discuss** the risk factors and interventions for each of the priority groups identified.

Special populations are presented in more detail on slides 109–122. For each population group, start by asking the participants “What are the risk factors for this group?” Then **discuss** the risk factors slide for that group.
Special Populations (cont.)

Children and Youth (cont.)
- Risk factors
  - Separation from family
  - Evacuation and relocation
  - Loss of a family member or a close friend
  - High levels of parental distress
  - Family members at risk (such as first responders)

For slides 113-121 – See PowerPoint Presentation and review risk factors found on slides.

Ask participants what specific interventions they’re aware of that are effective for each group.

Use this slide of intervention strategies to spark discussion.

Reference the materials in the workbook for the population groups not discussed in class.
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SECTION 6: Interventions and Skills
(3 hours, 30 minutes)

Introduce this session by pointing out that in the previous session we learned about the core services that are part of the CCP, and we will now discuss and practice the skills needed to implement them.

Point out that the skills covered in the following section primarily apply to individual interactions between crisis counselors and survivors. Other services such as group counseling, public education, community networking and support, and media messaging may require additional skills not covered in this training. Training on some of these skills will be covered in subsequent modules. Additional trainings should be arranged by the program management as needed.

Review the session objective:
• Demonstrate basic crisis counseling skills.

Describe the three basic things crisis counselors should provide:
• Information
• Education
• Emotional Support and Reassurance
• Linkage to Resources

Crisis counseling skills are used in support of these four purposes.
Describe engagement, discussing each of the examples and their possible uses in the field.

Make the following points:

- Engagement strategies are not crisis counseling but are used as a way to encourage survivors to access available services.
- It is not uncommon for crisis counselors and the public to confuse engagement strategies with actual crisis counseling services.
- When developing engagement approaches, the primary focus always should be on crisis counseling services.
- Engagement strategies, such as puppet shows or art projects, always should incorporate functional and adaptive coping skills.
- Teenagers are especially vulnerable. Using writing projects, such as journal writing, can be a helpful way to engage this population and identify their needs and coping skills.

Introduce the range of skills:

- Establishing rapport
- Calming
- Screening/assessment
- Empathy
- Reflecting feelings
- Validating feelings
- Paraphrasing
- Normalizing reactions
- Active listening (nonverbal attending skills)
- Closing skills

Say that we’re going to look at each of these skills in greater depth and that they will then have a chance to practice using the skills in a simulation.

Review the following techniques as means to establish rapport:

- Introduce yourself—Identify who you are; give your name and the name of the CCP.
- Use door openers—A door opener is generally a positive, nonjudgmental response made during the initial phase of contact. Examples include “You seem sad; do you want to talk about it?” “What’s on your mind?” “Can you say more about that?” and “What would you like to talk about today?”
- Use minimal encouragers—These interactions are brief
supportive statements that convey attention and understanding. Such phrases reinforce talking on the part of the person and are often accompanied by an approving nod of the head. Examples include “I see,” “Yes,” “Right,” “Okay,” and “I hear you.”

- **Listen**—Pay close attention to what the survivor is saying.

**Ask** participants to take a moment and make some notes to themselves about things they can say to introduce themselves and “get in the door” with a survivor.

**Take** a few examples of ideas from the group. Provide feedback on the examples presented—emphasizing good examples and gently exploring ways to improve examples that wouldn’t be effective.

**Facilitate** a discussion about how to handle negative reactions/resistance from survivors.

**Describe** calming skills—These are things you can do if the individual is showing extreme fear or panic or is too upset, agitated, or disoriented to talk.

- **Address the primary concern**—Rather than encouraging the person to calm down or feel safe, attempt to help the person focus.
- **Provide a supportive presence**—Remain nearby, showing that you are available if needed. Offer something tangible, such as a blanket or drink.
- **Enlist support**—If family or friends are nearby, engage their help in providing emotional support. If a child or adolescent is with parents, see how the adults are coping, and work to empower the adults rather than undermine their role.
- **Help provide focus**—Offer support that helps the person focus on specific, manageable feelings, thoughts, or goals.

Most people who experience a disaster will not require stabilization. Strong emotions and reactions are common and usually do not require more than ordinary supportive measures. However, some individuals may experience more severe reactions:

- Glassy-eyed look
- Unresponsiveness to verbal questions or commands
- Aimless or disorganized behavior
- Strong emotional or uncontrollable physical reactions (e.g., uncontrollable crying, hyperventilating, trembling, rocking, regressive behaviors)
- Frantic searching behavior
- Feeling of being incapacitated by worry
- Participation in risky activities
**Ask:** What should you do if someone is demonstrating any of these severe reactions?

**Discuss** active listening and the use of specific nonverbal behaviors to communicate listening, attention, openness, and safety. Components of active listening include these:

- **Eye contact**—Use a moderate amount of eye contact to communicate attention. A fixed stare can be disconcerting and should be broken intermittently if the person becomes uncomfortable. It may be best to try to mirror the survivor’s use of eye contact.
- **Body position**—A relaxed yet attentive posture puts a person at ease.
- **Attentive silence**—Brief periods of silence give the person moments for reflection and may prompt the person to open up more and fill the gap in the conversation.
- **Facial expressions and gestures**—Try to be moderately reactive to the person’s words and feelings using your gestures. Occasional head nodding for encouragement, a facial expression that indicates concern and interest, and encouraging movements of the hands that are not distracting can be helpful.
- **Physical distance**—Personal space varies from culture to culture and from person to person. For most Americans, about three feet is enough space for comfortable personal interaction. Avoid physical barriers, such as desks, because they increase distance and add a feeling of formality.

Nonverbal cues will vary depending on cultural expectations and situational factors.

**Ask:** What are some of the cultural variations in nonverbal behavior that you’ve noticed in your communities?

**Discuss** normalizing skills. Normalizing educates the survivor about common disaster reactions and reassures the survivor that his or her reactions are common.

**Discuss** empathy.

**Ask:** What are some specific things you do to demonstrate empathy?

**Direct** participants’ attention to the workbook, which lists some do’s and don’ts for expressing empathy.
Discuss reflecting feelings.

Make the following points about reflecting feelings:

- When asking about or acknowledging survivors’ feelings, a tactful approach is often best, especially regarding the emotional component of messages.

- Both listening and looking for verbal and nonverbal cues—voice tone and volume, facial and other bodily gestures, eye contact, and physical distance—will help with more accurate reflection.

Present the following statement (or one of your own), and ask participants to respond in a way that reflects the survivor’s feelings.

“I am worried about my family. We lost our house; what are we supposed to do now?”

Discuss paraphrasing and validating feelings. Direct participants’ attention to the workbook, which lists some do’s and don’ts for paraphrasing.

Review the various steps of screening. Highlight the need to consult a supervisor when any questions arise. Discuss with participants their procedures for contacting a supervisor and what followup they should expect.

Discuss the use of closed and open questions:

- **Closed questions**—These questions ask for specific information and usually require a short, factual response. Closed questions are necessary when it is important to get the facts straight or to clear up confusion in the counselor’s understanding of the story.

- **Open questions**—These questions allow for more freedom of expression. They open general topics, rather than requesting specific information. Examples include “Can you tell me what’s been happening at school?” and “You say you’re experiencing [x]; what do you mean by that?”
Introduce Psychological First Aid (PFA).

Tell participants we’re introducing PFA now because some of them may have training in the use of PFA and the skills they learned can be used in the CCP.

PFA is also evidence informed, which means that a group of disaster behavioral health experts have endorsed the eight core actions as those most critical to assisting survivors in the immediate response.

PFA and CCP skills are complementary. However, the CCP is broader, since it is a program—not just a set of interventions—and includes group services, community networking, media messaging, and public education.

Briefly review PFA’s core actions.

See slide notes for additional details on the core actions.

Ask: What similarities do you see between these core actions and the skills/interventions we just discussed?

If you are following the 2-day course agenda, shorten this session by 15 minutes by having the practice rounds last 15 minutes instead of 20 minutes (10 minutes for practice, 5 minutes for feedback).

Tell participants that they’ll now have a chance to practice using these skills and interventions.

Have the participants form trios and decide who will be numbers 1, 2, and 3. Tell them to remember their numbers!

Note that if the number of participants isn’t divisible by 3, one pair may work together; they can give each other feedback on the practice directly, instead of having an observer.
Explain that there will be three rounds of practice. Each round will last 20 minutes—10 minutes for practice and 10 minutes for feedback.

In each round, there will be a crisis counselor practicing the skills, a survivor, and an observer. Everyone will have a chance to play all three roles; the roles will shift for each round of practice.

We’ll be using a different case scenario for each round. The cases are in the CCP Participant Workbook.

Note that you should feel free to adapt or modify the case scenarios, or even to use scenarios from your own experience.

In the first round, the 1s will counsel “Craig.”
In the second, the 2s will counsel “James.”
In the final round, the 3s will counsel “Rachel.”

Tell them to take 10 minutes to prepare for the practice.

- Read the description of the person you’ll be counseling, and prepare for the practice.
- Answer the questions underneath the scenario description, and decide which skills you want to be sure to practice.
- Then, read the other two case scenarios in preparation for playing the role either of the survivor or observer in the other two rounds.

When 10 minutes have passed, move into the practice.

Before starting the first round, in which the 1s will be practicing the counseling, tell them to decide in their trios who will be playing the role of Craig and who will be the observer.

Tell the observers to take notes on the observer worksheet in the CCP Participant Workbook. When it’s time to give feedback to the counselor, use this sheet as a guide.

Explain that you’ll be keeping time for them.

Start the first round of practice. Give them a 1-minute warning when the 10 minutes for practice are nearly up. At the 10-minute mark, announce that they should wrap up the practice and move into feedback. When the 10 minutes for feedback are nearly up, give them a 1-minute warning.

Repeat, using case 2 for the second round, and 3 for the third round.
Have participants switch roles for each round, making sure everyone gets to play the role of survivor and of observer.

You might want to check in with the groups between rounds and ask them how the practice is going:

- What’s working well?
- What skills are difficult?
- What are they noticing about using the skills?

When all three rounds are completed, facilitate a discussion among all of the training participants about their experience.

**Ask:**

- What skills came naturally?
- What skills were more difficult to practice?
- What was the impact of the skills on the “survivor”?

**Bring** the session to a close. **Thank** the participants for their hard work. **Tell** them that after the break, we’ll be discussing—and doing more practice—with survivor tools. **Send** the participants to break.

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**Tools for Survivors**

*From Learning Skills to Teaching Tools*
- Crisis counselors learn skills so they can intervene with survivors and assist them with recovery.
- Crisis counselors teach survivors how to use new tools to help in their own recovery processes.

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**Tools for Survivors (cont.)**

*From Learning Skills to Teaching Tools (cont.)*
- Crisis counselors teach survivors to develop and use a set of tools.
  - This instills a sense of self-efficacy, or a belief in one’s own abilities.
  - This empowers survivors to advocate for themselves and work toward their own recovery.
- Survivors gain a variety of tools:
  - Goal-setting tools
  - Social-support tools
  - Coping tools

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**Introduce** the concept that crisis counselors learn skills and tools that they can then teach survivors.

**Emphasize** the importance of empowering survivors to use these tools in this disaster and in the future.

**Describe** what is meant by “survivor tools,” and introduce the three kinds of survivor tools:

- Goal-setting tools
- Social support tools
- Coping tools
Review goal-setting tools.

Make the following points:

- When moving beyond brief educational or supportive contact into individual crisis counseling, the focus should be on practical assistance.
- The crisis counselor should focus on helping individuals to identify their strengths, resources, and challenges, and to develop their own plans of action.
- Generally, safety and physical needs have greater priority.

Introduce social support tools.

Note the following:

- Supports vary by the individual and might include family, friends, significant others, religious affiliations, support groups, or mental health or substance abuse services providers.
- In addition to identifying supports, discussing support-seeking and giving strategies also may prove helpful.

Discuss coping tools.

Point out the list of suggested coping actions in the CCP Participant Workbook.

Introduce additional coping tools:

- Positive activity scheduling—One explanation for feeling sad or being withdrawn is that it results from, and is maintained by, having more negative experiences than positive ones. In order to improve mood, people need to increase positive experiences and decrease negative ones. One way of achieving this is for the survivor to identify some enjoyable or pleasurable activities to do in the following week.
- Relaxation techniques and self-calming—People who have been exposed to extreme stress and fear as a result of disaster have bodies that are often on alert and ready for danger. In the absence of real danger, this anxiety is unnecessary and may negatively affect one’s health. Relaxation and self-calming can include breathing and muscle relaxation techniques.
- Helpful thinking—How and what people think about a situation are important influences on how they feel when in that particular situation. By becoming aware of extreme and inaccurate appraisals, people can learn to challenge these thoughts with
more realistic appraisals.

- **Stress management**—For more information on stress management, refer to Section 8 of the Core Content Training.
- **Problem-solving**—When people experience extreme stress and fear, their ability to solve problems and make decisions can be compromised. Helping survivors identify small, attainable goals, and steps toward reaching their goals, can be a coping tool.

**Emphasize** that helping survivors improve or learn coping skills is a way of fostering resilience.

**Remind** participants of the definition of resilience and its role in recovery.

**Reiterate** the tips from *The Road to Resilience* on fostering resilience.

**Remind** participants of the 10 ways to build resilience.
Tell participants that we are now going to work with another case scenario to better understand how to employ these survivor tools.

Divide participants into groups of about five participants each (it’s best if the number of groups is a multiple of 3—as there are three tools).

Assign each group one tool—goal setting, social support, or coping.

Introduce the scenario they’ll be working with. Tell them the scenario is also in their workbooks.

Note that participants should use real-life scenarios from this disaster, when possible, or if not, use the ones provided here.

Give the following group task:
- Discuss how to apply your assigned tool to this example during an encounter.
- Either prepare to present a short demonstration of how you would use the tool, or present your group’s analysis and strategy for using the tool in this case.
- You have 20 minutes for your discussion.

Have each group present its demonstration or analysis. If there are multiple groups discussing the same tool, ask each group to present its approach, and then discuss the reports together, noting similarities and differences.

Provide feedback on the groups’ reports—emphasizing appropriate use of the tool and gently correcting misuse of the tool.

Ask the whole group: What are some other ways you might use this tool in this circumstance?

Repeat for each tool until all are presented and discussed.

Following all of the reports, facilitate a large group discussion:
- In this specific case, which tools would you seek to use?
- How do you choose which tools to use?
- How would you sequence the tools during this encounter?

Congratulations the groups on their good work, and transition to a brief discussion of ethical considerations in crisis counseling.
Discuss the ethical considerations that crisis counselors should take into account.

Make the following points about confidentiality:

- Crisis counseling services provided through the CCP are anonymous and confidential.
- Crisis counselors should not share individual or group encounter experiences with anyone outside of the contact or group, with the exception of the following people:
  - Their supervisor, for supervision purposes
  - Other crisis counselors with a legitimate need to know the information to provide services
  - Public safety personnel, if the individual or another human being is in imminent risk or danger
- Crisis counselors should not keep formal records; there is not clinical charting in the CCP. However, it is appropriate to maintain basic contact information for the purpose of following up with individuals.
- Be sure to get release-of-information permission from individuals before sharing any personal information for referrals or any other reason.
- Examples of inappropriate information sharing include talking in public about people you have seen or sharing personal information with family members or friends.

Make the following points about mandatory reporting:

- Immediately discuss any allegations or cases of suspected child abuse with your supervisor.
- Follow state and local reporting regulations in cases of suicidal or homicidal intent.
- Safeguard the interests and rights of individuals who lack decision-making abilities—e.g., children, people with developmental disabilities, people with severe mental illness, or people with cognitive impairments.
Review the following points related to safety:

- Crisis counselors should always attempt to assess safety prior to and during work in disaster settings.
- Crisis counselors should ensure that encounters take place in safe, secure, and comfortable settings.
- The safety of crisis counselors should always be a CCP priority.

Bring this section to a close. If you are following the suggested agenda, break for lunch; if you are not, take a quick break before starting the next section.

Tell participants that when we reconvene, we will be discussing data collection and program evaluation.

### 30 minutes

<table>
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<th>JOURNAL REFLECTIONS</th>
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**Ask** participants to turn to the CCP Participant Workbook and complete the journal page there. This is an opportunity for them to reflect on Sections 4–6 and identify their key areas of learning.

Journal questions:

1. What were your key lessons learned from the practice sessions on effectively using crisis counseling skills and survivor tools?
2. What did you learn today about the range of individual and collective reactions to disaster that will be helpful to you as a crisis counselor?
3. What do you want to remember about the unique needs of and intervention strategies for special populations?
4. How well are your training needs and expectations being met so far in this course? What topics or issues do you suggest we focus on during tomorrow’s sessions?

**Tell** participants to find a partner and discuss their reflections.

**Ask** pairs to share some of their lessons learned and insights with the larger group.

**Bring** the session to a close, and **tell** participants that tomorrow will begin with data collection and program evaluation.
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SECTION 7: Data Collection and Program Evaluation (1 hour, 15 minutes)

Note that if you are following the suggested agenda and are starting this session on the morning of day 3, begin by reviewing the agenda.

Ask participants to share examples of key takeaways from yesterday’s sessions.

Ask if they have any lingering questions about content covered yesterday.

If you are following the 2-day agenda, shorten this session to 30 minutes by omitting the practice activities and shortening the lecture overall. Advise the CCP staff that they will be completing another forms training following this course, and that this section is simply an overview of those forms and processes related to the form submission.

20 minutes

INTRODUCTION TO DATA COLLECTION AND EVALUATION TOOLKIT

Introduce this session by telling participants that we’re now going to discuss the importance of data collection and the tools and processes they will be using for data collection in the CCP.

Review the session objectives:

- Explain the importance of data and how to use it.
- Use the ISP required data forms correctly.
Ask participants—Why is it important to collect program data?

Make the following points:

- Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the execution or effectiveness of interventions.
- We do it to understand and improve services based on observable and verifiable data.
- Whether the questions concern how to improve the reach of the service delivery system or how to improve the efficacy of the services themselves, program evaluation provides an empirical basis for the answers.

Review the specific uses and rationale for collecting data:

- Assist program management at the state level
- Help the field and the program understand trends and identify needs
- Improve behavioral health disaster response
- Improve behavioral health emergency preparedness
- Document the program’s accomplishments
- Provide accountability to stakeholders (e.g., Congress, Government Accountability Office, state and federal agencies)

Ask participants: What specific kinds of data would you need to collect to do these things?

Tell participants that there is an Evaluation and Data Collection Toolkit that contains standardized forms for CCP staff to use to collect data for program evaluation.

Explain that the toolkit evaluates three areas: reach, quality, and consistency of services.
Note that we’ll be providing a broad overview on the basic tools in this session. At a later date in another training session, they will learn exactly how to fill out the forms and how the data will be entered.

Explain that every CCP is required to utilize and complete the following data collection forms, as appropriate:

- Individual/Family Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool
- Service Provider Feedback Form and Participant Feedback Surveys (typically during the RSP)

Explain that the pyramid indicates prevalence of use of the forms.

- The bottom section of the pyramid houses the three main forms used by all crisis counselors throughout the program (both ISP and RSP).
- The top three sections of the pyramid house one form each. These forms are used less frequently according to the instructions for each form’s use.

Note that these forms are cleared by the federal Office of Management and Budget (OMB) and have an official OMB number. They may not be altered.

Note: Included with each form is a page of detailed instructions for your reference.
Introduce the encounter logs and Weekly Tally Sheets. These are the most commonly used forms.

Highlight the following points:

- The encounter logs and Weekly Tally Sheets document all services delivered.
- The encounter logs and tally sheets should always be completed by the crisis counselor in a timely manner, so that information is not lost.
- Encounters logged on encounter log forms must last over 15 minutes. Contacts that are less than 15 minutes are logged on the Weekly Tally Sheet.

Individual/Family Crisis Counseling Services Encounter Logs

Emphasize when the form is used:

- This form is used to document interactions with individuals or families (people within the same household).
- These encounters must last at least 15 minutes.
- Information captured is gathered through observation and interactions. The questions are not directly asked.
- One form is completed for each encounter by a team of crisis counselors. Door-to-door outreach is conducted in pairs, and so both crisis counselors’ numbers can be logged on one form.

Provide a brief overview of the information captured (you do not need to go into detail as participants will have a separate training for this):

- First page captures visit type, demographic information, number of people in the encounter, and location of service.
- Second page (back of form) captures risk categories, event reactions, focus of encounter, materials, and referrals.
  - Event reactions are those being experienced at the time of the service encounter.
  - Focus of encounter includes information, skills, coping tips, or support provided.
  - Materials should be made available and left with the survivor(s), so in most cases, the “Materials distributed” question should be answered “yes.”
  - Referrals and contact information should be provided, when necessary.
Group Encounter Logs

**Emphasize** when the form is used:

- This form is used to document group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking).
- These encounters must last at least 15 minutes.
- One form is completed for each visit by a team of crisis counselors immediately after the encounter—both crisis counselors’ numbers can be logged on one form.

Copies of this form can be found at the back of the **Core Content Participant Workbook**.

**Provide a brief overview** of the information captured:

- First page captures type of service, characteristics of encounter, and group identities.
- Second page (back of form) captures demographics, focus of group session, and materials provided.

**Point out** that while they’re not likely to be doing much group counseling during the ISP, this form is used to capture a wide range of public education and community activities.
Weekly Tally Sheets

Emphasize when the form is used:

- The following services are captured for each staff member:
  - Brief individual (in person or telephone) or group contacts that are less than 15 minutes, e-mails, and community networking and coalition building
  - Material distribution including printed materials, mass mailings, mass media messages (e.g., newspaper, radio), and social networking
  - Totals capture information for 1 week (beginning Sunday).
  - Services are tallied at the county level using three-digit county codes.
  - One form should be completed for each county in which a staff member works.
  - Administrative staff may be completing the social networking and mass media sections, depending on the size of the CCP.

Provide a brief overview of the information captured:

- Upper section captures number of contacts made through brief encounters, telephone contacts by crisis counselors, hotline/helpline/lifeline contacts, emails, and community networking.
- Lower section captures materials distributed that are not otherwise captured on the Individual/Family Crisis Counseling Services Encounter Logs or Group Encounter Logs.
- Note that the “Materials Distributed” tally captures efforts to reach the audience, not number of pieces of paper distributed:
  - When packets of materials are handed to people, mailed, or left at someone’s house, the number of packets is counted (not individual pieces within the packet).
  - When mass media messages or social networking announcements are published or posted, count the number of messages you post (not the number of viewers/listeners, and not the number that “like,” “re-tweet,” or share your message).
ASSESSMENT AND REFERRAL TOOLS

There are two assessment and referral tools available for crisis counselors who encounter someone who is experiencing severe reactions, to help identify when intensive behavioral health service referral is needed.

Make the following points about both of the assessment and referral forms:

- Assessment and referral tools are used in the ISP and the RSP, as needed.
- While this form is typically used during the third encounter with a survivor, it may be used at any point when a crisis counselor, in conjunction with a team leader, feels additional assessment may be warranted.
- The assessment uses the Short PTSD Rating Interview (expanded version, SPRINT–E) to measure event reactions. The SPRINT-E has been validated in a CCP context.
- The Individual/Family Crisis Counseling Services Encounter Log should also be filled out if an encounter lasting 15 minutes or more precipitated the use of the Assessment and Referral Tool. If a follow up visit is scheduled to administer the tool by a team leader, however, then only this form needs to be completed.
- Crisis counselors must have some training in the process of assessment, including how to answer participants’ questions.
- This tool serves as a reminder that crisis counseling is intended to be a short-term intervention. Managers need to ensure that protocols are in place in their settings to ensure that individual crisis counseling does not become individual therapy.
  - At the end of the form, you should review the responses that are indicated with a “4” or “5,” and be prepared to offer the respondent a referral for more intensive services.
  - You should also have a plan in place (that adheres to your employer’s protocol) for what to do if the individual says “yes” to the question “Is there any possibility that you might hurt or kill yourself?”
- A crisis counselor can still make visits to a survivor who has received an assessment and referral.

Questions to consider:

- What are the cues that tell you assessment, and possibly
referral, is/are needed?

- What resources do you have to refer people to?
- When should you contact your supervisor?

**Advanced Evaluation Tools:**

**Remind** participants of the data collection pyramid on page 77 of their CCP Participant Workbook, with advanced evaluation tools near the top of the pyramid.

- Each CCP is required to plan for the administration of each of these forms when the situations are appropriate, especially if the program is extended or when severe reactions are encountered.
- CCP program managers will provide separate training and instructions for when and how these forms will be implemented.

**Review** the mechanisms for quality management of forms.

**Bring** the session to a close, and give participants a 15-minute break. **Tell** participants that when we reconvene, we’ll be exploring methods they can use to manage their own stress.
SECTION 8: Stress Management
(1 hour, 15 minutes)

If following the 2-day agenda, shorten this session to 1 hour by shortening each segment by 5 minutes—breathing exercise, lecture, and activity.

<table>
<thead>
<tr>
<th>15 minutes</th>
<th>SESSION INTRODUCTION AND BREATHING EXERCISE</th>
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<tbody>
<tr>
<td></td>
<td>Introduce this session by telling participants that in this last session, we’re going to look at techniques for self-care. It is so important for us to manage our own stress in order to continue to provide quality services to survivors.</td>
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<td></td>
<td>Review the session objective:</td>
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<td></td>
<td>• Apply techniques for managing stress.</td>
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<td></td>
<td>Explain to participants that we’re going to start this session with a breathing exercise. This is something they can use themselves in the future, and something that they can offer to survivors as a tool for stress management.</td>
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<td>Note that you should feel free to substitute another breathing/visualizing exercise for the one provided here.</td>
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<td>Lower the lights in the training room, and put on some soft, instrumental music, if possible.</td>
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<td>Tell participants to take a comfortable seated position—either in their chairs, or on the floor, if they prefer.</td>
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<td>Encourage them to close their eyes, or to gaze softly at a fixed spot about 6 feet in front of them on the floor. Ask them to remain quiet during the exercise.</td>
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</table>
Use the following script as a guide. Speak with a clear, calm, soothing voice. Adapt or repeat sections, as needed, using your observations of the group to gauge the appropriate pace of the exercise.

**Script:**

Once you are comfortable with your eyes closed, try to clear your mind of any external thoughts or distractions. Begin by focusing on your breathing. Notice the sound your breath makes as it enters and leaves your body. Notice the feel of your breath as it fills your nose, throat, lungs, and mouth.

Slowly inhale by drawing a full breath through your nose. As you slowly breathe in, draw your breath deep into your lungs, fully expanding your lungs.

When your lungs are fully expanded, pause and hold your breath for 3 seconds. One, two, three.

Now, slowly exhale from the bottom of your lungs, through your throat, and out of your mouth. Continue exhaling until all of your breath has been released. Briefly hold before you inhale again.

Slowly inhale through your nose, fully expanding your lungs. Feel your breathing deepen as you draw it into the bottom of your lungs. Continue to slowly and fully inhale, then hold. One, two, three.

Slowly exhale from the bottom of your lungs. Feel your lungs grow smaller as you push your breath out through your mouth. Continue exhaling until all of your breath is released, then briefly hold.

[Repeat several cycles of breath, as needed, to help participants relax and deepen their breathing.]

As you continue to breathe in and out, fully and deeply, notice any places in your body where you feel any tension or discomfort. What does that stress or tension feel like in your body?

As you inhale, imagine you are inhaling a bright, warm light in with your breath. You are drawing this bright, warm light in through your nose, through your throat, into your lungs, and into the place where you are feeling tension or discomfort.

Imagine this bright, warm light filling this area of your body, and briefly hold it there. One, two, three.

As you slowly and deeply exhale, imagine this bright, warm light being released with your breath, flowing away from your area of discomfort, out of your lungs, through your throat, and out of your mouth. Imagine the tension or discomfort being released with this light, leaving your body as you slowly release it with your breath.

Breathe the bright, warm light into your lungs and into your stress. Hold it there. One, two, three.

Release it as you slowly and deeply exhale, gradually releasing your stress and discomfort, letting the bright, warm light carry the stress out of your body.

[Continue for several cycles, as needed. You can then ask participants to choose another area of bodily stress and repeat the process.]

Your breathing has deepened, and your stress has been released, replaced with warmth and light. When you are ready, open your eyes, and take a quiet moment to bring your awareness back into the room.

**Ask** participants:

- How are you feeling now? What changes do you notice in your body or emotional state?
- What did you like about this exercise?
- How could you use this exercise? How could it be adapted for different audiences or needs?
DEFINING STRESS AND STRESS MANAGEMENT

Ask participants:
- What is stress? How do you define it?
- What causes stress for you?

Present the definition of stress.

Show the stress cycle, and explain its steps.

Make the following points:
- The stress cycle is a simple model for how the brain and body deal with stress events.
- While the biochemical response to stress is to be expected, behavioral and cognitive reactions can improve or worsen the response. In other words, the way in which a person appraises the threat, responds to the threat (fight or flight), and is able to rest or recover between stress events can significantly affect the stress response.
- This diagram represents an adaptive stress cycle that allows a person to recover from the stressful situation.
- Often a person will not process stress adaptively, and that is when stress management training and techniques are especially important.

Discuss the typical stressors for crisis counselors.

Ask them to take a moment and write down what the top three stressors are for them personally—either from this list or other stressors not listed here.

Take a few examples from the group.

Make the following points:
- The core of a CCP is its staff—the program’s success is directly dependent on staff’s ability to regulate their own stress.
- Special care needs to be taken, both at the individual and the organizational level, to manage the stress that is a natural part of the crisis counselor’s job.
- We’ll be working mostly with individual approaches in this session, but the program’s managers need to incorporate organizational approaches and mechanisms to minimize and manage stress.
Review the warning signs of excessive stress.

Make the following points:

- As with disaster survivors, assessment hinges on the question “How much stress is too much?”
- Disaster workers commonly experience many reactions that have limited impact on performance. However, when a number of reactions are experienced simultaneously and intensely, functioning is likely to be impaired.
- Under these circumstances, the worker should take a break from the disaster assignment for a few hours at first, and then, longer, if necessary. If normal functioning does not return, the person needs to discontinue the assignment.
- Supervision is essential when a disaster worker’s personal coping strategies are wearing thin.

Review the individual approaches to stress management.

Tell participants that we’re going to have them each create their own stress management plan.
ACTIVITY: CREATING YOUR INDIVIDUAL STRESS MANAGEMENT PLAN

Have participants complete the individual stress management worksheet in the CCP Participant Workbook.
Tell them to review the inventory of stress management techniques on the previous page.
Give them about 10 minutes to complete the sheet.

Ask participants to form trios and share their plans with each other.
Give them about 10 minutes in their trios.

Ask the trios to share examples with the large group about the stress management techniques they plan to use.
Record their stress management ideas on an easel chart.
Ask participants—What specifically can the program management do to support your stress management?
Record their responses on an easel chart, and give this chart to the program management.

Bring the session to a close. Tell participants that as we bring this course to a close, we’ll be giving them some time to reflect on their learning overall and complete an evaluation for the course.
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Applying Your Learning and Course Evaluation (30 minutes)

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<tr>
<th>20 minutes</th>
<th>PLANNING TO APPLY YOUR LEARNING</th>
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<tbody>
<tr>
<td><strong>Tell</strong> participants that what we’re about to do is the most important part of any course. Studies have shown that if you don’t use new skills you have acquired during training within 2 weeks of the course, those new skills are lost to you. So, taking a few moments to review your learning and setting your intention to apply what you have learned in the real world is essential.</td>
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<td><strong>Have</strong> participants turn in the workbook and complete the worksheet there. <strong>Give</strong> them about 5 minutes to complete it.</td>
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<td><strong>Tell</strong> the participants to find a partner and share their plans with each other.</td>
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<td><strong>Encourage</strong> them to make a commitment to check back in with each other in 2 weeks to see if they’re following through on the actions they’ve identified.</td>
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<td><strong>Give</strong> them about 10 minutes for their discussion.</td>
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<td><strong>Ask</strong> for a few examples of the following:</td>
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<td>• Key lessons learned</td>
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<td>• Specific actions they intend to take to apply that learning</td>
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<th>COURSE EVALUATION</th>
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<td><strong>Hand out</strong> the course evaluation form, and ask participants to complete it.</td>
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<td><strong>Encourage</strong> them to write in specific comments on the form, as the feedback is collected and used to improve the course in the future.</td>
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<td><strong>Thank</strong> them for their time, hard work, and attention.</td>
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SUPPLEMENTAL SECTION: Program Management (4 hours)

This section is an optional section on key issues and best practices in program management for the program management team. Consult with the program management team before the course to determine whether they would like to schedule time for this session in addition to the core content sections for all program staff.

5 minutes

SESSION INTRODUCTION

Introduce this session by telling the program management team that the purpose of this half-day session is to work closely with them on program implementation and management issues. We will go into greater depth on certain topics—like developing a media plan—that are very important to the success of the program, but don’t necessarily require the input of all staff.

Review the agenda for the session.
Discuss the key elements of the management plan.

Make the following points:

- The CCP Application (ISP and, particularly, the more detailed RSP Application) should tell a compelling story:
  - What happened (the disaster)?
  - Whom did it affect (needs assessment, which includes both individual and community needs)?
  - How were they affected (reactions and special circumstances)?
  - Why is federal help needed (extent of needs and limitations of state and local resources)?
  - How will the state take action to help (essentially, the CCP management plan)?

- Each component of the management plan feeds into the next, and all the components are interrelated to allow the program to function and evolve:
  - Needs assessment leads to an outreach strategy, of which media and marketing are key parts.
  - Staff need to be tasked with provision of CCP services and deployed according to the outreach strategy.
  - These staff need to receive initial and ongoing training, as well as tools and opportunities to manage their own stress.
  - The program requires a budget to support program activities and fiscal management to ensure that funding flows to meet needs in a timely manner.
  - Program evaluation allows for some measurement of reach and success, which, in turn, drives ongoing needs assessment and continues the cycle of continual improvement.

Discuss the key features of the needs assessment.

Make the following points:

- Needs assessment is the foundation of the CCP. The initial needs assessment provides the rationale and justification for the CCP’s existence and identifies the special populations that will be targeted for outreach.

- Needs assessment is an ongoing, continual process whereby new information is brought into the program, and program outreach and services are adjusted to meet emergent needs of discovered special populations.

- Formal needs assessment might include analysis of CCP data for trends and use of participant and provider surveys.

- Informal needs assessment might include reports from crisis counselors given in team meetings or feedback from other disaster relief providers.
Review the features of the outreach strategy, making the following points:

- Outreach is at the heart of the CCP model, and the outreach strategy forms the crux of the CCP’s management plan.
- If appropriate services are already in place for an affected group, the CCP does not—and should not—duplicate services.

Review the charts created (if available) by the staff when discussing needs assessment and outreach.

Facilitate a discussion of the following questions:

- What feedback from the group exercise on the needs assessment and outreach do you want to incorporate into your plan?
- How will you do that?
- What additional modifications to your original plans do you see are needed?

Wrap up the conversation, and make the transition to the next section—dealing with various aspects of staff and supervision.

45 minutes

STAFFING PLAN, FIELD DEPLOYMENT, AND SUPERVISION

Review the typical staff positions, or if possible, show the actual organizational chart of the CCP and facilitate a discussion of the positions and roles on the chart.

If presenting the general positions and roles, facilitate a discussion of how the local roles are similar or different.

- **State CCP program manager or director**—Lead coordinator for the crisis counseling response at the state level and main point of contact for FEMA. Responsible for oversight of staffing, training, reporting, fiscal monitoring, and working with other disaster service agencies. (Note: In some cases, often with smaller CCPs, the CCP program manager or director also may be the state disaster mental health coordinator. The state disaster mental health coordinator is the individual identified by the SMHA as responsible for state disaster mental health preparedness and response.)
- **Team leader or supervisor**—Leads a team of crisis counselors. Generally is an experienced disaster mental health worker or mental health professional who has responsibility for supervision of paraprofessional crisis counselors. May also assist in the assessment of people who require traditional mental health or substance abuse treatment.
• **Crisis counselor**—Provides outreach, basic support, individual and group crisis counseling, public education, and referral. Works with individuals, families, and groups.

• **Administrative assistant or data entry clerk**—Provides administrative support to the CCP and enters evaluation data.

• **Consultant or trainer**—Hired by the CCP to conduct training of program staff or provide consultation to program leadership.

• **Evaluation or data coordinator**—Implements and oversees the CCP’s evaluation plan, including collection and analysis of data.

• **Fiscal coordinator**—Tracks and monitors funds, and reviews program budget modifications.

• **Provider project manager**—This position may be included by larger providers to ensure effective oversight of staff and activities at the provider level. This position may also provide clinical supervision to CCP outreach staff.

• **Community liaison**—This position facilitates entry on behalf of the CCP into local communities and works with community organizations. This person may serve as a cultural broker and act as a liaison between the CCP and a specific cultural group.

• **Media liaison**—This position is responsible for developing public information press releases, coordinating media events, and developing informational and educational literature that is consistent with CCP programming and services.

• **Resource linkage coordinator**—This position provides intensive resource linkage for survivors struggling to access disaster relief assistance. A higher degree of attention to resource identification and linkage may be provided by staff members in this position than is typically provided by crisis counselors.
Review the general organizational chart for either a small program or large program, if not presenting the actual program’s organizational chart.

Make the point that even in the rush to make services available, the program must still take the time needed to carefully recruit and select high-quality staff.

Ask these questions:

- What are the preferred qualities of CCP staff members?
- Will staff be performing a lot of generalist functions (as is common and expected in smaller CCPs)?
- Are there specific staff roles for establishing community linkages, doing evaluation or data collection, handling program promulgation or educational materials, arranging staff training, or operating helplines or referral mechanisms?

You can make these points:

- Team leaders typically are licensed professionals or experienced disaster mental health workers who have experience supervising mental health providers.
- Some preferred qualities of outreach staff include these:
  - Demonstrates positive regard for others
  - Communicates effectively
  - Displays knowledge of the community
  - Is able to remain focused
  - Functions well in a chaotic environment
  - Monitors and manages own stress
  - Displays cultural awareness
  - Shows initiative, creativity, and stamina

Ask: How will teams be deployed?
Discuss best practices in field deployment.

Make these additional points:
- Supervision in the field usually is the responsibility of team leaders.
- Remote communication (mobile phones, pagers, etc.) is essential when team deployment is not possible.
- The post-deployment meeting should include discussion of issues encountered and interventions and services provided.
- Working in teams is a not only safer but also more effective way to meet the goals of the CCP.
- Many staff members have been directly affected by the disaster and will need supervision and stress management that take that experience into account.

Review best practices in supervision.

Make the following points:
- The state establishes procedures and operating protocols to accomplish appropriate supervision of staff:
  - Individual supervision sessions are conducted and scheduled regularly.
  - Supervisors ensure that new and existing staff are trained to understand the CCP model and the parameters of the program, have basic crisis counseling skills, and are able to manage their own stress.
  - Team and program staff meetings are held to discuss crisis counseling needs or severe reactions in survivors.
  - Frequent staff briefings are also useful when assessing implementation of the program’s outreach strategies.
  - Regular in-service trainings should occur to ensure program staff members are able to build the skills and tools necessary to do the job.

If the participants are unfamiliar with supervision as it is carried out in the mental health field, discuss what types of issues might be addressed in supervision (e.g., what happens in individual supervision).
- Supervisors need to ensure that new and existing staff understand the CCP model and the parameters of the program.
- At the start of the CCP, there should be regular morning and afternoon all-staff meetings. Typical topics include necessary trainings, supervision techniques, and stress management.
- There should be regular meetings, in-service trainings, and open communication to ensure that staff stay within the boundaries of the CCP and do not engage in non-allowable activities such as case management and advocacy.
**Emphasize** reinforcement of this training through supervision, coaching, and the facilitation of sharing of experiences/lessons learned across the crisis counseling staff.

**Give** participants a break, and **tell** them that we’ll look at communications and media in the next section.

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15 minutes  
**BREAK**

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1 hour, 15 minutes  
**COMMUNICATIONS MEDIA PLAN**

**Discuss** the communications channels for marketing CCP services (15 minutes).

**Elaborate** using these points:

- Use of media and marketing supports the outreach strategy.
- Program identity (“branding”)—establish a clearly recognizable program name and logo, or design elements that will appear on all program materials. Most programs find this an essential first step in outreach.
- Use of media includes television, print, radio, and Internet. It can include public service announcements, interviews, articles, advertisements, letters to the editor, or educational materials.
- Program websites are seeing increased use, as they can now be developed easily.
- E-mail can be a useful way to transmit educational materials to providers or community stakeholders.
- The purpose of toll-free numbers should be clearly identified. A toll-free line that is only for informational purposes is different from a hotline that provides counseling via telephone.
- Staff identification items include T-shirts, business cards, hats, or badges with program name and logo.
- Word of mouth is sometimes the most effective method of program promulgation, and it is free!
- Branding, marketing, and connecting with gatekeepers assist the program staff in establishing trust in the community.

**Tell** participants about the *Communicating in a Crisis* booklet as a resource for them to consult.
Exercise—Develop a Media Plan (30 min.)

**Ask** the management team if they already have a media plan. **Tell** them that they have the chance to work on their existing media plan or to begin to develop one now.

If there are about seven people or fewer, have them work in one group. If there are eight or more, have them divide into two groups.

**Give** them these questions to discuss:

- How are you working with the media?
- What are the key elements of an effective media plan?
- How might you address these elements?
- Who would be your key partners in carrying out your media plan?

If there’s just one group working, sit with them and give advice or suggestions, if needed. If there are two groups, have them work for 20 minutes and save 10 minutes for each group to report out and process the similarities and differences.

At the end of the discussion, **ask** them what they will do with the ideas they generated. **Tell** them that now we’re going to work on developing talking points for key spokespeople about the CCP.

Exercise—Develop Talking Points (30 min.)

**Give** the following tasks to the group(s):

- Identify potential spokespeople.
- Brainstorm a list of talking points for these spokespeople.
- Narrow the list to three or four key points.
- Determine how you will make use of these points.

If there’s just one group working, sit with them and give advice or suggestions, if needed. If there are two groups, have them work for 20 minutes and save 10 minutes for each group to report out and process the similarities and differences.

**Transition** to the next segment—training, stress management, and fiscal management. **Give** participants a short break, if needed. The session will go for another hour.
Show the slide that lists the standard CCP trainings for the ISP, transition to RSP, RSP.

Briefly explain the differences between the trainings—emphasizing that they should be aware of the range of standard trainings, should this ISP transition into an RSP.

- **Core Content Training**—The basic training of the CCP. Core Content Training provides crisis counselors with critical information and skills. While this typically is done in the first few weeks of the ISP, it is expected that mechanisms for ongoing training are in place to allow all new crisis counselors to have Core Content Training prior to working independently within the program.

- **Transition to RSP Training**—This training provides a review of key concepts and crisis counseling skills, with an emphasis on issues to be anticipated in the longer term RSP; in other words, how RSP needs may differ or evolve from those encountered in the more immediate disaster aftermath.

- **RSP Midprogram Training**—Timing of training varies depending on the length of the ISP, but it usually is held 3 to 6 months into the RSP. It addresses issues of staff morale and stress management related to the disillusionment phase of disaster. It focuses on continuing outreach and providing services under difficult circumstances. Training includes problem solving for specific CCP issues encountered, and it begins to address the subject of eventual program phasedown.

- **Disaster Anniversary Training**—This training is held several weeks before the first anniversary of the disaster event. It focuses on expected anniversary reactions and intervention strategies.

- **RSP Phasedown Training**—RSP Phasedown Training should take place 6–8 weeks prior to the program’s scheduled phasedown. Program phasedown issues include staff stress management and future planning, assisting the program and its staff in documenting the event, planning to leave a legacy for the community, and dealing with referral and continued services issues via community partnerships.
Make the point that a CCP should not be limited to standard trainings.

Ask the management team what additional training they think the staff will need during this ISP.

Additional points:

- The basic Core Content Training will need to be repeated as new staff are hired. All staff should receive the basic training before providing crisis counseling services on their own. As there is likely to be a lag time between the hiring of some new staff and the training dates, new staff may provide administrative support or shadow experienced team members prior to having the full training.
- Larger CCPs may opt to have a CCP staff person assigned to coordinate training. Coordination may include logistics and arranging for external trainers; it can be time intensive.
- Training of CCP staff ensures that, across the country, the basic program philosophy, concepts, and requirements are understood and implemented consistently.
- Training ensures that services are tailored to the unique issues in each disaster.
- Stress management for staff should be built into training activities.

Use this last point to transition to the next topic—stress management.

Point out that while stress management should be a regular topic of training, there are many other steps that program managers should be taking to ensure effective stress management of program staff.

Review the actions program managers should take to foster stress management.

Discuss the stress vulnerabilities of crisis counseling staff.
Present the elements of organizational stress management.

Give participants the handout Organizational Approaches for Stress Prevention and Management.

Review management’s responsibilities to minimize staff stress.

Discuss ways management can prepare counselors for their tasks, minimizing stress.

Transition from stress management to fiscal management.

Review the basic responsibilities of fiscal management.
Discuss cost-effective budgeting.

Discuss non-allowable expenses.

Explain the program and funding limitations.

Transition to the final session on monitoring and evaluation, and quality assurance.

Quickly review the evaluation toolkit pyramid; we’re now going to discuss the toolkit from a management perspective.

Note that a CCP is expected to have a staff person identified as the evaluation coordinator. This person should have some expertise in evaluation.
Introduce the ISP reporting requirements.

- **ISP Midprogram Report**—If the state is not applying for an RSP grant, then no ISP Midprogram Report is required. Only the ISP Final Report is required.
- If the state is applying for an RSP grant, then the RSP Application section titled Part III. Response Activities from Date of Incident is used to complete the requirements under FEMA regulations for an ISP Midprogram Report. It is due with the RSP Application 60 calendar days from ISP eligibility notification date (for expedited ISPs) or disaster declaration date (for standard ISPs).
- **ISP Final Report**—This report is due to the FEMA disaster recovery manager 90 calendar days after the last day of ISP funding.
- **ISP Final Accounting of Funds**—This is due 90 calendar days after the last day of ISP funding. A final voucher also must accompany this report. Most states use the Standard Form (SF) 269a Financial Status Report (short form) as the final voucher (Attachment C), but states may use the longer version SF-269 if they prefer.

Discuss the administrative issues in evaluation and data collection.

- Supervisors can check the completeness of submitted tools and note repeated errors. If repeated errors appear to be due to the counselor failing to follow the instructions, the counselor should be shown what to do in the future.
- Dealing with errors can be time consuming for CCP leadership; therefore, good counselor training is important.
- Supervisors must sign, initial, or stamp each form to show that it has been checked.
- What happens next? Local procedures vary according to the needs and size of the program. Often, a designated evaluation coordinator, or some other courier, is responsible for visiting each location to pick up the bundles of completed tools. In some locations, faxing the forms to a designated computer may be a good option.

Facilitate a discussion around the following data collection questions:

- Does the number of service contacts for each type of service make sense in relation to the needs assessment and program plan?
- Do the number, type, and geographic location of services indicate a need to modify the deployment strategy?
- Are there protocols in place to ensure that forms are signed and approved by team supervisors?
Interpretation of data is subjective. CCP leaders should be aware of inconsistencies and errors in relation to data collected compared with needs assessments, outreach strategies, and the program plan as a whole.

Inconsistencies should be addressed through meetings with crisis counselors, additional trainings, and review of data entry protocols.

- Do the data support that these protocols are being followed?
- Is there a dual data entry system in place to ensure accuracy?
- Is the data entry system working correctly? If not, how can it be improved?
- Based on the results of the provider and participant surveys, what programmatic adjustments would you make (training, management, support)?

Discuss why quality assurance is important.

Review the strategies CCP leadership can adopt to ensure quality assurance.
1. The content of this training module included all of the elements necessary for participants to adequately understand and deliver CCP services.

   Strongly Disagree       Strongly Agree
   1                      2                         3                  4                  5

2. The supporting materials, including slides, handouts, and instructor's notes, facilitated effective delivery of module content.

   Strongly Disagree    Strongly Agree
   1                      2                         3                  4                  5

3. The content of the training module was thorough and well organized.

   Strongly Disagree    Strongly Agree
   1                      2                         3                  4                  5

4. The material was adequately covered in the time allowed.

   Strongly Disagree    Strongly Agree
   1                      2                         3                  4                  5

5. The *Exercises and Trainer’s Tips* booklet contained activities that effectively facilitated learning.

   Strongly Disagree    Strongly Agree
   1                      2                         3                  4                  5
6. The overall training session was well received by the participants.

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7. What elements of this training session were most effective in facilitating learning?

8. What, if anything, would you change to improve the content or organization of the training materials?

Thank you for your valued feedback. Please return this form and all the participant evaluations to the State CCP Director. Remember to inform the State CCP Director to send copies of all forms to the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at the following address:

SAMHSA DTAC
9300 Lee Highway
Fairfax, VA 22301
1-800-308-3515