

CCP Participant Workbook

2

Module 2

Transition to Regular Services Program Training

Crisis Counseling Assistance
and Training Program



SAMHSA
Substance Abuse and Mental Health
Services Administration



FEMA

CCP Participant Workbook

Transition to Regular Services Program (RSP) Training

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Course Agenda Transition to RSP Training—2 Days

| DAY 1 | DAY 2 |
|--|---|
| 8:30 a.m. Welcome and Introductions | 8:30 a.m. Crisis Counseling Services (cont.) |
| 9 a.m. Getting Started Activity | 9:30 a.m. Data Collection and Program Evaluation |
| 10 a.m. Transition from Immediate Services Program (ISP) to RSP | 10:30 a.m. Stress Management for Staff |
| 11 a.m. Current Disaster Reactions, Strengths, and Resilience | 11:45 a.m. Team Building Activity |
| 12:30 p.m. Lunch | 12:30 p.m. Applying Your Learning and Course Evaluation |
| 1:30 p.m. Crisis Counseling Services and Interventions <ul style="list-style-type: none">• Individual/Family Crisis Counseling• Group Crisis Counseling | 12:45 p.m. Adjourn |
| 4:50 p.m. Journal Reflection | |
| 5 p.m. Adjourn | |

Course Objectives

By the end of this course, you will be able to do the following:

- Identify issues that occur when transitioning from ISP to RSP.
- Define the goals and objectives of the RSP.
- Identify ongoing and emerging disaster reactions related to the current phase of disaster.
- Describe crisis counseling services related to the current phase.
- Practice crisis counseling skills.
- Complete data collection forms correctly.
- Update personal and organizational strategies for managing stress.

Guidelines for Working Together

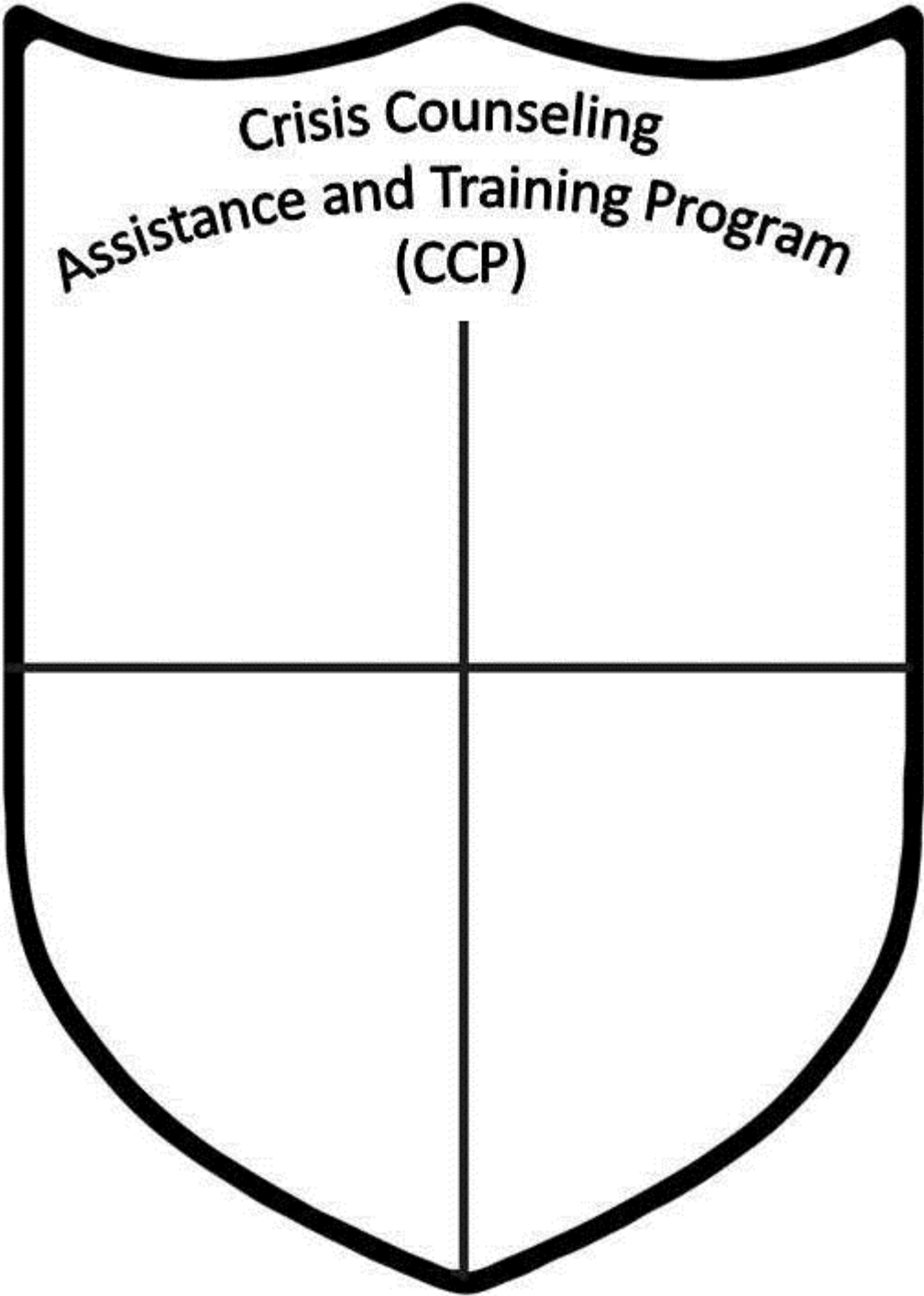
- Keep time (start on time, return from breaks on time, end on time).
- Switch mobile phones off or to “vibrate.”
- Participate fully.
- Ask questions freely.
- Balance talking and listening.
- Respect each other’s points of view.
- Use “person-first” language, i.e., “person with a disability.”

20 Things To Do for Fun!

In the space below, list 20 things you do to have fun. Yes, 20 things may seem like a lot to think about, but if you remember to include all 24 hours of the day, you can do it!

- | | |
|-----|-----|
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

Personal Crest



Section 1: Transition from ISP to RSP

Reflecting on the ISP and Looking Ahead to the RSP Worksheet

Reflecting on the ISP, what stands out for you—successes, accomplishments, and challenges?

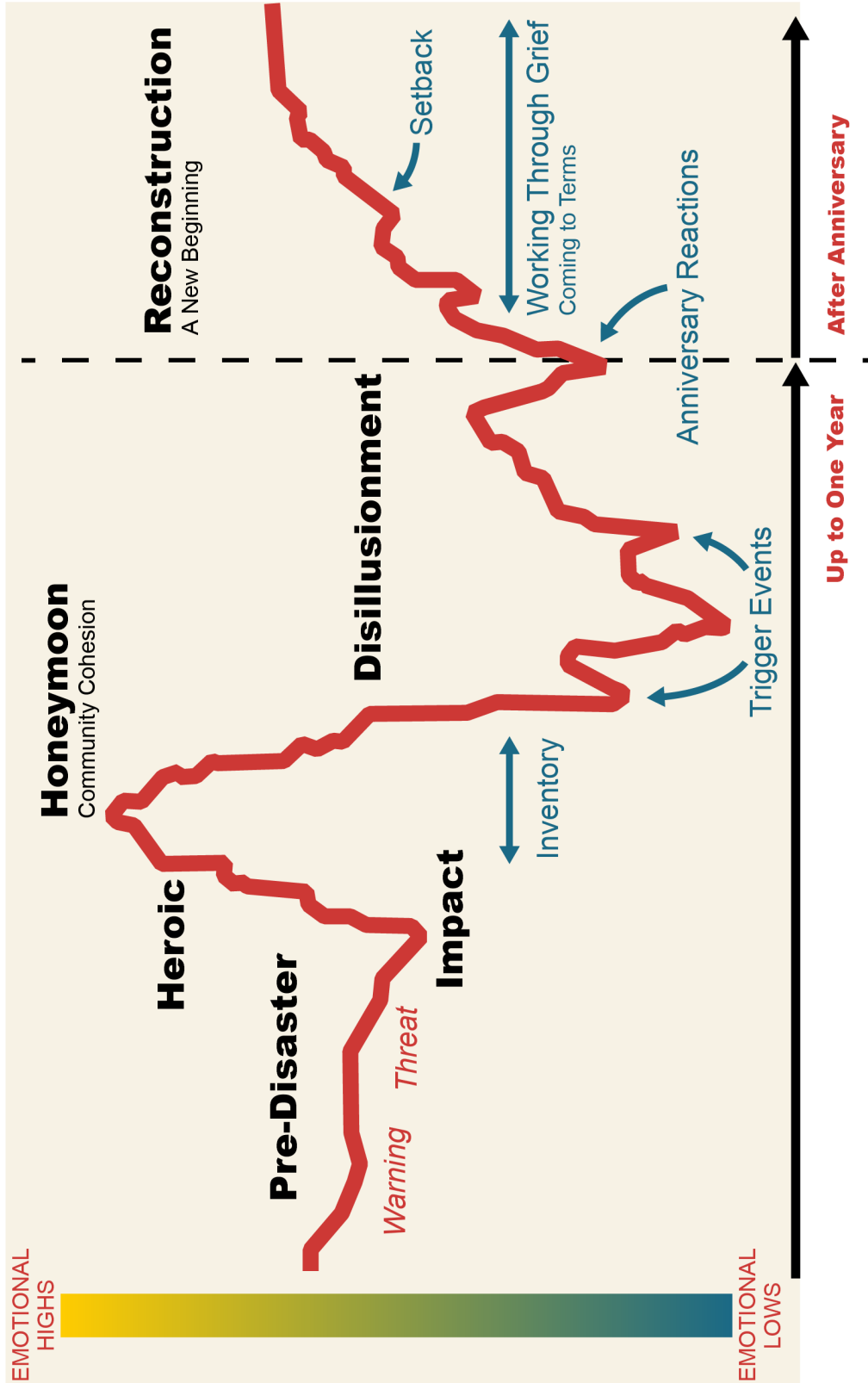
Looking ahead to the RSP, what do you need to pay attention to during the transition? What do you want to see the RSP accomplish? What challenges do you anticipate?

Goals and Objectives for Transition to an RSP

- Ongoing needs assessment
- Continued focus on individual and family services
- Fostering of individual and community resilience
- Continued identification of special populations
- Services of lower intensity and higher volume
- Group crisis counseling, public education, and media messaging
- Targeted outreach to special populations
- Increased community networking
- Assessment and referral
- Resource linkage
- Reassessment of training needs
- Continued stress management
- Analysis and use of program data
- Comprehensive quality assurance process
- Program legacy for individuals, community, and staff

Section 2: Current Disaster Reactions, Strengths, and Resilience

Phases of Disaster



Source: Zunit/Meyers, as cited in U.S. Department of Health and Human Services. (2000). *Training manual for mental health and human service workers in major disasters* (DHHS Publication 90-538). Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Pre-disaster Phase

- Disasters with no warning can cause feelings of vulnerability and lack of security; fears of future, unpredicted tragedies; a sense of loss of control; and the inability to protect oneself and one's family.
- Disasters with warning can cause guilt or self-blame for failure to heed warnings.

Impact Phase

- Reactions can range from shock to overt panic.
- Initial confusion and disbelief are followed by focus on self-preservation and family protection.
- Slow, low-threat disasters and rapid, dangerous disasters have different psychological effects.
- Great destruction and loss lead to great psychosocial effects.
- Family separation during the effects of the disaster causes considerable anxiety.

Heroic Phase

- Many exhibit adrenaline-induced rescue behavior and have high activity with low productivity.
- Risk assessment may be impaired.
- There is a sense of altruism.
- Evacuation and relocation have psychological significance—effect of physical hazards and repercussions of family separation.

Honeymoon Phase

- Disaster assistance is readily available.
- Community bonding occurs.
- Optimism exists that everything quickly will return to normal.
- CCP staff can establish program identity, gain entrée to affected people, and build relationships with stakeholders.

Disillusionment Phase

- Stress and fatigue take a toll.
- Optimism turns into discouragement.
- There may be an increased need for substance use or misuse services.
- The larger community returns to business as usual.

- The CCP may have an increased demand for services, as individuals and communities become ready to accept support.
- Reality of losses sets in.
- Diminishing assistance leads to feelings of abandonment.

Reconstruction Phase

- Individuals and communities begin to assume responsibility for rebuilding their lives.
- People begin to adjust to new circumstances.
- There is recognition of growth and opportunity.
- The reconstruction process may continue for years.
- People adjust to a new “normal,” while continuing to grieve losses.

Summary of Disaster Reactions

Physical Reactions

- Gastrointestinal problems
- Headaches, aches, and pains
- Weight change
- Sweating or chills
- Tremors or muscle twitching
- Clumsiness, increased accidents
- Increased responsiveness to stimuli: becoming easily startled
- Chronic fatigue or sleep disturbances
- Immune system disorders
- Sexual dysfunction

Positive responses can include alertness.

Emotional Reactions

- Feelings of heroism, euphoria, or invulnerability
- Denial
- Anxiety or fear
- Depression
- Guilt
- Apathy
- Grief

Positive responses can include feeling challenged, involved, and pressured to act.

Cognitive Reactions

- Disorientation and confusion
- Poor concentration
- Difficulty with setting priorities or making decisions
- Loss of objectivity
- Recurring dreams, nightmares, or flashbacks
- Preoccupation with disaster

Positive responses can include determination and sharper perception.

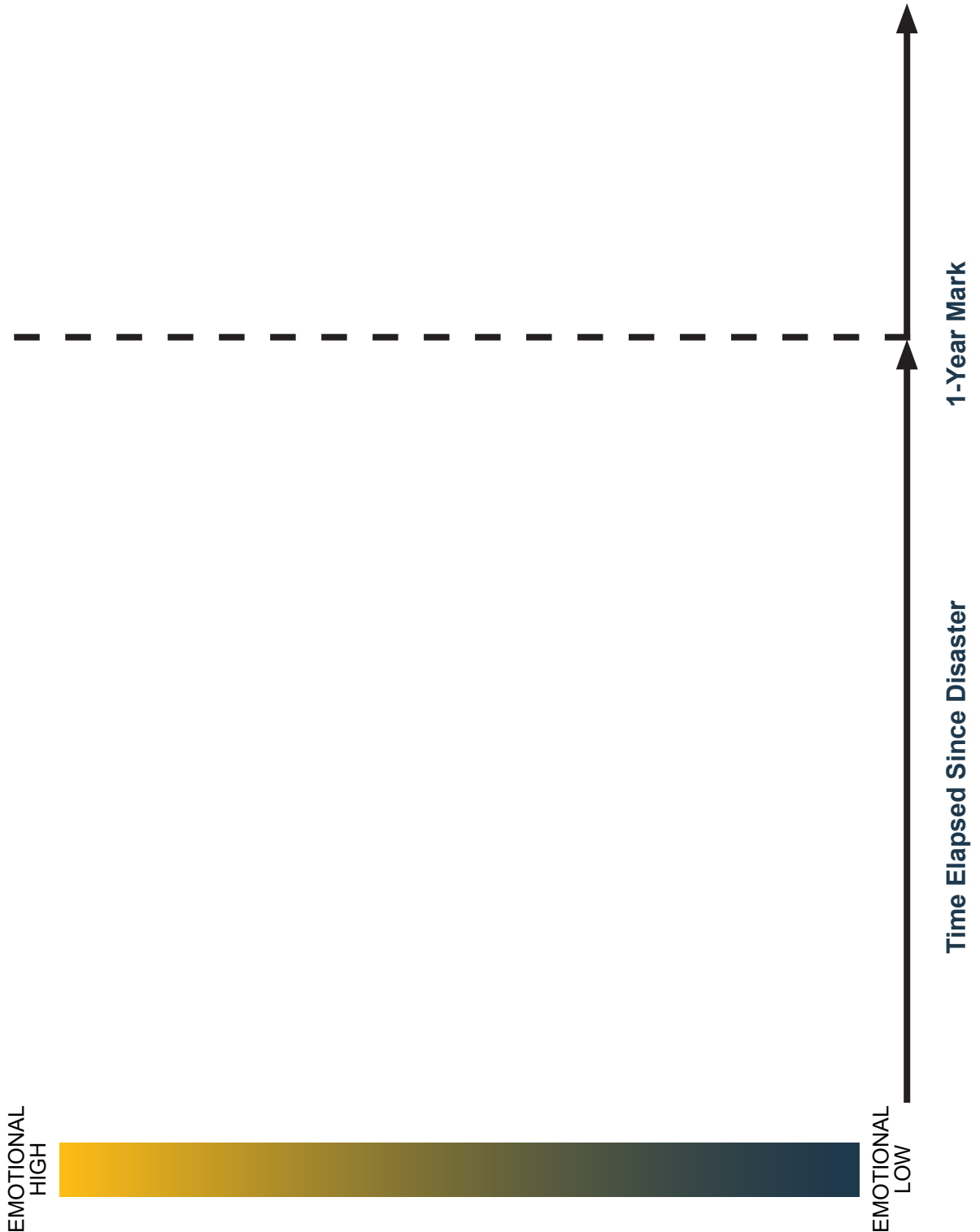
Behavioral Reactions

- Change in activity level
- Alcohol and drug use or misuse
- Increased use of over-the-counter medications
- Difficulty with communicating or listening
- Irritability, anger, or frequent arguments
- Declining job performance
- Frequent crying
- Difficulty with sleeping
- Avoidance of triggering places or activities

Positive responses can include group identification and unselfish behavior.

Phases of Disaster—Map of Collective Reactions to This Disaster

- In the space below, draw a map of the phases of disaster and collective reactions for this disaster—what you've observed to date and what you anticipate in the future.
- List the typical individual reactions you're observing.
- Identify future trigger points.



Anticipated Reactions Over Time

- Anger around the limits of governmental assistance and insurance (e.g., “the system,” “red tape”)
- Increased substance use
- Unaddressed trauma leading to diagnosable conditions such as depression or posttraumatic stress disorder
- Stress from financial hardship as resources diminish
- Frustration and disillusionment at the lack of resources and pace of repairs
- Continued anxiety around dislocation and separation

Notes:

Severe Reactions

- The severity of reactions is affected by the type of, level of exposure to, and casualties associated with the disaster.
- Preexisting trauma may increase the risk of severe reactions.
- CCP staff members identify and refer for treatment anyone experiencing severe reactions.
- Preexisting levels of support will affect the severity of reactions.

How do you recognize when a reaction becomes severe?

When does a severe reaction warrant referral?

How are you using the Assessment and Referral Tools for adults and for children?

Fostering Resilience

Resilience is an ability to recover from or adjust easily to misfortune or change (*Merriam-Webster's online dictionary* [11th ed.] [n.d.]. Retrieved from <http://www.merriam-webster.com/dictionary/resilience>).

Factors affecting survivors' resilience:

- Life situation
- Individual traits and coping styles
- Disaster and trauma experience
- Family and social support
- Spiritual beliefs
- Presence of perceived control and hope
- Availability of accurate information
- An effective and caring emergency response


To foster resilience, help survivors to do the following:

- Make realistic plans and take the steps to carry them out.
- Maintain a positive self-image and confidence in their own abilities.
- Utilize effective communication skills.
- Manage strong feelings and impulses.
- Focus on finding solutions.

APA, 2020, <https://www.apa.org/topics/resilience>

Survivor Tools for Fostering Resilience

- Review this list of tools for fostering resilience.
- Make a check mark next to the tools you feel you help survivors to use.
- For the ones you check, make some notes about how you help survivors to use them—be as specific as possible, and identify at least one example for each tool.

| Tool |  | Examples of How I Use This Tool |
|---|---|---------------------------------|
| Make connections. | | |
| Avoid seeing crises as insurmountable problems. | | |
| Accept change as a part of living. | | |
| Move toward goals. | | |
| Take decisive action. | | |
| Look for opportunities for self-discovery. | | |
| Nurture a positive view of self. | | |
| Keep things in perspective. | | |
| Maintain a hopeful outlook. | | |
| Practice effective self-care. | | |

APA, 2020, <https://www.apa.org/topics/resilience>

Section 3: Crisis Counseling Services and Interventions

Needs Assessment Outreach Worksheet

Needs Assessment

Which populations have been successfully served through outreach and needs assessment? How were they identified?

Which populations have been identified but have not been reached?

Which new populations need to be targeted?

Outreach

What are your outreach strategies?

How successful have they been?

What new strategies could you use?

Range of Crisis Counseling Services

- Individual/family 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

What services were most important during the ISP? Why?

Where do you see the most need or demand for services now?

**What services do you anticipate will be the most needed in the coming months?
How has the need shifted, and why?**

Journal Reflection: Sections 1 Through 3

1. What are some things you personally can do to help the CCP transition smoothly from ISP to RSP?

2. What do you want to remember about how individual and community disaster reactions are changing over time?

3. What did you learn today about facilitating group counseling sessions?

4. How well are your training needs and expectations being met so far in this course? What suggestions do you have of topics or issues to focus on during the rest of the training?

Goals of Individual/Family Crisis Counseling

What are some things they have done that have been helpful? For each goal listed write one tip or technique that can be used to achieve each goal.

| GOAL | |
|--|--|
| Understanding their situations and reactions | |
| Regaining a sense of mastery and control | |
| Identifying, labeling, and expressing emotions | |
| Adjusting to the disaster and losses | |
| Managing stress | |
| Making decisions and taking action | |
| Developing coping strategies | |
| Using community resources | |

Typical Visits

Typical visits or encounters may include the following:

| Stage of Visit | Intervention/Skills | Tools for Survivors |
|----------------|--|---|
| Opening | <ul style="list-style-type: none"> • Engagement • Introductions • Opening skills • Calming • Screening • Information gathering | <ul style="list-style-type: none"> • Identifying needs • Self-calming |
| Middle | <ul style="list-style-type: none"> • Emotional support • Education • Nonverbal attending • Normalizing reactions • Empathy • Reflecting feelings • Reframing/helpful thinking • Paraphrasing • Practical assistance | <ul style="list-style-type: none"> • Prioritizing needs • Goal setting • Social support • Coping skills • Relaxation techniques • Stress management • Positive activity scheduling |
| Closing | <ul style="list-style-type: none"> • Screening • Referral, if needed • Follow-up, if needed | <ul style="list-style-type: none"> • Homework/next steps |

Goals of Group Crisis Counseling

Assist group members in doing the following:

- Understanding their current situations and reactions to the disaster
- Achieving mutual support
- Developing skills related to stress management, coping with triggers, expressing emotions, and problem solving
- Becoming knowledgeable about available community resources
- Developing and implementing personal and group goals

Group counseling may vary from less structured, purely educational groups to more structured support groups. All groups are likely to share some elements of support and psycho-education.

It is important to ensure that group members have had similar levels of exposure to the disaster event. People with low exposure should not be exposed to the stories of people whose exposure was significantly higher.

When members of social support networks are struggling with the disaster's aftermath, counseling groups may augment overloaded support systems.

Groups can be led by a disaster behavioral health professional, co-facilitated by health professionals or paraprofessionals, or led by survivors themselves.

Notes

Factors That Affect the Group Process

- Co-facilitation by two crisis counselors
- Knowledge and skills of group leaders
- Group leaders' awareness of their own values, biases, and beliefs, and how these affect the group
- Respect and confidentiality
- Utilization of feedback from the group

Adapted from ASGW Guiding Principles for Group Work, <https://asgw.org/wp-content/uploads/2021/07/ASGW-Guiding-Principles-May-2021.pdf>

How do these factors affect the group process?

Group Crisis Counseling Skills

- Promoting safety and comfort
- Listening
- Modeling effective communication skills
- Facilitating group interaction
- Facilitating the group process
- Dealing with difficult group members and situations
- Handling difficult subject matter
- Identifying and interpreting shared reactions and experiences
- Assessing and responding to group needs
- Educating members about common reactions, stress management, and effective coping skills
- Identifying and responding to other educational needs
- Facilitating group cohesiveness

Notes

Group Crisis Counseling Exercise

Preparation for Exercise Worksheet


Type of group:

- Think about survivors you have worked with individually or in groups.
- Based on your experience, write a description of a fictional survivor whose role you'll play in the group. Please be careful to maintain confidentiality of actual survivors.
- This role should fit in with the type of group we or you have selected to work with.

Survivor Role:

Group Counseling Demonstration Worksheet

Make a check mark next to the skills you saw the trainer use during the demonstration, and make notes about how the skills were used.

| Observed Skills |  | Notes |
|--|---|-------|
| Promoting safety and comfort | | |
| Listening | | |
| Modeling effective communication skills | | |
| Moving toward goals | | |
| Facilitating the group process | | |
| Dealing with difficult group members and situations | | |
| Handling difficult subject matter | | |
| Identifying and interpreting shared reactions and experiences | | |
| Assessing and responding to group needs | | |
| Educating members about common reactions, stress management, and effective coping skills | | |
| Identifying and responding to other educational needs | | |
| Facilitating group cohesiveness | | |

Group Crisis Counseling Exercise

Preparation for Facilitating

How will you start the conversation? What are some open-ended questions you might use?

What skills do you want to be sure to exercise?

Reflection on Practice

What went well during your practice facilitating the group?

What would you do differently next time?

What feedback did you get from your partner that you want to be sure to remember?

Group Crisis Counseling Simulation—Partner Feedback Worksheet

What skills did you see your partner use when facilitating the group? What was the impact on the group?

What did he or she do well during the practice?

What could he or she improve?

Journal Reflection—Sections 1 Through 3

1. What are some things you personally can do to help the CCP transition smoothly from ISP to RSP?

2. What do you want to remember about how individual and community disaster reactions are changing over time?

3. What did you learn today about facilitating group counseling sessions?

4. How well are your training needs and expectations being met so far in this course? What suggestions do you have of topics or issues to focus on during tomorrow's sessions?

Homework Reading

CCP Transition to RSP—Program and Services Assessment Questionnaire

This questionnaire provides a list of questions that CCP management and staff should be considering during the transition from an ISP to an RSP.

CCP Model

In what ways is your program:

- Strengths based?
- Outreach oriented?
- Culturally aware?
- Diagnosis free?
- Community based?
- Bolstering of community support systems?
- Fostering of natural resilience and competence?

Needs Assessment and Outreach

- Which populations have you targeted and reached?
- What are your outreach strategies?
- How successful have these strategies been?
- Which populations have not been reached?
- Which new populations need to be targeted?
- What strategies should you use?

Individual/Family Crisis Counseling

How are you assisting individuals/families in doing the following?

- Understanding their situations and reactions
- Regaining a sense of mastery and control
- Identifying, labeling, and expressing emotions
- Adjusting to the disaster and losses
- Managing stress
- Making decisions and taking action

- Developing coping strategies
- Using community resources

Assessing Individual/Family Crisis Counseling Skills

- What skills have you been using?
- What skills have been most effective?
- Have you encountered reactions for which you felt unprepared?
- Have you encountered situations for which you felt unprepared?
- Are there skills you would like to improve or develop?

Group Crisis Counseling

Where are we now?

- What types of groups are you providing?
- Which populations are being served?
- What are the common themes?
- How successful are these groups?
- What factors led to the implementation of your groups?
- How did you market these groups?
- How successful have these strategies been?

Where do we go from here?

- What current needs can be met through a group?
- What types of groups are needed?
- What strategies can be used to implement these groups?
- What strategies can be used to market these groups?

How are you assisting group members in doing the following things?

- Understanding their current situations and reactions to the disaster
- Achieving mutual support
- Developing skills related to stress management, coping with triggers, expressing emotions, and problem solving
- Becoming knowledgeable about available community resources
- Developing and implementing personal and group goals

Assessment of group skills:

- What skills have you been using?
- What skills have been most effective?
- Have you encountered reactions from group members for which you felt unprepared?
- Have you encountered situations in groups for which you felt unprepared?
- Are there skills you would like to improve or develop?

Community Support and Networking

How are you assisting communities in doing the following?

- Understanding the needs of survivors
- Identifying and developing the resources to meet their needs
- Utilizing mechanisms to bring survivors together
- Creating forums to discuss and respond to general and individual/family needs

Outreach:

- Which communities have you targeted and reached?
- What are your outreach and public education strategies?
- How successful have these strategies been?

Ongoing community needs assessment:

- Which community organizations have not been reached?
- Which new organizations need to be targeted?
- What other community events and activities need to be accomplished?
- Where is public education needed?
- What strategies are needed?

How are you doing the following things?

- Fostering community resilience through improved connectivity
- Promoting familiarity with disaster relief resources
- Creating a seamless system for referral
- Creating opportunities for sharing resources and training

Cultural Awareness

What can be done in the areas below to develop culturally appropriate programming?

- Staff
- Program
- Community

Data Collection and Program Evaluation

How have data collection and analysis:

- Assisted program managers?
- Assisted crisis counselors?
- Assisted in identifying program trends and survivor needs?
- Documented the program's accomplishments?
- Provided accountability to stakeholders (e.g., Congress, Government Accountability Office, federal agencies)?

How will we use data in the RSP to track the following?

- Customer satisfaction
- Worker satisfaction
- Program changes
- Output outcomes
- Overall trends in the CCP

Are there other ways the data can be used?

Notes

Descriptions and Considerations for CCP Services

Below are descriptions and key considerations for the following CCP services:

- Community support and networking
- Public education and media messaging
- Assessment, referral, and resource linkage

Community Support and Networking

Through community support and networking, the CCP does the following things:

- Partners with community support systems
- Participates in community gatherings and rituals
- Reaches out to community groups and leaders
- Maintains a compassionate presence
- Bolsters, but does not replace, existing systems

Public Education and Media Messaging

Public education:

- Includes distribution of information, education, and materials
- Is designed to:
 - Build resilience
 - Promote constructive coping skills
 - Educate about disaster reactions
 - Help people access support and services
 - Leave a legacy of knowledge, skills, and community resources
 - Require good presentation skills for successful community education

Educational materials:

- Include flyers, brochures, tip sheets, guidance documents, and website content
 - CCP staff members are urged to contact the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) for help in accessing educational materials.
 - Distribution of educational materials is captured on the Weekly Tally Sheet.

- Include the following topics:
 - Basic disaster information
 - Key concepts of disaster behavioral health
 - Disaster reactions
 - Coping skills
 - Individual and community resilience
- Should be culturally appropriate (address special populations), available in multiple languages, and consider survivors' varying educational levels

Media messaging:

- Reaches large numbers of survivors
- Increases education and awareness
- Promotes a shared understanding of the CCP message
- Delivers a clear message regarding the CCP
- Promotes the services of the CCP, such as the helpline, ongoing crisis counseling, and referral
- Shares information on common reactions and coping
- Requires identification of an experienced spokesperson from the CCP staff to communicate with media partners and help deliver a consistent and phase-appropriate message about CCP services and recovery

Important things to consider when developing talking points:

- The CCP emphasizes resilience and hope.
- Help is available through a variety of services provided by the CCP.
- The CCP educates disaster survivors on common reactions and effective coping skills.
- Cultural diversity is respected.
- If appropriate, and while maintaining confidentiality, it is helpful and can be very powerful to highlight stories of people who have been helped by the CCP.

Avoiding communication mistakes—top 10 tips for the savvy communicator:

1. First, do no harm. Your words have consequences—be sure they are the right ones.
2. Know what you want to say. Say it; then say it again—repetition (within limits) helps audiences absorb information.
3. Talk about what you know.
4. Focus on informing people more than on impressing them. Use everyday language.
5. Say only what you'd be willing to see printed on tomorrow's front page.
6. Tell the truth.
7. Make only promises you know you can keep.
8. Avoid using the phrase "no comment." You will look like you have something to hide.
9. Remain calm and focused. When you argue with the media, you always lose—and lose publicly.
10. When you do not know something, say so.

Cultural Awareness

SAMHSA DTAC can provide guidance on culturally appropriate strategies and examples of educational materials in multiple languages. Encourage participants to contact SAMHSA DTAC for these resources.

Staff should reflect the makeup of the community and speak the languages of the communities served.

Staff/Individual

- Be dependable, nonjudgmental, and respectful.
- Recognize cultural variation in the expression of help-seeking, customs, traditions, and support networks.
- Recognize different experiences with and beliefs about healing, trauma, and loss.
- Learn local norms from community leaders.

Program

- Recruit multicultural staff from the community.
- Provide information in multiple languages and formats, when needed.
- Allow time to gain acceptance in a community.

CCP Services Roundtable Discussions

Community Support and Networking

What is the program doing to provide community support and networking?

What are the emerging community needs?

What opportunities for further outreach exist?

Public Education and Media Messaging

What is the program doing to provide community support and networking?

How are the needs for public education and media messaging changing over time?

What opportunities exist for extending the reach of your public education activities and media messaging?

CCP Services Roundtable Discussions (cont.)

Assessment, Referral, and Resource Linkage

How are you doing assessment, referral, and resource linkage?

How are the needs for assessment, referral, and resource linkage changing over time?

What opportunities exist for improving assessment, referral, and resource linkages?

Cultural Awareness

How are the program's services culturally appropriate?

What opportunities exist to increase the cultural awareness of the program?

What are you doing in your program to address cultural awareness? What are some specific examples?

Section 4: Data Collection and Program Evaluation

- Every CCP is required to utilize and complete the following 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
 - Participant Feedback Survey
- Crisis counselors and CCP staff can review additional information about these forms in several online training resources:
 - CCP Core Content Training
 - CCP Evaluation Toolkit
 - Web-based Training on Data Collection Forms

Brief Review of Data Collection Forms

Individual/Family Crisis Counseling Services Encounter Log

- Documents interactions of 15 minutes or longer with individuals or families
- Documents visit type, demographic information, number of people in the encounter, location of service, risk categories, event reactions, focus of encounter, materials distributed, and referrals

Group Encounter Log

- Documents group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking)
- Captures encounter characteristics, group identities, and focus

Weekly Tally Sheet

- Documents brief educational and supportive contacts (less than 15 minutes), telephone calls, emails, and material distribution
- Includes information for 1 week (beginning Sunday) at the county level, using three-digit county codes
- May be partly completed (the social networking and mass media sections) by administrative staff

Advanced CCP Data Tools

Adult and Child/Youth Assessment and Referral Tools

- Your employer should have protocols or procedures in place for how to respond if serious reactions are indicated and should provide training on how to use these tools and when to make a referral for more intensive services.
- All of the following are true of the Child/Youth Assessment and Referral Tool and the Adult Assessment and Referral Tool:
 - They are used to facilitate referrals to more intensive behavioral health services.
 - They can be used at any time if you suspect the individual may be experiencing serious reactions.
 - They should always be used at the third and fifth individual/family crisis counseling encounter.
 - They measure risk categories and event reactions using a structured interview approach.
- Assessment and Referral Tools are used in the ISP and RSP, as needed.
- 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?”

Using the Tools for Assessment, Referral, and Resource Linkage

The Assessment and Referral Tools are important implements to connect survivors with the local systems of care which can address their mental health and substance use needs.

Staff use the tools to collect data, but more importantly the tools help assess the need for referral to additional resources, beyond what the CCP can provide.

Assessment, referral, and resource linkage activities are likely to increase in the RSP for these reasons:

- Repeat individual/family crisis counseling encounters often trigger an assessment.
- Lingering reactions may now be cause for concern.
- Because more time has passed since the disaster, fewer resources may be available, which may in turn increase stress reactions.

NOTE: The crisis counselors should call upon team leaders who are behavioral health professionals to assist with assessment and referral.

Consider the following factors during the assessment process:

- Safety
- Level of exposure to the traumatic event
- Prior trauma or physical or behavioral health concerns
- Presence of severe reactions
- Current level of functioning
- Alcohol and drug use or misuse

NOTE: Be sure to consider the current phase of the disaster when assessing and referring. The CCP Adult Assessment and Referral Tool may be used to assist crisis counselors in making decisions regarding the need for referral.

Adult Assessment and Referral Tool:

- This is used to facilitate referrals to more intensive behavioral health services.
- It is first used during a third individual/family crisis counseling encounter.
- It measures risk categories and event reactions using a structured interview approach.
- If a person scores three or more “intense” reactions (ones scored 4 or 5), then referral for more intensive services should be discussed.
- The Individual/Family Crisis Counseling Services Encounter Log should be filled out for the visit, even if the referral tool was used.
- Crisis counselors must have some training in the process of assessment, including how to answer participants’ questions.
- While this form is typically used during the third encounter, it can be used at any point when a crisis counselor, along with a team leader, feels additional assessment may be warranted

(e.g., during specialized crisis counseling or to keep track of an individual survivor's progress).

- A crisis counselor can still make visits to a survivor who has received an assessment and referral.

Child/Youth Assessment and Referral Tool and Response Card:

- It is used to facilitate referrals to more intensive behavioral health services.
- It is used with children who have received individual/family crisis counseling on two or more previous occasions.
- It is used with any child at any time if the crisis counselor suspects the child may be experiencing serious reactions to the disaster.
- It measures reactions using a structured interview approach.
- The Individual/Family Crisis Counseling Services Encounter Log should be filled out for the visit, even if the referral tool was used.
- A crisis counselor can still make visits to a survivor who has received an assessment and referral.

Emergency treatment referral:

- Alert the team leader if any of the following is true:
 - There is intent or means to harm self or others.
 - The person experiences severe paranoia, delusions, or hallucinations.
 - Functioning is so poor that the person's (or his or her dependent's) safety is in danger.
 - Excessive substance use is placing person or others at risk.
 - A child's safety or health is at risk.
- When in doubt, call 911, or refer for immediate psychiatric or medical intervention.

Nonemergency treatment referral:

- 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.
- Reduce perceived stigma:
 - Perceptions of mental health or substance misuse treatment vary among people in general, as well as across cultural groups.
 - Demystify counseling by letting people know that counseling and treatments are methods of providing support, information, education, and help for problem solving and coping.

- Explore referral options, and give choices.
- Increase compliance:
 - Explore obstacles to accepting services.
 - Encourage the person to call for the appointment while the counselor is there.
 - Accompany the person to the first appointment, if necessary and appropriate.
- The CCP tries to empower people to make and keep their own referral appointments. However, sometimes it is acceptable to guide survivors through the referral process. Some strategies include the following:
 - Provide referral options.
 - Assist them 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 treatment.

Participant Feedback Surveys

- They are conducted twice during an RSP.
- They collect feedback from all adults receiving individual/family or group crisis counseling during the period of administration (usually 1–2 weeks).
- The information collected provides some data about immediate outcomes of crisis counseling.
- The surveys are administered using a paper survey along with a cover sheet and a stamped return envelope.
- The surveys are anonymous and do not collect personally identifiable information about the survivor (or the CCP staff who assisted him or her).
- The Participant Feedback Surveys capture the following information:
 - The kinds of services received and whether those services were helpful
 - Helpfulness of the CCP to the recipient of CCP services
 - Description of how the recipient was exposed to the disaster
 - Information on event reactions

- Comparison of the survivor's perceptions of how he or she was doing before the disaster and how he or she is doing after the disaster
- Basic demographics, language, and disability status
- Space is provided for referral information to a crisis counselor so that the recipient can talk with him or her about any severe reactions he or she is having.
- The crisis counselor must be invested in the process and emphasize the importance of the process to the participant. Participants must be convinced that the survey is a serious endeavor. It is their opportunity to identify needs and rate how well the program is meeting those needs.

Service Provider Feedback Form

- This form collects feedback from crisis counselors who provide direct, face-to-face services and their immediate supervisors (team leaders).
- It is used to capture crisis counselors' opinions about their training, resources, supervision, workload, support, and overall quality of the CCP.
- It is collected anonymously from crisis counseling staff around 6 and 12 months after the disaster.
- The form asks staff for feedback on the usefulness of the CCP trainings they have received. It also asks them to evaluate supervision, opportunities for growth, workload, and adequacy of tools provided. Additionally, it asks them to rate their stress levels, collects information about demographics, and provides space to write comments.
- The Service Provider Feedback Forms are disseminated by the state CCP evaluation coordinator and completed online when possible.
- All feedback is provided anonymously. The crisis counselors' identity is protected by lack of identifying information, and the results are submitted to an external evaluator. When results are shared, they are shown only in aggregations large enough to ensure that individuals (or small groups of counselors) are not identifiable.

The CCP provides resource linkage, not case management.

| Traditional Case Management | CCP Resource Linkage |
|---|---|
| Provides services of indefinite duration to individuals who may have a serious and persistent mental illness or other disability | Provides services to disaster survivors regardless of level of functioning |
| Advocates for and influences the provision of services for clients | Empowers disaster survivors to advocate for their own services and resources |
| Includes filling out forms and arranging appointments for clients | Assists disaster survivors in accessing services by guiding them through typical application and referral processes |
| Assumes responsibility for ensuring that clients access needed services and may involve follow-up with service providers to ensure compliance with appointments | Assists disaster survivors in identifying services and may involve follow-up with survivors, while empowering them to be responsible for accessing their own services |
| Has a responsibility to ensure continuity of care for clients | Assists the disaster survivor in accessing disaster-related services, as prioritized by the survivor |
| Involves long-term relationship with clients | Involves short-term relationships with disaster survivors |

- Most disaster survivors do not receive intensive behavioral health or disability services. However, crisis counselors may encounter survivors who are experiencing severe reactions. These severe reactions may result from acute and chronic mental or physical illness, substance misuse, or a developmental disability. The magnitude of need and compelling nature of a survivor’s problems may incline the crisis counselor to assume a more central and expanded role than appropriate.
- Crisis counselors should consult with their immediate supervisors before assuming any additional responsibilities for disaster survivors. It is appropriate for crisis counselors to empower disaster survivors to help them access services, but it is not appropriate for crisis counselors to assume the central role in establishing or coordinating these services.
- As with other crisis counseling services, the goal of resource linkage is to maximize the disaster survivor’s own strength, resilience, and supports in order to empower the survivor to independently connect with needed services. The process by which this independence is reached may include assistance to, guided referrals for, and follow-up with the disaster survivor, with the aim of assisting the survivor in developing increased mastery of his or her situation.

- The guided referral process might include working with the disaster survivor to identify available resources and navigate referral forms and systems. Simply put, it is working with, not doing work for, the survivor.

The CCP model facilitates resource linkage through the following:

- Role modeling
- Reinforcing
- Empowering

Occasionally, a crisis counselor may provide extra assistance or limited, short-term follow-up when a survivor seems particularly overwhelmed.

A crisis counselor may demonstrate how to make calls in the presence of a disaster survivor and show how asking important questions facilitates obtaining resources for the survivor and his or her family.

It is important for the crisis counselor to encourage the survivor to accomplish these tasks independently.

With reinforcement and guidance from the crisis counselor, often provided during a single visit, the survivor is then empowered to act independently to access resources.

Whenever possible, the crisis counselor encourages survivors to utilize resource lists and information to make telephone calls, fill out forms, and set up appointments themselves, thus empowering survivors and avoiding their dependence on the crisis counselor.

Ethical Considerations for Crisis Counselors

Maintain Confidentiality

Crisis counseling services provided through the CCP are anonymous and confidential.

Crisis counselors should not share individual/family or group encounter experiences with anyone outside of the contact or group, with the exception of the following people and groups:

- 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/family or another human being is in imminent risk or danger

Crisis counselors should not keep formal records; there is no clinical charting in the CCP.

However, it is appropriate to maintain basic contact information for the purpose of following up with individual(s).

Be sure to get permission for release of information from individuals before sharing any personal information for referrals or any other reason.

Follow the state and local regulations on mandatory reporting for child or elder abuse and neglect.

Immediately discuss with your supervisor any allegations or cases of suspected child abuse.

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 disabilities.

Additional Ethical Guidelines

- Do no harm.
- Participation is voluntary.
- Consider reactions in relation to the disaster phase and context.
- Individual coping styles should be respected.
- Immediate interventions are supportive.
- Talking with a person in crisis does not always mean talking about the crisis.
- Be aware of the situational and cultural contexts of the survivor and the intervention itself.

Section 5: Stress Management for Staff

Typical Stressors

How stressful are these factors for you?

- | | | | | | | |
|----|---|-----------------|---------------|-------------|-----------|----------------|
| 1. | Repeatedly hearing survivors' distressing stories | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |
| 2. | Approaching survivors who may reject help | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |
| 3. | Feeling overwhelmed by the sadness of others | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |
| 4. | Feeling unable to alleviate the pain of others | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |
| 5. | Working long hours | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |
| 6. | Having personal experience with the disaster | Not at all 1 | Somewhat 2 | Fairly 3 | Very 4 | Extremely 5 |

Checklist of Warning Signs of Excessive Stress

| Warning Signs | I Have Experienced This (Rarely, Sometimes, Frequently) |
|---|--|
| You cannot shake distressing images from your mind. | |
| Work consumes you at the expense of family and friends. | |
| You experience an increase in substance use or misuse. | |
| You are excessively irritable and impatient. | |
| You exhibit other serious or severe reactions. | |

If you have experienced any of these warning signs, what are some steps you have taken, or could take, to reduce your stress level?

Organizational Stress Management Scorecard

Give a score between 1 and 5 for all the items below to indicate how well your program currently does on each of these stress management measures.

Scoring: 1 = Poor, 2 = Fair, 3 = Average, 4 = Very Good, 5 = Excellent

| How well does your program demonstrate: | Score |
|---|--------------|
| A clearly defined management and supervision structure? | |
| Clearly defined purpose and goals articulated frequently? | |
| Functionally defined roles reinforced through effective supervision? | |
| Sound clinical consultation, support, and supervision? | |
| Supportive peer relationships? | |
| An active stress management program? | |
| A comprehensive training plan? | |
| How well does management: | |
| Clearly articulate and often repeat the purpose, goals, scope, and limits of the program? | |
| Develop criteria for who is served and for how long, and require justification for continued counseling? | |
| Enforce safety policies and ethical conduct? | |
| Provide careful supervision? | |
| Enforce reasonable work hours and shifts? | |
| Monitor time off and mandate it, if necessary? | |
| Develop and enforce safety policies? | |
| Reinforce the use of a buddy system? | |
| Articulate and enforce policies related to holidays, supervision, and attendance at staff meetings and training events? | |

| How do team meetings: | Score |
|---|--------------|
| Provide opportunities for ongoing assessment of staff skill development and training needs? | |
| Use simulation exercises to practice crisis counseling skills? | |
| Address disillusionment and other stressors related to the current phase of disaster? | |
| Reinforce the boundaries of the crisis counselors? | |
| Address stress levels through individual and organizational techniques? | |
| TOTAL: | |

Organizational Approaches for Stress Prevention and Management

| Dimension | Immediate Response | Long-term Response |
|---|---|--|
| <p>Effective Management Structure and Leadership</p> | <ul style="list-style-type: none"> • Clear chain of command and reporting relationships • Available and accessible clinical supervisor • Shifts no longer than 12 hours, with 12 hours off • Briefings provided at beginning of shifts as workers exit and enter the operation • Necessary supplies available (e.g., paper, forms, pens, educational materials) • Communication tools available (e.g., mobile phones, radios) | <ul style="list-style-type: none"> • Full-time, disaster-trained supervisors and program director with demonstrated management and supervisory skills • Clear and functional organizational structure • Program direction and accomplishments reviewed and modified, as needed |
| <p>Clear Purpose and Goals</p> | <ul style="list-style-type: none"> • Clearly defined intervention goals and strategies appropriate to assignment setting (e.g., crisis intervention, debriefing) | <ul style="list-style-type: none"> • Community needs, focus, and scope of program defined • Periodic assessment conducted of organizational health and service targets and strategies • CCP Guidance integrated into service priorities • Staff trained and supervised to define limits and make referrals • Staff provided feedback on number of contacts, program accomplishments, etc. |

| Dimension | Immediate Response | Long-Term Response |
|--|--|---|
| <p>Functionally Defined Roles</p> | <ul style="list-style-type: none"> • Staff are oriented and trained with written role descriptions for each assignment setting. • If another agency (e.g., Red Cross, Federal Emergency Management Agency) has authority over the setting, staffs are informed of their roles, contacts, and expectations. | <ul style="list-style-type: none"> • Job descriptions and expectations provided and enumerated for all positions • Participating disaster recovery agencies' roles understood, and working relationships with key agency contacts maintained |
| <p>Team Support</p> | <ul style="list-style-type: none"> • Buddy system for support and monitoring stress reactions • Positive atmosphere of support and tolerance with "good job" said often | <ul style="list-style-type: none"> • Avoidance of program design with isolated workers from separate agencies • Informal case consultation, problem solving, and resource sharing • Regular, effective meetings with productive agendas, personal sharing, and creative program development • Clinical consultation and supervision • In-service training appropriate to current recovery issues |

Section 6: Team Building Activity

It is very important for all the CCP staff to function well as a team during the RSP program. Effective teams have a sense of team identity, a shared goal, and a common vision.

Your trainer will lead one of the following team building activities:

- CCP public service announcement
- CCP billboard

Notes

Applying Your Learning

Summarize what you have learned and what you plan to do back at work by answering the following questions.

What are the most important things you have learned as a result of this course?

What are three things you plan to do in the next 2 weeks in your work setting that you have learned here?

What are the skills you feel will continue to be the most difficult for you, and what can you do to overcome those difficulties?

How can you continue to get feedback on your crisis counseling skills? Who can help you, and how will you approach these people?

Crisis Counseling Assistance and Training Program (CCP)

Training Feedback Form for Participants

Complete this survey online at: <https://bit.ly/3bjs76M>



CCP Name/Disaster Number: _____

1. The goals and objectives of the training were clearly stated.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

2. The training content, handouts, and activities were effective in meeting the stated objectives.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

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

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

4. The information was clearly presented.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

5. The trainer demonstrated thorough knowledge of the subject matter.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

6. The trainer facilitated the session effectively (e.g., exercises were appropriate and well executed, and the training was on schedule).

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

7. The length of the training was appropriate for the amount of material covered.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

8. The training environment was physically comfortable (e.g., temperature, room size, setup).

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

9. What elements of this training session will most assist you in effectively performing your job duties?

10. How do you think the module content or the training session could be improved?

Thank you for your valued feedback. Please return this form to your trainer.
Copies will be mailed to SAMHSA DTAC at:

SAMHSA DTAC
1-800-308-3515
dtac@samhsa.hhs.gov