

# CCP Trainer's Guide

**Core Content Training**  
Crisis Counseling Assistance and Training Program

**Module 1**

resilience  
community  
hope  
recovery  
partnership  
outreach



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



**FEMA**

# 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.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)



FEMA

This page intentionally left blank.

## CCP Trainer's Guide

### Core Content Training

## Table of Contents

Pre-Training Checklist .....	5
Recommended Agenda .....	7
Welcome and Introductions .....	9
SECTION 1: Disaster Response Overview .....	11
SECTION 2: Crisis Counseling Program and Services .....	19
SECTION 3: Cultural Awareness .....	33
SECTION 4: Survivor Reactions .....	39
SECTION 5: Special Populations.....	49
SECTION 6: Interventions and Skills .....	53
SECTION 7: Data Collection and Program Evaluation.....	67
SECTION 8: Stress Management .....	75
Applying Your Learning and Course Evaluation.....	81
SUPPLEMENTAL SECTION: Program Management .....	83

This page intentionally left blank.

## 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.

<b>Recommended Agenda A</b>					
<b>Core Content Training—2½ Days</b>					
<b>DAY 1</b>		<b>DAY 2</b>		<b>DAY 3</b>	
8:30 a.m.	Welcome and Introductions	8:30 a.m.	Opening—Review and Preview	8:30 a.m.	Opening—Review and Preview
	Course Objectives, Agenda, Norms	8:45 a.m.	Survivor Reactions	8:45 a.m.	Data Collection and Program Evaluation*
9:00 a.m.	Disaster Response Overview	10:00 a.m.	Break	10:00 a.m.	Break
10:00 a.m.	Break	10:15 a.m.	Survivor Reactions (cont.)	10:15 a.m.	Stress Management
10:15 a.m.	CCP and Services	10:45 a.m.	At-Risk Populations	11:30 a.m.	Applying Your Learning, Course Evaluation
12:15 p.m.	Lunch	12:15 p.m.	Lunch	Noon	Adjourn
1:00 p.m.	CCP and Services (cont.)	1:15 p.m.	Interventions and Skills	<b>Optional Half-Day Session for Program Managers</b>	
3:00 p.m.	Break	3:00 p.m.	Survivor Tools	1:00 p.m.	Needs Assessment, Outreach, Staffing Plan
3:15 p.m.	Cultural Awareness	3:15 p.m.	Break	2:00 p.m.	Field Deployment and Supervision
4:45 p.m.	Journal Reflection	4:45 p.m.	Journal Reflection	2:30 p.m.	Break
5:00 p.m.	Adjourn	5:00 p.m.	Adjourn	2:45 p.m.	Communications and Media Plan
				4:00 p.m.	Training, Stress Management, Fiscal Management
				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.

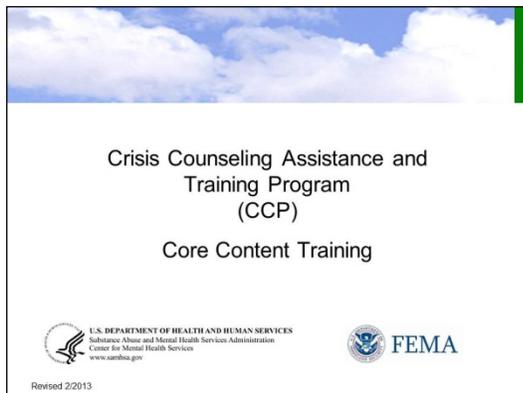
**Recommended Agenda B  
Core Content Training—2 Days**

DAY 1	DAY 2	DAY 3
8:30 a.m. Welcome and Introductions	8:30 a.m. Opening—Review and Preview	<p><b>Optional Half-Day Session for Program Managers</b></p> <p>8:30 a.m. Objectives, Agenda</p> <p>8:45 a.m. Needs Assessment, Outreach, Staffing Plan</p> <p>9:45 a.m. Field Deployment and Supervision</p> <p>10:00 a.m. Break</p> <p>10:15 a.m. Communications and Media Plan</p> <p>11:30 a.m. Training, Stress Management, Fiscal Management</p> <p>Noon Data Collection and Evaluation, Reporting, Quality Assurance</p> <p>12:30 p.m. Adjourn</p>
Course Objectives, Agenda, Norms	8:45 a.m. Survivor Reactions (cont.)	
9:00 a.m. Disaster Response Overview	10:15 a.m. Break	
10:00 a.m. Break	10:30 a.m. At-Risk Populations	
10:15 a.m. CCP and Services	11:30 a.m. Interventions and Skills	
Noon Lunch	Noon Lunch	
1:00 p.m. CCP and Services (cont.)	1:00 p.m. Interventions and Skills (cont.)	
3:00 p.m. Break	2:00 p.m. Survivor Tools	
3:15 p.m. Cultural Awareness	3:00 p.m. Break	
4:15 p.m. Survivor Reactions	3:15 p.m. Data Collection and Program Evaluation	
4:50 p.m. Journal Reflection	3:45 p.m. Stress Management	
5:00 p.m. Adjourn	4:45 p.m. Applying Your Learning, Course Evaluation	
	5:00 p.m. Adjourn	

# Welcome and Introductions (30 min.)

30 minutes

## INTRODUCTIONS



**Begin** the course by welcoming participants and introducing yourself.



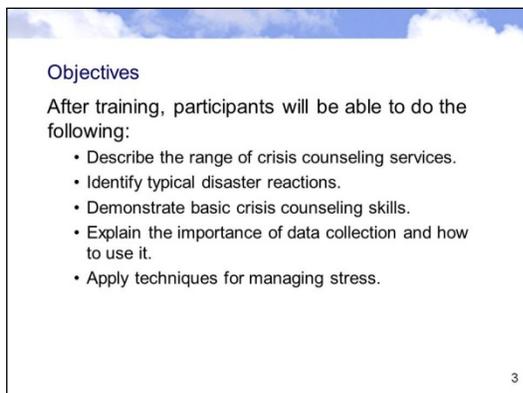
**Ask participants** to introduce themselves by sharing the following:

- 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.

Course Agenda—A	
<b>Day 1 A.M.</b> Welcome and Introductions Course Objectives, Agenda, Norms Disaster Response Overview CCP and Services	<b>Day 2 P.M.</b> Interventions and Skills Survivor Tools Journal Reflection
<b>Day 1 P.M.</b> CCP and Services (cont.) Cultural Awareness Journal Reflection	<b>Day 3 A.M.</b> Data Collection and Program Evaluation Stress Management Applying Your Learning, Course Evaluation
<b>Day 2 A.M.</b> Survivor Reactions Special Populations	<b>Day 3 P.M.</b> Program Management Session

**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.

Course Agenda—B	
<b>Day 1 A.M.</b> Welcome and Introductions Course Objectives, Agenda, Norms Disaster Response Overview CCP and Services	<b>Day 2 A.M.</b> Survivor Reactions (cont.) Special Populations Interventions and Skills
<b>Day 1 P.M.</b> CCP and Services (cont.) Cultural Awareness Survivor Reactions Journal Reflection	<b>Day 2 P.M.</b> Interventions and Skills (cont.) Survivor Tools Data Collection and Program Evaluation Stress Management Applying Your Learning, Course Evaluation
	<b>Day 3 A.M.</b> Program Management Session

As in any course, having agreed-upon norms is helpful.

**Write** the following guidelines on an easel stand, and review them with participants.

Guidelines for Working Together
<ul style="list-style-type: none"> <li>• Keep time (start on time, return from breaks on time, end on time).</li> <li>• Switch mobile phones off or to "vibrate."</li> <li>• Participate fully.</li> <li>• Ask questions freely.</li> <li>• Balance talking and listening.</li> <li>• Respect each other's points of view.</li> </ul>

- 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 point 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

Section 1—Disaster Response Overview

- Characteristics and Repercussions of a Disaster
- Federal Emergency Management Agency (FEMA) Disaster Assistance
- Disaster Response Structure and Operations

7

**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.

8

**Review** the session objectives:

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

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.

9

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

## Characteristics and Repercussions of a Disaster (cont.)

### Definition of a Disaster (cont.)

- A disaster is any natural catastrophe (e.g., tornado, hurricane, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States that in the determination of the President causes sufficient severity and magnitude to warrant major disaster assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Stafford Act).

Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974.

10

**Ask** for participants' reactions to the two definitions—where do they see similarities and differences? Would they define disaster differently? If so, how?

## Characteristics and Repercussions of a Disaster (cont.)

### Natural vs. Human Caused

#### Natural

Earthquakes, fires, floods, tornadoes  
No one to blame  
Beyond human control  
Advance warning is possible  
Post-disaster distress is high and felt mainly by survivors

#### Human Caused

Airplane crashes, chemical leaks, mass violence, terrorism  
People, governments, or businesses to blame  
Seen as preventable and a betrayal by fellow humans  
No advance warning  
Post-disaster stress is often higher than that of natural disasters and felt by more people not directly affected

11

**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.

Characteristics and Repercussions of a Disaster (cont.)

- Every disaster is different.
- Trauma affects individuals and the community.
- Response strategy depends on disaster characteristics.
- A disaster causes disruptions and changes.



12

**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).

Characteristics and Repercussions of a Disaster (cont.)

Table Task

- Take 10 minutes to discuss the following:
  - What are the characteristics of this disaster (e.g., cause, size, scope)?
  - What has been the effect on survivors?
- Choose a spokesperson to report on your group's discussion.

13

**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.

### Characteristics and Repercussions of a Disaster (cont.)

#### Sequence of Disaster Response

1. Local government responds.
2. State/territory requests assistance.
3. State/territory government implements its emergency plan.
4. FEMA conducts a joint preliminary damage assessment with state emergency management agency (SEMA).
5. Governor requests a Presidential declaration.
6. FEMA regional office reviews declaration request.
7. FEMA headquarters makes recommendations.
8. President makes declaration decision.

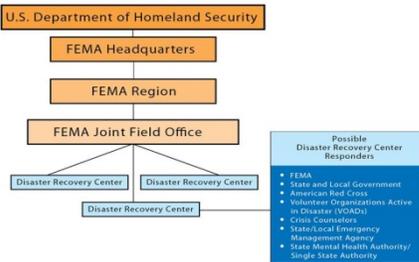
14

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.

### FEMA Disaster Assistance

#### FEMA Disaster Operations Structure



15

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.

### FEMA Disaster Assistance (cont.)

#### The Stafford Act establishes the following:

- All FEMA disaster relief services
- The intent of Congress
- The types of federal assistance programs

#### Title 44 of the *Code of Federal Regulations* does the following:

- Carries out the intent of the Stafford Act
- Provides guidance to standardize the implementation of disaster programs

The Stafford Act and Title 44 Code of Federal Regulations

16

### FEMA Disaster Assistance (cont.)

#### Types of assistance available from FEMA:

- Hazard Mitigation
- Public Assistance
- Individual Assistance (includes the FEMA CCP)

17

FEMA Disaster Assistance (cont.)

Individual Assistance (IA) provides help for registered individuals, households, and businesses through the following:

- Temporary housing
- Loans
- Grants
- Unemployment assistance
- Crisis counseling
- Tax relief



18

FEMA Disaster Assistance (cont.)

The Individual Households Program (IHP) provides registrants with the following:

- Financial assistance
- Direct assistance
- Housing



19

See PowerPoint presentation for slides 20–27 – they are optional.

Disaster Response Structure and Operations

Entities Eligible to Apply for and Receive CCP Funding

- States
- U.S. territories
- Federally recognized tribes and tribal organizations

28

**Entities eligible to apply for CCP funding**

### Disaster Response Structure and Operations (cont.)

The CCP consists of two grant types:

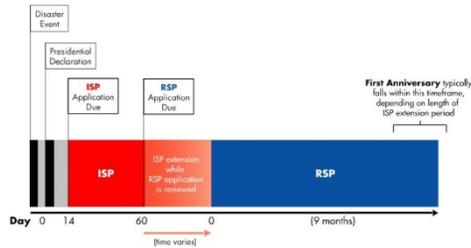
- Immediate Services Program (ISP): 60 days
- Regular Services Program (RSP): up to 9 months

29

## ISP and Regular Services Program (RSP) grants

### Disaster Response Structure and Operations (cont.)

#### Typical CCP Timeline

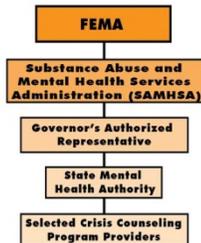


30

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

### Disaster Response Structure and Operations (cont.)

#### ISP Accountability Structure



31

## 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.

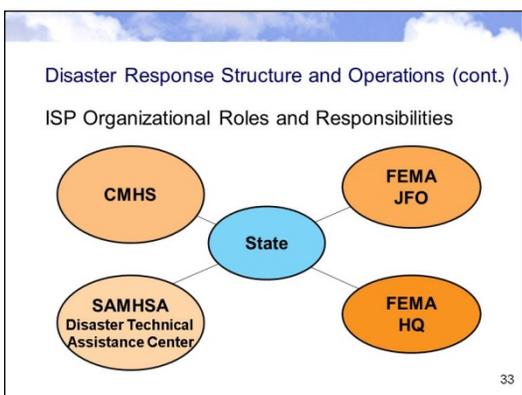
Disaster Response Structure and Operations (cont.)

CMHS and FEMA Roles and Responsibilities

- 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

32

**CMHS and FEMA roles and responsibilities in the CCP**



**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](mailto:DTAC@samhsa.hhs.gov)  
 Web: <http://www.samhsa.gov/dtac>

34

**SAMHSA DTAC**

SAMHSA DTAC is available as a resource for information, assistance, and questions regarding the CCP.

**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

This page intentionally left blank.

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

15 minutes

## SESSION INTRODUCTION, KEY CONCEPTS, AND OVERVIEW OF SERVICES

Section 2—Crisis Counseling Program and Services

- Key Concepts
- Range of Crisis Counseling Services

35

**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.

Session Objective

- Describe the range of crisis counseling services.

36

**Review** the session objective:

- Describe the range of crisis counseling services.

Key Concepts

The CCP model is

- Strengths based
- Anonymous
- Outreach oriented
- Culturally aware
- Conducted in nontraditional settings
- Designed to strengthen existing community support systems
- Based on an assumption of natural resilience and competence



37

**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.

Key Concepts (cont.)

Outreach is

- Central to the CCP model
- Guided by initial and ongoing needs assessment
- A mechanism to find people in need
- A mode of service delivery



38

**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.

Key Concepts (cont.)

Crisis counselors help survivors to do the following:

- Understand their situations and reactions.
- Regain a sense of mastery and control.
- Identify, label, and express emotions.
- Adjust to the disaster and losses.
- Manage stress.
- Make decisions and take action.
- Develop coping strategies.
- Use community resources.

39

**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.

Key Concepts (cont.)

Traditional Treatment vs. Crisis Counseling

Traditional Treatment	Crisis Counseling
Is office based	Is home and community based
Diagnoses and treats mental illnesses	Assesses strengths and coping skills
Focuses on personality and functioning	Counsels on disaster-related issues
Examines content	Accepts content at face value
Explores past experiences and their influence on current problems	Validates common reactions and experiences
Has a psycho-therapeutic focus	Has a psycho-educational focus
Keeps records, charts, case files, etc.	Does not collect identifying information

40

**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.

Range of Crisis Counseling Services

- 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



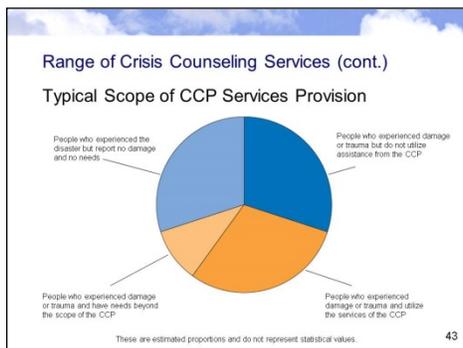
41

**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.



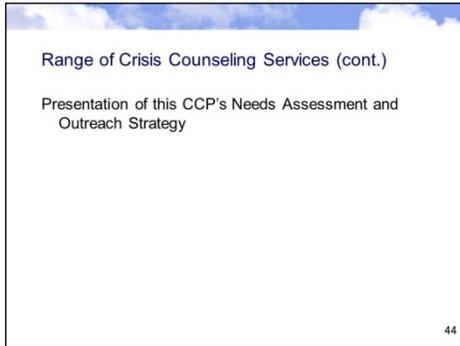
**Show** the pie chart displaying the typical scope of CCP services provision, and make these points:

- 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.

15 minutes

## OVERVIEW OF NEEDS ASSESSMENT AND OUTREACH STRATEGY



**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.

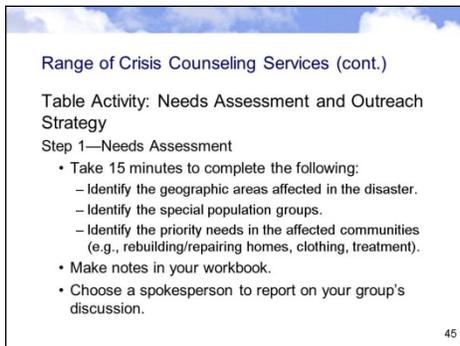
**Hand** out copies of these sections of the application, if possible.

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

1 hour, 30 minutes

## NEEDS ASSESSMENT AND OUTREACH ACTIVITY



### 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 their workbooks.
- Choose a spokesperson for the table group.

**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.

Range of Crisis Counseling Services (cont.)

Table Activity: Needs Assessment and Outreach Strategy (cont.)

Step 2—Resource Identification

- Take 15 minutes to discuss the following:
  - For the priority needs selected, identify community resources that would meet those needs (e.g., community organizations such as faith-based organizations, disaster assistance organizations, schools, etc.).
- Make notes in your workbook.
- Choose a spokesperson to report on your group's discussion.

46

## 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?

Range of Crisis Counseling Services (cont.)

Table Activity: Needs Assessment and Outreach Strategy (cont.)

Step 3—Outreach Strategy

- Take 15 minutes to complete the following:
  - Identify the key actions this program should take to conduct successful outreach to survivors.
  - Identify key actions you can take to conduct outreach to organizations that have resources available for survivors.
- Make notes in your workbook.
- Choose a spokesperson to report on your group's discussion.

47

## 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.

**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

Range of Crisis Counseling Services (cont.)

Individual and family crisis counseling

- Consists of encounters and visits with both adults and children
- Can include interactions with an entire family
- Can be brief (less than 15 minutes) or longer
- Typically ranges from one to five visits
  - The number of visits provided should be determined through discussions with supervisors and teams.
  - Multiple visits may indicate a need for referral to longer-term services and should be discussed with supervisors.

48

**Describe** the characteristics of individual and family crisis counseling.

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

Range of Crisis Counseling Services (cont.)

Individual and family crisis counseling (cont.)

- Engage.
- Identify immediate needs.
- Gather information.
- Prioritize needs.
- Provide practical assistance.
- Educate.
- Provide emotional support.
- Determine next steps and follow up.

49

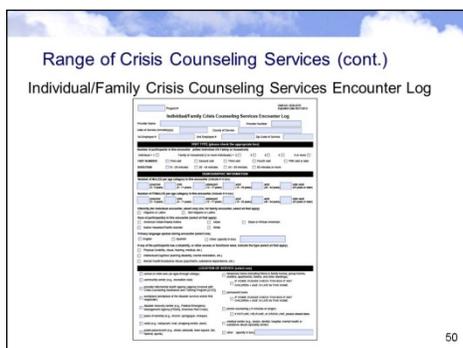
**Point out** that the goal of individual crisis counseling is to reinforce prior successful coping skills, in addition to helping survivors develop new ones.

Specific steps or elements of crisis counseling are these:

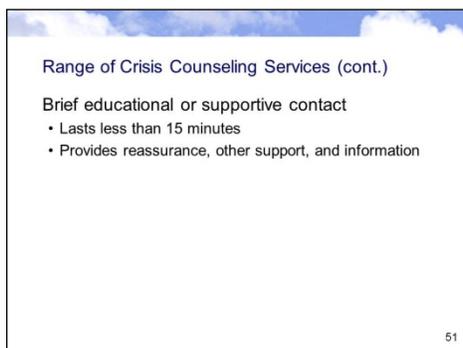
- *Engage*—Through outreach, make contact with affected individuals to provide crisis counseling services.
- *Identify immediate needs*—Assist survivors in assessing their current needs.
- *Gather information*—Use reframing, reflecting, paraphrasing, and opening skills to gather information to assess 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.



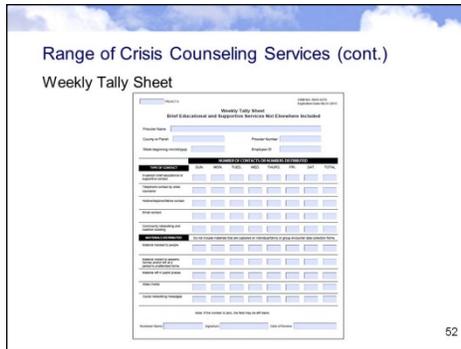
**Describe** the characteristics of brief educational or supportive contact.

**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?

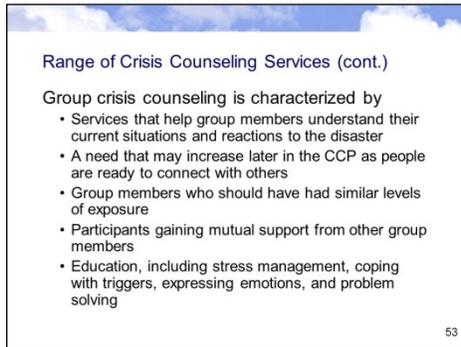
**Make** the following points:

- 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.



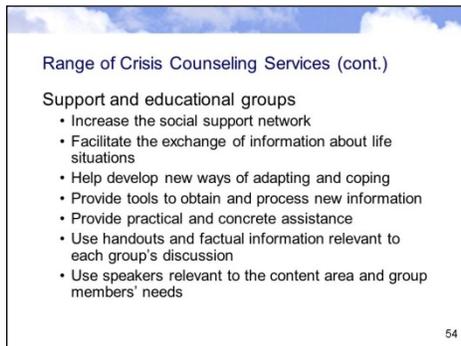
**Explain** that brief educational or supportive contacts are documented on the Weekly Tally Sheet. We will review this in more detail in a later training session.

**15 minutes** **GROUP CRISIS COUNSELING**



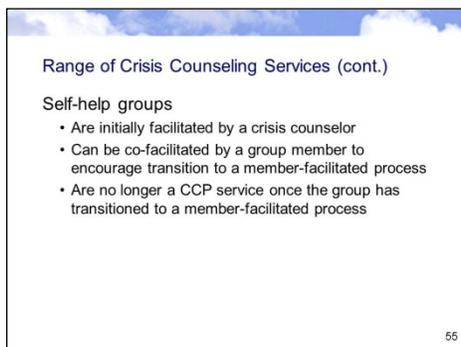
**Briefly discuss** the characteristics of group crisis counseling, and make the point that group crisis counseling is not usually a significant element of an ISP because people are typically not ready to join groups until later. If this program is extended to an RSP, it is likely that group crisis counseling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

**Practical Concerns in Group Crisis Counseling**

- Assess your own knowledge and skills related to the content of the group.
- Be aware of your own values, biases, and beliefs, and how these affect the group.
- Respect and maintain confidentiality.
- Facilitate—do not dominate—the conversation.
- Ask for feedback from the group.

Rappin, L., & Kell, L. (1998). Association for specialists on group work best practice guidelines. Retrieved from [http://www.asgw.org/pdf/Best\\_Practices.pdf](http://www.asgw.org/pdf/Best_Practices.pdf)

56

Range of Crisis Counseling Services (cont.)

Group Encounter Log



57

**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**

Range of Crisis Counseling Services (cont.)

**Assessment and Referral**

- Assessment is the process of reviewing, identifying, and evaluating survivors' needs.
- The CCP screens for the following:
  - Practical or tangible needs of survivors
  - Substance abuse and mental health needs
- Crisis counselors also identify resources in the community that match the needs of survivors.

58

**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.

Range of Crisis Counseling Services (cont.)

**Assessment and Referral (cont.)**

- Crisis counselors provide information about available resources to meet tangible needs.
- Crisis counselors help survivors meet unmet needs through resource linkage.
  - Services are provided regardless of level of functioning.
  - Resource linkage empowers survivors to advocate for themselves.
  - Crisis counselors assist survivors in prioritizing and accessing services.
  - Relationships with survivors are short term.

59

**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?

Range of Crisis Counseling Services (cont.)

Emergency Treatment Referral

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

60

**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.

Range of Crisis Counseling Services (cont.)

Nonemergency Treatment Referral

- Reduce perceived stigma:
  - Demystify mental health or substance abuse treatment by explaining it.
  - 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.

61

Range of Crisis Counseling Services (cont.)

Assessment and Referral Tools

Child/Youth Assessment and Referral Tool and Response Card

Adult Assessment and Referral Tool

62

**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?

30 minutes COMMUNITY SUPPORT AND PUBLIC EDUCATION

Range of Crisis Counseling Services (cont.)

Community support and networking

- Foster community resilience through improved connectivity
- Promote familiarity with disaster relief resources
- Create a seamless system for referral
- Create opportunities for shared resources and training



63

**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.

Range of Crisis Counseling Services (cont.)

Through community support and networking, the CCP

- 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, systems in place

64

**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.

Range of Crisis Counseling Services (cont.)

Typical Partners



65

**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.

Range of Crisis Counseling Services (cont.)

Other Potential Partners

- Emergency management
- Law enforcement
- Substance abuse prevention community
- Office for Victims of Crime
- Community-based cultural organizations
- American Indian and Alaska Native tribal community leaders
- Refugee organizations
- Suicide prevention organizations
- Mental health and substance abuse consumer groups

66

**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.

Range of Crisis Counseling Services (cont.)

Public education

- Includes distribution of information and educational materials
- Is likely to increase during the course of the CCP
- Is designed to do the following:
  - 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.

67

**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.

Range of Crisis Counseling Services (cont.)

Distribution of educational materials

- Includes flyers, brochures, tip sheets, guidance, and website content
- Includes the following topics:
  - Basic disaster information
  - Key concepts of disaster behavioral health
  - Disaster reactions
  - Coping skills
  - Individual and community resilience
- Includes materials that are culturally appropriate

68

- 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.

Range of Crisis Counseling Services (cont.)

Media Messaging and Risk Communications

- The CCP reaches large numbers of disaster survivors through media campaigns.
- Media messaging
  - Increases education and awareness for survivors
  - 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 important talking points

69

**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>.
- 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.

Range of Crisis Counseling Services (cont.)

Develop a media plan with CCP leadership and other partners, as appropriate, to do the following:

- Identify spokespersons with expertise in the field of disaster behavioral health and experience in dealing with the media.
- Develop simple talking points that reflect the goals and services of the CCP.
- Develop a press kit with information on the CCP and its services.

70

Range of Crisis Counseling Services (cont.)

Important Points 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 provides education on common reactions and teaches effective coping skills.
- Cultural diversity is respected in providing assistance.
- If appropriate, and while maintaining confidentiality, highlight stories of people who have been helped by the CCP.

71

15 minutes

BREAK

This page intentionally left blank.

# 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

Section 3—Cultural Awareness

- Definition of Cultural Awareness
- Principles of Cultural Awareness
- Strategies for Ensuring Cultural Appropriateness

72

**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.

73

**Review** the session objective:

- Apply culturally sensitive strategies to crisis counseling services in affected communities.

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?

Definition of Cultural Awareness

- Awareness of your own culture as a set of values, behaviors, attitudes, and practices, and the understanding that other cultures may be different from your own
- Respect for the beliefs, languages, and behaviors of others
- A quality that develops over time, usually involving increasing sensitivity and long-term commitment



74

**Present** the definition of cultural awareness, pointing out where the definition matches what they said and highlighting any key aspect they didn't mention.

#### Principles of Programmatic Cultural Awareness

- Recruit crisis counselors who represent the various cultural groups affected by the disaster.
- Provide ongoing cultural awareness training to staff.
- Identify the various cultural groups or populations in need of services.
- Ensure that services are accessible, appropriate, and equitable.
- Allow time to gain acceptance in a community.

75

**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.

Principles of Programmatic Cultural Awareness (cont.)

- Involve cultural brokers and community leaders in a meaningful way.
- Ensure that program materials are sensitive to and reflect the languages of the cultural groups served.
- Develop mechanisms, use team meetings, and use quality assurance processes to ensure the program is moving toward cultural awareness.

76

*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.

Principles of Individual Cultural Awareness

- Recognize the importance of culture, respect diversity, and take a nonjudgmental approach.
- Recognize differences in the expression of help-seeking, customs, traditions, and support networks.
- Learn local norms from community leaders.
- Recognize beliefs about healing, trauma, and loss.



77

**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.

## Strategies for Ensuring Cultural Appropriateness

## Table Activity

- You have 30 minutes to discuss the following:
  - What is your program doing to address cultural awareness? **Identify some specific examples.**
  - Who are the cultural brokers you're working with?
  - Who else could you be working with—individuals, groups?
  - What more could you do to increase the cultural awareness of staff? **Generate three specific recommendations.**
- Make notes in your workbook.
- Choose one person for each of the following tasks:
  - Facilitate the discussion.
  - Record the main points.
  - Report results to the larger group.

78

**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.

5 minutes

## JOURNAL REFLECTIONS

**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.

This page intentionally left blank.

# 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

Section 4—Survivor Reactions

- Key Concepts
- Individual Reactions
- Collective Reactions
- Resilience

79

**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.

Session Objective

- Identify typical disaster reactions.

80

**Review** the session objective:

- Identify typical disaster reactions.

**Key Concepts**

- Everyone who experiences a disaster is affected by it in some way.
- People pull together during and after a disaster.
- Stress and grief are common reactions to uncommon situations.
- People's natural resilience will support individual and collective recovery.



81

**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.

**Key Concepts (cont.)**

**Vulnerability Factors**

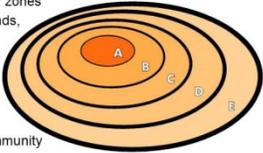
- Poverty
- Race
- Age
- Ethnicity
- Unemployment
- Gender

82

**Key Concepts (cont.)**

**Risk Factors–Population Exposure Model**

- Injured survivors; bereaved family members
- Survivors with high exposure to disaster trauma or evacuated from disaster zones
- Bereaved extended family and friends, first responders
- People who lost homes, jobs, or possessions; people with preexisting trauma and dysfunction; special populations; other disaster responders
- Affected people from the larger community



Adapted from DeWolfe, D. (2002). *Mental health interventions following major disasters: A guide for administrators, policy makers, planners, and providers*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

83

**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.

Key Concepts (cont.)

Typical Outcomes of Disaster

- Some will have severe reactions.
- Few will develop diagnosable conditions.
- Most do not seek help or treatment.
- Survivors often reject help.



84

**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.

Key Concepts (cont.)

- The CCP helps people foster their natural resilience and develop positive coping skills.
- Most disaster survivors have never received traditional mental health or substance abuse services.
- Overcoming stigma is a challenge in the CCP.

85

**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.

Key Concepts (cont.)

Two Reaction Types

- Individual
  - May cause stress and grief
  - May cause fatigue, irritability, hopelessness, and relationship conflicts
- Collective
  - May damage community support
  - May affect individual coping



86

**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.

Individual Reactions

Types of Individual Reactions

- Physical
- Emotional
- Cognitive
- Behavioral

87

**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

Individual Reactions (cont.)

Table Activity

- For the type of reaction assigned to your table, take 15 minutes to discuss the following:
  - What specific reactions have you seen in this category—either in response to this disaster or in previous experiences?
  - What differences in reactions have you seen—or could you imagine—across age groups?
- Make notes in your workbook.
- Choose a spokesperson to report on your group's discussion.

88

**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.

Individual Reactions (cont.)

Physical Reactions

- Gastrointestinal problems
- Headaches, aches, and pains
- Weight change
- Sweating or chills
- Tremors or muscle twitching
- Clumsiness, increased accidents
- Increased reactivity to stimuli such as sound and light (being easily startled)
- Chronic fatigue or sleep disturbances
- Immune system disorders
- Sexual dysfunction

Positive responses can include alertness.

89

**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.

Individual Reactions (cont.)

Emotional Reactions

- Heroic, euphoric, or invulnerable feeling
- Denial
- Anxiety or fear
- Depression
- Guilt
- Apathy
- Grief

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

90

Individual Reactions (cont.)

Cognitive Reactions

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

Positive responses can include group identification and sharpened perception.

91

Individual Reactions (cont.)

Behavioral Reactions

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

Positive responses can include unselfish and helping behavior.

92

Individual Reactions (cont.)

Spiritual beliefs influence how people make sense of the world:

- Survivors may seek the comfort that comes from spiritual beliefs.
- Spiritual beliefs will assist some survivors with coping and resilience.
- Survivors may question their beliefs and life structures.

93

**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.

**15 minutes SEVERE REACTIONS**

Individual Reactions (cont.)

Disorders That May Result from Severe Reactions

- Depressive disorders
- Substance abuse
- Social isolation
- Acute stress disorder
- Anxiety disorders
- Posttraumatic stress disorder (PTSD)
- Dissociative disorders
- Paranoia
- Suicidal behavior

94

**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

Individual Reactions (cont.)

Assessment and Referral Tools

95

**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.

**Individual Reactions (cont.)**

- 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 a severe reaction.
- CCP staff members identify people experiencing severe reactions and refer them for treatment.
- Preexisting levels of support will affect the severity of reactions.

96

**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

**Collective Reactions**  
Typical Phases of Disaster

Source: Zunin/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). Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

97

**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.

**Collective Reactions (cont.)**  
Typical Phases of Disaster (cont.)

- Pre-disaster phase
  - Disasters with no warning can cause feelings of vulnerability, lack of security, and loss of control; fear of future unpredicted tragedies; and 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 a focus on self-preservation and family protection.

98

Collective Reactions (cont.)

Typical Phases of Disaster (cont.)

- Heroic phase
  - Many survivors exhibit adrenaline-induced rescue behavior, as well as high activity with low productivity.
  - Risk assessment may be impaired.
  - There is a sense of altruism.
- Honeymoon phase
  - Disaster assistance is readily available.
  - Community bonding occurs.
  - Many are optimistic that everything will quickly return to normal.
  - CCP staff can establish program identity, gain access to affected people, and build relationships with stakeholders.

99

Collective Reactions (cont.)

Typical Phases of Disaster (cont.)

- Disillusionment phase
  - Stress and fatigue take a toll.
  - Optimism turns into discouragement.
  - Need for substance abuse services may increase.
  - The larger community returns to business as usual.
  - Demand for CCP services may increase as individuals and communities become ready to accept support.
- Reconstruction phase
  - Individuals and communities begin to assume responsibility for rebuilding their lives.
  - People begin adjusting to new circumstances.
  - There is a recognition of growth and opportunity.

100

**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?

**Resilience**

**What is resilience?**

- Resilience is an ability to recover from or adjust easily to misfortune or change.

Merriam-Webster Online Dictionary, 2012.



101

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*)

**Resilience (cont.)**

**Factors Affecting Resilience**

- Life situation
- Individual traits and coping styles
- Disaster and trauma experience
- Family and social support
- Spiritual beliefs

102

**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.

Resilience (cont.)

Factors Affecting Resilience (cont.)

- Perceived presence of control and hope
- Availability of accurate information
- An effective and caring emergency response



103

## 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.

Resilience (cont.)

Personal growth can occur as a result of surviving disaster.

Examples of Personal Growth

- Becoming closer to loved ones
- Gaining faith in one's ability to rebuild a life
- Becoming more spiritual or religious
- Finding deeper meaning and purpose in life
- Discovering inner strength

Kessler, R. C., Galea, S., Jones, R. T., & Parker, H.A. (2006). Mental illness and suicidality after Hurricane Katrina. Bulletin of the World Health Organization, 84(12), 930-939.

104

**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

Section 5—Special Populations

- Special Populations
- Intervention Strategies

105

**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.

Session Objective

- Identify special populations and appropriate intervention strategies.

106

**Review** the session objective:

- Identify special populations and appropriate interventions strategies.

Special Populations

- Children and youth
- Parents or caregivers of children
- Older adults
- People with prior trauma history
- People with serious mental illnesses
- People with disabilities
- People with a history of substance abuse
- Low-income groups
- Public safety workers (PSWs)

107

**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.

40 minutes

## ACTIVITY: IDENTIFYING SPECIAL POPULATIONS

Special Populations (cont.)

Table Activity: Identify Special Populations

- You have 20 minutes to complete the following:
  - Identify the populations most affected by this disaster.
  - Identify the most effective ways to access these populations.
  - Determine how the disaster has impacted the services these populations rely on.
  - Prioritize the populations according to impact.
- Choose one person for each of the following tasks:
  - Facilitate the discussion.
  - Record the main points.
  - Report results to the larger group.

108

**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.

30 minutes

## PRIORITY GROUPS: RISKS AND INTERVENTIONS

Special Populations (cont.)

Children and Youth

- Developmental factors
  - Less-developed cognitive skills
  - Limited experience coping with adversity
  - Lack of coping skills for managing stress
  - Limited verbal skills
  - Dependence on adults for resources and psychological support

109

**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)



110

Special Populations (cont.)

Parents or Caregivers of Children

- Special Considerations
  - They often deny help for themselves but accept it for their children.
  - They often see disaster stress in their children before seeing it in themselves.
  - They sometimes overlook the disaster stress in their children.
  - They are sometimes unaware of how their own stress affects their children.
  - Parents and caregivers **must** be involved when working with children.
  - Single parents or caregivers, especially single women, may have special needs.

111

Special Populations (cont.)

Parents or Caregivers of Children (cont.)

- How adults can support children
  - Model calm behaviors.
  - Maintain routines.
  - Engage in fun activities.
  - Limit media exposure.
  - Repeat instructions often.
  - Provide support at bedtime.



112

Intervention Strategies for Special Populations

- Be aware of unique needs.
- Canvass communities to locate isolated survivors.
- Educate those who work with special populations about disaster reactions.
- Collaborate with community leaders and cultural brokers.
- Partner with organizations that serve special populations.
- Consider cultural factors.
- Reconnect individuals to pre-trauma treatment services (e.g., substance abuse, mental health, medical).
- Ensure that services and materials are appropriate and accessible.

122

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.

This page intentionally left blank.

# SECTION 6: Interventions and Skills

## (3 hours, 30 minutes)

Section 6—Interventions and Skills

- Crisis Counseling Interventions and Skills
- Tools for Survivors
- Ethical Considerations
- Safety

123

**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.

Session Objective

- Demonstrate crisis counseling interventions and skills.

124

**Review** the session objective:

- Demonstrate basic crisis counseling skills.

Crisis Counseling Interventions and Skills

What should crisis counselors provide?

- Information
- Education
- Emotional Support
- Linkage to Resources

125

**Describe** the three basic things crisis counselors should provide:

- Information
- Education
- Emotional Support and Reassurance
- Linkage to Resource

Crisis counseling skills are used in support of these four purposes.

Crisis Counseling Interventions and Skills (cont.)

**Engagement**

- A means of reaching affected individuals to provide crisis counseling services
- Creative approaches to overcome reluctance and misconceptions about available services
- A method of creating a safe and comfortable environment
- Something done in partnership with other organizations to plan and execute events

126

Crisis Counseling Interventions and Skills (cont.)

**Examples of Engagement Strategies**

- Door-to-door canvassing
- Creative arts
- Social networking opportunities
- Community information fairs
- Anniversary events

127

Crisis Counseling Interventions and Skills (cont.)

Typical visits or encounters may include the following:

<b>OPENING PHASE</b>	<b>MIDDLE PHASE</b>
<ul style="list-style-type: none"> <li>Intervention/Skills</li> <li>Establishing rapport</li> <li>Calming</li> <li>Screening/assessment</li> <li>Information gathering</li> <li>Tools for Survivors</li> <li>Self-calming</li> </ul>	<ul style="list-style-type: none"> <li><i>continued</i></li> <li>Tools for Survivors</li> <li>Prioritizing needs</li> <li>Goal setting</li> <li>Social support</li> <li>Coping skills</li> <li>Relaxation techniques</li> <li>Stress management</li> <li>Positive activity scheduling</li> <li>Problem solving</li> </ul>
<b>MIDDLE PHASE</b>	<b>CLOSING PHASE</b>
<ul style="list-style-type: none"> <li>Intervention/Skills</li> <li>Information and education</li> <li>Active listening</li> <li>Normalizing reactions</li> <li>Empathy</li> <li>Reflecting feelings</li> <li>Helpful thinking</li> <li>Paraphrasing</li> <li>Screening/assessment</li> <li>Practical assistance</li> <li>Linking to resources</li> <li>Validating feelings</li> </ul>	<ul style="list-style-type: none"> <li>Intervention/Skills</li> <li>Screening/assessment</li> <li>Referral, if needed</li> <li>Followup, if needed</li> <li>Tools for Survivors</li> <li>Homework/instruct steps</li> </ul>

128

**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.

Crisis Counseling Interventions and Skills (cont.)

**Establishing Rapport**

- Introduce yourself.
- Use door openers.
- Use minimal encouragers.
- Listen.

**Calming**

- Address the primary concern.
- Provide a supportive presence.
- Enlist support.
- Help provide focus and orientation.



129

**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?

Crisis Counseling Interventions and Skills (cont.)

Active Listening (Nonverbal Attending Skills)

- Eye contact
- Body position
- Attentive silence
- Facial expressions and gestures
- Physical distance

Normalizing

- Educate the survivor about disaster reactions.
- Reassure the survivor that his or her reactions are common.

130

**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.

Crisis Counseling Interventions and Skills (cont.)

Empathy

- Means being aware of and sensitive to each survivor’s experience
- Demonstrates that you are trying to understand how each survivor is experiencing the disaster

131

**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.

## Crisis Counseling Interventions and Skills (cont.)

## Reflecting Feelings

- Lets survivors know that you are aware of how they are feeling
- Can encourage emotional expression
- Should include only what you hear clearly stated
- Does not involve probing, interpreting, or speculating

132

**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?”**

## Crisis Counseling Interventions and Skills (cont.)

## Paraphrasing

- Involves rephrasing or rewording what survivors say
- Does not involve changing, modifying, or adding to the message
- Demonstrates that you have accurately heard what survivors say
- Allows survivors to confirm that you are correct or provide additional clarification

## Validating Feelings

- Reassures survivors that their reactions are typical
- Lets survivors know that others have felt the way they feel

133

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

## Crisis Counseling Interventions and Skills (cont.)

## Screening

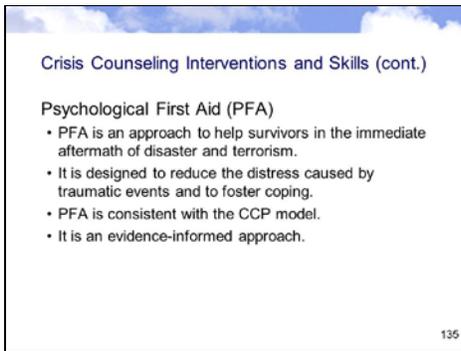
- Listen and observe for cues of functioning.
- Recognize when to consult a supervisor.
- Identify and prioritize issues with the survivor.
- Check in with the survivor to clarify what you're hearing and observing.
- Use the assessment and referral tools.
- Ask questions:
  - Closed questions
  - Open questions

134

**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?”

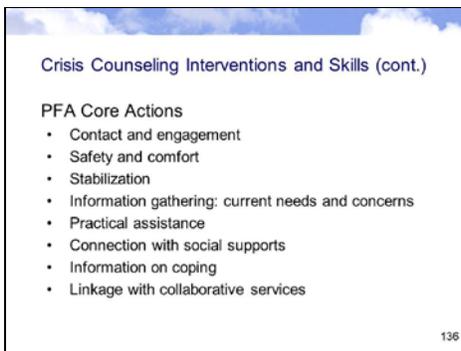


## **Introduce** Psychological First Aid (PFA).

**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.

## Crisis Counseling Interventions and Skills (cont.)

## Simulation Exercise

- This exercise includes three rounds of practice.
- Each person will have a chance to be the crisis counselor, the survivor, and the observer (roles will change at the beginning of each round).
- Each round will include 10 minutes to practice and 10 minutes for the observer to provide the counselor with feedback.

137

**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.

## Crisis Counseling Interventions and Skills (cont.)

## Simulation Exercise—Preparation

- Know your role:
  - In Round 1, ones will counsel "Craig."
  - In Round 2, twos will counsel "James."
  - In Round 3, threes will counsel "Rachel."
- Take the next 10 minutes to read the description of the person you'll be counseling and prepare for the practice.
- Answer the questions under the scenario description, and decide which skills you will practice.
- Read the other two case scenarios to prepare for playing the roles of survivor and observer in the other two rounds.

138

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 what 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:

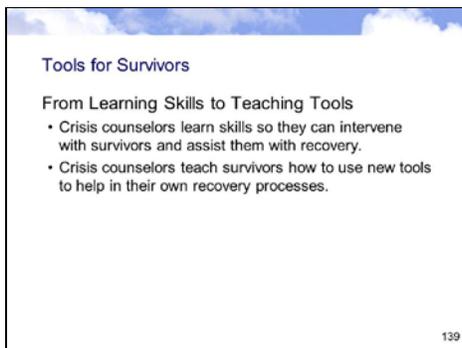
- What's working well?
- What skills are difficult?
- What are they noticing about using the skills?

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

**Ask:**

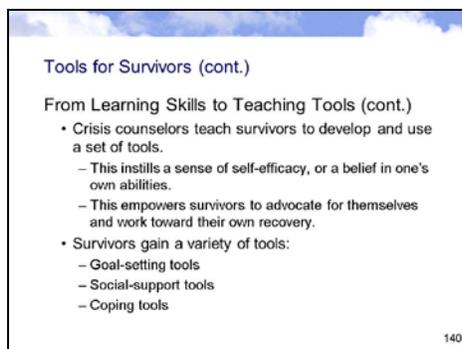
- What skills came naturally?
- What skills were more difficult to practice?
- What was the impact of the skills on the “survivor”?

**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.



**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

**Tools for Survivors (cont.)**

To set goals, crisis counselors assist individuals in doing the following:

- Identifying their needs
- Prioritizing their needs and identifying the most pressing ones
- Developing a plan of action to address the needs
- Following through with the plan
- Remaining solution focused

Adapted from National Child Traumatic Stress Network (NCTSN), & National Center for PTSD. (2006). Psychological First Aid: Field operations guide, second edition. Retrieved from the NCTSN website at <http://www.nctsn.org>.

141

**Tools for Survivors (cont.)**

To assist individuals in accessing social support, crisis counselors help them to do the following:

- Identify primary or familial supports.
- Identify which of these supports is/are readily available.
- Reach out to use immediately available supports.
- Identify options to use when support is not working.

Adapted from NCTSN and National Center for PTSD. 2005.

142

**Tools for Survivors (cont.)**

To teach better coping, crisis counselors help individuals do the following:

- Identify and address their primary concerns.
- See the crisis counselor as a supportive presence.
- Allow family or friends to provide support.
- Focus on manageable feelings, thoughts, or goals.
- Explore the options for spiritual support.
- Practice grounding exercises such as deep breathing.
- Understand common stress reactions.

Adapted from NCTSN and National Center for PTSD. 2005.

143

**Tools for Survivors (cont.)**

**Other Coping Tools**

- Positive activity scheduling
- Relaxation techniques and self-calming
- Helpful thinking
- Stress management
- Problem solving

144

**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:

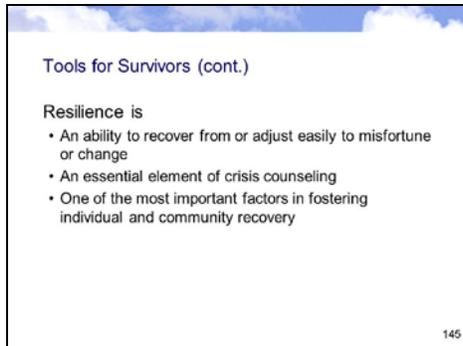
- *Positive activity scheduling*—One explanation for feeling sad or being withdrawn is that it results from, and is maintained by, having more negative experiences than positive ones. In order to improve mood, people need to increase positive experiences and decrease negative ones. One way of achieving 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.



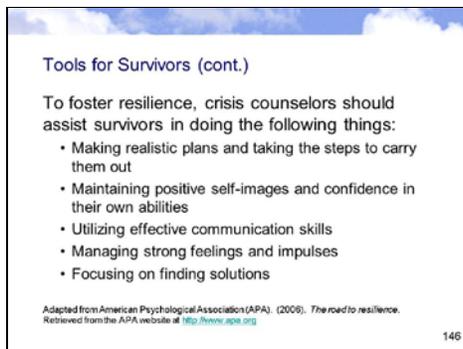
Tools for Survivors (cont.)

Resilience is

- An ability to recover from or adjust easily to misfortune or change
- An essential element of crisis counseling
- One of the most important factors in fostering individual and community recovery

145

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



Tools for Survivors (cont.)

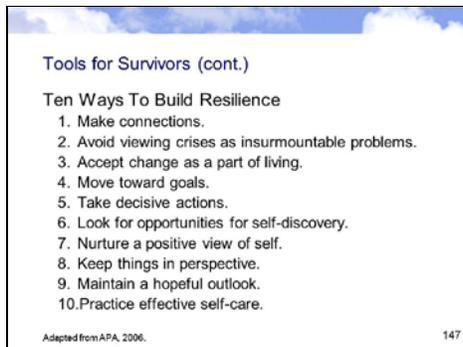
To foster resilience, crisis counselors should assist survivors in doing the following things:

- Making realistic plans and taking the steps to carry them out
- Maintaining positive self-images and confidence in their own abilities
- Utilizing effective communication skills
- Managing strong feelings and impulses
- Focusing on finding solutions

Adapted from American Psychological Association (APA). (2006). *The road to resilience*. Retrieved from the APA website at <http://www.apa.org>

146

**Remind** participants of the 10 ways to build resilience.



Tools for Survivors (cont.)

Ten Ways To Build Resilience

1. Make connections.
2. Avoid viewing crises as insurmountable problems.
3. Accept change as a part of living.
4. Move toward goals.
5. Take decisive actions.
6. Look for opportunities for self-discovery.
7. Nurture a positive view of self.
8. Keep things in perspective.
9. Maintain a hopeful outlook.
10. Practice effective self-care.

Adapted from APA, 2006.

147

Tools for Survivors (cont.)

Practice Exercise

- Paula is a retired 64-year-old African-American woman with whom you've had three crisis counseling sessions.
- Read more about your past interactions with her in your workbook.

148

**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.

Tools for Survivors (cont.)

Practice Exercise (cont.)

- With your group, discuss how to apply your assigned tool during your encounter with Paula.
- 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.

149

**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?

**Congratulate** the groups on their good work, and transition to a brief discussion of ethical considerations in crisis counseling.

## Ethical Considerations

- Maintain confidentiality.
- Follow state and local reporting regulations in cases of suicidal or homicidal intent.
- Follow the state and local regulations on mandatory reporting for child or elder abuse and neglect.
- Safeguard interests and rights of individuals who lack decision-making abilities.
- Treat all individuals in an unbiased manner with regard to race, ethnicity, gender, religion, sexual orientation, and age.

150

**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.

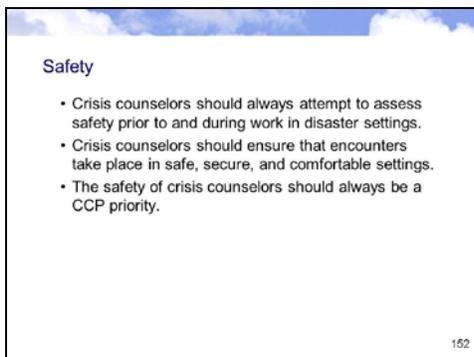
## Ethical Considerations (cont.)

- Do no harm.
- Remember that participation is voluntary.
- Consider reactions in relation to the disaster phase and context.
- Respect individual coping styles.
- Ensure that immediate interventions are supportive.
- Remember that 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.
- Always ensure the safety of yourself and the survivor.

151

**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

## JOURNAL REFLECTIONS

**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.

This page intentionally left blank.

# 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

Section 7—Data Collection and Program Evaluation

- Definitions and Purpose
- CCP Evaluation and Data Collection Toolkit
- Quality Assurance and Management

153

**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.

Session Objectives

- Explain the importance of data and how to use it.
- Use the ISP required data forms correctly.

154

**Review** the session objectives:

- Explain the importance of data and how to use it.
- Use the ISP required data forms correctly.

**Definitions and Purpose**

- Data collection is a process of tracking the services provided, including
  - How many
  - What kind
  - To whom
  - Where provided
- Program evaluation is a systematic effort to collect, analyze, and interpret data/information.
- We collect data and evaluate programs to understand and improve services based on observable and verifiable data.

155

**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.

**Definitions and Purpose (cont.)**

**Why collect and analyze data?**

- Assists program management at the state level
- Helps the field and the program understand trends and identify needs
- Improves behavioral health disaster response
- Improves behavioral health emergency preparedness
- Documents the program's accomplishments
- Provides accountability to stakeholders (e.g., Congress, Government Accountability Office, state and federal agencies)

156

**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.

**CCP Evaluation and Data Collection Toolkit**

**Areas Evaluated**

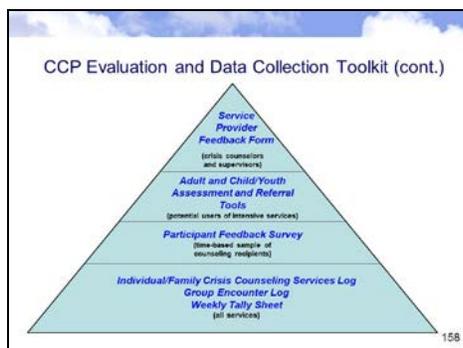
**REACH**  
 Sample Questions  
 How many people were served by the program?  
 How well do their characteristics match the community's?  
 Tools  
 Encounter Log, Weekly Tally Sheet

**QUALITY**  
 Sample Questions  
 Did service recipients and city's counselors perceive the services as appropriate and beneficial?  
 Tools  
 Brief Participant and Provider Feedback Surveys

**CONSISTENCY**  
 Sample Questions  
 Did areas or providers vary in performance (e.g., reach and quality)?  
 Tools  
 Encounter Log, Weekly Tally Sheet, Surveys

157

**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.

CCP Evaluation and Data Collection Toolkit (cont.)

**Encounter Logs and Weekly Tally Sheets**

- Are used to document all services delivered
- Ensure that services are counted in a standardized way in all areas
- Should always be completed by the crisis counselor after the encounter ends but before moving on to the next activity

159

**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.

CCP Evaluation and Data Collection Toolkit (cont.)

**Individual/Family Crisis Counseling Services Encounter Logs**

- Document interactions with individuals or families that last at least 15 minutes
- Involve participant disclosure
- Capture visit type, demographic information, number of people involved in encounter, location, risk categories, event reactions, focus of encounter, materials provided, and referrals



160

**Individual/Family Crisis Counseling Services Encounter Logs**

**Emphasize** when the form is used:

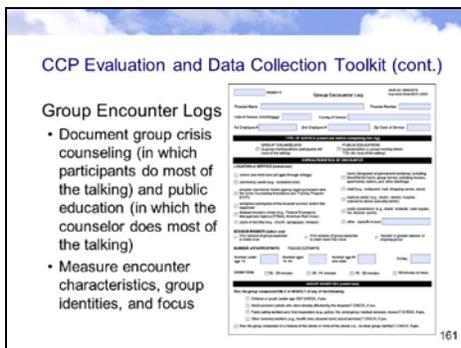
- This form is used to document interactions with individuals or families (people within the same household).
- These encounters must last at least 15 minutes.
- Information captured is gathered through observation and interactions. The questions are not directly asked.
- One form is completed for each 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.

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

**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.

The form is titled "Individual/Family Crisis Counseling Services Encounter Log". It includes fields for Project #, Provider Name, Family Number, County of Service, and Date of Service. A section titled "VISIT TYPE (Check all that apply)" includes options for Individual (1-2), Family (3+), and other visit types. There are also sections for "DEMOGRAPHIC INFORMATION" with checkboxes for gender, age, and ethnicity. The "LOCATION OF SERVICE" section lists various settings like homes, community centers, and health facilities. At the bottom, there are fields for Referral Type, Signature, and Date of Service.



## Group Encounter Logs

Emphasize when the form is used:

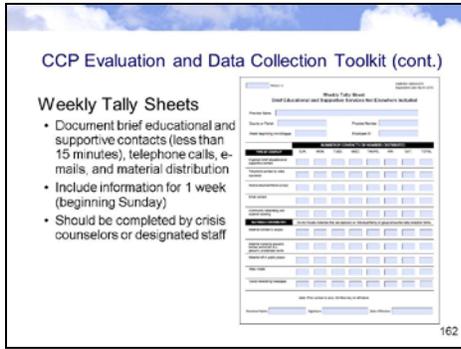
- This form is used to document group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking).
- These encounters must last at least 15 minutes.
- One form is completed for each visit by a team of crisis counselors immediately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

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

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).

15 minutes

## ASSESSMENT AND REFERRAL TOOLS

## CCP Evaluation and Data Collection Toolkit (cont.)

## Assessment and Referral Tools

- Are used to facilitate referrals to more intensive behavioral health services
- Can be used at any time if you suspect the individual may be experiencing serious reactions
- Should always be used at the third individual/family crisis counseling encounter
- Measure risk categories and event reactions using a structured interview approach

163

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.

## CCP Evaluation and Data Collection Toolkit (cont.)

## Adult Assessment and Referral Tool

- If a person has three or more "intense" reactions (ones scored 4 or 5), then you should discuss referral for more intensive services.

164

## CCP Evaluation and Data Collection Toolkit (cont.)

## Child/Youth Assessment and Referral Tool and Response Card

- This tool includes questions for the parent about the child (required for children age 0-7).

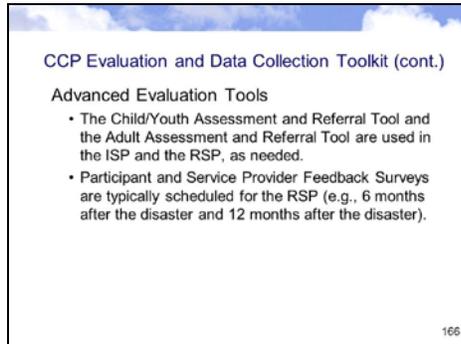
165

**Questions to consider:**

- What are the cues that tell you assessment, and possibly

referral, is/are needed?

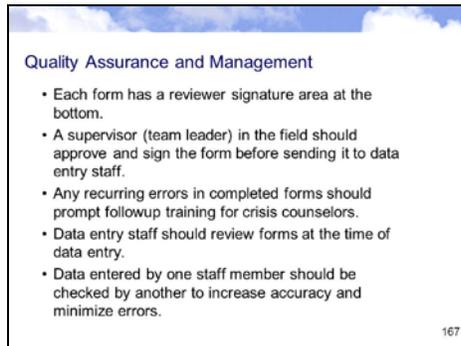
- What resources do you have to refer people to?
- When should you contact your supervisor?



### 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.

15 minutes

SESSION INTRODUCTION AND BREATHING EXERCISE

Section 8—Stress Management

- Definition of Stress
- The Stress Cycle
- Typical Stressors for Crisis Counselors
- Warning Signs of Excessive Stress
- Individual Approaches to Stress Management

168

**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.

Session Objective

- Apply techniques for managing stress.

169

**Review** the session objective:

- Apply techniques for managing stress.

**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.

**Note** that you should feel free to substitute another breathing/visualizing exercise for the one provided here.

**Lower the lights** in the training room, and put on some soft, instrumental music, if possible.

**Tell** participants to take a comfortable seated position—either in their chairs, or on the floor, if they prefer.

**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.

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?

30 minutes

## DEFINING STRESS AND STRESS MANAGEMENT

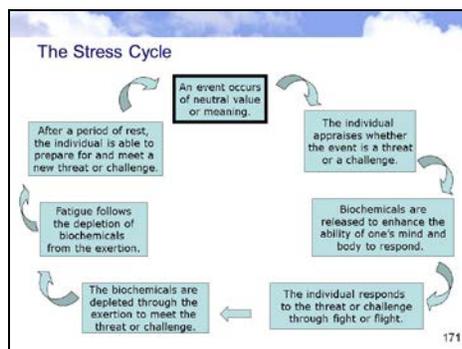
**Definition of Stress**

- Stress is a response to a challenge or a threat.
- Stress is tension, strain, or pressure that requires people to use, adapt, or develop new coping skills.
- Stress can be positive or negative.
- Perception plays a key role in interpreting stressful situations.
- An optimum level can act as a motivational force.

170

**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.

**Typical Stressors for Crisis Counselors**

- Repeatedly hearing survivors' stories
- Approaching survivors who may reject their help
- Feeling overwhelmed by the sadness of others
- Feeling helpless to alleviate the pain of others
- Working long hours
- Having personal experience with the disaster

172

**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.

Warning Signs of Excessive Stress

- You cannot shake distressing images from your mind.
- Work consumes you at the expense of family and friends.
- You experience increased substance use or abuse.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

173

**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.

Individual Approaches to Stress Management

- Self-awareness
- Management of workload
- Balanced lifestyle
- Stress-reduction techniques
- Effective supervision and training

174

**Review** the individual approaches to stress management.

**Tell** participants that we’re going to have them each create their own stress management plan.

30 minutes

**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.

This page intentionally left blank.

# Applying Your Learning and Course Evaluation (30 minutes)

20 minutes

## PLANNING TO APPLY YOUR LEARNING

**Tell** 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.

**Have** participants turn in the workbook and complete the worksheet there. **Give** them about 5 minutes to complete it.

**Tell** the participants to find a partner and share their plans with each other.

**Encourage** 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.

**Give** them about 10 minutes for their discussion.

**Ask** for a few examples of the following:

- Key lessons learned
- Specific actions they intend to take to apply that learning

10 minutes

## COURSE EVALUATION

**Hand out** the course evaluation form, and ask participants to complete it.

**Encourage** them to write in specific comments on the form, as the feedback is collected and used to improve the course in the future.

**Thank** them for their time, hard work, and attention.

This page intentionally left blank.

# 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

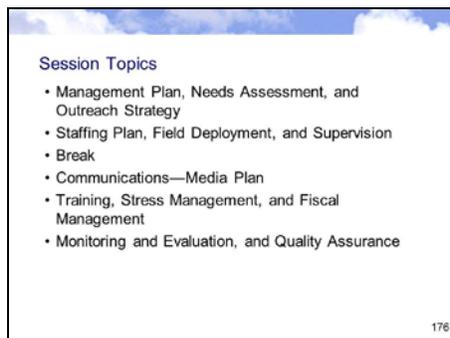


Supplemental Section—  
Program Management

- Program Implementation and Management
- Quality Assurance

175

**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.



Session Topics

- Management Plan, Needs Assessment, and Outreach Strategy
- Staffing Plan, Field Deployment, and Supervision
- Break
- Communications—Media Plan
- Training, Stress Management, and Fiscal Management
- Monitoring and Evaluation, and Quality Assurance

176

**Review** the agenda for the session.

Program Implementation and Management

The management plan

- Is established in the grant application, but adjusted according to ongoing needs assessment
- Ensures accountability
- Ensures that the following interrelated components of the CCP work together:
  - Needs assessment
  - Outreach strategy
  - Program media and marketing
  - Staffing plan
  - Training
  - Staff stress management
  - Fiscal management
  - Evaluation
  - Quality assurance

177

**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.

Program Implementation and Management (cont.)

Needs assessment

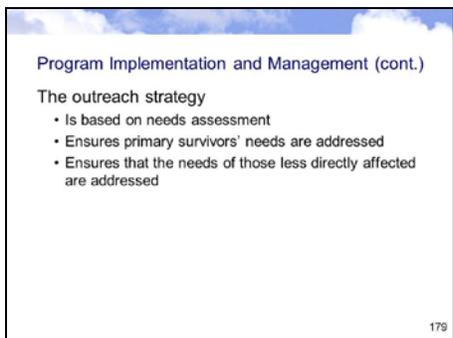
- Is an ongoing process
- Informs the outreach strategy of the CCP
- Has both formal and informal components

178

**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.

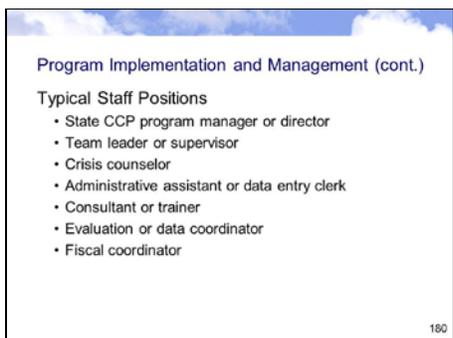
**Facilitate** a discussion of the following questions:

- 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

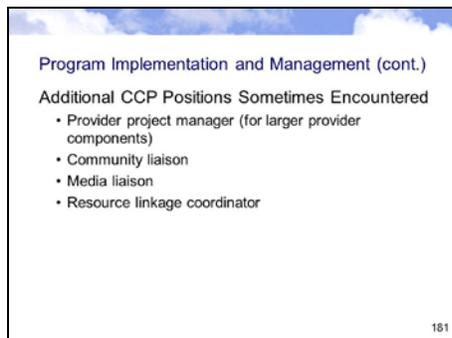
**STAFFING PLAN, FIELD DEPLOYMENT, AND SUPERVISION**



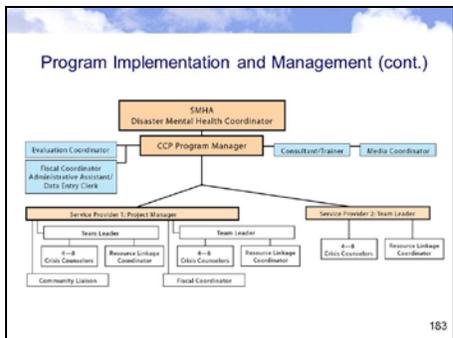
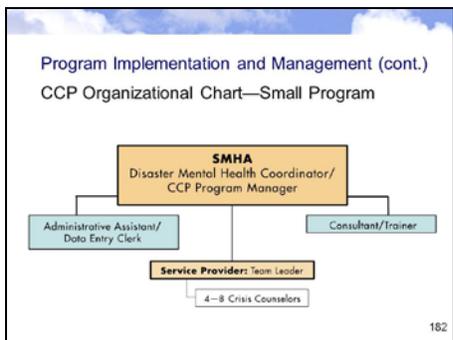
**Review** the typical staff positions, or if possible, show the actual organizational chart of the CCP and facilitate a discussion of the positions and roles on the chart.

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.



Program Implementation and Management (cont.)

**Team Design**

- What are the preferred qualities of CCP staff members?
- How will the team be deployed?

184

**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?

Program Implementation and Management (cont.)

**Field Deployment**

- Deploy staff in teams of two, for safety and efficacy.
- Check availability of remote communications.
- Deploy a team leader with clinical expertise to supervise, assess, and triage.

**The team leader**

- Briefs the team on expectations
- Assesses emotional preparedness of staff members
- Convenes a post-deployment meeting

185

**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.

Program Implementation and Management (cont.)

**Effective supervision includes the following:**

- Conducting group meetings to discuss crisis counseling needs or severe reactions in survivors
- Conducting regularly scheduled individual supervision sessions
- Providing ongoing training opportunities on CCP-specific topics
- Ensuring availability of needed supplies and equipment

186

**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.

15 minutes

BREAK

1 hour, 15 minutes

COMMUNICATIONS—MEDIA PLAN

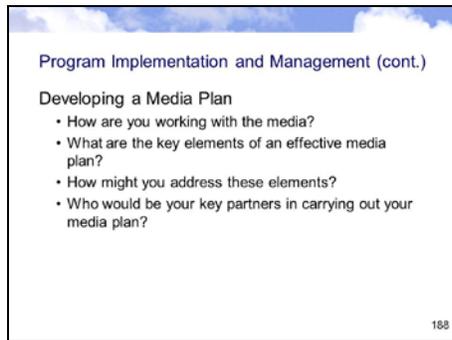


**Discuss** the communications channels for marketing CCP services (15 minutes).

**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.

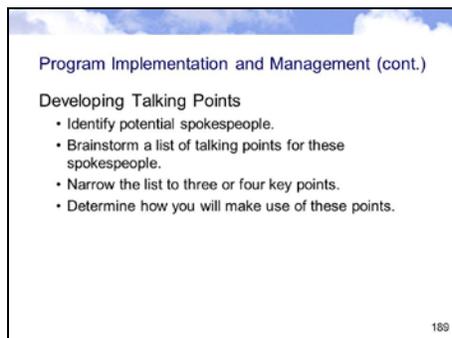
If there are about seven people or fewer, have them work in one group. If there are eight or more, have them divide into two groups.

**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):

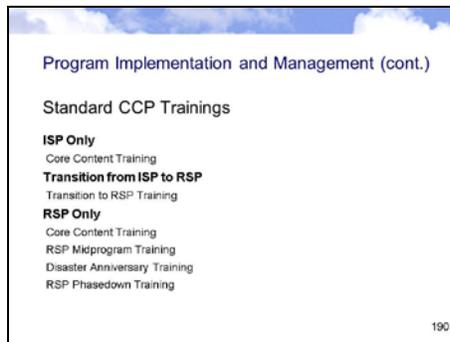
- Identify potential spokespeople.
- Brainstorm talking points for these spokespeople.
- Narrow down the list to three or four key points
- Determine how you will make use of these points.

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.

30 minutes

TRAINING, STRESS MANAGEMENT, FISCAL MANAGEMENT



**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.

Program Implementation and Management (cont.)

Training

- A CCP should not be limited to standard trainings.
- Share training with other disaster and community providers.
- Additional training should be based on specific disaster needs:
  - Assessment and referral
  - Stress management for staff
  - Cultural awareness
  - Working with children
  - Crisis counseling skills

191

**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.

Program Implementation and Management (cont.)

Stress Management

- Integrate stress management activities throughout the CCP.
- Formalize staff stress management strategies.
- Provide careful supervision.
- Enforce reasonable work hours and shifts.
- Monitor time off, and mandate it, if necessary.
- Develop and enforce safety policies.
- Adequately prepare counselors for their work.

192

**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.

Program Implementation and Management (cont.)

Stress Vulnerabilities of Crisis Counseling Staff

- Cumulative stress from repeatedly hearing survivors' stories
- Chronic stress from approaching strangers whose responses to the offer of help cannot be anticipated
- Feeling overwhelmed by the depth of others' grief and sadness
- Working long hours in difficult environments
- Inadequate or inexperienced management and leadership
- Level of exposure to the disaster

193

**Discuss** the stress vulnerabilities of crisis counseling staff.

Program Implementation and Management (cont.)

Elements of Organizational Stress Management

- Clearly defined management and supervision structure
- Clearly defined purpose and goals that are articulated frequently
- Functionally defined roles that are reinforced through effective supervision
- Sound clinical consultation, support, and supervision
- Supportive peer relationships
- Active stress management program
- Comprehensive training plan

194

**Present** the elements of organizational stress management.

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

Program Implementation and Management (cont.)

Management Responsibilities

- Clearly articulate and often repeat the purpose, goals, scope, and limits of the program.
- Articulate and enforce policies related to work hours, holidays, supervision, and attendance at staff meetings and training events.
- Develop criteria for who is served and for how long, and require justification for continued counseling.
- Enforce safety policies, and enforce ethical conduct.

195

**Review** management's responsibilities to minimize staff stress.

Program Implementation and Management (cont.)

Adequately prepare counselors for their tasks:

- Use simulation exercises to practice responses to highly distraught people.
- Develop a repertoire of introductory statements that are free of mental health references.
- Practice how to conclude a counseling relationship.
- Provide examples of signals that indicate whether talking about problems is bringing relief to the consumer; employ buddy systems.
- Educate about the differences between helping and "rescuing."

196

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

Program Implementation and Management (cont.)

Fiscal management

- Ensures the effective flow of funds
- Complies with state and federal regulations and program guidance
- Includes fiscal staff as full members of the CCP team
- Promotes understanding of procurement and contracting requirements
- Ensures prompt payment of invoices and payroll
- Reduces stress for management and staff

197

**Transition** from stress management to fiscal management.

**Review** the basic responsibilities of fiscal management.

Program Implementation and Management (cont.)

Cost-effective budgeting involves the following:

- Locating in-kind office space and materials
- Partnering with local media outlets and printers to develop low-cost or no-cost public information materials
- Collaborating with community groups to locate and develop training

198

**Discuss** cost-effective budgeting.

Program Implementation and Management (cont.)

Non-Allowable Expenses

- State leadership must ensure that CCP funding is not expended on non-allowable items at any level (state or provider).
- To fund non-allowable items, states might consider
  - Partnering with other community organizations
  - Working with states to find in-kind funds or services to support the CCP

199

**Discuss** non-allowable expenses.

Program Implementation and Management (cont.)

Program and Funding Limitations

- Advocacy
- Case management
- Medications
- Hospitalization
- Disaster preparedness
- Mental health treatment
- Substance abuse treatment
- Transportation for survivors
- Fundraising
- Toys
- Food, beverages, and refreshments

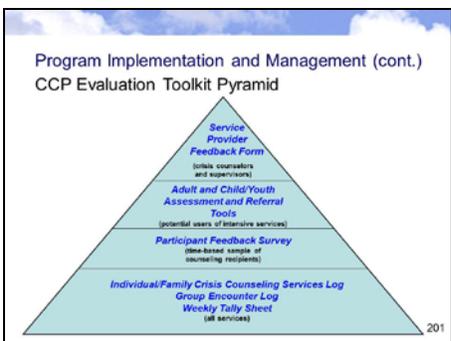
200

**Explain** the program and funding limitations.

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

30 minutes

**MONITORING AND EVALUATION, REPORTING, 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.

Program Implementation and Management (cont.)

ISP Reporting Requirements

- Midprogram Report
- Final Program Report
- Final Accounting of Funds

202

**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.

Program Implementation and Management (cont.)

RSP Reporting Requirements

- Quarterly Report
- Quarterly Raw Data
- Final Program Report
- Final Accounting of Funds

203

Program Implementation and Management (cont.)

Administrative Issues in Evaluation and Data Collection

- One central data entry point is recommended.
- Quality control might include supervisors checking forms for completeness prior to submitting.
- CCP leadership should carefully review evaluation and reporting requirements.

204

**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.

Program Implementation and Management (cont.)

Data Collection Issues

- 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?

205

**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.

Program Implementation and Management (cont.)

Data Collection Issues (cont.)

- 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)?

206

- 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)?

Quality Assurance

Quality assurance ensures that the CCP

- Remains faithful to the CCP model
- Includes regular onsite supervision, training, and consistent communication between CCP management and workers providing services
- Provides information to workers to improve services
- Provides guidance for phasedown activities

207

**Discuss** why quality assurance is important.

Quality Assurance (cont.)

The CCP leadership does all of the following:

- Sets up weekly meetings and submission of data collection forms
- Communicates by telephone or e-mail when workers have questions or concerns
- Collects and organizes programmatic materials and data to improve service provision and educational materials
- Identifies problems or gaps in service through data and informant feedback
- Redirects resources and modifies the service plan
- Manages the ongoing needs assessments

208

**Review** the strategies CCP leadership can adopt to ensure quality assurance.

**ADJOURN**

# Crisis Counseling Assistance and Training Program (CCP)

## Training Feedback Form for Trainers and Leadership

CCP Name/Disaster Number: \_\_\_\_\_

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.

Strongly Disagree

Strongly Agree

1

2

3

4

5

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