

# CCP Participant Workbook

# 3

Module 3

## Regular Services Program (RSP) Midprogram Training

### Crisis Counseling Assistance and Training Program



# **CCP Participant Workbook**

## **Transition to Regular Services Program (RSP) Training**

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## Course Agenda

# RSP Midprogram Training—1 Day

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- 8:30 a.m. Welcome and Introductions
  - 9 a.m. Section 1: Program Assessment
  - 9:45 a.m. Section 2: Individual, Community, and Staff Needs
  - 10 a.m. Break
  - 10:15 a.m. Section 2 (cont.)
  - 11:15 a.m. Section 3: Crisis Counseling Services and Skills
  - 12:30 p.m. Lunch
  - 1:30 p.m. Section 3 (cont.)
  - 2:45 p.m. Break
  - 3 p.m. Section 3 (cont.)
  - 3:30 p.m. Section 4: Program Management
  - 4 p.m. Section 5: Stress Management
  - 4:45 p.m. Applying Your Learning and Course Evaluation
  - 5 p.m. Adjourn

## Course Objectives

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

- Recognize program successes and challenges.
- Identify the current needs of survivors, the community, and staff.
- Identify current service needs, and utilize appropriate skills.
- Identify effective approaches to program management.
- Apply techniques for managing stress.

### Guidelines for Working Together

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

## Section 1: Program Assessment

### Program Successes and Challenges Worksheet

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

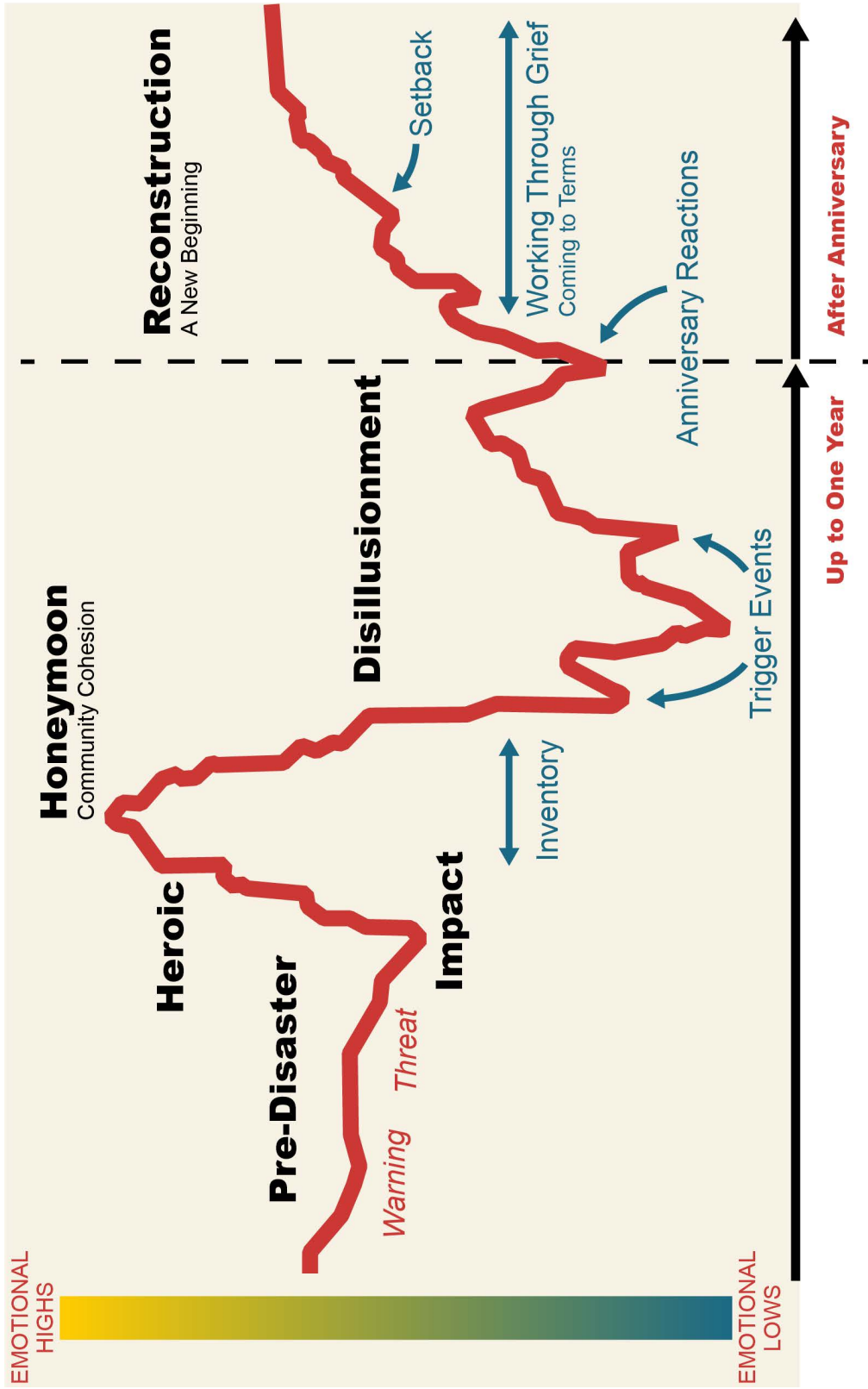
**What successes has the program had to date? (Review the list of areas in the box to spark your thinking.)**

- Outreach and engagement strategies
- Interventions and crisis counseling techniques
- Education of survivors on effective tools
- Contact and connection with special populations
- Identification of tangible resources
- Utilization of the Assessment and Referral Tools
- Community networking
- Implementation of group crisis counseling
- Public education and media messaging
- Sensitivity to cultural issues
- Program branding
- Program and fiscal management
- Quality assurance
- Data collection and evaluation

**What challenges has the program faced over time?**

## Section 2: Individual, Community, and Staff Needs

### Phases of Disaster



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

### **Pre-disaster Phase**

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

### **Impact Phase**

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

### **Heroic Phase**

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

### **Honeymoon Phase**

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

### **Disillusionment Phase**

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

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

### **Reconstruction Phase**

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



## Individual Needs Worksheet

What is the status of

**Populations targeted and reached?**

**Survivor needs and challenges?**

**Program resources data analysis and feedback process?**

**Available resources and challenges?**

**Long-term recovery committees?**

Where do we go from here?

**Interpret program data with regard to individual needs.**

**Identify populations needing to be reached.**

**Plan to address survivor needs and challenges.**

**Identify needed resources.**

## Community Needs Worksheet

What is the status of

**Community recovery?**

**Communities targeted and reached?**

**Program data analysis and feedback process?**

**Community activities and events?**

**Involvement of community organizations?**

Is anyone missing that needs to be brought to the table?

**Inclusion of community leaders and cultural brokers?**

**Involvement of community organizations?**

Where do we go from here?

**Interpret program data with regard to community needs.**

**Identify and address remaining community needs and challenges.**

**Identify new ways to promote community recovery.**

## Staff Needs Worksheet

How can the staff needs be addressed in order to support the continued needs for individuals and the community? What is the status of. . .

**Staff skills? What trainings are needed?**

**Staff resources?**

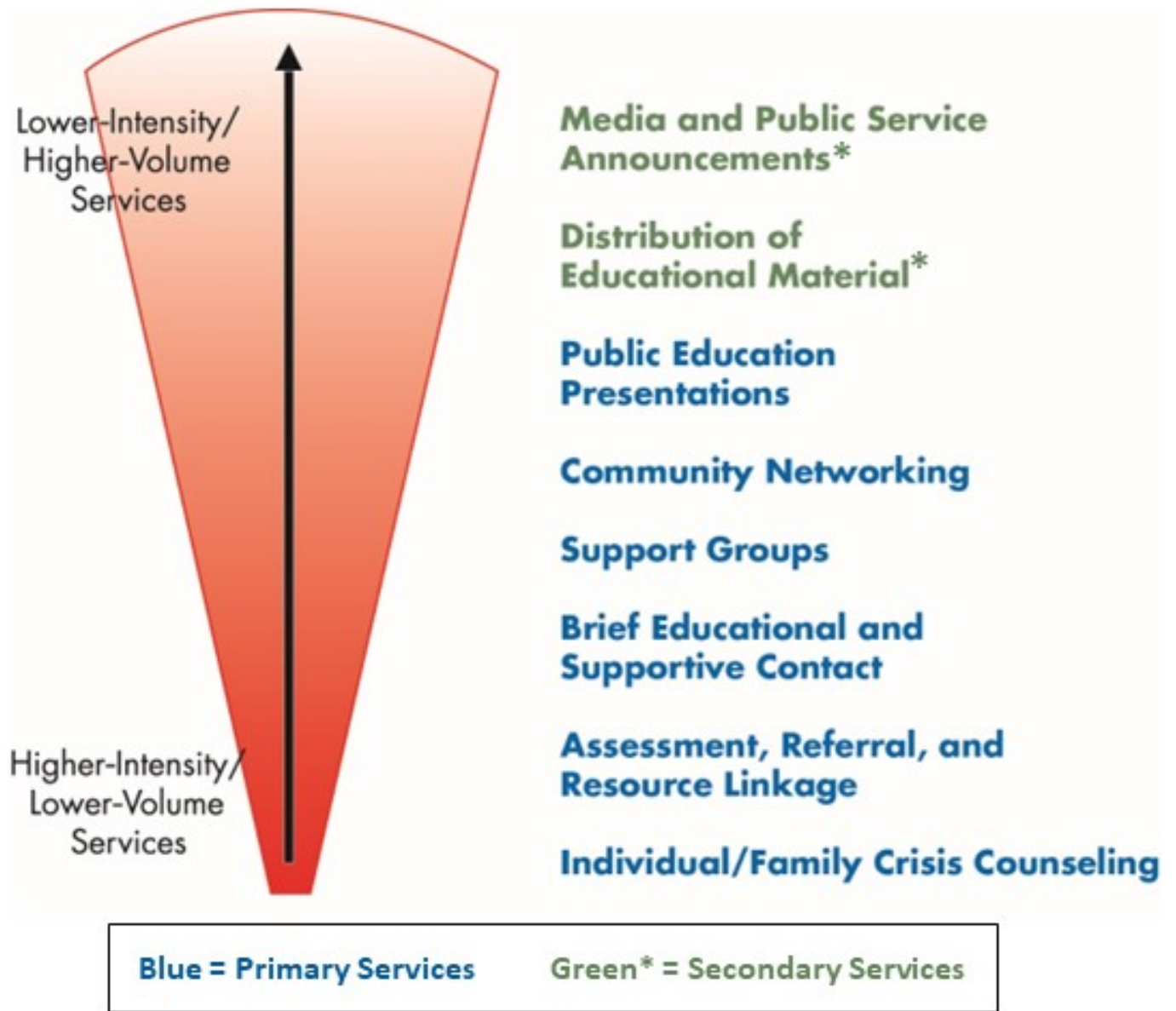
**Stress management for staff?**

**What other supports are needed?**

- How can program data be used to address staff needs?
- What program management supports are needed?

## Section 3: Crisis Counseling Services and Skills

### Reach of Services



## Individual/Family Crisis Counseling Skills Self-Assessment

**What are your unique strengths in providing crisis counseling?**

To stimulate your thinking, review the list at the bottom of this page.

My strengths include helping survivors to:

- Understand their current situations and reactions to the disaster.
- Achieve mutual/social support.
- Develop skills related to stress management, coping with triggers, expressing emotions, and problem solving.
- Become knowledgeable about available community resources.
- Develop and implement personal and group plans.
- Identify and prioritize their needs.
- Identify previous and current constructive coping strategies.
- Develop a plan to enhance coping strategies and skills.

**What skills are you using to facilitate:**

- Role modeling?
- Reinforcement?
- Education?
- Empowerment?

**What is challenging for you about providing crisis counseling? What are some areas in which you would like additional support or coaching?**

### Ground Rules for Brainstorming

- **Focus on quantity**—the greater number of ideas generated, the greater the chance of producing an outstanding idea.
- **Withhold criticism**—by suspending judgment until later, individuals feel free to generate unusual ideas.
- **Welcome unusual ideas**—new ways of thinking may provide better solutions.
- **Combine and improve ideas**—good ideas may be combined to form a single better idea.

### Finding, Forming, and Facilitating Groups

For the topic assigned to your group, brainstorm a list of strategies or tips.

## Tracking Progress and Managing Challenges in Group Counseling

**Description of challenge:**

**Strategies and tips for managing or overcoming that challenge:**



**Things to remember about group counseling:**

- Counselors should assess their own skills and knowledge about the group's content to set clear boundaries on how to approach the group process. Group members may inquire about symptoms on which counselors are not authorized to give advice. Counselors can, however, provide concrete information and make appropriate referrals to mental health professionals.
- Be aware of personal biases related to religion, spirituality, culture, ethnicity, sexuality, and gender. It is common and healthy to recognize these qualities for personal reflection, but it is detrimental if these qualities disrupt the group process.
- Respect and maintain confidentiality. A group should be in a safe place in which people, families, and communities can freely share their feelings without worrying about other people knowing their personal business.
- Facilitate the group by making sure that each member has a chance to talk and that no one person is dominating the conversation. Ask a member who has not spoken if he or she would like to talk; however, respect his or her right to just sit back and listen.
- Ask for feedback. Some groups may warrant more structure than others will; however, it can be empowering for group members to become actively engaged in the process of deciding what they would like to achieve in group sessions.

**Worksheet for Community Networking**

**Identify what community groups and leaders you want to engage in anniversary or phasedown planning.**

**Identify how you want to engage them—what are some key actions you'll take?**

**Worksheet for Assessment and Referral**

**What are some specific situations that are appropriate to administer the Assessment and Referral Tools?**

**How have you seen the needs for assessment and referral change over time?**

**What are some examples of assessment and referral from the past month or so?**

**Are there circumstances in which you are reluctant to make a referral, even when it could be indicated? What are these circumstances?**

**What are some ways to overcome these obstacles?**

**What are some of the grounds for emergency referral?**

## Guidelines for Emergency Referral

- Alert the team leader immediately if any of the following is true:
  - There is intent or means to harm self or others.
  - The person experiences severe paranoia, delusions, or hallucinations.
  - Functioning is so poor that the person's (or his or her dependent's) safety is in danger.
  - Excessive substance use is placing the person or others at risk.
- Call or text 988 for confidential emotional support to people in suicidal crisis or emotional distress.
- When in doubt, call 911, or refer the person for immediate psychiatric or medical intervention.

## Guidelines for Nonemergency Referral

- Reduce perceived stigma:
  - Perceptions of mental health or substance use treatment vary among people in general, as well as across cultural groups.
  - Demystify counseling by letting people know that counseling and treatment are methods of providing support, information, education, and help for problem solving and coping.
  - Explore referral options, and give choices.
- Increase compliance:
  - Explore obstacles to accepting services.
  - Encourage the person to call for the appointment while the counselor is there.
  - Accompany the person to first appointment, if necessary and appropriate.
- The CCP tries to empower people to make and keep their own referral appointments. However, sometimes it is acceptable to guide survivors through the referral process. Some strategies include the following:
  - Provide referral options.
  - Assist them in making appointments.
  - Remind them to attend appointments.
  - Follow up to see if they attended.
- Facilitating the survivor's connection with the external provider can increase future follow-through with treatment.

The CCP provides resource linkage, not case management.

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

**Worksheet on Public Education Venues**

**Where do you currently provide public education?**

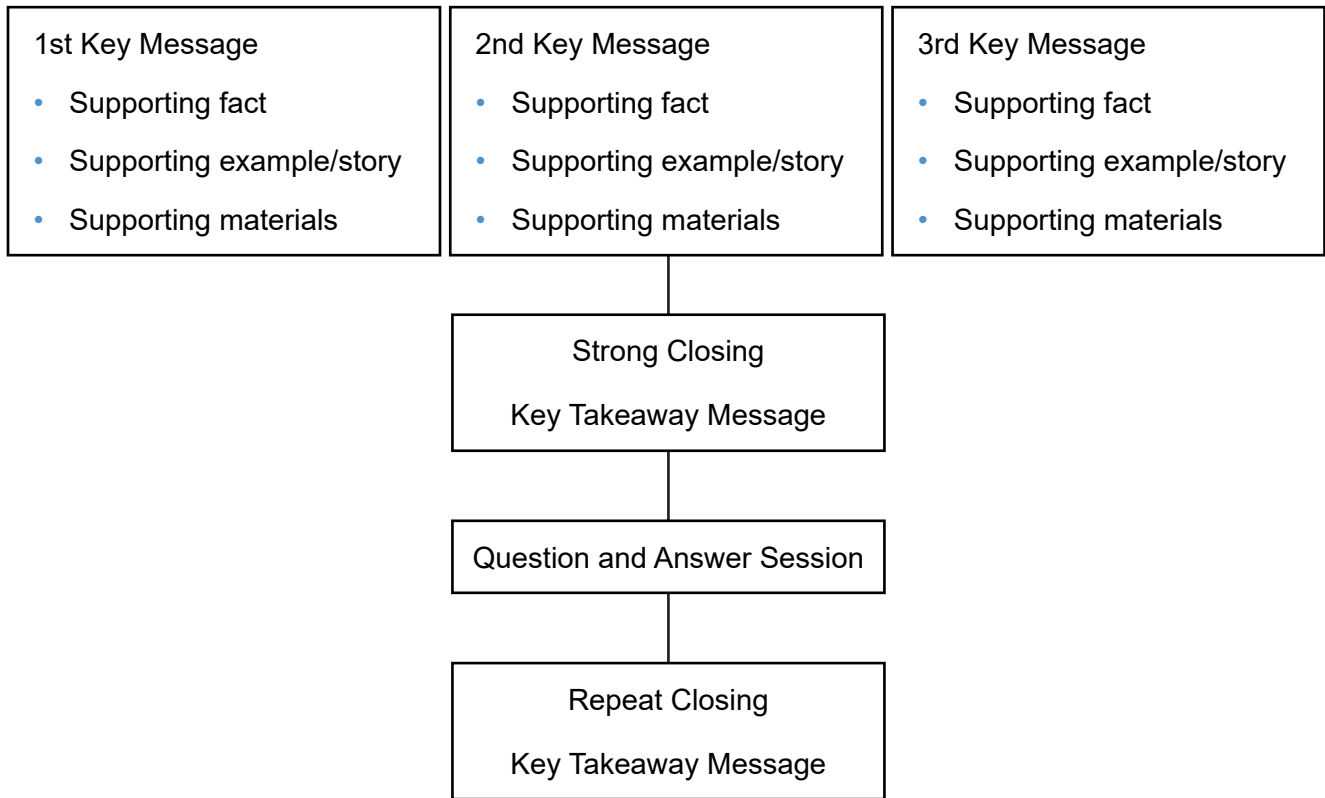
**What are some additional venues or audiences where you could provide public education and information?**

**What makes for an effective public education presentation?**

## **Know Your Audience**

- General information about your audience—e.g., age, gender, level of education, economic status, ethnic makeup
- Their interests and needs:
  - Level of knowledge of your subject
  - Attitude toward the subject
  - What they want to know
  - What they care about
  - What they need to receive and understand the message (consider language, customs, and beliefs)

## Plan Your Presentation





## Deliver an Effective Message

Use an appropriate tone of voice and speaking style:

- Speak loudly and clearly—use your voice for emphasis.
- Avoid talking in a monotone and trailing off at the end of sentences.
- Speak a bit more slowly than normal. Vary pacing to keep delivery interesting.

Complement your talk with communication through body language:

- Gestures:
  - Maintain an “open” body posture—don’t cross or clasp your hands.
  - Face the audience. Don’t talk to the screen, easel chart, or your notes.
  - Don’t fidget with anything; put down pens, markers, and papers.
  - Move around a little while presenting. Whenever possible, do not stand behind a podium or table.
- Facial expressions:
  - Make sure your facial expression matches what you’re saying— excited, serious, etc.
  - Smile when appropriate.
- Eye contact:
  - Look for an “ally” in the group and make eye contact with him or her—but don’t fixate on that one person! Hold eye contact for a second or 2 with each person.
  - Make eye contact with people in all areas of the room.
  - Don’t look over people’s heads.

Preparing:

- Write out what you want to say and put it in your own voice.
- Practice ahead of time.
- Practice in front of a mirror

## **Worksheet for Public Education Presentation**

### **Venue/Audience**

- What do you know about your audience?
- What do they want to know? What do they care about?

### **Presentation Planning**

- What is your key message?
- What are the top three points of your message?
- What are the supporting facts, examples, and stories?
- Opening statement:
- Closing statement:
- What supporting materials would you want—visual aids, handouts, etc.?

### **Delivery**

- What do you want to be sure to do—or not do—during the delivery of your presentation?

## Observer Worksheet for Message Delivery

Name of presenter:

How well did the presenter . . .

### Content

- Make a strong opening statement?
- Clearly present key messages?
- Use stories and examples the audience could relate to?

### Vocal Delivery

- Speak slowly and clearly?
- Vary tone for emphasis?
- Sound confident when speaking?

### Body Language

- Use natural gestures when speaking?
- Use appropriate facial expressions to reflect his or her words?
- Maintain eye contact with members of the audience?

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## Section 4: Program Management

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### Program Management Assessment Questionnaire

#### Communication

- Who is responsible for ensuring an effective overall system of communication?
  - What is the communication structure? (i.e., mobile phones, email, team meetings, supervisor meetings)
  - What tools are being used to facilitate communication (i.e., the ODCES mobile app Resources function)?
- How does it operate on a state, provider, and team level?
- Have there been breakdowns in communication?
  - Where?
  - When?
  - How can they be resolved?
- Are crisis counselors getting the information and support they need?
- How can program communication be improved?

#### Quality Assurance

How does your program demonstrate the following?

- Adherence to the CCP model
- An effective communication system
- Regularly scheduled team meetings
- Effective management and supervision
- Collection, analysis, and utilization of data
- Identification of problems and gaps in service
- Ongoing needs assessment

## **Data Collection and Program Evaluation**

How have data collection and analysis done the following?

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

## **Supervision**

How is your program engaging in key activities in the area of supervision?

- Conducting group meetings to discuss staff needs
- Conducting regularly scheduled individual supervision sessions
- Ensuring availability of needed supplies and equipment
- Providing ongoing training opportunities on CCP-specific topics

## **Training**

How is your program working toward CCP training goals at midprogram?

- Using team meetings/supervision to identify gaps in training
- Assisting with the development of crisis counseling skills
- Identifying and educating crisis counselors in other program areas (culture, geography, physical safety)
- Improving techniques to teach survivor tools

**Phasedown**

**How is your program preparing for phasedown?**

## **Section 5: Stress Management**

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### **Stress Management Ideas Worksheet**

**What stress management techniques work well for you? What techniques have you introduced to survivors?**



## Stress Management Marketplace Worksheet

Make notes here about the new stress management techniques you learned about in the marketplace.

What techniques can you use yourself? How can you use them with survivors?

**Notes:**

## Applying Your Learning

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

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

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

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

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

## Crisis Counseling Assistance and Training Program (CCP)

### Training Feedback Form for Participants

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

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

4. The information was clearly presented.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

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

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

Thank you for your valued feedback. Please return this form to your trainer.  
Copies will be emailed to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).