

CCP Trainer's Guide

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Module 2

Transition to RSP Training

Crisis Counseling Assistance and Training Program



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) Transition to Regular Services Program (RSP) Training. This training is focused on helping CCP leadership and staff to reflect on what the program has done thus far, assess current needs, and plan future actions in the RSP.

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

This trainer's guide presents a detailed plan of instruction for a 1½-day course. The agendas assume an 8½-hour training day, including 15-minute breaks in the morning and afternoon, and 1 hour for lunch.

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 having all of the small groups report out to each other.

The CCP Trainer's Guide: Transition to RSP Training 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 on the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) website in the CCP Toolkit found at the following location: <https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>.

The CCP Transition to RSP Training Participant Workbook contains all the essential content from the slides that participants should have as reference, along with worksheets tailored to the learning activities described in this training manual. The CCP Transition to RSP Training Participant Workbook and the CCP Transition to RSP Training Presentation are both available on the SAMHSA DTAC website, along with this Trainer's Guide.

CCP Trainer's Guide Transition to RSP Training

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Pre-training Checklist

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

Disaster Specifics

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

Program Data

- Size of program—number of counselors, status of recruitment
- RSP start and end dates
- Size of program—number of providers and counselors, status of recruitment
- Background and experience of counselors
- Current status of service provision
- Request a copy of key program documents:
 - Summary of Immediate Services Program (ISP) data on service provision
 - RSP application
 - Current needs assessment
 - Current outreach strategy/plan of services
 - Current staffing plan/organizational chart
 - Maps of the disaster impact
- Ask the program manager to be prepared to answer questions about the program's assessment and referral protocols, specifically those for someone in crisis.

Course Logistics

- Number of participants:
 - Encourage the program manager to attend the entire training.
 - Make sure any new program staff who missed the Core Content Training attend this training and receive the CCP Core Content Training Participant Workbook.
 - Determine whether other stakeholders would benefit from attending the training.

- Confirm length of course.
- Location and training facility—training room size and setup.
- Audiovisual support—a projector or television, computer, capacity for showing videos and other website content, and a connection to the internet.
- Nametags, markers, etc.
- Make copies of the *CCP Transition to RSP Training Participant Workbook* and other materials (handouts of program documents, *CCP Job Aid for Crisis Counselors*, etc.)—modify *Participant Workbook* as needed.

Travel Logistics

- Flight recommendations
- Lodging recommendations
- Reimbursement procedure

Other Items

- Review the training agenda and activities with the program manager.
- Come to an agreement on how the staff input generated through the training activities will be captured and transferred to the program manager.
- Familiarize yourself with the CCP Toolkit on the SAMHSA DTAC website in the event that you need to reference CCP trainings, tools, and resources (<https://www.samhsa.gov/dtac/ccp-toolkit>).

Post-training

- Make recommendations to the program manager about post-training follow-up—e.g., subsequent meetings, training, or other actions.
- Submit completed participant evaluations and trainer feedback form to SAMHSA DTAC, or have the online training evaluation form link shared with participants for completing the survey online. Participant feedback forms are included in the *CCP Participant Workbook*, and trainer feedback forms are included at the end of this trainer's guide.

**Recommended Agenda
Transition to RSP Training—1 1/2 Days**

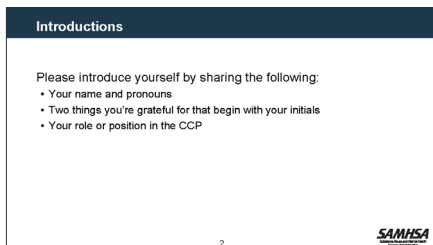
DAY 1	DAY 2
8:30 a.m. Welcome and Introductions	8:30 a.m. Crisis Counseling Services (cont.)
9 a.m. Getting Started Activity	9:30 a.m. Data Collection and Program Evaluation
10 a.m. Transition From ISP to RSP	10:30 a.m. Stress Management for Staff
11 a.m. Current Disaster Reactions, Strengths, and Resilience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

Welcome and Introductions (1 hour, 30 minutes)

30 minutes Welcome and Introductions



Begin the course by welcoming participants and introducing yourself.



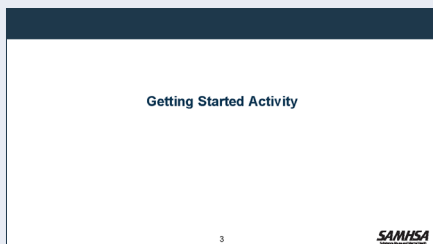
Ask participants to introduce themselves by sharing the following:

- Their names and pronouns
- Two things they're grateful for that begin with their initials
- Their roles or positions in the CCP

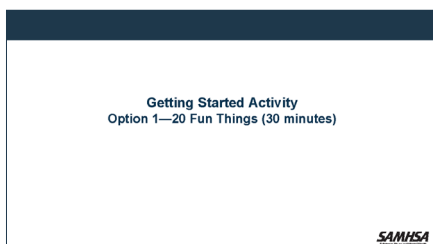
Give an example of the introduction by using your own name—e.g., “I’m Mary Smith, and I’m thankful for my ability to memorize, and for smiles.”

Give participants a moment to think before starting the introductions.

30 minutes Getting Started Activity



The purpose of this activity is to provide an opportunity for team building early in the training. The activities suggested below help participants to get to know each other better, in a fun and relaxed way.



Activity Option 1—20 Fun Things (30 minutes)

Ask participants make a list of 20 things they do to have fun, using the worksheet in their workbooks. While 20 things may seem like a lot, encourage them to think hard and be creative, and they can certainly come up with at least that many. (10 minutes)

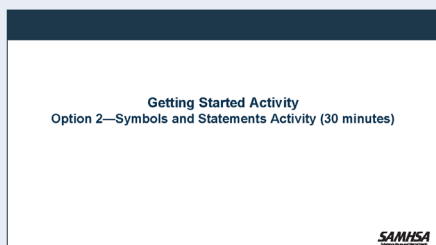
Invite participants to stand up and mingle, sharing their lists with each other. Encourage them to share lists with as many people as possible, and to pay attention to things they learn about others that are surprising, or where they have things in common. (10 minutes)

Call an end to the mingling, and have participants post their lists on a wall—making a mosaic of their collective interests. Encourage participants to browse the wall of interests during lunch and breaks. Have them return to their seats.

Lead a large-group discussion about what they learned about each other. (10 minutes)

- What were some of the most surprising or unique things you learned?
- What common interests did you discover?
- How might this experience help you to work better as a team?
- How might an activity like this be useful in crisis counseling?

Bring the conversation to a close, and transition to the next section on course objectives, agenda, and norms.



Activity Option 2—Symbols and Statements Activity (30 minutes)

Preparation—Before the start of the course, prepare and post eight tear sheets around the room and cover them up so they cannot be seen. Four of the tear sheets will relate to part 1 of the activity, the other four to part 2.

Part 1: Quotes about Disaster (Preparation)

Prior to the course, choose four quotes that represent different views or attitudes about disaster. Here are several examples:

- “Only after disaster can we be resurrected.” Chuck Palahniuk, Author
- “There’s no disaster that cannot become a blessing, and no blessing that cannot become a disaster.” Richard Bach, Author
- “There are moments when you just have to walk away and cry.” Lou Angeli, Filmmaker

- “Living things have been doing just that for a long, long time. Through every kind of disaster and setback and catastrophe. We are survivors.” Robert Fulghum, Author
- “I always tried to turn every disaster into an opportunity.” John D. Rockefeller, Businessman
- “I beg you take courage; the brave soul can mend even disaster.” Catherine the Great, Russian Czarina

Put one quote on each of four tear sheets, and post them around the room. Cover the tear sheets up so participants cannot see them.

Part 2: The Role of the Crisis Counselor (Preparation)

Choose four symbols/objects that could represent various views on the role of the crisis counselor—e.g., a Band-Aid, a bottle of glue, an outstretched hand, a shoulder, a lighthouse, a life preserver, and so on.

Put one symbol on each of four tear sheets, and post them around the room. Cover the tear sheets up so participants cannot see them.

Part 1: Quotes about Disaster (Instructions)

Reveal each of the four quotes about disaster.

Have participants go stand by the tear sheet they are most drawn to or agree with.

Each tear sheet should have a small group assembled beside it—if anyone is standing alone, ask the participant to join another group, whichever would be his or her second choice.

Ask participants to discuss within their groups why they chose this quote—what does it mean to you? What about it do you agree with? (5 minutes)

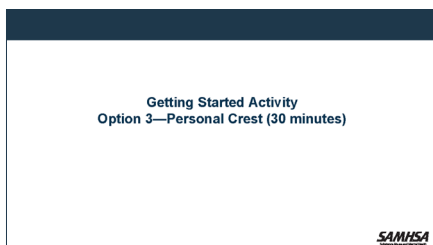
Have each group share the highlights of their discussion. (10 minutes)

Part 2: The Role of the Crisis Counselor (Instructions)

- Reveal each of the four symbol tear sheets, telling participants that each one represents the role of the crisis counselor in some way.
- Have participants go stand by the tear sheet they most identify with, or one that most closely corresponds with their views on the role of the crisis counselor.
- Each tear sheet should have a small group assembled beside

it—if anyone is standing alone, ask the participant to join another group, whichever symbol would be his or her second choice.

- Ask participants to discuss why they chose this symbol—what does it represent for you about the role of the crisis counselor? (5 minutes)
- Have each group share the highlights of their discussion. (5 minutes)
- As you bring this activity to a close, ask participants what they're taking away from this conversation and how it might help them to work better together as a team. (5 minutes)
- Transition to the next segment on course objectives, agenda, and norms.



Activity Option 3—Personal Crest (30 minutes)

Materials needed—Markers, colored pencils, or crayons in a variety of colors, with several for each participant.

Explain that a personal crest—like a family coat of arms—is a visual, symbolic representation of a person's identity. You'll be drawing your own personal crest to share with the group.

Tell participants not to worry about artistic ability—all crests will be beautiful no matter how they're drawn. Get creative!

Using the worksheet in their workbooks, have participants draw their own personal crests. The crest is divided into four quadrants, and each one has a question assigned to it. Ask participants to answer each question about themselves in pictures, using no words, in the designated place on the crest.

- Top left—What is one strength you bring to the CCP team?
- Top right—What is one thing you need from your CCP team members?
- Bottom left—What is a hidden talent you have?
- Bottom right—What is one value you hold that is very important to you?

Post a tear sheet with an outline of the crest and with each question listed in the appropriate quadrant.

Drawing time—10 minutes

- Make notes of what you hear in others' responses.

Announce when time is up, and have participants post their crests on a wall—making a mosaic of their collective strengths, needs, talents, and values. Encourage them to browse this mosaic during lunch and breaks. Have them return to their seats.

Large Sharing of Crests: “Speed Connecting” (10 minutes)

Provide the following instructions:

- Stand up, walk around, and find one other person you don't know well.
- Share your crest with that person, and listen to him or her talk about his or her crest.
- When you are done, find another partner and share.

Group Discussion (10 minutes)

Ask the group for examples of what they saw and discussed in each quadrant:

- What are some examples of the strengths represented on this team?
- What are some examples of the things you need from each other?
- What are some interesting hidden talents you learned about?
- What are some of the important values people hold?

Ask the group these questions:

- How might this experience help you to work better as a team?
- How might an activity like this be useful in crisis counseling?

Bring the conversation to a close, and transition to the next section on course objectives, agenda, and norms.

15 minutes Course Objectives, Agenda, and Norms

Objectives

- By the end of this course, you will be able to do the following:
- Identify issues that occur when transitioning from Immediate Services Program (ISP) to Regular Services Program (RSP).
 - Define the goals and objectives of the RSP.
 - Identify ongoing and emerging disaster reactions related to the current phase of the disaster.
 - Describe crisis counseling services related to the current phase.
 - Practice crisis counseling skills.
 - Complete data collection forms correctly.
 - Update personal and organizational strategies for managing stress.

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Review objectives of the course. Note that the course agenda and objectives appear in the workbook.

Objectives—By the end of the course, participants will be able to do the following:

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

Emphasize the organizing theme of this course— reflecting on what the program has done thus far, assessing current needs, and planning future actions for the RSP.

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.”

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As in any course, having agreed-upon norms is helpful. Write the following guidelines on an easel stand, and review them with participants. These guidelines also appear in the CCP Transition to RSP Training Participant Workbook.

- 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, e.g., “person with a disability.”

Ask the participants to decide on the following:

- If there are any norms they would like to modify
- If any are missing

Write any additional guidelines on the easel stand, and check to see if everyone can agree to the list. You can keep it light by asking them to shake hands (or other minimal-contact gesture, such as a head nod or elbow bump) with someone at their table to signify agreement with this “social contract.”

Course Agenda	
Day 1 AM Sessions Welcome and Introductions Getting Started Activity Transition From ISP to RSP Current Disaster Reactions, Strengths, and Resilience PM Sessions Lunch Crisis Counseling Services and Interventions Individual/Family Crisis Counseling Group Crisis Counseling Adjourn	Day 2 AM Sessions Crisis Counseling Services (cont.) Data Collection and Program Evaluation Stress Management for Staff Team Building Activity PM Sessions Applying Your Learning Course Evaluation Adjourn

Review the course schedule, and discuss how the objectives will be addressed.

Be sure to cover logistical details:

- Lunch and break times and locations
- Restroom locations
- Time (follow clock in the room)
- Include any special instructions for virtual training, if applicable
- For in-person training, address safety protocols, such as physical distancing, and building evacuation routes.

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

Introduce the *CCP Transition to RSP Training Participant Workbook*, and describe how it will be used during the course. Highlight the following:

- The workbook 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.

15 minutes Break

Section 1: Transition From ISP to RSP (1 hour)

30 minutes Session Introduction and Characteristics of the Disaster

Section 1—Transition From ISP to RSP

- CCP Timeline
- Goals of the RSP
- Program Management
- Program Services Issues

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Introduce this session by telling participants that we're going to explore the range of common issues that CCPs face as they transition from an ISP to an RSP, and take some time to identify what the RSP specifically should pay attention to in the coming weeks.

Session Objectives

- Identify ISP-to-RSP transition issues.
- Define the goals of the RSP.



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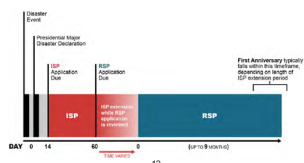
Review the session objectives:

- Identify ISP-to-RSP transition issues.
- Define the goals of the RSP.

Note: Instructor should gather information from the state, territory, or tribe on what their goals are for the RSP (from their application) and/or what they are hoping to accomplish through the RSP. This is a good place to set that expectation and then refer to it later in the training.

CCP Timeline

Where is your CCP in the typical timeline?



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Explore the typical CCP timeline (as shown in the graphic) in relation to the actual timeline of ISP application and award for the state's CCP.

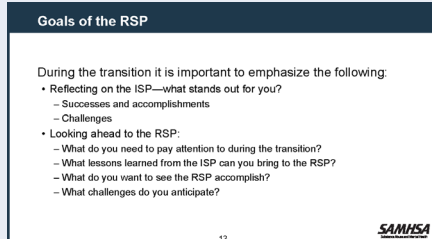
Ask these questions:

- Where is your CCP in this timeline?
- How much time has passed since the disaster?
- What was the start date of your ISP? Was your ISP extended? What was the final end date for your ISP?
- What are the start and end dates of your RSP?

Note: You should find out these dates from the program management prior to the training. The purpose of asking these questions here is to confirm and ensure that all staff know these dates.

Make sure participants are aware that most RSPs last 9 months. This program is time limited in duration.

Discuss with participants what this means for individual survivors, the community, and the staff.



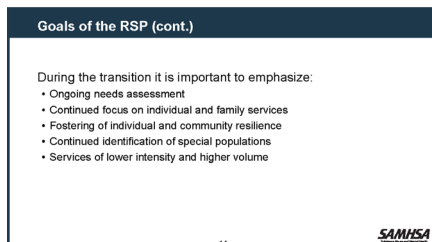
Building upon the discussion of where the program is in its transition from ISP to RSP, **facilitate a large-group discussion** on the history of the ISP and what issues participants must focus on as they start their RSP. **Allow up to 20 minutes for this discussion**, and direct participants to page 7 of their workbooks. Remind participants that this is our initial discussion, and we will discuss these topics in more depth later.

- Reflecting on the ISP, what stands out for you—successes, accomplishments, and challenges?
- What lessons were learned from the ISP that you can bring to the RSP?
- How do you think the RSP will be different than the ISP?
- Looking ahead to the RSP, what do you need to pay attention to during the transition? What do you want to see accomplished during the RSP? What challenges do you anticipate?

Record key points from the large-group discussion on a flipchart pad for future reference.

Transition to discussing the goals of the RSP, building upon this discussion.

30 minutes Goals and Objectives of the RSP



Prior to this session, list the items below on two or three tear sheets posted on the wall. Introduce this list of typical RSP goals and objectives. Clarify what is meant by each one—a focus on the following areas:

- Ongoing needs assessment
- Continued focus on individual and family services
- Fostering of individual and community resilience
- Continued identification of special populations
- Services of lower intensity and higher volume

Goals of the RSP (cont.)

Focus on:

- Group crisis counseling, public education, and media messaging
- Targeted outreach to special populations
- Increased community networking
- Assessment and referral
- Resource linkage

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Some areas the RSP will focus on are:

- Group crisis counseling, public education, and media messaging
- Targeted outreach to special populations
- Increased community networking
- Assessment and referral
- Resource linkage

Goals of the RSP (cont.)

Focus on:

- Reassessment of training needs
- Continued stress management
- Analysis and use of program data
- Comprehensive quality assurance process
- Program legacy for individuals, community, and staff

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Tell participants to turn to their workbooks, page 8, where the RSP goals are listed.

Explain. While reviewing the RSP goals, the participants should be thinking about priorities.

Ask them to place a check mark in their notebooks next to the items that they feel are priorities:

- Reassessment of training needs
- Continued stress management
- Analysis and use of program data
- Comprehensive quality assurance process
- Program legacy for individuals, community, and staff

Suggested Activity: Write the goals on to one or two flipchart pads. Divide the class into groups and assign the groups to specific flipchart pads listed with the goals. Ask the groups to briefly discuss the goals and list possible examples of how this might be achieved in their RSP.

Once **all goals have been reviewed:**

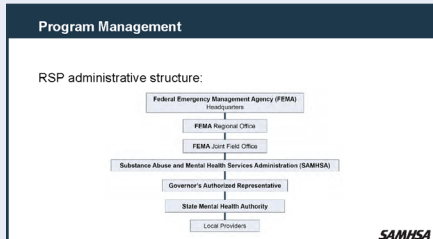
Ask participants to come up to the flipchart pads and place a mark (using a sticker or a marker) next to the ones they feel are priorities.

Discuss the results as a group, focusing on each of the items that received the most marks:

- Why is this item a priority?
- What are some things you can or should do in this area?

Summarize the discussion of priorities for the RSP, and segue to a discussion of the program management issues related to transition to RSP.

15 minutes Program Management Issues



Explain how the RSP administrative structure is different from the ISP structure.

- The State Mental Health Authority (SMHA) applies directly to the Federal Emergency Management Agency (FEMA) for RSP funding.
- Typically, funding flows from FEMA to SAMHSA to the SMHA.
- CCP administrators must be aware of this difference in funding flow to avoid state fiscal mechanism issues.
- Local community behavioral health providers are the provider organizations often contracted to conduct CCP services.
- Partnerships with all stakeholders are crucial during the response and recovery efforts.

Note: *The Governor's Authorized Representative's (GAR) involvement is different based on where you are in the country. Note that this might look different in the participants' state. While the GAR signs the application, they may have no involvement in the CCP program.*

Explain that during transition, program management should review existing strategies and plans for both provision of services and internal program management.

Suggested talking points:

- Needs assessment and outreach strategy are the foundation of the CCP. Together they make up a continuous process necessary to ensure the relevance of the program for the duration of the effort.
- Staffing plans consider the CCP staff roles and the number of hires for each position and are informed by the needs assessment and existing state and provider structures.
- Training is essential to the quality of service provision and program success. Skilled staff must be trained on

expectations and limitations of services and adherence to the CCP model.

- Supervision and team meetings are critical elements of program management in the CCP. In the beginning of the program, teams meet twice daily. Later in the program, teams meet weekly.
- Crisis counseling services will change related to ongoing needs assessment and the phase of the disaster.

Program Management (cont.)

Emphasis should be on a review of:

- Needs assessment and outreach strategy
- Staffing plan
- Crisis counseling services
- Supervision and team meetings
- Training

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Discuss the administrative systems that should be assessed during the transition to ensure services and interventions are being provided efficiently.

Ask participants what program management challenges and successes they have encountered during the ISP, and share strategies and solutions that were successful and might be helpful to others.

Program Management (cont.)

The following areas will be reviewed and assessed during the transition to RSP:

- Fiscal management
- Quality assurance
- Stress management
- Data collection and evaluation
- Program media and marketing

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Discuss some of the anticipated changes in survivor reactions and need for services.

Emphasize that these anticipated reactions and needs are based on lessons learned in previous CCPs and disaster behavioral health research.

At the same time, the program must continue to conduct ongoing needs assessment to ensure these anticipated reactions apply to the disaster. Needs assessment should still drive services.

Program Services

- Survivors' reactions will change over time, resulting in the need for programmatic changes in the RSP.
- There will be an increased need and opportunity for group crisis counseling and public education.
- Survivors may experience deepened anxiety or depression as the new reality of life after disaster sets in.
- While every disaster is different, there are some reactions that can be anticipated.

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Use these points to **segue** to the next section on disaster reactions.

Section 2: Current Disaster Reactions, Strengths, and Resilience *(1 hour, 30 minutes)*

10 minutes Session Introduction and Key Concepts

Section 2—Current Disaster Reactions, Strengths, and Resilience

- Review of Key Concepts
- What Individual Reactions Have We Seen?
- What Strengths Have We Seen?
- How Are We Fostering Resilience?



Introduce this session by telling participants that you and they will explore the reactions they are encountering and can expect to encounter in this and coming phases of the disaster. Specifically, you and they will talk about collective, individual, and severe reactions and also about fostering resilience among individuals and in the community.

Session Objective

- Identify ongoing and emerging disaster reactions related to the current phase of disaster.



Review the session objective:

- Identify ongoing and emerging disaster reactions related to the current phase of disaster.

Review of Key Concepts

Have you observed the following?

- 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.



Begin by reviewing some of the key concepts of disaster reactions and asking participants if they have observed them to be true thus far.

Ask participants to raise their hands if they have observed the behavior/if they agree with each statement as they are read.

Note: These key concepts of transition-related disaster reactions frame the CCP approach to disaster work—a strengths-based model that assumes natural resilience in the majority, while being careful to assess for severe reactions in the minority.


Suggested talking points:

- During and after a disaster, people may function at a level of high activity but 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 recover to their former functioning levels within 6 to 18 months without outside mental health or substance use intervention.

Review of 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.



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Continue reviewing some of the key concepts of disaster reactions and asking participants if they have observed them to be true thus far.

Review the typical outcomes of disaster. Emphasize that disaster reactions should always be considered in terms of context and culture.


Note: Ask for feedback on the final point on the slide, “Survivors often reject help.” Ask for examples of what they have seen in their communities related to this concept.

35 minutes Collective and Individual Reactions

Review of Key Concepts (cont.)

Two types of disaster impacts:

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



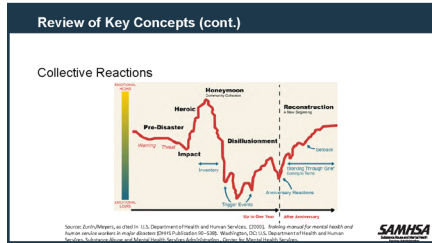
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Remind participants of the distinction between individual and collective disaster impact. Also, note that trauma is not the same as disaster impact. People can experience impact from a disaster, without experiencing trauma.

- The CCP addresses both individual (survivors, families of survivors, and other affected people) and collective (community) disaster impact.
- Individual disaster impact is an emotional or psychological injury usually resulting from an extremely stressful or life-threatening situation.
- Collective disaster impact is a psychological effect shared by a group of people of any size, up to and including an entire society. Disaster events witnessed by an entire society can stir up collective sentiment, often resulting in a shift in that society's culture and mass actions.

Tell participants that you will focus on collective trauma reactions first.

Some examples of collective disaster impact include the attacks of September 11, 2001, and the change in airlines operations, Transportation Security Administration policies, etc.; Hurricane Katrina caused changes in federal regulations and outreach.



Show the phases of disaster graph, and explain that this graph illustrates a typical disaster and the associated emotional highs and lows. Provide a quick review of the phases as a reminder.

Explain every disaster is different and unique, and in a few minutes we'll personalize this graph to fit this specific disaster.

Ask participants what phase they currently are in.

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.

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

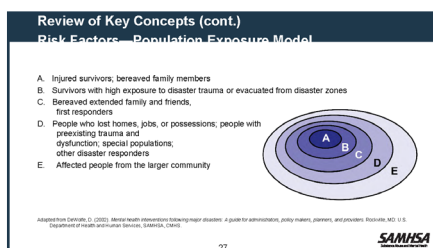
- Disaster assistance is readily available.
- Community bonding occurs.
- Many are optimistic that everything will quickly return to normal.
- CCP staff can establish program identity, gain access to survivors, and build relationships with stakeholders.

Disillusionment phase

- Stress and fatigue take a toll.
- Optimism turns into discouragement.
- Need for substance use 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.



Continue the discussion of collective reactions by **reviewing** the risk factors—population exposure model (Adapted by 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, SAMHSA, Center for Mental Health Services.)

Ask about the reactions of specific groups represented in the model. How have you seen their reactions and needs change over time?

Note that more intensive individual/family crisis counseling may be appropriate closer to the center. Educational efforts to build community resilience may be more appropriate for the "outer" groups.

Adapted by 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.

What Individual Reactions Have We Seen?

Types of individual reactions:

- Physical
- Emotional
- Cognitive
- Behavioral



SAMHSA

Review the range of types of disaster reactions. A summary of the different types of disaster reactions is included in the participant workbook, page 11. Suggested talking points:

- People affected by disaster may experience more than one type of reaction.
- Reactions may change over time, and may get more or less intense over time.
- Reactions may be more intense if people have experienced the event more directly or have gone through previous trauma or crises.
- Typical reactions can vary by developmental stage.
- Reactions can include positive and negative responses.

15 minutes

What Individual Reactions Have We Seen? (cont.)

Activity:

With a partner:

- Draw a map of the phases of this disaster—what you've observed to date and projecting into the future.
- Use the template in your workbook.
- Identify the typical individual reactions you're seeing.
- Identify potential future trigger points.

You have 10 minutes.

SAMHSA

Give the following instructions:

- Find a partner.
- Together, draw a map of the phases of this disaster in the workbook (page 12)—what you've observed to date and projecting into the future.
- Identify the typical individual reactions you're seeing.
- Identify potential future trigger points.

When the pairs are finished (after about 10 minutes), ask for examples of the reactions they identified. Record these reactions on a flipchart pad.

Facilitate a discussion about these reactions:

- Are the reactions something noticed in earlier phases?
- Which reactions have become worse or better over time?

What Individual Reactions Have We Seen? (cont.)

Anticipated reactions:

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

30

SAMHSA

Summarize and reinforce key points about how reactions change over time using this slide of anticipated reactions.

Additional reactions over time:

- Anxiety about recurrence of the disaster or new disaster
- People taking advantage of survivors with predatory scams or other, similar crimes
- Frustration in finding workers to make home repairs
- Cumulative stress over dislocation and separation from family, friends, and social support network
- Survivors who have developed mental health conditions may be at higher risk for substance use or misuse.

Ask the participants to share some of the future triggers they identified.

Ask how these potential triggers are related to future phases of disaster.

Ask what reactions these triggers are likely to produce for individuals and collectively.

15 minutes

Suggested Activity: Identifying Immediate and Long-Term Reactions

Activity – Identifying Immediate and Long-Term Reactions

- Separate into groups based on teams, providers or regionally.
 - Select a recorder
 - On top of the paper, write "immediate" in top left corner. On the top right corner, write "over time." Draw an arrow from "immediate" to "over time."
 - You will have 15 minutes to:
 - Identify how immediate reactions may evolve into intermediate and then long-term reactions.
 - Focus on individual and community reactions, not interventions.
- *After 15 minutes, you will report out.

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SAMHSA

Objective: To have the group generate and report the immediate and long-term reactions to disaster.

Separate participants into groups based on their teams, providers, or regional affiliations in the CCP.

- Provide each group with an easel, flipchart pad, and markers.
- At the top of the paper, have one person in each group write "immediate" in the upper left corner, followed by an arrow, and then, "over time" in the upper right corner.
- Explain that the Immediate Services Program and RSP are relatively arbitrary dates, in the sense that a calendar date cannot determine the time frame for reactions.
- Each group is to identify how immediate reactions might evolve into intermediate, and then long-term reactions.
- The arrow at the top of the page represents the expected lifespan of the CCP.

- Have group members select a recorder who will list the anticipated reactions over time.
- Have the group focus on listing individual and community reactions, not interventions.
- Have each group report their findings to the larger group.

Summarize the discussion, adding your own observations about phases of disaster, triggers, and individual and collective reactions.

Transition to a discussion of identifying and responding to severe reactions.


Discuss the factors that influence severe reactions.

Note that while preexisting trauma may increase risk of severe reactions, some survivors with preexisting trauma have increased coping skills and ability to deal with the effects of disasters.

What Individual Reactions Have We Seen? (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 severe reactions.
- CCP staff members refer anyone for treatment experiencing severe reactions
- Preexisting levels of support will affect the severity of reactions.

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What Individual Reactions Have We Seen? (cont.)

Severe reactions may be a sign of the following:

- Depressive disorders
- Suicidal behavior
- Substance misuse
- Acute stress disorder
- PTSD
- Dissociative disorders
- Anxiety disorders

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Explain that severe reactions may signal a range of psychological disorders.

Emphasize the following points:

- 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 to make appropriate referrals.
- CCPs may benefit from staffing structures that have professional behavioral health clinicians supervising paraprofessional crisis counselors. In this way, clinicians are available to support paraprofessionals in the assessment and referral of people exhibiting severe reactions.
- Disasters affect the community infrastructure; therefore, referral resources will vary based on the following:
 - Preexisting community infrastructure
 - Damage to the community infrastructure
- This doesn't mean that people will go on and develop a diagnosable condition. Most people recover without developing any disorders. Some of these may have been conditions that were present before the disaster and were amplified by the disaster.

What Individual Reactions Have We Seen? (cont.)

Severe reactions:

- Significantly affects life functioning (school, work, relationships, etc.)
 - Presents a health or safety risk, including suicidal behavior
 - Does not resolve or diminish over time
- How do you recognize when a reaction becomes severe?
 - When does a severe reaction warrant referral?
 - How are you using the Assessment and Referral Tools for adults and for children?

SAMHSA

Facilitate discussion with the participants about the following:

- How to recognize severe reactions
- How to handle a severe reaction
- When to refer
- How they are currently using the Assessment and Referral Tools

Recognizing severe reactions—A reaction is severe when it does the following things:

- Significantly impacts life functioning
- Presents a health or safety risk
- Does not resolve or diminish over time

When to refer—When a severe reaction or psychiatric disorder is suspected, the crisis counselor needs to alert the CCP team leader or clinical supervisor immediately. The team leader and crisis counselor should work with the survivor to determine if a referral is needed and if so, the crisis counselor should use his or her knowledge of local resources to connect the survivor to needed services. Crisis counselors should check back in with survivors to see if they have followed through with the referral. The crisis counselor should know and follow the contractor's procedures if a disaster survivor presents with suicidal behavior.

Using the Assessment and Referral Tools—Using the Adult and Child/Youth Assessment and Referral Tools is a way to keep track of survivors who may be suffering from severe reactions to disaster. As with all issues related to severe reactions and psychiatric disorders, using the tools for this purpose should be done in consultation with CCP team leaders and clinical personnel.


15 minutes Activity: Part 1, Talk at Tables: What Survivors Have Been Reached? Who Still Needs Service?

Activity: Part 1, Talk at Tables:
What Survivors Have Been Reached? Who Still Needs Service?

For the next 10 minutes, talk at your tables about successes, challenges, and next steps in reaching special populations.

Discuss:

- The groups the CCP has been most successful at connecting with
- Groups that haven't been reached and the plan for reaching them
- Unanticipated challenges and unique issues discovered during the ISP in serving some populations
- Share strategies for engaging special populations

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Objective: To assess how to reach survivors who have not yet been served and who may still need help.

Ask participants to spend 15 minutes talking at their tables about successes, challenges, and next steps in reaching special populations.

Suggest they discuss:


- Which groups has the CCP been most successful at connecting with?
- Which groups haven't been reached yet, and what is the plan to reach them?
- Discuss any unanticipated challenges and unique issues serving some populations discovered during the ISP.
- Share strategies for engaging special populations.

Ask them to take notes on a flipchart and prepare to share with the large group. Note that we will also use their notes for an upcoming activity.

25 minutes Strengths and Resilience

What Strengths Have We Seen?

- What individual strengths have you seen?
- What collective strengths have you seen?
- What examples of personal growth have you seen?

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Ask participants these questions:

- What types of individual strengths have you observed?
- What types of collective strengths have you observed?
- What are some examples of personal growth you have observed?

Examples of personal growth:

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


25 minutes Strengths and Resilience

Resilience

The American Psychological Association (APA) identifies four core components of resilience:

- Connection
- Wellness
- Healthy thinking
- Meaning and purpose

Resilience: an ability to recover from or adjust easily to misfortune or change



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

SAMHSA

The American Psychological Association APA identifies four core components of resilience:

- Connection to people, organizations, and communities
- Wellness, including healthy habits; mindfulness; and avoiding using alcohol, drugs, and compulsive behavior in areas such as over- or under-eating, shopping, or gambling to avoid difficult feelings
- Healthy thinking, including countering all-or-nothing thinking and strengthening optimism
- Meaning, including finding purpose through helping others and setting and working toward goals

Make the link between strengths and resilience explaining that it is through strengths that we build resilience.

Remind participants of the definition of resilience. Suggested talking points:

- 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 the support and care systems.
- People are helped with mastery of their experience and recovery by all of the following: 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 informational feedback to affected communities.

National Center for PTSD. Helping Survivors: Early Interventions Following Disaster and Mass Violence. Retrieved from https://www.ptsd.va.gov/professional/treat/type/disaster_earlyintervention_tx.asp

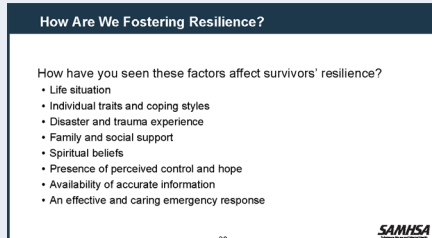
As time permits, **ask** participants if they think any component is missing.

Transition to talking about how to foster resilience.

Discuss the factors that affect resilience. Start by asking how participants have seen these factors affect resilience.

Suggested talking points:

- Some people are at higher risk for 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 misuse, and gender.
- Disaster and trauma experience factors include previous disaster experience and losses, and prior trauma or violence history.
- Depending on where people are in terms of these factors (e.g., high versus low capacity to tolerate stress), after a disaster they may be in a resilient state that lessens the effects of trauma and stress and assists them in coping, or they may experience more challenging reactions.
- Probably the most far-reaching, but most easily overlooked, principle of disaster behavioral 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.
- Uncomplicated distress should not be confused with psychiatric illness. This kind of confusion unnecessarily pathologizes the healthy population and trivializes the experience of those directly exposed to extremely traumatic events (North, C. S. [2004]. Approaching disaster mental health research after the 9/11 World Trade Center terrorist attacks. *Psychiatric Clinics of North America*, 27, 589–602).



How Are We Fostering Resilience? (cont.)

How have you helped survivors to:

- Reach out to people they trust and care about (connection)?
- Engage in self-care and mindfulness practices such as healthy eating, journal writing, yoga, prayer, or meditation (wellness)?
- Maintain a hopeful outlook (healthy thinking)?
- Set realistic goals and take steps to carry them out (meaning and purpose)?
- Focus on finding solutions (meaning and purpose)?

30

SAMHSA

Make the point that resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed.

Discuss the ways crisis counselors can help survivors to develop resilience.

You may want to discuss the following additional points on how to foster resilience:

- Maintain flexibility and balance when dealing with stressful circumstances and traumatic events.
- It is all right to experience strong emotions, if the individual is attending to other responsibilities in addition to experiencing and moving through emotions.
- Step forward and take action to deal with problems and meet the demands of daily living, while stepping back to rest and reenergize.
- Spend time with loved ones to gain support and encouragement.

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

How Are We Fostering Resilience? (cont.)

Which of the following have you taught survivors?

- Making connections
- Avoiding seeing crises as insurmountable problems
- Accepting change as a part of living
- Moving toward goals
- Taking decisive action
- Looking for opportunities for self-discovery
- Nurturing a positive view of self
- Keeping things in perspective
- Maintaining a hopeful outlook
- Practicing effective self-care

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SAMHSA

Review the additional tools crisis counselors can use to teach survivors.

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

How Are We Fostering Resilience? (cont.)

- Complete the self-assessment checklist in your workbook, page XX.
- Make a check mark next to the tools you feel you help survivors to use.
- For the ones you checked, make some notes about how you do this, including specific examples.

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SAMHSA

Facilitate a discussion about actualizing these survivor tools for resilience.

Ask the participants to contribute specific examples of how they build resilience. Help participants to see they are building resilience through everything they do with survivors, and encourage them to always keep in mind that their goal is to build resilience.

Bring the session to a close by **telling** participants that in the next section we will continue to work with how to foster resilience and support recovery over time through the range of CCP services. We'll pay particular attention to group counseling.

1 hour Lunch

Section 3: Crisis Counseling Services and Skills

(4 hours, 30 minutes)

Session Introduction

Section 3—Crisis Counseling Services and Interventions

- Needs Assessment and Outreach
- Range of Crisis Counseling Services
- Individuals/Families
- Groups
- Communities
- Public Education and Media Messaging
- Assessment, Referral, and Resource Linkage
- Ethical Considerations
- Cultural Awareness

SAMHSA

Introduce this section by telling participants that we're going to spend the rest of this afternoon focusing on needs assessment and outreach, reviewing individual and family counseling skills, and practicing group crisis counseling.

Tomorrow morning we'll spend time discussing the other crisis counseling services, identifying successes to date and areas to focus on going forward.

Session Objective

- Describe crisis counseling services related to the current phase.

SAMHSA

Review the session objective:

- Describe the crisis counseling services related to the current phase.

30 minutes

Needs Assessment and Outreach Strategy

Needs Assessment and Outreach

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



SAMHSA

Start by saying that:

- Needs assessment is the foundation of outreach and of the entire CCP. The information uncovered in the initial needs assessment provides the rationale and justification for the CCP's existence and identifies the populations which will be identified for outreach. It is an ongoing process.
- Needs assessment is an ongoing process whereby new information is brought into the program, and program outreach and services are adjusted to meet emergent needs or "discovered" special populations.
- Summarize the discussion, and transition to a review of the range of crisis counseling services.

Additional talking points:

- The most reliable data on disaster damage generally will come from the FEMA preliminary damage assessment, which can be provided by the FEMA regional office responsible for the disaster response.

- Other important sources of information on crisis counseling needs may include the state emergency management agency (SEMA); voluntary agencies, such as the American Red Cross; and media sources. In addition, any crisis counselors and other human services workers deployed by the SMHA or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs.
- During disasters, survivors seek support from trusted members of their own communities rather than disaster behavioral health professionals.
- Further training of these community resource people can expand the availability of behavioral health services after community disasters.

North, C. S., & Hong, B. A. (2000). Project CREST: A new model for mental health intervention after a community disaster. *American Journal of Public Health, 90*(7), 1057–1058).

15 minutes

Activity: Part 2, Share With the Group: Who Still Needs Service?

How Can We Reach Them?

Activity: Part 2, Share with the Group:
Who Still Needs Service? How Can We Reach Them?

Identify characteristics, demographics, geographic indicators to identify survivors who still need service and to what degree.

- How can the CCP use outreach and needs assessment to reach these segments of the population?
- What are steps to be included in an action plan as services are refocused on reaching the unserved or underserved survivor population?

SAMHSA

Objective: To assess how to reach survivors who have not yet been served and who may still need help.


Guide a group discussion using the prompts on the discussion from earlier and/or the questions below.

- Briefly review results from Part 1 of the activity: Which populations have been successfully served through outreach and needs assessment? How were they identified? In what geographic area were they served? What might be common characteristics of those who have been served? What strategies have been successful?
- Identify characteristics, demographics, and geographic indicators to identify survivors who still need service and to what degree.
 - How can the CCP use outreach and needs assessment to reach these segments of the population?
 - What are steps to be included in an action plan as services are refocused on reaching the unserved or underserved survivor population?
 - What new strategies could you use?

10 minutes CCP Services

Range of Crisis Counseling Services

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



SAMHSA

Building upon the previous discussion, we're going to review the range of crisis counseling services that make up a CCP.

Quickly review the range of CCP services.

Ask these questions:

- What services were most important during the ISP? Why?
- Where do you see the most need or demand for services now?
- What services do you expect to be most needed in the coming months?
- How has the need shifted, and why?

Transition to a review of crisis counseling skills.

20 minutes Individual/Family Crisis Counseling

Individuals/Families

Goals of individual/family crisis counseling—assist participant(s) in doing the following:

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

SAMHSA

Explain that now that the basics have been reviewed, participants will take a closer look at some of the tips and techniques learned from their experience with crisis counseling.

Remind participants of the basic goals or tasks of crisis counseling.

Ask participants to take a moment and reflect upon what they've learned from their experience in crisis counseling. What are some things they have done that have been helpful? For each goal listed, have participants write in their workbooks (page 21) one tip or technique that can be used to achieve each goal. (5 minutes)

Have participants discuss their tips and techniques at their tables. (5 minutes)

Facilitate a quick large group discussion of the tips and techniques. (10 minutes)

Remind participants that training videos are available online for future reference: <https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>.

Give participants a break, and tell them that when they return they will be discussing and practicing group crisis counseling.

Groups

Where are we now?

- What types of groups are you providing, or planning to provide?
- What are the common themes?
- What's working well about these groups?
- What's been challenging?

Where are we going?

- What communities have emerged that would benefit from forming a group?

SAMHSA

Start by asking the group where they are now in regard to group outreach:

- What types of groups are currently provided (e.g., support and education groups, self-help groups)?
- What groups can the CCP provide in the future, or start planning for now?
- What are the common themes of the groups (e.g., similar levels of exposure, similar needs, special populations)?
- What's working well about these groups?
- What's been challenging (e.g., getting the groups started, maintaining participation, facilitating the sessions, marketing, transitioning to member-led)?

Facilitate a brainstorming session to identify the types of groups that will be needed during the RSP. Discuss the types of communities that have emerged that would benefit from forming a group?

Chart these responses. The list created in this brainstorming will be used in a later activity.

Groups (cont.)

Goals of group crisis counseling—assist group members in doing the following:

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

SAMHSA

Review the goals of group counseling.

Suggested talking points:

- Group counseling may vary from less structured, purely educational groups to more structured support groups. All groups are likely to share some elements of support and education.
- Group counseling must be accessible to the affected community. Consider how to reduce barriers so that all impacted community members can access the group services (e.g., geographic location, accessible buildings, transportation, computer equipment).
- It is important to ensure that group members have had similar levels of exposure to the disaster event. People with low exposure should not be exposed to stories of people whose exposure was significantly higher.
- When members of social support networks are struggling with the disaster's aftermath, counseling groups may augment overloaded support systems.

- Groups can be led by a licensed behavioral health professional, co-facilitated with a behavioral health professional and a paraprofessional, or led by survivors themselves.
- Group leaders should implement cultural competency. It is important that group leaders can connect with the group members and their culture to create a safe and welcoming environment. When possible, group leaders should be representatives of the population they seek to support.
- Group crisis counseling refers to services that help group members:
 - Understand their current situations and reactions to the disaster.
 - Review or discuss their options.
 - Access emotional support or referral services.
 - Attain skills to cope with their current situations and reactions.


In group counseling, participants do most of the talking.

Groups (cont.)

Factors that affect the group process:

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

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Discuss the factors affecting the group process.

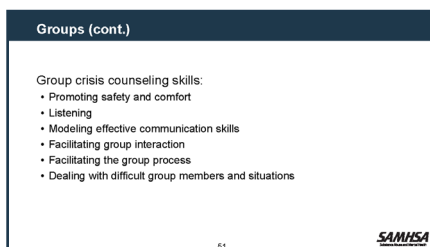
Suggested talking points:

- Crisis counselors should assess their own skills and knowledge about the content to be discussed, so they may 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 behavioral health professionals.
- Be aware of personal biases related to religion, spirituality, culture, ethnicity, 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. Group facilitators should strive to be anti-oppressive, antiracist, and attend to group members' broadly-defined overlapping social and cultural realities.
- 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.

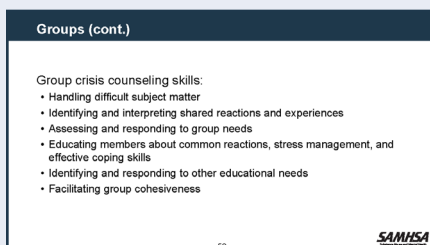
- Facilitate the group by making sure that each member has a chance to talk and that no one person dominates the conversation. Ask a member who has not spoken if he or she would like to talk; however, respect his or her right to just sit back and listen. Never force someone to talk as that can be retraumatizing.
- Ask for feedback. Some groups may warrant more structure than others; 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.

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



Review group counseling skills:

- Promoting safety and comfort
- Listening
- Modeling effective communication skills
- Facilitating group interaction
- Facilitating the group process
- Dealing with difficult group members and situations



- Handling difficult subject matter
- Identifying and interpreting shared reactions and experiences
- Assessing and responding to group needs
- Educating members about common reactions, stress management, and effective coping skills
- Identifying and responding to other educational needs
- Facilitating group cohesiveness

Tell participants they're going to practice these skills in a simulated group counseling session next.

45 minutes

Groups (cont.)

Preparation for exercise:

- Think about survivors you have worked with individually or in groups.
- Based on your experience, write a description of a fictional survivor whose role you'll play in the group. Please be careful to maintain confidentiality of actual survivors.
- This survivor role should fit in with the type of populations that have been identified as part of the needs assessment.

SAMHSA

Choose a type of group identified during the earlier session. The group type included in the brainstorm list can be chosen from the brainstorming list by group participants or by the instructor.

Give the following task instructions:

- Think about survivors you have worked with individually or in groups.
- Based on your experience, write a description of a fictional survivor whose role you'll play in the group. Consider their needs, emotions, stressors, and other factors impacting their physical and emotional state. Please be careful to maintain confidentiality of actual survivors.
- The role created should fit with the type of group selected from the brainstorming list.

Tell participants to make notes in their workbooks (page 26) about their survivor, to reference during the activity.

Groups (cont.)

Group Counseling Demonstration and Exercise



SAMHSA

Prior to this exercise, it is helpful for the trainer to prepare their thoughts ahead of time on the topic to be discussed.

Ask for four volunteers to participate in a brief demonstration, in which you'll lead a group and they'll play the role of survivors.

Ask those not participating to pay close attention to the skills demonstrated by the group leader and to be prepared to talk about their observations after the activity.

Conduct a brief demonstration (about 10 minutes), in which you lead a mock group session with the four volunteers.

Ask everyone to take a few minutes to reflect and make notes on the worksheet in the participant workbook (page 28). Next, facilitate a discussion about the leader's skills observed during the demonstration.

Say that now they'll have a chance to practice and get feedback from others.

Groups (cont.)

Continue with the exercise, giving everyone in your group a turn to facilitate:

- Form groups of four people each.
- Simulate a 40-minute group counseling session.
- Each person will lead the group for 10 minutes.
- When not facilitating, play the survivor role you created.
- The trainer will keep track of time and announce when to switch facilitators.
- Before the practice, choose a feedback partner. You and your partner will observe each other during the practice and give each other feedback afterward.

 SAMHSA

Explain that they will now work in groups of four to simulate a group counseling session.

- Explain the exercise will take 40 minutes, about equivalent to one group session. Each person in the group will take turns facilitating for 10 minutes, with each facilitator picking up where the last one left off.
- Explain that the other members of the group will play the survivor roles when not acting as the facilitator. Also explain the groups will use the same type of group as used for the earlier demonstration.
- Explain that during the simulation, one of the group members will also act as an observer who will give feedback to the facilitator. When a new facilitator takes over, a new observer should be identified to give the feedback. Just as group members take turns being a facilitator, group members should also take turns being the facilitator observer.
- Explain that each group will have a few minutes to prepare before the simulation begins.

Tell them that you'll keep track of time and tell them when to switch facilitators.

Ask if they have any questions about how the practice will work.

Tell them to turn to their workbooks, page 29, and take a few minutes to prepare for the simulation, including review of the worksheet for assessing the activity. Give them 5 minutes to prepare.

Organize participants into groups of four people each.

Remind them to identify a group member to observe and provide feedback to a specific facilitator.

Tell them to decide the order in which they will act as the facilitator (e.g., who starts, who goes next, etc.).


Start the simulation. Keep time and have the groups switch facilitators every 10 minutes.

Circulate around the room to observe the groups as the simulation takes place. Note anything you see that you want to mention during the large-group discussion.


Groups (cont.)

Post-practice reflection:

- Complete the reflection sheet in your workbook.
- Also, finish making any notes on your partner's facilitation on the feedback worksheet.



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After the practice concludes, **tell** the participants to take a few minutes to complete the worksheet in their workbooks (page 28) documenting how they felt about the effectiveness of their facilitation session and to make any notes about other group member's facilitation.

Tell the group members to get back together in their groups and share their facilitation feedback.


10 minutes

Groups (cont.)

Post-exercise reflection (cont.):

- Overall, how did the exercise go?
 - What was easy?
 - What was hard?
- What skills did you use?
 - What was the impact on the group?
- What lessons are you taking away about facilitating group counseling?

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Ask everyone to come back together as a large group, and **facilitate** a discussion of the lessons learned from the simulation.

- Overall, how did the practice go? What was easy? Challenging?
- What skills did you use? What was the impact on the group?
- What could be improved?
- What lessons are you taking away about facilitating group counseling?


For the discussion, start with participants sharing their impressions and then, add your observations. If you start by giving your assessment, it might inhibit the participants' willingness to contribute their views.

30 minutes Activity: A Vision for Success

Course Agenda

- CCP Services, Interventions, and Skills (cont.)
- Data Collection and Program Evaluation
- Stress Management
- CCP Team Vision for Success
- Applying Your Learning

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Review the agenda for today.

If you didn't have participants discuss their journal reflections yesterday, do it now.

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

Hear from a few participants willing to share a few examples of their journal responses in the large group.

Check in with participants to see if they have any questions remaining about the topics discussed yesterday. Review topics and questions from the index cards submitted at the end of day one.

Ask if there are any questions about the readings from last night. Most of the reading should have been a review and not new information. Encourage participants to reflect on the readings during the morning's discussion.

Discuss the CCP Transition to RSP—Program and Services Assessment Questionnaire from the reading. These are the types of questions the program should use for assessment as it transitions from ISP to RSP. We are addressing and discussing many of these questions during this workshop, but not all of them. Program management should be sure to review this list and actively seek to answer the questions—both among the management team and by soliciting staff input and perspectives.

CCP Services, Interventions, and Skills (cont.)

Cultural Awareness:

Definitions:

- 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

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SAMHSA

Review the definitions of cultural awareness and its importance in the CCP.

Additional talking points:

- CCP staff should reflect the makeup of the community and speak the languages of the communities served. This is an effective strategy for better engagement and ability to reach special populations.
- Reduce barriers to the program by addressing access issues such as language, physical access to space, technology limitations, education level, etc.
- Recognize that perceptions of mental health or substance use vary among people in general, as well as across cultural groups.

CCP Services, Interventions, and Skills (cont.)

Cultural Awareness:

Staff/Individual:

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

Program:

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

 SAMHSA
Substance Abuse and Mental Health Services Administration

Review the elements of staff/individual cultural awareness, and programmatic cultural awareness.

Additional talking points:

- 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.
- 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.

Crisis Counseling Skills Quiz—Instructor's Answer Key

List three things crisis counselors should provide during encounters.

1. Information
2. Education
3. Reassurance

Word Search for Crisis Counseling Skills

Find these crisis counseling skills in the puzzle below.

Engagement Opening Calming Reframing Empathy Paraphrasing Normalizing

P	H	X	J	T	K	Z	S	O	Y	F	S	N	Y	V	P	Z	R	D	K
L	F	Y	K	L	K	Y	P	N	P	C	D	I	E	F	A	F	E	P	D
Y	Z	A	O	T	N	C	A	E	Z	E	T	P	P	E	V	I	F	R	M
D	H	L	H	U	F	L	K	K	Y	V	N	U	L	K	A	H	R	L	L
S	C	U	H	P	I	R	K	Y	H	Y	O	I	N	E	Y	B	A	D	T
P	Z	A	U	R	J	N	H	A	C	G	N	D	N	N	A	Q	M	E	B
Z	L	M	L	U	C	T	V	N	F	J	O	O	Z	G	O	E	I	T	U
Z	A	D	Y	M	A	Y	T	I	C	Q	R	S	S	A	D	U	N	A	P
O	A	B	U	P	I	V	W	M	S	K	M	L	G	G	Q	K	G	N	U
X	K	E	M	N	D	N	X	D	K	X	A	K	S	E	G	T	E	D	C
Z	W	E	P	C	A	V	G	E	N	G	L	Z	Y	M	E	P	T	N	P
L	C	G	W	X	G	H	U	G	Y	Q	I	U	A	E	B	K	L	E	F
Y	G	N	G	H	V	L	B	Q	Z	O	Z	L	R	N	T	L	Y	A	U
E	L	R	H	R	G	X	I	A	C	E	I	L	P	T	U	P	J	V	K
K	S	H	T	W	X	Y	J	A	M	G	N	A	L	V	M	C	R	N	C
T	N	L	S	U	V	L	L	W	D	X	G	C	A	B	P	P	D	X	N
O	Y	U	J	Q	H	P	A	R	A	P	H	R	A	S	I	N	G	U	J
F	A	N	I	K	P	H	I	V	F	D	K	L	J	G	P	J	H	F	Z
H	W	Y	N	N	O	S	A	P	Q	N	Y	V	F	J	Y	I	L	L	Z
E	Z	L	A	P	H	U	H	X	N	B	D	T	D	H	P	E	Z	P	D

Matching Skills and Definitions

Match the skills with the appropriate definition by drawing a line connecting the skill and the definition (or by writing the letter of the definition next to each skill).

1. Engagement	F	A. Lets the survivor know you are aware of how he or she is feeling
2. Opening	D	B. Reassures the survivor that his or her reactions are common
3. Calming	H	C. Applies a new interpretation to a statement or problem
4. Reflecting feelings	A	D. Indicates that you're ready to listen and want to hear more
5. Reframing	C	E. Helps determine or demonstrate that you have accurately heard what has been said
6. Empathy	G	F. A means of reaching affected individuals to provide crisis counseling
7. Paraphrasing	E	G. Demonstrates that you are trying to understand how the survivor is experiencing the disaster
8. Normalizing	B	H. Measures taken if the individual is too agitated to talk or is showing extreme fear or panic

Section 3: Services, Interventions, and Skills (continued)

5-15 minutes Welcome and Getting Started

CCP Services Roundtables

Topics:

- Community Support and Networking
- Public Education and Media Messaging
- Assessment, Referral, and Resource Linkage
- Cultural Awareness

Focus of discussion:

- What are we doing now?
- Where do we go from here?

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Tell participants that this morning we are going to start with a series of roundtable discussions about other CCP services beyond individual and family and group crisis counseling.

The purpose of these discussions, in keeping with the theme of this course overall, is to provide an opportunity to assess what they're currently doing in these areas and where they want to go from here.

Topics:

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

Preparation for Roundtables

Organize the room into four groups, each at a separate table, one for each of the topics. If you have more than 25 participants, you'll want to have more than four tables. Each table should have about four to six participants.

Place an easel with flipchart pad next to each table along with markers. On each flipchart pad list the topic and associated questions to be the focus of this activity. Using the easels with flipchart pads, have participants write or illustrate the key ideas.

Have participants choose which topic they'd like to start with and go to that table. Adjust the number of people at each table, if necessary, to make sure participants are evenly distributed at the tables.

55 minutes CCP Services Roundtable Discussions

CCP Services Roundtables (cont.)

Process:

- Conduct two rounds of discussion, 20 minutes each.
- Discuss the questions listed.
- Choose the two topics you are most interested in discussing.
- Each table will have a "host" who stays for both rounds of discussion.
- The host's role is to facilitate the discussion and keep track of patterns and themes.



Describe how the roundtables will work. During this session, there will be two rounds of conversation, 20 minutes each. This means individuals will not have a chance to discuss every topic. Participants should choose which two topics they are most interested in discussing.

Each table will have questions related to their service to guide their discussion. The questions will be related to what the program has done thus far in that service area, and what it should do in the future. Suggest the participants use the CCP Creative Strategies document (<https://www.samhsa.gov/sites/default/files/dtac/ccp-grantee-strategies-ideas-virtual-outreach.pdf>) as a resource. What ideas from that list might work for your CCP?

Community support and networking:

- What is the program doing to provide community support and networking?
- What are the emerging community needs?
- What opportunities for further outreach exist?

Public education and media messaging:

- What is the program doing in public education and media messaging?
- How are the needs for public education and media messaging changing over time?
- What opportunities exist for extending the reach of your public education activities and media messaging?

Assessment, referral, and resource linkage:

- How are you doing assessment, referral, and resource linkage?
- How are the needs for assessment, referral, and resource linkage changing over time?
- What opportunities exist for improving assessment, referral, and resource linkages?

Cultural awareness:

- How are the program's services culturally appropriate and reaching diverse community groups?
- What are you doing in your program to address cultural awareness? What are some specific examples?
- What opportunities exist to increase the cultural awareness of the program and its reach into diverse community groups?

Call time at the end of 20 minutes. Remind the hosts to stay where they are, and ask the participants to move to another table. Adjust the number of people at the tables, if necessary.

Start the second roundtable session.

Call time after 20 minutes.

After the second round, facilitate conversation for the whole group about key ideas and insights and any patterns that emerged. Ask the hosts to report out on their topics first; then, invite others to contribute additional points.

Ask participants if they have any tips, tricks, or best practices to share with the group on CCP service deliveries.

Bring the conversation to a close, and transition to the next section on data collection and program evaluation.

Section 4: Data Collection and Program Evaluation (1 hour, 15 minutes)

5 minutes Session Introduction

Section 4—Data Collection and Program Evaluation

- Importance of Data Collection and Program Evaluation
- Data Collection Tools
- Opportunities for Improvement

<https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>

SAMHSA

Explain that in the next section, we'll focus on the uses and importance of data collection, and reviewing the tools available for data collection.

Remind the CCP staff that they should have completed another forms training following the Core Content Training, and that this section will include a brief overview of some of the forms that are probably already being used.

This section will focus on several new feedback forms that will be administered during the RSP.

Remind participants that all tools and forms, and more information for each, is available online: <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

Session Objectives

- Describe the importance of data collection and program evaluation.
- Identify how data and evaluation have been used in the ISP.
- Describe the data collection forms that will be used in the RSP.
- Identify how data will be used in the RSP.

SAMHSA

Review the session objectives:

- Describe the importance of data collection and program evaluation.
- Identify how data and evaluation have been used in the ISP.
- Describe the data collection forms that will be used in the RSP.
- Identify how data will be used in the RSP.

Importance of CCP Evaluation and Data Collection Toolkit

How have data collection and analysis:

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

SAMHSA

To start this session, **facilitate** a discussion about how data collection has been used in the CCP.

How have data collection and analysis:

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

20 minutes Data Collection Forms

Importance of Data Collection and Program Evaluation (cont.)

Program evaluation is a systematic effort to collect, analyze, and use data to inform and improve service delivery.

The components of program evaluation are:

- Data collection: A process of gathering information about survivors and services
- Data analysis: A process of reviewing and interpreting the information that has been collected
- Feedback loop: A process of sharing findings from the analysis and developing a strategy to address them
- Program evaluation plan: An ongoing process to inform and improve service delivery

SAMHSA

Discuss the importance of data collection and program evaluation.

Suggested talking points:

- Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the execution or effectiveness of interventions.
- Whether questions concern how to improve the reach of the service delivery system or the efficacy of the services themselves, program evaluation provides an empirical basis for the answers.
- Data collection is performed by the crisis counselors.
- Data analysis is performed by program managers.
- The feedback loop is performed by program managers with input from the crisis counselors.
- The program evaluation plan is implemented by the crisis counselors and team leaders and monitored by the program managers.

Ask participants to share some data points/data analysis from their ISP (or a previous CCP) and how the feedback loop changed or improved the program. If the program hasn't yet instituted a feedback loop, have the participants discuss how they would design and implement a process to ensure that everyone is aware of data trends and how they can be used to shift service delivery.

Present an overview of the data collection forms.

Suggested talking points:

- 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 show forms that are used less frequently, according to the instructions for each form's use.
- The forms are cleared by the federal Office of Management and Budget (OMB) and have an official OMB number. They may be altered only by SAMHSA

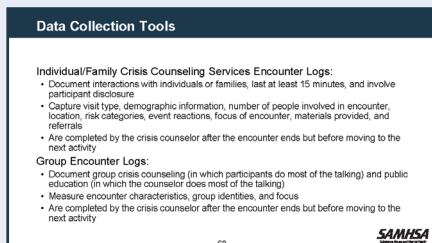
Review of Data Collection Tools



SAMHSA

through a formal process and may not be changed by the states.

- Every CCP is required to utilize and complete all of these forms, as appropriate.
- Included with each form is a page of detailed instructions for your reference.
- Note that we will next provide a brief overview of each of the data collection forms.



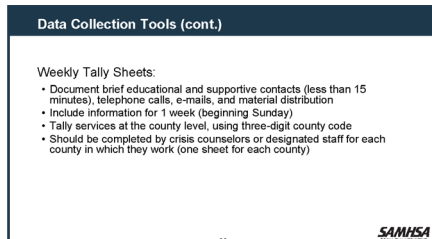
Review the Individual/Family Crisis Counseling Services Encounter Log and Group Encounter Log.

Quickly review these tools. They were covered in the Core Content Training and in the initial SAMHSA DTAC Forms Training.

Note that crisis counselors should be encouraged to use the Group Encounter Log to capture a wide range of public education and community activities, in addition to more formal group crisis counseling.

The Group Encounter Log is the form that you will likely begin to use more often in the RSP than in the ISP.

Remind participants that training videos on the forms are available online: <https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>.



Review the Weekly Tally Sheet.

Quickly review this tool. It was covered in the Core Content Training and in the initial SAMHSA DTAC Forms Training.

Note that the county is the county in which the services were provided, rather than the county in which a person lives. Every state has assigned three-digit county codes to each county.

Review any questions or examples that were submitted at the end of day 1 that are related to the Individual, Group, or Weekly Tally Forms. Take a few minutes to discuss questions, scenarios, or issues they have encountered using the forms during the ISP.

Note that we will next review the advanced evaluation tools that should also be used, as appropriate.

20 minutes

Data Collection Tools (cont.)

Assessment and Referral: More than Data Collection

- The Assessment and Referral Tools are important implements to connect survivors with the local systems of care which can address their mental health and substance use needs.
- Staff use the tools to collect data, but more importantly the tools help assess the need for referral to additional resources, beyond what the CCP can provide.

SAMHSA

The Assessment and Referral Tools are often underutilized by CCP programs, however they are a critical element of the CCP. In the next few slides we will review the tools, and when they should be used.

Data Collection Tools (cont.)

Assessment and Referral Tools:

- While these forms are specifically recommended for use during the third and fifth encounters, either can be used at any point in the ISP and the RSP, as needed.
- These tools can be used to help staff assess severe reactions and help them decide whether a referral is needed.
- The questions are supposed to be read aloud to adults, as well as children and their parents during the encounter.
- Staff should be provided separate training on employer's protocol for how to respond to severe reactions and should have identified at least one referral agency that can assist.

SAMHSA

Review both the Adult Assessment and Referral Tool and the Child/Youth Assessment and Referral Tool.

Suggested talking points for both of these forms:

- Both tools are to be used in the ISP and the RSP as needed.
- CCP program managers will provide additional training and instructions for when and how these forms will be implemented.
- While these forms are specifically recommended for use during the third encounter, either can be used at any point when a crisis counselor, in conjunction with a team leader, feels additional assessment may be warranted (for example, during specialized crisis counseling or to keep track of the progress of an individual survivor).
- 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 Adult or the Child/Youth Assessment and Referral Tool. If a follow-up visit is scheduled by a team leader to administer the tool, then only this form needs to be completed.
- These tools serve 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/family crisis counseling does not become therapy.

Data Collection Tools (cont.)

Adult Assessment and Referral Tool and Response Card:

- This is used to facilitate referrals to more intensive behavioral health services.
- It measures risk categories and event reactions using a structured interview approach.
- If a person scores three or more "intense" reactions (ones scored 4 or 5), then referral for more intensive services should be discussed.
- When using the mobile app, it will prompt the user when the criteria is met, and they should be using the form when appropriate.
- It is important to 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?"



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- When using the mobile app, it will prompt them when the criteria is met, and they should be using the form when warranted.
- Unlike the Individual/Family Crisis Counseling Services Encounter Log, the questions on these forms are supposed to be read aloud to the individual as an interview guide. There are instructions on each form on how to do this.
- At the end of the form, you should review the responses that are highly rated 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.

Data Collection Tools (cont.)

Child/Youth Assessment and Referral Tool and Response Card:

- Used to facilitate referrals to more intensive behavioral health services
- Typically used with children on the third or fifth visits, but can be used at any time the crisis counselor suspects the child may be experiencing serious reactions to the disaster
- Includes questions for the parent about the child (required for children ages 0-7)
- Measures reactions using a structured interview approach

<https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>



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Remind participants that training videos on these forms are available online: <https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>.

Data Collection Tools (cont.)

Complete an Assessment and Referral Tool when any of the following conditions are met:

1. When conducting the "3rd" or "5th or later" visit. All visits counted do not need to be conducted by the same Crisis Counselor.
2. If one or more of the following risk categories are selected:

• Family missing/dead	• Life was threatened
• Preexisting physical disability	• Past substance use/mental health problem
• Friend missing/dead	• Injured or physically harmed
• Injures or physically harmed	• Assisted with rescue
• Pet missing/dead	• Past trauma
• Witnessed death/injury	



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The guidelines on these two slides give specific direction on when an Assessment and Referral Tool should be completed.

Review the criteria that counselors should be aware of when determining whether to use this tool or not. The Assessment and Referral Tools are often underutilized by CCP programs. Following the guidelines on when to use the tools ensures they will be utilized at the correct times.

Data Collection Tools (cont.)

3. If 4 or more event reactions are selected.

4. A Crisis Counselor can complete an Assessment and Referral Form with any individual at any time if the Crisis Counselor suspects the individual may be experiencing serious reactions to the disaster.



Facilitate a discussion with the participants around the following questions:

- What cues tell you a person needs assessment and possibly also a referral?
- What resources do you have to refer people to?
- When should you contact your supervisor?

- What protocols do you have in place if someone answers “yes” to a question about self-harm?
- What experiences have you had with the Assessment and Referral Tools? Do you have any lessons learned to share with the group?


Conclude the section on the Assessment and Referral Tools.

Data Collection Tools (cont.)

Program Evaluation Tools:

- Two feedback forms are administered during the RSP (typically at 6 and 12 months after the disaster).
- These provide feedback to CCP managers on
 - Client perceptions of service quality and personal improvements in functioning
 - Perspectives from staff on workload, usefulness of trainings, etc.

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Explain that the next data collection tools we will discuss are the two feedback surveys. These are introduced during the RSP for evaluation purposes (typically at 6 and 12 months after the disaster).

The information gathered provides feedback to CCP managers about client perceptions of service quality and personal improvements in functioning. Perspectives from the CCP crisis counseling staff are also gathered about the staff's workload, perceived usefulness of trainings, etc.


5-10 minutes

Data Collection Tools (cont.)

Participant Feedback Surveys:

- Are used to obtain feedback about the program
- Are conducted twice during an RSP
- Survey all adults receiving individual/family or group crisis counseling
- Provide some data about immediate outcomes of crisis counseling

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Introduce the Participant Feedback Survey.

Suggested talking points:

- This survey captures information about disaster exposure and event reactions that have been experienced. It also measures client perceptions about the CCP services they have received.
- Typically, the survey is conducted at 6 and 12 months after the disaster event, which is usually in the second half of the first quarter and at the end of the second quarter of the RSP. Exact timing should be determined in consultation with the assigned SAMHSA Project Officer.
- It is recommended that the Participant Feedback Survey packet contain a cover letter, survey, pen, and stamped return envelope. The participants mail the survey back to an identified central location. The provider who distributed the surveys does not collect the surveys.

Briefly review the sections of the surveys:

- The first page includes questions to gauge what kinds of services were received and whether those services were helpful.

- The second page questions how helpful the CCP was to the recipient and concludes with a section describing the ways in which the respondent was exposed to the disaster.
- The third page of the survey collects information on event reactions and provides contact information so the respondents can talk with a crisis counselor about their reactions. It also asks several questions comparing the survivor's perceptions of how he or she was doing before the disaster and how he or she is doing now. The survey concludes with items on basic demographics, language, and disability status.

Explain how it is administered:

- The providers need to keep track of the number of surveys distributed and provide this information to the state CCP evaluation coordinator.
- The crisis counselor must be invested in the process and emphasize the importance of the process to the participant. Participants must be convinced that the survey is a serious endeavor. It is their opportunity to identify needs and rate how well the program is meeting those needs.

20 minutes

Data Collection Tools (cont.)

Service Provider Feedback Form:

- It is used to capture crisis counselors' opinions about their training, resources, supervision, workload, support, and overall quality of the CCP.
- It is collected anonymously from crisis counseling staff around 6 and 12 months after the disaster.

SAMHSA

Introduce the Service Provider Feedback Form.

Suggested talking points:

- This form collects feedback from crisis counselors who provide direct, face-to-face services, and their immediate supervisors (team leaders).
- Feedback is collected twice during the CCP, at around 6 and then 12 months after the disaster (typically within the RSP).

Briefly review the sections of the feedback form:

- The first section asks staff to evaluate the usefulness of the CCP trainings they have received.
- The next section asks staff to evaluate supervision, opportunities for growth, workload, and adequacy of tools provided.
- The section that follows is composed of five questions about stress.

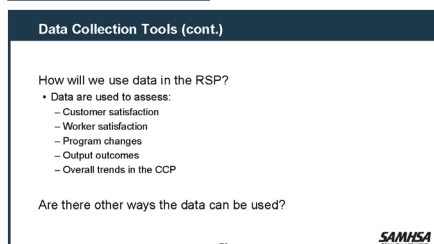
- The feedback form requires management to include a phone number of someone outside of the chain of supervision whom counselors can call to receive assistance if they are feeling especially stressed.
- The final section inquires about demographics and tenure and includes a space to write comments.

Explain how it is administered:

- The online forms are disseminated by the state CCP evaluation coordinator and in coordination with templates provided by SAMHSA DTAC.
- CCP leadership staff should convey the reasons for and importance of the survey, explaining why high response rate matters.
- CCP crisis counseling staff complete the forms online. Paper administration is acceptable only when online administration is not possible.
- The feedback is provided anonymously. The crisis counselor's identity is protected by lack of identifying information, return of the survey to an external evaluator, and aggregation of results.

SAMHSA DTAC will provide the state CCP evaluation coordinator with summary information regarding the results of the survey, but not with the surveys themselves.

10 minutes Data Collection in the RSP



Facilitate a discussion about how data will be collected and used in the RSP.

Ask specifically—what will change during the RSP about how you collect data?

What will change in the RSP that changes how you use data?

Bring this session to a close and give participants a break before proceeding to the next section on stress management.

15 minutes Break

Section 5: Stress Management for Staff

(1 hour, 15 minutes)

10 minutes Session Introduction

Section 5—Stress Management for Staff

- Typical Stressors
- Warning Signs of Excessive Stress
- Organizational Approaches to Stress Management

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Introduce this session by telling participants that stress management is absolutely crucial in a CCP and something that must be carefully attended to during the longer RSP.

At the core of a CCP are its staff—the program's success is directly dependent on staff's ability to regulate their own stress. Particular care needs to be taken to address and process the effects this exposure can have on the crisis counselor.

There are two key elements to stress management—personal stress management and organizational approaches to stress management. The individual must take measures to manage his or her own stress, but the organization must also do its part to support staff and minimize the amount of stress placed upon them.

In this session, we will explore both personal stress management and organizational stress management.

Stress and Compassion Fatigue

Definitions:

Stress: the physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave.

Compassion Fatigue: the burnout and stress-related symptoms experienced by caregivers and other helping professionals in reaction to working with traumatized people over an extended period of time.

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Review the APA definitions of stress and compassion fatigue.

<https://dictionary.apa.org/stress>

<https://dictionary.apa.org/compassion-fatigue>

35 minutes Personal Stress Management

Typical Stressors

How stressful are these for you?

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

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Note that the first step in personal stress management is self-awareness around what causes you stress.

Review the list of typical stressors.

Tell participants that we're going to poll them about what causes them stress.

Have participants complete the stress management activity in their workbooks (page 50).

Typical Stressors (cont.)

Activity:

- Imagine a scale running the length of this room.
- Go stand at the point on the scale that represents how stressful this factor is for you.
- Discuss with the others gathered there:
 - Why this factor is or isn't stressful for you
 - What you do to manage the stress you do feel from this stimulus

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Allow participants to opt out of this activity, or take breaks as needed, if they are feeling uncomfortable/overwhelmed discussing their personal stress.

Ask them to imagine a Likert scale (1 to 5, 1 being the lowest, 5 being the highest) running the length of the classroom. Tell them which end of the room represents 1 and which end represents 5 and show them where the middle is.

Choose three stressors from the list on the previous slide.

Read off the first stressor you've selected and ask participants to go and stand on which part of the scale fits with how stressed they are by this factor.

For example, if you find it very stressful to hear survivors' stories, please go stand in the part of the room that represents 5 on the scale. If you find it somewhat stressful, stand in the middle. If you don't find it stressful at all, go stand in the part of the room that represents 1 on the scale.

Discuss these items with the other people gathered there:

- Why this factor is or isn't stressful for you.
- What you do to manage the stress you do feel from this stimulus.
- Ask the groups to quickly share the highlights of their discussion.
- Repeat for the second and third stressor.

Ask participants to take their seats again. Transition to talking about warning signs of excessive stress.

Review the warning signs of excessive 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 an increase in substance use or misuse.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

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Suggested talking points:

- As with disaster survivors, assessment of crisis counselors hinges on the question of 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.
- Suggestions can be made for stress-reduction activities. Usually, stress symptoms will gradually subside when the worker is no longer in the disaster relief environment. However, if this does not occur, then professional behavioral health assistance is indicated.

Warning Signs of Excessive Stress (cont.)

- Complete the warning signs for excessive stress checklist in your workbook.
- Then complete the personal stress management plan.
- When you're finished, share your stress management plan with a partner.

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Have participants fill out the checklist for warning signs of excessive stress and the stress management plan worksheet.

Ask them to discuss their responses with a partner and identify what positive steps they will take to manage their individual stress level.

Tell them that they don't have to discuss the warning signs checklist if they don't want to; that's for their own personal use.

Give the pairs about 10 minutes to talk. Ask for a few examples from the pairs of specific actions they identified to better manage their stress.

Transition to organizational approaches to stress management.

20 minutes Organizational Approaches to Stress Management

Organizational Approaches to Stress Management

- Complete the scorecard in your workbook.
- When you're finished, review the Organizational Approaches to Stress Management table on the next page.

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Re-emphasize how important it is for program management to pay attention to organizational stress management.

Tell participants that we want to take some time to review the organizational stress management measures the program currently has in place and identify some opportunities for improvement.

Ask them to complete the Organizational Stress Management Scorecard in their workbooks (page 53).

Organizational Approaches to Stress Management (cont.)

- Discuss your scorecard responses.
 - On which items did you score the highest? Why?
 - On which items did you score the lowest? Why?
- Identify three priority actions to improve organizational stress management.

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Have participants work in groups to do the following:

- Discuss your scorecard responses. On which items did you score the highest, and on which did you score the lowest? Why?
- Identify three priority actions to improve organizational stress management.

You may want to assign a specific area for each table to focus on when generating recommendations—e.g., supervision, training, crisis counseling skills.

Make sure that each group has a member of the program management staff in it to hear the conversation firsthand.

Organizational Approaches to Stress Management (cont.)

Group reports:

- One or two items on which we scored the highest and why
- One or two items on which we scored the lowest and why
- Three priority actions to improve organizational stress management

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Have each group report out on the following things:

- The one to two items on which they scored the highest and why.
- The one to two items on which they scored the lowest and why.
- Their three priority actions.

Chart the actions and give to management for follow-up action.

Bring this session to a close. **Segue** to the closing team building activity.

15 minutes Break

Section 6: Team Building Activity (45 minutes)

5 minutes Session Introduction

Section 6—Team Building Activity

Purpose:

- Build the sense of team identity and common vision



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Introduce this session by telling participants that it is very important for all the CCP staff to function well as a team during the RSP. One thing that all effective teams have in common is that they have a shared goal and a common vision. We'd like to end this training by engaging in a team building activity that will help to solidify the common goal or vision that you all share.

Review the purpose of this session:

- Build the sense of team identity and common vision.

40 minutes Team Activity Options

Team Building Activity: Option 1

CCP public service announcement (PSA):

- Develop a 60-second PSA that communicates the contributions the CCP makes.
- Be prepared to deliver your PSA to a live audience!

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Option 1: Public Service Announcement (PSA)

Divide the participants into small groups (about four to six participants each).

Give the following task instructions:

- Develop a 60-second PSA that communicates the contributions the CCP makes.
- Be prepared to deliver your PSA to a live audience!

Have each group present their PSA. Lead the group in enthusiastic applause after each PSA is presented.

After all PSAs have been “aired,” **ask** the group:

- What common themes stand out for you?
- What does this say to you about your shared vision for the program?

Team Building Activity: Option 2

CCP billboard:

- Design a billboard advertising the CCP.
- Start by determining the three key messages you want to convey about the program.
- Be prepared to present your billboard to the Selection Committee for approval!

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Option 2: CCP Billboard

Divide the participants into small groups (about four to six participants each).

Give the following task instructions:

- Design a billboard advertising the CCP.
- Start by determining the three key messages you want to convey about the program.

- Be prepared to present your billboard to the Selection Committee for approval!

Have each group present their billboard. Lead the group in enthusiastic applause after each is presented.

After all the billboards have been presented, **ask** the whole group these questions:

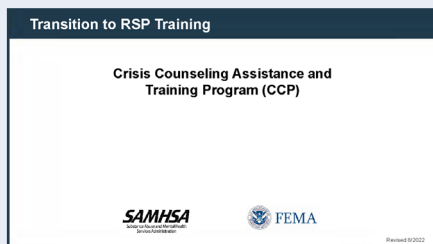
- What common themes do you see across the billboards?
- What does this say to you about your shared vision for the program?
- Thank participants for their effort and creativity.

Invite the program leadership to make any closing remarks.

Thank participants for their effort and creativity.

Bring this session to a close, and **transition** to the final section on applying your learning and course evaluation.

15 minutes Applying Your Learning and Course Evaluation



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, and so it is essential to take a few moments to review your learning and set your intention to apply what you have learned in the real world.

Have participants turn to their workbooks and complete the worksheet on page 65. 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 5 minutes for their discussion.

- Ask for a few examples of the following:
- Key areas of learning
- Specific actions they intend to take to apply this learning

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. 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 on page 58. Give them about 5 minutes to complete it.

Tell the participants to find their learning 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 or email the group the training evaluation link and ask participants to complete it.

If providing the course evaluation via a website link, share that link.

Encourage them to complete the form thoroughly, as the feedback is collected and used to improve the course in the future.

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

Training Feedback

The following pages include two different training feedback forms. One form is intended to be filled out by all those who were in attendance to participate in the training. The second form is meant to be filled out by the trainer(s) and program leadership.

Receiving feedback from both the trainer(s) and training attendees is greatly appreciated and serves several purposes:

- Your responses may be used to help us continue to improve upon the content when future training revisions occur.
- The feedback will allow our trainers to continue to improve upon their delivery of the material.
- Program leadership can identify gaps in knowledge or areas covered that could use additional discussion and determine what supplemental training may be useful for the program.

Please allow adequate time for training attendees to complete the training feedback form. The feedback can be obtained by either completing the paper form found at the end of the Participant Workbook, or by providing participants with an online survey link if one has been provided by SAMHSA DTAC.

Crisis Counseling Assistance and Training Program (CCP)

Training Feedback Form for Participants

CCP Name/Disaster Number: _____

Name of Trainer(s): _____

Date(s) of Training: _____

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 sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at:

SAMHSA DTAC

1-800-308-3515

dtac@samhsa.hhs.gov

Crisis Counseling Assistance and Training Program (CCP)

Training Feedback Form for Trainers and Leadership

CCP Name/Disaster Number: _____

Name of Trainer(s): _____

Date(s) of Training: _____

1. The content of this training module included all of the elements necessary for participants to adequately understand and deliver CCP services.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

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

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

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

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

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

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

5. The Trainer's Guide contained activities that effectively facilitated learning.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

6. The overall training session was well received by the participants.

STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

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 ask the state CCP director to send copies of all forms to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at the following:

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