

CCP Participant Workbook

1

Module 1

Core Content Training

Crisis Counseling Assistance and Training Program



CCP Participant's Workbook

Core Content Training

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After training, participants will be able to do the following:

- Describe the range of crisis counseling services.
- Identify typical disaster reactions.
- Demonstrate basic crisis counseling skills.
- Explain the importance of data and how to use it.
- Apply techniques for managing stress.

Guidelines for Working Together

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

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

DAY 1	DAY 2
8:30 a.m. Welcome and Introductions Course Objectives, Agenda, Norms	8:30 a.m. Opening—Review and Preview
9:00 a.m. Disaster Response Overview	8:45 a.m. Survivor Reactions (cont.)
10:00 a.m. Break	10:15 a.m. Break
10:15 a.m. CCP and Services	10:30 a.m. Special Populations
Noon Lunch	11:30 a.m. Interventions and Skills
1:00 p.m. CCP and Services (cont.)	Noon Lunch
3:00 p.m. Break	1:00 p.m. Interventions and Skills (cont.)
3:15 p.m. Cultural Awareness	2:00 p.m. Survivor Tools
4:15 p.m. Survivor Reactions	3:00 p.m. Break
5:00 p.m. Adjourn	3:15 p.m. Data Collection and Program Evaluation
	3:45 p.m. Stress Management
	4:45 p.m. Applying Your Learning, Course Evaluation
	5:00 p.m. Adjourn

Section 1: Disaster Response Overview

Definitions of Disaster

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

Adapted from the Center for Mental Health Services, 2000.

Notes:

Characteristics of This Disaster Worksheet

Cause:

Size:

Scope:

Natural or Human-caused disaster:

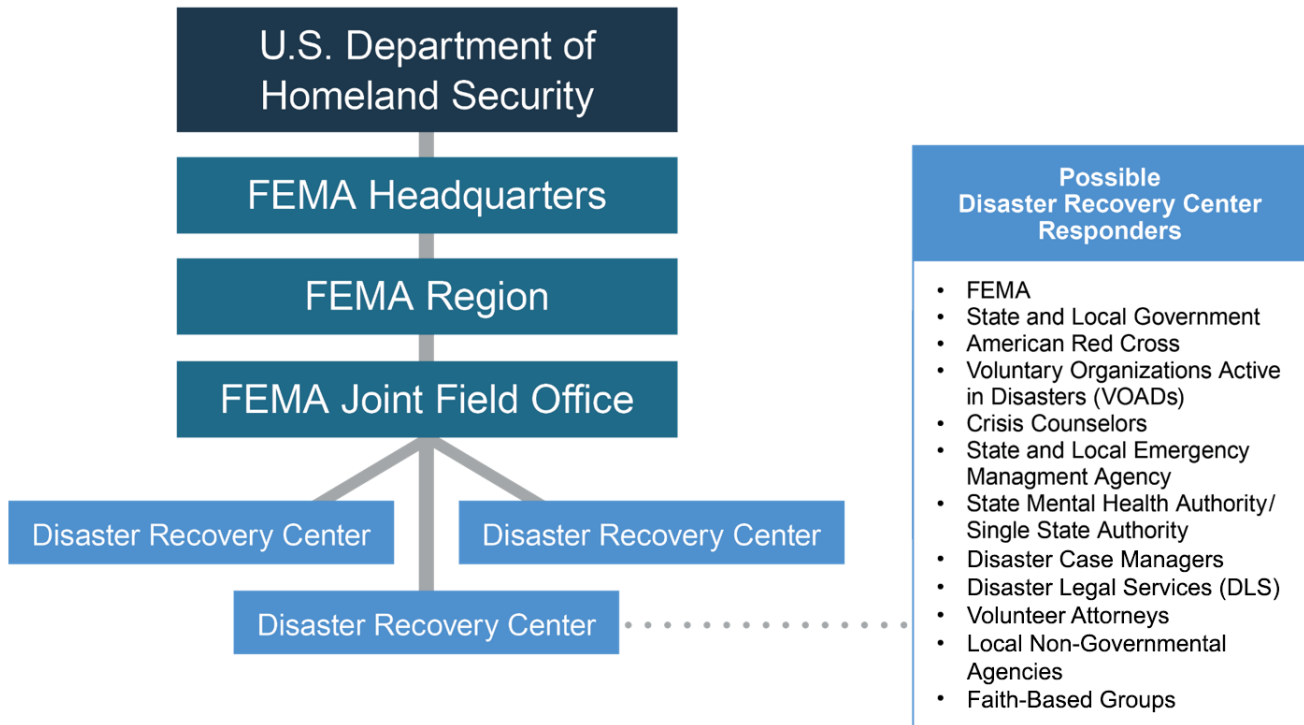
Impact on survivors:

Natural v. Human-caused Disasters

Natural	Human-Caused
Earthquakes, fires, floods, tornadoes	Airplane crashes, chemical leaks, mass violence, terrorism
No one to blame	People, governments, or businesses to blame
Beyond human control	Seen as preventable and a betrayal by fellow humans
Advance warning is possible	No advance warning
Post-disaster distress is high and felt mainly by survivors	Post-disaster distress is often more intense than the distress experienced by people after natural disasters, and it is felt by more people not directly affected by the disaster

Federal Emergency Management Agency (FEMA) Disaster Assistance

FEMA Disaster Operations Structure



This chart reflects a typical disaster response structure in the immediate aftermath of large, usually natural, disasters.

In a typical disaster, it is the responsibility of the FEMA region where the disaster occurred to carry out the initial response, do damage assessments, set up a joint field office, and deploy staff.

Immediately after the declaration, FEMA disaster workers arrive and set up a central field office to coordinate the recovery effort. A toll-free telephone number is available for use by disaster-affected residents and business owners in registering for assistance (1-800-621-FEMA [3362] or TTY 1-800-462-7585 for people with speech or hearing needs). Disaster recovery centers are open for disaster survivors to meet with program representatives and obtain information about available aid and the recovery process.

Types of Assistance Available From FEMA

The Presidential disaster declaration will specify the types of assistance for which a state is eligible. As a side note, when the term “state” is used in this Participant Workbook in relation to the CCP, it refers to states, U.S. territories, and federally recognized tribes, all of which are eligible for CCP grants.

Hazard Mitigation—Disaster survivors and public entities are encouraged to avoid the life and property risks of future disasters. Examples include the elevation or relocation of chronically flood-damaged homes away from flood hazard areas, retrofitting buildings to make them resistant to earthquakes or strong winds, and adoption and enforcement of adequate codes and standards by local, state, and federal governments.

Public Assistance—Aid to state or local governments to pay part of the costs of rebuilding a community’s damaged infrastructure. Generally, Public Assistance programs pay for 75 percent of the approved project costs. Public Assistance may include debris removal, emergency protective measures and public services, repair of damaged public property, loans needed by communities for essential government functions, and grants for public schools.

Individual Assistance—Includes FEMA Crisis Counseling Assistance and Training Programs (CCPs) and is covered in detail in this section.

Notes:

Overview of CCP

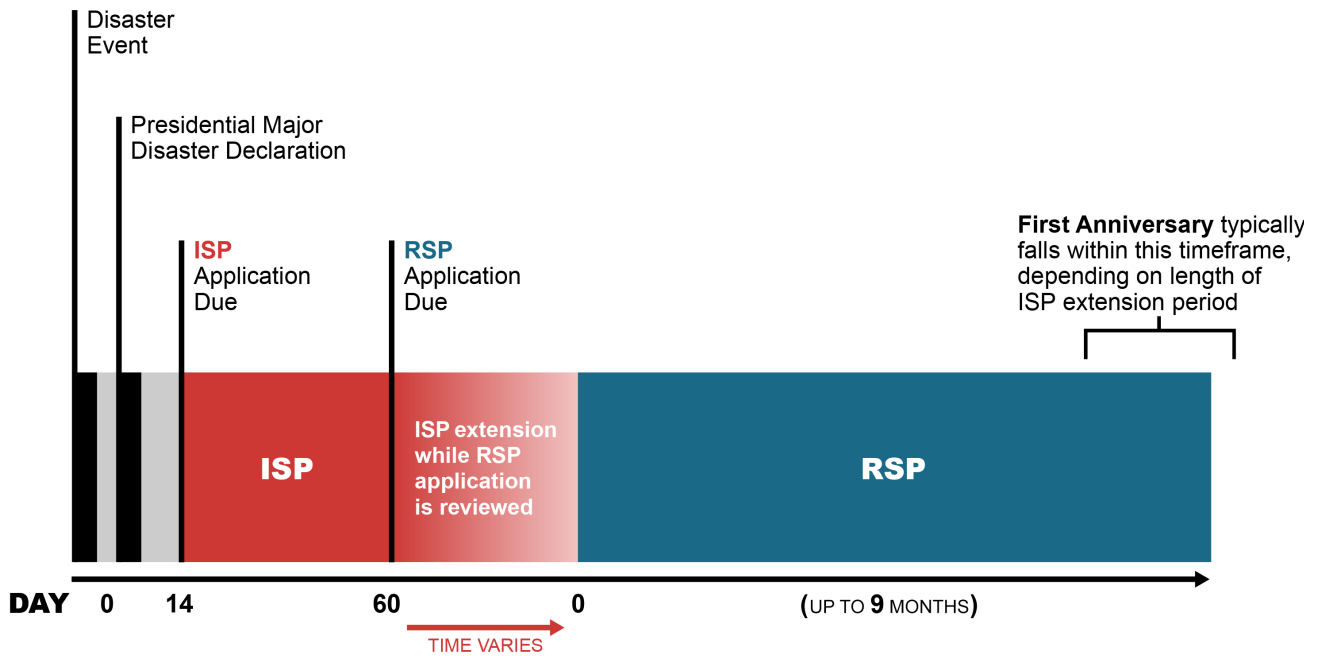
Entities eligible to apply for and receive CCP funding:

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

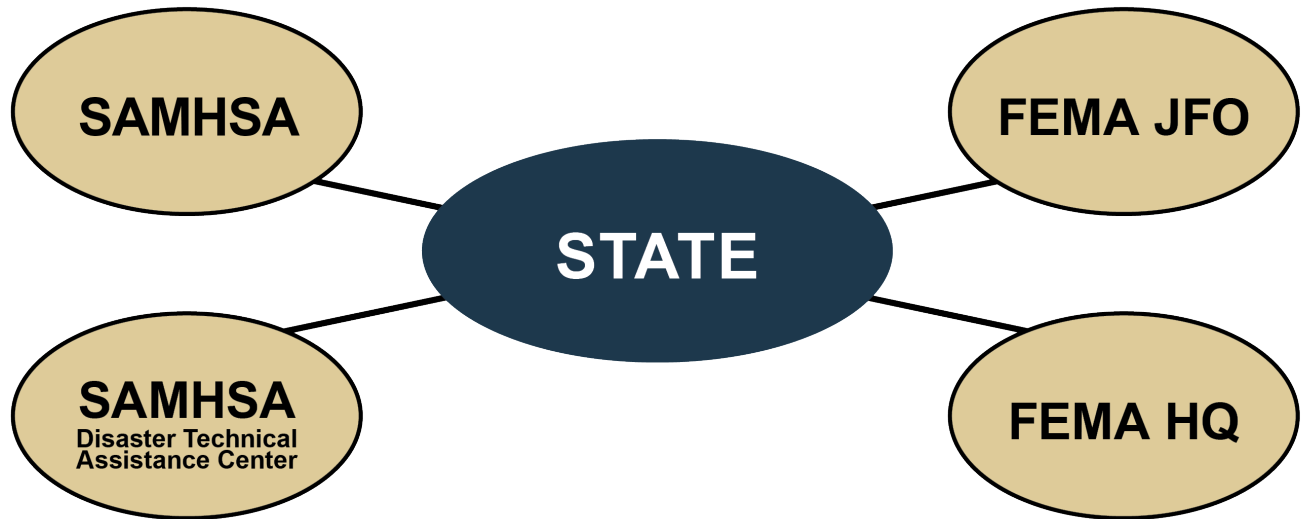
The CCP consists of two grant types:

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

CCP Typical Timeline



ISP Organizational Roles and Responsibilities



The FEMA Joint Field Office (JFO) Program Specialist

- Works with the Substance Abuse and Mental Health Services Administration (SAMHSA) project officer, the state, and the CCP to ensure the quality, consistency, and fiscal and programmatic management of the program
- Provides information to the state about FEMA requirements and regulations related to the CCP

The SAMHSA Project Officer

- Works with the state, CCP Staff, and FEMA to ensure that the program runs consistently and efficiently
- Provides ongoing technical assistance (TA) to the state and FEMA on programmatic, mental health- and substance use-related, and budgetary issues
- Works with the CCP leadership to ensure ongoing services are relevant and fiscally consistent

FEMA Headquarters

- Works with the SAMHSA project officer, the state, and the CCP to ensure the quality, consistency, and fiscal and programmatic management of the program
- Confers with the FEMA JFO program specialist and the SAMHSA project officer as needed

State Disaster Behavioral Health Coordinator or State CCP Lead

- Works with the SAMHSA project officer, FEMA, and the CCP to ensure the quality, consistency, and fiscal and programmatic management of the program
- Is responsible for CCP reporting
- Manages the CCP including oversight in hiring and training of CCP staff

SAMHSA Disaster Technical Assistance Center (DTAC)

- Provides TA to the SAMHSA project officer, FEMA, and the CCP
- Is a resource for materials, data collection efforts, and trainings

Notes:

Section 2: CCP and Services

The CCP model is . . .

Strengths-based—CCP services are designed to help people identify and use their strengths in disaster recovery while also assessing survivors for significant adverse reactions and referring them accordingly.

Anonymous—Although data on services are collected in the aggregate, names and personally identifiable information are not associated with those data. No case files are kept for users of CCP services.

Outreach-oriented—Crisis counselors take services into the community rather than waiting for survivors to seek services.

Culturally aware—Throughout the project, staff should strive to understand and respect the community and its cultures. They should provide services appropriate for the cultures of those they serve.

Conducted in nontraditional settings—Crisis counseling is community-based and occurs primarily in homes, community centers, disaster shelters, and settings other than traditional mental health clinics or hospitals.

Designed to strengthen existing community support systems—The CCP supports, but does not supplant, natural community support systems. Likewise, the crisis counselor supports community recovery activities but does not organize or manage them.

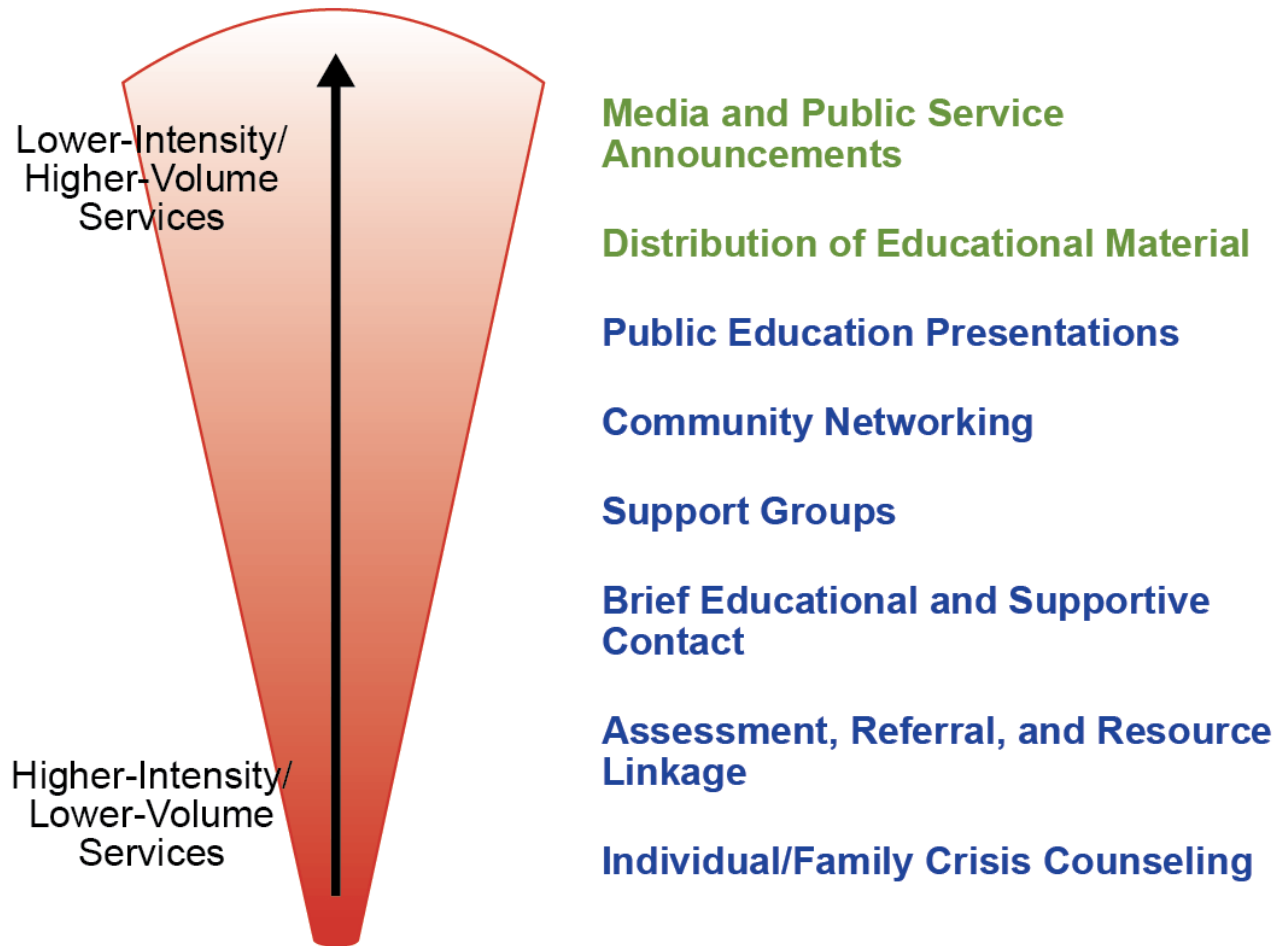
Based on an assumption of natural resilience and competence—Most people will return to their usual level of functioning on their own after a disaster, even without assistance. CCPs are designed to support people in this process, as well as assessing and referring people as needed for professional mental health support.

Traditional Treatment v. Crisis Counseling

Traditional Treatment	Crisis Counseling
<ul style="list-style-type: none">• Is office-based• May involve diagnosis and treatment of mental illness, as well as identification of strengths and coping skills• May focus on longer-term issues• Validates experiences associated with distress that has brought the person to treatment• Keeps records, charts, case files, etc.	<ul style="list-style-type: none">• Is home- and community-based• Involves identification of strengths and coping skills• Counsels on disaster-related issues• Validates common disaster reactions and experiences• Does not collect identifying information

Notes:

Reach of Services



Blue = Primary Services **Green** = Secondary Services

Overview of CCP Services

Individual crisis counseling—Assists disaster survivors in understanding their current situations and reactions and reviewing their options and links them with other individuals and agencies that may assist them. During individual services, crisis counseling staff are active listeners who provide emotional support. Individual crisis counseling also includes working with the family as a unit. To be considered individual crisis counseling, an encounter must last for more than 15 minutes.

Brief educational or supportive contact—Brief contacts with individuals, or groups of individuals, that did not result in in-depth discussion or interaction of an educational or crisis counseling nature. Each brief educational or supportive contact lasts for no more than 15 minutes.

Group crisis counseling—Involves providing and facilitating support or education to a group to help members cope with their situations and reactions.

Public education—Involves the distribution of educational information on CCP or crisis counseling-related topics. Educational information may be provided via public presentations, brochures, flyers, mailings, and training to human services personnel. The media are often partners in providing information through public service announcements, newspaper articles, and advertisements.

Assessment, referral, and resource linkage—Assessment determines the need for referral. Referrals can link survivors experiencing severe reactions with formal mental health and substance use disorder treatment. Referrals also can direct survivors to other disaster relief resources in their community to meet physical, structural, or economic needs.

Community support and networking—Supports every other service delivered by the CCP. CCP staff participate in, but do not initiate or lead, community support activities (e.g., being present at remembrance events). Crisis counselors can provide a “compassionate presence” and be available to provide crisis counseling services, should the need arise

Needs Assessment Worksheet

Identify the geographic areas affected in the disaster.

Who are the special population groups?

What are the priority needs in the affected communities (e.g., rebuilding/repairing homes, clothing, treatment)?

Resource Identification Worksheet

For several of the priority needs selected, identify the community resources that would be needed to meet those needs (e.g., community organizations such as faith-based organizations, disaster assistance organizations, schools).

Outreach Strategy Worksheet

What are the key actions this program should take to conduct successful outreach to survivors?

What key actions can you take to conduct outreach to organizations that have resources available for survivors?

Individual/Family Crisis Counseling

Encounter Characteristics

- This service consists of encounters or visits with adults and children.
- It can last 15 minutes or longer.
- It typically ranges from one to five visits.
- The number of visits provided should be determined through discussions with supervisors and teams.
- Multiple visits may indicate a need for referral to longer-term services and should be discussed with supervisors.
- Each visit should stand alone with encounter data being captured for every visit. Crisis counselors should reinforce prior successful coping skills in addition to helping survivors develop new ones.

Goals and Objectives

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

Brief Educational or Supportive Contact

- This service is less than 15 minutes long.
- It provides reassurance, other support, and information.
- Activities, such as brief interactions, telephone calls, and handing out brochures, are examples of brief educational or supportive contact.

Group Crisis Counseling

Encounter Characteristics

- Group crisis counseling refers to services that help group members understand their current situations and reactions to the disaster, help them review or discuss their options, provide emotional support or referral services, and provide skills to cope with their current situations and reactions. In group counseling, participants do most of the talking.
- Group counseling encounters last 15 minutes or longer.
- The CCP focuses on two types of groups: support and education groups, and self-help groups.
- 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.
- Groups can be led by a licensed mental health professional, co-facilitated with a mental health professional and a paraprofessional, or led by survivors themselves.
- When members of social support networks are struggling with the disaster's aftermath, counseling groups may augment overloaded support systems.
- It is important to ensure that group members have had similar levels of exposure to the disaster event. People with low exposure should not be exposed to the stories of those whose exposure was significantly higher.

Support and Educational Groups

- Increase the social support network.
- Facilitate exchange of information about life situations, and help participants develop new ways of adapting and coping.
- These groups may provide tools participants can use to obtain and process new information, as well as providing practical and concrete assistance.
- Group facilitators often use handouts and factual information relevant to the group's discussion.
- Facilitators may also have speakers present information to groups that is relevant to the group content areas and group members' needs.

Tips for Starting and Facilitating Support and Educational Groups

- In a support group, it is acceptable to allow members to begin the discussion. Keep track of time, and facilitate the conversation.
- It may be helpful to have groups for specific special populations or groups of people (e.g., bereaved parents, neighbors, occupational groups, women, children).
- The format and content of the group and educational materials presented should be tailored to meet the developmental and cultural needs of group members. Consider accessing written resources in various languages and materials geared toward people with disabilities and targeted toward children's developmental stages.

- Speakers may include mental health and substance use disorder treatment professionals, public health workers, faith-based leaders, community leaders, and disaster survivors.
- People need to be emotionally ready to participate in group crisis counseling. Bringing people together too early can be detrimental. Use caution in deciding when to begin group crisis counseling.

Self-help Groups

- These groups are initially facilitated by a crisis counselor.
- They can be co-facilitated by a group member to encourage transition to a member-facilitated process.
- Once the group has transitioned to a member-facilitated process, it is no longer a CCP service.

Practical Concerns in Group Crisis Counseling

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

Assessment and Referral

- Assessment is the process of reviewing, identifying, and evaluating survivors' needs.
- The CCP screens for the following:
 - Practical or basic needs of survivors
 - Mental health and substance use-related needs
- Crisis counselors also identify resources in the community that can meet the needs of survivors.
- The CCP Adult Assessment and Referral Tool may be used to assist crisis counselors in making decisions regarding the need for referral.
- Crisis counselors provide information on available resources to meet tangible needs.
 - Crisis counselors help survivors meet unmet needs through resource linkage.
 - Services are provided regardless of level of functioning.
 - Resource linkage empowers survivors to advocate for themselves.
 - Crisis counselors assist survivors in prioritizing and accessing services.
 - Relationships with survivors are short-term.

Assessment and Referral Considerations

- Amount of time since the event—Some reactions are very common in the first few weeks and, by themselves, do not necessitate referral. Poor functioning, avoidance of situations, and sleeping problems are common at first.
- Degree to which the symptoms are interfering with daily life functioning—This includes how well the individual is managing his or her symptoms, and how strong his or her support systems are.

Emergency Treatment Referral

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

Nonemergency Treatment Referral

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

Community Support and Networking

The CCP has the following goals for its community support and networking work:

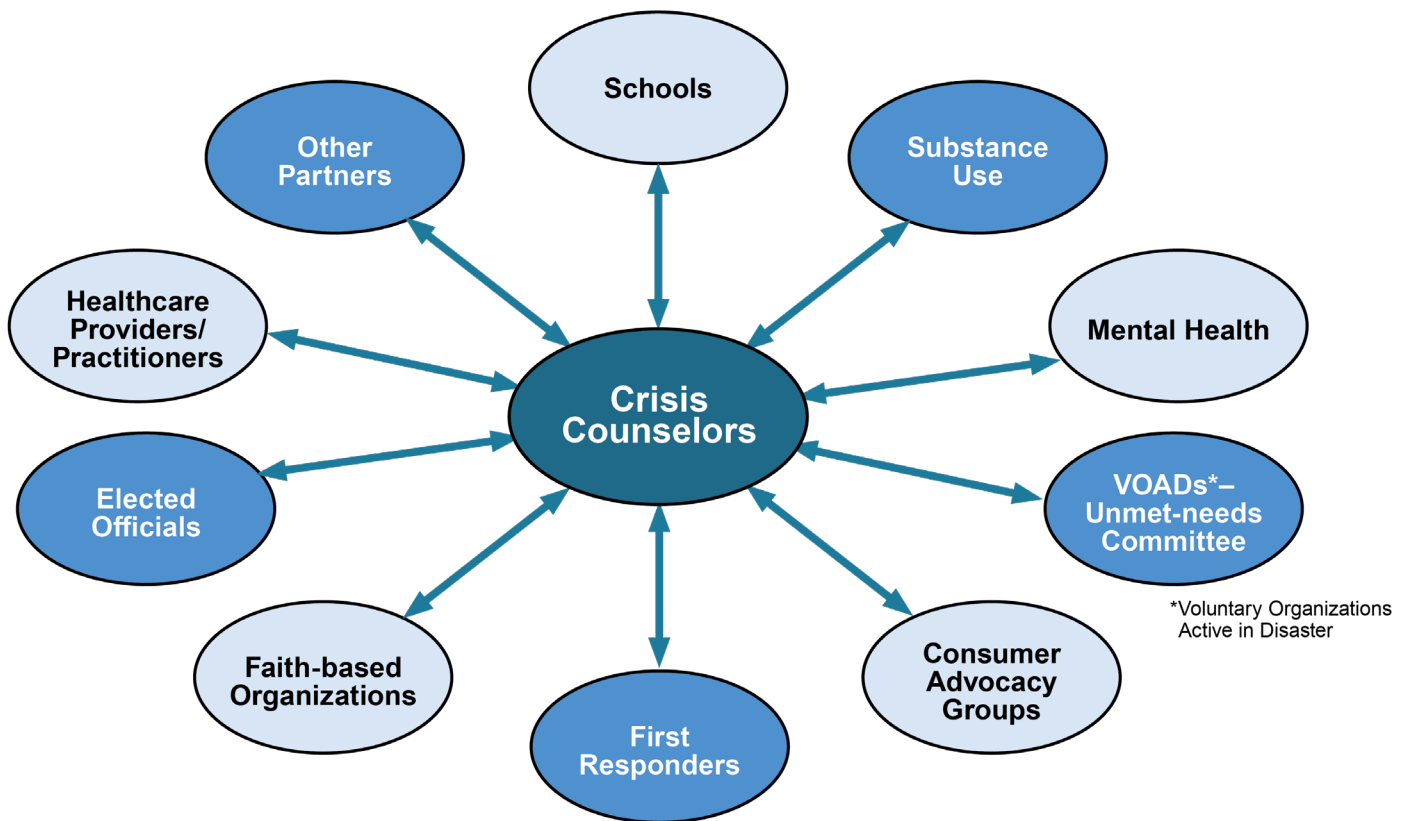
- Foster community resilience through improved connectivity.
- Promote familiarity with disaster relief resources.
- Create a seamless system for referral.
- Create opportunities for shared resources and training.
- Make referrals to organizations and agencies, and do not limit referrals to those for mental health and substance use treatment. Referrals can be made for other disaster relief services as well.
- Share training resources, as appropriate, with other disaster relief organizations.
- Use networking to help identify needs, referral sources, and sources of in-kind donations.

Through community support and networking, the CCP engages in the following activities:

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

Community support and networking activities are documented on the Weekly Tally Sheet.

Typical Community Partners



Other potential partners:

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

Public Education

- This type of service includes providing information and distributing educational materials.
- Public education is likely to increase during the course of the CCP.
- Public education is designed to do the following:
 - Build resilience
 - Promote constructive coping skills
 - Provide education on disaster reactions
 - Help people access support and services
 - Leave a legacy of knowledge, skills, and community resources
- Educational materials distributed and shared may include flyers, brochures, tip sheets, guidance, and website content.
- Public education covers the following topics:
 - Basic disaster information
 - Key concepts of disaster behavioral health
 - Disaster reactions
 - Coping skills
 - Individual and community resilience
- Contact SAMHSA DTAC for help in accessing educational materials.
- Culturally appropriate materials address special populations, are available in multiple languages, and consider varying educational levels of survivors.
 - Distribution of educational materials is documented on the Weekly Tally Sheet.

Media Messaging and Risk Communication

- Media messaging and risk communications are important parts of a comprehensive disaster behavioral health plan and any CCP. An effective plan for engaging the media will spread the word about CCP resources and the message of resilience.
- The CCP reaches large numbers of disaster survivors through media campaigns.
- Media messaging accomplishes the following:
 - Increases education and awareness for survivors
 - Promotes a shared understanding of the CCP message
 - Delivers a clear message regarding the CCP
 - Promotes the services of the CCP, such as the helpline, ongoing crisis counseling, and referral
 - Shares information on common reactions and important talking points
- Refer to the SAMHSA DTAC website (<https://www.samhsa.gov/dtac>) and other SAMHSA websites for publications and resources on communications and working with the media (for example, see Communicating in a Crisis: Risk Communication Guidelines for Public Officials at <https://store.samhsa.gov/product/communicating-crisis-risk-communication-guidelines-public-officials/pep19-01-01-005> and the Disaster Response Template Toolkit at <https://www.samhsa.gov/dtac/dbhis-collections/disaster-response-template-toolkit> for information and templates).

Developing a CCP media plan helps to do the following things:

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

There are several important points to consider when developing talking points:

- The CCP emphasizes resilience and hope.
- Help is available through a variety of services provided by the CCP.
- The CCP provides education on common reactions and teaches effective coping skills.
- Cultural diversity is respected in providing assistance.
- People often find stories of people like them interesting and compelling. If appropriate, and while maintaining confidentiality, highlight stories of people who have been helped by the CCP.

Section 3: Cultural Awareness

Definition of Cultural Awareness

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

Notes

Tips for Programmatic Cultural Awareness

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

Notes

Tips for Individual Cultural Awareness

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

Notes

Key Questions for Culturally Aware Programming

Community Demographic Characteristics

- Who are the most vulnerable people in the community? Where do they live?
- What is the range of family composition types (e.g., single-parent households)?
- How could individuals be identified and reached in a disaster?

Cultural Groups

- What cultural groups (ethnic, racial, and religious) live in the community?
- Where do they live, and what are their special needs?
- What are their values, beliefs, and primary languages?
- Who are the cultural brokers in the community?

Socioeconomic Factors

- Does the community have any special economic considerations that might affect people's vulnerability to disaster?
- Are there recognizable socioeconomic groups with special needs?
- How many live in rental property? How many own their homes?

Mental Health Resources

- What mental health service providers serve the community?
- What skills and services does each provider offer?
- What gaps, including lack of cultural awareness, might affect disaster services?
- How could the community's mental health resources be used in response to different types of disasters?

Cultural Awareness Worksheet

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

Who are the cultural brokers you're working with?

Are there others you could be working with—individuals, groups?

What more could you do to increase the cultural awareness of staff? Generate three specific recommendations.

1.

2.

3.

Journal Reflection—Sections 1 Through 3

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

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

What are some ways you can increase your cultural awareness and ensure the services you're providing are culturally appropriate?

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

Section 4: Survivor Reactions

Key Concepts


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

Vulnerability Factors

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

Risk Factors Model

The risk factors model helps identify populations who may be most at risk of adverse reactions and potentially in need of crisis counseling services.

<p>Highest Risk</p>  <p>Lower Risk</p>	A. Injured survivors, bereaved family members
	B. Survivors with high exposure to disaster or evacuated from disaster zones
	C. Bereaved extended family and friends, first responders
	D. People who lost homes, jobs, and possessions; people with preexisting trauma and dysfunction; special populations; other disaster responders
	E. Affected people from the larger community

Individual Reactions Worksheet

For the type of reaction assigned to your group, discuss the following:

What specific reactions have you seen in this category—either in response to this disaster, or in previous experiences?

What differences in reactions have you seen—or could you imagine—across age groups?

Summary of Survivor Reactions

Physical Reactions

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

Positive responses can include alertness.

Emotional Reactions

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

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

Cognitive Reactions

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

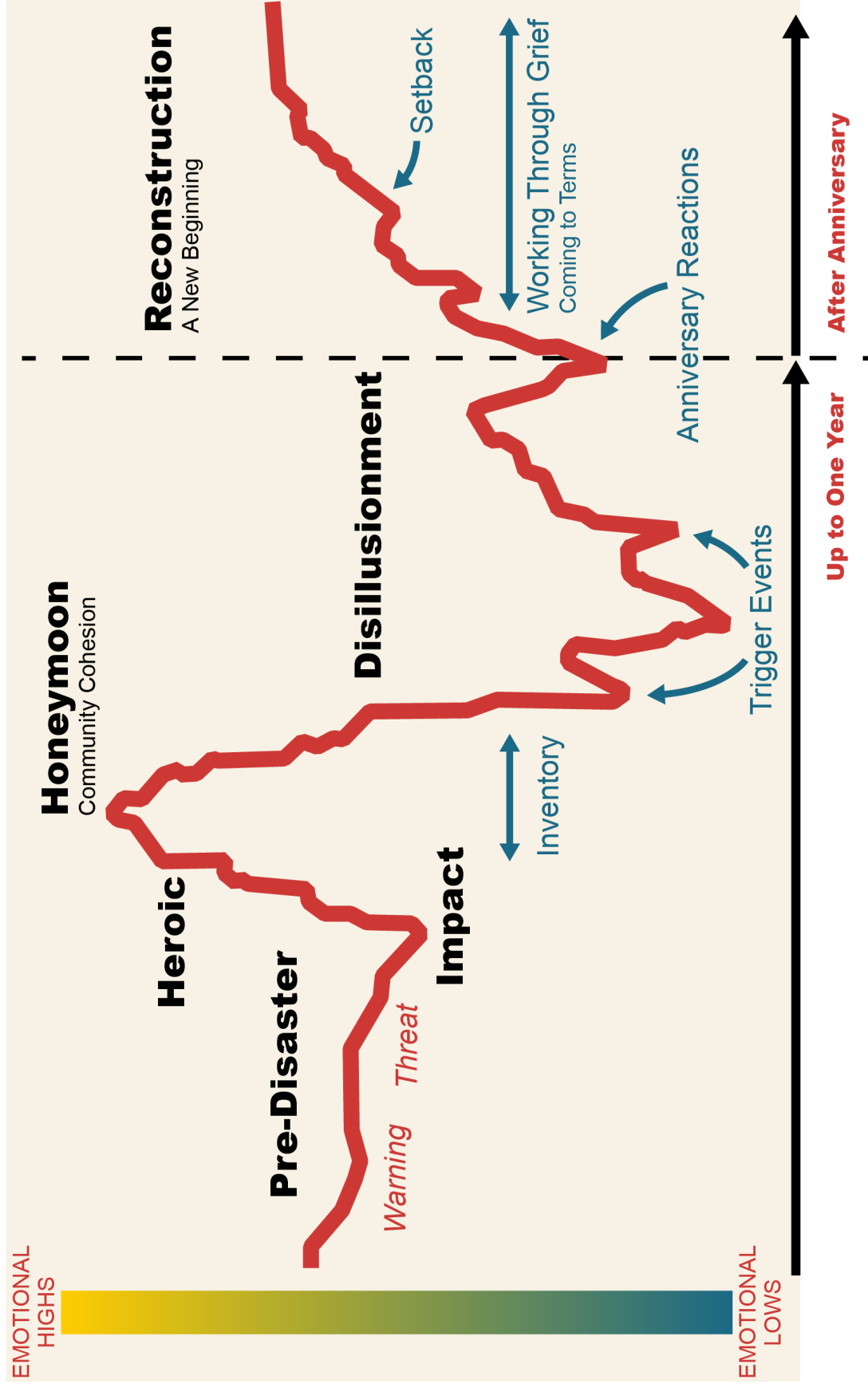
Positive responses can include group identification and sharpened perception.

Behavioral Reactions

- Changes in activity level
- Alcohol and drug use/misuse
- Increased use of over-the-counter medications
- Difficulty communicating or listening
- Increased frequency of arguments
- Declining job performance
- Frequent crying
- Avoidance of triggering places or activities

Positive responses can include unselfish and helping behavior.

Phases of Disaster



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

Pre-Disaster Phase

- Disasters with no warning can cause feelings of vulnerability and lack of security, fears of the future and of unpredicted tragedies, a sense of loss of control, and the sense of being unable to protect yourself and your 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.
- Slow, low-threat disasters and rapid, dangerous disasters have different psychological effects.
- Great destruction and loss lead to great psychosocial effects.
- Family separation during impact causes considerable anxiety.

Heroic Phase

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

Honeymoon Phase

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

Disillusionment Phase

- Stress and fatigue take a toll.
- Optimism turns into discouragement.
- There may be an increased need for substance use services.
- The larger community returns to business as usual.
- The CCP may have an increased demand for services, as individuals and communities become ready to accept support.

- Reality of losses sets in.
- Diminishing assistance leads to feelings of abandonment.

Reconstruction Phase

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

Resilience Worksheet

How do you define resilience?

What helps foster the resilience of individuals?

What helps foster the resilience of communities?

What factors decrease resilience?

Section 5: Special Populations

Special Populations Worksheet

Which populations are most affected by this disaster?

Identify the most effective ways to access these populations.

How have the services they rely on been affected?

Prioritize the populations according to impact.

Children and Youth

For children and youth, their age and development determine their capacity to understand what is occurring around them and to regulate their emotional reactions.

Children are considered at risk for psychological problems following a disaster for a number of reasons:

- Less developed cognitive skills may limit the ways children understand and process events.
- Limited experience coping with adversity may result in a lack of skills for managing stress.
- Limited verbal skills may impede the processing of events and expressions of reactions.
- Dependence on adults for resources and psychological support may result in limited independence and self-reliance.
- Most importantly, children's development is at risk if they are unable to proceed with the normal activities and developmental tasks of childhood.

Risk Factors

- Risk factors for children and youth include these:
 - Separation from family
 - Evacuation and relocation
 - Loss of a family member or a close friend
 - High levels of distress in parents or other primary caregivers
 - Family members at risk (such as first responders)
- Children's reactions depend on how much destruction they have experienced. The death of family or close friends is most traumatic for children, followed by loss of home, school, or pets and extensive damage to the community.
- Reactions also are influenced by the destruction children experience secondhand through television and other media.
- The strongest predictor of children's distress is distress level of their parents or other primary caregivers.
- The caregiver is the role model for children, in terms of disaster reactions, coping, and recovery.
- Family support and stability are positively correlated with children's well-being.
- Preexisting adjustment or learning difficulties may be exacerbated.
- Most children will recover without professional intervention. Most simply need time to experience their world as a secure place again and their parents or other primary caregivers as nurturing and again in charge.
- Each element of a child's world—family, school, friends, pets, and social groups—is important in the recovery process.

- Children are more vulnerable to difficulty when they have experienced other life stressors in the past year (e.g., parental divorce, moving, death of a loved one).
- Children who have secure relationships with nurturing caregivers are the most resilient in reconciling the disruption and recovering from traumatic events.
- Stability and security of home life affect how a child reacts to trauma.

Special Considerations

- Parents or caregivers often deny help for themselves but accept it for their children.
- Parents or caregivers often see disaster stress in their children before seeing it in themselves.
- Parents or caregivers sometimes overlook the disaster stress in their children.
- Parents or caregivers are sometimes unaware of how their own stress affects their children.
- It is mandatory to involve parents and caregivers when working with children.
- Consideration should be given to the needs of single parents or caregivers, especially single women.
- Sometimes the simple presence of a crisis counselor in discussion is enough to facilitate communication within the family.
- Often parents and caregivers will deny the need for disaster mental health information for themselves but will gladly participate in programs or gatherings in which this type of information is provided as support for their children.
- Parents and caregivers often will recognize stress reactions in their children before they recognize them in themselves. The crisis counselor helps all members of the family unit by sensitizing parents and other caregivers to the signs of stress in their children and suggesting strategies for helping their children.
- Single parents or caregivers may be under added stress and may need specialized referrals.

How Adults Can Support Children

- Model calm behaviors—Be a role model. Children will take cues of how to handle situations from their parents or other primary caregivers. Modeling calm behaviors will be important during chaotic times.
- Maintain routines—Even in the midst of chaos and change, children feel safer and more secure with structure and routine (e.g., mealtimes, bedtime).
- Engage in fun activities—Activities should be age-appropriate. They can include coloring, board games, and other family activities.
- Limit media exposure—It is important for parents and other caregivers to protect their children from overexposure to sights and images of the event, including those in newspapers, on the internet, or on television.
- Repeat instructions often—Be patient. Children may need added reminders or extra help with chores or homework once school is in session, as they may be more distracted.

- Provide support at bedtime—Children may become anxious when they separate from their parents or other primary caregivers, particularly at bedtime. Try to spend more time with the child at bedtime with activities such as reading a book. It is okay to make temporary arrangements for young children to sleep in bed with their parents or other caregivers, with the understanding that they will go back to normal sleeping arrangements at a set future date

Notes

Older Adults

Risk Factors

- Physical limitations—In older adults these limitations include sensory deficits, limited mobility, decreased cognitive ability, or chronic illness. Older adults' experience of the disaster is often influenced by their physical needs.
- Previous losses—Recent losses and cumulative unresolved trauma leave older adults at risk for difficulty in coping with the aftermath of disaster. However, successful coping in the past may create a reservoir of skills that increases resilience and the ability to adapt to the period following a disaster.
- Relocation trauma—Relocation from nursing homes and other residential facilities can cause distress and disorientation. Sudden evacuations sometimes precipitate a decline in health and functioning.
- Dependence on medications—A disaster may cause interruption of prescribed medications that are difficult to replace quickly after the disaster. Improper use of multiple medications (both prescribed and over-the-counter medications) can pose a risk for misuse or severe side effects.
- Disaster-related health risks—Older adults are at risk for hyperthermia or hypothermia in disasters in which heating or air conditioning is interrupted.
- Lack of social supports—Some may not have family or close friends who are still alive.

People With Prior Trauma History

- Prior trauma history includes physical, sexual, or emotional abuse, as well as combat veteran status or, possibly, exposure to prior disasters.
- In some cases, individuals may have flashbacks or other dissociative experiences. Disaster events may trigger preexisting posttraumatic stress disorder (PTSD) or place individuals with prior trauma at increased risk for developing PTSD.
- However, people with prior trauma history often have more resilience, as well as experience, skills, and knowledge about how to cope with trauma. They can help others by sharing their coping skills and techniques.

Risk Factors

- Feelings of increased vulnerability and decreased trust
- Increased likelihood of experiencing a trauma similar to the original one
- Increased risk for developing PTSD
- Increased risk of clinical depression or anxiety

People With Serious Mental Illness (SMI)

- The needs of most survivors with SMI (defined here as schizophrenia, bipolar disorder, major depressive disorder, or PTSD) will be the same as the needs of the larger community—physical, cognitive, behavioral, and emotional. Some may rise to the occasion in the immediate aftermath of disaster and function at a higher level than they usually do. For others, disaster stress can disrupt their balance and worsen their condition.
- The mere presence of SMI does not necessarily indicate higher risk for disaster-related severe reactions. The type of mental illness, trauma history, and the level of stability before the disaster must be taken into consideration.
- When people with SMI are able to maintain their regular mental health services or medications, many can cope with the additional stress presented by the disaster.
- If not stable prior to the disaster, they may require additional support, medication adjustment, or brief hospitalization.
- For those who had previously been diagnosed with PTSD, the disaster stimuli can trigger memories, cause them to reexperience earlier trauma, or worsen their symptoms.
- People with SMI may have used social support systems in the past and, therefore, may be more open to receiving services.

Risk Factors

- Inability to maintain medication regimens and other essential services
- Tenuous stability prior to disaster
- Vulnerability to sudden changes in environment and routines
- Trauma or other symptoms that may be triggered or worsened by disaster stimuli

People With Disabilities and Functional and Access Needs

- The disability community includes people with many different types of disabilities. Therefore, people's risk factors vary.
- Partnerships with state and local disability organizations are essential in providing thoughtful and appropriate services for people with disabilities.
- The state emergency management agency often maintains a list of individuals with disabilities and their locations within the community.

Risk Factors and Other Potential Factors to Consider

- Factors that make evacuation more difficult (e.g., lack of accessible transportation)
- Service animals, and lack of an emergency plan accounting for the need to remain with service animals
- Shelters that are not accessible to people who use wheelchairs
- Disruptions in access to medication or therapy
- Lack of educational materials in accessible formats

People With a History of Substance Misuse

- Substance use may increase after a disaster due to new use, increased use, or relapse.
- Increased substance use may create additional demands on treatment systems.
- Risk factors for substance misuse:
 - Current users are at greatest risk for increased use and misuse.
 - Stress and PTSD are known risk factors for substance use and misuse.
 - Alcohol and drug users may experience an increase in use. Some may cross the line into substance use disorders and addiction.
 - People with current addictions may experience a worsening of their addiction; those in recovery (even for a long time) may relapse.
- The CCP does not fund substance use disorder treatment, but staff should be prepared within the program in the following ways to work with people with substance use and misuse issues:
 - Be trained to screen for substance misuse issues and make referrals
 - Be educated about the effect of substance misuse on individuals, families, and communities
 - Develop partnerships with treatment providers and the prevention community
- Substance misuse prevention strategies can play an important role in strengthening individual and community resilience. Public education and outreach to people affected by a disaster can include general prevention information, in addition to links to emergency substance misuse services and resources. Such public education can begin immediately and continue well into the recovery process.
- **Individuals in medication-assisted treatment (MAT)**—If a MAT clinic is closed due to a disaster, individuals will need referrals to other locations.

Low-income Groups

- Low-income groups often lack material support from family and friends and have no insurance or savings. This makes recovery longer, harder, and sometimes impossible. They lose a larger part of their material assets and suffer more lasting negative effects.
- Low-income housing often is more vulnerable to damage.
- Many must relocate due to unaffordable rent increases after repairs, often moving several times to undesirable housing in locations far from social support and jobs. People with low incomes usually stay in mass-care shelters the longest.

Risk Factors and Other Potential Factors to Consider

- Have fewer resources
- Have greater preexisting vulnerability
- May have weaker support systems
- May be unable to relocate
- May have to spend more time in shelters

First Responders

- The CCP needs to understand the distinction between traditional first responders (e.g., police, firefighters, emergency medical technicians) and nontraditional responders (e.g., construction staff, electricians, sewer or gas workers).
- Many traditional first responder organizations have excellent support systems already in place. Assess needs so that the CCP does not duplicate services.
- Risk factors include these:
 - Exposure to the disaster event
 - Threat of injury or harm
 - Separation from family
 - View of themselves as helpers, not people who need help
 - Demanding work schedule

Additional Special Populations

- Healthcare workers
- Recent immigrants
- Refugees
- Undocumented workers
- People with limited proficiency in English
- People with preexisting medical conditions
- Veterans

Notes

Intervention Strategies for Special Populations

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

Notes

Section 6: Interventions and Skills

Engagement

- Engagement is a means of reaching affected individuals to provide crisis counseling services.
- It is also a method of creating a safe and comfortable environment.
- Engagement is done in partnership with other organizations to plan and execute events.
- Examples of engagement strategies include these:
 - Door-to-door canvassing
 - Creative arts
 - Social networking opportunities
 - Community information fairs
 - Anniversary events
 - Social media
 - In-person and virtual training or meetings
 - Program website
 - Podcasts
- When developing engagement approaches, the primary focus always should be on crisis counseling services.
- Teenagers are especially vulnerable. Using writing projects, such as journal writing, can be a helpful way to engage this population and identify their needs and coping skills.

Crisis Counseling Skills

- Establishing rapport
- Calming
- Screening/assessment
- Expressing empathy
- Reflecting feelings
- Validating feelings
- Paraphrasing
- Normalizing
- Active listening (nonverbal attending)
- Closing

Establishing Rapport

- Introduce yourself—Identify who you are; give your name and the name of the CCP.
- Use door openers—A door opener is generally a positive, nonjudgmental response made during the initial phase of contact. Examples include “You seem sad; do you want to talk about it?” “What’s on your mind?” “Can you say more about that?” “What would you like to talk about today?”
- Use minimal encouragers—These interactions are brief, supportive statements that convey attention and understanding. Such phrases reinforce talking on the part of the person and are often accompanied by an approving nod of the head. Examples include “I see,” “Yes,” “Right,” “Okay,” “I hear you.”
- Listen—Pay close attention to what the survivor is saying. Listen with understanding and empathy. Do not interrupt or talk over the person.

Notes

Calming Skills

These are measures that may be taken if the individual is too upset, agitated, or disoriented to talk, or is showing extreme fear or panic.

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

Notes

Active Listening (Nonverbal Attending Skills)

Crisis counselors use specific nonverbal behaviors to communicate listening, attention, openness, and safety:

- Eye contact—Use a moderate amount of eye contact to communicate attention. A fixed stare can be disconcerting and should be broken intermittently if the person becomes uncomfortable. It may be best to try to mirror the survivor’s use of eye contact.
- Body position—A relaxed yet attentive posture puts a person at ease.
- Attentive silence—Brief periods of silence give the person moments for reflection and may prompt the person to open up more and fill the gap in the conversation.
- Facial expressions and gestures—Try to be moderately reactive to the person’s words and feelings using your gestures. Occasional head nodding for encouragement, a facial expression that indicates concern and interest, and encouraging movements of the hands that are not distracting can be helpful.
- Physical distance—Personal space varies from culture to culture and from person to person. For most Americans, about 3 feet is enough space for comfortable personal interaction. Avoid physical barriers, such as desks, because they increase distance and add a feeling of formality.

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

Normalizing

- Educate the survivor about disaster reactions.
- Reassure survivors that many people experience reactions like they’re experiencing after a disaster.

Notes

Empathy

- Is an awareness of and sensitivity to the survivor's experience
- Demonstrates that you are trying to understand how the survivor is experiencing the disaster

Reflecting Feelings

- Lets the survivor know you are aware of how he or she is feeling
- Can encourage emotional expression
- Should include only what you hear clearly stated
- Does not include probing, interpreting, or speculating

Paraphrasing

- Involves rephrasing or rewording what the survivor says
- Does not change, modify, or add to the message
- Demonstrates that you have accurately heard what has been said
- Allows the survivor to either confirm that you are correct or provide additional clarification

Validating Feelings

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

Some Do's and Don'ts for Empathy and Paraphrasing

Do:

- Find an uninterrupted time and place to talk.
- Show interest, attention, and care.
- Show respect for individuals' reactions and ways of coping.
- Talk about reactions to disasters that are to be expected and about healthy coping.
- Be free of expectations or judgments.
- Acknowledge that this type of stress can take time to resolve.
- Help brainstorm positive ways to deal with their reactions.
- Believe that they are capable of recovery.
- Offer to talk or spend time together.

Don't:

- Rush to tell them they will be okay or they should just "get over it."
- Daydream about or discuss your own personal experiences instead of listening to them.
- Avoid talking about what is bothering them because you don't know how to handle it.
- Judge them to be weak or exaggerating because they aren't coping as well as you or others are.
- Give advice instead of asking them what works for them.
- Refrain from asking for help from a professional if you feel you can't help them enough.
- Probe for details or insist that others must talk.

Source: National Child Traumatic Stress Network (NCTSN), & National Center for Posttraumatic Stress Disorder (NCPTSD). (2006). *Psychological First Aid: Field operations guide, second edition*.

<https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition>

Screening

- Listen and observe for signs of level of functioning.
- Recognize when to consult a supervisor.
- Identify and prioritize issues with the survivor.
- Check in with the survivor to clarify what you're hearing and observing.
- Use the Assessment and Referral Tools.
- Ask questions:
 - **Closed-ended questions**—These questions ask for specific information and usually require a short, factual response. Closed-ended questions are necessary when it is important to get the facts straight or to clear up confusion in the counselor's understanding of the story.
 - **Open-ended questions**—These questions allow for more freedom of expression. They open general topics, rather than requesting specific information. Examples include “Can you tell me what's been happening at school?” and “You say you're experiencing [x]; what do you mean by that?”

Psychological First Aid

What Is Psychological First Aid (PFA)?

- PFA is an approach to help survivors in the immediate aftermath of natural or human-caused disaster.
- It is designed to reduce distress and foster coping.
- It is consistent with the CCP model.
- It is an evidence-informed approach.

Where Does PFA Fit?

After a disaster occurs, PFA fits into several parts of the response:

- Immediate aftermath—Staff trained by the state, territory, tribe, or provider respond to evacuation sites or shelters and provide PFA.
- Subsequent response and recovery, if no Presidential disaster declaration—State, territory, tribe, or provider staff continue to provide PFA.
- Subsequent response and recovery, if there is a Presidential disaster declaration—The state applies for and delivers CCP services, which include PFA core actions.

PFA Core Actions

- Contact and engagement—To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner
- Safety and comfort—To enhance immediate and ongoing safety, and provide physical and emotional comfort
- Stabilization—To calm and orient emotionally overwhelmed or disoriented survivors
- Information gathering (current needs and concerns)—To identify immediate needs and concerns, gather additional information, and tailor PFA interventions
- Practical assistance—To offer practical help to survivors in addressing immediate needs and concerns
- Connection with social supports—To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources
- Information on coping—To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
- Linkage with collaborative services—To link survivors with available services needed at the time or in the future

Skills for Psychological Recovery

What Is Skills for Psychological Recovery (SPR)?

SPR is an evidence-informed modular intervention that aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity.

Where Does SPR Fit?

Online or in-person SPR training may be one of the additional trainings that your program identifies as complementary training for this program. It is sometimes incorporated during the RSP as supplemental training.

SPR Core Actions

- Gathering information and prioritizing assistance
- Building problem-solving skills
- Promoting positive activities
- Managing reactions
- Promoting helpful thinking
- Rebuilding healthy social connections

Simulation Exercise Case 1—Craig

You are meeting with Craig, one of the evacuees who suffered significant damage to his house and minimal damage to the convenience store he owns. During your meeting, Craig conveys sadness about the loss of his property, as well as anxiety about when he will be able to return home, but he expresses relief that neither he nor his family members were hurt. He tells you that he's not sure how to access financial help and requests your assistance in linking him to the appropriate resources.

Preparation Worksheet

As you prepare for your encounter with Craig, answer the following questions:

How will you start the conversation with Craig? What are some specific questions you want to ask him?

What skills do you want to be sure to use during the encounter? How will you use them?

How will you provide information, education, and reassurance during the encounter?

Simulation Exercise Case 2—James

James, a 43-year-old man in recovery for 10 years from cocaine addiction, suffered injuries as he and his family took shelter from the disaster that devastated their home and community. Three months later, he is unemployed and stressed, but still a proud man as he tries to care for his family. You and your teammate have visited with James at his home once before. He tells you he is proud of his time in recovery, yet jokes that he's not doing too badly because of the "pain pills" a doctor prescribed him for his injuries. You notice that he is more withdrawn this visit than he was the last time you met with him. In your last meeting with him, he disclosed that he had had a few drinks, but added that it was not a big deal because he has "never had a problem with alcohol before."

Preparation Worksheet

As you prepare for your encounter with James, answer the following questions:

How will you start the conversation with James? What are some specific questions you want to ask him?

What skills do you want to be sure to use during the encounter? How will you use them?

How will you provide information, education, and reassurance during the encounter?

Simulation Exercise Case 3—Rachel

Rachel, a local business owner, lost her home in the disaster. Her mother, who lived with her, died in the disaster. Your first encounter with Rachel is to discuss arrangements for shelter and financial assistance; however, during your conversation, Rachel begins to cry and confides that she has not been sleeping or eating much, and she can't stop thinking about her mother dying. She does not feel that she will ever be able to move on.

Preparation Worksheet

As you prepare for your encounter with Rachel, answer the following questions:

How will you start the conversation with Rachel? What are some specific questions you want to ask her?

What skills do you want to be sure to use during the encounter? How will you use them?

How will you provide information, education, and reassurance during the encounter?

Simulation Exercise Observer Worksheet

What skills did you see the crisis counselor use?

What did he or she do well?

What suggestions do you have for improvement?

Survivor Tools

Adapted from NCTSN, & NCPTSD. (2006). Psychological First Aid: Field operations guide, second edition. <https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition>

Goal-setting Tools

Crisis counselors assist individuals in doing the following to set goals:

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

Social Support Tools

Crisis counselors assist individuals in doing the following to access social support:

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

Supports vary by the individual and might include family, friends, significant others, religious congregations or social groups, support groups, or mental health or substance use services professionals. In addition to identifying supports, it may also prove helpful to discuss strategies for seeking and giving support.

Coping Tools

To teach better coping, crisis counselors assist individuals in doing the following:

- Identifying and addressing their primary concerns
- Seeing the crisis counselor as a supportive presence
- Allowing family or friends to provide support
- Focusing on manageable feelings, thoughts, or goals
- Exploring options for spiritual support
- Practicing grounding exercises such as deep breathing
- Understanding common stress reactions

Suggested coping actions:

- Talking to another person for support
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Trying to maintain a normal schedule to the extent possible
- Telling yourself that it is natural to be upset for some period of time
- Eating healthful meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Using calming self-talk
- Exercising in moderation
- Seeking counseling
- Keeping a journal
- Focusing on something practical you can do right away to manage the situation better
- Using coping methods that have been successful for you in the past

Other coping tools:

- **Scheduling of positive activities**—Survivors may feel sad or be withdrawn in part because they have been having more negative experiences than positive ones. To improve mood, people need to increase positive experiences. One way of achieving this is for the survivor to identify some enjoyable or pleasurable activities to do in the following week.
- **Relaxation techniques and self-calming**—People who have been exposed to extreme stress and fear as a result of disaster may be physically on alert and ready for danger. In the absence of real danger, this anxiety is unnecessary and may negatively affect their health. Relaxation and self-calming can include breathing and muscle relaxation techniques.
- **Helpful thinking**—How people feel in a situation is influenced by how and what they think about the situation. By becoming aware of extreme and inaccurate appraisals, people can learn to challenge these thoughts with more realistic appraisals.
- **Stress management**—For more information on stress management, refer to Section 8 of the Core Content Training.
- **Problem solving**—When people experience extreme stress and fear, their ability to solve problems and make decisions can be compromised. Helping survivors identify small, attainable goals, and steps toward reaching their goals, can be a coping tool.

Helping survivors improve or learn coping skills is a way of fostering resilience.

Notes

Typical Visits or Encounters

Phase of Visit	Intervention/Skills	Tools for Survivors
Opening	Establishing rapport Calming Screening/assessment Information gathering	Self-calming
Middle	Information and education Active listening Normalizing reactions Expressing empathy Reflecting feelings Paraphrasing Screening/assessment Practical assistance Linking to resources Validating feelings	Prioritizing needs Goal setting Social support Coping skills Relaxation techniques Stress management Positive activity scheduling Problem solving
Closing	Screening/assessment Referral, if needed Follow-up, if needed	Next steps

Each visit should be a stand-alone encounter in the event that the person is unavailable or not interested in additional encounters.

Crisis counselors should remain solution-focused, provide reassurance, and instill hope.

Opening

- Opening skills
 - Ask about disaster damage—“Can you tell me what happened?” “Did your home sustain any damage?” “Did you have to evacuate?” “Did you have any warning?” “When did you return home?”

- Ask about the person—“What was it like for you?” “Where were you?” “How did you react?” “How are you doing now?”
- Calming (if needed)
 - “We notice you are very upset, having to catch your breath, having trouble sitting still, etc.; I can do a quick and easy exercise with you to help you feel calmer. You can even use this technique on your own.”
 - Teach calming techniques.
- Screening—
 - Observe behavior, emotional state, ability to think clearly; ask questions about daily functioning, maintenance of daily routines, eating, sleeping, working, caring for children, household activities, etc.
- Gathering information—
 - Ask survivors to tell you about their most pressing concerns; safety issues; access to food, clothing, and water; issues surrounding child abuse and substance use.

Middle

- Prioritizing needs—Ask survivors to tell you what they need right now.
- Goal setting—Assist the survivor in setting attainable goals; use the intervention skills to teach the survivors the tools they need to promote their own recovery.

Closing

Encourage the survivor to use the tools he or she learned during the encounter. This ensures that the survivor leaves the encounter with a set of next steps he or she can carry out to achieve the goals identified in the middle of the encounter.

Notes

Survivor Tools Practice Scenario

Paula is a retired 64-year-old African American woman who was born and raised in an area where she continued to live until it was affected by a disaster. She lived alone in the house where she grew up until she was forced to evacuate during the disaster. Paula's house sustained extensive damage, and she has decided to sell the house rather than repair it.

You first meet Paula just after the disaster. She tells you how upsetting it was to leave her childhood home and how she can't understand why God would put her through this trial. On her second visit to the crisis center, Paula talks about how lonely she feels now that she lives in a neighboring town, and she says that the people in her apartment building are not friendly. On her third visit to the center, she continues to talk about her loneliness but comments that she thinks the disaster may have been God's way of telling her she is getting too old to handle the upkeep of a house alone. She also says that she is beginning to like her apartment.

Notes

Description of Ethical Considerations

Confidentiality

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

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

- Their supervisor, for supervision purposes
- Other crisis counselors with a legitimate need to know the information to provide services
- Public safety personnel, if the individual or another human being is in imminent risk or danger

Crisis counselors should not keep formal records; there is no clinical charting in the CCP. However, it is appropriate to maintain basic contact information for the purpose of following up with individuals.

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

Mandatory Reporting

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

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

Follow state and local reporting regulations in cases of suicidal or homicidal intent.

Safeguard the interests and rights of individuals who lack, or may lack, decision-making abilities—e.g., children, people with developmental disabilities.

Additional Ethical Guidelines

- Do no harm.
- Remember that participation in CCP services is voluntary.
- Consider reactions in relation to the disaster phase and context.
- Respect individual coping styles.
- Ensure that immediate interventions are supportive.
- Remember that talking with a person in crisis does not always mean talking about the crisis.
- Be aware of the situational and cultural contexts of the survivor and the intervention itself.
- Always ensure the safety of yourself and the survivor.

Journal Reflection—Sections 4 through 6

What were your key lessons learned from the practice sessions on using crisis counseling skills and survivor tools effectively?

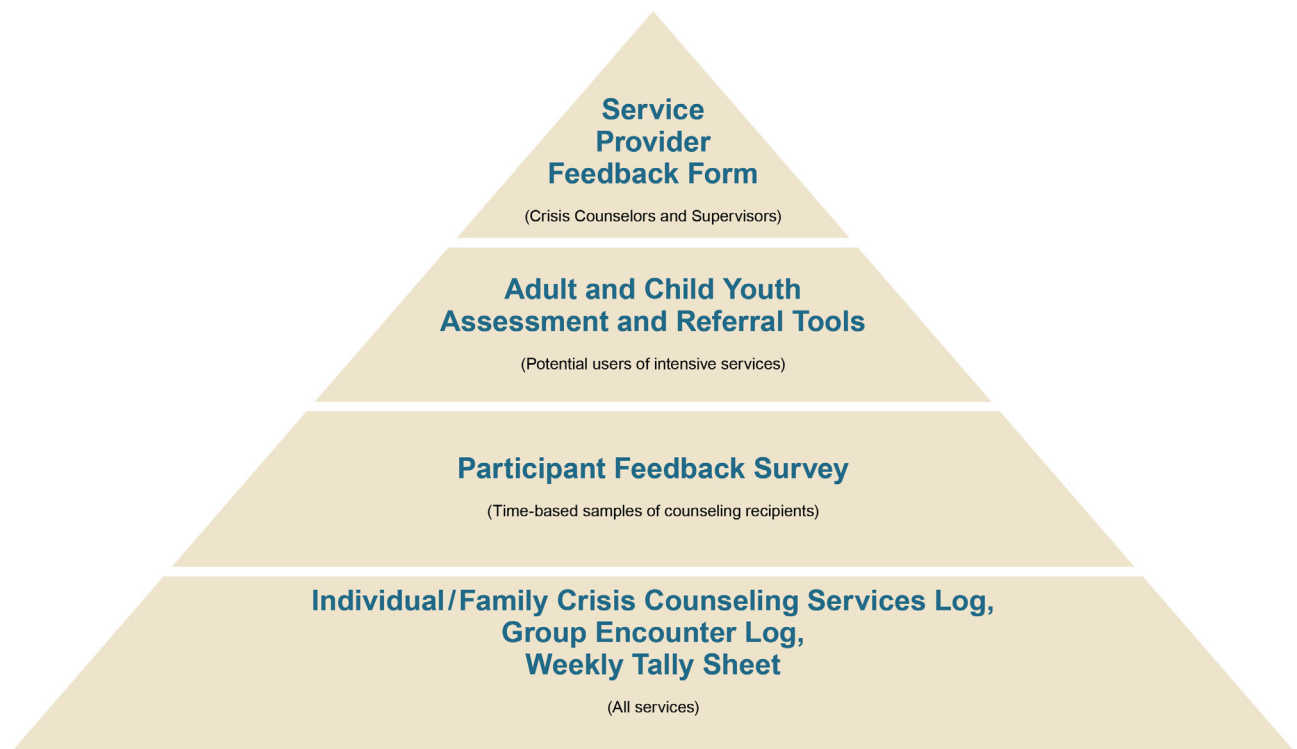
What did you learn today about the range of individual and collective reactions to disaster that will be helpful to you as a crisis counselor?

What do you want to remember about the unique needs of and intervention strategies for special populations?

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

Section 7: Data Collection and Program Evaluation

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



In most cases, a separate training session will be offered to learn details of CCP data collection:

- How the information is gathered
- How the encounter and contacts should be documented
- How the data are entered (for data entry staff)
- How the data are analyzed (for program staff)

Brief Overview of the Data Collection Forms

- The CCP data collection forms are cleared by the federal Office of Management and Budget (OMB) and have an official OMB number. They may not be altered. Included with each form is a page of detailed instructions for your reference.
- Every CCP is required to utilize and complete the following forms, as appropriate:
 - Individual/Family Crisis Counseling Services Encounter Log
 - Group Encounter Log
 - Weekly Tally Sheet
 - Adult Assessment and Referral Tool
 - Child/Youth Assessment and Referral Tool
 - Service Provider Feedback Forms and Participant Feedback Surveys—also required at 6 and 12 months after the disaster

Encounter Logs and Weekly Tally Sheets

- Are used to document all services delivered
- Ensure that services are counted in a standardized way in all areas
- Should always be completed by the crisis counselor in a timely manner, so that information is not lost

Individual/Family Crisis Counseling Services Encounter Logs

- Document interactions of 15 minutes or longer with individuals or families
- Involve participant disclosure
- Capture information gathered by a team of crisis counselors on one form, rather than two separate forms

Parts of the form:

- The first page captures visit type, demographic information, number of people in the encounter, and location of service.
- The second page (the back of the form) captures risk categories, event reactions, focus of encounter, materials, and referrals.
 - Event reactions—Behavioral, emotional, physical, or cognitive reactions that are being experienced at the time of the service encounter
 - Focus of encounter—Information, skills, coping tips, or support provided to the individual(s) participating in the encounter
 - Materials—Printed educational materials made available and left with the survivor(s), so in most cases, this should be “yes”
 - Referrals—Referrals provided when necessary

A copy of this form can be found at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

Group Encounter Logs

- Document group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking)
- Measure encounter characteristics, group identities, and focus
- Capture information gathered by a team of crisis counselors on one form, rather than two separate forms

Parts of the form:

- The first page captures type of service, characteristics of the encounter, and group identities.
- The second page (back of form) captures demographics, the focus of group sessions, and materials provided.
 - Focus of group session—This includes the information, skills, coping tips, or support provided to the individual(s) participating in the encounter.
 - Materials—Printed educational materials should be made available and left with the survivor(s), so in most cases, this should be “yes.”

Referrals—List of names and contact information for commonly used resources and referrals should also be provided, when necessary.

A copy of this form can be found at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

Weekly Tally Sheets

- Document brief educational and supportive contacts (less than 15 minutes), telephone calls, emails, and material distribution
- Include information for 1 week (beginning Sunday)
- Tally services at the county level, using three-digit county codes
- Should be completed by crisis counselors for each county in which they work (one tally per crisis counselor for each county)
- May be partly completed (the social networking and mass media sections) by administrative staff

Parts of the form:

- Captures number of contacts made through brief in-person contacts, telephone contacts by crisis counselors, hotline/helpline/lifeline contacts, emails, and community networking.
- Captures materials distributed that are not otherwise captured on the Individual/Family Crisis Counseling Services Encounter Log or Group Encounter Log.
 - When packets of materials are handed to people, mailed, or left at someone's house, the number of packets is counted (not individual pieces within the packet).
 - When mass media messages and social networking announcements are posted, the number of messages you post is counted (not the number of viewers/listeners, and not the number that "like," "retweet," or share your message).

A copy of this form can be found at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

Assessment and Referral Tools

- Your employer should have protocols or procedures in place for how to respond if serious reactions are indicated and should provide training on how to use these tools and when to make a referral for more intensive services.
- All of the following are true of the Child/Youth Assessment and Referral Tool and the Adult Assessment and Referral Tool:
 - They are used to facilitate referrals to more intensive mental health and substance use disorder treatment services.
 - They can be used at any time if you suspect the individual may be experiencing serious reactions.
 - They should always be used at the third individual/family crisis counseling encounter.
 - They measure risk categories and event reactions using a structured interview approach.
 - Assessment and Referral Tools are used in ISP and RSP, as needed.
 - At the end of the form, you should review the responses that are indicated with a “4” or “5,” and be prepared to offer the respondent a referral for more intensive services.
 - You should also have a plan in place (that adheres to your employer’s protocol) for what to do if the individual says “yes” to the question “Is there any possibility that you might hurt or kill yourself?”

Quality Assurance and Management

- Each form has a reviewer signature area at the bottom.
- A supervisor (team leader) in the field should approve and sign the form before sending it to data entry staff.
- Any recurring errors in completed forms should prompt follow-up training for crisis counselors.
- Data entry staff should review forms at the time of data entry.
- Data entered by one staff member should be checked by another to increase accuracy and minimize errors.
- Data and evaluation staff should be providing regular reports on the data (at least every 2 weeks) and working with program staff to determine the impact of the analysis.

Section 8: Stress Management

Definition of Stress

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

Notes

Typical Stressors for Crisis Counselors

- 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. Individual supervision and processing sessions following deployment shifts are two main venues for this type of support.

My Top Three Stressors

1.

2.

3.

Warning Signs of Excessive Stress

- You cannot shake distressing images from your mind.
- Work consumes you at the expense of family and friends.
- You experience increased substance use, particularly substance use in an attempt to avoid or manage difficult feelings.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

What To Do

Disaster workers commonly experience many reactions that have limited impact on performance. However, when several 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 usual functioning does not return, the person needs to discontinue the assignment.

Notes

Individual Approaches to Stress Management

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

Inventory of Stress Management Techniques

- This list of ways to manage stress can be used by crisis counselors themselves and recommended to individuals seeking crisis counseling services.
- Acupuncture—Insertion of needles into the skin at certain spots for the purpose of attaining a balance of the body's energy
- Aromatherapy—Therapy through the sense of smell, using essential oils, claimed to produce a sense of well-being
- Art therapy—Creating something, which allows free expression and results in feelings of achievement and mood change
- Asking for help and advice from family and friends
- Behavioral therapy
- Biofeedback—Monitoring rates of body functions and using findings to increase relaxation
- Breathing for relaxation—Stylized breathing techniques to control blood pressure and stress levels
- Dance movement therapy—Freedom of expression through movement
- Eating a balanced diet
- Exercising at least three times a week
- Hobbies—Doing something just for the fun of it
- Getting enough sleep
- Going for a walk
- Guided imagery—Creating a mental picture of what is desired (creative imagery, visualization)
- Homeopathy—Small doses of plant, animal, or mineral substances to stimulate the body's natural healing
- Laughter—Not taking yourself too seriously
- Learning to say no—Not taking on more than you can reasonably do
- Listening to your favorite music

- Massage—Use of touch or deep tissue manipulation to soothe
- Meditation—Deep, relaxed, focused concentration on a single word, object, or sound
- Psychotherapy—Talk-based therapy with a mental health professional to get to the root of a conflict and modify behavior and disruptive negative thought patterns
- Reducing caffeine intake
- Quitting smoking
- T'ai chi ch'uan—System of slow, continuous exercises based on rhythm and equilibrium
- Taking a break
- Yoga—A system of exercises combining certain positions with deep breathing and meditation

Individual Stress Management Plan Worksheet

1. What do you value most about doing disaster behavioral health work?

2. What are—or do you expect to be—the most stressful and most rewarding aspects of disaster work?

Stressful

Rewarding

3. How do you know when you are stressed?

4. What can others do for you when you are stressed?

5. How can you let them know that?

6. What can you do for yourself in each of the following areas:

Management of workload

Balanced lifestyle

Stress-reduction techniques

Applying Your Learning

Review your journal reflections for Sections 1–5, and reflect on your lessons learned from Sections 7 and 8 (Data Collection and Stress Management).

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

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

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

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

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

Additional Resources

- The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call or text 1-800-985-5990 to connect with a trained crisis counselor.
- The Disaster Distress Hotline Videophone (DDH VP) offers a 24/7 direct connection to trained DDH counselors fluent in American Sign Language (ASL). People who are Deaf, Hard of Hearing or anyone for whom ASL is their primary or preferred language can dial the hotline at 1-800-985-5990 via their videophone-enabled device OR access the “ASL NOW” option via <http://www.samhsa.gov/find-help/disaster-distress-helpline>. Callers who cannot communicate at all in ASL should NOT use the DDH VP.

Disaster Reactions and Interventions

Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options
Early Childhood (1–5 years)	<ul style="list-style-type: none"> • Clinging to parents or familiar adults • Helplessness and passive behavior • Resumption of bed-wetting or thumb-sucking • Fears of the dark • Avoidance of sleeping alone • Increased crying 	<ul style="list-style-type: none"> • Loss of appetite • Stomachaches • Nausea • Sleep problems or nightmares • Speech difficulties • Tics 	<ul style="list-style-type: none"> • Anxiety • Generalized fear • Irritability • Angry outbursts • Sadness • Withdrawal 	<ul style="list-style-type: none"> • Preoccupation with disaster • Poor concentration • Recurring dreams or nightmares 	<ul style="list-style-type: none"> • Give verbal reassurance and physical comfort • Clarify misconceptions repeatedly • Provide comforting bedtime routines • Help with labels for emotions • Avoid unnecessary separations • Permit child to sleep in room of parents or other primary caregivers temporarily • Encourage expression regarding losses (deaths, pets, toys) • Monitor media exposure • Encourage expression through play activities

Disaster Reactions and Interventions					
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options
Childhood (6–11 years)	<ul style="list-style-type: none"> Decline in school performance School avoidance Aggressive behavior at home or school Hyperactive or silly behavior Whining, clinging, or acting like a younger child Increased competition with younger siblings for parents' attention Reenactments of upsetting events in play 	<ul style="list-style-type: none"> Change in appetite Headaches Stomachaches Sleep disturbances or nightmares Somatic complaints 	<ul style="list-style-type: none"> Fear of feelings Withdrawal from friends or familiar activities Reminders triggering fears Angry outbursts Preoccupation with crime, criminals, safety, and death Self-blame Guilt 	<ul style="list-style-type: none"> Preoccupation with disaster Poor concentration Recurring dreams or nightmares Disorientation or confusion Flashbacks Questioning of spiritual beliefs 	<ul style="list-style-type: none"> Give additional attention and consideration Relax expectations of performance at home and at school temporarily Set gentle but firm limits for acting out Provide structured but undemanding home chores and rehabilitation activities Encourage verbal and play expression of thoughts and feelings Listen to child's repeated retelling of traumatic event Clarify child's distortions and misconceptions Identify and assist with reminders Develop school program for peer support, expressive activities, education on trauma and crime, and preparedness planning

Disaster Reactions and Interventions

Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options
Pre-Adolescence and Adolescence (12–18 years)	<ul style="list-style-type: none"> • Decline in academic performance • Rebellion at home or school • Decline in responsible behavior • Agitation or decrease in energy level, or apathy • Delinquent behavior • Risk-taking behavior • Social withdrawal • Abrupt shift in relationships 	<ul style="list-style-type: none"> • Appetite changes • Headaches • Gastrointestinal problems • Skin eruptions • Complaints of vague aches and pains • Sleep disorders 	<ul style="list-style-type: none"> • Loss of interest in peer social activities, hobbies, or recreation • Sadness or depression • Anxiety and fearfulness about safety • Resistance to authority • Feelings of inadequacy and helplessness • Guilt, self-blame, shame, and self-consciousness • Desire for revenge 	<ul style="list-style-type: none"> • Preoccupation with disaster • Poor concentration • Recurring dreams, nightmares, or flashbacks • Disorientation or confusion • Questioning of spiritual beliefs • Difficulty setting priorities • Difficulty making decisions • Loss of objectivity 	<ul style="list-style-type: none"> • Give additional attention and consideration • Relax expectations of performance at home and school temporarily • Encourage discussion of experience of trauma with peers and significant adults • Avoid insistence on discussion of feelings with parents • Address impulse to recklessness • Link behavior and feelings to event • Encourage physical activities • Encourage resumption of social activities, athletics, clubs, etc. • Encourage participation in community activities and school events • Develop school programs for peer support and debriefing, student support groups, telephone hotlines, drop-in centers, and identification of special teens

Disaster Reactions and Interventions					
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options
Adults	<ul style="list-style-type: none"> Avoidance of reminders Excessive activity level Protectiveness toward loved ones Crying easily Angry outbursts Increased conflicts with family Hypervigilance Isolation, withdrawal, or shutting down 	<ul style="list-style-type: none"> Nausea Headaches Fatigue or exhaustion Gastrointestinal distress Appetite changes Somatic complaints Worsening of chronic conditions Sleep problems 	<ul style="list-style-type: none"> Shock, disorientation, and numbness Depression or sadness Grief Irritability or anger Anxiety or fear Despair or hopelessness Guilt or self-doubt Mood swings 	<ul style="list-style-type: none"> Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	<ul style="list-style-type: none"> Protect, direct, and connect Ensure access to emergency medical services Provide supportive listening and opportunity to talk about experience and losses Provide frequent rescue and recovery updates and resources for questions Assist with prioritizing and problem solving Help family to facilitate communication and effective functioning Provide information on traumatic stress and coping, children's reactions, and tips for families Provide information on criminal justice procedures and roles of primary responder groups Provide crime victim services Assess and refer, when indicated Provide information on referral resources Provide information on substance use self-help (for self, family, friends)

Disaster Reactions and Interventions

Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options
Older Adults	<ul style="list-style-type: none"> • Withdrawal and isolation • Reluctance to leave home • Mobility limitations • Relocation adjustment problems 	<ul style="list-style-type: none"> • Worsening of chronic illnesses • Sleep disorders • Memory problems • Somatic symptoms • More susceptibility to hypothermia and hyperthermia • Physical and sensory limitations (sight, hearing) that interfere with recovery 	<ul style="list-style-type: none"> • Depression • Despair about losses • Apathy • Suspicion • Agitation or anger • Fears of institutionalization • Anxiety about unfamiliar surroundings • Embarrassment about receiving “handouts” 	<ul style="list-style-type: none"> • Preoccupation with disaster • Poor concentration • Recurring dreams, nightmares, or flashbacks • Disorientation or confusion • Questioning of spiritual beliefs • Difficulty setting priorities • Difficulty making decisions • Loss of objectivity 	<ul style="list-style-type: none"> • Provide strong and persistent verbal reassurance • Provide orienting information • Ensure physical needs are addressed (water, food, warmth) • Use multiple assessment methods, as problems may be underreported • Assist with reconnecting with family and support systems • Assist in obtaining medical and financial assistance • Encourage discussion of traumatic experience and losses, and expression of emotions • Provide crime victim assistance • Provide information on substance use self-help (for self, family, friends)

Adapted from U.S. Department of Health and Human Services. (2000). Training manual for mental health and human service workers in major disasters (DHHS Publication 90–538). Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

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