

# CCP Trainer's Guide

# 1

Module 1

# Core Content Training

## Crisis Counseling Assistance and Training Program



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



**FEMA**

## How to Use This Trainer's Guide

This trainer's guide contains a suggested schedule and learning activities for delivering the required Crisis Counseling Assistance and Training Program (CCP) Core Content Training.

Trainers are encouraged to adapt and modify how they deliver the course to meet the needs of the specific program, audience, and circumstances. For example, the time available and the number of participants are two factors that would have an impact on how the course is delivered.

This trainer's guide presents a 2-day training course. The 2-day course is preferable, but depending on the specific circumstances, a shorter or longer training may be necessary. The agendas assume an 8½-hour training day, including 15-minute breaks in the morning and afternoon and 1 hour for lunch.

The activities and timing in this guide are intended for a group of about 25 participants. If the group is smaller, the activities and group discussions may take less time than indicated in this plan of instruction. If the group is larger than 25, you will need to modify the activities in order to fit the time available. For example, when a table exercise is indicated, with reports from each table, you may want to have the participants work in trios and take a few examples to process in the large group, rather than reports from all of the small groups.

The CCP Trainer's Guide provides detailed instructions for suggested talking points and group exercises. It contains images of all slides. If you wish to print the slides out separately, you can do so directly from the PowerPoint file on the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) website in the CCP Toolkit found at the following location: <https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff>.

The CCP Participant Workbook contains all the essential content from the slides that participants should have as reference material. Many of the slides in the Core Content Training PowerPoint contain supplemental information to be used at your discretion, based upon the needs of the group and the time available.

# CCP Trainer's Guide

## Core Content Training

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## Pre-Training Checklist

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

- Disaster specifics
- Type of disaster
- Size and scope of disaster
- Unique dynamics of the disaster
- Population affected, including special populations and cultural factors
- Whether staff who will be in the training were affected by the disaster

### Program Data

- Size of program—number of counselors, status of recruitment
- Background and experience of counselors
- Current status of service provision
  - Request a copy of key program documents:
    - CCP Grant Application
    - Current Needs Assessment
    - Current Outreach Strategy/Plan of Services
    - Current Staffing Plan/Organizational Chart
    - Maps of the disaster impact
- Ask the program manager (or designee) to prepare to deliver a 15-minute presentation that provides an overview of the program's needs assessment and plan of services, as described in the grant application.
- Ask the program manager what the protocol is for staff to submit completed data collection forms.
- Ask the program manager (or designee) to prepare to deliver a 5-minute presentation that provides an overview of the program's approach for ensuring staff resilience.

### Course Logistics

- Number of participants—ensure that all staff including program management, team leaders, crisis counselors, administrators, and fiscal staff attend.
- Length of course—2 days
- Location and training facility—training room size and setup

- Audiovisual support—a projector or television, computer, capacity for showing videos and other website content, and a connection to the internet
- Nametags, paper, markers, easel stand and tear sheets/flip chart or white board.
- Photocopies of the CCP Participant Workbook and other materials (handouts of program documents, data forms, the CCP Job Aid for Crisis Counselors, etc.)—with modification of agenda in Participant Workbook as needed

### Guest Speakers

- Will a Federal Emergency Management Agency (FEMA) representative be attending to provide an overview of FEMA's assistance programs? If so, obtain name and contact information.
- Contact the FEMA representative to coordinate the timing, focus, and duration of his or her presentation, or request that the program manager provide these details.

### Travel Logistics

- Flight recommendations
- Lodging recommendations
- Reimbursement procedure

### Other Items

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

### Post-Training

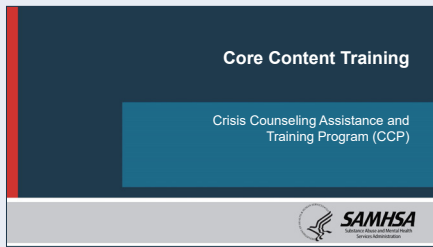
Make recommendations to the program manager about post-training follow-up—e.g., subsequent meetings, training, other actions.

Submit completed participant evaluations and trainer feedback form to SAMHSA DTAC, or have the online training evaluation form link shared with participants for completing the survey online. Participant feedback forms are included in the CCP Participant Workbook, and trainer feedback forms are included at the end of this trainer's guide.

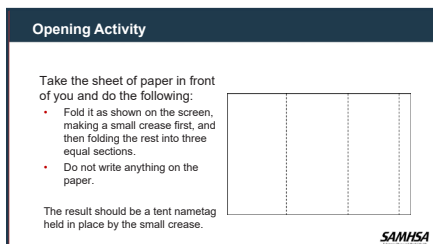
**Recommended Agenda  
Core Content Training—2 Days**

<b>DAY 1</b>	<b>DAY 2</b>
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. At-Risk 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

# Welcome and Introductions (30 minutes)



**Begin** the course by welcoming participants, covering logistics such as the location of exits and restrooms, and briefly introducing yourself.

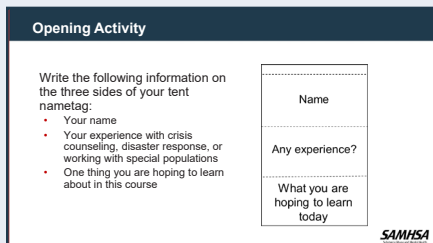


**Ask participants** to take the sheet of paper in front of them and do the following:

- Fold it as shown on the screen, with the small crease first, and then as a trifold
- Do not write anything on the paper

The result should be a tent nametag held in place by the small crease

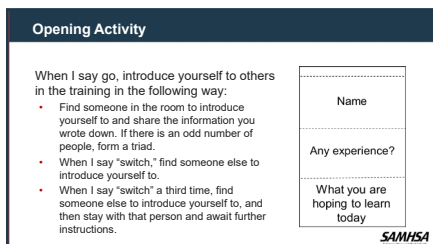
Once this has been achieved, wait for further instructions.



**Ask participants** to write the following information on the sides of their trifold:

- Their name
- Their experience with crisis counseling, disaster response, or working with special populations
- One expectation they have for this course

**Ask participants** to look up when they have finished so you know they are ready for further instructions.



**Give participants** the following instructions: When I say go, introduce yourself to one another in the following way:

- Find someone in the room to introduce yourself to and share the information you wrote down. If there are an odd number of people, form a triad.
- When I say “switch”, find someone else to introduce yourself to.
- When I say “switch” a third time, find someone else to introduce yourself to and then stay with that person and await further instructions.

After the third introduction is over, **tell** the participants that the person(s) they are currently next to will be their learning partner(s) during this training. In future activities, they may be asked to pair up with this person for a discussion or activity.

**Ask participants** to share what they are hoping to learn about today, and record responses on an easel stand or whiteboard.

After all unique responses have been recorded, advance to the next slide to cover the training objectives and comment on what information is within the scope of the training to manage expectations.

### Trainer Notes:

*The introductory activity can be varied based on group size or other logistical impacts. What is important is to spend some intentional time establishing that this is an active, hands-on training. The activity also promotes a sense of safety in the room by having the initial activity start with self-reflection, move to one-on-one discussion, and end in group sharing. The activity should encourage collaboration and promote the sharing of ideas from **all** attendees. This sets the tone for the rest of the training and should not be viewed as a logistical part of the training to skip through.*

#### Objectives

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 collection and how to use it.
- Apply techniques for managing stress.

SAMHSA

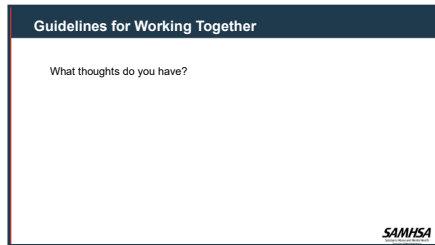
**Review** objectives of the course.

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

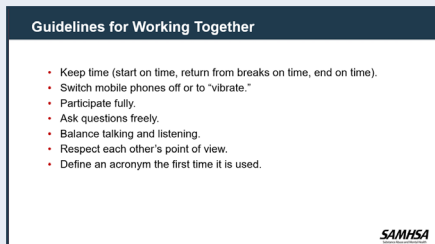
- Describe the range of crisis counseling services.
- Identify typical disaster reactions.
- Demonstrate basic crisis counseling skills.
- Explain the importance of data collection and how to use it.
- Apply techniques for managing stress.



Be sure to indicate which of the participants' expectations will be addressed during the course and which might not be. Most importantly, you'll want to let people know if they have expectations totally beyond the scope of this course and help them identify how to get the information they want.



As in any course, having agreed-upon norms is helpful. **Ask** participants what they would like to have as agreed-upon norms and then add additional ones yourself if needed. Have them *own* the guidelines for the learning environment and increase participation.



After completing the list together, **write** additional guidelines on the easel stand or white board, and then review the entire list with participants. The list can be hung up in the classroom as a continual reminder of the agreed upon guidelines for working together.

Some standard guidelines you may want to add if not mentioned are the following:

- Keep time (start on time, return from breaks on time, end on time).
- Refrain from texting or emailing unless it is an emergency.
- Participate fully.
- Ask questions freely.
- Balance talking and listening.
- Respect each other's point of view.
- Define an acronym the first time it is used.

**Write** any additional guidelines on the easel stand or white board and **check** to see if everyone in the room can agree to the list.

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

SAMHSA

**Review** the block schedule and discuss how the objectives will be addressed over the course of the training.

**NOTE:** Modify the slides, as necessary, to fit the circumstances of the course.

Be sure to cover logistical details such as these:

- Lunch and break times and locations (consider asking program leadership to provide a map of the area with potential food options for lunch)
- Time (follow clock in the room)

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

**Introduce** the Participant Workbook and describe how it will be used during the course.

**Highlight** the following:

- The manual will be used to convey key concepts covered in the course.
- There is space to make notes as well as capture reflections.
- Reference materials are included for use during and after the course.

Warmly **welcome** the participants again and jump into the content of the course!

# Section 1: Disaster Response Overview (1 hour)

## 30 minutes Session Introduction and Characteristics of the Disaster

**Section 1—Disaster Response Overview**

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

*SAMHSA*

**Introduce** this session by telling participants that the purpose of this session is to give an overview of disaster, as well as the ways in which SAMHSA, FEMA, the state, and local providers work together to implement and run the CCP

**Session Objectives**

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

*SAMHSA*

**Review** the session objectives:

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

**Characteristics and Repercussions of a Disaster**

**Definition of a Disaster**


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

*SAMHSA*

**Present** the definition of disaster from the SAMHSA Center for Mental Health Services. Ask participants to consider whether this definition can be applied to this disaster and whether they would define disaster differently. If so, how?

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

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



*SAMHSA*

**Emphasize** the following points:

- Disasters are ongoing processes that change over time.
- Regardless of the size or magnitude of a disaster, it can have an overwhelming and lasting effect on the lives of the people affected.
- Each survivor's experience is unique, and everyone "has a story."

A recent disaster (within 3 years) can have a strong effect on people and communities. A new disaster can cause setbacks in the recovery process for individuals and groups affected by the previous disaster (e.g., seasonal disasters such as hurricanes or flooding).

## Trainer Notes:

If retraumatization appears to be a factor in this particular disaster recovery, consider highlighting the *Tips for Survivors of a Disaster or Other Traumatic Event: Coping with Retraumatization* tip sheet, available from the SAMHSA Store (<https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-/sma17-5047>).

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

Table Task

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

SAMHSA

## Give the following task:

At your table, discuss the following:

- What are the characteristics of this disaster (e.g., cause, size, scope)?
- What has been the effect on survivors?

**Tell** the groups they have 10 minutes for discussion and ask that they identify a spokesperson to report out the highlights of their discussion. They can make notes in their CCP Participant Workbook.

**Have** each group report out. **Ask** participants where they heard similarities and differences across the different groups. Take about 10 minutes for the reports.

**Transition** to the next session by saying that since we have a shared understanding of the characteristics and impact of this disaster, we are now going to turn our attention to looking at the federal government disaster response and how crisis counseling fits into the larger response effort.

## 30 minutes Federal Disaster Response Structures

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

SAMHSA

If there is a FEMA representative at the training, invite him or her to give a brief overview (10–15 minutes) of FEMA's disaster assistance, using the slides included here, if he or she wishes.


If a FEMA representative is not present at the training, you may present slides 14-18 yourself. A declaration establishes types of assistance, federal cost share, type of incident, incident period, and designated areas.



**FEMA Disaster Assistance (cont.)**

The Individuals and Households Program (IHP) has two provisions to assist registrants:

- Housing assistance
- Other needs assistance



**SAMHSA**

The Individuals and Households Program (IHP) has two provisions to assist registrants:

- Housing Assistance may be in the form of Temporary Housing, Repair, Replacement and Semi-Permanent or Permanent Housing Construction.
- Other Needs Assistance provides financial assistance such as medical, dental, child care, funeral, personal property and transportation costs.

**FEMA Disaster Assistance (cont.)**

The IHP also provides Other Needs Assistance (ONA) for registrants. The details of this assistance are as follows:

- Meets necessary expenses and serious needs
- Operates within pre-established grant limits
- Operates under national eligibility criteria
- Can provide funding for
  - Personal property
  - Transportation
  - Medical, dental, and funeral costs
  - Up to 3 years of flood insurance premiums

ONA funding is 75 percent FEMA and 25 percent state/territory/tribal and may be administered by either FEMA or the state, territory, or tribe. Housing is 100 percent federally funded.

**SAMHSA**

**FEMA Disaster Assistance (cont.)**

**U.S. Small Business Administration Loans**

- Three types of loans exist:
  - Home and personal property
  - Business physical damage
  - Business economic injury
- Loans are intended to return property to pre-disaster condition.
- Grants limit assistance to serious needs only.
- Loans have credit and flood insurance requirements and amount limitations.

**SAMHSA**

**FEMA Disaster Assistance (cont.)**

**Disaster Unemployment Assistance (DUA)**

- Offers benefits for up to 26 weeks
- Is available only if the individual has lost work or work is interrupted as a direct result of the disaster
- Covers those not eligible for regular unemployment benefits
- Offers reemployment services
- Is funded by FEMA and administered by the Department of Labor
- Implemented by the state workforce agency that typically administers regular unemployment insurance

**SAMHSA**

Authority: Section 410 of the Stafford Act

**FEMA Disaster Assistance (cont.)**

**Other Assistance**

- **Disaster Legal Services (DLS)**
  - Provided by the Young Lawyers Division of the American Bar Association
  - Offered free of charge to individuals who have insufficient resources to hire an attorney to assist them with their disaster-caused legal needs
- **Disaster Case Management (DCM):**
  - DCM is a federally-funded grant program implemented through states, tribes, territories or qualified organizations. DCM provides disaster survivors with a single point of contact to facilitate access to a broad range of resources to meet their disaster caused unmet need in order to recover.

**SAMHSA**

Authority: DLS = Section 415 of the Stafford Act; DLS is funded by FEMA and implemented in coordination with the Young Lawyers Division

Authority: DCM = Section 426 of the Stafford Act

## FEMA Disaster Assistance (cont.)

A Disaster Recovery Center (DRC) is a fixed or mobile provisional facility set up by FEMA in a central location near disaster impacted areas. DRCs are usually opened quickly after a disaster for a limited period of time. The facility offers survivors a "one-stop shop" to register for FEMA assistance and other disaster related programs and obtain information about disaster relief resources from federal, state, and Indian tribal and non-governmental organizations.

SAMHSA

## FEMA Disaster Assistance (cont.)

### Disaster Recovery Centers (DRCs)

- To receive FEMA resources, families need to register.
- Disaster survivors can register as individuals or heads of households.
- Local or regional centers provide information to disaster assistance registrants.
- DRCs may be staffed by crisis counselors, DLS volunteer attorneys, disaster case managers and other federal, state and local agencies providing disaster relief resources.

SAMHSA

## FEMA Disaster Assistance (cont.)

### The National Processing Service Center

- 1-800-621-FEMA (3362)
- Serves as the central facility for gathering and reviewing eligibility for assistance
- Reviews eligibility for FEMA's Individual and Households Program (IHP) assistance to survivors
- Provides a toll-free helpline and online service to check the status of applications and obtain information about services:
  - 1-800-621-FEMA (3362)
  - 1-800-462-7585 (TTY for individuals who are deaf or hard of hearing or who have speech disabilities)
  - <https://www.disasterassistance.gov>

SAMHSA

## FEMA Disaster Assistance (cont.)

### Emergency Assistance

- Voluntary organizations active in disaster (VOADs) provide for immediate needs (food, shelter, and clothing).
- FEMA Voluntary Agency Liaisons (VALs) collaborate with these partners in order to coordinate relief services.



SAMHSA

## FEMA Disaster Assistance (cont.)

### Crisis Counselor's Role

- Crisis counselors should be familiar with FEMA, other federal, and state, territory, tribe, or local government recovery programs in order to inform and educate survivors and facilitate appropriate referrals.
- Survivors may have misconceptions about available assistance from FEMA.
  - Crisis counselors should not join survivors in expressing angry reactions and should not take on the role of advocate for the survivor.
  - The crisis counselor's role is to educate, inform, and support survivors in problem solving, prioritizing needs, and communicating their needs effectively, thus empowering survivors to advocate for themselves.

SAMHSA

If skipping "optional" slides, **resume presentation here.**

Crisis counselors should be familiar with FEMA programs to inform and educate survivors and facilitate appropriate referrals.

Survivors may have misconceptions about available assistance from FEMA.

- Crisis counselors should not join survivors in expressing angry reactions and should not take on the role of advocate for the survivor.
- The crisis counselor's role is to educate, inform, and support survivors in problem solving, prioritizing needs, and communicating their needs effectively, thus empowering survivors to advocate for themselves.

**Disaster Response Structure and Operations**

Entities Eligible To Apply for and Receive CCP Funding

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

**SAMHSA**

These are the entities eligible to apply for CCP funding.

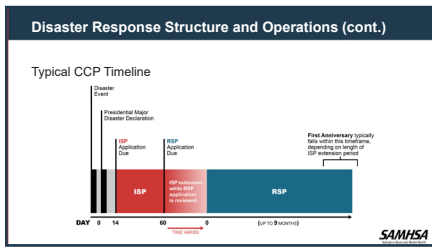
**Disaster Response Structure and Operations (cont.)**

The CCP consists of two grant types:

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

**SAMHSA**

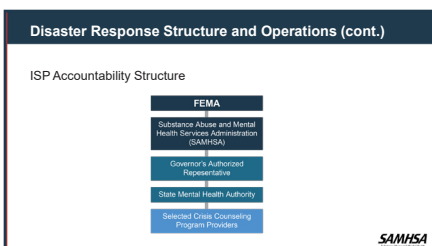
The CCP consists of two grant types: ISP and Regular Services Program (RSP) grants.



**The typical CCP timeline**—Present this typical timeline and compare it to the actual timeline of this program's ISP or RSP application and period of performance dates.

### Trainer Note:

*Depending on whether the program is in the ISP or RSP, choose to cover either the ISP or RSP accountability structure slide.*

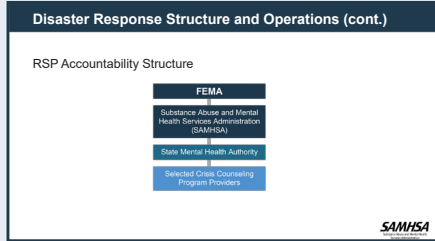


### ISP accountability structure

- The state mental health authority (SMHA) conducts a needs assessment and prepares the application for funding through the governor's authorized representative (GAR).
- The GAR is usually the state emergency management agency.
- The GAR reviews the application.
- Typically, funding flows from FEMA to the GAR to the SMHA.

**Tell** participants that there is a glossary of disaster behavioral health acronyms in the Additional Resources section of their workbook.

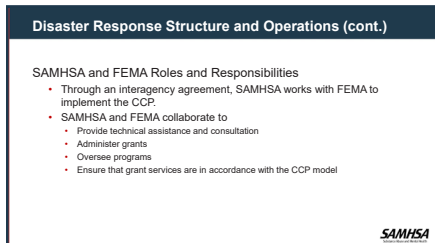




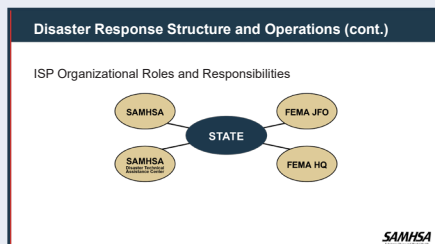
**RSP accountability structure**

Typically, RSP funding flows from FEMA, to SAMHSA, to the state mental health authority, and then to selected program providers.

**Tell** participants that there is a glossary of disaster behavioral health acronyms in the Additional Resources section of their workbook



Briefly cover the SAMHSA and FEMA roles and responsibilities in the CCP.



Briefly point out that this diagram is explained in greater detail in the Participant Workbook and can be referenced there for more information.



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

If you have access to the internet, consider taking a moment to visit the SAMHSA DTAC website ([www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)) and highlight the locations of the CCP toolkit and other relevant resources.

**Pause and ask** the group what questions they have about the overall CCP structure and operations.

**Tell** participants we're now going to take a break and, when we resume, we'll focus on the CCP and services.


**15 minutes Break**

## Section 2: CCP and Services (3 hour, 45 minutes)

### 15 minutes Session Introduction, Key Concepts, and Overview of Services

**Section 2—CCP and Services**


- Key Concepts
- Range of Crisis Counseling Services



**Introduce** this session by telling participants that this session deals with what the CCP is and how it is designed to identify and address the process of recovery.

**Session Objective**

Describe the range of crisis counseling services.




**Review** the session objective:

- Describe the range of crisis counseling services.

**Mission of the CCP**


The mission of the CCP is to assist individuals and communities in recovering from the psychological effects of natural and human-caused disasters through the provision of community-based outreach and educational services.



**Present** the key concepts that form the core of the CCP model, and make the following points:

**Who is Eligible**

CCP Services are provided at no cost and are available to any survivor, regardless of registering with FEMA, who has been impacted by the disaster.





- **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,

**Key Concepts**

The CCP model is

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




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.

**Key Concepts (cont.)**

**Outreach is**

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



*SAMHSA*

**Discuss** the role of outreach in the CCP model, making the following points:

- Outreach is how you connect both with people in need and community organizations that have resources—in order to match them up with each other.
- It's a mechanism for educating survivors about how to prioritize their needs and access resources to meet those needs. It's also a mechanism to educate community organizations about the needs in the community.

**Key Concepts (cont.)**

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

**Discuss** the differences between traditional mental health/ substance abuse treatment and crisis counseling.

If there are mental health or substance abuse services professionals in the audience, validate their clinical skills, noting that these skills are valuable and will be of great benefit to the people with whom they work. However, they will need to adapt their skills to work within the context of the CCP model.

**Encourage** professionals to take time to assess how they can adapt their current skills and develop new skills to be better prepared to work for a community-based project.

**Trainer Note (Optional):**

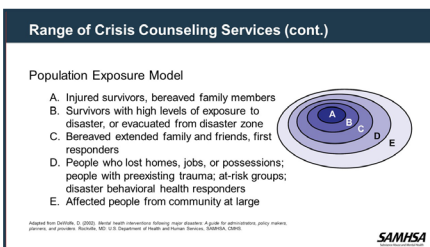
*Consider highlighting the differences in these two approaches with an example that may be relatable to many—if a crisis counselor were instead a paramedic, he or she would be offering first aid medical care in this program. A crisis counselor needs to be ready to provide the counseling equivalent of medical first aid.*



Briefly list the range of crisis counseling services, and let the participants know that we'll be exploring these in greater detail later and by way of additional online training.

**Present** and briefly discuss the graphic illustrating the reach and intensity of services, making the following points:

- Primary services involve the interaction of crisis counselors and survivors.
- Secondary services involve dissemination of information.
- Face-to-face primary services should be the main focus of the CCP.
- Lower-intensity services reach more people.



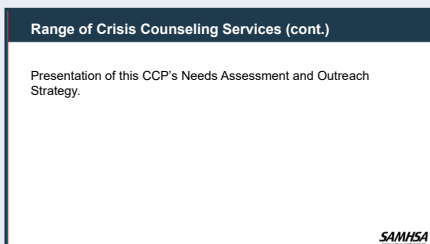
This **Population Exposure Model** identifies potential groups in need of crisis counseling services.

Sometimes this model is called the ripple effect. The impact of the disaster event can ripple out to a wider segment of the community at large. Survivors with higher levels and intensity of exposure may experience more intense reactions.

Consider coming up with a list of populations and asking participants to shout out where they think the population you say would fit in the model.

**Transition** to the next segment, in which a representative of CCP program management will give an overview of the program's needs assessment and outreach strategy from the ISP Application

## 15 minutes Overview of Needs Assessment and Outreach Strategy



**Invite** the CCP program manager (or designee) to give a brief overview of the program's needs assessment and outreach strategy (plan of services), as described in the ISP Application.

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

After the presentation, **tell** participants that we are going to spend some time working together with this information

to make sure that we have a common understanding of the following:

- The affected areas and groups
- Their needs
- Community resources
- The program's plans to match resources with people in need

1 hour, 30 minutes

## Needs Assessment and Outreach Activity

### Range of Crisis Counseling Services (cont.)

#### Table Activity: Needs Assessment and Outreach Strategy

##### Step 1—Needs Assessment

- Take 15 minutes to complete the following:
  - Identify the geographic areas affected in the disaster.
  - Identify populations (or groups) that are affected by this disaster.
  - Identify the priority needs in the affected communities (e.g., rebuilding/repairing homes, clothing, treatment).
- Make notes in your workbook.
- Choose a spokesperson to report on your group's discussion.

SAMHSA

### Step I—Needs Assessment (30 min.)

**Note** that you can instruct the participants to either brainstorm from scratch or use the existing needs assessment as a starting point upon which to expand.

**Assign** the table activity. Participants have 15 minutes to complete the following with their table groups:

- Identify the geographic areas affected in the disaster.
- Identify populations (or groups) that are affected by this disaster.
- Identify the priority needs in the affected communities (e.g., rebuilding/repairing homes, clothing, treatment).
- Make notes in their workbooks.
- Choose a spokesperson for the table group.

**Have** each table report out. While they are reporting, record the priority needs they have identified.

After all the tables have reported out, **ask** the group to select three to five priority needs to focus on in the next task. You can do this through a large group discussion, or have the participants vote by putting marks (using markers or sticky dots) next to the items they think are the priority needs. Choose the needs that received the most marks.

## Range of Crisis Counseling Services (cont.)

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

Step 2—Resource Identification

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

SAMHSA

## Step 2—Resource Identification (30 min.)

Groups have 15 minutes to complete the following:

- For the priority needs selected, identify the organizational resources that would be needed to meet those needs (e.g., organizations in the community, such as faith-based organizations, disaster assistance organizations, unmet-needs committees, hospitals, schools).
- Make notes.
- Choose a spokesperson for the table group.

**Have** each table report out. **Ask:** What similarities did you hear across group responses? What key differences did you hear?

## Range of Crisis Counseling Services (cont.)

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

Step 3—Outreach Strategy

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

SAMHSA

## Step 3—Outreach Strategy (30 min.)

Groups have 15 minutes to complete the following:

- Identify the key actions this program should take to conduct successful outreach to survivors.
- Identify key actions they can take to conduct outreach to organizations that have resources available for survivors.
- Make notes.
- Choose a spokesperson for the table group.

**Note:** If participants are struggling to identify specific actions, use some of the following questions to guide them:

- How will you gain access to and work with community gatekeepers and cultural brokers?
- How will you use outreach materials to reach target populations?
- How do you prioritize areas for door-to-door outreach?
- How will crisis counselors learn about and participate in community events?
- Are there sites where people affected by the disaster gather?
- How will natural support systems be contacted (e.g., schools, faith-based organizations)?

Have each table report out. **Record** their ideas on an easel stand and give it to the program management representative at the end of the day.

You can **ask** participants to mark their top three favorite outreach ideas on the easel charts as they go to break.

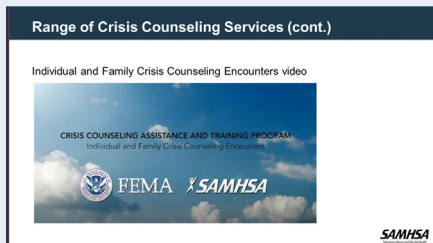
Bring the session to a close and take a break. **Tell** participants that when we reconvene, we'll be looking at the different crisis counseling services in greater detail.

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**1 hour** Lunch

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**30 minutes** Individual Crisis Counseling and Brief Contact



**Tell** participants that we are going to spend the next couple of hours talking about each kind of service offered by the CCP:

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

Prior to playing the video, consider providing training participants with a handout of the Individual/Family encounter form so they can review what data is to be captured. Forms can be found at the following site: <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>

To skip the introduction in the video, click the link below: <https://youtu.be/jRPkSFhZM2U?t=181>

**Range of Crisis Counseling Services (cont.)**

Individual and Family Crisis Counseling

- Consists of encounters and visits with both adults and children
- Can include interactions with an entire family
- Can be brief, but is typically 15 minutes or longer
- Typically ranges from one to five visits
  - The number of visits 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.

SAMHSA

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

**Emphasize** that although more than one visit may occur, each visit should stand alone with encounter data being captured for every visit.

**Range of Crisis Counseling Services (cont.)**

Individual and Family Crisis Counseling (cont.)

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

SAMHSA

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

**Highlight** specific crisis counseling activities::

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

**Tell** participants that the next section will include working with the skills necessary to conduct individual and family crisis counseling.



Range of Crisis Counseling Services (cont.)

Brief Educational or Supportive Contact

- Lasts less than 15 minutes
- Provides reassurance, other support, and information

SAMHSA

**Describe** the characteristics of brief educational or supportive contact, providing several examples.

**Facilitate** a discussion with participants around the following questions:

- What is the difference between individual crisis counseling and brief contacts?
- How are the two services interrelated?
- How would you determine which one is appropriate in a given encounter?
- Which service do you provide more of now? How might it change in the future? What might cause it to change?

**Make** the following points:

- Generally, you have more brief contacts in the beginning of the program, and this helps you to identify people who would benefit from individual crisis counseling.
- The ratio of brief contacts to individual crisis counseling will likely shift over time.
- The shift occurs because reactions change over time.
- Data analysis is a way to notice when you're moving from brief contacts to individual crisis counseling

## 15 minutes Group Crisis Counseling

Range of Crisis Counseling Services (cont.)

Group Crisis Counseling Encounters video



SAMHSA

Depending on available technology, either watch the video together as a large group, or provide the team with the video website link (<https://youtu.be/XrnGi8stDjg?t=160>) before the training so that they can watch it on their own beforehand (13 minutes).

**Make** the point that group crisis counseling is not typically a significant element of an ISP because people are often not ready to join groups until later. If presenting this session during an RSP, note that groups may be underway or should be launched soon.

If needed, refer to the Participant Workbook for additional details and talking points regarding group crisis counseling and public education.

## Range of Crisis Counseling Services (cont.)

Group crisis counseling is characterized by

- Services that help group members understand their current situations and reactions to the disaster.
- A need that may increase later in the CCP as people are ready to connect with others.
- Group members with similar levels of exposure to the disaster.
- Participants gaining mutual support from other group members.
- Education, including stress management, coping with triggers, expressing emotions, and problem solving.

SAMHSA

## Range of Crisis Counseling Services (cont.)

Support and educational groups

- Increase the social support network.
- Facilitate the exchange of information about life situations.
- Help develop new ways of adapting and coping.
- Provide tools to obtain and process new information.
- Provide practical and concrete assistance.
- Use handouts and factual information relevant to each group's discussion.
- Use speakers relevant to the content area and group members' needs.

SAMHSA

## Range of Crisis Counseling Services (cont.)

Self-help groups

- Are initially facilitated by a crisis counselor.
- Can be co-facilitated by a group member to encourage transition to a member-facilitated process.
- Are no longer a CCP service once the group has transitioned to a member-facilitated process.

SAMHSA

## Range of Crisis Counseling Services (cont.)

Practical concerns in group crisis counseling

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

ASGW best practice guidelines. Journal for Specialists in Group Work, 23, 237-244. Association for Specialists in Group Work (ASGW), 1998.

SAMHSA

## Range of Crisis Counseling Services (cont.)

Assessment and Referral video



SAMHSA

**Watch** the assessment and referral video together if possible: <https://youtu.be/flei8krbcs0?t=235> Consider providing training participants with copies of the CCP Adult and Child/Youth Assessment and Referral Tools so that they can reference these while watching the video.

Range of Crisis Counseling Services (cont.)

Assessment and Referral

- Assessment is the process of reviewing, identifying, and evaluating survivors' needs.
- The CCP screens for the following:
  - Practical or basic needs of survivors
  - Substance use- and mental health-related needs
- Crisis counselors also identify resources in the community that match the needs of survivors.
  - Resource linkage empowers survivors to advocate for themselves.
  - Crisis counselors assist survivors in prioritizing and accessing services.
  - Relationships with survivors are short-term.

SAMHSA

**Present** the characteristics of assessment and referral.

**Note** that crisis counselors may use the CCP Adult and Child/Youth Assessment and Referral Tools to help them decide whether referral is needed. **Explain** that we'll be covering the assessment and Referral Tools in more detail later in the course.

**Explain** that focusing on tangible needs helps the survivor identify damage and subsequent needs related to rebuilding, repairs, safety, food, shelter, and clothing.

**Emphasize** that resource linkage is not case management.

**Ask:** What are some examples of situations in which you've assessed and identified certain needs and then matched or referred survivors to resources?

**Say** that when conducting assessment, they should consider the following risk factors and reactions:

- Safety
- Level of exposure to the disaster
- Prior trauma, physical concerns, or mental illness or substance use disorder
- Presence of severe reactions
- Current functioning
- Current alcohol and drug use

**Ask:** What are you doing now to assess where people are and what their needs are?

**Ask:** What questions do you use to assess? Provide sample screening questions, if necessary:

- Has your access to health care changed? Is that something you may need help with?
- Are you finding yourself drinking more?

## Range of Crisis Counseling Services (cont.)

### Emergency Treatment Referral

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

SAMHSA

If program leadership is present and it is feasible, call upon leadership to discuss their specific protocols for emergency referrals during this section of the training.

## Range of Crisis Counseling Services (cont.)

### Nonemergency Treatment Referral

- Reduce stigma:
  - Demystify mental health or substance use treatment by explaining it.
  - Explore referral options and give choices.
- Increase compliance:
  - Explore obstacles to accepting services.
  - Encourage the person to call for the appointment immediately or in the counselor's presence if possible.
  - Accompany the person to the first appointment, if necessary and appropriate.

SAMHSA

**Discuss** emergency treatment referral versus nonemergency treatment referral.


**Make** the following points:

- Assessment and the need for referral depend on the degree to which the symptoms are interfering with daily life functioning, how well the individual is managing his or her symptoms, and how strong his or her support systems are.
- Crisis counselors should consider the amount of time since the event. Some reactions are very common in the first few weeks and, by themselves, do not necessitate referral. Poor functioning, avoidance of situations, and sleeping problems are common at first.
- Perceptions of mental health or substance abuse treatment vary among people in general, as well as cultural groups.
- Crisis counselors should demystify counseling by explaining that counseling and treatment are methods of providing support, information, education, problem solving, and coping.
- The CCP tries to empower people to make and keep their own referral appointments. However, it is sometimes acceptable to guide survivors through the referral process. Some strategies include the following:
  - Provide referral options.
  - Assist people in making appointments.
  - Remind them to attend appointments.
  - Follow up to see if they attended.
- Facilitating the survivor's connection with the external provider can increase future follow-through with assistance and improve the likelihood of a successful recovery.

**Range of Crisis Counseling Services (cont.)**

Community Support and Networking

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



SAMHSA

**Ask:** What's been helpful to you in determining emergency versus nonemergency referrals?

**Ask:** What additional questions do you have about assessment and referral?

**Ask:** When would you consider consulting your supervisor?

**Range of Crisis Counseling Services (cont.)**

Through community support and networking, the CCP

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

SAMHSA

**Describe** the role that community support and networking play in the CCP.

**Make** the following points:

- Referrals can be made between organizations and agencies, and do not need to be limited to mental health and substance abuse treatment. Referrals can be made for other disaster relief services as well.
- Crisis counselors should share training resources, as appropriate, with other disaster relief organizations.
- Networking can help identify needs, referral sources, and sources of in-kind donations.
- Sharing losses, traditions, and rituals, as well as acknowledging community resilience and hope for the future, can promote healing.
- Communities, families, and survivors must own their memorial, anniversary, and commemorative events. However, CCP staff can provide useful consultation during the planning process.

**Explain** that creating effective partnerships is essential for conducting community support—and for all other CCP services as well.

**Explain** that community networking is documented using the Weekly Tally Sheet. We will review this in more detail in a later section.



**Present** the graphic showing the typical organizations with which CCPs partner, as well as the next slide, which lists other types of partners.

**Note** that the types of partners will depend on the specific circumstances of the disaster and the community.

### Range of Crisis Counseling Services (cont.)

#### Other Potential Partners

- Emergency management
- 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 misuse consumer groups
- Veterans' organizations

SAMHSA

### **Make** the following points:

- An unmet-needs committee or Long Term Recovery Group/Committee (LTRG/C) may be convened by a voluntary organization active in disaster, or VOAD, such as the American Red Cross, as immediate relief services are ending. Participation of CCP management is essential to accessing people in need of services and available resources. These committees can continue for some time and become long-term continuity-of-care committees.
- Partnering with the medical community is important because mental health issues and mental illness are often manifested physically, and some people more readily seek medical treatment.
- Mental health and substance use disorder consumer groups are groups made up of consumers of services for mental illnesses and/or substance use disorders. Such groups may implement peer counseling models in crisis and post-disaster situations.
- Consumer groups also are gatekeepers to populations affected by mental health and substance use issues and conditions

### **Have** participants brainstorm on how to partner with the healthcare community:

- Identify health providers in the community.
- Identify how to access them.
- Identify what key information you want to provide.

Range of Crisis Counseling Services (cont.)

Public education

- Includes distribution of information and educational materials
- Is likely to increase during the course of the CCP
- Is designed to do the following:
  - Build resilience.
  - Promote constructive coping skills.
  - Educate about and normalize disaster reactions.
  - Help people access support and services.
  - Leave a legacy of knowledge, skills, and community resources.

SAMHSA

**Present** the characteristics and purpose of public education and distribution of educational materials.

**Make** the following points:

- It is common for disaster-affected communities to need more individual services in the immediate disaster aftermath and then to need more group and educational services later.
- Good presentation skills are essential for successful community education. The CCP might consider offering specialized training and practice in group presentations or using staff who have preexisting skill sets in this area.

**Explain** that public education is documented using the Group Encounter Log. We will review this in more detail in a later section.

Range of Crisis Counseling Services (cont.)

Distribution of Educational Materials

- Materials may include social media content, flyers, brochures, tip sheets, guidance, and website content.
- They may cover the following topics:
  - Basic disaster information
  - Key concepts of disaster behavioral health
  - Disaster reactions
  - Coping skills for adults and children
  - Individual and community resilience
  - Information about available crisis resources
- Materials should be culturally appropriate.

SAMHSA

**Make** the following points:

- CCP staff members are encouraged to contact SAMHSA DTAC for help in accessing educational materials.
- Culturally appropriate materials address special populations, are available in multiple languages, and consider the varying educational levels of survivors.
- Educational materials should inform and educate survivors about a variety of issues. Topics to cover include what reactions survivors should expect from themselves, neighbors, family, friends, and children; how to manage those reactions; how to know when reactions are severe and may require professional assessment and treatment; how to talk to children after a disaster; and how to manage stress.
- Distribution of educational materials is captured on the Weekly Tally Sheet.

## Range of Crisis Counseling Services (cont.)

### Media Messaging and Risk Communications

- The CCP reaches large numbers of disaster survivors through media campaigns.
- Media messaging
  - Increases education and awareness for survivors
  - Promotes a shared understanding of the CCP message
  - Delivers a clear message regarding the CCP
  - Promotes the services of the CCP, such as the helpline, ongoing crisis counseling, and referral
  - Shares information on common reactions and important talking points

SAMHSA

Briefly **present** the definition and characteristics of media messaging and risk communications.

**Make** the following points:

- Media messaging and risk communications are important parts of a comprehensive disaster behavioral health plan and any CCP. An effective plan for engaging the media will spread the word about CCP resources and the message of resilience.
- 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).

## Range of Crisis Counseling Services (cont.)

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

- 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.
- Ensure communications are accessible for survivors with disabilities or access and functional needs.
- Develop a press kit with information on the CCP and its services.
- Incorporate social media channels and establish guidelines for how your program will create and share content and interact with community members.

SAMHSA

It is important to identify an experienced spokesperson from the CCP staff, typically a program manager, team lead, or media specialist, to communicate with media partners and help deliver a consistent and phase-appropriate message about CCP services and recovery.

**Optional activity:** Ask students to share their ideas about how to reach the media or promote the program in their communities as a brief brainstorming session.

Consider inviting program leadership to share what they envision the process will be for developing and distributing media content for this program.



### Range of Crisis Counseling Services (cont.)

#### Important Points To Consider When Developing Talking Points and Social Media Content

- 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.
- Diversity is respected in providing assistance.
- If appropriate, and while maintaining confidentiality, highlight stories of people who have been helped by the CCP.

 SAMHSA

**Briefly mention** important points to consider when developing talking points and social media content.

- 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.
- Diversity is respected in providing assistance.
- If appropriate, and while maintaining confidentiality, highlight stories of people who have been helped by the CCP.

**15 minutes** Break

## Section 3: Cultural Awareness (1 hour, 30 minutes)

### 30 minutes Introduction to Cultural Awareness

#### Section 3—Cultural Awareness

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

SAMHSA

**Introduce** this session by telling participants that it's important for CCPs and the range of services provided by the programs to be culturally appropriate and tailored to the needs and values of the specific communities they serve. We are now going to explore methods for ensuring that their services are culturally appropriate.

#### Session Objective

Apply culturally sensitive strategies to crisis counseling services in affected areas.

SAMHSA

**Review** the session objective:

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

Before showing the slide with the definition of cultural awareness, **ask** participants the following questions:

- Have you heard the term “cultural awareness” before?
- What does it mean to you?

#### Definition of Cultural Awareness

Cultural awareness is

- 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, history, traditions, and behaviors of others
- A quality that develops over time, usually involving increasing sensitivity and long-term commitment



SAMHSA

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

#### Principles of Programmatic Cultural Awareness

- Recruit crisis counselors who represent the various cultural groups affected by the disaster.
- Provide ongoing cultural awareness training to staff.
- Identify the various cultural groups or populations in need of services.
- Provide outreach to different cultures, ESL, ASL and vulnerable populations as identified in the application needs assessment.
- Ensure that services are accessible, appropriate, and equitable.
- Allow time to gain acceptance in a community.

SAMHSA

**Introduce** the principles of cultural awareness, making the following points:

*Recognize the importance of culture, and respect diversity—*

Culture is one medium through which people develop resilience. Culture also provides validation and influences rehabilitation following a disaster.

*Maintain a current profile of the cultural composition of the community*—The cultural diversity (ethnic, religious, racial, and linguistic) should be assessed and described in a comprehensive community profile. The profile should include the values, beliefs, social and family norms, traditions, practices, and politics of local cultural groups, as well as a history of racial relations or ethnic issues in the community.

*Recruit crisis counselors who represent the community*—Recruiting staff whose cultural, racial, and ethnic backgrounds are similar to those of the affected people helps ensure a better understanding of both the survivors and the community and increases the likelihood that survivors will be willing to accept assistance. This includes recruiting ASL and bilingual interpreters, as appropriate.

*Provide ongoing cultural awareness training to staff*—Training should be provided to direct-services staff, administrative and management staff, language and sign language interpreters, and temporary staff. Training programs work particularly well when they are provided in collaboration with community-based groups.

*Ensure that services are accessible, appropriate, and equitable*—Ensure that staff members speak the language and understand the values of the community. Involving cultural group representatives in disaster recovery committees and program decision making can help ensure that disaster services are accessible, appropriate, and equitable. Also ensure that written communications are available in large print and multiple languages, as appropriate.

*Recognize the role of help-seeking, customs, traditions, and support networks:*

- People turn to familiar sources for assistance, including family members, friends, community leaders, or religious organizations, before reaching out to government and private-sector service systems.
- Religious and cultural beliefs may influence perceptions of the causes of traumatic experiences.
- Reestablishing rituals in appropriate locations is another way to help survivors in the recovery process.

### Principles of Programmatic Cultural Awareness (cont.)

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

SAMHSA

*Involve cultural brokers and community leaders in a meaningful way*—Cultural brokers can include civic associations, social clubs, neighborhood groups, faith-based organizations, interfaith groups, mutual aid societies, voluntary organizations, health care and social service providers, and nonprofit advocacy organizations.

*Ensure that services are culturally and linguistically appropriate*—Elements of linguistic awareness include the availability of trained bilingual and bicultural staff, translations of educational materials and documents, and sign language and language interpretation services.

*Assess and evaluate the program's cultural awareness*—Assessment and evaluation tools include staff advisory and discussion groups and program self-assessment tools.

### Principles of Individual Cultural Awareness

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

SAMHSA

**Discuss** strategies for culturally aware programming.

**Tell** participants that SAMHSA DTAC can provide guidance with culturally aware strategies and examples of educational materials in multiple languages. Encourage participants to contact SAMHSA DTAC (or visit [www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)) for these resources.

## 1 hour Activities To Identify Culturally Appropriate Strategies

**Strategies for Ensuring Cultural Appropriateness**

**Table Activity**

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

**SAMHSA**

**Organize** the participants into groups of about five to seven people.

**Give** them the following questions to discuss:

- What is your program doing to address cultural awareness? What are some specific examples?
- What cultures are there in your communities and who are the cultural brokers you're working with in those communities?
- Are there others you could be working with—individuals, groups?
- What more could you do to increase the cultural awareness of the staff? Generate three specific recommendations.

You can instruct each group to focus their discussions on the following:

- One or more of the groups that they identified a moment ago and that you recorded on an easel stand
- A specific geographic area/community the program serves
- The program as a whole

**Tell** them they have 30 minutes for their discussion. Make notes in the workbook. They should identify a facilitator to keep the group on time and on track, a recorder to capture main points on an easel stand, and a spokesperson to report out.

After 30 minutes have passed, **have** each group report out.

If all the groups discussed the program as a whole, ask each table to first report on only the first question. Summarize similarities.

Then, proceed to hear reports from all groups on questions two and three. Capture the responses to question three on an easel stand.

Lastly, hear reports on question four. Process for similarities.

If you had groups working on different communities, have each group report out in full.

**Bring** the session to a close, and **tell** participants when you will reconvene to begin the next section, which is about survivor reactions.

## 5 minutes | Journal Reflections

**Ask** participants to turn to the Participant Workbook and complete the journal reflections there. This is an opportunity for them to reflect on Sections 1–3 and identify their key areas of learning.

Journal questions:

1. What are two things about federal disaster response operations—particularly FEMA and the CCP—you want to remember?
2. What key messages are you taking away about the range of CCP services and how services work together to promote individual and community resilience?
3. What are some ways you can increase your cultural awareness and ensure the services you're providing are culturally appropriate?
4. How well are your training needs and expectations being met so far in this course? What topics or issues do you suggest we focus on during tomorrow's sessions?

If you have time, you can have participants **share** their responses with their learning partner or you can ask a few participants to share their responses with the whole group.

**Bring** the session to a close and **tell** participants when you will reconvene to begin the next section, which is about survivor reactions.

## Section 4: Survivor Reactions (1 hour, 45 minutes)

### 15 minutes Review of Day 1

If you are following the suggested agenda and are starting this session on the morning of day 2, begin by **reviewing** the day's agenda.

**Ask** if training participants have any lingering questions about content covered yesterday.

### 15 minutes Session Introduction and Key Concepts

**Section 4—Survivor Reactions**

- Key Concepts
- Individual Reactions
- Collective Reactions
- Resilience

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**Introduce** this session by telling participants that the session focuses on disaster reactions in individuals and the community, and ways to foster resilience in survivors.

**Session Objective**

Identify typical disaster reactions.

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**Review** the session objective:

- Identify typical disaster reactions.

**Key Concepts**



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

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**Present** the key concepts of disaster reactions and resilience.

- During and after a disaster, people may function at a level of high activity but with low efficiency.
- The use of the word “normal” can be emotionally loaded. “Common” is the preferred adjective.
- The CCP is intended to help people access their natural resilience and develop positive coping skills to diminish disruptions in daily living.
- People have natural resilience; in fact, most survivors will return to their former functioning levels within 6 to 18 months without outside mental health intervention.

**Emphasize** that the CCP approach is a strengths-based model that assumes natural resilience and prioritizes sensitivity toward various cultural groups, while being careful to assess for severe reactions.

## Key Concepts (cont.)

### Vulnerability Factors

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

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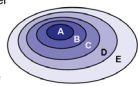
Briefly **show** this slide, pointing out vulnerability factors before going to the next slide to discuss risk factors. Note that in a physical distancing event, such as a pandemic, those without access to the internet may be vulnerable, as it may be harder for them to learn about unfolding events or access CCP services.

**Note** that some of these factors may not be vulnerability factors in and of themselves, but because they involve reduced access to needed resources, they are vulnerability factors during and after disasters, when whole communities have fewer resources.

## Key Concepts (cont.)

### Risk Factors—Population Exposure Model

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



Adapted from O'Connell, D. (2005). Mental health interventions following major disasters: A guide for administrators, policy makers, providers, and providers. Rockville, MD: U.S. Department of Health and Human Services, SAMHSA, OHHS.

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**Remind** everyone of the risk factors in the Population Exposure Model that we briefly showed earlier. Make the following points:

- This model helps identify groups that may need crisis counseling services.
- More intensive individual crisis counseling may be appropriate closer to the center. Psycho-educational efforts to build community resilience may be more appropriate for the “outer” groups.

## Key Concepts (cont.)

### Typical Outcomes of Disaster

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



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**Discuss** the typical outcomes of disaster.

**Note** that severe reactions are relatively rare in typical disasters and that most survivors do not seek help. They may even reject help. People will be especially resistant to seeking services if the services are limited, difficult to access, or located outside of the community.

## Key Concepts (cont.)

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

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**Explain** that the CCP is focused on fostering resilience, and that overcoming the stigma associated with receiving mental health or substance use services is a common challenge in the CCP. However, crisis counselors can help reduce this stigma by having positive interactions with people who may later view mental health and/or substance use services more favorably due to their positive experience with the CCP.



Key Concepts (cont.)

Two Reaction Types

- Possible individual reactions
  - Stress and grief
  - Fatigue, irritability, hopelessness, and relationship conflicts
- Possible collective reactions
  - Damage to community support
  - Effects on individuals and how they cope

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**Describe** the differences between possible individual and collective reactions to disaster.

**Say** that the CCP addresses both individual and collective reactions.

**Explain** that we will discuss each type of reaction in this session; we will first explore the range of individual reactions to disaster.

Individual Reactions

Types of Individual Reactions

- Physical
- Emotional
- Cognitive
- Behavioral

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Briefly **present** the four types of individual reactions:

- Physical
- Emotional
- Cognitive
- Behavioral

**Do not have an in-depth discussion** of the range of reactions under each category at this point, as you're going to ask the participants in the next activity to discuss the specific reactions they've seen.

**Emphasize** the following points:

- People affected by disaster may experience more than one type of reaction. Reactions may change over time. Reactions may be more intense if people were closer to the event when it happened or have experienced previous trauma or crises.
- Typical reactions can vary by developmental stage—e.g., children, adolescents, older adults.
- Reactions can include positive and negative responses.
- Counselors should be sure to track the individual reactions present in the encounter on the Individual/Family Encounter Log data collection tool.

**Emphasize** that we are primarily covering common stress reactions at this point, and will discuss severe reactions later.

## 35 minutes Disaster Reactions Discussion

### Individual Reactions (cont.)

#### Table Activity

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

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**Assign** one type of reaction to each table.

**Give** the following task—for the type of reaction assigned to your table, discuss the following:

- What specific reactions you have seen in this category—either in response to this disaster, or in previous experiences?
- What differences in reactions you have seen—or could imagine—across age groups?
- Take 15 minutes for your discussion.
- Make notes in your workbook.
- Identify a spokesperson to report out.

**Note** that if there are participants who haven't yet had experience interacting with survivors in this disaster, they can discuss the disaster reactions they have personally experienced, have seen in past disasters, or can imagine.

**Acknowledge** that crisis counselors may also be survivors. All crisis counselors should be aware of how their experience with the disaster, whether surviving or helping, will affect their own reactions and stress. It is okay to be mindful of reactions you have noticed in yourself and to acknowledge your own experience as you navigate supporting others. If you have any strong reactions during this process or in the coming weeks and months, please reach out to your program manager or designated contact from your employer for support.

### Individual Reactions (cont.)

#### Physical Reactions

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

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**Have** each table report out on its discussion. After each group reports, quickly review the slide for that reaction to highlight reactions not mentioned. Be sure to highlight the positive reactions in each category as well.

After all groups report, **ask** the participants to turn to the Additional Resources section of their workbooks.

The Disaster Reactions and Interventions table is a resource they should review after the training and continue to consult as they encounter different kinds of reactions in different age groups.

Individual Reactions (cont.)

Emotional Reactions

- Heroic, euphoric, or invulnerable feelings
- Denial of emotion or disaster impacts
- Anxiety or fear
- Anger
- Depression
- Guilt
- Apathy
- Grief
- Positive responses can include feeling challenged, involved, and pressured to act to improve conditions for other survivors and their community.

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When discussing the emotion of anger, consider encouraging participants to review the Tips for Survivors: Coping with Anger After a Disaster or Other Traumatic Event resource found at the SAMHSA Store website at <https://store.samhsa.gov/product/tips-survivors-coping-anger-after-disaster-or-other-traumatic-event/pep19-01-01-002>.

Individual Reactions (cont.)

Cognitive Reactions

- Disorientation and confusion
- Poor concentration
- Difficulty setting priorities or making decisions
- Loss of objectivity
- Recurring dreams, nightmares, or flashbacks
- Preoccupation with disaster
- Positive responses can include group identification and sharpened perception.

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Individual Reactions (cont.)

Behavioral Reactions

- Change 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.

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Individual Reactions (cont.)

Spiritual beliefs influence how people make sense of the world:

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

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**Highlight** the role that spiritual and cultural beliefs may play in individuals' reactions.

**Explain** that when responding to spiritual issues, crisis counselors should do the following things:

- Affirm the right to question beliefs.
- Validate the survivor's search for spiritual answers.
- Assist in connecting survivors with their spiritual advisors.
- Respect the survivor's spiritual beliefs and customs.

## 15 minutes Severe Reactions

### Individual Reactions (cont.)

#### Severe Reactions

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

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**Discuss** the problems that may result from or be exacerbated by severe reactions. Say that not all of these may be caused by a disaster, but preexisting conditions may be worsened after a disaster.

**Update:** Note that the treatment of severe reactions is beyond the scope of the CCP. Crisis counselors do not diagnose disorders and should not engage in conjecture about potential diagnoses when meeting with disaster survivors; however, the ability to recognize signs and symptoms is crucial for the crisis counselor in order to follow established team policies and procedures, and to make appropriate referrals.

**Emphasize** the resources crisis counselors have available to them when faced with a severe reaction:

- The fellow crisis counselor with whom he or she is partnered
- The supervisor, whom they may always call
- The Adult and Child/Youth Assessment and Referral Tools

### Individual Reactions (cont.)

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

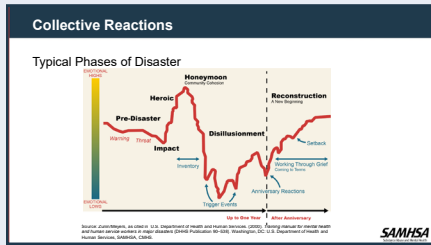
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**Discuss** the factors that contribute to or mitigate severe reactions. Note that we will discuss helping people with preexisting trauma in greater depth when we get to the section on special populations.

**Note** that when working with survivors, especially those with severe reactions, counselors should be aware of their own reactions and stress levels. Maintaining healthy coping and stress management practices is necessary.

## 15 minutes Break

10 minutes Collective Reactions



**Present** the graphic showing the typical phases of disaster.

**Make** the following points:

- Communities progress through these phases at different rates depending on the type of disaster and the degree of exposure. They may also move back and forth between phases.
- Crisis counseling interventions need to be adapted to the phase of the disaster response.

**Ask** the participants:

- What phase are you in now?
- What tells you that is the phase of disaster the community is experiencing?

**Continue** this discussion by moving to the next slide that explains each phase in greater detail.

**Collective Reactions (cont.)**

Typical Phases of Disaster (cont.)

- **Pre-disaster phase**
  - Disasters with no warning can cause feelings of vulnerability, lack of security, and loss of control, fear of future unpredicted tragedies, and inability to protect oneself and one's family.
  - Disasters with warning can cause guilt or self-blame for failure to heed warnings.
- **Impact phase**
  - Reactions can range from shock to overt panic.
  - Initial confusion and disbelief are followed by a focus on self-preservation and family protection.

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Quickly **review** the characteristics of the various phases of disaster—spending the most time on the current phase of disaster.

**Collective Reactions (cont.)**

Typical Phases of Disaster (cont.)

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

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## Collective Reactions (cont.)

### Typical Phases of Disaster (cont.)

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

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**Transition** to the next session by saying that we have explored the range of individual and collective reactions, and we are now going to turn our attention to the role that resilience plays during and after a disaster.

**Emphasize** that resilience is a critical factor and that the goal of the CCP is to foster resilience among survivors

## 30 minutes Resilience

**Ask** the group (before showing the slide with the definition of resilience):

- How do you define resilience?


If you want to do this as an individual or table task, direct participants to make notes on the worksheet in the Participant Workbook.

**Take** a few examples from the group.

Resilience

What is resilience?

- "... Resilience [is] the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress . . ."



American Psychological Association (APA), 2012  
http://www.apa.org/topics/resilience

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Then, **present** the American Psychological Association (APA) definition of resilience. **Ask** participants what reactions they have to the APA's definition. How well does it match with their understanding of resilience?

**Ask** participants these questions:

- What helps foster the resilience of individuals? Of communities?
- What factors decrease resilience?

Some key points to note:

- Some people are naturally resilient, and some need assistance in building resilience.
- Resilience varies across situations and within individuals at different times.
- The level of resilience in individuals and communities can change and can be fostered.
- It is crucial to recognize people's strengths as well as the suffering they have experienced.
- While survivors' suffering must be acknowledged, and compassion and empathy conveyed to them, it is also

important that those who care for them believe in and support their capacity to master this experience.

- Information and education help people's understanding and should be an integral part of support and care systems.

**Resilience (cont.)**

Factors Affecting Resilience

- Life situation
- Individual traits and coping styles
- Amount of prior experience with disaster
- Amount of experience with trauma
- Degree of family support and social support
- Spiritual beliefs
- Degree to which people perceive they have control and hope in their current situation
- Availability of accurate information
- Quality and nature of emergency response

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### Factors Affecting Resilience


- People may be more or less likely to experience disaster distress or to struggle more with their reactions because of factors including life situation, individual differences, and experiences prior to the disaster.
- Life situation factors include socioeconomic status, education level, and current life stressors.
- Individual traits include coping strategies, capacity to tolerate stress, substance use and misuse, and gender.
- Disaster and trauma experience factors include whether people have gone through past disasters or experienced trauma or abuse, and how they have coped with and processed these experiences.
- These factors can promote a resilient state that lessens the effects of disaster and assists survivors in coping with inevitable stress.
- Probably the most far-reaching but most easily overlooked principle of disaster mental health emerging from the literature is that people are resilient.
- Even after intense exposure to the most severe disasters, only a minority of the affected population is likely to suffer from PTSD, and most people do not develop any mental illness.
- Emotional distress is common after exposure to disasters.

**Resilience (cont.)**

Personal growth can occur as a result of surviving disaster.

Examples of Personal Growth

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



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**Discuss** how personal growth is related to resilience.

**Bring** the session to a close. Let participants know that in the next session, we'll be reviewing special populations.

## Section 5: Special Populations (1 hour)

### 10 minutes Introduction to Special Populations

Section 5—Special Populations

- Special Populations
- Intervention Strategies

SAMHSA

**Introduce** this session by pointing out that some groups are more vulnerable to more severe reactions to a disaster. It is essential that a CCP be aware of the special populations in the affected communities. In this session, we will be looking at the risk factors for specific groups in your communities and discussing intervention strategies

Session Objective

Identify special populations and appropriate intervention strategies.

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**Review** the session objective:

- Identify special populations and appropriate interventions strategies.

Special Populations

- Children and youth
- Parents or caregivers of children
- Older adults
- People with prior trauma history
- People with serious mental illness
- People with disabilities
- People with functional and access needs
- People with a history of substance use/misuse
- Low-income groups
- First responders
- Healthcare workers

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**Review** the list of special populations, emphasizing that this is by no means a complete list of special populations.

**Make** the following points:

- These populations may be at higher risk of adverse reactions to disaster. The type of adverse reaction varies by population and is informed by individual factors, such as degree of exposure, prior trauma history, and level of support systems in place.
- Adverse reactions vary. For example, older adults may experience reactions related to difficulty with obtaining prescription medications and adequate food. Children may experience reactions related to lack of coping and stress management skills.
- Special populations are populations that you may want to consider as potentially in need of additional services and supports. However, special populations may also be more resilient than other populations and have well-developed coping skills and networks of support because of their experience with trauma recovery and service systems.
- Additional special populations include refugees, migrant workers, healthcare workers, and individuals with preexisting medical conditions.



**40 minutes** Activity: Identifying Special Populations

Special Populations (cont.)

Table Activity: Identify Special Populations

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



**Tell** participants we are now going to take some time to identify the special populations in their communities.

**Give** participants 20 minutes to complete the following:

- Identify the populations that are most affected by this disaster.
- Determine how the disaster has affected the services they rely on.
- Identify the most effective ways to access these populations.
- Prioritize the populations according to impact.
- Make notes.
- Choose one person for each of the following tasks:
  - Facilitate the discussion.
  - Record the main points.
  - Report out to the larger group.

**Facilitate** the reports from each table group. As each group reports out, record on an easel stand the priority special population groups. **Identify** the three to five groups that emerge as the common priority groups.

**30 minutes** Priority Groups: Risks and Interventions

Special Populations (cont.)

Children and Youth

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



**Discuss** the risk factors and interventions for each of the priority groups identified.

Special populations are presented in more detail on the following slides. For each population group, start by **reviewing** the risk factors mentioned, and then **ask** the participants “What additional risk factors might be missing for this group?”

## Special Populations (cont.)

### Children and Youth (cont.)

- Risk factors
  - Separation from family
  - Evacuation and relocation
  - Loss of a family member or a close friend
- High levels of parental distress
- Family members at risk (such as first responders)
- Loss of a pet

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## Special Populations (cont.)

### Parents or Caregivers of Children

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

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## Special Populations (cont.)

### Parents or Caregivers of Children (cont.)

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



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## Special Populations (cont.)

### Older Adults

- Risk factors
  - Physical limitations
  - Previous loss
  - Relocation trauma
  - Need for medications to manage chronic health conditions
  - Disaster-related health risks
  - Reluctance to accept support
  - Lack of social supports

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## Special Populations (cont.)

### People With Prior Trauma History

- Risk factors
  - Feelings of increased vulnerability and decreased trust
  - Increased likelihood of experiencing disaster-related trauma as similar or identical to earlier trauma
  - Increased risk of developing posttraumatic stress disorder (PTSD)
  - Increased risk of clinical depression or anxiety

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## Special Populations (cont.)

### People With Serious Mental Illness

- Risk factors
  - Inability to maintain medication regimens and obtain 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

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## Special Populations (cont.)

### People With Disabilities and Functional and Access Needs

- Risk factors
  - Evacuation can be more difficult.
  - Service animals need to be considered.
  - Shelters may not be accessible to people using wheelchairs.
  - Access to medication or therapy may be disrupted.
  - Educational materials may not be available in accessible formats.

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## Special Populations (cont.)

### People With a History of Substance Misuse

- Risk factors
  - 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.
  - Current users are at greatest risk for increased use and misuse.
  - Stress and PTSD are known risk factors for substance use and misuse.

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## Special Populations (cont.)

### People With a History of Substance Misuse (cont.)

- The CCP does not fund substance use disorder treatment, but program staff should be prepared in the following ways to work with people with a history of substance misuse:
  - They should be trained to screen for substance misuse issues and make referrals.
  - They should be educated about the effects of substance misuse on individuals, families, and communities.
  - They should develop partnerships with treatment providers and the prevention community.

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## Special Populations (cont.)

### Low-income Groups

- Risk factors
  - Fewer resources
  - Greater preexisting vulnerability
  - Potentially weaker support systems
  - Potential inability to relocate
  - Possibility of more time in shelters

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## Special Populations (cont.)

### First Responders

- Risk factors
  - 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
  - Prior trauma and chronic stress due to the ongoing demands of their jobs
  - Higher likelihood of substance use or misuse



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## Special Populations (cont.)

### Additional Special Populations

- Healthcare workers
- Recent immigrants
- Refugees
- Undocumented workers
- Non-English speakers
- People with preexisting medical conditions
- Veterans

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### Intervention Strategies for Special Populations

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

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Reference the materials in the Participant Workbook for the population groups not discussed in class.

## Section 6: Interventions and Skills (3 hours, 30 minutes)

3 hours, 30 minutes Interventions and Skills

**Section 6—Interventions and Skills**

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

SAMHSA

**Introduce** this session by pointing out that in the previous session we learned about the core services that are part of the CCP, and we will now discuss and practice the skills needed to implement them.

**Point out** that the skills covered in the following section primarily apply to individual interactions between crisis counselors and survivors. Other services such as group counseling, public education, community networking and support, and media messaging may require additional skills not covered in this training. Training on some of these skills will be covered in subsequent modules. Additional trainings should be arranged by program management as needed.

**Session Objective**

Demonstrate crisis counseling interventions and skills.

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**Review** the session objective:

- Demonstrate crisis counseling interventions and skills.

**Crisis Counseling Interventions and Skills**

What should crisis counselors provide?

- Information
- Education
- Emotional support
- Linkage to resources

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

- Information
- Education
- Emotional support and reassurance
- Linkage to resources

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

**Crisis Counseling Interventions and Skills (cont.)**

This SAMHSA DTAC video demonstrates exemplary crisis counseling skills such as active listening and provides CCP staff with tips for working with survivors through all stages of recovery. It depicts role play scenarios and provides suggestions to improve active listening skills and help CCP staff assist angry survivors.



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To bypass the opening section of the video, which is repetitive with introductions in other videos, use the following link:

<https://youtu.be/528pfiNJt7o?t=55>

## Crisis Counseling Interventions and Skills (cont.)

### Engagement

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

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**Describe** engagement, discussing each of the examples and their possible uses in the field.

**Make** the following points:

- Engagement strategies are not crisis counseling but are used to encourage survivors to access available services.
- It is not uncommon for crisis counselors and the public to confuse engagement strategies with actual crisis counseling services.
- When developing engagement approaches, the primary focus should always be on crisis counseling services.
- Engagement strategies, such as puppet shows or art projects, always should incorporate functional and adaptive coping skills.
- Teenagers are especially vulnerable. Using writing projects, such as journal writing, can be a helpful way to engage this population and identify their needs and coping skills.

## Crisis Counseling Interventions and Skills (cont.)

### Examples of Engagement Strategies

- 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

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## Crisis Counseling Interventions and Skills (cont.)

### Establishing Rapport

- Introduce yourself and your role.
- Use positively framed, open-ended questions.
- Use minimal encouragers.
- Listen.

### Calming Skills

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



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**Review** the following techniques as means to establish rapport:

- *Introduce yourself*—Identify who you are; give your name and the name of the CCP.
- *Use door openers*—A door opener is generally a positive, nonjudgmental response made during the initial phase of contact. Examples include “What’s on your mind?” “Can you say more about that?” and “What would you like to talk about today?”
- *Use minimal encouragers*—These are brief supportive statements that convey attention and understanding. Such phrases reinforce talking on the part of the person and are often accompanied by an approving nod of the head. Examples include “I see,” “Yes,” “Right,” “Okay,” and “I hear you.”

- *Listen*—Pay close attention to what the survivor is saying.

**Ask** participants to take a moment and make some notes to themselves about things they can say to introduce themselves and “get in the door” with a survivor.

**Take** a few examples of ideas from the group. Provide feedback on the examples presented—emphasizing good examples and gently exploring ways to improve examples that wouldn't be effective.

**Facilitate** a discussion about how to handle negative reactions/resistance from survivors.

**Describe** calming skills. These are things you can do if the individual is showing extreme fear or panic or is too upset, agitated, or disoriented to talk.

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

**Crisis Counseling Interventions and Skills (cont.)**

**Active Listening (Nonverbal Attending Skills)**

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

**Normalizing**

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

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**Discuss** active listening and the use of specific nonverbal behaviors to communicate listening, attention, openness, and safety. Components of active listening include these:

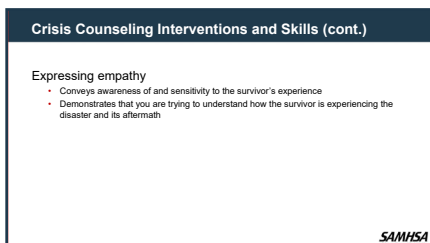
- *Eye contact*—Use a moderate amount of eye contact to communicate attention. A fixed stare can be disconcerting and should be broken intermittently if the person becomes uncomfortable. It may be best to try to mirror the survivor's use of eye contact.
- *Body position*—A relaxed yet attentive posture puts a person at ease.

- *Attentive silence*—Brief periods of silence give the person moments for reflection and may prompt the person to open up more and fill the gap in the conversation.
- *Facial expressions and gestures*—Try to be moderately reactive to the person's words and feelings using your gestures. Occasional head nodding for encouragement, a facial expression that indicates concern and interest, and encouraging movements of the hands that are not distracting can be helpful.
- *Physical distance*—Personal space varies from culture to culture and from person to person. For most Americans, about 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.

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

**Ask:** What are some of the cultural variations in nonverbal behavior that you've noticed in your communities?

**Discuss** normalizing skills. Normalizing educates survivors about common disaster reactions and reassures them that many people experience reactions like they're experiencing after a disaster.



**Discuss** empathy.

**Ask:** What are some specific things you do to demonstrate empathy?

**Direct** participants' attention to the workbook, which lists some do's and don'ts for expressing empathy.

If time allows, consider sharing Brené Brown's video on empathy:

<https://www.youtube.com/watch?v=1Ewgu369Jw> (2 minutes, 53 seconds)



Crisis Counseling Interventions and Skills (cont.)

Reflecting Feelings

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

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**Discuss** reflecting feelings.

**Make** the following points about reflecting feelings:

- When asking about or acknowledging survivors' feelings, a tactful approach is often best, especially regarding the emotional component of messages.
- Your reflection will be more accurate if you both listen and look for verbal and nonverbal cues—voice tone and volume, facial and other bodily gestures, eye contact, and physical distance

**Present** the following statement (or one of your own) and ask participants to respond in a way that reflects the survivor's feelings.

**"I am worried about my family. We lost our house; what are we supposed to do now?"**

Crisis Counseling Interventions and Skills (cont.)

Paraphrasing

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

Validating Feelings

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

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

Crisis Counseling Interventions and Skills (cont.)

Screening

- Listen and observe for 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
  - Open-ended questions

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**Review** the various steps of screening. **Highlight** the need to consult a supervisor when any questions arise.

**Discuss** with participants their procedures for contacting a supervisor and what follow-up they should expect. Emphasize the need for staff to know where to refer survivors for more intensive services and/or provider protocols for these referrals.

**Discuss** the use of closed- and open-ended 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?"

### Crisis Counseling Interventions and Skills (cont.)

Crisis counselors help survivors to do the following:

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

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**Review** the list of ways that crisis counselors assist survivors. **Note** that these items are sometimes referred to as psychological tasks for recovery.

**Emphasize** the following points:

- The CCP assumes natural resilience in individuals and communities. After a disaster, over time most people will return to their usual level of functioning, with or without assistance.
- The CCP addresses disaster-related stress and strives to assist people in recovery. The crisis counselor's primary role is to empower survivors through education, information, and skills development.
- A unique aspect of the CCP that separates it from other disaster relief programs is that it provides broad psycho-educational services to the community, in addition to affected individuals. It therefore addresses both individual and collective needs.

**Emphasize** that supporting survivors to identify, label, and express emotions is different from diagnosing someone.

### Complementary Interventions and Skills

Psychological First Aid (PFA)

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

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

**Tell** participants we're introducing PFA now because some of them may have training in the use of PFA, and the skills they learned can be used in the CCP.

PFA is also evidence-informed. A group of disaster behavioral health experts has endorsed the eight core actions as those most critical to assisting survivors in the immediate aftermath of a disaster.

PFA and CCP skills are complementary. However, the CCP is broader, because it is a program—not just a set of interventions—and includes group services, community networking, media messaging, and public education.

## Complementary Interventions and Skills

### PFA Core Actions

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering on current needs and concerns
- Practical assistance
- Connection with social supports
- Information on coping
- Linkage with collaborative services

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Briefly **review** PFA's core actions.

**Ask:** What similarities do you see between these core actions and the skills/interventions we just discussed? Mention that online or in-person PFA training may be one of the additional trainings that your team identifies as complementary training for this program.

## Complementary Interventions and Skills

### Skills for Psychological Recovery (SPR)

- SPR is an approach that aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity.
- SPR is consistent with the CCP model.
- It is an evidence-informed approach.

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**Consider introducing Skills for Psychological Recovery (SPR).**

**Tell** participants we're introducing SPR now because some CCPs incorporate this training into their training plan and implement the skills they learn during the RSP.

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.

## Complementary Interventions and Skills

### SPR Skills

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

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Briefly **review** SPR's six skills.

**Ask:** What similarities do you see between these skills and the skills/interventions discussed previously?

**Mention** that online or in-person SPR training may be one of the additional trainings that your team identifies as complementary training for this program.

### Crisis Counseling Interventions and Skills

#### Simulation Exercise

- This exercise includes three rounds of practice.
- Each person will have a chance to be the crisis counselor, the survivor, and the observer (roles will change at the beginning of each round).
- Each round will include 10 minutes to practice and 5 minutes for the observer to provide the counselor with feedback.

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**Tell** participants that they'll now have a chance to practice using these skills and interventions.

**Have** the participants form trios and decide who will be numbers 1, 2, and 3. Tell them to remember their numbers!

**Note** that if the number of participants isn't divisible by 3, one pair may work together; they can give each other feedback on the practice directly, instead of having an observer.

**Explain** that there will be three rounds of practice. Each round will last 15 minutes—10 minutes for practice and 5 minutes for feedback.

In each round, there will be a crisis counselor practicing the skills, a survivor, and an observer. Everyone will have a chance to play all three roles; the roles will shift for each round of practice.

### Crisis Counseling Interventions and Skills (cont.)

#### Simulation Exercise—Preparation

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

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We'll be using a different case scenario for each round. The cases are in the Participant Workbook.

**Note** that you should feel free to adapt or modify the case scenarios, or even to use scenarios from your own experience.

In the first round, the 1s will counsel "Craig."

In the second, the 2s will counsel "James."

In the final round, the 3s will counsel "Rachel."

**Tell** them to take 10 minutes to prepare for the practice.

- Read the description of the person you'll be counseling and prepare for the practice.
- Answer the questions underneath the scenario description and decide what skills you want to be sure to practice.
- Then, read the other two case scenarios in preparation for playing the role either of the survivor or observer in the other two rounds.

When 10 minutes have passed, move into the practice.

Before starting the first round, in which the 1s will be practicing the counseling, tell them to decide in their trios who will be playing the role of Craig and who will be the observer.

Tell the observers to take notes on the observer worksheet in the Participant Workbook. When it's time to give feedback to the counselor, use this sheet as a guide.

**Explain** that you'll be keeping time for them.

Start the first round of practice. Give them a 1-minute warning when the 10 minutes for practice are nearly up. At the 10-minute mark, announce that they should wrap up the practice and move into feedback. When the 10 minutes for feedback are nearly up, give them a 1-minute warning.

Repeat, using case 2 for the second round, and 3 for the third round.

Have participants switch roles for each round, making sure everyone gets to play the role of survivor and of observer.

You might want to check in with the groups between rounds and ask them how the practice is going:

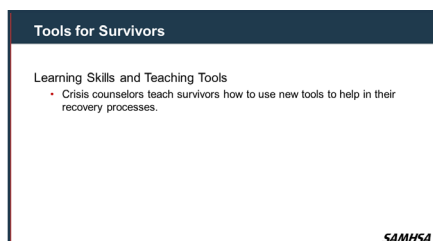
- What's working well?
- What skills are difficult?
- What are they noticing about using the skills?

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

**Ask:**

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

**Bring** the session to a close. **Thank** the participants for their hard work. **Tell** them that after the break, we'll be discussing— and doing more practice—with survivor tools.



**Introduce** the concept that crisis counselors learn skills and tools that they can then teach survivors.

**Emphasize** the importance of empowering survivors to use these tools in this disaster and in the future.



## Tools for Survivors (cont.)

### Other Coping Tools

- Scheduling of positive activities
- Relaxation techniques and self-calming
- Helpful thinking
- Stress management
- Problem solving

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## Introduce additional 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.

## Tools for Survivors (cont.)

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

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

Adapted from American Psychological Association (APA). (2005). *The road to resilience*. Retrieved from the APA website at <http://www.apa.org>

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

## Tools for Survivors (cont.)

### Ten Ways To Build Resilience

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

Adapted from APA, 2005.

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

### Tools for Survivors (cont.)

#### Practice Exercise

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

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**Tell** participants that we are now going to work with another case scenario to better understand how to employ these survivor tools.

**Divide** participants into groups of about five participants each (it's best if the number of groups is a multiple of three—as there are three tools).

**Assign** each group one tool—goal-setting, social support, or coping.

**Introduce** the scenario they'll be working with. Tell them the scenario is also in their workbooks.

**Note** that participants should use real-life scenarios from this disaster, when possible, or if not, use the ones provided here.

### Tools for Survivors (cont.)

#### Practice Exercise (cont.)

- With your group, discuss how to apply your assigned tool during your encounter with Paula.
- Either prepare to present a short demonstration of how you would use the tool or present your group's analysis and strategy for using the tool in this case.
- You have 20 minutes for your discussion.

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**Give** the following group task:

- Discuss how to apply your assigned tool to this example during an encounter.
- Either prepare to present a short demonstration of how you would use the tool or present your group's analysis and strategy for using the tool in this case.
- You have 20 minutes for your discussion

Have each group present its demonstration or analysis. If there are multiple groups discussing the same tool, ask each group to present its approach, and then discuss the reports together, noting similarities and differences.

**Provide** feedback on the groups' reports—emphasizing appropriate use of the tool and gently correcting misuse of the tool.

**Ask** the whole group: What are some other ways you might use this tool in this circumstance?

**Repeat** for each tool until all are presented and discussed. Following all of the reports, facilitate a large group discussion:

- In this specific case, which tools would you seek to use?
- How do you choose which tools to use?
- How would you sequence the tools during this encounter?



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

**15 minutes** Ethical Considerations

**Ethical Considerations**

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

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**Discuss** the ethical considerations that crisis counselors should take into account.

**Make** the following points about confidentiality:

- Crisis counseling services provided through the CCP are anonymous and confidential.
- Crisis counselors should not share individual or group encounter experiences with anyone outside of the contact or group, with the exception of the following people:
  - Their supervisor, for supervision purposes
  - Other crisis counselors with a legitimate need to know the information to provide services
  - Public safety personnel, if the individual or another human being is in imminent risk or danger

Also **note** that counselors who are delivering services via the phone or virtual meeting platforms should ensure that they are in a private place, free from distractions. If they are working remotely or from home and there are other people or family members present, they should be excluded from the space in order to maintain confidentiality.

**Make** the following points about mandatory reporting:

- Immediately discuss any allegations or cases of suspected child abuse with your supervisor.
- Follow state and local reporting regulations in cases of suicidal or homicidal intent.
- Safeguard the interests and rights of individuals who lack, or may lack, decision-making abilities—e.g., children, people with developmental disabilities.

**Note** that counselors should ask their supervisors about specific agency policies around consent and release of information as well as applicable mandatory reporting requirements.

### Ethical Considerations (cont.)

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

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- Crisis counselors should not keep formal records; there is not clinical charting in the CCP. However, it is appropriate to maintain basic contact information for the purpose of following up with individuals.
- Examples of inappropriate information sharing include talking in public about people you have seen or sharing personal information with family members or friends.

### Safety

- Crisis counselors should always attempt to assess safety prior to and during work in disaster settings.
- Crisis counselors should ensure that encounters take place in safe, secure, and comfortable settings.
- Crisis counselors should always work in teams of two.
- Crisis counselors should consider coming up with a safety word to be used if a teammate notices something unsafe.
- Crisis counselors should ensure that their phones are in their possession and not left in a vehicle.
- The safety of crisis counselors should always be a CCP priority.

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**Review** the following points related to safety:

- Crisis counselors should always attempt to assess safety prior to and during work in disaster settings.
- Crisis counselors should ensure that encounters take place in safe, secure, and comfortable settings.
- Crisis counselors should always work in teams of two.
- Crisis counselors should consider coming up with a safety word to be used if a teammate notices something unsafe.
- Crisis counselors should ensure that their phones are in their possession and not left in a vehicle.
- The safety of crisis counselors should always be a CCP priority.

**Bring** this section to a close. If you are following the suggested agenda, break for lunch; if you are not, take a quick break before starting the next section.

**Tell** participants that when we reconvene, we will be discussing data collection and program evaluation.

# Section 7: Data Collection and Program Evaluation

(1 hour, 15 minutes)

The majority of CCP staff should have completed the CCP data forms training prior to this course. This section is simply an overview of those forms and processes related to form submission.

**3 hours, 30 minutes** Interventions and Skills

**Section 7—Data Collection and Program Evaluation**

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

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**Introduce** this session by telling participants that we're now going to discuss the importance of data collection and the tools and processes they will be using for data collection in the CCP.

**Session Objectives**

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

*SAMHSA*

**Review** the session objectives:

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

**Definitions and Purpose**

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

*SAMHSA*

**Ask** participants—Why is it important to collect program data?

**Make** the following points:

- Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the execution or effectiveness of interventions.
- We do it to understand and improve services based on observable and verifiable data.
- Whether the questions concern how to improve the reach of services or their efficacy, program evaluation provides information based on real-world observations to lead to high-quality answers

**Definitions and Purpose (cont.)**

Why collect and analyze data?

- Assist program management at the state level
- Help the field and the program understand trends and identify needs
- Improve disaster behavioral health response
- Improve mental health and substance use-related emergency preparedness
- Document the program's accomplishments
- Provide accountability to stakeholders (e.g., Congress, U.S. Government Accountability Office, and federal, state, and local agencies)

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**Review** the specific uses and rationale for collecting data:

- Assist program management at the state level
- Help the field and the program understand trends and identify needs

- Improve disaster behavioral health response
- Improve mental health and substance use-related emergency preparedness
- Document the program's accomplishments
- Provide accountability to stakeholders (e.g., Congress, U.S. Government Accountability Office, and federal, state, and local agencies)

**Ask** participants: What specific kinds of data would you need to collect to do these things?

**Tell** participants that the Office of Management and Budget-approved forms are used across all CCP programs to collect data for program evaluation.

### 10 minutes Encounter Logs, Weekly Tally Sheet

#### CCP Evaluation and Data Collection Toolkit

##### Encounter Logs and Weekly Tally Sheets

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

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**Introduce** the Encounter Logs and Weekly Tally Sheets.

These are the most commonly used forms. Explain that these three forms are available to complete via mobile app or paper. Also explain that paper forms are typically used at the beginning of a program, and if mobile devices are approved for the program, the transition to mobile app data collection will occur in the future.

**Highlight** the following points:

- The Encounter Logs and Weekly Tally Sheets document most services delivered (a small percentage will be documented through the Assessment and Referral Tools).
- The Encounter Logs and Weekly Tally Sheets should be completed during or immediately after the encounter to ensure data are not lost.
- Encounters logged on Encounter Log forms are those lasting more than 15 minutes. Contacts that are less than 15 minutes are logged on the Weekly Tally Sheet.
- Explain that the forms have data validation points that help ensure all data entered into the database is complete and accurate.
- These include required questions and flags when entering data for items that are incorrect or missing.

CCP Evaluation and Data Collection Toolkit (cont.)

- Individual/Family Crisis Counseling Services Encounter Logs
- Document interactions with individuals or families that last at least 15 minutes and involve participant disclosure
  - Capture visit type, demographic information, number of people involved in encounter, location, risk categories, event reactions, focus of encounter, materials provided, and referrals

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## Individual/Family Crisis Counseling Services Encounter Logs

### Trainer Note:

*Consider providing handouts of data forms and/or pulling up the forms on the training screen.*

Emphasize when the form is used:

- This form is used to document interactions with individuals or families (people within the same household).
- The form is used for encounters that last at least 15 minutes.
- Information captured is gathered through observation and interactions. The questions are not directly asked.
- One form is completed for each encounter by a team of crisis counselors. Door-to-door outreach is conducted in pairs, and both team members should be included on the form

**Provide** a brief overview of the information captured.

**Give** a brief overview but point them to the online training and frequently asked questions documents for more detail (available at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>):

- The first page captures visit type, demographic information, number of people in the encounter, and location of service.
- The second page (back of form) captures risk categories, event reactions, the focus of the encounter, materials, and referrals.
  - Event reactions are those being experienced at the time of the service encounter.
  - Focus of encounter includes information, skills, coping tips, or support provided.
  - Materials should be made available and left with the survivor(s), so in most cases, the “Materials distributed” questions should be answered “yes.”
  - Referrals and contact information should be provided, when necessary.

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

### 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 areas

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## Group Encounter Logs

**Emphasize** when the form is used:

- This form is used to document group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking).
- The form is used for encounters that last at least 15 minutes.
- One form is completed for each session or event by a team of crisis counselors during or immediately after the encounter—both crisis counselors' numbers can be logged on one form.

**Provide** a brief overview of the information captured:

- The first page captures type of service, characteristics of encounter, and group identities.
- The second page (back of form) captures demographics, focus of group session, and materials provided.

**Point out** that group counseling sessions increase later in the ISP or RSP, but this form is relevant right away, as it is used to capture a wide range of public education and community activities.

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

### 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)
- Should be completed by crisis counselors or designated staff

SAMHSA

## Weekly Tally Sheets

**Emphasize** when the form is used:

- The following services are captured for each staff member:
  - Brief individual (in-person or telephone) contacts that are less than 15 minutes, emails, and community networking and coalition building
  - Distribution of materials including printed materials, mass mailings, mass media messages (e.g., newspaper, radio), and social networking
- Totals capture information for 1 week (beginning Sunday).
- Services are tallied at the county, provider, and program levels.

- One form should be completed for each county in which a staff member works.
- Administrative staff may be completing the social networking and mass media sections, depending on the size of the CCP.

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

**Provide a brief overview** of the information captured:

- The upper section captures the number of contacts made through brief encounters, telephone contacts by crisis counselors, hotline/helpline/lifeline contacts, emails, and community networking.
- The lower section captures materials distributed that are not otherwise captured on the Individual/Family Crisis Counseling Services Encounter Logs or Group Encounter Logs.
- Note that the “Materials Distributed” tally captures efforts to reach the audience, not number of pieces of paper distributed:
  - When packets of materials are handed to people, mailed, or left at someone’s house, the number of packets is counted (not individual pieces within the packet).
  - When mass media messages or social networking announcements are published or posted, count the number of messages you post (**not the number of viewers/listeners, and not the number that “like,” “re- tweet,” or share your message**).

If time allows, take 15 minutes to watch the CCP training video on how to use the Individual/Family Encounter Log and the mobile app during encounters. If time is short, provide participants with the link to the video so they can watch it on their own.

- Individual/Family Encounter Log video: <https://www.youtube.com/watch?v=jRPkSFhzM2U&feature=youtu.be>
- CCP mobile app video: <https://www.youtube.com/watch?v=ZAagU0fVA-o&feature=youtu.be>

## 10 minutes Encounter Logs, Weekly Tally Sheet

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

#### Assessment and Referral Tools

- Are used to facilitate referrals to more intensive mental health or substance use disorder treatment services
- Can be used at any time if you suspect the individual may be experiencing serious reactions
- Recommended for use on the third, fifth, or later visits.
- Measure risk categories and event reactions using a structured interview approach

SAMHSA

There are two Assessment and Referral Tools available for crisis counselors who encounter someone who is experiencing severe reactions, to help identify when referral is needed for mental health and substance use disorder treatment services. **Explain** that these forms are available on paper and are embedded within the Individual/Family Encounter Log in the mobile app.

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

#### Adult Assessment and Referral Tool

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

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

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

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

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**Make** the following points about both of the Assessment and Referral Tool forms:

- Assessment and Referral Tools are used in the ISP and the RSP, as needed.
- While these forms are recommended to be used during the third or fifth or later encounter with a survivor, they may be used at any point when a crisis counselor, in conjunction with a team leader, feels referral to more intensive services may be warranted.
- The assessment uses the expanded version of the Short PTSD Rating Interview, or SPRINT—the expanded version is called the SPRINT-E—to measure event reactions. The SPRINT-E has been validated in a CCP context.
- The Individual/Family Crisis Counseling Services Encounter Log should also be filled out if an encounter lasting 15 minutes or more precipitated the use of the Assessment and Referral Tool. If utilizing the CCP mobile app, you are able to complete both forms at the same time so that they share the same demographic profile. If a follow-up visit is scheduled to administer the tool by a team leader, however, then only the Assessment and Referral Tool form needs to be completed.



- Crisis counselors must have some training in the process of assessment, including how to answer participants' questions. Staff should complete the Assessment and Referral Tool online training before using this form. The training is available on the CCP Toolkit website under the data forms and training section at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.
- This tool serves as a reminder that crisis counseling is intended to be a short-term intervention. Managers need to ensure that protocols are in place in their settings to ensure that individual crisis counseling does not become individual therapy.
  - At the end of the form, you should review the responses that are indicated with a "4" or "5," and be prepared to offer the respondent a referral for more intensive services. Explain that the mobile app will provide coaching based on the selections made.
  - You should also have a plan in place (that adheres to your employer's protocol) for what to do if the individual indicates a need for immediate psychiatric intervention by answering yes to any of the questions 12-14 on the adult assessment tool or questions 21-24 on the child assessment tool.
- A crisis counselor can still make visits to a survivor with whom an Assessment and Referral Tool has been completed.

**Questions to consider:**

- What are the cues that tell you assessment, and possibly referral, is/are needed?
- What resources do you have to refer people to?
- When should you contact your supervisor?
- Take a few minutes to show the staff the training video for completing the Assessment and Referral Tools (<https://www.youtube.com/watch?v=flei8krbcs0&feature=youtu.be>).

**Highlight** the importance of establishing referral procedures and referral resources early in the program. **If program leadership is in attendance, invite them to briefly discuss** the program's referral procedures and individuals and organizations to which team members should make referrals.

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

#### Advanced Evaluation Tools

- The Child/Youth Assessment and Referral Tool and the Adult Assessment and Referral Tool are used in the ISP and the RSP, as needed.
- Participant and Service Provider Feedback Surveys are typically scheduled during the RSP (6 months after the disaster and 12 months after the disaster).

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### Advanced Evaluation Tools:

- Each CCP is required to plan for the administration of each of these forms when the situations are appropriate, especially if the program is extended or staff encounter individuals experiencing severe reactions.
- CCP program managers will provide separate training and instructions for when and how these forms will be implemented.

## Section 8: Stress Management (1 hours, 15 minutes)

### 15 minutes Session Introduction and Breathing Exercise

#### Section 8—Stress Management

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

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**Introduce** this session by telling participants that in this last session, we're going to look at techniques for self-care. It is important for us to manage our own stress in order to continue to provide quality services to survivors.

#### Session Objective

Apply techniques for managing stress.

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**Review** the session objective:

- Apply techniques for managing stress.

#### Stress Management Techniques, Healthy Coping Strategies, Breathing Exercise



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**Play** the **Stress Management Techniques and Healthy Coping Strategies** video:

<https://youtu.be/lqpCCnmwNVY?t=40>

After watching the video together, ask participants the following questions:

- What is stress? How do you define it?
- What causes stress for you?

#### 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 potentially stressful situations.
- An optimum level of stress can act as a motivational force.

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**Present** the definition of stress.

### Typical Stressors for Crisis Counselors

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

SAMHSA

**Discuss** the typical stressors for crisis counselors.

**Ask** them to take a moment and write down what the top three stressors are for them personally—either from this list or other stressors not listed here.

**Take** a few examples from the group.

**Make** the following points:

- The core of a CCP is its staff—the program's success is directly dependent on staff's ability to regulate their own stress.
- Special care needs to be taken, both at the individual and the organizational level, to manage the stress that is a natural part of the crisis counselor's job.
- We'll be working mostly with individual approaches in this session. Program managers need to incorporate organizational approaches and mechanisms to minimize and manage stress into the CCP as well

### 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.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

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**Review** the warning signs of excessive stress.

**Make** the following points:

- As with disaster survivors, assessment hinges on the question "How much stress is too much?"
- Disaster workers commonly experience many reactions that have limited impact on performance. However, when 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.
- Supervision is essential when a disaster worker's personal coping strategies are wearing thin.

**Trainer Note** (Optional):

*Consider asking counselors to develop their own personal plan for stress management. They should write it down and share it with their team leaders after the training.*

## Individual Approaches to Stress Management

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

SAMHSA

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

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

If coordinated prior to the training, program leadership could also be asked to speak to their plans for staff stress management as indicated in their CCP application or program plan so that staff know what to expect.

If time allows, consider having participants complete the individual stress management worksheet in the Participant Workbook.

In closing, **tell** participants that there is an Apply Your Learning worksheet in the Participant Workbook and a course evaluation that can be filled out by visiting the website link provided on the following slide.

30 minutes

## Activity: Creating Your Individual Stress Management Plan

**Have** participants complete the individual stress management worksheet in the Participant Workbook.

Tell them to review the inventory of stress management techniques on the previous page.

Give them about 10 minutes to complete the sheet.

**Ask** participants to get together with their learning partner and share their plans with each other.

Give them about 10 minutes.

**Ask** the teams to share examples with the large group about the stress management techniques they plan to use.

**Record** their stress management ideas on an easel stand.

**Ask** participants—What specifically can program management do to support your stress management plan?

**Record** their responses on an easel stand and give this chart to program management.

**Bring** the session to a close. Tell participants that as we bring this course to a close, we'll be giving them some time to reflect on their learning overall and complete an evaluation for the course.

## Applying Your Learning and Course Evaluation

(30 minutes)

### 20 minutes Planning to Apply Your Learning

**Tell** participants that what we're about to do is the most important part of any course. Studies have shown that if you don't use new skills you have acquired during training within 2 weeks of the course, those new skills are lost to you. Taking a few moments to review your learning and setting your intention to apply what you have learned in the real world is essential.

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

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

**Encourage** them to make a commitment to check back in with each other in 2 weeks to see if they're following through on the actions they've identified.

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

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

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

### 10 minutes Course Evaluation

**Hand out** the course evaluation form or email the group the training evaluation link and ask participants to complete it.

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

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

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

## **Training Feedback**

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

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

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

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

## Crisis Counseling Assistance and Training Program (CCP)

### Training Feedback Form for *Participants*

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

Name of Trainer(s): \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

4. The information was clearly presented.

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE



8. The training environment was physically comfortable (e.g., temperature, room size, setup)  
STRONGLY DISAGREE    1        2        3        4        5    STRONGLY AGREE

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

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

Thank you for your valued feedback. Please return this form to your trainer. Copies will be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at:

**SAMHSA DTAC**  
1-800-308-3515  
[dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)

## Crisis Counseling Assistance and Training Program (CCP)

### Training Feedback Form for *Trainers and Leadership*

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

Name of Trainer(s): \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

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

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

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

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

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

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

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

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

5. The Exercises and Trainer's Tips booklet contained activities that effectively facilitated learning.

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

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

STRONGLY DISAGREE   1      2      3      4      5      STRONGLY AGREE

7. What elements of this training session were most effective in facilitating learning?
  
8. What, if anything, would you change to improve the content or organization of the training materials?

Thank you for your valued feedback. Please return this form and all the participant evaluations to the state CCP director. Remember to ask the state CCP director to send copies of all forms to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at the following:

**SAMHSA DTAC**  
1-800-308-3515  
[dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)