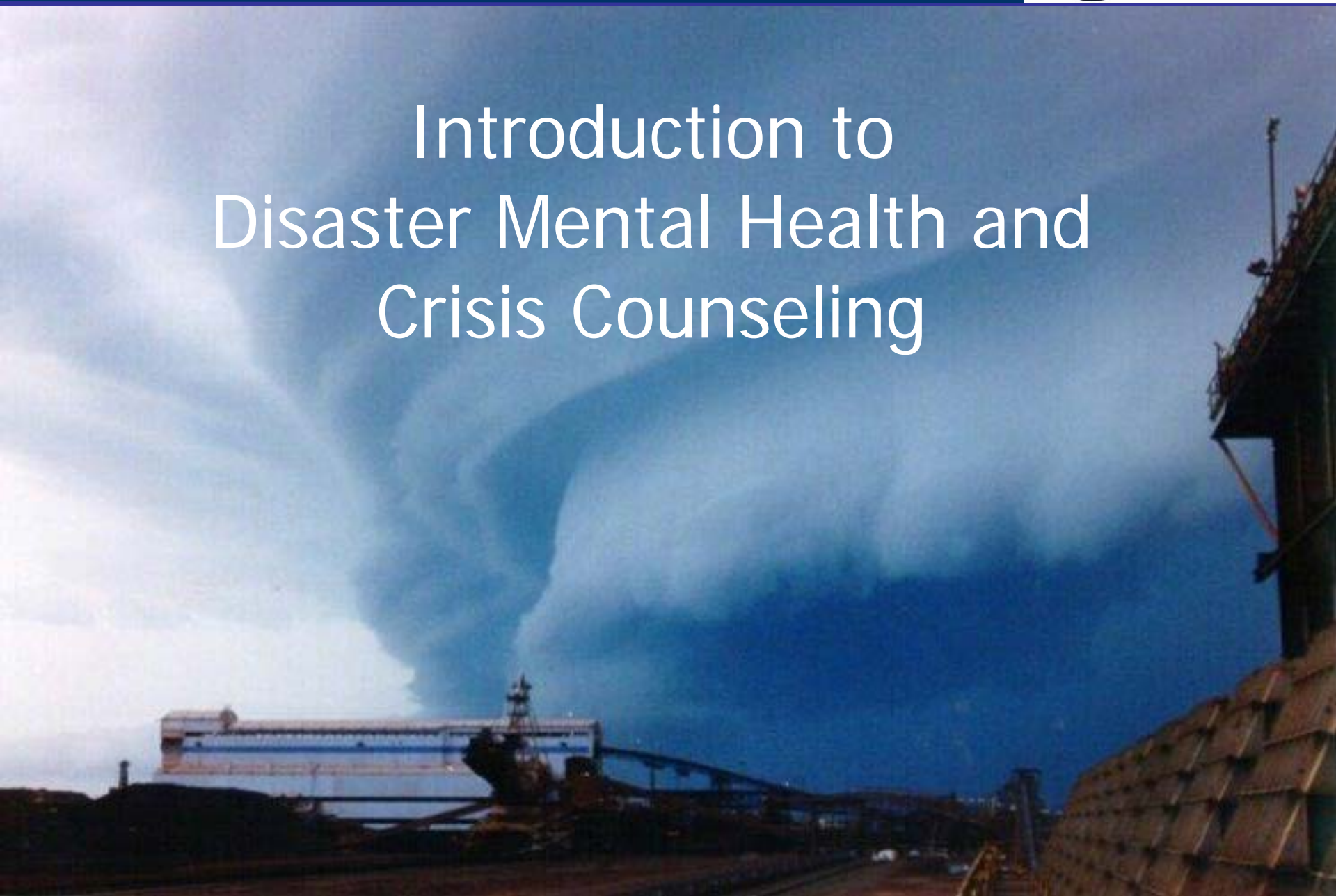




# Introduction to Disaster Mental Health and Crisis Counseling



# Welcome

- Thank you for coming
  - Bathrooms
  - Breaks
  - Cell Phones
  - Confidentiality
  - Ground Rules
  - Parking Lot
- Introductions &  
Ice Breaker

# New Jersey's Disaster Mental Health System

- Since the early 1990's New Jersey has been a national leader disaster mental health
- Today all 21 counties have viable disaster mental health plans and each has a cadre of trained disaster mental health responders
- Through the Disaster & Terrorism Branch, basic and advanced training programs are offered for mental health professionals and para-professionals to help sustain an adequate disaster mental health workforce

# The History of Disaster Mental Health Services

## Robert T. Stafford Disaster Relief and Emergency Assistance Act

- Passed in 1988
- Defined emergency management as a joint responsibility of Federal, State and local governments
- Established the Crisis Counseling Program
- Required States to have a plan for the mental health aspects of disasters

# State and County Interoperability

County plans now have a greater degree of consistency in:

- Sophistication
- Format
- Detail
- Scope



New Jersey has been a national leader in Disaster Mental Health Planning since the early '90's



# Overview of the New Jersey Disaster Mental Health System



# FEMA Disaster Relief Services

## FEMA disaster operations structure

U.S. Department of Homeland Security

**FEMA** Headquarters

**FEMA** Region

**FEMA** Joint Field Office

Disaster Recovery Center

Disaster Recovery Center

Disaster Recovery Center



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov



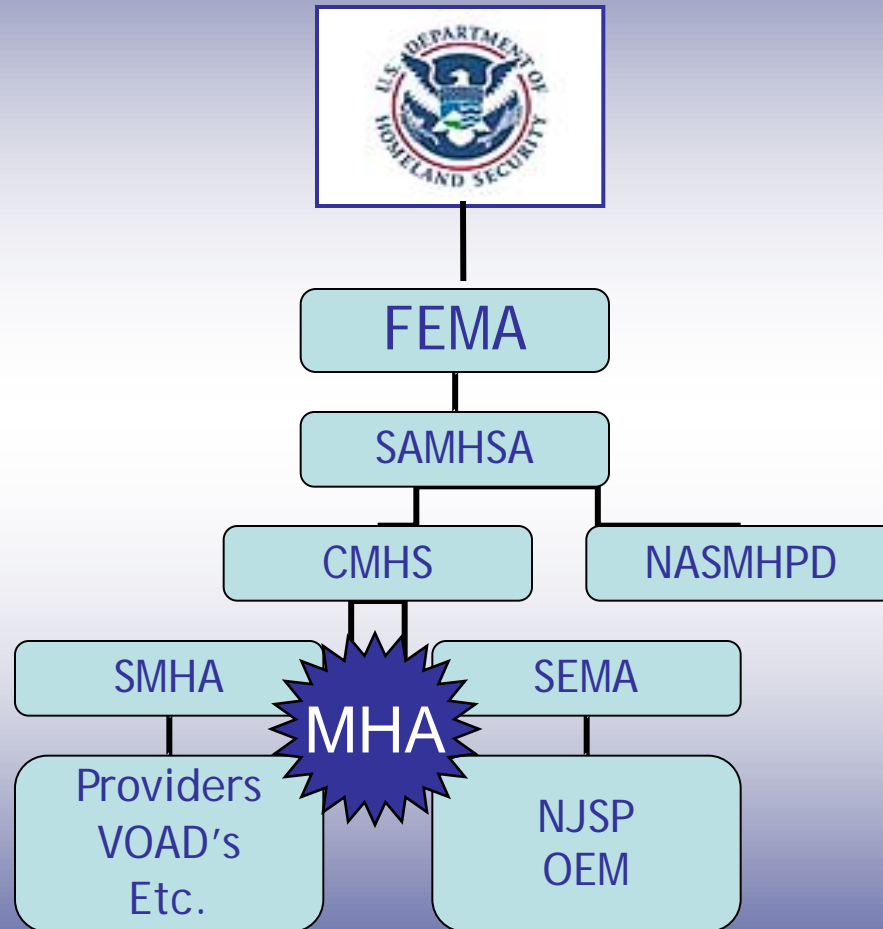
**FEMA**

Possible  
Disaster Recovery Center  
Responders

- **FEMA**
- **State and Local**
- **American Red Cross**
- **VOADs**
- **Crisis Counselors**
- **SEMA/Local EMA**
- **SMHA/SSA**



# Disaster Behavioral Health Table of Organization



## Key

- FEMA- Federal Emergency Management Agency
- SAMHSA- Substance Abuse Mental Health Services Administration
- CMHS- Center for Mental Health Services
- MHA- Mental Health Administrator
- NASMHPD- National Assoc. of State Mental Health Program Administrators
- SMHA- State Mental Health Program Authority
- MHA- County Mental Health Administrator
- SEMA- State Emergency Management Authority
- VOAD- Volunteer organization active in disaster
- OEM- Office of Emergency Management



# VIDEO: DISASTER RECOVERY CENTERS

# A Proud History of Service

- NJ has a long history of disaster mental health response, formally beginning in the late-80's
- Responses have included declared disasters:
  - 9/11
  - Anthrax Postal System Attacks
  - Hurricane Floyd
  - 2004 Floods in Burlington and Camden Counties
  - Hurricane Ivan along the Delaware River
  - Tropical Storm Irene
  - Superstorm Sandy
- Also including non-declared disasters:
  - Seton Hall Dormitory Fire
  - Edison Gas Line Explosion
  - Haitian Earthquake
  - Ewing Gas Line Explosion



*Floods have been NJ's most common type of disaster*

# The FEMA “All Hazards Model”

Along with the majority of the states, New Jersey is actively “recalibrating” our county and state disaster mental health plans in all “all hazards” format to foster a greater degree of interoperability with other emergency management disciplines.



# New Jersey's Disaster Behavioral Health Programs

- NJ Division of Mental Health and Addiction Services (609) 984-2767
  - Behavioral Health Helpline (877) 294-HELP
  - NJ Disaster Critical Incident Stress Resp. (866) 4U-NJ-1ST
  - NJ Crisis Intervention Network (866) NJS-CISD
  - Cop2Cop (866) Cop2Cop
  - FMBA-CISM Services (888) 214-3111
  - Traumatic Loss Coalitions (800) 969-5300
- *and County Mental Health Administrators*

*Online at [www.disastermentalhealthnj.com](http://www.disastermentalhealthnj.com)*



# Critical Partners

NJ has developed critical partnerships and working relationships between:

- Mental Health
- Public Health
- Emergency Managers
- First Responders
- Academic Institutions
- Media



# Ongoing Activities

The NJ Disaster Behavioral Health workforce is active in:

- Planning: Task Force and local levels
- Drills & Exercises: Master Exercise & Training Information System
- Psycho-education: MH Professionals, CERT, law enforcement academies, etc.
- Real-Time Response: Countless call-outs of all types

*Disaster exercises provide an excellent opportunity to build skills and test the response system.*



# Building a Community of Responders

## Professional Development Activities:

- 16 different training programs offered on an ongoing basis to support the psycho-social reserve corps
- Dynamic web presence at [www.disastermentalhealthnj.com](http://www.disastermentalhealthnj.com)
- E-newsletter: *"New Jersey Crisis Counselor"*

NJ Department of Human Services

Division of Mental Health Services

## New Jersey Crisis Counselor

Summer / Fall 2008

[www.state.nj.us/humanservices/dmhs](http://www.state.nj.us/humanservices/dmhs)

Jon S. Corzine, Governor

Jennifer Velez, Commissioner

Kevin Martone, Assistant Commissioner



# The Disaster Response Crisis Counselor (DRCC) Credential

The DRCC Credential was developed to:

- To provide uniformity in standards in training and experience
- To provide a coordinated and integrated response to disasters and traumatic events in the community
- To sustain a dedicated workforce by providing necessary support





# Benefits of the Certification Process

- New Jersey is one of the first states to develop such a certification and credentialing process
- Professionals obtain a certification that recognizes their expertise in the field
- Standardization in training requirements
- Ongoing workforce support and development
- Integrated and enhanced disaster and crisis response

# Certification Process

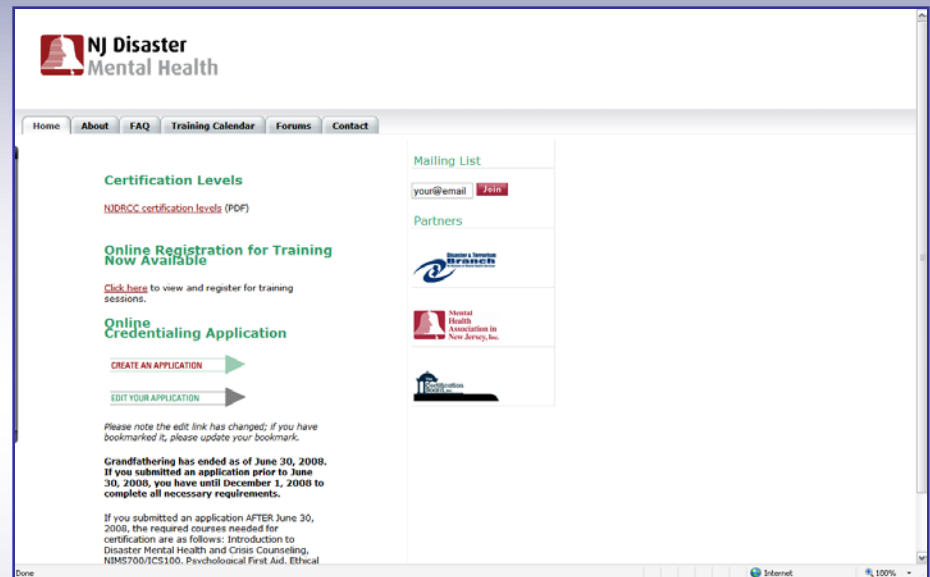
- Complete online certification application through website ([www.njdrcc.org](http://www.njdrcc.org))
- Complete 28-hour training curriculum
- Complete fingerprinting for criminal background check requirement
- Review and sign code of ethics statement

# Re-Certification Process

- Twelve hours of training required every two years
- Maintain updated profile on electronic database with changes in address, contact information, training courses completed, credentials, etc.
- Maintain standards of practice in discipline/profession

# To Learn More...

- Online application
- FAQs
- Training Calendar
- Training Catalog
- *All online at [www.njdrcc.org](http://www.njdrcc.org)*



# About Our Program



“The time to repair the roof is when the sun is shining” - *JFK*

# When a disaster happens...

The first response is always local.

# Our Goals Include...

- Provide current, accurate information about mental health intervention following disasters and acts of mass violence
- Training, credentialing and organizing a state-wide mental health emergency response network



# This Program /s Intended to...

- Introduce the central concepts of disaster mental health
- Provide information about the scope and prevalence of disasters
- Describe the typical and atypical reactions to disaster
- Explore the basics of intervention following a disaster
- Offer guidance on managing secondary or vicarious traumatic stress



# This Program is *Not* Intended to...



- Train mental health responders in the assessment, diagnose or treatment individuals with Post-Traumatic Stress Disorder (PTSD)
- Address the long-term treatment or counseling needs of those exposed to traumatic events

# Overview

**Module One**: The Scope and Prevalence of Disasters

**Module Two**: The Psychosocial Impact of Disasters

**Module Three**: Assessment Strategies

**Module Four**: Fundamentals of Crisis Counseling and Psychological First Aid

**Module Five**: Understanding and Preventing Secondary Traumatic Stress

# Questions?



# Video

## Tornado Survivors of Moore, OK

# Module One



## The Scope and Prevalence of Disasters

# Definition of a Disaster

## Definition of a Disaster

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

Adapted from the Center for Mental Health Services (CMHS), 2000.

# 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



# Key Concepts (cont.)

## Typical outcomes of disaster:

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





# Types of Traumatic Events

- Natural Disasters
- Technological Disasters
- Disasters of Human Intention
- Other Interpersonal Violence
- Sudden Traumatic Loss
- Serious Medical Illness
  - *Many others*



# Disaster Tolls Escalate

- 120 natural disasters per year in the early 1980s
  - In 2012: 364 Natural Disasters reported worldwide (Center for Research on Epidemiology of Disasters)
- The number of people affected by extreme natural disasters has surged by almost 70 percent
  - 174 million a year between 1985 to 1994
  - 254 million people a year between 1995 to 2004

*The Oxfam 2008 study was compiled using data from the Red Cross, the United Nations and specialist researchers at Louvain University.*

# Worst Natural Disasters of 2013

**Typhoon Haiyan-Philippines** – November 8<sup>th</sup>, killed over 6,000 with 1,800 still missing and unaccounted for.

**Wildfires in Australia** – October

**Balochistan earthquake – Pakistan** – Sept. 24<sup>th</sup> 7.7 magnitude earthquake that killed over 800 people and injured hundreds more. On Sept. 28<sup>th</sup> another 6.8 magnitude hit Pakistan, killing at least 45 people. Over 200,000 people the Awaran district, 400 miles southwest of the provincial capital of Quetta, have been homeless since the temblor.

**Floods – Mexico and India**

**Tornado – Moore Oklahoma** – May 20<sup>th</sup>, Killing 24 people

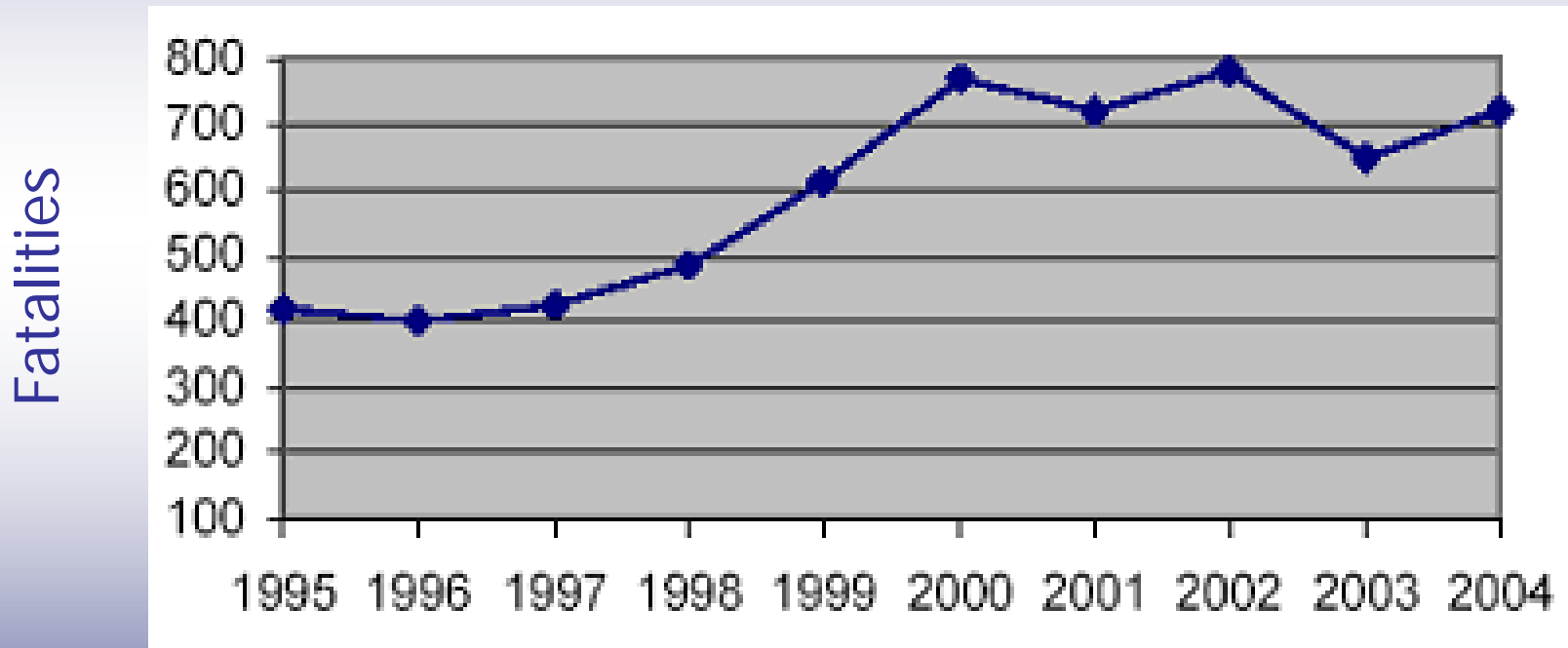
**Earthquake – China** April 20<sup>th</sup>, a 7.0 earthquake struck Lushan County, Ya'an, Sichuan, roughly in the same province that was heavily affected by the 2008 Sichuan earthquake. The earthquake resulted in 196 dead, 24 missing and at least 11,826 injured with more than 968 seriously injured.

**Meteor – Russia** – Feb 15<sup>th</sup>



# Changing Disaster Trends

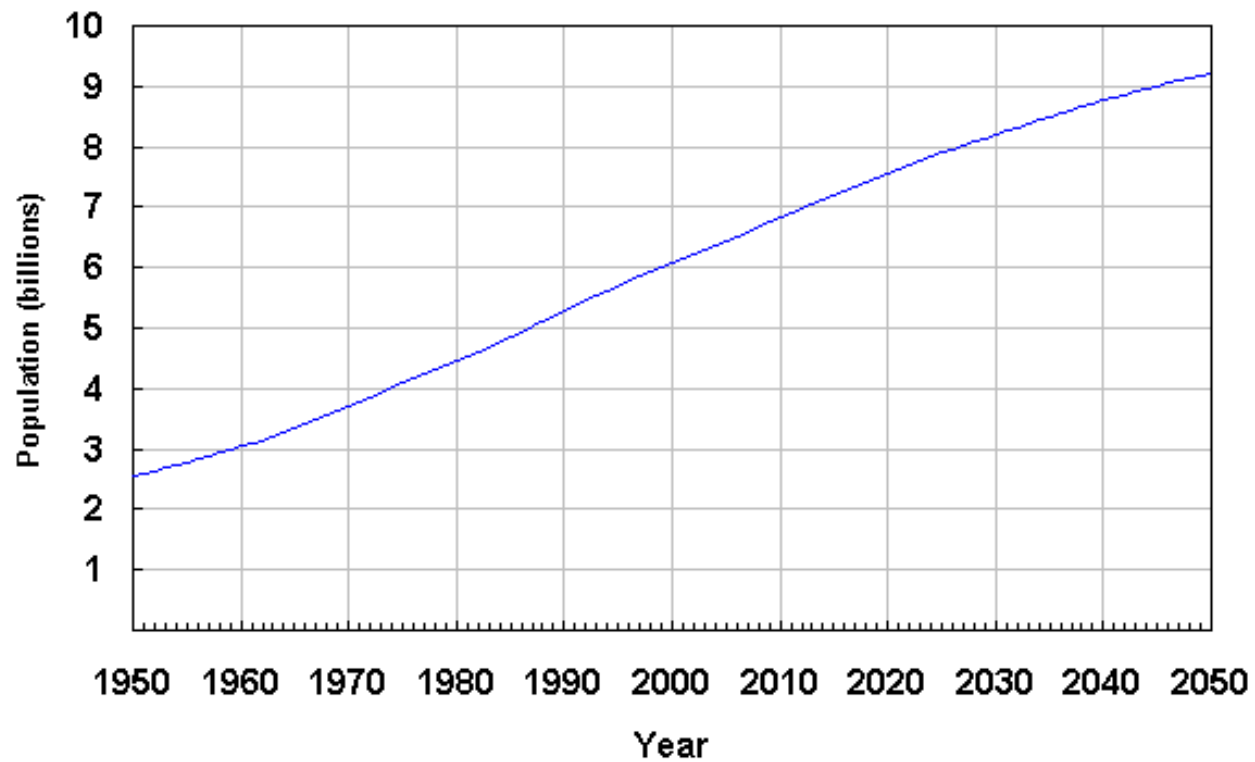
Total number of reported disasters by year  
(1995 to 2004)



Source: EM-DAT, University of Louvain, Belgium

# Population Growth

## World Population: 1950-2050



Source: U.S. Census Bureau, International Data Base, April 2005 version.

# Discussion:

At your table, discuss the following:

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

# Module Two



## The Psychosocial Impact of Disasters



# Prevalence



- 3/4 of the U.S. population will be exposed to some event that meets the stressor criteria for PTSD
- About 11-15% of the individuals who are exposed to such traumatic events go on to develop full blown PTSD syndrome
- The prevalence of psychiatric illness in disaster-affected communities generally increases by 20% in the 3 years following the incident
- Following the Oklahoma City Bombing, 41% of survivors had diagnosable mental health conditions

(WHO, 1992; Green, 1994)



# Impact of Events

## Two types of trauma:

### – Individual trauma:

- May cause stress and grief
- May cause fatigue, irritability, hopelessness, and relationship conflicts

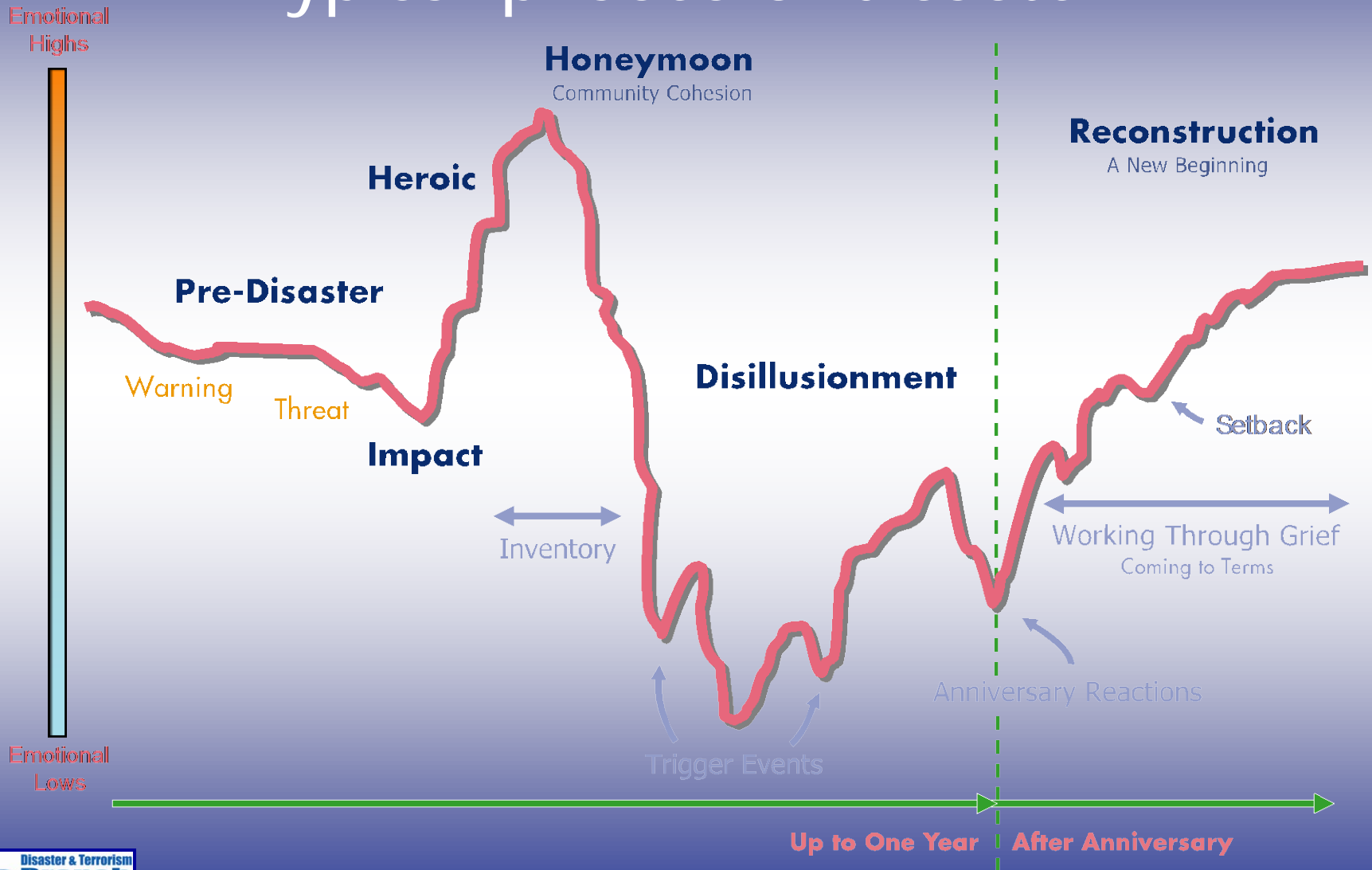
### – Collective trauma:

- May damage community support
- May affect individual coping



# Collective Reactions

## Typical phases of disaster



# Mental Health Needs After Hurricane Katrina



Needs Assessment for the Louisiana Office of  
Mental Health predicted between 142,000 to  
214,000 adults returning to New Orleans  
needing mental health care

*-Centers for Disease Control & Prevention (CDC)*

# Mental Health Needs After Hurricane Katrina

(cont.)

The Public Policy Research Lab's Louisiana Post Hurricane Community Audit describe LA citizens as a result of the hurricanes:

- 53% depressed
- 30% feeling angry
- Only 7% sought counseling



# Traumatic Stress/Disaster Stress Defined

“Traumatic stress refers to the emotional, cognitive, behavioral and physiological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities”

-Lerner & Shelton, 2001



# Traumatic Stress Reactions



“Traumatic stress disables people, causes disease, precipitates mental disorders, leads to substance abuse, and destroys relationships and families. Additionally, traumatic stress reactions may lead to Posttraumatic Stress Disorder (PTSD).”

-Lerner & Shelton, 2001

# Typical Disaster Stress Reactions

- Physical

- Shock symptoms
- Insomnia
- Loss of appetite
- Headaches
- Muscle weakness
- Elevated vital signs

- Affective

- Depressed, anxious
- Numbing
- Constricted affect
- Guilt, shame, doubt
- Intolerance of response
- Global pessimism

- Cognitive

- Distractibility
- Duration/Sequence distortion
- Declining work/school performance
- Recurrent intrusive recollections
- Flashbacks, Nightmares

- Behavioral

- Clinging, isolation
- Thrill seeking, counter-phobic
- Re-enactments of the trauma
- Increased substance abuse
- Hypervigilance
- Elevated startle reflex



# Spiritual Reactions

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 structure



# Physiology of Traumatic Stress

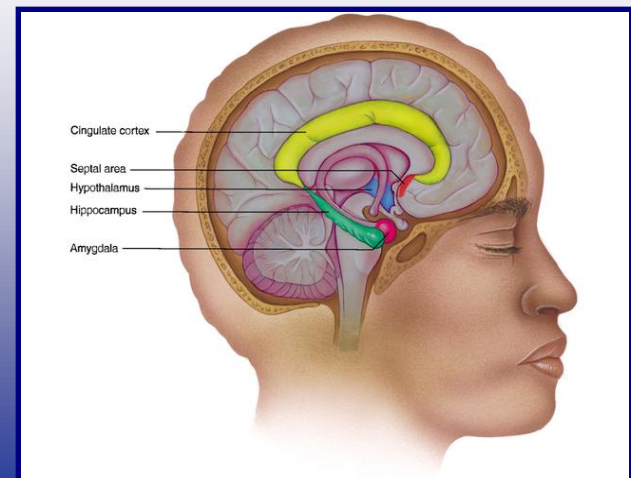
## Arousal

- Flushed, sweating
- Extreme affect
- Rapid, frenzied behavior
- Ineffectual, under-controlled

## Numbing

- Blunted affect
- Distant
- Slow automatic behavior
- Immobility

van der Kolk, McFarlane & Weisaeth, 1996



# Atypical Response Patterns

- Physical

- Chest pain
- Respiratory Trouble
- Loss of Consciousness
- Cardiac arrhythmias or palpitations

- Affective

- Suicidal Ideation
- Homicidal Ideation
- catatonia
- Mania

- Cognitive

- Pervasive disorientation
- Blackouts
- Psychotic Symptoms
- Amnesia

- Behavioral

- Self-injurious acts
- Total lack of self-care
- Dangerousness to self, others and property

# Trauma Profiles



## Type I Trauma

- Single blow, dangerous event
- Isolated, rare experience
- Sudden, surprising, brief
- Classic PTSD response
- Vivid recall
- Intrusive & Avoidant thought
- Hyperarousal
- Quicker recovery time

## Type II Trauma

- Multiple, chronic, repeated
- Variable, long-standing
- Feels helpless to prevent it
- Memories are fuzzy
- Dissociation
- Characterological changes
- Longer recovery times
- Possible longer recovery time

*Terri, L., 1991*

# Potential Long-term Effects



- Free-floating anxiety and hyper-vigilance
- Underlying anger and resentment
- Uncertainty about the future
- Prolonged mourning/inability to resolve losses
- Diminished capacity for problem solving
- Isolation, depression, hopelessness.
- Health problems
- Significant lifestyle changes

# Factors Influencing Response to Trauma



## Pre-trauma Factors

- Multiple traumatic exposures
- History of mental illness
- Low Social Economic Status (SES)
- Intensity and Duration of Traumatic Exposure
- Gender (Female)
- Age

## Post-trauma Factors

- On-going support
- Opportunity to share their story
- Sense of closure
- Media exposure
- Substance Abuse
- Re-exposure or re-victimization

About 1 in 12 adults experiences PTSD at some time during their lifetime (women 10.4%; men = 5%; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Women are twice as likely as men to develop PTSD following exposure to traumatic events.

# Table Activity

Break into groups of 3-4 people and discuss the situations of the four following people:

- A widow. Your home burned down, the cause is not yet determined.
- A parent. Your home burned down and you have lost all your work tools in the fire.
- A teenager. Your home burned down and your parents were injured in the fire while rescuing you and your sister.
- A recent immigrant to this country. Your home has burned down and it brings back memories of war in your homeland.

Discuss what you think the disaster reactions (physical, cognitive, emotional, behavioral) of these people might be. How would you feel in their place? How might you cope?

What might be the difference between the people in their emotions and coping strategies?

# Questions?





# Module Three



## Triage and Assessment Strategies



# Assessment Guides Intervention

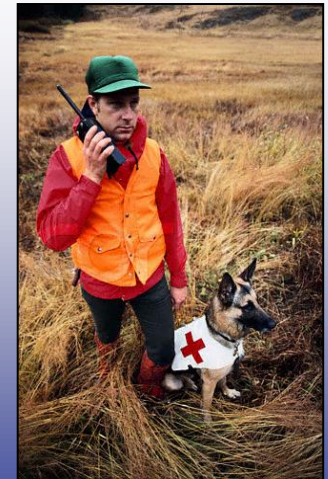
Historically, too many teams have arrived expecting to deliver *their* unique service/model (i.e., debriefing teams, crime victims support teams, etc.).

- Empirical evidence does not currently point to a single best model.
- There is a potential for harm from applying a *“one-size-fits-all”* approach to intervention.
- Remember: *“If all you have is a hammer, everything begins to look like a nail”*



# Choosing the Intervention: Start with the 3 "T's"

- Target: Which individuals or groups might need crisis counseling services
- Type: Which types of interventions are going to be most appropriate for this particular crisis
- Timing: When will are the various interventions most likely to be helpful



# Target: Who

*“Who”* do we assist? How do we determine this?

Options:

- Population Exposure Checklist
- Screening Checklist
- Onsite Assessment

# Target: Population Exposure

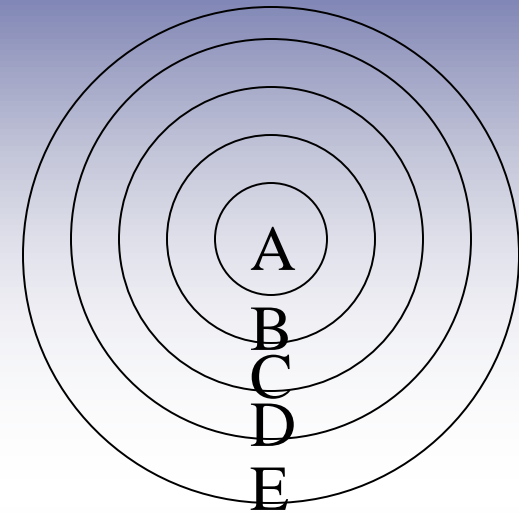
A: Community victims killed or seriously wounded, bereaved family members, loved ones, close friends

B: Community victims exposed to incident and scene, but not injured

C: Bereaved extended family and friends, residents in the disaster zone who lost homes, First Responders and Recovery Workers, ME, service providers working with families

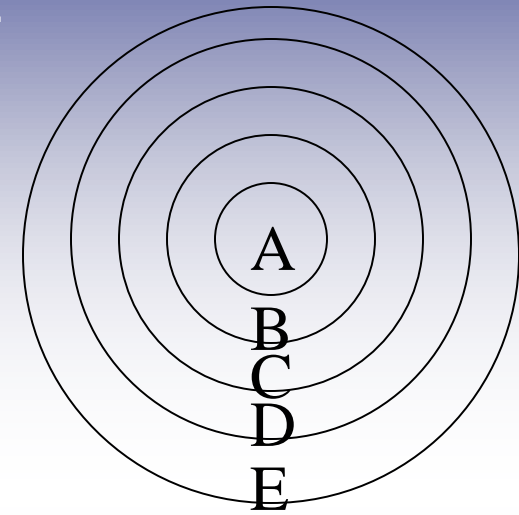
D: Mental Health and Crime Victim Assistance providers, Government Officials, Media.

E: Groups that identify with the target-victims' group, businesses with financial impacts, community-at-large



# Target: Population Exposure Checklist

- ✓ Identify direct victims and highly impacted families
- ✓ Identify comparable groups for A-E in model
- ✓ Identify cultural, ethnic groups and special populations present within A-E
- ✓ Determine impact and mental health service needs for each group



# Target: Screening Checklist (for Individuals)

- ✓ Level of trauma and loss exposure
- ✓ Presence of risk and resiliency factors
- ✓ Current psychological distress
- ✓ Degree of physiological arousal
- ✓ Prior coping with major stressors
- ✓ Availability of social supports
- ✓ Current pressing concerns

# Basic Disaster Mental Health Assessment



- Ability or willingness for contact and engagement
- Responsiveness
- Medical needs
- Dangerousness
- Supports
- Basic Activities of Daily Living (ADL's)

*\* Using an "active lurking" approach*

# Timing: *Safety First*

- Some level of interventions may begin as soon as life safety issues are addressed
- In the early phase, MH responders must remember that they are never passive observers to their own safety
- With regard to personal safety and mental health intervention: *Never sacrifice safety for rapport!*





# Timing of Interventions

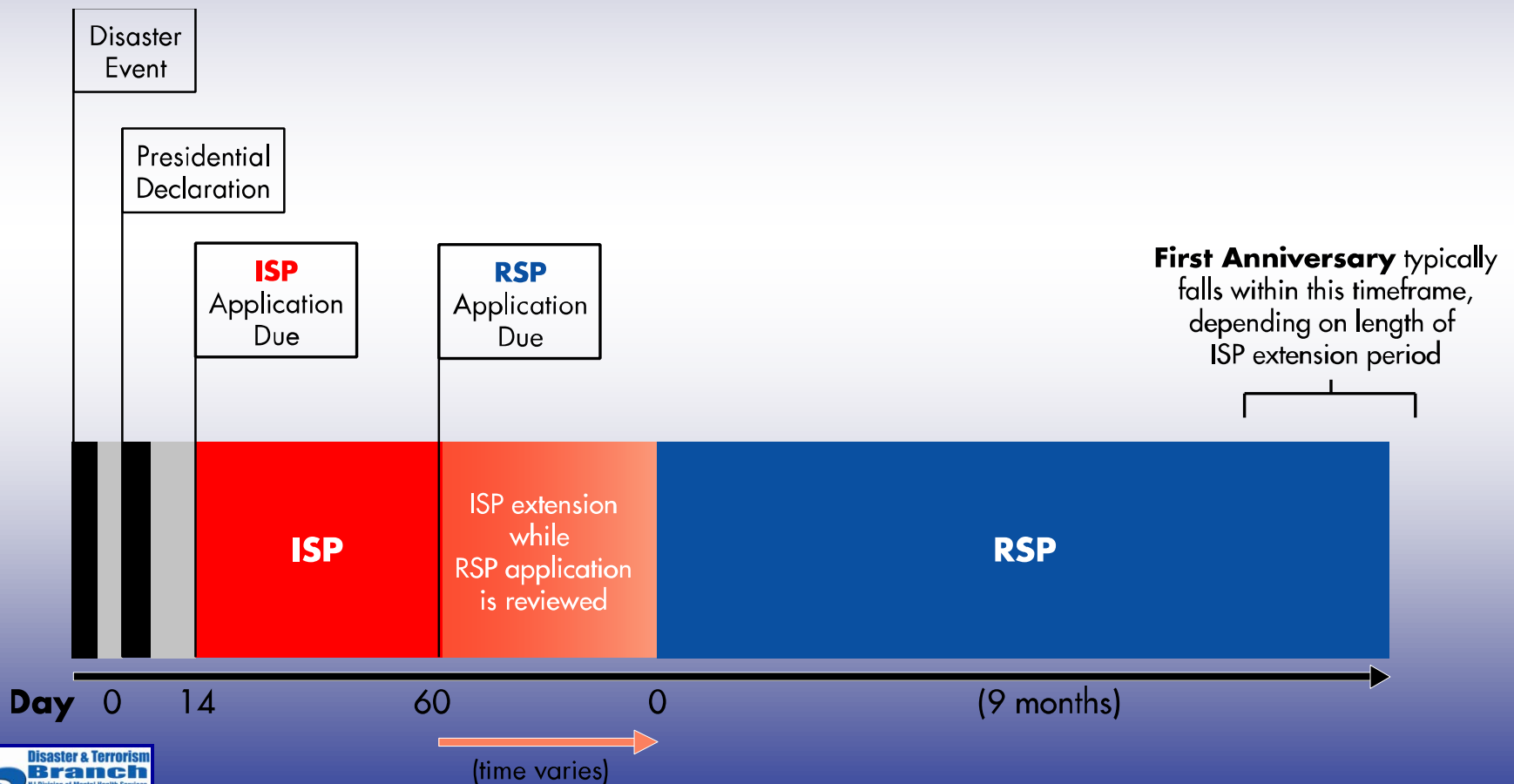
Phase	Pre-disaster	Impact (0-48 hours)	Rescue (0-1 week)	Recovery (1-4 weeks)	Return to Life (2 weeks - 2 years)
Phase	Pre-disaster	Impact (0-48 hours)	Rescue (0-1 week)	Recovery (1-4 weeks)	Return to Life (2 weeks - 2 years)

# Timing of Interventions

*Interventions should be "phase-specific"*

Phase	Pre-disaster	Impact (0-48 hours)	Rescue (0-1 week)	Recovery (1-4 weeks)	Return to Life (2 weeks - 2 years)
Role of Mental Health	Prepare	Basic Needs <b>Psychological First Aid</b>  Monitoring the Impact Environment  Technical Assistance, Consultation, and Training	Needs Assessment  Triage  <b>Crisis Counseling</b>  Outreach and Information Dissemination  Fostering Resilience and Recovery	Monitor the Recovery Environment  <b>Ongoing Crisis Counseling</b>	Treatment  <b>SPR?</b>  <b>CBT?</b>

# Time: CCP Typical Timeline



# The P.I.E. Approach to Trauma Intervention

Proximity: Go to the victims, don't wait for them to present to you

Immediacy: Go soon, don't wait for days or weeks to pass.

Expectancy: Expect individuals, families and communities to return to baseline functioning, instill hope, do not expect pathology

Salmon, T.W., 1919

# Type

Which model of early intervention should be applied is guided by several factors:

- Population exposure
- Community and cultural considerations
- Nature of the event
- Timing of intervention
- Other risk factors



# Interventions with Adults

- Psychological first aid
- Crisis counseling
- Informational briefings
- Crime victims assistance
- Community outreach
- Psychological debriefing
- Psycho-education
- Mental health consultation



# Questions?



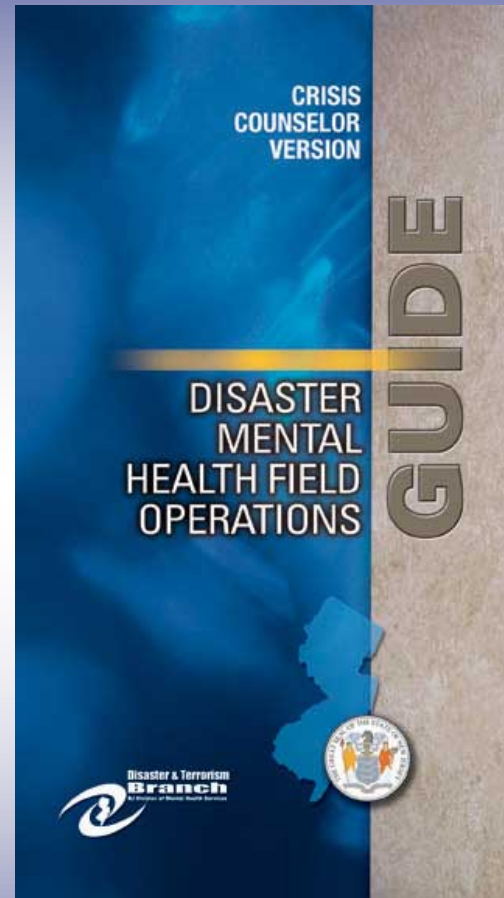
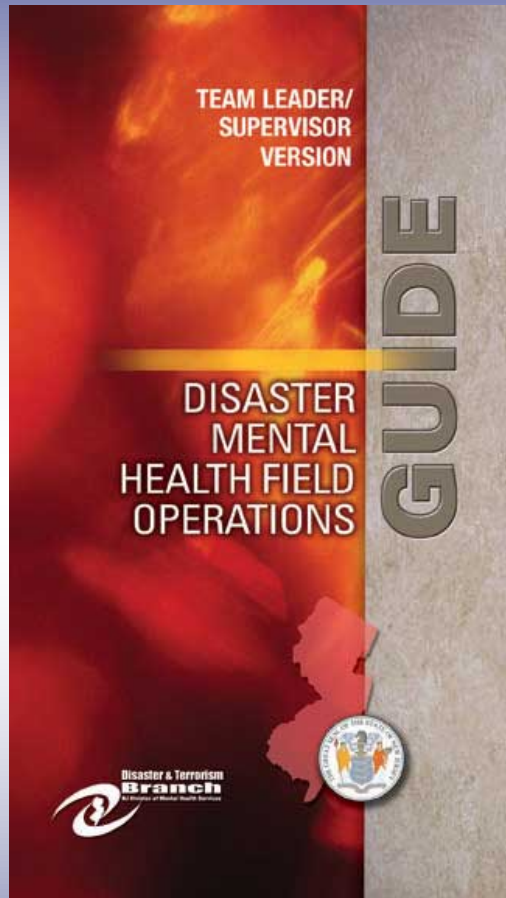
# Module Four



Key Concepts in  
Disaster Mental Health Intervention



# Field Operations Guides



Field Operations Guides are provided to DRCCs upon successful completion of the credentialing process. They provide an overview and reminder of these key concepts.

# Activation of Counselors

- The County Mental Health Administrator (MHA) is the gatekeeper for deployment
- Counselors should never self-deploy to a disaster. Instead await notification, request for assistance and instructions
- All on scene activity is structured using the Incident Command System (ICS) and counselors must train in and follow this approach

# FEMA Crisis Counseling Program (CCP)

- Intended for days, weeks, and perhaps months after the event to address sub-clinical disaster distress reactions
- Designed to assist survivors to regain some sense of control and mastery over their immediate situations
- Aid in reestablishing rational problem-solving abilities

# Key Concepts

## A CCP:

- Is strengths based
- Is outreach oriented
- Assumes natural resilience and competence
- Is culturally competent
- Is diagnosis free
- Is community based
- Bolsters community support systems



# Purpose of the CCP

*“The purpose of the crisis counseling program is to help disaster victims recognize that, in most cases, their emotional reactions are normal and to develop coping skills that will allow them to resume their pre-disaster level of functioning and equilibrium.”*

*CMHS Emergency Services and Disaster Relief Branch*

*Revised 2000*

# CCP Objectives

- Help people understand what they are experiencing
- Helps people explore ways to cope
- Seek to prevent longer-term mental health problems by returning people to pre-disaster levels of functioning more quickly
- Normalize people's reactions
- Validate and affirm people's reactions
- Offer practical assistance

# Who Provides Services?

- Professionals
- Para-professionals
- Non-professions



*The CCP is a “neighbor-helps-neighbor” model of assistance*

# CCP Providers After Katrina

- 50% of the 5,000 crisis counselors and 25% of the managers and supervisors in the NY 9/11 response were mental health professionals
- 20% of 500 crisis counselors in LA and 25% of 500 in MS and 200 in AL were health and mental health professionals
- The remaining percentage were indigenous community workers, paraprofessionals and cultural brokers



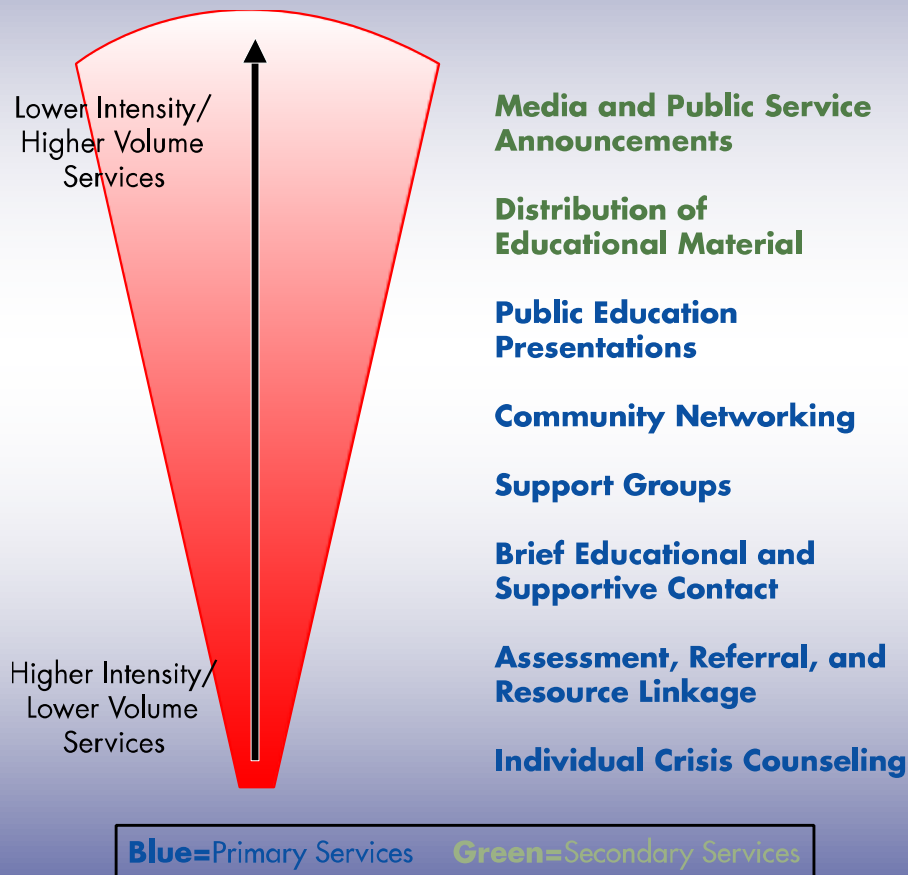
# A Comparison

## Traditional treatment vs. crisis counseling

Traditional Treatment	Crisis Counseling
<ul style="list-style-type: none"><li>• Office based.</li></ul>	<ul style="list-style-type: none"><li>• Home and community based.</li></ul>
<ul style="list-style-type: none"><li>• Diagnoses and treats mental illnesses.</li></ul>	<ul style="list-style-type: none"><li>• Assesses strengths and coping skills.</li></ul>
<ul style="list-style-type: none"><li>• Focuses on personality and functioning.</li></ul>	<ul style="list-style-type: none"><li>• Counsels on disaster-related issues.</li></ul>
<ul style="list-style-type: none"><li>• Examines content.</li></ul>	<ul style="list-style-type: none"><li>• Accepts content at face value.</li></ul>
<ul style="list-style-type: none"><li>• Explores past experiences and influence on current problems.</li></ul>	<ul style="list-style-type: none"><li>• Validates common reactions and experiences.</li></ul>
<ul style="list-style-type: none"><li>• Psycho-therapeutic focus.</li></ul>	<ul style="list-style-type: none"><li>• Psycho-educational focus.</li></ul>
<ul style="list-style-type: none"><li>• Keeps records, charts, case files, etc.</li></ul>	<ul style="list-style-type: none"><li>• Does not collect identifying information.</li></ul>

# Range of Crisis Counseling Services

## CCP reach of services



# CCP Goals

Help restore individuals and communities to base line levels of psychosocial functioning as quickly as possible

through

Empowerment and countering feelings  
of fear and helplessness

Take care not to foster dependency!

# Strategies in Crisis Counseling

- Develop as safe as possible climate for therapeutic alliance
- Build on strengths; acknowledge and validate the individual's reaction to the trauma; help them move toward healthiness
- Help restore baseline functioning as quickly as possible

# Focal Points for Early Intervention

- Alleviate distress through supportive listening, providing comfort and empathy
- Facilitate effective problem-solving of immediate concerns
- Recognize and address pre-existing psychiatric or other health conditions in the context of the current demands
- Provide psycho-educational information re: traumatic stress reactions and coping

Remember the importance of  
*“compassionate presence”*

# Tasks in Early Intervention

- Identify those in need of immediate medical or psychiatric attention for acute stress reactions
- Provide supportive assistance and protection from additional harm
- Facilitate connecting survivors with family and friends
- Provide information about the status of the event, response status, resources, etc.

# Key Concepts of Early Intervention: *Summarized*

## Key Concept:

- The purpose of psychotherapy is to *create change*;  
The purpose of early intervention is to *prevent change*

## Primary Goals include:

- Returning the individual and community to baseline levels of functioning as quickly as possible
- Empowerment- to countering feelings of fear and helplessness.

# Helping Survivors on Scene

- Protect: Further exposure, media
- Direct: Kind, gentle, clear
- Connect: With loved ones, information, support



Myers, D., 1994



# Early Post-Impact Phase: Semi-structured, One-on-One

1. Make Contact
2. Gather facts
3. Inquire about thoughts
4. Inquire about feelings
5. Provide support, reassurance and information

# Crisis Counseling Setting

- Safe
- Private
- Low level of stimulation
- Easy to access
- Reasonably comfortable
- Symbolically neutral



*In some settings it may be difficult to  
fine privacy or quiet.*

# Potential Delivery Sites

- FEMA Disaster Recovery Centers (DRCs)
- Shelters
- Points of Dispensing (POD's)
- On Scene (Staging Areas)
- Family Assistance Centers (FAC's)
- Communities



# Crisis Counseling Ground Rules



- Confidentiality
- Tolerance: self & others
- No pressure to speak
- No notes
- Not a critique of the individuals response to the event

# Crisis Counseling Service Delivery Methods



- Outreach
- Consultation & training
- Individual, group and public education.
- Hot lines
- Bi-lingual and bi-cultural staff

# Crisis Counseling Techniques

- Keep survivors updated with accurate, timely information
- Reinforce that there is no one way to react or cope with the disaster
- Openly discuss the individual's fears and beliefs about current and future events
- Validate the individual's concerns, normalize their response

# Table Activity: Active Listening

Group 1: You are talking with Mrs. Wills, a survivor who is very upset over the loss of her photo albums and scrapbooks when a tornado ripped through her home a little over a year ago. Her children received minor scratches, including an infant that was discovered under a piece of siding after the storm. Mrs. Wills said her family was not able to retrieve many of their possessions. “There’s nothing there but tall grass and bad memories.”

Group 2: You’re talking to your friend about your spouse, whom you are angry at because he/she is consumed with work, is always at the office and has left you to deal with FEMA and the insurance companies on your own. You’re feeling overwhelmed and somewhat embarrassed and don’t really wish to “air your laundry” in public, but, at the same time you feel a real need to talk about it.

Group 3: It’s been almost six months since a hurricane flooded your home. You’re living with your parents while your home is being repaired. You’re talking to your supervisor who called you in to ask if you were okay. You have been tired and worn out for the last several weeks. You just don’t feel enthused about anything and each day is not something you look forward to. You feel like you’re just going through the motions on everything you do.

# Documentation

- Update individual training records and profiles online as needed
- Follow guidance in the “Field Operations Guide” issued with the DRCC credential
- Specific paperwork is required by FEMA/SAMHSA during CCP operations



# Individual Contacts

Brief educational or supportive contact:

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

# Documentation: Individual Contacts

## Individual encounter logs:

- Document interactions with individuals or families, last at least 15 minutes, and involve participant disclosure
- Capture encounter characteristics, risk categories, participant characteristics, and referrals
- Are completed by the crisis counselor after the encounter ends but before moving to the next activity

OMB NO. 0930-0270  
Expiration Date 06/30/2008

### Individual Crisis Counseling Services Encounter Log

Provider Number

Provider Name

Employee #  Date of Service  /  /  Zip Code of Service

#### CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

<input type="checkbox"/> school	<input type="checkbox"/> workplace	<input type="checkbox"/> individual's home
<input type="checkbox"/> community center	<input type="checkbox"/> disaster recovery center	<input type="checkbox"/> other (specify in box) > <input type="text"/>
<input type="checkbox"/> provider site	<input type="checkbox"/> place of worship	

TYPE OF VISIT

1st visit    2nd visit    3rd visit    4th visit    5th visit or more

DURATION

15-29 minutes    30-44 minutes    45-59 minutes    60 minutes or more

#### RISK CATEGORIES (select all that apply)

<input type="checkbox"/> injured or physically harmed	<input type="checkbox"/> home had damage	<input type="checkbox"/> evacuated quickly with no time to prepare
<input type="checkbox"/> life was threatened	<input type="checkbox"/> displaced from home 1 week or more	<input type="checkbox"/> witnessed community destruction
<input type="checkbox"/> family missing or dead	<input type="checkbox"/> disaster unemployed	<input type="checkbox"/> past substance use / mental health problem
<input type="checkbox"/> friend missing or dead	<input type="checkbox"/> other financial loss	<input type="checkbox"/> pre-existing physical disability
<input type="checkbox"/> witnessed death / injury	<input type="checkbox"/> assisted with rescue / recovery	<input type="checkbox"/> past trauma
<input type="checkbox"/> prolonged separation from family		

#### DEMOGRAPHIC INFORMATION

Age (select one)	Ethnicity (select one)	Preferred Language (select one)
<input type="checkbox"/> preschool (0-5)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> English
<input type="checkbox"/> childhood (6-11)	<input type="checkbox"/> not Hispanic or Latino	<input type="checkbox"/> Spanish
<input type="checkbox"/> adolescent (12-17)		<input type="checkbox"/> other (specify in box) > <input type="text"/>
<input type="checkbox"/> adult (18-39)	Race (select one or more)	Language of Contact (select one)
<input type="checkbox"/> adult (40-64)	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> English
<input type="checkbox"/> adult (65+)	<input type="checkbox"/> Asian	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> other (specify in box) > <input type="text"/>
	<input type="checkbox"/> Native Hawaiian / Pacific Islander	Parent / Guardian of Child (under 18) (select one)
	<input type="checkbox"/> White	<input type="checkbox"/> no
Sex (select one)		<input type="checkbox"/> yes
<input type="checkbox"/> male		<input type="checkbox"/> unknown
<input type="checkbox"/> female		


#### REFERRAL (select all that were communicated)

<input type="checkbox"/> other crisis counseling services	<input type="checkbox"/> mental health treatment
<input type="checkbox"/> other disaster services (e.g., FEMA loans, housing)	<input type="checkbox"/> substance abuse treatment
<input type="checkbox"/> other services (specify in box) > <input type="text"/>	

Was the referral accepted by the individual?    no    yes

Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Documentation: Weekly Logs

## Weekly Tally Sheets:

- Document brief educational and supportive contacts (less than 15 minutes), telephone calls, and material distribution
- Request information for 1 week (beginning Sunday)
- Tally services at the county level, using three-digit county code
- Should be completed by crisis counselors for each county in which they work (one tally for each county)

OMB NO. 0930-0270  
Expiration Date 09/30/2008

**Weekly Tally Sheet**  
**Brief Educational and Supportive Services Not Elsewhere Included**

Provider Name

County or Parish  Provider Number


Week beginning  /  /  Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBER DISTRIBUTED							TOTAL
	SUN	MON	TUES	WED	THURS	FRI	SAT	
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material handed to people with no or minimal interaction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material mailed to people's homes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material left in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community networking and coalition building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If the number is zero, the field may be left blank.

Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Group Contacts

## Support groups:

- Are less structured than psychotherapy groups
- Increase the social support network
- Facilitate exchange of information on life situations
- Help develop new ways of adapting and coping
- Can be member facilitated.

# Self-Help Groups

## Self-help groups:

- Are appropriately facilitated by a professional or paraprofessional 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.

# Psycho-educational Groups

## Psycho-educational groups:

- Provide tools to obtain and process new information
- Usually have limited duration and scope
- Provide practical and concrete assistance
- Use handouts and factual information relevant to the group's discussion
- Use speakers relevant to content area and group members' needs

# Group Contact Logs

## 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
- Are completed by the crisis counselor after the encounter ends but before moving to the next activity.

OMB NO. 0930-0270  
Expiration Date 09/30/2008

**Group Encounter Log**

Provider Name

Employee #  Date of Service  /  /  Zip Code of Service

Provider Number

**CHARACTERISTICS OF ENCOUNTER**

**TYPE OF SERVICE (select one)**  
 group crisis counseling  public education

**LOCATION OF SERVICE (select one)**  
 school  workplace  individual's home  
 community center  disaster recovery center  other (specify in box) >   
 provider site  place of worship

**TYPE OF SESSION (select one)**  
 first session of group expected to meet once  
 first session of group expected to meet more than once  
 second or greater session of ongoing group

**NUMBER OF PARTICIPANTS**

**DURATION**  
 < 30 minutes  30-44 minutes  45-59 minutes  60 minutes or more

**GROUP IDENTITIES**

**Common Occupational Identity (select one if applicable)**  
 school staff  rescue / recovery workers  other occupational group (specify in box) >

**Common Age (select one if applicable)**  
 child (0-5)  child (6-11)  adolescent (12-17)  adult (18-39)  adult (40-64)  older adult (65+)

**Common Gender (select one if applicable)**  
 men / boys  women / girls

**Common Disaster Experience (select one if applicable)**  
 bereavement  displacement  other disaster experience (specify in box) >

**Select all of the following that apply**  
 Common Religious Identity  
 Common Parenting / Caregiving Concerns  
 Common Neighborhood or Community  
 Common Language Spanish  
 Common Language other than English or Spanish (specify in box) >   
 Common Psychological or Medical Problems  
 Other Identity (specify in box) >   
 No Shared Identity

**FOCUS OF GROUP SESSION (select all that apply)**  
 education about reactions to disaster  stress management or skills building  
 education about community resources and services  conflict resolution  
 mutual support  community action  
 other (specify in box) >

Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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# Public Education Contacts

## Public education:

Can be informational and educational presentations and materials

- Is likely to increase during the course of the CCP
- Is designed to:
  - Build resilience
  - Promote constructive coping skills
  - Educate about disaster reactions
  - Help people access support and services
  - Leave a legacy of educational materials



# Referral Contacts

- Assessment and referral determine the need for mental health or substance abuse treatment
- Assess and refer in relation to the following risk factors and reactions:
  - Safety
  - Level of exposure to the traumatic event
  - Prior trauma or physical or behavioral health concerns
  - Presence of severe reactions
  - Current functioning
  - Alcohol and drug use

# Emergency Referrals

## Emergency treatment referral:

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

# Non-emergency Referrals

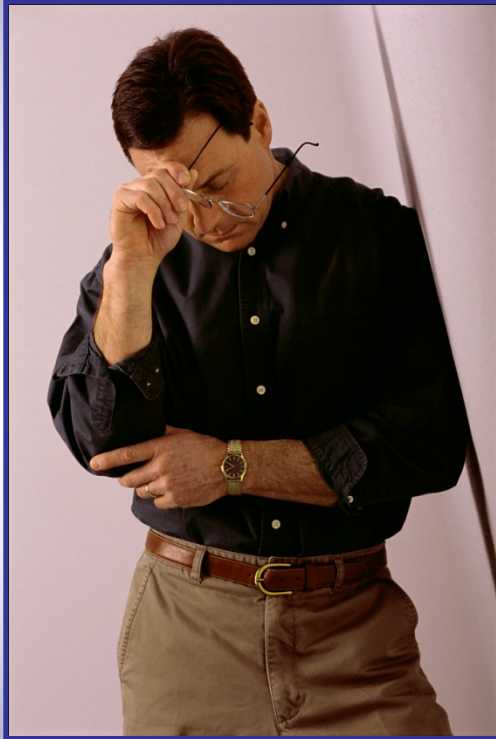
## Non-emergency treatment referral:

- Reduce perceived stigma:
  - Demystify mental health or substance abuse treatment by explaining it
  - Explore referral options, and give choices
- Increase compliance:
  - Explore obstacles to accepting services
  - Encourage person to call for the appointment while the counselor is there
  - Accompany person to first appointment, if necessary and appropriate

# Questions?



# Module Five

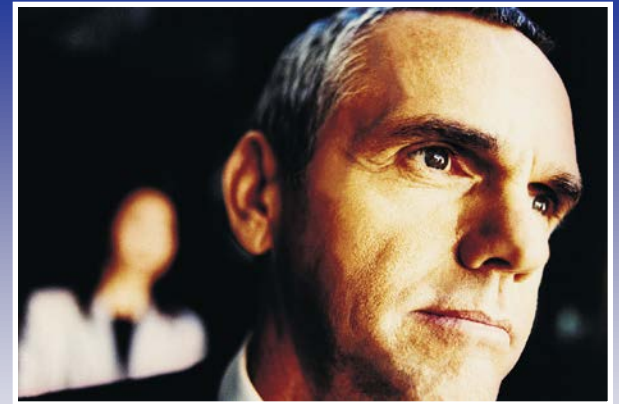


## Understanding & Preventing Secondary Traumatic Stress

# Crisis Counselor Self-Care

- Compassion Fatigue (Figley, 1992) is an occupational hazard in trauma intervention providers
- Additional supervision and attention to transference and counter transference issues is advised
- Internal support may be a productive means of team member ventilation and validation

# Vulnerabilities of Crisis Counselors



- Cumulative stress from hearing disaster stories
- Not Understanding how much listening and talking help
- Feeling overwhelmed by the depth of grief, anger or frustration expressed by survivors
- Over-identification or enmeshment with survivors
- Unrealistic expectations of reliving emotional pain

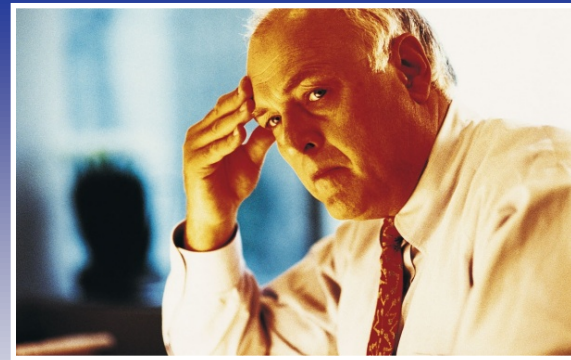
# When Counselors Need Help

- Take on the anger and frustration of the survivor
- Counselor begins to take on the system
- Refer anyone who shows strong emotions to higher levels of care
- Cannot end helping relationship when goals have been met
- Performing concrete services that the survivor could or should do for themselves
- Work too much overtime
- Survivors call them at home





# Burnout



“A state of extreme dissatisfaction with one’s clinical work, characterized by:

- 1) excessive distancing from survivors;
- 2) impaired competence;
- 3) low energy;
- 4) increased irritability;
- 5) other signs of impairment and depression resulting from individual, social, work environment and societal factors”

Figley, C., 1994

# Compassion Fatigue

“A state of tension and preoccupation with the individual or cumulative trauma of one’s clients as manifested in one or more ways:

- 1) re-experiencing traumatic events;
- 2) avoidance / numbing of reminders; and
- 3) persistent arousal.”

Figley,C., 1994

# Burnout or Compassion Fatigue?

Unlike burnout, the traumatized professional experiences:

- Faster onset of symptoms
- Faster recovery from symptoms
- Sense of helplessness and confusion
- Sense of isolation from supporters
- Symptoms disconnected from “real causes”.
- Symptoms triggered by additional events

# What Are Your Preferred Approaches to Managing Stress?



# Questions?



# For More Information

New Jersey Division of Mental Health Services  
Disaster & Terrorism Branch

Disaster Mental Health

Help Line            877-294-HELP

Office Tel            609-984-2767



Web            [www.disastermentalhealthnj.com](http://www.disastermentalhealthnj.com)

E-mail            [mhsttag@dhs.state.nj.us](mailto:mhsttag@dhs.state.nj.us)



# Online Resources for Disaster

Federal Emergency Management Agency

[www.fema.gov](http://www.fema.gov)

Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

Center for Mental Health Services

[www.mentalhealth.org/cmhs/EmergencyServices/terrorism.html](http://www.mentalhealth.org/cmhs/EmergencyServices/terrorism.html)

National Center for Post Traumatic Stress Disorder

[www.ncptsd.org/disaster.html](http://www.ncptsd.org/disaster.html)

American Red Cross

[www.redcross.org/services/disaster/keepsafe/childtrauma.html](http://www.redcross.org/services/disaster/keepsafe/childtrauma.html)

American Psychological Association

[www.apa.org](http://www.apa.org)



## Skills and Interventions

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### Engagement:

- A means of reaching affected individuals to provide crisis counseling services.
- A method of creating a safe and comfortable environment.
- Done in partnership with other organizations to plan and execute events.
- Examples of engagement strategies include these:
  - Creative arts
  - Social networking opportunities
  - Community information fairs
  - Anniversary events
- When developing engagement approaches, the primary focus always should be on crisis counseling services.
- Teenagers are especially vulnerable. Using writing projects, such as journaling, can be a helpful way to engage this population and identify their needs and coping skills.

### Crisis Counseling Skills:

- Establishing rapport
- Calming skills
- Screening/Assessment
- Empathy
- Reflecting feelings
- Validating feelings
- Paraphrasing
- Normalizing
- Active listening (nonverbal attending skills)
- Closing skills

### Establishing Rapport:

- **Introduce yourself**—Identify who you are; give your name and the name of the CCP.
- **Use Door openers**—A door opener is generally a positive, nonjudgmental response made during the initial phase of contact. Examples include “You seem sad; do you want to talk about it?” “What’s on your mind?” “Can you say more about that?” and “What would you like to talk about today?”



- **Use Minimal encouragers**—These interactions are brief, supportive statements that convey attention and understanding. Such phrases reinforce talking on the part of the person and are often accompanied by an approving nod of the head. Examples include “I see,” “Yes,” “Right,” “Okay,” and “I hear you.”
- **Listen**—Pay close attention to what the survivor is saying. Listen with understanding and empathy. Do not interrupt or talk over the person.

### Calming Skills:

- These are measures that may be taken if the individual is too upset, agitated, or disoriented to talk, or is showing extreme fear or panic.
- **Address the primary concern**—Rather than encouraging the person to calm down or feel safe, attempt to help the person focus.
- **Provide a supportive presence**—Remain nearby, showing that you are available, if needed. Offer something tangible such as a blanket or drink.
- **Enlist support**—If family or friends are nearby, engage their help in providing emotional support. If a child or adolescent is with parents, 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.

### Active Listening (Nonverbal Attending Skills)

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

- **Eye contact**—Use a moderate amount of eye contact to communicate attention. A fixed stare can be disconcerting and should be broken intermittently if the person becomes uncomfortable. It may be best to try to mirror the survivor’s use of eye contact.
- **Body position**—A relaxed yet attentive posture puts a person at ease.
- **Attentive silence**—Brief periods of silence give the survivor moments for reflection and may prompt the survivor 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 with 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 a comfortable distance for personal interaction. Avoid physical barriers, such as desks, because they increase distance and add a feeling of formality.

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

## **Normalizing**

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

## **Empathy**

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

## **Reflecting Feelings**

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

## **Paraphrasing**

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

## **Validating Feelings**

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

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

### Do:

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

### Don't:

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

*Source: National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder (NCPTSD), Psychological First Aid: Field Operations Guide, Second Edition. July, 2006. [www.nctsn.org](http://www.nctsn.org).*

## Screening:

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

**Closed questions**—These questions ask for specific information and usually require a short, factual response. Closed questions are necessary when it is important to get the facts straight or to clear up confusion in your understanding of the story.

- 

**Open questions**—These questions allow for more freedom of expression. They open general topics, rather than request specific information.

Examples include “Can you tell me what’s been happening at school?” and “You say you’re experiencing [x]; what do you mean by that?”

## Psychological First Aid

### What Is Psychological First Aid (PFA)?

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

### Where Does PFA Fit?

After a disaster occurs:

- **Immediate aftermath**—State- or provider-trained staff respond to evacuation sites or shelters and provide PFA.
- **If no presidential declaration**—State or provider staff continue to provide PFA.
- **If there is a presidential declaration**—The State applies for and delivers CCP services, which include PFA core actions.

### PFA Core Actions:

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

## SIMULATION EXERCISE CASE 1—CRAIG

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

### Preparation Worksheet

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

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

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

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

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## SIMULATION EXERCISE CASE 2—JAMES

James, a 43-year-old man in recovery for 10 years from cocaine addiction, suffered injuries as he and his family took shelter from the disaster that devastated their home and community. Three months later, he is unemployed and stressed, but still a proud man as he tries to care for his family. James has been coming to the local recovery center and often for one-on-one support with you. He tells you he is proud of his time in recovery, yet jokes that he's not doing too badly because of the "pain pills" a doctor prescribed him for his injuries. You increasingly have observed him becoming withdrawn during the last few times you've met with him. In your last meeting with him, he disclosed that he had a few drinks, but that it is not a big deal because he "never had a problem with alcohol before."

### Preparation Worksheet

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

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

---

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---

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

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---

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---

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

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## SIMULATION EXERCISE CASE 3—RACHEL

Rachel, a local business owner, lost her home in the disaster. Her mother, who lived with her, died in the disaster. Your first encounter with Rachel is to discuss arrangements for shelter and financial assistance; however, during your conversation, Rachel begins to cry and confides that she does not feel that “life is worth living.” You ask her in a direct but sensitive way if she intends to kill herself. Rachel tells you that she has access to a gun that her father used for hunting, and states that she wants to join her mother.

### Preparation Worksheet

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

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

---

---

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---

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

---

---

---

---

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

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## SIMULATION EXERCISE OBSERVER WORKSHEET

What skills did you see the crisis counselor use?

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What did he or she do well?

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What suggestions do you have for improvement?

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