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Emergency Mental Health and Traumatic Stress

Staff Roles and Services within Crisis Counseling P

Note: This is the third in a series of program guidance documents developed to ensure consistency in addressing key program issues in the Crisis Counseling Training and Assistance Program (CCP). The Crisis Counseling Training and Assistance Program is funded by the Federal Emergency Management Agency (FEMA) under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. On behalf of FEMA, the Center for Mental Health Services (CMHS), Emergency Services and Disaster Relief Branch (ESD) provides technical assistance, program guidance and oversight.

Purpose

This program guidance is designed to provide States with direction on the roles and services of the Crisis Counseling Program staff. A significant challenge in operating the FEMA/CMHS Crisis Counseling Assistance and Training Program (CCP) is to ensure that services are tailored to the unique issues in each community while at the same time ensuring that basic program philosophy, conceptual requirements are understood and implemented consistently across the country. While there has been increased consistency in types and quality of services provided in recent years, there is still variation in the use of staff and service delivery models, particularly in communities that have little experience with the program.

Defining Outreach and Crisis Counseling

Outreach, as it is used in the Crisis Counseling Program (CCP), is a method of delivering crisis counseling services to disaster survivors. It consists of providing face-to-face contact with survivors in their own environments (i.e. homes, businesses, schools, places of religious worship) in order to provide disaster-related crisis counseling services. Outreach may also be conducted in community Recovery Centers, shelters or community centers. Telephone contact with survivors is a common outreach method used by Crisis Counseling Programs during all phases of implementation. This includes calling individuals from disaster survivors available from different agencies to establishing 24-hour hotlines. While these are legitimate forms of contact, they do not constitute outreach, and should not constitute a significant portion of the crisis counseling services provided. Personal contact with survivors should be the dominant method of service delivery within the Crisis Counseling Program.

Crisis counseling is defined as a short-term intervention with individuals or groups experiencing psychological reactions to a major disaster and its aftermath. A key concept of the CCP is that most people experiencing a psychological reaction are responding normally to an abnormal situation.

The Role of the Outreach Worker

Sensitivity to the community's perception of mental health services is important in designing a successful Crisis Counseling Program. In designing a CCP, program designers should view "crisis counselors" and "outreach workers" as synonymous terms. Both should be providing crisis counseling services to survivors in a variety of settings, either through an outreach method of service delivery. It may be more acceptable in some communities for "outreach workers" to provide crisis counseling services; in other communities may be quite comfortable with "crisis counselors" providing these services. Either reference, outreach worker or crisis counselor, is appropriate in describing the individuals who will be providing services. Throughout this guidance, "outreach workers" and "crisis counselors" will be used interchangeably. Crisis counselors provide:

- active and supportive listening;
- validation of the appropriateness of an individual's feelings and reactions;
- affirmation that such feelings and reactions are normal;
- education to survivors about ways to manage their distress and take care of themselves as they pursue recovery;
- assistance to survivors in determining their priorities and developing plans for meeting those priorities; and
- information and referral on disaster assistance and human service resources.

Crisis counselors do not:

- engage in casefinding activities
- provide case management services
- create or implement emergency preparedness activities
- advocate in an adversarial manner
- engage in fundraising for disaster survivors
- provide childcare or transportation for disaster survivors

(for additional information refer to CCP-PG-04-00, "Case Management and Advocacy Within Crisis Counseling Programs")

The Outreach Team

Typically, a team of outreach workers is composed of mental health professionals and para-professionals indigenous to the community. All are trained in disaster mental health and the Crisis Counseling Program. Their specific roles are explained below:

Professionals: Professionals are individuals who have a master's level or higher degree in psychology, social work, counseling, psychiatric nursing, or who are psychologists, psychiatrists or related professionals. They usually are licensed by the State, have experience in the mental health or counseling field and the expertise to provide clinical supervision and training to crisis counselors. Typically, a professional coordinates and supervises the local outreach team of the Crisis Counseling Program and may offer consultation and support to crisis counselors who are working with individuals with complex or difficult situations. They may also assess survivors to determine

their needs exceed the scope of the Crisis Counseling Program or may work directly with individuals, families and groups whose problems are unusually challenging or complex. Professionals often need training in how crisis counseling with disaster survivors differs from traditional mental health or counseling practice. Essential skills include in-depth understanding about the normal human response to disaster and techniques for helping survivors integrate those experiences to ensure their return to pre-disaster levels of functioning.

Para-professional: The term para-professional refers to individuals who work as crisis counselors, have a bachelor's degree or less, who are not human service professionals. They have strong intuitive skills about people or relate well to others. They possess good judgment, common sense, are good listeners, and most often are indigenous to the community. Para-professionals will engage in outreach, crisis counseling, and provide education, information and referral services for individuals, families and groups. Successful Crisis Counseling Programs train para-professionals regarding the human response to disaster and methods for working with people who are experiencing the psychological consequences of disasters. Training should include the scope and limits of the program, the role of the crisis counselor, cultural considerations, ethical conduct, techniques for introducing oneself and the program, helping individuals understand their disaster experience, record keeping, functional assessment skills, basic group process skills, and methods for guiding individuals in problem solving and setting priorities.

Indigenous Worker: Indigenous workers are crisis counselors who come from within the local community and are often part of the cultural or ethnic group receiving services. They are familiar to and recognized by community members. They may be community leaders or have a nurturing role in their communities. They may be mental health professionals already working in the community. Other examples of indigenous workers include retired persons, student active community volunteers. Indigenous workers may have formal training in counseling or related professions. They may be para-professionals or professionals in other fields, as well.

Phases of Crisis Counseling Services

In the early phases of response and recovery, outreach workers may work at Disaster Recovery Centers (DRC), at shelters, mass care sites, water distribution sites, or any location where survivors and/or emergency workers are gathering. They will also canvass affected areas to assess the relative impact of the disaster and seek out survivors in the community. In this phase of disaster response and recovery, counselors will often listen to survivors' stories and ventilate their frustrations. Survivors should be counseled about expected reactions, setting priorities and developing plans for meeting critical needs. Counselors may also make judgments about the need for continuing contact with survivors.

In the middle phase of recovery, individuals will receive needed crisis counseling services at regular intervals in their homes or at a community-based site of their individual's choosing. Crisis counselors also provide community education services. These include participation in neighborhood and community recovery

educate people about the crisis counseling program and the normal re: disasters. Outreach workers often address church groups, civic organiz school related organizations such as Parent Teacher Associations to pr education on disaster mental health issues and to promote the healthy these natural support systems. Counselors may collaborate with other agencies to ensure comprehensive and coordinated services are provid may educate other service providers on techniques to promote suvivor Counselors may also train teachers, guidance counselors and day care methods for helping children cope with the disaster experience. People such presentations may either seek services or advise counselors about who may need services.

In the final phases of the Crisis Counseling Program, outreach workers may become involved in assisting the community in planning anniversary events or memorial services and in creating a plan for ongoing community support. Crisis counselors should assess whether survivors need continuing mental health services and provide referrals when necessary. Individuals needing continued services should be referred to the traditional mental health programs in their community. Those who do not need continued services should be prepared by the outreach workers for the expected phase down and conclusion of the CCP. Program coordinators should prepare both the impacted community and the outreach workers for closure of the program by providing training on appropriate phase down activities. Linkages with existing agencies or service providers in the community should be established, as the final transition of the program to the community is particularly important.

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Throughout the duration of the Crisis Counseling Program, outreach workers spend the majority of their time in the community. Through their outreach the workers determine who among the survivors may need crisis counseling services and begin to establish a relationship with them. When crisis counselors encounter survivors who have serious mental health problems that predate the disaster or who have developed a significant mental health problem as a result of the added stress of the disaster, they should refer the individual for more in-depth mental health services. However, assessment for referral to a mental health agency for disaster-related emotional issues should not be a routine responsibility of crisis counselors.

For More Information

This program guidance was developed to ensure that the context, boundaries and strategies of the Crisis Counseling Program are consistently implemented throughout the United States. If program managers have questions regarding the guidance, they should contact their State disaster mental health program manager for clarification. If the State program director needs additional guidance, she should contact their CMHS Project Officer.

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