Emergency Mental Health and Traumatic Stress

Crisis Counseling and Mental Health Treatment Similarities and Differences

Note: This is the second in a series of program guidance documents designed to ensure consistency in addressing key program issues in the Crisis Counseling and Assistance Program (CCP). The Crisis Counseling Training 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 outlines the similarities and differences between crisis counseling and mental health treatment in the context of the FEMA/CMHS Crisis Counseling Assistance and Training Program (CCP). It describes the scope of assisting disaster survivors in understanding their current situation and its psychological aftermath, mitigate additional stress or psychological sequelae to large scale disasters. These interventions involve the counseling goals focused upon helping disaster survivors cope with their current situation and make sense of their experience. The assumption is that individuals may be able to call upon in the future. While always considering those with special needs, the thrust of the Crisis Counseling Program s inception has been to serve people responding normally to an abnormal disaster experience. By serving such a broad spectrum of people, the program...
encourage the use of mental health services by reducing discriminator stigma associated with receiving them.

**What is Mental Health Treatment?**

In contrast to the crisis counseling services provided through the CCP, health treatment, as typically defined within the mental health community, implies the provision of assistance to individuals for an existing pathological condition or disorder. In this context, it involves providing a variety of interventions following the assignment of a diagnosis consistent with the recent edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association or another similar assessment tool. This diagnosis following an evaluation and/or psychological testing by a licensed mental health professional. Typically, the mental health professional and client will discuss various treatment options and agree to certain interventions and treatments.

Common interventions include the treatment of mental disorders, personality reconstruction, development of insight into a wide variety of historical life experiences, and resolution of unconscious conflicts. During treatment, the provider maintains a documented treatment plan and record. The mental health professional is licensed by the State and is subject to a variety of legal matters including malpractice, informed consent to treatment, confidentiality, and patient/therapist privilege. Since the CCP does not provide "therapy" in the traditional sense, program managers and outreach workers should assume that their conversations with disaster survivors would not be considered "privileged" by a court of law.

The outline below provides a basic description of the differences between traditional mental health services and the Crisis Counseling Program. The differences between traditional mental health practice and crisis counseling influence the way services are provided.

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<tr>
<th>&quot;Traditional&quot; Mental Health Practice</th>
<th>Crisis Counseling</th>
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<td>- Is often office based.</td>
<td>- Is primarily home and community based.</td>
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<td>- Focuses on diagnosis and treatment of a mental illness.</td>
<td>- Focuses on assessment strengths, adaptation of existing coping skills and development of new ones.</td>
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<td>- Attempts to impact the baseline of personality and functioning.</td>
<td>- Seeks to restore people to pre-disaster levels of functioning.</td>
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<td>- Examines content.</td>
<td>- Accepts content at face value.</td>
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<tr>
<td>- Encourages insight into past life experiences and their influence on current problems.</td>
<td>- Validates the appropriateness of reactions to the event and its aftermath and normalizes the experience.</td>
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<td>- Has a psycho-therapeutic focus.</td>
<td>- Has a psycho-educational focus.</td>
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*Traditional mental health practice takes many forms. These descriptive examples are intended to provide examples for contrast rather than to describe the full range of traditional mental health practice.

**Use of Mental Health Professionals as Crisis Counselors**

Training and experience as a mental health professional in the tradition

does not guarantee that an individual will be an effective crisis counselor. While there are numerous examples of mental health professionals who have exceptionally well as crisis counselors, there are also many examples where this has not been the case. The most effective mental health professionals serving on crisis counseling teams have the following characteristics:

- They can assimilate a revised conceptualization of mental health that is often different than their training and traditional function, such as lack of diagnosis, interventions in very non-traditional settings, role ambiguity.
- They are comfortable working with paraprofessionals or trained nonprofessionals;
- They are able to incorporate crisis counseling theory and practice into the theoretical construct that usually guides their practice (e.g. psychoanalytical, cognitive/behavioral, insight oriented approach).

Scope of the Crisis Counseling Program
The scope of the crisis counseling program includes the provision of crisis counseling services to individuals adversely affected by major disasters. In addition, it includes provision for training those hired by the crisis counseling programs and other community members who may deal with disaster survivors and would benefit from this type of knowledge. Training has proven to be a critical element of the program, particularly as it assists the crisis counselors in understanding the scope and boundaries of their roles as well as when it is appropriate to refer individuals to mental health treatment. Behaviors associated with generalized anxiety disorder, adjustment disorders, dysthymic disorder, substance abuse and perhaps eating and phobic disorders are common after a disaster. Yet, it is suggested that the Crisis Counseling Program coordinators train their outreach workers on how to approach individuals who may be experiencing such disorders. Asking the following types of questions may help clarify if the counselor should serve or refer the individual:

- Is the condition caused by or clearly exacerbated by the disaster?
- Are the crisis counseling staff able to perform an adequate assessment of this individual and assure that they can defend, in an adverse legal action, the appropriateness of crisis counseling as opposed to formal treatment as the intervention of choice?
- Is the program's informal recording of contact notes adequate and appropriate (as opposed to a formal treatment record) in this case?
- Is the mental health system (of which crisis counseling is a part) appropriate and qualified to deal with this problem? Primary health care providers, substance abuse providers, social services, and protective services are examples of other service systems to which crisis counselors sometimes refer.
- Can the counselor appropriately respond to the needs of this person within the time, human resource, and skill limitations of the program?

To the extent that these questions are answered in the negative, referral is the recommended course of action. Clearly, making this type of assessment and possible referral takes time and appropriate supervision.

This program is intended to supplement State and local mental health (public and private) resources. It is expected that there will be individuals with needs that fall outside the scope and duration of the CCP. Cases that fall outside the scope of the Crisis Counseling Program should be referred to other agencies that provide appropriate services.
mental health treatment. The criteria and methodology for referral should be known throughout the program and consistently applied by the crisis counselors. Supervisors should provide ongoing review of staff activities to assure that they are consistent with the scope and intent of the Crisis Counseling Program.

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 this guidance, they should contact their State disaster mental health program director for clarification. If the State program director needs additional guidance, she should contact their CMHS Project Officer.

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