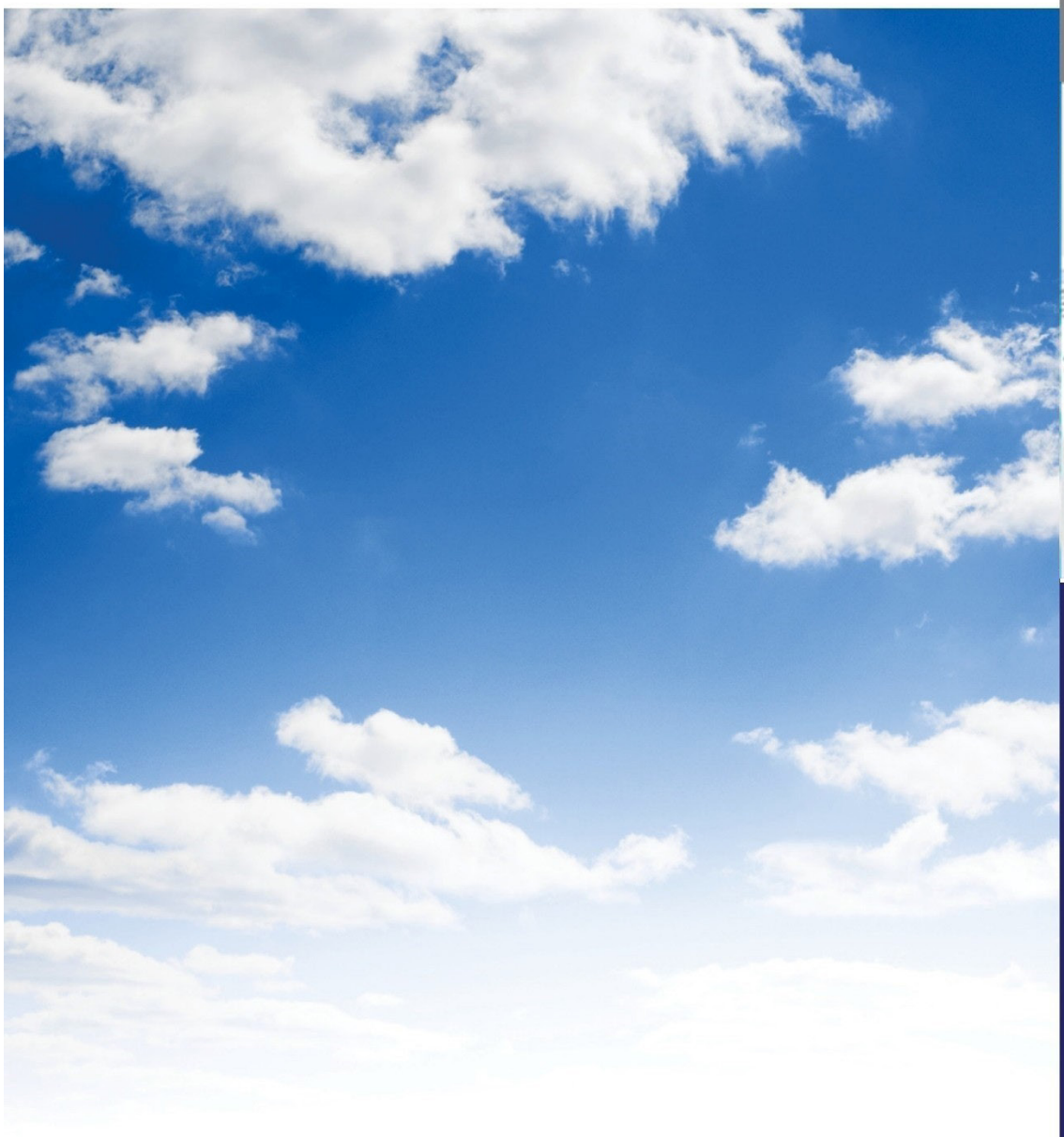
CCP Data Collection Forms and Instructions, Version 4.2

Section 3 of the Guide for Evaluating Your CCP



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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FEMA

Table of Contents

Data Collection With the CCP Data Forms

What are the sources of data?

Crisis Counseling Assistance and Training Program (CCP) evaluation data come from many different sources. Data about event characteristics are found in the project's grant application. Data about community characteristics are derived from the census. Standard statistics for ethnicity, race, age distribution, and percentage of people living in poverty can be recorded for each county. Data about activities (such as types of required CCP staff training) can be collected from program leaders. The remaining data on activities and outputs are collected throughout the program period by crisis counselors using the CCP data collection forms.

What are the CCP data collection forms?

The CCP data collection forms are a set of standardized forms completed by crisis counselors. Because the data are collected in a consistent way across all programs, they can be merged into a national database that the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services can use to produce summary reports of services provided across all funded projects. The utilization structure of the data collection forms might be described as a pyramid, involving tools that are used with decreasing frequency as you move from the base of the pyramid to the top (see Figure 1 on the next page). The basic tools include Individual/Family and Group Encounter Logs and Weekly Tallies. The advanced tools are Participant Feedback Surveys, Assessment and Referral Tools, and Service Provider Feedback Forms. The basic tools and Assessment and Referral Tools can be completed in the field using the PDF version of the forms or the CCP mobile application. The Participant Feedback Survey and Service Provider Feedback Form can be completed via PDF or electronically.

Basic tools

- Include the Individual/Family Crisis Counseling Services Encounter Log, the Group Encounter Log, and the Weekly Tally Sheet
- Are used frequently throughout the Immediate Services Program (ISP) and Regular Services Program (RSP)
- Are used as soon as possible after a disaster

Additional tools

- Include the Service Provider Feedback Form, the Adult and Child/Youth Assessment and Referral Tools, and the Participant Feedback Survey
- Are used occasionally
- Can be used in both the ISP and RSP, in consultation with CCP program management

Basic Forms: Encounter Logs and Tallies

What is their purpose?

Beginning as soon as feasible after the disaster and continuing through the ISP and RSP, these forms (those at the base of the pyramid in Figure 1) are used to document all services delivered. The forms are the basic and living record of the program and serve many purposes for program

monitoring and evaluation. It is very important for services to be counted in a standardized way across all areas served by the program. The forms are simple and take little time to complete. The three types of forms that are to be completed by crisis counselors include (1) the Individual/Family Crisis Counseling Services Encounter Log, (2) the Group Encounter Log, and (3) the Weekly Tally Sheet: Brief Educational and Supportive Services Not Elsewhere Included (Weekly Tally Sheet for short). In the sections that follow, each form is described.

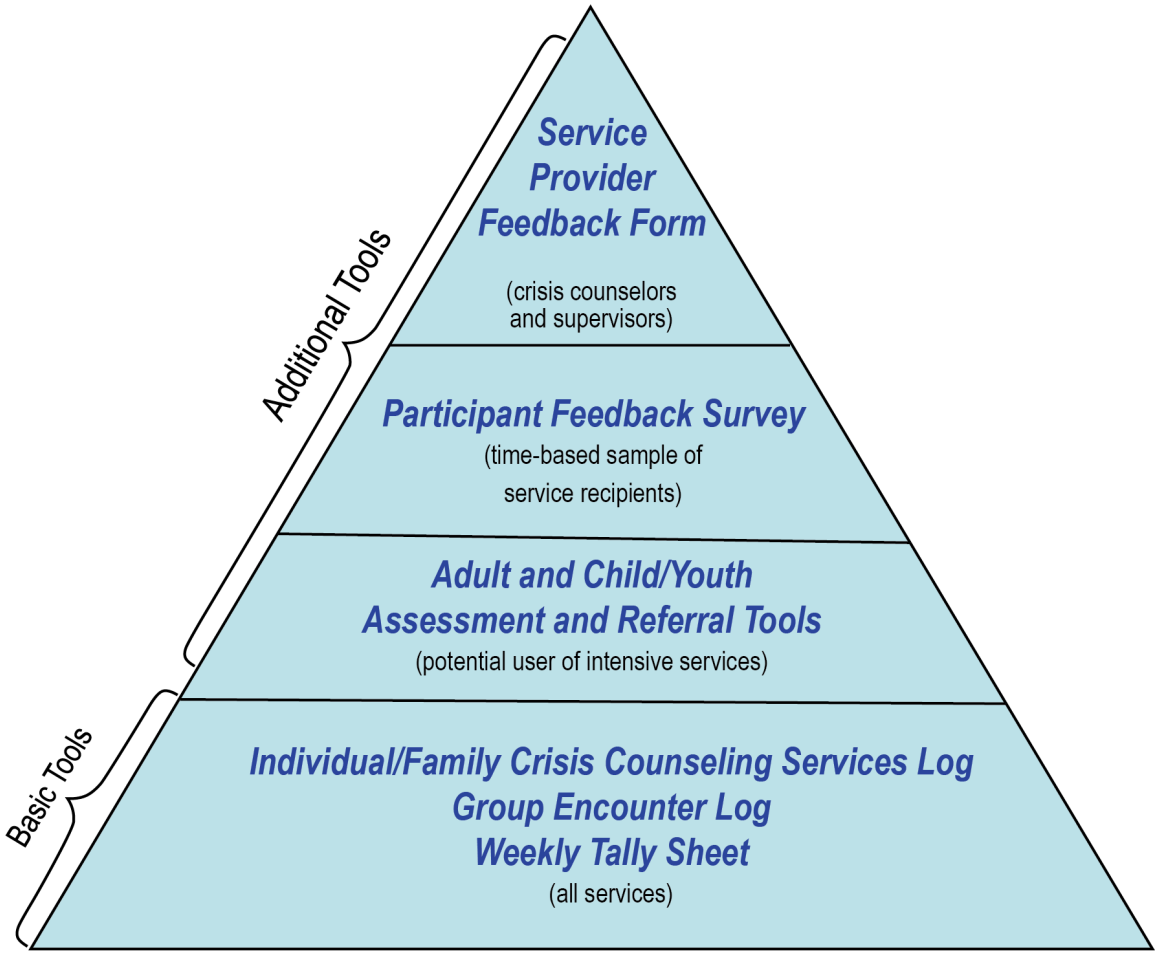

Figure 1. Utilization Structure of CCP Data Collection Forms

Individual/Family Crisis Counseling Services Encounter Log

What is individual/family counseling?

Individual/family crisis counseling is focused on reducing stress, providing support, and improving coping skills. For the purposes of data collection and evaluation, individual crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. This doesn't mean that it should be only 15 minutes or that shorter interactions are discouraged.

Most of these encounters will take place in person, but they also include any virtual services that are conducted. For example, if a hotline contact otherwise meets the definition of individual or

family crisis counseling, the Individual/Family Crisis Counseling Services Encounter Log may be used. On the Individual/Family Encounter Log itself, show the location as "phone counseling" if it was an outbound call made by the crisis counseling staff. If this call was inbound from a participant, it should be logged as hotline, helpline, or crisis line. As with in-person crisis counseling encounters, these calls are tracked with an Individual/Family Encounter Log form if they last 15 minutes or longer.

There is a place on the form to record how long the encounter lasted.

What is in the Individual/Family Crisis Counseling Services Encounter Log?

The Individual/Family Crisis Counseling Services Encounter Log is a form with nine parts that is intended to capture details of encounters that are longer than 15 minutes. Crisis counselors complete this form immediately after the encounter when completing the PDF version or during the encounter when using the mobile app. When completing the mobile or PDF versions of the form, the crisis counselor is *not* expected to ask an individual for responses to these items; rather, crisis counselors complete the form based on their observations and interactions with the person during the encounter. The PDF version of the form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

Part 1 (Basic Information)

The first part collects information on the project number (Federal Emergency Management Agency [FEMA] disaster response number: DR-XXXX-state), provider name, both employee numbers, service date, county of service, and ZIP code of service delivery. Mobile app users will have some of the fields pre-populated in this section, while some questions will require a selection be made from a dropdown menu.

Part 2 (Visit Type)

The second part collects information on the visit type. This includes the number of people who were involved in this encounter (one person or a family or household consisting of two or more individuals), visit number (first time or follow-up with anyone from the program), and duration of the encounter. Please note that a family visit type may include married or unmarried heterosexual, gay, lesbian, bisexual, or transgender individuals.

Part 3 (Demographic Information)

The third part collects demographic information. This includes information on the number of males, females, and transgender persons per age category, as well as participants' ethnicities, races, languages spoken, and disabilities or other access or functional needs, if any. Collection of this information is intended to be through observation. There is no need to directly ask participants these questions.

Part 4 (Location of Service)

The fourth part collects information on where the crisis counseling encounter took place. Many options are provided, including check boxes for whether children are living in the home, or whether the contact occurred over the phone. An "other" box provides the opportunity to specify a location type that is not otherwise listed (for example, a supply distribution center).

Part 5 (Risk Categories)

The fifth part collects information on risk categories. These are factors that individuals may have experienced or have present in their lives that could increase their need for crisis counseling or outreach services. Most of these risk factors are a result of the survivor's disaster experience.

Part 6 (Event Reactions)

The sixth part collects information on reactions to the disaster event that the person (or family) is or are experiencing *at the time of the service encounter*. The form captures how many total people during the encounter displayed these reactions, and the various reactions are categorized as behavioral, emotional, physical, or cognitive. If a person is coping well with the disaster event at the time of the service encounter, then the crisis counselor can check the box indicating "coping well: None of the above apply."

Part 7 (Focus of Encounter)

The seventh part collects data on the discussion during the encounter, such as psycho-educational information provided, coping tips, and healthy connections offered to the survivor by the crisis counselor.

Part 8 (Materials Provided for This Encounter)

The eighth part documents whether the crisis counselor provided additional written information and materials to the survivor.

Part 9 (Referral)

The ninth and final part of the Individual/Family Crisis Counseling Services Encounter Log covers referral. A crisis counselor who has provided the person with a referral should indicate the referral type in this section. A referral could be to another component of the CCP, such as a support group, or to a team leader or senior professional for follow-up. The crisis counselor could also refer the consumer to other mental health services, substance use services, services related to access and functional needs, or community services, such as other FEMA Individual Assistance programs (housing, unemployment) if applicable. When the "other" option is used, the counselor should indicate the nature of the service rather than the agency to which the individual was referred. All referrals for mental health or substance use services should be indicated in the previous corresponding boxes.

Review/Approve Pending Forms

Once the form has been entered into the system, or it has been uploaded to the system through the mobile application, the form will be placed in a pending queue. After a form is placed here, a team leader reviews it. Team leaders can approve or reject the form, allowing it to be included in "reporting" or "available for editing," respectively.

When is it filled out?

When utilizing the PDF version of the form, crisis counselors or their partners should fill out the form immediately following the encounter. If using the mobile app, the form can be completed during an encounter. The best practice for completing forms during an encounter would be to

have one counselor participate and engage with the survivor while the other takes notes or begins filling out the encounter log form. For more guidance on completing forms during an encounter, please review the CCP mobile app data collection training video at www.youtube.com/watch?v=ZAagU0fVA-o&feature=youtu.be.

Waiting until the end of the day to fill the logs out is not acceptable because the crisis counselor will not remember the answer to each question. Some people are seen more than once by a crisis counselor. The log is filled out for all counseling visits, not just the first, and the visit number is noted. Completed logs should be entered into the system and ready for review by the team leader at the end of each day or the beginning of the following day, if using the PDF version of the log. If the program is using the CCP mobile app, forms should be uploaded daily and reviewed by a team lead when the form reaches the pending queue in the desktop system.

How do crisis counselors get the information for the Individual/Family Crisis Counseling Services Encounter Log?

Through active listening, crisis counselors engage service recipients in telling their stories in a way that reveals stressful experiences (risk factors) during or after the disaster. Some of the demographic characteristics (such as age) might be elicited by asking recipients how their family is doing. Because crisis counselors are encouraged to conduct outreach in pairs, it may be helpful for one crisis counselor to focus on taking notes or collecting data on the information obtained throughout the encounter, while the other takes the lead in engaging the survivor(s). This is not always possible, but when it is, it will help in ensuring accuracy when completing the log.

How are families or multiple people treated?

Sometimes "individual" crisis counseling involves more than one person. Perhaps the crisis counselor has spoken to a married couple, a family, roommates, or even a couple of friends. This raises the issue of who the service recipient was in the counseling encounter. The service recipient is defined as any person who actively participated in the session (for example, by verbally participating), not someone who is merely present. There may be two or more individuals helped at the same time. To show how many people were involved in an encounter who are considered to be part of a family or household, crisis counselors should select the corresponding number for Family or Household.

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- Riise, K. S., Hansel, T. C., Steinberg, A., Landis, R. W., Gilkey, S., Brymer, M. & Speier, A. H. (2009). The Louisiana Specialized Crisis Counseling Services (SCCS): Final program evaluation. Unpublished manuscript.
- Uekawa, K., Higgins, B., Golenbock, S., Mack, A. & Bellamy, N. (2016). Psychometric properties of disaster event reaction items form the crisis counseling individual/family log. *Disaster Medicine and Public Health Preparedness*, Aug 12, 1-10.
- Valenti, M., Fujii, S., Kato, H., Masedu, F., Tiberti, S. & Sconci, V. (2013). Validation of the Italian version of the Screening Questionnaire for Disaster Mental Health (SQD) in a post-earthquake urban environment. *Annali dell'Istituto Superiore di Sanità*, 49, 79–85.
- Yabe, H., Suzuki, Y., Mashiko, H., Nakayama, Y., Hisata, M., Niwa, S. I. & Abe, M. (2014). Psychological distress after the Great East Japan Earthquake and Fukushima Daiichi Nuclear Power Plant accident: Results of a mental health and lifestyle survey through the Fukushima Health Management Survey in FY2011 and FY2012. *Fukushima Journal of Medical Science*, 60(1), 57-67.

Group Encounter Log

What are group encounters?

Group encounters are very important and appropriate for disaster survivors because of their shared experiences. The two types of group encounters are group crisis counseling and public education, and the differences between them are subtle. In *group crisis counseling*, service recipients do most of the talking. For example, in support groups, survivors meet to listen to each other and emotionally support one another, with the crisis counselor acting as a facilitator. In *public education*, the crisis counselor does most of the talking. For example, the crisis counselor may have made a presentation about common reactions to a disaster or shared updated community resource contacts. The Group Encounter Log ***is not*** to be used to document visits with family or household members. ***Visits with multiple people in the same household should be documented using the Individual/Family Crisis Counseling Services Encounter Log***.

What's in the Group Encounter Log?

Because of overlap in the information needed to describe them, group crisis counseling and public education encounter data are captured on the same form. The crisis counselor will check one box if the encounter was group counseling and another if it was public education. The log has five parts. The PDF version of the form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

Part 1 (Basic Information)

The first part of the log collects information on the program, including project number (FEMA disaster response number: DR-XXXX-state), provider name, employee number(s), service date, county of service, and ZIP code of service. As with the Individual/Family Encounter Log, some of this information will normally be pre-populated when completing forms in the mobile application.

Part 2 (Type of Service)

The second part captures whether the group encounter was group counseling or public education.

Part 3 (Characteristics of Encounter)

The third part collects information on the location of the encounter and its session number (first session of a group expected to meet once, first session of a group expected to meet more than once, or a second or later session of an ongoing group). The estimated number of participants by age group and the duration of the encounter are also recorded on this part of the Group Encounter Log.

Part 4 (Group Identities)

This section basically asks, "What makes the group a group?" Options are provided for the crisis counselor to check if a group consisted only or mostly of children or youth, adult disaster survivors, public safety workers and first responders, or other recovery workers. There is also an option to select if a group encounter was composed of a mixture of the previous list or had no clear group identity. The crisis counselor can note what ethnicities or races were represented within the group, and there is also a question to capture whether any of the participants had a disability or other access or functional need.

Part 5 (Focus of the Group Session)

The fifth part asks the counselor to describe the focus of the group session by making selections of one or more of the several options provided on the form that apply. For example, the crisis counselor can indicate that the purpose of the group was to present information and provide education about one or more of the following: (1) reactions to disaster, (2) community resources, and (3) the crisis counseling program. The crisis counselor may also indicate that tips on various topics, information about healthy connections, and materials were provided to the group.

Review/Approve Pending Forms

Once a form has entered the system, whether by manual entry or via upload from the mobile app, the form will be placed in a pending queue. After a form is placed in the queue, a team leader reviews it and approves or rejects it, which makes it ready for inclusion in reporting (if approved) or available for editing (if rejected).

Relevant Research

- Boscarino, J. A. (2015). Community disasters, psychological trauma, and crisis intervention. *International Journal of Emergency Mental Health*, 17(1), 369–371.
- Brom, D., Baum, N. L. & Pat-Horenczyk, R. (2015). Systems of care for traumatized children: The example of a school-based intervention model. In *Future Directions in Post-Traumatic Stress Disorder* (pp. 155-169). Springer US.
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Brief Educational and Supportive Services Not Elsewhere Included (Weekly Tally Sheet)

What is the purpose of the Weekly Tally Sheet?

Crisis counselors engage in many activities that are not captured by the Individual/Family Crisis Counseling Services Encounter Log or Group Encounter Log, but that are nonetheless important. For these other activities, crisis counselors use the Brief Educational and Supportive Services Not Elsewhere Included Weekly Tally Sheet (Weekly Tally Sheet for short). This includes, for example, brief interactions, phone calls or email exchanges, distribution of materials, community networking and coalition building, mass media messages, and social networking messages. Daily and weekly totals are recorded. The PDF version of the form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

What goes into the first section of the Weekly Tally Sheet?

The first part collects general information, including the project number (FEMA disaster response number: DR-XXXX-state), provider name, county or parish, the start date of the week for which data are recorded on the form, and the employee ID. Mobile app users will have some of the fields pre-populated in this section, while some questions will require a selection be made from a dropdown menu.

How is the week designated?

The week should always be designated by Sunday's date. For example, a part-time crisis counselor working on Friday and Saturday should use the previous Sunday's date.

Once a form has entered the system, whether by manual entry or via upload from the mobile app, the form will be placed in a pending queue. Once a form is in this queue, a team leader can review it and approve or reject it. If he or she approves the form, it will be ready for inclusion in reporting. If the team leader rejects the form, it will be available for editing.

How are hotline calls counted?

Disaster-related hotline contacts may be counted as CCP services if (1) the services have been paid for by the grant, and (2) the hotline contractor has been issued a provider number. If the state has hired a specific staff member to answer hotline calls for the CCP, then an employee number will be issued. There must be a system in place for assessing and documenting which hotline calls are related to disaster survivors. If hotline calls are recorded on the Weekly Tally Sheet, they are indicated in one of two ways: If a phone call was received on an established hotline, helpline, or lifeline, it is noted in that row ("hotline/helpline/lifeline contact"), but if a call is made by a crisis counselor, it is noted as a telephone contact ("telephone contact by crisis counselors"). To be recorded on the Weekly Tally Sheet, the call must last less than 15 minutes.

This protocol must be documented and provided to the federal project officers for the CCP grant as part of routine and ongoing progress calls and quarterly and final reports.

How are mass media messages and social networking messages counted?

CCP staff members should include the number of individual mass media or social media messages broadcast or posted—*not* the number of listeners or followers—on the appropriate lines of the Weekly Tally Sheet.

If a mass media message is broadcast to a large audience, that number may be counted within the narrative of the CCP quarterly or final reports—but should *not* be noted on the Weekly Tally Sheet form.

For social media messaging, the number of people reached by the messages can be recorded under the social media impressions/reach or engagement lines. Any additional data on the reach or impact of a social media campaign should be included within the narrative of the CCP quarterly or final reports.

Relevant Research

- Beaudoin, C. E. (2009). Evaluating a media campaign that targeted PTSD after Hurricane Katrina. *Health Communication*, 24(6), 515-523. doi:10.1080/10410230903104905.
- Frank, R. G., Pindyck, T., Donahue, S. A., Pease, E. A., Foster, M. J., Felton, C. J. & Essock, S. M. (2006). Impact of a media campaign for disaster mental health counseling in post-September 11 New York. *Psychiatric Services*, 57(9), 1304-1308. doi:10.1176/appi.ps.57.9.1304.
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Additional Forms: Assessments and Surveys

What are the additional forms?

The additional forms include the following:

- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool
- Participant Feedback Survey
- Service Provider Feedback Form

The Assessment and Referral Tool forms can be used at any point in the program, if the crisis counselor feels their use is warranted. The Participant Feedback Surveys and Service Provider Feedback Form surveys are administered twice, at six and 12 months after the disaster incident, and usually during the RSP grant.

What is the purpose of the tools?

The Adult and Child/Youth Assessment and Referral Tools and the Participant Feedback Survey collect more in-depth information about service recipients than is captured by the Individual/Family Crisis Counseling Services Encounter Log, the Group Encounter Log, and the Weekly Tally Sheet. The Service Provider Feedback Form measures the opinions, experiences, and perceived stress of crisis counselors and their supervisors.

How does a CCP prepare to use these tools?

Assessment and Referral Tools

The CCP should have protocols or procedures in place for how a crisis counselor should respond if serious reactions are indicated while using the Assessment and Referral Tools. Many CCPs have team leaders or other staff with a mental health background administer the tools to ensure that proper assessment and referral is carried out. All crisis counseling staff using the tools should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance use intervention services.

Prior to administration of the Child/Youth Assessment and Referral Tool, consent must be obtained from a parent or other caregiver for the child's or youth's participation in the CCP.

For babies and children from less than 1 to 7 years old, it is recommended that a parent or other caregiver be interviewed with the child present (Cohen, Kelleher & Mannarino, 2008; Scheeringa & Haslett, 2010). When there are concerns about the ability of a child over the age of 7 to understand and accurately answer the questions, it is advisable for the parent or other caregiver to assist in answering the questions. For children over 7 years of age, crisis counselors should get verbal consent from the parent or other caregiver. Adolescents may not want to be interviewed in front of their parents. If a parent or other caregiver is present, ask the adolescent if he or she wishes to be interviewed alone.

Feedback Surveys

The CCP will identify a one- or two-week period at six and 12 months after the disaster during which the Participant Feedback Survey will be disseminated to all survivors participating in an individual or family crisis counseling encounter or a group counseling session. The CCP will either need to print copies of the survey and prepare pre-stamped envelopes for survivors to use to mail in the surveys or be prepared to distribute the weblink generated by the SAMHSA Disaster Technical Assistance Center (DTAC) for survivors to complete the surveys online. If utilizing printed surveys, the envelope should be addressed to the designated staff at the CCP who will enter the data into the CCP Online Data Collection and Evaluation System (ODCES).

As for the Service Provider Feedback Form survey, the CCP will identify a one- or two-week period at six and 12 months after the disaster during which the Service Provider Feedback Form will be administered. The CCP will contact SAMHSA DTAC to set up an online link to the Service Provider Feedback Form. The CCP will be responsible for disseminating the link to direct service staff. If a CCP grant program prefers paper administration, it may contact SAMHSA DTAC at 800-308-3515 or dtac@iqsolutions.com for details and guidance on administration.

Assessment and Referral Tools

Why were the Adult Assessment and Referral Tool and the Child/Youth Assessment and Referral Tool created?

Crisis counseling programs focus on short-term mental health and substance use-related interventions, but some people need either longer or more intensive interventions. A key service provided by the CCP grants is identifying and referring people who may need additional services to other mental health programs for services or treatment. Sometimes more intensive interventions are offered in collaboration with CCPs, but more often crisis counselors need to rely on other community and state programs. Research on early CCPs suggested that referring people to more intensive mental health and substance use services was a problem area for many providers. The issues ranged from limited availability of services (which, of course, cannot be addressed by means of a tool) to uncertainty about when to make referrals. The Adult and Child/Youth Assessment and Referral Tools were created to help CCPs and crisis counselors in making these referrals. They also help to remind them that if individuals are not getting better, they should (and can) be referred for more intensive help.

When and for whom are the Assessment and Referral Tools used?

Typically, the Adult and Child/Youth Assessment and Referral Tools are used with all adults and children or youth who are potential intensive users of services. Intensive users are people who are participating in their third or fifth individual crisis counseling visit with any crisis counselor from the program or who continue to suffer severe distress that may be impeding their ability to perform routine daily activities. There may be occasions when the crisis counselor believes the tools should be used before the third visit; this is recommended if the crisis counselor believes that someone is experiencing serious reactions. For further guidance on when and how to use these tools, please review the Assessment and Referral Tool training video at www.youtube.com/watch?v=flei8krbcs0.

Adult Assessment and Referral Tool

What's in the Adult Assessment and Referral Tool?

Part 1

As with the other forms, the first part may be pre-filled, or selections can be filled in, to include basic information on the program, such as project number (FEMA disaster response number: DR- XXXX-state), provider name, both employee numbers, service date, and county and ZIP code of service. Below this basic information section, the form is similar to the Individual/Family Crisis Counseling Services Encounter Log, which also includes places to record location of service, risk categories, demographic information, and if a team lead or supervisor was present. For users of the mobile app, the Assessment and Referral Tool forms are subforms linked to the Individual/Family Crisis Counseling Services Encounter Log. All of the demographic questions from Part 1 will be automatically filled into the uploaded assessment form, reflecting the choices made on corresponding portions of the Individual/Family Crisis Counseling Services Encounter Log.

Part 2

The second page of the form instructs the crisis counselor to read an introductory statement:

"These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, I mean feelings or emotions or thoughts about the events. For each question choose one of the following responses from this card."

The response card is available in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings and shows the respondent the choices for answering the statements. Responses for the Adult Assessment and Referral Tool are as follows: 1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Quite a bit, and 5 = Very much. The crisis counselor indicates the respondent's answer and concludes with a score of the total number of responses that were indicated with a 4 or 5.

Referral Component

If the respondent answers "yes" to items 12–14, the crisis counselor should immediately refer the person for professional psychiatric or other mental health intervention. The CCP should have protocols or procedures in place for how a crisis counselor should respond or react if such an event occurs. Many CCPs have team leaders or other staff with a mental health background to administer this tool to ensure that proper assessment and referral are carried out. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance use intervention services.

If the answer to items 12-14 is "no," then the crisis counselor should continue as follows:

- If the total score is 3 or higher, the counselor should be prepared to offer the respondent the name of the organization and a contact at the organization that has agreed to accept CCP referrals.
- If the total score is below 3, the counselor then determines whether the respondent can manage his or her reactions. The counselor can still offer referral information or work with the person to decide upon specific goals for counseling that can be completed within a couple of visits.

The last part of the Adult Assessment and Referral Tool that the crisis counselor is to complete is similar to the referral section on the Individual/Family Crisis Counseling Services Encounter Log. The counselor selects the type of referral provided and indicates whether the person accepted the referral. The PDF version of the form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

How are adult symptoms assessed?

The reaction section of the tool (part 2, items 1 through 11) was adapted from the Short Post-Traumatic Stress Disorder Rating Interview (SPRINT) developed by Connor and Davidson. With the permission of Connor and Davidson, the measure was modified for the CCP Project Liberty's use after the terrorist attacks of Sept. 11, 2001 (SPRINT-Expanded or Sprint-E) (Connor & Davidson, 2001). The Sprint-E assesses posttraumatic stress, health risk behavior, stress vulnerability, and functional impairment. Questions addressing suicidal ideation (items 12-14) are not included in the score. Rather, they are included in the scale as a precaution, and crisis counselors are instructed to refer respondents for immediate psychiatric intervention if they answer "yes" to any of the questions.

Is the measure good?

Data from 788 clients in Project Liberty indicated that the Sprint-E was a reliable measure of need for intervention as expressed in distress and dysfunction (Norris et al., 2006). Of those offered referral according to their score on the tool, 71 percent accepted. Among those offered referral, the number of intense reactions was by far the strongest predictor of referral acceptance. Many of the attributes of the Sprint-E (brevity, simplicity of administration, focus on intense reactions, and emphasis on function and subjective need) emerged because it was developed collaboratively by researchers and leaders of Project Liberty. In this study of 788 adults in crisis counseling two years after 9/11, the Sprint-E was found to be equally reliable ($\alpha = 0.93$) across ethnic groups in the sample (Norris et al., 2006). A criterion of three intense reactions was set as the initial guideline for referral to treatment in New York (Norris et al., 2006). Referral acceptance increased in a linear fashion in relation to the number of intense reactions until it peaked and stabilized at seven intense reactions (85 percent acceptance). This result led to a working "3/7 rule" for the Sprint-E. According to this rule, if a person responds with three ratings of 4 (quite a bit) or 5 (very much) to questions on distress and dysfunction, he or she may need treatment. If a person responds to questions on distress and dysfunction with seven 4 or 5 ratings, he or she probably needs treatment. The validity of the "3/7 rule" was supported in a sample of help-seeking adults in Florida after the 2004 hurricanes. Tested against the

Posttraumatic Stress Disorder (PTSD) Checklist, the Sprint-E performed well in receiver operating characteristic, or ROC, analyses (area under the curve = 0.87); a score of seven achieved sensitivity of 78 percent and specificity of 79 percent (Norris, Hamblen, Brown & Schinka, 2008).

The Sprint-E was subsequently used in a treatment program for Hurricane Katrina survivors sponsored by the Baton Rouge Area Foundation, in collaboration with the Baton Rouge Crisis Intervention Center and the National Center for PTSD. The Sprint-E was administered at the point of referral and at four subsequent points in time following the disaster. Participants' scores decreased greatly during the course of treatment, and improvements were maintained at a four-month follow-up. The Sprint-E's reliability and sensitivity to change were also evidenced in a study of specialized crisis counseling services in Mississippi (Jones, Allen, Norris & Miller, 2009; Hamblen, et al., 2009) (full references are at the end of this section).

How is the Adult Assessment and Referral Tool scored?

The response card is located in the CCP Toolkit, at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings. As noted, responses to the questions in this section are as follows: 1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Quite a bit, and 5 = Very much. The tool is scored by counting the number of reactions valued 4 (quite a bit) or 5 (very much). It has been structured in a way that makes the scoring straightforward.

Is the Individual/Family Crisis Counseling Services Encounter Log used too?

If a crisis counselor is completing the Assessment and Referral Tool, there is no need to also complete the Individual/Family Encounter Log. Much of the information is duplicative between the two forms, despite the forms' being used for different purposes. If using the PDF version of the form, a separate assessment will be done for each applicable participant in an encounter. When using the mobile app, the Individual/Family Encounter Log demographic and encounter-specific sections only need to be completed once, no matter how many assessments are completed.

References (Adult Assessment and Referral Tool)

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Relevant Research

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- Riise, K. S., Hansel, T. C., Steinberg, A. M., Landis R. W., Gilkey S., Brymer, M. J., et al. (2009). *The Louisiana Specialized Crisis Counseling Services (SCCS): Final program evaluation.* Unpublished manuscript.

Child/Youth Assessment and Referral Tool

What's in the Child/Youth Assessment and Referral Tool?

Part 1

As with the other CCP forms, the first part may be filled out prior to the visit, or selections can be made from the dropdown menus, including project number (FEMA disaster response number: DR-XXXX-state), provider name, provider number, employee number(s), date of service, county of service, and ZIP code of service. When the visit starts, fill in the visit number and indicate whether a team leader or supervisor, as well as parent or caregiver, is present during the visit. Below the Encounter Information section, there is a section to document the location of service, and then a Risk Categories section that allows you to check off how children and adolescents were affected by the disaster and its aftermath. The last section on this page is a Demographic Information section to enter basic characteristics of the child being interviewed. The PDF version of the form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

For users of the mobile app, the Assessment and Referral Tool forms are subforms linked to the Individual/Family Crisis Counseling Services Encounter Log. All the demographic questions from Part 1 will be automatically filled into the uploaded assessment form, reflecting the choices made on corresponding portions of the Individual/Family Crisis Counseling Services Encounter Log.

Part 2

The second page of the form instructs the crisis counselor to read an introductory statement:

"I want to talk to you about your (your child's) feelings and thoughts about the disaster and how much they are causing problems now. Think about your thoughts, feelings, and behavior DURING THE PAST MONTH. For each question, choose ONE of the following responses and check the appropriate box for that question."

The response card is shown on page 2 of the Child/Youth Assessment and Referral Tool. It is also located in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings. Responses to the questions in this section are as follows: 0 = Not at all, 1 = A little bit, 2 = Somewhat, 3 = Quite a bit, and 4 = Very much.

For questions 1-15, read each item aloud and have the child or youth, or his or her caregiver, identify how often the child has experienced these feelings, thoughts, or behaviors in the past month by pointing on the response card to the choice that best fits. For younger children, the crisis counselor may have to help the child understand how long a month has been by identifying something in the child's life that occurred a month ago (e.g., a holiday, school break, tests, or a family event). Then the crisis counselor can say, for example, "Since spring break, then [read the item]."

Starting on page 3, questions 16-20 are to be asked of a parent or other caregiver. These questions are required for children of less than 1 year old through age 7 and recommended for all children and adolescents. The response choices for these questions are the same as for questions 1-15.

The crisis counselor fills in the respondent's answers to each item on the second and the third pages and then totals the number of items (from both pages) that were scored 3 or 4. If the total number is four or more, the crisis counselor should discuss the possibility of a referral for more services.

For children over the age of 10 (or if the crisis counselor or parent or other caregiver is concerned about a younger child), the counselor should ask items 21-24 relating to suicidal ideation. If the child answers yes to any of those questions, the counselor should also ask, "Are you having thoughts of killing yourself right now?" If the respondent answers "yes" to this item, then the crisis counselor should immediately refer the child/youth for psychiatric or other mental health professional intervention. The CCP should have protocols or procedures in place for how a crisis counselor should respond and who should be notified of this safety concern. Many CCPs have team leaders or other staff with a mental health background to ensure that proper assessment and referral are carried out. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified an organization or agency that is willing to accept referrals from the CCP for immediate psychiatric intervention.

Referral Component

If the total number is four or higher, the counselor should discuss appropriate referral options for the child or youth. This includes being prepared to offer youth and parents the name at an organization that has agreed to accept CCP referrals and a contact at that organization. If the total number is three or fewer, the counselor can recommend either another visit with him- or herself (the counselor) or provide a referral if the child or youth needs specific support or intervention. In the Referral section, check the type of referral made, if the person (child or youth) accepted the referral, and if the parent or other caregiver accepted the referral.

How is the Child/Youth Assessment and Referral Tool introduced by crisis counselors?

Prior to administration of the Child/Youth Assessment and Referral Tool, make sure that consent was obtained from a parent or other caregiver for the child's or youth's participation in the CCP.

For children over the age of 7 read the following instructions:

"Occasionally, we find it helpful to ask children/adolescents or their parents/caregivers a few specific questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions? My first questions are about various experiences you have had in the disaster."

For children of less than 1 year old to age 7, it is recommended that a parent or other caregiver be interviewed with the child present (Cohen, Kelleher & Mannarino, 2008; Scheeringa & Haslett, 2010). When there are concerns about the ability of a child over the age of 7 to understand and accurately answer the questions, it is advisable for the parent or other caregiver to assist in answering the questions.

Adolescents may not want to be interviewed in front of their parents. If a parent or caregiver is present, ask the adolescent if he or she wishes to be interviewed alone.

How are child and youth symptoms assessed?

The symptom (or reaction) section of the tool (pages 2-3, items 1-20) was adapted from the University of California, Los Angeles PTSD Reaction Index (Steinberg, Brymer, Decker & Pynoos, 2004) with the addition of items related to depression and functioning. Drs. Pynoos and Steinberg granted permission for this modification for use by the CCP Project Liberty after the terrorist attacks on Sept. 11, 2001. This tool was then further modified for use by the Louisiana Spirit Specialized CCP after Hurricanes Katrina and Rita.

Is the measure good?

Using this referral tool, over 70 percent of children and adolescents initially screened for the Louisiana Spirit Specialized CCP and given a referral accepted the referral (Riise, et al., 2009). This finding was slightly higher than referral acceptance in Project Liberty (60 percent of children provided with a referral accepted it), which used an earlier version of the assessment tool. For the referral tool in general, items had good internal consistency and showed a strong relationship with referral acceptance (Kronenberg, et al., 2010).

How is it scored?

The tool is scored by counting the number of items (page 2-3, questions 1-20) that have a value of 3 (quite a bit) or 4 (very much). The tool has been structured in a way that makes the scoring straightforward. If the total number is 4 or higher, the counselor should discuss appropriate referral options for the child or youth. This includes being prepared to offer youth and parents the name of an organization that has agreed to accept CCP referrals and a contact at that organization. If the total number is 3 or fewer, the counselor can still recommend a referral if the child or youth needs specific support or intervention. The counselor may also recommend that the child or youth visit again with him or her (the current counselor).

Is the Individual/Family Crisis Counseling Services Encounter Log used too?

If a crisis counselor is completing the Assessment and Referral Tool, there is no need to also complete the Individual/Family Encounter Log. Much of the information is duplicative between the two forms, despite the forms' being used for different purposes. If using the PDF version of the form, a separate assessment will be done for each applicable participant in an encounter. With the mobile app, the Individual/Family Encounter Log demographic and encounter-specific sections only need to be completed once, no matter how many assessments are completed.

References (Child/Youth Assessment and Referral Tool)

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- Horowitz, L. M., Snyder, D., Ludi, E., Rosenstein, D. L., Kohn-Godbout, J., Lee, L., Cartledge, T., Farrar, A. & Pao, M. (2013). Ask suicide-screening questions to everyone in medical settings: The asQ'em Quality Improvement Project. *Psychosomatics*, 54(3), 239-47.
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Participant Feedback Survey

What is the Participant Feedback Survey?

This questionnaire seeks feedback and other information from service recipients. The questions about services relate directly to the goals of crisis counseling, such as providing reassurance and help with finding ways to cope. The first two sections include questions to gauge what kinds of services were received and whether those services were helpful. Also included in the survey are questions about how helpful the CCP was to the recipient and experiences the recipient had of or in relation to the disaster. Part of the survey collects information on event reactions, such as posttraumatic stress, depression, impaired functioning, and perceived need for additional help. (This is the Sprint-E, described earlier as part of the Adult Assessment and Referral Tool). A brief statement to respondents invites them to speak with a counselor if they would like to do so, or if they have concerns about their reactions to the disaster. A local phone number should be included on the form for this purpose. The next part of the survey asks the respondent to compare how he or she was doing in many areas of life before the disaster with how he or she is doing at the time of survey completion. The survey concludes with a section on basic demographics, language, and disability status. The form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

Why is this necessary?

The survey performs three important functions for the CCP. First, it provides information about service quality from the viewpoint of the recipient. The CCP is a short-term intervention, where an encounter could be just 15 minutes or could occur multiple times and is considered relatively anonymous. Therefore, the survey questions were informed by findings that disaster behavioral health services should be evaluated on the basis of their credibility, acceptability, accessibility, and confidentiality, among other characteristics.

Second, the survey provides the program with excellent information about the experiences and reactions of people they aim to serve in their outreach. It is one of the most important clinical records of the program. This information could lead to program adjustments to meet previously unrecognized needs.

Third, the survey helps planners learn about factors that influence perceptions of service quality. For example, are highly distressed individuals more or less positive about services than are less distressed individuals? Are members of different ethnic groups equally likely to report that they were treated with respect and sensitivity?

Who should complete the survey?

The survey is given to a sample of people for whom individual or family crisis counseling services were provided (that is, not for people who received services documented only on a Weekly Tally Sheet or who participated in group counseling/public education activities). It is given only to adults. The reading level is approximately fifth to sixth grade (based on the Flesch-Kincaid assessment).

When is the survey done?

The survey is implemented at six and 12 months after the disaster. The CCP will identify a one- or two-week period at each time (six and 12 months after the disaster), and all people who receive individual or family contacts are asked to complete an anonymous survey. In larger programs, different areas can be surveyed in consecutive weeks. The number of survey respondents is compared to the total number of eligible adults served in individual crisis counseling or group crisis counseling (not including public education groups) during that period to estimate the response rate.

How is the survey done?

During the selected period for data collection, all people who receive individual or family contacts are given a packet containing a cover letter signed by the program director, the survey, a black ink pen, and a stamped pre-addressed envelope for returning the survey. The packets are to be distributed to supervisors one week in advance of dissemination, and supervisors give crisis counselors a set of packets to distribute. A template for the cover letter and handouts for counselor training can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-data-forms-trainings. The CCP should contact the SAMHSA Disaster Technical Assistance Center (DTAC) to ask that they generate a link to the survey, which can be used by data entry staff to enter forms that have been received.

Alternatively, the survey link generated by SAMHSA DTAC can be distributed to participants in qualifying encounters or used by crisis counselors on the mobile app to allow participants to complete the survey immediately after an encounter.

What is the counselor's role?

Crisis counselors distribute the survey and other materials. The importance of the crisis counselor's attitude in this process cannot be overstated. The counselor must view this survey as an opportunity for recipients to tell the program (anonymously) how they feel about the services and their reactions. Counselors might introduce the survey by saying that, this week, program leaders are making a special effort to learn about the needs of the community and how counselors are helping to meet those needs. Counselors might further note that the survey is short and should take only a few minutes of the person's time. Counselors who view this as a burden will convey that attitude to potential respondents. It is essential that this form be given to each service recipient who should get it. Only then will the information be meaningful and useful to the program.

How are counselors protected?

Some crisis counselors could understandably be concerned that the survey might be used to evaluate their own performance rather than that of the program as a whole. Additionally, some crisis counselors work in areas where survivors might be angry in general and could get lower ratings through no fault of their own. Although the questions refer to "the counselor," the survey does not name a particular crisis counselor. The data are examined only in groupings, defined by county or respondent characteristics.

Are satisfaction data biased?

The positive bias in "consumer satisfaction" measures is well documented. People tend to answer in high ranges on consumer satisfaction surveys even when they have not improved. The tool addresses this bias by using a wide response format that allows room for variation. Recipients answer each question about their experience of the CCP on a five-point scale, where 1 is the worst rating and 5 is the best rating. Over time, the pooled data have provided norms that can be used to interpret data from new programs.

Relevant Research

- Schaeffer, N.C. & Dykema, J. (2011). Questions for surveys: Current trends and future directions. *Public Opinion Quarterly*, 75(5), 909-961. Doi:10.1093/poq/nfr048.
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Service Provider Feedback Form

What is the purpose of this form?

Crisis counselors are the essential link between the program and the consumer. Crisis counselors and their supervisors are in a unique position to judge the quality of the services being provided and the extent to which they match the needs of the community. The Service Provider Feedback Form yields a standardized assessment of providers' opinions and reactions to their work.

Who is included?

This form is intended for crisis counselors who provide direct, face-to-face services to disaster survivors. This also includes their immediate supervisors (team leaders) who guide the crisis counselors' work. These workers are included regardless of the number of hours they work each week. This assessment tool is administered only to workers who have performed these functions for a month or more. Staff who perform only administrative, clerical, or evaluation functions are not surveyed.

What's in the Service Provider Feedback Form?

The form has several parts. The first section asks staff to evaluate the usefulness of the CCP training they have completed. The next section asks staff to evaluate the support, supervision, and opportunities for growth provided by the work. This section also asks about the appropriateness of the workload and the adequacy of resources and tools available, and for the provider's evaluation of the services provided by the CCP. The section that follows is composed of five questions about stress. These questions examine whether the work or the provider's reaction to it has caused problems in other areas of his or her life. The form requires management to include a phone number outside of the chain of supervision that counselors can call to receive assistance if they are feeling especially stressed. The next section includes questions about the experiences counselors have had completing CCP data collection forms on using the PDF version or in the mobile app. A subsequent section collects information on how much the crisis counselor has worked for the CCP, as well as demographic information. The form concludes with a place to add comments. The form can be found in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

When and how is it done?

These data are collected anonymously from crisis counselors and their supervisors at roughly six and 12 months after the disaster. These time-points typically occur within the RSP. The form is administered online in coordination with SAMHSA DTAC. Paper administration is acceptable only when online administration is not possible. For paper administration, supervisors distribute a packet containing a cover letter, the form, and a black ink pen to each crisis counselor, together with a stamped return envelope addressed to an external evaluator. Although the forms may be handed out during a staff meeting, they should be completed later so that crisis counselors do not feel pressured to participate. Two weeks before the form is distributed, the program director should send an email or other notice (for example, a letter) to all crisis counselors and team leaders informing them of the forthcoming form and explaining why it is important to complete it. Two weeks after the form is distributed, the program director should send a thank-you and

reminder email or letter to all counselors and team leaders. Templates for form administration are located in the CCP Toolkit at www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings.

How are counselors protected?

Some counselors could understandably be concerned that supervisors or program directors could figure out who they are even though the form is completed anonymously. However, SAMHSA DTAC takes several precautions to guarantee anonymity to all CCP counselors. For those completing the online form, no personal identification is required, and all data are kept in a secure database and only reported at the aggregate level. For paper administration, the completed form is mailed to an external evaluator so that it does not go through local program management. Regardless of the number of workers, provider forms are collected for the cumulative national database. Detailed results are shared with local program management only if the number of workers is greater than 15. Smaller programs receive less specific results. When results are shared, they are shown only in aggregations large enough to ensure that individual crisis counselors or small groups of counselors are not identifiable.

Relevant Research

- Bellamy, N. D., Wang, M. Q., McGee, L. A., Liu, J. S. & Robinson, M. E. (2019). Crisis-counselor perceptions of job training, stress, and satisfaction during disaster recovery. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), 19.
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