Specialized Crisis Counseling Services
Individual/ Group Contact Log

Provider Number ☐☐☐☐☐ Provider Name _____

Employee Number ☐☐☐☐☐☐ Employee Name _____

Recipient Number ☐☐☐☐☐☐☐ (Individual Contact Only) Date of Service: _____/_____/_____

Characteristics of Encounter

Contact Type: ☐ Individual ☐ Group Visit Number: ____ Zip Code ☐☐☐☐☐

Location of Service (select one)

☐ School ☐ Workplace ☐ Individual's home ☐ Other(specify) _____
☐ Community center ☐ Health clinic ☐ Transitional housing
☐ Provider site ☐ Place of worship ☐ Legal setting

Duration of Visit

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

Other People Participating in SCCS

☐ Parent or Guardian ☐ Family Member ☐ Other(s) _____ _____

Current Problems and Concerns

The following is a list of problems that some people have reported as a result of the disasters. Do any of these apply to your situation? Using the scale, please rate how much you have been bothered by this problem. (Select all that apply)

Not at all	A little bit	Moderately	Quite a bit	Very much
0	1	2	3	4
Never	2 times/ month	1-2 times / week	3-4 times / week	Almost Every Day

Health and Safety

101 ☐ Disaster-Related Injury
102 ☐ Current Serious Medical Condition
103 ☐ Need for Medication
104 ☐ Physical Disability
105 ☐ Unsafe Living Quarters
106 ☐ Unsafe Neighborhood
107 ☐ Lack of Caregiver Supervision
108 ☐ Alcohol/Substance Use
109 ☐ Domestic Violence
110 ☐ Other_____

Stress/Adversities

201 ☐ Death of Family Member/Close Friend
202 ☐ Family Separation/Living Apart
203 ☐ Separation from Friends/Social Network
204 ☐ Loss of Employment/Income
205 ☐ Displaced from Home
206 ☐ Crowded Living Conditions/Trailer
207 ☐ Home under Repair
208 ☐ Child Not enrolled in School/Truant
209 ☐ Child Living on Own
210 ☐ Lack of Access to Services
211 ☐ Other _____

Emotional/Psychological Health

301 ☐ Psychiatric Illness
302 ☐ Posttraumatic Stress Reactions
303 ☐ Grief
304 ☐ Depression
305 ☐ Anxiety
306 ☐ Anger
307 ☐ Guilt/Shame
308 ☐ Somatic Complaints
309 ☐ Altered Development
310 ☐ Addictive Behavior (Gambling, Sex)
311 ☐ Risk-Taking Behavior
312 ☐ Threat of Harm to Self or Others
313 ☐ Spiritual/Religious Concerns
314 ☐ Other_____

Role/Interpersonal Functioning

401 ☐ Problems at School
402 ☐ Problems at Work
403 ☐ Problems with Peers/Friends
404 ☐ Problems in Family Relationships
405 ☐ Divorce/Separation
406 ☐ Other_____

Specialized Crisis Counseling Services
Individual/ Group Contact Log

Focus of this SCCS Contact: Enter 3-digit codes from Page1

Main SCCS Intervention Strategies			Areas of RLC Assistance
☐ Anger Management	☐ Parent Training		☐ Child Care
☐ Anxiety Management (relaxation skills)	☐ Play/Drawing/Movement		☐ Education
☐ Cognitive Reframing	☐ Promote Developmental Progression		☐ Employment
☐ Behavior Regulation	☐ Promote Leisure/Recreational Activities		☐ Financial
☐ Crisis Management	☐ Promote Self-Care		☐ Housing
☐ Emotion Regulation	☐ Safety Planning		☐ Leisure/ Recreation
☐ Enhance Coping Skills	☐ Social Skills Training		☐ Mental health
☐ Enhance Problem-solving Skills	☐ Supportive Strategies		☐ Physicial health
☐ Enhance Social Support/ Connectedness	☐ Trauma Narrative		☐ Social
☐ Exposure	☐ Other _____		☐ Substance use
☐ Grief Counseling	☐ Other _____		☐ Transportation
☐ Guilt/ Shame Reframing	☐ Other _____		☐ Other _____

SCCS Group Participants (List all recipient numbers of individuals in group)

Number of group participants: _____ List recipient numbers in boxes below:

Referral(s)		
(Check all that apply)	Did the individual/caregiver accept referral?	Provider Agency Name
☐ Mental health services	○ Individual ○ Parent/ Caregiver	
☐ Substance abuse services	○ Individual ○ Parent/ Caregiver	
☐ Other _____	○ Individual ○ Parent/ Caregiver	
☐ Other _____	○ Individual ○ Parent/ Caregiver	
☐ Other _____	○ Individual ○ Parent/ Caregiver	

Notes

☐ Permission to be contacted again
☐ Declined to be contacted again

Next Meeting _____

Reviewed by _____ Signature _____ Date _____