Guidance Criteria for Specialized Crisis Counseling Services (SCCS)

Services and Sessions

Screening and Assessment

1. Interventions must include determination as to whether survivors need services beyond the scope offered by the CCP program. Referrals must be provided when necessary.

2. An assessment, using the approved assessment and referral tool, should be conducted after every third visit.

3. Interventions must be conducted in the community, not as an office-based practice. Outreach must be the primary method of delivering services.

Services

1. Outreach must be the primary method of delivering SCCS to access survivors who may not otherwise receive services.

2. SCCS must be conducted in the community, not as an office-based practice.

Sessions

1. Interventions must be stand-alone and not create an expectation of subsequent or ongoing visits.
   Sessions must not include activities that require follow-up to be considered a success. Each visit should be approached as if it is the only session planned. Follow-up visits may be scheduled, but without expectation of multi-session or prolonged treatment.

2. There should be no suggestion that individuals who opt out of multiple visits are considered to have failed completion of services.

3. Informed consent must be obtained and a conversation about privacy rights must be held.

4. Interventions must emphasize goals and objectives identified by the survivor.

5. Interventions should assist survivors in self-identifying needs and priorities.

6. Interventions should focus on survivor strengths and resources while working toward future solutions.

Specialized Techniques

1. In accordance with basic CCP principles, specialized techniques must
   a. be appropriate to the short-term, temporary nature of the program,
   b. be appropriate to the phases and circumstances of disaster recovery,
   c. focus on immediate practical needs and priorities of the survivors.

2. Specialized techniques include, but are not limited to, person-centered, goal-oriented strategies, relaxation and stress management techniques, cognitive restructuring, and assessment and screening for suicide, psychiatric disorders, and substance abuse.

Referral

1. An assessment should be conducted every third visit.

2. SCCS counselors must assess whether survivors need mental health services beyond the scope offered by SCCS and must provide referrals when necessary, for example, for people with severe psychological responses, exacerbation of prior mental disturbance, substance abuse problems, suicidal thoughts or attempts, or serious mental illness.

3. Referral for ongoing or more intensive care should be made to existing or other traditional service systems.

Data Collection

1. Informed consent and a conversation about privacy rights must be held with each participating survivor before administering assessment tools.

2. Survivor interview and assessment data must use recipient numbers where appropriate and avoid using survivor names.

3. Individual encounter logs must be completed at each visit for each individual who receives services.

4. Indirect services provided by the RLC are documented on the RLC Indirect Services Log.

5. The State may not use case files or treatment plans.

6. Any and all informal documentation related to service recipients must be minimal and destroyed at the conclusion of the program.

Staff and Personnel

1. Intervention teams should be comprised of at least one mental health professional and one paraprofessional.
2. Clinical professionals and paraprofessionals should be indigenous to the community.

3. Clinical professionals should be used to reach survivors with more serious reactions to disasters. These professionals may utilize psycho-social and specialized techniques.

4. Paraprofessionals may address tangible needs and connect survivors to existing and emerging community resources. Paraprofessionals may also make referrals to SCCS.

Training and Supervision

1. SCCS must have detailed and specific training and supervision structures.

2. Training, supervision, and oversight are required to address roles and responsibilities within the CCP; to strengthen assessment, referral, and specialized skills while emphasizing the core principles of the CCP model; and as part of quality assurance.

3. Training for SCCS teams should be skill-based.

4. Training should address:
    a. the goals of SCCS;
    b. skills development;
    c. engagement and intervention skills;
    d. identification and referral of individuals with serious mental illness and substance abuse;
    e. substance use;
    f. suicide prevention;
    g. person-centered, goal-oriented strategies; and
    h. implementation strategies that are consistent with the requirement that visits be stand-alone and not create an expectation of ongoing contact.

5. Training may use a train-the-trainer model.

6. Training for other CCP staff should acquaint them with how to conduct assessments and referrals to SCCS.