Counseling Center Crisis Response Guide

SECTION 22

Updated 08/2007
      03/2009

SUNY College at Oneonta Counseling Center
Crisis Response Guide

INTRODUCTION

Counseling Center Role

The role of the SUNY College at Oneonta Counseling Center in a crisis situation is to assist the Campus community, including students, staff, and faculty, to cope effectively by providing psychological intervention and/or counseling services that will facilitate a return to normalcy following a crisis event. The Counseling Center also serves in a consultative role in the face of a crisis situation by providing guidance and education to others members of the Campus community.

Definitions/Acronyms

CC – Counseling Center

Crisis – an abnormally stressful or emergency situation; an emotionally stressful event or traumatic change.

EAP – Employee Assistance Program

Group PFA – Group Psychological First Aid

PFA – Psychological First Aid

PTSD – Post Traumatic Stress Disorder

Limits of Counseling Center Role

The Counseling Center's primary responsibility is toward student mental health. Assistance to other Campus community members may be more restricted due to limited time and resources. However, the Counseling Center will respond to the mental health needs of all members as much as possible immediately following a crisis, and thereafter will make every effort to assist non-student Campus community members in getting mental health services, as needed, in the larger community.

IMMEDIATE RESPONSE PHASE

Initial Information Gathering and/or Internal Coordination

The person in the Counseling Center receiving the initial contact about the crisis should obtain as much information as possible about the nature of the event. Efforts to obtain and/or confirm accurate information should be ongoing, and CC staff should be updated frequently.

After Hours Response (On-Call)

The on-call person during the non-office hours will first provide consultation by phone to the Campus departments/offices about the crisis event. The on-call person (if not the CC Director) will determine if and when to contact the CC Director or others in the chain of command. The on-call person may also collaborate with the CC Director or other administrators about whether it is necessary for counselors to provide in-person service. Counseling services by phone may also be an option. The on-call responder may not necessarily respond in person as a counselor; rather, the on-call person acts first as consultant. See below for consultant role.

Counselor's Role as Consultant

The counselor as consultant in response to a crisis event clarifies communication responses. The counselor assesses the physical needs vs. the psychological needs of the constituents. The counselor assesses the support systems of the constituents and determines if additional psychological assistance is required. The counselor as consultant provides psychological advice to Campus departments/offices.

Centralized Response

Once the CC has been notified of a crisis event, the CC will inquire which office is coordinating the Campus response, e.g. University Police, President/Vice-President. Inquire about notification of Campus community and beyond.

Media Response

Be aware that the College has a Community Relations office which will likely have the role of talking with media. Remember to not talk to the media without permission. Limit or manage media access by removing reporters from the area. Empower students and Campus community members to not talk to media representatives if they do not feel comfortable. Provide media representatives with a contact name and phone number for the Campus Community Relations office.

Counseling Center Communication

Inform CC staff about event. Determine who will remain in CC to handle phone calls, e.g., CC staff, Residence Life staff, etc. CC staff is encouraged to use personal cell phones to facilitate

communication. Determine who will act as coordinator for CC response and decide how information will be coordinated. Establish who from CC should attend central meetings.

At this point, CC will begin a log of events and times that will facilitate evaluation of the crisis response. Ideally, Jan Cramatte, CC Staff Assistant, will be responsible for maintaining the log. However, all CC staff is expected to assist.

Constituents Affected

Determine which Campus, and other, constituents are affected, including:

> Individual students
> Individual staff
> Groups of students
> Departments
> Families
> Oneonta community members
> Responders

Timelines for Responding

Be aware of potential needs: immediate, same day/evening, 2-3 days, and beyond.

Staffing Availability

Determine the number of counselors available at the time of the event. Assign counselors who have an existing relationship with affected constituents and/or counselors who can more easily reschedule clients. Consider the nature of the event as a factor in reserving counselors to provide for longer-term needs. Also, be sensitive to individual psychosocial stressors that may make a counselor vulnerable or inappropriate for responding.

Seeking Assistance Beyond Counseling Center Staff

Requests for assistance will be based on perceived needs of the campus constituents and the helping skills offered by various individuals or groups. Other factors include sheer number of people in crisis, duration of the critical events(s) and the aftermath, needs other than mental health support, and fatigue or knowledge limits of Counseling Center staff. Needs will be discussed by staff and then described as clearly as possible to potential helpers.

Spontaneous Volunteers

Unsolicited offers of assistance will be directed either to the Counseling Center Director or designee, or to the central coordinator for campus-wide response, depending on the scope and nature of the crisis. Skills, experience, and credentials of volunteers will be assessed, as well as the level and type of need for volunteer assistance. If volunteers are to work with Counseling Center staff (vs. working under a campus-wide central coordinator), they will be briefed about

the crisis and assigned tasks appropriate to their skills and availability. Volunteers are expected to be willing to work in collaboration with or under supervision of Counseling Center staff. Volunteers will be included as much as possible in caregiver debriefings and post-event review of response effectiveness.

Triage Considerations

Review counselors' schedules to determine who have cases that can be cancelled or rescheduled. The criteria for canceling and/or rescheduling clients are as follows:

> Low level event – reschedule routine clients; see clients in crisis or with greater acuity.
> High level event – reschedule all clients except high-risk or urgent crises.

Leadership and Chain of Command

Mark Rice, as CC director, will take the lead. In the event that Mark is out of the office, contact him to verify that the CC will follow this chain of command:

> Senior full-time staff (seniority by hire date)
> Doctoral Interns
> Practicum Students

The role of the leader includes assigning tasks, coordinating staff, attending administrative meetings, and serving as the contact person for UPD, administration, etc. The leader provides in-briefing opportunities as a means of preparing staff for potential exposure to injury and death.

Contact List

Contact	Numbers
On-Campus	
University Police	436-3550 or 911 on a campus phone
Bassett Healthcare Emergency Services	607-547-3355
Dr. Nancy Kleniewski President	607-436-2500
Carol Blazina Vice President - Community Relations	607-436- 2748
Dr. Steven R. Perry Vice President - Student Development	607-436-2513
Jeanne Miller Associate Vice President Student Development	607-436-2513
Roger Sullivan Associate Vice President Enrollment Management	607-436-2513
Residence Life	607-436-2514
Ms. Michelle Luettger Director – Residence Life	607-436-2514
Phil Bidwell Networking	607-436-2710
Unit Managers Student Development	
Counseling Center	
Counseling Center	607-436-3368
Mark Rice Director – CC	
Jeanne Keahon	
Melissa Fallon	
Kerry Wagner	
Jan Cramatte	
Adjunct Personnel	
Health Center	607-436-3573
Dale Capristo Health Center	607-436-2469
Patti Hanley, LCSW CAMP Program	607-436-3059
Gary Robinson Hartwick Counseling Center	607-431-4437
Christine Love Hartwick Counseling Center	607-431-4430
Otsego County MHC	607-433-2343
Mark Schneider, Ph.D.	

Materials – Counseling Center in a Box

The "Counseling Center in a Box" contains items that will be useful in responding to a crisis. The box is a clear container with a blue lid and it is located in the file room. The Box contains the following items:

- "Generic" Counseling Center business cards
- Preprinted signs: "Counseling Services"
- Clipboard
- Index cards
- Credential verification form: preprinted form to collect information from mental health volunteers who may appear on campus (Assuming the CC would be the agency to screen, assign, and give some form of ID badge to mental health volunteers who may come to Campus in the wake of a major incident.)
- Name tags/ID badges (for staff and approved volunteers)
- Markers
- Copy of CC's & College's emergency response plan
- Envelopes (for hand-carried messages)
- Crisis-related handouts/educational pamphlets
- Small first-aid kit
- Chemical light sticks
- Candles
- Matches
- String
- Tape (duct and masking)
- Tape (yellow caution to identify a private area for counseling, to organize lines, etc.)
- Tarp/plastic
- Hotel lists (for parents, media)
- Telephone directory (campus and local)
- Telephone numbers for resources: American Red Cross, state emergency, FEMA, NY State Psychological Association, police & fire, hospitals. Tissues boxes & small packages of tissues (crisis mental health work is often involves "walking around counseling")
- Tools: screwdriver, penknife, scissors
- Water bottle
- Paper cups
- Small blanket

Not in the kit but remember to also bring:
- Pads of paper
- Pens & pencils
- List of referral sources
- Rubber bands, paperclips

Some additional items to consider:
- Walkie-talkie
- Laptop computer
- Radio
- Cell phone
- Flashlight
- Batteries

Minimal Items

In the event that the Box is in use by another staff member, a reminder to bring the following:

    Tissues
    CC pamphlets
    CC business cards
    Handouts - multiple copies (see Appendix A for list)
    Paper & pens/pencils
    Cell phone
    Phone numbers

SERVICE DELIVERY

The Counseling Center follows the Psychological First Aid (PFA) crisis intervention model. PFA is an evidence-informed set of helping actions delivered by mental health workers and other disaster response workers in response to a crisis event. The goal of PFA is to reduce post-trauma distress and support adaptive functioning. PFA features 8 core actions: contact and engagement; safety and comfort; stabilization; information gathering; practical assistance; connection with social supports; information on coping support; and, linkage with collaborative services.

Psychological First Aid – Core Actions (Principles)

CONTACT AND ENGAGE: Be a model of calmness and clear thinking. Observe how people are reacting and interacting, with a goal of identifying individuals who may require immediate assistance. Signs of acute distress may include disorientation, confusion, frantic or panicky behavior, extreme withdrawal, apathy, shutting down, extreme anger or irritability, or impulsivity. Introduce yourself and ask for permission to talk with the individual while being respectful and compassionate. Be sensitive to cultural differences. Be aware that some people may not want or need contact. Be aware of limits of confidentiality.

PROVIDE SAFETY AND COMFORT: Determine safety needs, including threats to self and/or others. Be aware of medical and/or disability issues. Provide accurate information and correct inaccurate or re-traumatizing information. Use good judgment as to when and how much information should be shared. Offer or assist in attaining water, food, etc. Protect from violators of privacy, i.e., media, attorneys, etc. Limit or manage media access by removing reporters from the area. Empower students and Campus community members to not talk to media representatives if they do not feel comfortable. Provide media representatives with a contact name and phone number for the Campus Community Relations office.

STABILIZE: Be aware that strong emotions are a normal response. Attempt to calm and reduce distress. For individuals who do not respond to questions, are crying uncontrollably, hyperventilating, or having intense uncontrollable physical responses, there are several options. Enlist the aid of a friend to help comfort the individual. Remove him/her to a quiet spot and/or give him/her a few minutes alone, or simply remain present. Use grounding techniques, like asking the person to describe the physical environment.

GATHER INFORMATION: Identify individuals' most immediate needs and concerns. Look for information that would indicate need for immediate referrals, additional services, or follow-up contact.

PROVIDE PRACTICAL ASSISTANCE: Identify the most immediate need(s), helping individuals to clarify the need. Discuss an action plan and help individuals take action.

CONNECTION WITH SOCIAL SUPPORTS: Help individuals connect with their sources of social support as soon as possible, especially with parents/caregivers. Encourage individuals and groups to use each other, friends, family, and College staff as a source of support. Model positive

and supportive responses (reflect, clarify, support, and empower). Consider handout: *Connecting with Others: Seeking Social Support and Giving Social Support* (see Appendix A).

PROVIDE INFORMATION ON COPING: Provide education about the crisis itself; about common stress reactions to trauma and loss, and how to manage them; and, about self-care, positive, and negative coping strategies. This is the time to work in counseling. Normalize reactions and educate about seeking services should the reactions continue beyond 1 month. Introduce relaxation techniques, anger management, or sleep improvement skills. Educate about connection between stress reactions and substance use. Consider handouts: *Alcohol, Medication, and Drug Use After Disaster* and *When Terrible Things Happen* (see Appendix A).

LINK WITH COLLABORATIVE SERVICES: Be aware of providing continuity of care. If an individual needs additional help, determine who on Campus might best serve that need. If the individual needs additional mental health services, provide information about the CC and be encouraging when talking about follow-up. Make a note and provide names, contacts numbers, concerns, etc. to the CC. Whenever possible, assist the individual in making contact including walking him/her to an office, introducing him/her to people, and relaying accurate information to the follow-up person.

Group Psychological First Aid

The goal of Group PFA is to reduce distress and facilitate coping through the curative power of the group. Instructions and scripts for performing Group-PFA can be found in the Resource File.

Pre-Group PFA, determine the following:

- What is the degree of exposure, similarity of exposure, and level of functionality of a group?
- When should Group PFA occur?
- What is known about these groups/individuals?
- Does the CC have any clinical files on any of the parties, for staff information only?

At the Group PFA:

- Ideally, use co-leaders; if possible, 1 co-leader should be a member of the impacted group.
- Ask, "Is a representative of the media present?" If the answer is affirmative, respectfully ask them to leave and provide a contact name and phone number for the Community Relations office.
- Bring CC brochures and handouts (See Appendix A for titles).
- Bring several boxes of tissues.
- Provide an introduction beyond names.
- Encourage participants to stay in the room, and grieve with and support each other.

Six Stages of Group PFA:

1. Introduce the group leaders. Explain the purpose of the group and the expected duration. Establish ground rules to reduce anxiety and ambiguity, and to clarify expectations.
2. Present and acknowledge the facts of the crisis, as you understand them to be.
3. Ask for clarification or correction of the facts. The group leaders do not mandate participation. The discussion begins with the cognitive and the objective, and may return there. The discussion may become more emotional and group leaders should be aware of pacing and containment should this occur.
4. Educate about normal stress responses, coping techniques, and stress management.
5. Educate and emphasize the role of the group members in helping and supporting one another.
6. The last stage has the goal of continuing and/or establishing additional human contact. Encourage connection with family, friends, and coworkers. Provide information about more formal contact, like referrals to the CC, EAP, or other mental health services.

Ongoing/Long-Term Activities

The CC will provide **consultation** to Campus offices/departments to assist them in serving the needs of their groups or individuals in times of crisis. An example of consultation include: helping a faculty member discern whether a student is having a normal grief reaction vs. acute stress reaction or major depressive episode.

The CC will provide **outreach programs** to Campus offices/departments to assist them in educating impacted constituents in times of crisis. Some examples of outreach programming include: education about common grief or stress reactions; leading a discussion about violence/grief/loss/war, etc.

The CC will assist in making **referrals** for individuals who desire or need additional mental health services. Some examples of referrals include: specialized services for PTSD; medical referral for health concerns, e.g., insomnia, panic attacks.

SHORT-TERM RECOVERY PHASE

Constituents

As noted above, the CC will provide consultation, education in the form of outreach programs, and referrals for constituents. See Appendix A for additional resources. Those constituents impacted by a crisis event should be encouraged to:

- Seek social support from friends, family, Staff, and others who were impacted by the crisis event
- Learn about common stress reactions
- Learn about common psychological reactions to traumatic experiences and loss
- Engage in healthy coping behaviors
- Avoid substance use as a coping behavior
- Learn about feelings that may be experienced following a crisis event
- Get more help if difficulties with coping continue after 4 weeks

Responders/Providers

Those CC staff and other responders should be encouraged to engage in self-care to facilitate their own recovery from the crisis event and to manage stress related to the helping role. Some strategies include:

- Participate in group meetings to process the event
- Engage with colleagues
- Be aware of common and extreme stress reactions
- Plan time off from work
- Request a change in duties
- Seek supervision
- Practice good nutrition, sleep practices, and exercise

Additional information about provider care can be found in Appendix B.

LONGER-TERM FOLLOW-UP AND EVALUATION

1. Mark calendar for follow-up, e.g., 1 week, 1 month, etc. and contact constituents via email.
2. Be prepared to offer consultation, outreach programming, and/or referrals to constituents.
3. Review log of events/activities and meet with CC staff to determine efficacy of crisis response.
4. Revise Crisis Response Guide to reflect necessary changes.
5. Replenish "Counseling Center in a Box" and copy/re-order handouts and brochures/pamphlets.
6. Provide feedback and recommendations to administrative and/or other departments on how the event was handled.

RESOURCES

Campus Crisis Management: A Comprehensive Guide to Planning, Prevention, Response, and Recovery by Zdziarski, Dunkel, & Rollo

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations http://mentalhealth.samhsa.gov/publications/allpubs/SMA03-3828/default.asp

Disaster Mental Health http://www.eyeofthestorminc.com/

Disasters in Mental Health Services: A Primer for Practioners (Series in Psychosocial Stress) by Diane Myers & David Wee

Disaster Mental Health Planning and Response Resources – Psychological First Aid Education Initiative 2007 http://www.omh.state.ny.us/omhweb/disaster_resources/PFA/

Individual and Community Responses to Trauma and Disaster: The Structure of Human Chaos edited by Ursano, McCaughey, & Fullerton

Interventions Following Mass Violence and Disasters: Strategies for Mental Health Practice edited by Ritchie, Watson, & Friedman

Introduction to and Overview of Group Psychological First Aid by Everly, Phillips, Kane, & Feldman in *Brief Treatment and Crisis Intervention*, 6(2), May 2006

Psychological First Aid by Ruzek, Brymer, Jacobs, Layne, Vernberg, & Watson in *Journal of Mental Health Counseling,* 29(1), January 2007

Psychological First Aid: Field Operations Guide for Disaster Mental Health Responders http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_psyfirstaid.html

Psychological Interventions in Times of Crisis edited by Laura Barbanel & Robert J. Sternberg

University of Rochester Medical Center – Center for Disaster Medicine & Emergency Preparedness http://www.centerfordisastermedicine.org/index.html

Appendix A

List of Useful Handouts and Pamphlets/Brochures – Constituents, Family, & Friends

These items should be included in the Counseling Center in a Box and distributed at Group PFA sessions.

Handouts – Resource File

Connecting with Others: Seeking Social Support and Giving Social Support
When Terrible Things Happen
Alcohol, Medication, and Drug Use After Disaster

Pamphlets/Brochures

Post-Traumatic Stress Disorder
Facts About Post-Traumatic Stress Disorder
Coping with Grief and Loss
Grief – Living with Loss

Handouts – Resource File (Friends & Family)

Psychological First Aid: How You Can Support Well-Being in Disaster Victims

Appendix B

List of Resources – Providers

See Resource File for the following:

Psychological First Aid Provider Care
Psychological First Aid for First Responders: Tips for Emergency & Disaster Response Workers
(designed for responders who do not have a counseling background)

Scripts for Group PFA

Appendix C

Topics for Staff Training and Outreach Programs

Giving Consultation in Times of Crisis
PFA & Group PFA
PFA & Group PFA Training for Residence Life Staff
Coping Resources in Times of Crisis
Understanding & Promoting Resilience
Provider Care

<p style="text-align:center;">Script for Group Psychological First Aid</p>

1. Introduction:

Introduce the group leaders (GL). Provide an introduction beyond the usual names.

Explain the purpose of the group and the expected duration. If the group seems resistant, use "third party" discussions to reduce tensions. For example, the GL might say, *In the past, people who have experienced this kind of event have found it helpful to hear about the facts of the event, learn about normal stress reactions, and talk about strategies for coping and managing stress.*

Establish ground rules to reduce anxiety and ambiguity, and to clarify expectations. For example, the GL might say, t*his is an opportunity to catch your breath in the company of people who have been at your side.* Also, t*his is not intended to be confrontational and at no time will you be expected to disclose if you choose not to. This is for safety and support.*

2. Provide a review:

Present and acknowledge the facts of the crisis event, as you understand them to be.
For example, the GL might say, *from what I know about what happened. . .* Avoid offering an opinion or speculation about the event. If there are gaps in your information, say so.

3. Ask for clarification:

Participants are encouraged to provide clarification or correction of the facts. Be prepared to correct misperceptions and dispel rumors. At this stage, provide reassurance about the steps the College has taken or will take to care for its members' wellbeing.

The group leaders <u>do not</u> mandate participation. The discussion begins with the cognitive, factual, and objective, and may return there. The discussion may also become more emotional and GL should be aware of pacing and containment should this occur. Be prepared to offer emotional support (and tissues) to participants and encourage members to support each other.

The GL may find it helpful to provide a final summary of the events and to thank participants for sharing information and their emotional responses.

Pay attention to participants who are unusually distressed and be prepared to follow up with individuals. This might include jotting down a name and contact number, talking with the individual, assisting the individual in getting immediate help, contacting a Staff member to assist with follow-up, and/or providing referral information. If possible, do ask the individual for permission to follow-up.

4. Teach:

Educate about normal stress responses, coping techniques, and stress management. Avoid pathologizing participants' reactions and symptoms.

For example, GL might say, *people experience a variety of reactions during and/or following a crisis event. These reactions may be positive or negative. It may help to remember that we have all experienced an abnormal event in our lives and much of what we're feeling is a normal reaction to this abnormal event.*

Educate about the importance of engaging in positive coping and stress management techniques. Emphasize the importance of avoiding substance use as a coping mechanism and using sleep, good nutrition, and social support to facilitate recovery. Also, remind participants that if reactions/symptoms persist beyond 1 month, they should seek additional assistance and may call the Counseling Center for help or to get referrals.

Provide the handouts *When Terrible Things Happen – What You May Experience* and *Alcohol, Education, and Drug Use After Disaster* and/or pamphlets *Coping with Grief and Loss* or *Grief – Living with Loss.* Describe the negative reactions. Provide pamphlets about PTSD.

5. Encourage group support:

Educate and emphasize the role of the group members in helping and supporting one another. Note that the group members now have the commonality of the shared experience and are well suited to offer each other support. Remind participants that humans are both social beings and highly adaptive, and recovery is a natural part of the process.

Provide the handout *Connecting with Others: Seeking Social Support and Giving Social Support.*

6. Encourage ongoing human contact:

The last stage has the goal of continuing and/or establishing additional human contact. Encourage connection with family, friends, and coworkers. Provide information about more formal contact, like referrals to the CC, EAP, or other mental health services.

For example, GL might say, *the best coping strategy is to talk and spend time with people with whom you are close. If you find that you are still experiencing reactions after 1 month, or if people close to you express concern about your well-being, you might benefit from some additional help, beyond your friends and family. You may call me, or any of the Counseling Center staff for information about getting more help.* Provide CC brochures and handout about community resources.

CRISIS EVENT LOG

WHAT? (Event, meeting, group, etc.)	WHO? (Note Staff and others)	DATE/TIME	OUTCOME