Disaster Mental Health:

Crisis Counseling Programs

for the

Rural Community

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

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FOREWORD

In 1999 the Crisis Counseling Assistance and Training Program marks its twenty-fifth anniversary. Over the years, we have seen an increase in the incidence of floods and tornadoes devastating the heartland of America—the rural community. The goal of this publication is to improve crisis counseling services for rural populations following disaster. Determining the factors that account for the uniqueness of rural populations and communities and how those factors affect the implementation of disaster crisis counseling services are the central issues of this publication.

Disaster response has many characteristics that are the same from disaster to disaster regardless of where the disaster occurs. Much of what seems unique and innovative has been more the rule than the exception. Though many elements of disaster response are predictable, each disaster presents a set of challenges and opportunities dictated by the specific area affected. Persons and communities have "personalities" that require adapting the basic tools and structures of disaster response to meet the particular needs of those impacted.

In developing a mental health response to rural disasters, outreach workers drive washed out or buckled roads, attend Grange or Farm Bureau meetings, and provide short-term crisis counseling in dairy barns and farm kitchens—thus facilitating healing at the heart of the devastation. Rural communities have characteristics that require flexible adaptation of crisis counseling services, as was demonstrated during 1993, when floods ravaged a large section of the Midwest.

The Federal Emergency Management Agency (FEMA) and the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (DHHS), brought together six Midwest flood States for a conference to discuss lessons learned. The results of the conference and a review of reports from past crisis counseling projects clearly show that implementing crisis counseling services in rural areas raises challenges and opportunities for innovative outcomes.

This publication shares these challenges and outcomes with those who play a role in providing crisis counseling services after a disaster in a rural area. It provides an overview of key points for consideration in planning and implementing rural crisis counseling services. The intent of this publication is not to duplicate information previously published by FEMA or CMHS, but to complement it. It is assumed the reader has a basic understanding of FEMA's Crisis Counseling Assistance and Training Program. Areas of crisis counseling summarized or addressed in passing are treated in detail in other publications.

A listing of resources and references (Appendixes A and B) on disaster mental health, working with children, hiring and training staff, and dozens of other topics are addressed in books, articles, videotapes, and other resources available through CMHS. Because disasters differ, occur in widely diverse areas, and affect unique groups of people, those involved in disaster response and recovery benefit from as many points of view as they can find. Any veteran of disaster crisis counseling will agree that, while experience is useful, adaptability and open-mindedness are the keys to effective crisis counseling program planning and service delivery.

FEMA provided CMHS the funding to develop this publication as part of the continuing effort by both agencies to learn from previous crisis counseling experiences. FEMA and CMHS serve as conduits of information to others responsible for planning and implementing disaster mental health services. By using this publication, disaster mental health planners and practitioners can be better prepared to serve rural disaster survivors effectively.

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1 Disaster Crisis Counseling Program

The Nature of Disasters

Definition of a Federal Disaster Declaration

The Federal Emergency Management Agency (FEMA) provides supplemental funding to States for short-term crisis counseling projects to assist survivors/victims of Presidentially declared major disasters. FEMA supplements, but does not supplant, mental health services traditionally provided by State and local mental health agencies. The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program) was first authorized by the U.S. Congress under the Disaster Relief Act of 1974 (Public Law 93-288) and later modified by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Public Law 100-707). FEMA is responsible for administering the disaster assistance programs of the Stafford Act, including Federal assistance for crisis counseling services.

A major disaster, as defined by the Stafford Act, is any natural catastrophe, or regardless of cause, any fire, flood, or explosion, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance to supplement efforts and available resources of States, local government, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused by the disaster.

Disaster Types

Different types of disasters covered by the Stafford Act that may impact rural areas include: hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, flood, or explosion.

Disasters also differ by a number of characteristics including the following:

- Origin of disaster (natural versus human-caused)
- Length of warning time
- Intensity of the event
- Extent of property damage
- Number of persons impacted
- Number of injuries and deaths
- Dynamics of the recovery period

Each type of disaster has its own unique pattern of destruction and characteristics that affect the emotional response of disaster victims (NIMH, 1983):

- Flood disasters can result in long incident periods and the evacuation of whole communities.
- Earthquakes strike without warning and after shocks intensify fright and despair.
- Tornadoes randomly choose their victims, skipping one house and striking the next.
- Hurricanes can be unpredictable and suddenly change course causing the evacuation of large areas.

Disasters may be classified as either natural or human-caused. The following chart describes the different characteristics of natural and human-caused disasters. Blame is a characteristic that differs significantly for natural and human-caused disasters. Disaster survivors of human-caused disasters may blame and feel anger toward individuals, groups, or organizations they believe caused or contributed to the disaster. In contrast, survivors of natural disasters may blame and feel anger toward themselves, believe it is "God's Will" or a punishment. Survivors of natural disasters may project their anger onto caretakers, disaster workers, or others (CMHS, 1996).

Natural vs. Human-Caused Disasters

	Natural	*Human-Caused*
Causes	Forces of nature	Human error, malfunctioning technology
Examples	Earthquakes, hurricanes, floods	Airplane crashes, major chemical leaks, nuclear reactor accidents
Blame	No one	Person, government, business
Scope	Various locations	Locations may be inaccessible to rescuers, unfamiliar to survivors, little advance warning
Post-disaster Distress	High	Higher, often felt by family members not involved in actual disaster

Source: CMHS. Psychosocial Issues for Children and Families in Disasters. A Guide for the Primary Care Physician. Washington, D.C.: U.S. Department of Health and Human Services; Publication No. (SMA) 96-3077, 1996.

Definition of Crisis Counseling Services

The Crisis Counseling Program, as it has been supported in the past twenty-five years by the Federal government, provides for short-term interventions with individuals and groups experiencing psychological sequelae from Presidentially-declared disasters. This type of intervention involves classic counseling goals of helping people to understand their current situation and reactions, assisting in the review of their options, providing emotional support, and encouraging linkage with other resources and agencies who may assist the individual. The assistance is focused upon helping the person deal with the current situation in which they may find themselves.

It draws upon the assumption, until there are contradictory indications, that the individual can resume a productive and fulfilling life following the disaster experience if given support, assistance, and information at a time and in a manner appropriate to his or her experience, education, developmental stage, and ethnicity (CMHS, 1994).

The Emergency Services and Disaster Relief Branch (ESDRB) of the Center for Mental Health Services (CMHS) will provide technical assistance to states in developing a grant request.

The ESDRB can be reached by phone at (301) 443-4735.

The Crisis Counseling Program is unique in comparison to the mix of Federal programs made available through a Presidential disaster declaration. It is the one program for which virtually anyone qualifies and where the person affected by disaster does not have to recall numbers, estimate damages, or otherwise justify need. The program provides primary assistance in dealing with the emotional sequelae to disaster.

Robert T. Stafford Act

The Stafford Act authorizes the President to provide training and services to alleviate mental health problems caused or aggravated by declared disasters. The Crisis Counseling Program is designed to provide supplemental funding to States for short-term crisis counseling services and is implemented when creating such services are beyond the resources of the State or local providers, given a Presidential disaster declaration.

FEMA may fund two separate portions of the Crisis Counseling Program: Immediate Services (IS) and Regular Services (RS). The IS grant enables the State and its local agency to respond to the immediate mental health needs with crisis counseling services. IS can be funded for up to sixty-days after the Presidential declaration. If an RS application has been submitted, the program period for the immediate services may be extended thirty-days and additional funding may be awarded. FEMA may approve a longer extension, if the review process of the regular program application exceeds thirty-days. Costs incurred from the date of the incident to the date of declaration may be reimbursable under the immediate services program. The RS provides up to nine months of crisis counseling services, community outreach, and consultation and education services to people affected by the disaster. Funding for RS is separate from IS. The State may apply for either or both portions of the Crisis Counseling Program.

Application for IS funding must be completed within fourteen days of the disaster declaration. The application must contain a disaster description,

needs assessment, program plan, budget, and budget narrative. The needs assessment is based on the needs of the affected communities and the ability of the current mental health system to respond to those needs. A State must demonstrate that State and local resources are insufficient to provide adequate services.

Differences Between Disaster Mental Health and Traditional Mental Health Programs

Disaster Crisis Counseling Programs are a departure from traditional mental health practice in many ways. The program is designed to address incident specific stress reactions, rather than ongoing or developmental mental health needs (CMHS, 1994). Programs must be structured and implemented according to Federally established guidelines and for a specific period. Emphasis is on serving individuals, families, and groups of people—all of whom share a devastating event that most likely changed the face of their entire community.

CRISIS COUNSELING PROGRAM

- **Immediate Services**
  - ***— Application due in fourteen-days***
  - ***— Sixty-day program***
  - ***— Extension if RS is applied for***
- **Regular Services**
  - ***— Apply within sixty-days of declaration***
  - ***— Nine month program***
- **Applications must include**
  - ***— Disaster description***
  - ***— Needs Assessment***
  - ***— Program Plan***
  - ***— Budget***
  - ***— Budget narrative***

Outreach and crisis counseling activities are the core of the Crisis Counseling Program and create a unique set of challenges. Disaster crisis counseling requires breaking out of traditional ways of identifying people in need of service, providing access to those services, maintaining documentation, and determining effectiveness. Mental health professionals will work hand-in-hand with paraprofessionals, volunteers, community leaders, and survivors/victims of the disaster in ways that may be foreign to their clinical training. This publication will focus on the implementation of appropriate crisis counseling services for rural communities across the United States.

2 Disaster Crisis Counseling Services for Rural Areas

Definition of Rural Areas

"Rural" for the purpose of this publication uses the U.S. Census Bureau definition of areas with less than 2,500 people. Wilderness or frontier territories, farming or ranching areas, small towns, and peripheral areas to suburban communities may all be considered rural. Often these areas have a sparse population with large areas of unpopulated geography. Rural States generally have one or two decidedly urban environments with attached suburbs, although most of the State is less densely populated. The rural economy is likely to be based on agriculture, mining, or oil and gas fields.

The economic farm crisis of the late 1970s and early 1980s graphically demonstrated the interconnection between the farm community and the small towns and cities that comprise rural areas. When the farm community suffers, agriculture-related businesses suffer as well. The impact continues to grocery stores, clothing stores, restaurants, churches, and flows through the entire community. The following excerpt from *Taking Rural Into Account: Report on the National Public Forum* (CMHS, 1993) provides an excellent summary regarding challenges of health care in general and mental health care in particular in the rural areas of our nation:

> *Rural areas have a limited and fragile economic base. The out-migration of rural people, industry, and resources further erodes the rural economic base. Many rural Americans are at or below the national poverty level. This immense poverty results in physical and psychological harm.*
>
> *Rural Americans experience incidence and prevalence rates of mental illness, substance abuse, emotional disturbance, and developmental disability equal to or greater than their urban counterparts.*

Yet only 25 percent of the rural poor qualify for Medicaid compared to 43 percent of the poor in inner cities (Special Committee on Aging, United States Senate, 1988).

The rural population has a disproportionate number of poor, elderly, children and adolescents, minorities, and migrant workers, who are at high risk for mental disorders. Despite this reality, the public mental health system is often the only mental health provider in a rural area. Sixty-one percent of rural Americans live in designated psychiatric-shortage areas (U.S. Congress, 1988). As a result, rural individuals often have to travel long distances to obtain services or depend on providers who travel periodically to rural areas. This means that rural individuals frequently do not get the help they need or they wait until they are in a crisis situation.

In rural areas, the primary economic base is usually dependent upon natural resources. The immediate losses from any disaster are compounded in rural areas as the resources for continued existence are destroyed. Along with the resources, rural residents often lose hope for the future. The lands, lakes, fisheries, and enterprises that encompass the rural culture are more than a job. They form the economic base, value systems, and the way of life in rural America. Many people quit farming as a result of the Midwest floods of '93, leaving their way of life. The impact of the disaster for many culminated in the fall, months after the initial flooding. It was the harvest that determined the ability to persist or give up. In this disaster, much of the emotion was suppressed until the final accounting took place.

A socioeconomic factor in extreme rural areas is the lack of sufficient population base to generate economic or political attention. A sparse population's disaster-related problems may not demonstrate impressive statistical numbers unless a large geographic area is affected.

Finally, the impact of a disaster in an area where agriculture accounts for a major portion of the local economy may not be evident until months after the event. The impact on planting and harvest seasons, erosion of the topsoil, contaminants, and fluctuations in market prices combine to form an economic crisis. The economic impact on agribusiness is impossible to measure in the first several weeks or

months after the declaration. Farmers may not apply for assistance or underestimate their need if they do apply. Stress is generated by:

- Uncertainty (level of crop damage, price fluctuations, etc.)
- Time limits on applying for assistance
- The culture, competition, and beliefs on self-reliance as a measure of worth
- Distrust of outsiders and government intervention
- A maze of programs, red tape, and paperwork in the disaster recovery process

The Crisis Counseling Program can play a very important role in helping rural families to assess the issues involved and make good decisions regarding their immediate and long-term needs.

Characteristics of Rural Areas and People

An eroding population base in most areas comprises the rural economic outlook. Young adults completing college often do not return to their rural home communities. Social and health service agencies face an increase in demand and a decrease in funding from local and/or State resources.

CHARACTERISTICS OF RURAL AREAS

- ***High poverty levels***
- ***Increasing percentage of older adults***
- ***High unemployment***
- ***High levels of social and health related problems***
- ***Pockets of minorities within a largely homogeneous population***
- ***Heavy dependence on agricultural, oil, mining, or tourism related businesses***
- ***Large numbers of people involved with and reliant upon organized religion***

Under normal circumstances, a scarcity of people, resources, mobility, and support services has characterized rural areas. There is no doubt that rural programs must contend with a more isolated population. However, it can no longer be assumed geographic isolation means social isolation as well. A

farmhouse, a barn, a grain bin, and a satellite dish characterize some rural farms. Farmers are increasingly "on-line" through computers, connected with universities and other information services. People who live in the country today have daily access to the same information, education, and entertainment options as their urban counterparts.

Rural Culture and Ethnicity

Cultural and ethnic groups may or may not be identified in great numbers as living in disaster-affected areas. In response to the Midwest floods, some programs offered services to pockets of groups that required special consideration. A targeted response to African American, Asian, Hispanic, Native American, and other cultural and ethnic groups was necessary in order for the programs to truly reach all groups affected by the disaster. In addition to the above-mentioned groups, other rural crisis counseling projects have served migrant farm workers and homeless individuals.

Training on cultural sensitivity was provided and materials were made available in several languages and workers representative of each local community were hired. In most cases, hiring people from within each cultural or ethnic group produced the most successful results. Public information provided in the language preferred and understood by each group increases the likelihood that all people, no matter what their nationality or race, will get the message.

In rural areas, ethnic groups may be difficult to find and reach, and gaining their trust may be a challenge. Key community contacts and matching outreach workers to the communities they are to serve can create opportunities for service. Sensitivity to language, traditions, cultural values, and ethics is vital.

As noted previously, the crisis counseling project must reach out to agencies and organizations already known to ethnic and cultural groups. Training staff, providing literature, and interagency collaboration are expected in a crisis counseling project. Consideration should be given to subcontracting service delivery to minority groups or minority-serving agencies. This is often more cost effective than learning new skills or politicking to overcome barriers.

Even if a rural area appears to be homogeneous, ethnic differences can exist. Differences exist in educational background, religious beliefs, country versus town dwellers, farmers versus ranchers, people who live by the river versus those who do not. Some small communities are as divided along socioeconomic lines of income, education, and religion as are the most diverse inner-city neighborhoods.

The rural culture varies from urban areas in the seasonal effect of the work, accessability, and free time available. Besides the normal phases people experience after a disaster, there are other timing considerations. In a farming area, times of seeding, ground preparation, and harvest typically offer reduced accessability of outreach workers to the impacted population. Consideration should also be given to the differing roles and corresponding stressors that apply to men, women, and children in the area. Switching the focus of service delivery to coincide with stress levels and availability may help the program's efficacy overall.

Cultural Values in Rural Populations

INDIVIDUALISM

A sense of independence and self-determination appears to be more of a hallmark of the residents in rural areas than in urban or suburban locations. Many rural residents tend to view themselves and their communities as possessing a higher quality of life and a more realistic, down-to-earth lifestyle than their urban counterparts. Family, close friendships, and a highly developed sense of community, combine to create a sense of self-sufficiency that persists even in the most difficult of circumstances. Frequently, in times of disaster, these values are demonstrated as family, friends, and community members provide mutual support, shelter, and care to one another.

Rural people may not actively seek help. Residents of rural areas are often not aware of available services or how to access them. They may think the process is too cumbersome or intrusive. It is also common for a farmer or small business owner not to apply for assistance due to their pride, an underestimation of loss, or a belief that others are more in need of help. If the decision is made to apply for assistance, the process may be particularly difficult for someone unaccustomed to admitting need and seeking assistance. Asking for help is very difficult when the cultural expectation is competence and self-reliance.

Mental Health Stigma

Receiving any form of mental health services may be seen as a negative reflection on a person's character or family life. This pervasive attitude is even more prevalent in rural communities. Disaster survivors may have a negative impression of mental health services and thus would be offended if made to believe they needed such support. Programming and project identity should avoid the use of mental health jargon and frame services in terms of disaster survivors deserving counseling services. Having fewer mental health resources in a community and a self-reliant cultural bias, people in rural communities may lack an understanding of the need and use of mental health services. They may benefit from educational presentations about stress management, disaster stress, and coping mechanisms and techniques (NIMH, 1983).

Spiritual Traditions

Some anthropologists and sociologists suggest that all human beings hold some form of spiritual belief. All cultures use spiritual stories, rhetoric, and ritual to find definition for themselves and the world around them. In rural areas, people have a decidedly spiritual quality to the attitudes about natural resources, using land, raising crops or livestock, and living in a community. Rituals surrounding planting and harvest, birth and death, physical and spiritual transformation, patriotism, and loyalty are embedded in the rural culture.

In rural America, traditional, organized religion is often a powerful exponent of the more basic spiritual values mentioned above. The religious traditions of individuals, families, and communities have become the primary expression of their sense of right and wrong, moral and immoral, good and bad. These traditions provide the structure and language by which they evaluate the world and make decisions.

Spiritual traditions provide the context through which people understand their origin, why they are here, and where they are going. Knowing a person's spiritual context is very important in disaster mental health. Such a personal belief system can aid greatly in the disaster recovery process. In rural communities, churches provide a valuable resource for finding and serving literally hundreds of people. Collectively, the community churches represent a cross-section of the local social structure with respect to income, education, vocations, and community involvement.

Special Populations in the Rural Community

Children

Children are resilient and vulnerable at the same time. They are typically very healthy physically and even when injured recover quickly. They are often in the care of loving, supportive care givers. Many social and educational resources exist to provide a positive and productive atmosphere of growth and development for children.

Rural children are often active in community activities, schools, churches, and clubs. Even with social support, rural children are at risk and should be targeted by the crisis counseling project. The disaster disrupts the daily life of children and causes stress that can result in physical and emotional sequelae. According to *Taking Rural Into Account: Report on the National Public Forum* (CMHS, 1993), a disproportionate number of rural children are at high risk for mental disorders and live in poverty.

Several factors make outreach efforts to children a high priority:

- Children experience the same cognitive, physical, emotional, and spiritual reactions as adults. However, they lack experience in dealing with stress, vocabulary to express themselves, and conceptual ability to form a well-rounded perspective.
- Children have limited perspective on life-events and are more dependent on others than adults.
- Children may have experienced the injury or death of a family member or friend in the disaster.
- There may have been significant damage or total loss of home or possessions.
- Children and their family may have moved due to the disaster.
- Parents may be unusually preoccupied with their own disaster response.

Children may lack verbal skills for expressing their concerns and thoughts. They have not developed the cognitive skills needed to interpret their experience. Children communicate through play, imaginative

story, and art. Few adults take the time or have the insight to grasp the significance of such communication. Children are physically smaller than adults. This may not seem significant, but it does contribute to the ease with which they are often "lost in the shuffle" or "overlooked" by the adults around them. They may have to escalate attention-getting behaviors in the chaos of disaster recovery. Children will express their hurt to adults who are hurting as well. Parental adjustment directly impacts the emotional recovery of children (CMHS, 1996).

The nature of rural family farm businesses is another factor to consider when targeting children for crisis counseling services. Children whose parents' family business is farming, often are required by necessity to assume certain farm chores as a part of their typical family/household chores. After the disaster happens, there is often an expectation that they will be required to assist their parents with farm-related disaster clean-up chores. Sometimes this may mean long absences from school or community activities.

Families, schools, churches, and other groups responsible for providing care and service to children may be the most likely sources of access to rural children affected by disaster. These resources are often difficult to collaborate with and may require some diplomacy or an "in" with the establishment. Balancing the need to provide services for children with the need to be respectful of the parents, teachers, and other caregivers is a challenge for almost every crisis counseling project.

A package of services designed to address and serve the needs of schools should be developed. Various schools in disaster affected areas have different levels of need for services and at times different perceptions of need. Because of this, marketing crisis counseling services to schools cannot be a "one size fits all" approach. Tailoring a package of services on an individual basis with each school is one way to enhance the potential for gaining access. School administrators and key staff need to understand that the Crisis Counseling Program exists to help them deal with these potentially disruptive and troubling issues in their school.

Whole school assemblies, small groups, one-on-one counseling, peer counseling, consultation, and training are effective approaches for reaching teachers and other staff. School-based activities that may be useful include: disaster-related coloring books, poster contests, poem

writing, song writing, essay writing, art therapy, puppet programs, skits, and service projects.

If the disaster has impacted the local school(s), rural students may have to travel a great distance to a neighboring school or attend a make-shift school in a facility that is overcrowded. Some administrators are concerned that providing any program dealing with the disaster will only create more disturbance in the school. Experience has shown the opposite is more often the case. The anxiety and related energy levels of children in disaster affected areas often result in various levels of chaos if not given a productive outlet. Interactive programs, such as those mentioned above, provide a positive alternative to loss of interest in school work and acting out while promoting discussion and expression of feelings.

Older Adults

It is important to note that older adults are concentrated in the central parts of metropolitan areas, but also heavily populate the small, rural towns across the country. Compared to their urban counterparts, rural older adults are in poorer health, have lower incomes, and are more restricted and isolated by inadequate transportation.

Becoming old means facing a time of transition and changing roles and is a stage of life that increases the likelihood of psychological problems such as low self-esteem and depression. Older adults have the highest suicide rate of any age group in American society. They also tend to be socially isolated. In rural areas, geographic isolation may compound social isolation. Adequate social support mitigates these problems.

This life phase also includes role shifts of retirement, widowhood, and death. Often, children move far away. Health problems develop that can lead to loss of mobility and independence. The older adult encounters many losses during this stage of life.

A disaster only magnifies these issues, particularly if older adults have experienced loss of their home and material possessions including treasured mementos of a life time that cannot be replaced. Older rural adults who have lost not only their homes, but farming businesses as well are particularly at high risk. The additional stressor associated with

loss of income/livelihood is a special factor to consider when providing services to the "aging farmer." Many older adults will be reluctant to move from their home even if remaining is hazardous. Many rural older adults have resided in the same home for most or all of their lives. Their home and land may have been passed down through their family and serve as a strong symbol of their identity. Not only may they have to leave their home, but the lack of available housing in their rural community may force them to move to an unfamiliar area. Older adults often require assistance in relocating to new housing. Special counseling and follow-up services should be provided to all older adults moving to post-disaster housing.

Older rural adults prefer not to have to ask for help or even acknowledge their need for any disaster services, because they view such services as charity. Develop an educational program that markets these programs in a way that the local elderly will know how to access services and feel comfortable about doing so. The role of the informal, social support system of the older adult cannot be underestimated, particularly after a disaster. Special efforts will be needed to contact hard-to-reach older adults. In determining long-term needs, flexibility should be stressed.

Outreach to the Older Adult

Linkages should be immediately established with the Area Agency on Aging and the Meals on Wheels program. Networking should also be done with the local churches. Outreach is conducted door-to-door, at senior citizen centers, senior citizen apartments/residential facilities, board and care homes, and trailer and mobile home parks.

Services provided will include the following:

- Home-based counseling
- Services to families and caregivers of older adults
- Older adult support groups
- Video presentations

Services should be provided at locations convenient for older adults, families, and caregivers. Home-based counseling is in high demand in rural areas for this reason. Older adult support groups have been successful for many communities and provide an opportunity for older

disaster survivors to come together and share their fears and worries about the disaster. Video presentations, particularly *Voices of Wisdom* (available through CMHS), provide a great opportunity for the seniors to come together and discuss their experiences. *Psychosocial Issues for Older Adults in Disasters* (CMHS, 1999) is also an excellent resource.

The following examples demonstrate other ways to find seniors, family members, or neighbors who may know of rural older adults in need:

- Often certain community religious groups will emerge as local recovery leaders. In one Midwestern town, the local Methodist minister was also a fire fighter and trained in crisis intervention. He and his wife were both hired as crisis counselors and proved invaluable to the community's recovery and the success of the local crisis counseling project.
- To reach all community members, some programs developed flyers explaining common disaster reactions with a phone number for more information, and had them placed in grocery bags at the check-out stand, posted on community bulletin boards, and distributed at banks.
- Always remember the power of the pulpit. Provide religious leaders with background information for Sunday sermons. Offer religious organizations inserts for church programs and bulletins, flyers for bulletin boards, and coloring pages for Sunday school.

People with Serious and Persistent Mental Illness or Developmental Disabilities

An individual who is physically or emotionally challenged may have developed a philosophy that confronts adversity directly. People who are emotionally challenged, depending on their functional level, are often quite capable and able to manage stress. Having the experience of adjusting and adapting to the unique circumstances and needs caused by their particular situation, they can often adapt these coping skills and strategies to respond to the challenges of disaster recovery.

At times, the coping ability of a person who is emotionally challenged is dependent on the support structure surrounding them. The risk to the individual is greater when the support structure is also stressed and temporarily or permanently removed. Many such people are also assisted

with medications. Following a rural disaster, maintaining or refilling prescriptions can be a significant problem if there is only one local pharmacy and it was damaged or destroyed by the disaster.

People with physical challenges often need to adapt to the environment around them. When that environment undergoes significant change, the person who is physically challenged is greatly affected. Accessibility, safety, and autonomy are all diminished, making the person more dependent on the care and assistance of others in responding to the changes brought by the disaster. Limited options for transportation in the rural community, as well as disruptions in transportation services, can add to the physically challenged person's dependence.

Economically Disadvantaged

Rural poverty levels are often higher than in urban areas. Many rural individuals and families have fewer resources and may not own a home, carry insurance, or have any savings for responding to emergencies. When living from paycheck-to-paycheck, the loss of employment due to disaster places them at particular risk.

Economically disadvantaged people are often difficult to locate. A lack of stable employment, living arrangements, and social relationships can make these people a moving target when it comes to outreach. The pre-existing level of need, the present difficulties, and the lack of potential for a very positive outcome all create an almost overwhelming set of needs.

Migrant Farm Workers

They are often the "hidden" backbone of the farming community's labor pool. They often may be monolingual, difficult to reach, and suspicious of government assistance and intervention. They often reside in "temporary" housing, have limited access to news, radio, or telephones.

Phases/Stages of Rural Crisis Counseling

Despite the differences between types of major disasters and geographic areas the aftermath follows predictable phases. The disaster's impact on the physical, emotional, and spiritual health of the people

living in the affected area will be experienced as a progression through the following phases: warning or threat, impact, rescue or heroic, remedy or honeymoon, inventory, disillusionment, and recovery (NIMH, 1983).

PHASES OF DISASTER

- ***Warning or Threat Phase***
- ***Impact Phase***
- ***Rescue or Heroic Phase***
- ***Remedy or Honeymoon Phase***
- ***Inventory Phase***
- ***Disillusionment Phase***
- ***Recovery Phase***

Phases often overlap; rather than being a discreet process, each phase blends with the others and will vary in response to the aspect of the disaster with which one is dealing at that moment. For example, a feeling of great pride and accomplishment (honeymoon phase) regarding the rescue of a family from flood waters may suddenly turn to anger or self doubt (disillusionment phase) when one is reminded of another instance that ended in death.

Additionally, much of the distress of dealing with a disaster depends upon one's interpretation of the event. The meaning one assigns to a certain aspect of the disaster will either help or hinder the recovery process. Each individual will respond and react from their own unique point of view. That is, though the phases outlined here offer a predictable sequence of the human experience to disaster, each individual will experience the distress differently. Predisposing factors, ambient stressors, physical health, community reactions, and actual and perceived levels of support will influence the distress one experiences during and following the impact of the disaster.

In the early phases of a disaster, the scope and intensity of their loss simply overwhelm most people. Commonly in rural areas, the primary economic base is dependent upon natural resources. The immediate losses from any disaster are compounded in rural areas as the resources for continued existence are destroyed. The lands, lakes, fisheries, and enterprises that encompass the rural culture are more than a job. They form the economic base, value systems, and way of life for rural America. Along with resources, rural residents often lose hope for the future. The recovery process must focus on the meaning of the disaster in a way that transforms the interpretation of being a helpless victim to one

of being a successful survivor. Given the confusing maelstrom of need and emotion involved throughout the phases of disaster, the most important facets of the psychological healing process are validation and perspective. Disaster survivors/victims must hear that the reactions they are experiencing are normal and expected. They must also have access to discussions revolving around a realistic appraisal of the challenges presented and their options and response to those challenges. The crisis counseling project may be the first source of perspective afforded a disaster survivor/victim.

Physical, social, emotional, and spiritual recovery take place simultaneously but at different rates. An individual may be well into recovery physically, but still be distressed socially or emotionally. Given these realities, it is best to view disaster crisis counseling as assisting persons with a process of coping rather than seeing them through to some predetermined outcome.

The process will continue long after the crisis counseling project is terminated. Crisis counseling services must be delivered in a way that provides connections to ongoing community services, such as social services, mental health providers, jobs and training programs, educational opportunities, financial services, and other services. In this way, the crisis counseling project equips disaster survivors with the capability of continuing their recovery as the phases progress (CMHS, 1994).

The key word in disaster circumstances is CHANGE. The massive changes in personal and community life cause physical, emotional, and social problems. Because these changes are dynamic and on-going, any program striving to be responsive to them must also be dynamic.

With a sixty-day IS grant and a nine-month RS grant (barring extensions) the Crisis Counseling Program is designed to last just short of a calendar year. Distinct stages of crisis counseling services can be tracked along with the phases of the disaster. The impact of these stages and their corresponding disaster phases on rural populations are described below.

■ CONFUSION AND DISORGANIZATION

Corresponds with IMPACT PHASE and RESCUE OR HEROIC PHASE

How, when, and where to proceed in responding to the disaster are questions that can only be answered for each disaster individually.

While effective statewide planning can reduce and shorten this stage, during the early response some confusion and disorganization are inevitable. Experience is useful, but may not be readily adaptable to the current disaster. What if the State disaster coordinator is not available? Is there anyone else who knows what to do? Is anyone else within the State aware that funding for disaster crisis counseling is a possibility? Do local community mental health providers have their own plan for dealing with a disaster in their area? Do they know about the Stafford Act? Proper planning and experienced staff will minimize and shorten the period of confusion. Areas within the State where there is a higher level of disaster response organization and more frequent disasters may initiate response with less confusion.

Rural areas often find it more difficult to plan and mobilize for disaster preparedness and training for response. Confusion and disorientation can be minimized through statewide disaster planning and identification of a cadre of disaster response experts, nationally and statewide, who are willing to assist the State when requested.

Even if preplanning has not occurred, the early stages of the crisis counseling project can be less chaotic if program staff have solid direction. In rural areas, there are a number of organizations that are already stakeholders in the well being of the population in disaster. These groups will often begin providing services of various types immediately. Crisis counseling staff at this stage need to be identifying and connecting with existing organizations. Contacting churches, unions, university extension services, fire or police auxiliaries, agricultural networks, civic groups like the Lions, Rotary, Optimists, Masons, and literally every group or concern in the area can help in developing the needs assessment and a strategy for service delivery. Insurance agents and adjusters may also be good contacts. Even if a person's property is insured, they may still benefit from crisis counseling services in dealing with psychological recovery.

■ EMERGENCE OF ORGANIZATION AND IDENTITY

Corresponds with RESCUE OR HEROIC PHASE and REMEDY OR HONEYMOON PHASE

During the emergence of the organization and identity stage, a structure for mental health disaster response is developed. Local providers are identified, the needs assessment is initiated and tabulated, and there

may be a Federal declaration triggering a formal Crisis Counseling Program. The Federal declaration is important because it provides, through the Crisis Counseling Program, a clear set of guidelines and goals for the mental health response. A Presidential Declaration also connects the State more solidly with Federal resources.

Emphasis shifts from playing catch up to establishing lines of authority and communication. At this stage, work will be focused on generating contacts with providers, formulating various memoranda of understanding, establishing reporting requirements and forms, developing an agenda for initial training efforts, and scheduling meetings to coordinate and monitor the program. By this time, the program is generally distinguishing itself in the community at large. The program should be identified with a name that is separate and distinct from the traditional mental health program which unifies and identifies the workers and staff associated with the project. Examples of project names used in the past—Project Rebound, Project COPE, Project Fireweed, Project Rainbow, Neighbor to Neighbor, and Project Heartland—reinforce the positive aspects associated with the recovery.

Establishing a location is especially important in rural areas. There are two primary considerations. One, is the average resident of this area going to feel comfortable coming into this facility? Two, is it easily accessible? In rural areas there are often matters of rivalry between towns or townships, or other regional lines of demarcation that will prevent some people from traveling to a certain location. For instance, it may seem like a good idea to locate offices at the county seat or a larger city within the area affected. However, there may be a significant number of people in the outlying areas that will identify that town as foreign or hostile. Checking with various agencies may illuminate these separations and thus prevent a misstep in providing access to services. Establishing more than one office in any given area may be beneficial. Another consideration would be to co-locate with existing agencies if there is ample space. Placing service staff along with the university extension or the Agricultural Soil Conservation Service (ASCS) office may help reduce stigmas and barriers of pride.

■ GAINING MOMENTUM

Corresponds with REMEDY OR HONEYMOON PHASE

Workers begin to become established and identified as the core of the program. Frequent staff training, accompanied by efforts at integrating

activities with other community responders, usually causes a period of enthusiastic, high-output effort in outreach and crisis counseling. This stage is also characterized by increased networking with community groups and local, State, and Federal organizations still active in the community. Participation in inter-agency groups and unmet needs committees is especially useful in a rural community where resources are limited. It brings the program staff into contact with those who constitute the infrastructure of the disaster response and recovery effort. Unmet needs committees during the Midwest Flood of '93 ensured that survivors received the aid for which they qualified. Local representatives of agencies, such as Salvation Army, American Red Cross, crisis counseling project, Family Services, Area Office on Aging, and religious groups coordinated available resources for maximum impact and to prevent duplication of services (Project Rainbow Final Report, Missouri, 1994).

■ ESTABLISHMENT OF ROUTINE

Corresponds with INVENTORY and DISILLUSIONMENT PHASES

There comes a point during the regular services project when workers have been on-the-job long enough to have established some routine. Ironically, this feeling of routine often comes at the point when serious planning must be underway for program closure. Many outreach workers find this frustrating. At this point, a diminished level of enthusiasm in the program commonly emerges. Staff, especially those who have been with the program from its inception, are beginning to show effects of burn out. People in the community may question why these services are needed so long after the disaster. In some people's minds, when the disaster is no longer the media's lead story, the disaster must be over. A large number of people being served at this time may be in the disillusionment phase of their own recovery process. Others may not.

For some, the recovery phase may mean a new way of life. Rural living is sometimes fragile and usually heavily reliant on natural resources. Farming is always a gamble. If this disaster destroyed the opportunity for profit, it may mean that increasing debt to recover is out of the question. Many farms and agricultural businesses simply could not recover after the Midwest floods. In rural areas, each dollar is recycled through the community seven to eight times. The economic

losses resulting from millions of dollars in lost crops changes the face of rural America tremendously. Rural crisis counseling projects should consider establishing linkages and referral mechanisms to identify resources for retraining those forced out of work.

In a rural disaster, the sudden dependence upon outside resources, especially government services, may threaten the pride of many who espouse self-reliance. Those who accept assistance may feel as though they have lost face. Others may judge them harshly for "being on the dole." From the onset of crisis counseling services, that pride should be taken into account. Confidentiality and discretion must be built in so that those who would benefit from the services are approached in a palatable way. Plans need to be made for non-traditional service delivery by avoiding mental health jargon, being where people are, using community people as gatekeepers, and providing practical help.

During the disillusionment phase, people affected by the disaster are apt to feel estranged from others and may distance themselves from other community members and even their own family. Together, the normal reactions to a disaster and isolation from others can result in serious depression. Hopelessness and even thoughts of suicide may be common during this time. The red tape of bureaucracy may seem like an insurmountable barrier. The crisis counselors can be a source of encouragement and hands-on assistance in pursuing needed help. If not already in place, this may be a good time to develop support groups.

■ PROGRAM TERMINATION

Corresponds with DISILLUSIONMENT PHASE and RECONSTRUCTION OR RECOVERY PHASE

This stage of the program may be the most difficult. Preparing survivors and staff for closure usually comes at what seems to be the wrong time. Many people are still emotionally vulnerable due to the slowness of the recovery process. Delayed stress reactions are beginning to emerge. The anniversary date looms with the potential for anniversary stress reactions. Staff will naturally begin to think about and possibly take action on new employment opportunities. Team cohesiveness and structure are disrupted. One outreach worker in

Illinois described the impact of this stage as a gradual "unraveling" of the program (Project Recovery Final Report, Illinois, 1994).

Staff will refer disaster survivors with ongoing needs to other resources in the community. Returning to their normal life in the small rural community that now identifies them as a source of support and help may be difficult for staff.

- **POST-PROGRAM**

  Corresponds with DISILLUSIONMENT PHASE and RECONSTRUCTION OR RECOVERY PHASE

  Local providers, besides supplying data, narrative, and fiscal information to the State, have completed their program activities. The final month of the program is often set aside for report writing, fiscal accounting, and other close-out activities. There may be a major readjustment of individuals and the community if appropriate linkages have not solidified and the reality of program termination is a fact.

Challenges Encountered by Rural Crisis Counseling Programs

Crisis counseling staff responding to a rural disaster face unique challenges related to the values and characteristics of rural areas and people discussed in Chapter Two. Planning and persistence may help to overcome some of the challenges associated with rural areas. Recommendations are provided on how to reach farm families, people who are emotionally isolated and independent, and how to overcome constraints of geographic isolation and access hard to reach groups.

Emotional Isolation and Independence of the Rural Population

Initial contact may reveal a person or family caught in an angry reaction to a multitude of aggravations. Doors may be slammed and workers may bear the brunt of yelling and abusive language. While forcing the issue is never appropriate, a contact later in the program may reveal a completely different temperament. A person who was completely closed at a prior point, may in a few short days or weeks, be

open to contact and appreciative of services. Phases of recovery shift and change. As trust begins to develop, people gradually become receptive to the efforts of outreach workers. Over the long haul, outreach workers gain respect for their willingness and tenacity from the people they have attempted to serve.

Reaching Farm Families

The Crisis Counseling Programs that were successful with rural outreach to farm families were those that had the assistance of organizations experienced in dealing with farm families and farm issues. One such group, the Farm Resource Center in Illinois, has been operational since the early 1980s providing families with crisis counseling, financial planning assistance, and referrals to other programs. The experience of the Farm Resource Center's workers served as a model to crisis counselors on how outreach is conducted in the farm community.

Other Midwest States used similar organizations with connections to the farm community to open the door to outreach efforts. Many contacts and services were facilitated by these working relationships. This is further reinforcement of the principle that no matter what type of group a program is attempting to reach, finding outreach workers representative of that group is the best way to gain access.

Geographic Isolation

Geography's role in rural crisis counseling is significant. It often takes days to accomplish the same number of outreach contacts one can make in an afternoon in an urban area. Traveling from place to place can be difficult given the disaster's impact on roads and bridges. A rural outreach worker needs information from State and county highway departments and law enforcement officials to stay current on conditions. Detailed topographical maps may be available from the FEMA Disaster Field Office or State Emergency Management Office.

An outreach worker's inability to reach some impacted people often means that the survivors themselves cannot get out except with four-wheel drive vehicles. Such isolation creates difficulty getting into town, getting children to school, and perhaps most important, obtaining food and medical care. In many rural areas, emergency medical services are not immediately available.

Basic access issues can be a consideration, such as getting to the grocery store, gasoline station, bank, and other businesses following a disaster. During the height of the '93 Midwest floods, thirty-minute commutes to work and school became two-hours and longer due to washed out roads and bridges (Project Recovery Final Report, Illinois, 1994). Because of the distances involved and lack of easy access, rural residents may forgo attending meetings or accessing services at some "in-town" location. Consequently, support groups, educational events, and other group services may not be the best option in some areas. Most counseling will take place at the disaster survivor's home rather than at an office.

Many addresses are only listed by a rural route number or a post office box number. Locating the home of such a person means developing a good set of directions. Information from local officials about access problems, as well as information about the physical characteristics of the location, such as color of the house, type of siding, and model of parked automobiles, may be the only way to find the correct dwelling. In addition, the presence of outbuildings and large landmarks, such as grain silos or dairy storage tanks, can be valuable identifiers in locating the right farm or homestead.

Many people served by rural programs are at or below the poverty level. Finding people who do not have a telephone is common. Contact with such people to see if they are home before making the trip may be difficult if there is not a neighbor or family member close by to relay information. While mail contact is possible, it takes more time and is not responsive to short-term emergency needs. Also, literacy levels should be considered in the development of any mailing, flyers, and outreach educational materials.

Accessing Hard-to-Reach Groups

Some organizations, such as health care, child welfare, and schools function in a somewhat self-contained environment. Though such an organizational structure does not render interagency communication impossible, it does make access a challenge. The following strategies may assist rural crisis counseling projects in providing a wide array of services to these hard-to-access groups:

Do Your Homework

Before making the first contact, find out as much as possible about the organization and the best person to contact. With this information,

developing a presentation or package of services that will be received positively may be feasible.

Develop a Personal Contact

Trust and confidence, especially in programs that are new and time-limited such as disaster crisis counseling must be built person-to-person. People in rural areas refer to other people more often than to programs. The person who is a primary contact may not be the person who has authority to invite crisis counseling services into the organization. Having someone who can exert influence from within can result in the decision maker contacting the outreach worker to request services.

Knowing people's names also provides a point of contact in case there are difficulties or miscommunications. Being able to pick up the phone and call a person you know by name, have met face to face, and have established a working relationship with is a tremendous asset to an outreach worker.

Hire Outreach Workers or Volunteers Who have Worked in the Organization or Field that is Difficult to Penetrate

Certain groups or organizations will be key to the success of the outreach effort. In the rural area, schools, agricultural and religious groups and organizations are especially helpful. Hiring staff who know those groups, and better yet are known by them, can help get quick and effective outreach efforts into those groups.

Hiring a retired school administrator, teacher, or counselor to do outreach can provide a natural relationship to access schools. Some agricultural groups may be difficult to access unless the crisis counseling project has farmers or university extension personnel either doing outreach or assisting outreach workers in meeting farm families in need. In Ventura County, California, the Northridge earthquake survivors included non-English speaking families and migrant workers with minimal education. Language, low-literacy, isolation, and the fear and anxiety of deportation presented challenging barriers for the outreach workers to overcome. The crisis counseling project assigned bilingual, bi-cultural staff, and provided door-to-door outreach to identify the specific needs of the survivor. Linking disaster survivors to counseling services with trusted church and community-based organizations was also a successful service delivery method. The church is an effective

catalyst in the provision of services to these special populations. Churches have historically been a place where migrant workers and monolingual families feel comfortable in seeking services (Northridge Earthquake Final Report, Ventura County, California, 1995).

Use Easy-to-Reach Groups to Reach Hard-to-Reach Groups

Sometimes crisis counselors will not make the first contact. An organization already working cooperatively with the crisis counseling project can provide great assistance in influencing other groups. By conveying a sense of the nature, importance, and credibility of the crisis counseling effort, these partners can help unlock new opportunities for outreach.

Do What You Can, When You Can

If a full range of outreach services are not what an organization or group desires, provide what they are willing to accept. Perhaps all that can be done is distribute materials or give an educational presentation. Just as people progress through phases of recovery, so do organizations. Maintaining contact at any level may result in more significant services later as the organization's needs become more apparent or change with time.

3 Coordinating Crisis Counseling Services in the Rural Community

Working With Existing Resources

The organizational structures of rural crisis counseling projects are as varied as the States and communities affected. Flexibility and creativity are highly valued components of a rural crisis counseling project. In a rural area, where there are fewer organized and structured resources, the program must adapt, invent, and convert itself fully to utilize existing resources and to fulfill the mission of the program. How the goals are accomplished and how those outcomes are achieved differ for each program.

Networking gives crisis counseling workers ready access to staff of other programs. Referrals can be made and a good working relationship can develop as a result. Endorsement of the outreach effort also increases the level of investment leaders have in the project. That investment will often carry over to a higher regard for other mental health programs. The following are examples of how rural programs can work with existing resources.

Crisis Counseling Training for Gatekeepers

Mental health needs in a rural community are addressed by more than just local mental health professionals. Clergy, school counselors, physicians, health care workers, welfare workers, funeral directors, and many other gatekeepers are a vital part of the rural community's support system. Some of these individuals, by virtue of their role in the community, may have awareness of people who have not yet come into contact with the crisis counseling project. Apprising these people of crisis counseling services and offering training on disaster mental health, basic

crisis intervention, and counseling skills is prudent. Because the gatekeepers may come into contact with disaster survivors who need more intensive mental health services, the training needs to include procedures for referrals.

Consultation

Some people may be actively involved in providing support and care to others who simply need to discuss the disaster's impact with someone trained in disaster mental health. Outreach workers can provide valuable consultation to these people in helping them understand the normal, expected responses to the disaster. Agencies and institutions may also need consultation to help them assist their staff and clients. Existing social and human service agencies, as well as groups that were formed as part of the disaster recovery effort, are examples of agencies that may benefit from consultation. Outreach efforts for formal agencies are similar to those provided to the natural network of gatekeepers. Provide information on what is normal and predictable, as well as when and where to seek help and from whom.

Community Organization

The important role the community plays in the daily life of the rural disaster survivor makes it essential for outreach workers to participate in committees and other community structures as part of the disaster response and recovery effort. This participation gives continuous opportunity for the workers to keep other key people and programs updated on the crisis counseling services. Also, serving on committees provides opportunity for the workers to know the status of other relief efforts, how to access the various resources, and where there may be pockets of unreached individuals. The restoration of natural networks and support systems must be addressed on a community-wide basis. Information and handouts on disaster recovery phases and disaster mental health response issues can greatly enhance planning efforts.

Referral Options

Some individuals will experience significant emotional distress, even at the time the program is closing. These people may need a referral for traditional mental health care. This can be a sensitive issue in rural

communities and should be addressed in crisis counseling training during the preparation for program closure. The rural attitudes and unique characteristics of the service area will affect how people respond to a mental health referral. Often, options for making an effective mental health referral may be limited. In particular, inpatient care may be difficult to access. Specialized care for children, substance abuse problems, and many other issues requiring unique treatment programs may be located more than 100 miles away.

Being well acquainted with the intake and/or treatment staff of the local community mental health provider(s) is important for the crisis counseling staff. In addition, the mental health provider should know and have a working relationship with other programs whose services may be helpful to disaster survivors.

Networking with Community Resources

To be effective, rural crisis counseling projects must establish themselves in the mix of programs and organizations active in the disaster response (See Appendix C for a listing of organizations and resources involved in disaster response and recovery). Identifying what other resources and services are available is essential to providing good information to recipients of outreach. Providing information to other programs and services about the crisis counseling project extends the efforts of outreach staff and results in referrals. Interagency meetings provide information on the current status of services, changes in programs, and referral criteria. These meetings may also provide an opportunity to problem-solve where difficulties may have developed in working relationships.

Shared Meal

It is important to understand that in rural areas, a shared meal can be a powerful conduit to interaction and problem-solving among disaster survivors, community leaders, and crisis counselors. Although Federal regulations and FEMA policy do not allow crisis counseling funds to be spent on entertainment, rural crisis counseling projects have successfully brought survivors and community resources together for meetings with food served using the following strategies:

- Encourage potluck meals held at a neutral community site such as a community center, school, or church. Such meals can precede/follow

support group meetings or community forums featuring such speakers as FEMA, unmet needs committee representatives, local, State, or Federal government representatives, or outreach workers. Such potluck events can be creatively organized around themes such as desserts only, with donations to cover coffee.

- Organize donated meals provided by community groups or local service organizations for the same purposes as listed above. Such organizations may actually cook meals (chili supper, pancake breakfast) on-site for the meeting participants. One Midwestern community held monthly support group meetings at local restaurants. The restaurant meeting site changed monthly. Each month a different service group paid for the meals. It was also a boon for the local business owners who hosted these groups at their dining establishment.
- Dutch treat meals can be successful if the price is reasonable. Groups can either meet at a local restaurant or have a local caterer provide the food. Keeping costs low is best. Do not rule out breakfast meetings if that is a good time for survivors to participate. Remember that lunch is usually less expensive than an evening meal.

Offering coffee and cookies or some type of shared meal can facilitate disaster survivor interaction and participation in community forums, support groups, etc., in rural communities. Local programs can be as creative as possible to provide food for these meetings while adhering to FEMA crisis counseling regulations.

Religious Groups and Clergy

The ability to provide information regarding disaster crisis counseling services to a wide cross-section of the community is enhanced greatly by working with and through the various churches and religious organizations in a community. Working as an ally with church groups can open the way for outreach to many families. Religious groups can mobilize many people and are fertile soil for finding volunteers. The benevolent work of such groups can provide an effective alternative to the outreach worker becoming over involved in the issues of shelter, clothing, and financial resources. Religious organizations such as interfaith groups and ministerial alliances can ensure a coordinated and comprehensive effort within the religious community.

One by-product of involvement with church groups is the ability to reach several age groups in one setting. There also may be church groups for specific ages. In addition, each person in the groups has his or her own network of family, friends, and co-workers who might also benefit from crisis counseling services.

In areas where cultural and ethnic populations reside, the church may be the one source of contact trusted by the community as a whole. The lack of trust or confidence a person has for local, State, or Federal government can create a barrier to receiving much needed assistance. The barrier can often be overcome by involving a church or other community organization the disaster survivor trusts.

Pastors, rabbis, and clergy may need crisis counseling themselves. Religious leaders are often stretched to the limit with their congregation's post-disaster needs. An added stressor may be the financial health of the parish due to reduced income of members. Provide clergy members information on key concepts of disaster mental health, stress management, and anniversary reactions. This information can be used for sermons, as inserts in the church program or bulletin and posted on parish bulletin boards.

Community Groups

Crisis counseling projects should work with community groups by providing information on common disaster mental health reactions, the services available through the crisis counseling project, and how to obtain additional information. The following list of community groups in a rural area can assist in identifying people needing crisis counseling:

- Local American Red Cross
- Salvation Army
- City or Regional Development Corporations
- Agricultural Soil Conservation Service (ASCS)
- Veterinarians
- City and County Government
- Mail carriers
- Funeral directors
- Cooperative Extension Offices
- Farm Organizations such as National Farmers Organization (NFO), Farm Bureau, Farmer's Aid and Farm Resource Center
- Churches

- Ministerial Alliance
- Native American Groups
- Migrant Worker Services
- Local Immigrant Groups and Organizations
- Clubs such as: Lions, Rotary, Kiwanis, Civitan, Ruritan, Elks, Eagles, and Oddfellows
- Business and Professional Women (BPW)
- Women's Sororities
- Chambers of Commerce
- Child Welfare Agencies
- Pre-schools, Day Care Centers, Head Start Programs, and Birth to Three Programs
- Schools, Public and Private including Junior Colleges, Colleges and Universities
- Hospitals
- Senior and low income housing
- Rural Health Clinics
- Substance Abuse Treatment Facilities
- Alcohol and Drug Prevention Education Programs
- Physicians, Dentists, Chiropractors
- Home Health Agencies
- Visiting Nurse Association (VNA)
- Pharmacists
- Seniors programs
- Seed corn dealers
- Farm implement dealers
- Battery and tire businesses
- Insurance offices
- Banks and other lending businesses
- Employment Security Office
- Public Assistance Office
- Public Health Department
- Vocational Rehabilitation
- Developmental Disabilities Services
- Nursing homes and sheltered care facilities
- Barbers and beauticians
- Restaurants and coffee shops

- Home delivery sales people
- Utility meter readers
- Catholic Social Services
- Lutheran Social Services

The list could go on and on. In each rural community there are unique groups and organizations that can assist in identifying disaster survivors in need of crisis counseling services.

Special Community Services

Community Healing Events

In a rural community, the recovery of individual disaster survivors is greatly impacted by the community's ability to heal. Around the one-year anniversary of the disaster, residents may plan a variety of community events to commemorate the disaster. Often such events commemorate the casualties of disaster, celebrate the recovery, and show appreciation for those who helped others. A single event may be able to reach a whole rural community or several smaller events may be organized. When the timing is right and there is broad community interest, involvement, and support, community events can be a powerful force in bringing closure coupled with positive anticipation for the future. Commonly, these events will express "how far we have come" since the disaster's onset. The event is an opportunity to bring together the rural community that may have been dispersed due to housing shortages and changes in employment.

Crisis counseling workers must remember that while most of the community may be ready and interested in a "healing event," not everyone will share this desire. Some people may not feel like celebrating or coming together. These people may experience a heightened sense of isolation from their neighbors and friends due to this difference. They may fear that something is wrong with them since everyone else seems ready to get on with their lives. Sensitivity to these different feelings is an important way the crisis counseling project can ensure that it is responsive to everyone, no matter where they are in the recovery process (CMHS, 1994).

Prior to the anniversary date, there may be symbolic and ceremonial expressions of grief and support. These may be organized, but more

often occur spontaneously. They may be more isolated expressions of individuals or small groups and not the wider community. There is a healing impact in such expressions that may pave the way for the healing of the community as a whole. Being sensitive to the use of terminology is also important. A "commemoration" may be considered more appropriate than a "celebration."

Crisis counselors can provide helpful consultation to community groups considering such events, and can be useful in helping to coordinate and implement them. Running the show is seldom useful for the crisis counseling project unless requested by the community.

Continued Access to Needed Services

At program close it is important that clear communication take place with other community programs working cooperatively with the crisis counseling effort. These community programs can be of valuable assistance in identifying other support services and individuals that can serve as resources. Many people in rural communities do not know what services are available or from whom. Crisis counseling staff can inform local programs of what type and degree of continued mental health support will be available to the community through the local mental health provider. All recipients of the crisis counseling services need to be notified that they will be referred to local/regional resources if there is continuing need.

Flyers or brochures outlining existing resources for various types of human service needs should be prepared. Public education can be provided to civic groups and businesses. Public service announcements about the closing of the project can get the word out and be used for expressions of thanks to the various people and organizations in the community who have supported the program. Disseminating information regarding human service assistance programs is always important.

Recognition and Appreciation

During the closing weeks, program coordinators and administrators should express appreciation and provide recognition to those people in the community who assisted the crisis counseling project. Letters of thanks not only to the people themselves, but to the supervisor or the

director of their organization, can communicate such appreciation. Recognition at a public meeting with appreciation letters or certificates can be effective.

A by-product of this effort is continued good working relationships beyond the disaster. Most of the organizations and people who have provided crisis counseling services during the months of the program will continue to work and live in the same communities. The cooperative spirit and mutual appreciation that existed during the disaster recovery effort carries over in many cases to the ongoing working relationships.

There are many examples of interagency groups that began to meet because of disaster and continued well after other recovery efforts were done. They continued in this fashion, not out of reluctance to let go of the disaster, but because they found the networking and information sharing at such meetings to be essential to their more routine working relationships.

4 Rural Crisis Counseling Project Staff

Recruitment and Staffing

The quality of staff and their understanding of the program are essential to the success of the rural crisis counseling project. Staffing issues that impact rural crisis counseling projects include the pool of individuals available for hire, the hiring of people representative of the population to be served, and their responsiveness to training and supervision. The following generalizations regarding staffing can be made based on the experience of past rural disaster projects:

- **Most staff hired will probably not have previous disaster experience.**

  If workers are hired from the impacted area, the majority will not have had experience working in a disaster relief program. Some may have personal disaster-related life experience, but working with this program will be their first formal involvement. This lack of experience places a great deal of importance on the areas of training, supervision, and staff support.

- **Staff hired for outreach should represent the groups they are to serve.**

  Rural disaster programs use a high percentage of local people in their outreach and crisis counseling efforts. Almost without exception, the use of indigenous workers is integral to program success. Project COPE in Ventura County, California, enlisted people with serious and persistent mental illness to perform outreach to other people affected by the disaster who had a mental illness. This approach was highly successful (Northridge Earthquake Final Report, Ventura County, California, 1995).

  Rural outreach workers often have a car as their office, find themselves making contacts with people they already know, and often

receive calls at home at all hours. Consistent training and supervision on managing these unusual circumstances are necessary not only to protect the well being of the worker, but to protect the worker's family functioning as well.

- **Staff hired from small towns and country areas will be more easily received.**

  In many rural agencies and organizations, it is more likely that one will know or have some acquaintance with the people contacted. This familiarity provides a greater sense of safety and assurance for the worker in making the rounds from house to house or farm to farm. It may also present concerns about dual relationships, boundaries, and limits.

- **Volunteers can be a great asset to a program if properly trained and supervised.**

  People who wish to be of assistance to the outreach effort on a non-paid basis still need training and supervision. It is important that they understand the nature, scope, and limitations of the program and the means by which services can be delivered. There are dozens of ways outreach staff can use the assistance of volunteers in conducting community education, outreach to children, distributing materials, and other activities.

- **Both paid staff and volunteer staff should be screened through a formal process.**

  A careful screening, interview, and reference check process before accepting an individual as part of the program is critical. In rural communities word travels extremely fast. If the crisis counseling project has an outreach worker or volunteer that is inappropriate or a poor representative of the program, the community confidence in the program will plummet quickly.

- **Training and ongoing supervision are essential for everyone.**

  No matter who is hired, what their background or experience, they will need training and supervision to be a productive member of the crisis counseling project. Licensed clinicians and professionals require orientation to crisis counseling concepts, and therefore must be expected to receive the same training as paraprofessionals or non-licensed individuals (NIMH, 1983).

In addition, staff may benefit from specialized training that reflects the nature of the work in rural areas. Safety and security issues and cultural sensitivity training may be as important as basic disaster stress training. Some issues to consider are:

- Cultural sensitivity regarding new or transient residents in the area. Small towns are sometimes attractive to groups of immigrants such as Laotian, Cambodian, Somalian, or Vietnamese. Migrant populations also pose cultural barriers or social nuances that can impact a worker's acceptance as a helper.
- Special population groups may also inhabit rural areas. Crisis counseling workers should be briefed on any group of people who may pose a challenge or threat to them. Rural areas are popular with extremist groups, and are potential sites for production of illegal crops.
- Crisis communication and conflict resolution skills are important in a rural setting because workers are often alone and may be in remote areas. Consideration should be given to providing training on self-defense strategies. Many police departments will provide training in defensive tactics for little or no fee. Every worker should know the emergency resources available (sheriff, emergency medical services, and crisis intervention services) in their region and have immediate access via cellular phones or two way radios.
- Tips and techniques for managing a confrontation with an angry dog may help prepare workers to deal with a threatening situation. Further, consider the types of wildlife that may be encountered in a crisis counseling staff's travels. Training on identifying and managing situations in which workers may encounter dangerous wildlife such as poisonous snakes, alligators, moose, bears, or tics that produce Lyme Disease may help prevent injury.
- "How to talk to farmers" may be helpful training for workers unfamiliar with the jargon regarding agricultural areas. A primer on hog farming, sugar beets, or peach orchards may help workers connect by speaking the same language. The university extension or agricultural service agencies in most States may be able to help with this type of training.

Staff Safety and Security

Staff safety and security is always a concern for crisis counseling projects. Concerns that have impacted rural crisis counseling projects are centered on three main areas:

- Workers becoming stranded
- Natural risks such as dogs, physical exhaustion, and illness
- The risk of personal harm from individuals due to anger, substance abuse, or other factors that increase the potential for violence

Workers Becoming Stranded

Outreach workers for past programs have worked alone and in pairs. Male/female teams have proven successful. Workers have reported a greater sense of security and less isolation by working in pairs. Also, disaster survivors were not as wary of a couple as they might be of two men. Female outreach workers felt safer working in a tandem with a male co-worker. Dual-gender teams allowed natural access to the husband/farmer and the wife/homemaker.

Traveling late in the day to early evening was a concern for some outreach workers, particularly in the winter when the weather is unpredictable. Providing cellular phones not only addressed safety concerns, but also improved communication with the office and survivors (Project Help Final Report, Wisconsin, 1994). In areas where a worker may be far from home at the end of a day of outreach, budgeting for some overnight lodging can decrease night driving, save time, and decrease wear-and-tear on the worker, as well as address safety issues.

Establishing specific times for workers to call into the office each day provided some programs a way to maintain contact with their workers. A routine opportunity to debrief by sharing concerns and feelings associated with the day-to-day aspects of the job also provided supervisory and administrative staff feedback on what might be done to improve the safety of the workers. It is also an important opportunity for the worker to connect with other staff and process their feelings.

Natural Risks

When an outreach worker gets out of the automobile at a farm house, there could very well be several dogs, not just one. Training on how to

respond to agitated animals by a professional animal handler would be an unusual, but useful, addition to a program where these risks exist.

Other natural risks relate to the potential for injury, stress related ailments, and other health difficulties in outreach staff. Working long hours, exposure to the elements, and contact with large numbers of disaster survivors, can lower resistance to illness such as influenza. Crisis counseling staff tend to be very good at taking care of others but not as good at taking care of themselves. Rotating workers out of a disaster soon after the immediate impact is a way of avoiding burnout in disaster responders. Even over the longer term of the Regular Services project, rotating workers out of the disaster-affected area periodically can help reduce stress levels and provide a refreshing change of pace. In a rural setting, the isolation and overwork, rather than the overwhelming scenes of disaster impact, create problems.

Staff need to know that such periodic breaks from the intensity of their daily work is essential and required by supervisors. Such involvement both enhances their personal health and their ability to do good work. Injury is a risk due to the state of disrepair of many areas where rural outreach takes place. Debris and broken items in and around a home and ongoing construction projects constitute the greatest risks. Outreach workers should have a current tetanus shot (within ten years). The presence of foreign objects in roadways increases the potential for flat tires and automobile accidents. Training on how to reduce risks of personal injury can create a climate of safety consciousness and hopefully, reduce adverse incidents to workers during the program.

Risk of Harm from Others

By the very nature of the program, there is risk that an outreach worker will meet one or more individuals who are frustrated, angry, and stressed. Some rural residents have purposely isolated themselves from others and may not be receptive to a home visit. Some people even before the disaster are antisocial and intimidating. Still others may be self-medicating for stress with alcohol or other drugs, escalating their potential for violence. The potential of encountering these individuals is a concern for outreach worker safety.

Workers need to understand that they may seek the assistance of law enforcement any time they feel their physical safety is at risk. Since

contact with such aid may not be readily available in the midst of the situation, workers need to know it is all right to leave at any point if their concern begins to rise. Personal safety training may be beneficial. Providing guidance on signs of agitation and emotional difficulty, along with non-physical techniques for a de-escalation of such circumstances, is very useful. As noted earlier, consider providing cellular phones for outreach workers.

Outreach staff should have a clear protocol of how to respond when in a physically threatening situation. They should carry the names and numbers of law enforcement and mental health crisis intervention programs that may be used in an emergency. Consult with local law enforcement authorities and crisis intervention programs.

Summary

Crisis counseling services can only be effective to the extent that special needs, cultural values, and characteristics of the community are understood by the providers. Each disaster and community is unique. What may appear to be obstacles and challenges can also be opportunities for creative program planning for the rural crisis counseling program.

Crisis counseling program services are best accomplished when there is an existing plan in place for rapid mobilization, response, and implementation of disaster mental health services. Does your State and local department of mental health have a mental health disaster plan? Is the plan a component of the State and local emergency management plan?

Begin disaster mental health preparedness before disaster strikes by developing a disaster mental health plan. Additional information on specific guidelines and suggestions for disaster mental health response and recovery planning is available in *Disaster Response and Recovery: A Handbook for Mental Health Professionals*, (CMHS, 1994). Getting to know your community is the first step toward disaster mental health planning as well—establish pre-existing relationships with emergency management services personnel, local mental health providers, and community and social service agencies to coordinate appropriate crisis counseling services for your community.

APPENDIX A

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APPENDIX B

BIBLIOGRAPHY OF RESOURCE MATERIALS

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APPENDIX C

SOURCES OF ASSISTANCE AND INFORMATION

GOVERNMENT

Federal Emergency Management Agency (FEMA)

FEMA coordinates with other state and Federal agencies to respond to Presidentially declared disasters. It provides disaster asistance for individuals, businesses (through the Small Business Administration), and communities under the Stafford Act.

Federal Emergency Management Agency
Human Services Division
500 C Street SW
Washington, D.C. 20472
(202) 646-3929
Website *www.fema.gov*

Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Through an interagency agreement with FEMA, CMHS provides consultation and technical assistance on the Crisis Counseling Assistance and Training Program. Publications and videotapes on disaster human response are readily available through the CMHS National Mental Health Services Knowledge Exchange Network.

Center for Mental Health Services
Emergency Services and Disaster Relief Branch
5600 Fishers Lane, Room 17C-20
Rockville, MD 20857
(301) 443-4735
FAX (301) 443-8040

CMHS Clearinghouse
National Mental Health Services Knowledge Exchange Network
P.O. Box 42490
Washington, D.C. 20015
Toll-Free Information Line 1-800-789-2647
FAX 301-984-8796
TTY 301-443-9006
Website *www.mentalhealth.org*

NATIONAL

American Red Cross (ARC)

ARC has chapters in most large cities and a state chapter in each capital city. Every local Red Cross chapter is charged with readiness and response responsibilities in collaboration with its disaster partners. Disaster services include preparedness training, community education, mitigation, and response. They help families with immediate basic needs (food, clothing, shelter) as well as supportive services and longer term interventions. Contact the local chapter for assistance or the state chapter in your capital city.

American Red Cross
431 18th Street N.W.
Washington, D.C. 20006
(202) 737-8300 General Information
(703) 206-7460 Disaster Services
Website *www.redcross.org*

Professional Organizations

Many professional organizations have gathered resources and information at national and state levels. Some may have established a formal network of professionals qualified to serve as consultants or volunteers. Helpful organizations include but are not limited to the following:

American Psychological Association (APA)
750 First Street, N.E.
Washington, D.C. 20002-4242
(202) 336-5898

National Association of Social Workers (NASW)
750 First St. N.E., Suite 700
Washington, D.C. 20002-4241
(202) 408-8600
1-800-638-8799

National Rural Health Association
1320 19th Street, N.W., Suite 350
Washington, D.C. 20036-1610
(202) 232-6200

National Association for Rural Mental Health
P.O. Box 570
Wood River, IL 62095
(618) 251-0589

STATE AND LOCAL

Department of Mental Health

Contact the state agency responsible for mental health services. There may be a state disaster mental health coordinator already designated to manage the Crisis Counseling Program. This main office will be located in your state's capital city.

Emergency Services

This is the lead agency delegated by the governor to carry the day-to-day emergency management responsibilities. Contact the Office of Emergency Services in your capital city.

Universities and Medical Universities

Academic practitioners with general training in stress, coping, and counseling often express interest in offering assistance. Caution is advised to assure that disaster survivors are treated appropriately, and not enlisted into a research study or given treatments designed for traditional psychiatric disasters. Undergraduate and graduate students are usually very interested in serving as crisis counselors. Contact your local university's department of psychiatry, psychology, or social work.

Religious Organizations

Churches, synagogues, and interfaith organizations provide a valuable resource for finding and serving disaster survivors. Often, they are the most productive and rapid responders for immediate basic needs. Most denominations have some kind of disaster relief program. Contact the district office for major denominations in your area.

Media

Television, radio, and newspapers should provide a listing of available resources and supports in major disasters.

VOLUNTEER ORGANIZATIONS

National Volunteer Organizations Active in Disasters (NVOAD)

NVOAD has made disaster response a priority. Member organizations provide effective service and avoid duplicating services by coordinating them before a disaster strikes. Member organizations include:

- Adventist Community Services (ACS)
- American Relay League, Inc. (ARL)
- American Red Cross (ARC)
- AMURT (Ananda Marga Universal Relief Team)
- Catholic Charities USA (CC)
- Christian Disaster Response, A.E.C.C.G.C.
- Christian Reformed World Relief Committee (CRWRC)
- Church of the Brethren (CB)
- Church World Service (CWS)
- The Episcopal Church (EC)
- Friends Disaster Service (FDS)
- Inter-Lutheran Disaster Response (ILDR)
- Mennonite Disaster Service (MDS)
- Nazarene Disaster Response (NDR)
- The Phoenix Society (PS)
- The Points of Light Foundation (PLF)
- Presbyterian Church,USA (PC)
- REACT International, Inc.(REACT)
- The Salvation Army (SA)

- Second Harvest National Network of Food Banks (SHNNFB)
- Society of St. Vincent de Paul (SSVP)
- Southern Baptist Convention (SBC)
- United Methodist Church Committee of Relief (UMCOR)
- Volunteers of America (VOA)
- World Vision (WV)

APPENDIX D

GLOSSARY OF TERMS

The following is an abridged version of the Center for Mental Health Services glossary explaining terms often used in disaster mental health response. The reader may encounter these (and other) words and acronyms while reviewing literature on disaster response and recovery.

Center for Mental Health Services (CMHS)

CMHS is a center within the Substance Abuse Mental Health Services Administration (SAMHSA) and located in Rockville, Maryland. CMHS advises the Federal Emergency Management Agency (FEMA) on disaster mental health. SAMHSA is part of the Department of Health and Human Services (DHHS).

Community Mental Health Center (CMHC)

The CMHC is the administrative agent that contracts with the state department of mental health to provide mental health services to clients in a specified service area, usually covering one or more counties.

Crisis Counseling Assistance and Training Program

The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program) is funded by the Federal Emergency Management Agency (FEMA) through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288 as amended by Public Law 100-707). Services offered by the Crisis Counseling Program involve direct interventions, as well as crisis counseling to individuals and groups impacted by a major disaster or its aftermath. Educational activities and public information on disaster mental health issues are another component of the Crisis Counseling Program. In addition, disaster mental health consultation and training are also provided.

The Crisis Counseling Program includes two separate funding mechanisms: Immediate Services (IS) and Regular Services (RS). States must apply for the IS within fourteen calendar days after the

Presidential disaster declaration. FEMA may fund the IS for up to sixty-days after the declaration date. The RS is designed to provide up to nine months of crisis counseling services, community outreach, and consultation and education services to people affected by the disaster. Although states must submit an application for RS funds to FEMA within sixty-days of the disaster declaration, the RS funding is awarded through CMHS based on a formal review of the grant application.

Director, Human Services Division

Located at FEMA Headquarters in Washington, D.C., this person approves or disapproves a request for Regular Service funding for crisis counseling under section 416 of the Stafford Act.

Disaster Recovery Manager (DRM)

This person is appointed to exercise the authority of the FEMA Regional Director for a particular emergency or major disaster.

Disaster Field Office (DFO)

When a disaster strikes and FEMA is activated to respond, a DFO is opened, generally near the disaster site. Many functions are performed and programs run from this office. The DFO is a joint Federal/State operation.

Emergency Operations Center (EOC)

This is the nerve center of disaster recovery operation and is usually under the jurisdiction of local government. It may be located in or near government offices to have access to records and resources. The EOC is usually designed to be self-sufficient for a reasonable amount of time with provisions for electricity, water, sewage disposal, ventilation, and security. The major functions of the EOC are information management, situation assessment, and resource allocation.

Emergency Management Institute (EMI)

EMI is located at 16825 South Seton Avenue, Emmitsburg, Maryland 21727, 1-800-238-3358. EMI serves as the national focal point of the Federal Emergency Management Agency for the development

and delivery of emergency management training to enhance capabilities of Federal, state, and local government officials, volunteer organizations, and the private sector. EMI programs focus on minimizing the impact of disaster on the American public. The curricula are structured to meet the needs of this diverse audience with an emphasis on how various elements work together in emergencies to save lives and protect property.

Emergency Services and Disaster Relief Branch (ESDRB)

This branch is within the Division of Program Development, Special Populations and Projects of CMHS and provides disaster mental health technical assistance to FEMA and the state mental health authority on the crisis counseling program. A project officer is assigned to the state for the regular service grant and monitors programming and expenditures. ESDRB is located at 5600 Fishers Lane, Room 17C-20, Parklawn Building, Rockville, Maryland, 20857. The telephone number is (301) 443-4735. FAX 301-443-8040.

Federal Emergency Management Agency (FEMA)

FEMA is the lead Federal agency in disaster response and recovery. The Stafford Act provides the authority for the Federal government to respond to disasters and emergencies in order to provide assistance to save lives and protect public health, safety, and property. FEMA provides funding for crisis counseling grants to state mental health departments following Presidentially declared disasters.

Federal Coordinating Officer (FCO)

This person is appointed by the President to coordinate Federal assistance in an emergency or major disaster. The FCO acts as the President's representative on-site during a disaster recovery operation. The positions of Disaster Recovery Manager (DRM) and FCO are usually held by the same person.

Gatekeepers

Gatekeepers are people within the community who can provide access to target populations and are part of the community support system. Examples include teachers, clergy, school counselors, physicians, health care workers, welfare workers, funeral directors, and others.

Governor's Authorized Representative (GAR)

This person is appointed by the Governor and has the authority to execute all necessary documents for disaster assistance on behalf of the state. Often the GAR and the State Coordinating Officer (SCO) are the same person.

Human Services (HS)/Individual Assistance (IA)

FEMA disaster programs and services include assistance for individual disaster survivors/victims and their families. Major HS programs include: Disaster Unemployment Assistance, Individual and Family Grant Program, Disaster Housing Program, Cora Brown Fund, and Crisis Counseling Assistance and Training. HS programs were called IA programs prior to 1992. Some state offices of emergency management still refer to IA programs.

Immediate Services (IS)

The IS grant is for the initial crisis counseling response. Although programming may be continued through the RS Grant, funding is considered separate and comes from FEMA. IS funding may be approved in response to a state request for up to sixty-days from the date of the Presidential Declaration or until a RS is funded. Reimbursement for eligible expenses incurred between the date of the disaster occurrence and the disaster declaration may be provided through the immediate services program.

Key Informants

Key informants are people within the community who through their regular contact with local residents can provide information on who is impacted by the disaster. In rural areas key informants include health care personnel such as physicians, nurses and pharmacists; ministers, pastors and clergy members; beauticians and barbers; and senior center personnel.

National Association of State Mental Health Program Directors (NASMHPD)

The directors of state departments of mental health comprise this organization located at 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333.

National Voluntary Organizations Active in Disaster (NVOAD)

NVOAD is a group of voluntary organizations that have made disaster response a priority. State VOADs also exist and can direct local organizations and governments to resources within their area. If unable to determine the state VOAD coordinator, contact the national VOAD coordinator at (301) 270-6782.

Project Officer (PO)

The PO is the person representing CMHS to monitor the crisis counseling project, provide consultation, technical assistance and guidance, and be the contact point within the Department of Health and Human Services for the mental health services provided following a disaster.

Public Assistance (PA)

FEMA funds programs and services available to communities impacted by disasters. This is the "bricks and mortar" response such as debris removal and road and bridge reconstruction.

Regional Director (RD)

FEMA is divided into ten regions, each run by a regional director. The RD has authority to approve or disapprove immediate services funding requests for the Crisis Counseling Assistance and Training Program.

Regular Services (RS)

The RS grant funds recovery crisis counseling services following a disaster. RS can be funded for up to nine months. An extension can be requested due to documented extreme need for three months beyond the initial nine-month period. Program and funds are monitored by CMHS.

Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)

The Stafford Act is the legislation that enables Federal emergency response and services to be provided following a disaster. Section 416 authorizes the President to provide Crisis Counseling Assistance and Training for disaster victims following Presidentially declared disasters.

Substance Abuse Mental Health Services Administration (SAMHSA)

The Department of Health and Human Services (DHHS) houses SAMHSA, which is divided into three centers: Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT). CMHS provides the technical assistance to FEMA for the Crisis Counseling Program.

State Coordinating Officer (SCO)

The SCO is the person appointed by the Governor to work in cooperation with the Federal Coordinating Officer. Often, the SCO and the GAR are the same person.

Unmet Needs Committees (UNC)

Often, local disaster services groups form an unmet needs committee to review survivors/victims needs, pool resources, and ensure non-duplication of services. Committees meet on a regular basis. Crisis counseling representatives ensure that the disaster mental health needs are met not only for the survivors but for committee members as well.

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Rockville, Maryland 20857

Official Business
Penalty for Private Use $300

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