

Article 90

Implementing CACREP Disaster/Crisis Standards for Counseling Students

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The Council for Accreditation of Counseling and Related Educational Programs' (CACREP) standards now require the inclusion of disaster/crisis counseling in our counseling programs (CACREP, 2009). Two obvious options for the content program inclusion are given; one is to have a disaster/crisis intervention course, and the other is weaving this content through as a thread in multiple courses in the program. This paper presents the second option. Multicultural, Developmental, Psychopathology, Applied Counseling (skills), Practicum, and Internships courses most easily assimilate this information. Most of our students are not exposed to disaster/crisis counseling in their coursework or experientially. This paper introduces basic concepts of disaster counseling for curriculum inclusion in counseling programs. Common responses to disasters and the differentiation of normal from abnormal responses are presented. The role of the mental health counselor in a disaster/crisis situation is contrasted with the traditional counseling role. Survivor response examples are included from the author's disaster experiences and vulnerable populations and their unique needs are identified. Finally, suggestions for disaster/crisis inclusion are given for each course.

Courses

The developmental course serves as a natural introduction to the concept of disaster/crisis counseling. An effective initiation to this field is presenting normal development simultaneously with normal expected stage appropriate responses to disaster. Reactions to disasters are predictable and expected. People are resilient and most will not require any additional mental health help beyond the immediate event and very few experience lasting symptoms (Bonanno, 2004; Gaffney, 2006). There is a predictable short-term stress response in disaster/crisis situations. This is analogous to students' differentiating the manner in which bipolar disorder presents in children versus adults or to presenting the cultural aspects of diagnosing DSM-IV-TR categories. For example, students in Psychopathology learn that if a cultural group endorses a particular belief, it would not necessarily be considered delusional (e.g., people of Latino culture often

believe in possession). Students learn to differentiate “normal” from “abnormal.” The parallel in disaster/ crisis counseling is the recognition of normal developmental responses in the physical, emotional, cognitive, and behavioral domains and understanding the expression of these developmental competencies in times of crisis or disaster.

For example, a suggested presentation for a child 3-6 years of age might take the following forms: physical-- hops on one foot, skips and dances, is potty trained; intellectual-- talks in sentences, defines familiar words; emotional-- identifies with caregivers, identifies pictures of happy and sad faces; social-- shares and takes turns, tests authority; and moral-- is concerned with what brings rewards (American Red Cross, 2005). The normal reactions to disasters/crises might take the following forms: physical-- enuresis relapse, clinging behavior; intellectual-- verbal defiance and repeatedly asking questions; emotional-- increase in temper tantrums or withdrawal; social-- telling stories of the incident; and moral-- identifying the disaster (i.e., the hurricane) as bad, naughty, or mean (Substance Abuse and Mental Health Services Administration [SAMHSA], 2008). This leads to the concept of the vulnerability of children. A disaster or crisis results in the disruption of routine and stability, dislocation from home and school, missed school, delays in academic progress, and missed social opportunities (Peek, 2008). There is the potential for increased exposure to life stressors such as illness, divorce, family violence, abuse and neglect, substance abuse in the family, and witnessing of injury and/or death (American Academy of Pediatrics, 2006; Weissbecker, Sephton, Martin, & Simpson, 2008).

Multicultural Counseling is another course that is included in this thread. The identification of the manner in which different groups respond to disasters and crises is crucial information for the counselor to learn. Disenfranchised groups may interpret particular disaster situations or the handling of these situations as discriminatory on the part of the authority figures or actual helpers. An example comes from the Northern California fires of 2008, where some members of a mountainous community believed the firefighters set backfires purposely; because a number of residents grew marijuana illegally. It is important for the counselor to learn the culture of the area prior to engaging with the survivors. Indigenous counselors are invaluable resources for learning the local ideas, beliefs, and morays. Additional examples include illegal immigrants who usually will not avail themselves of services for fear of deportation. Also residents of certain areas of our country evince particular ideals such as the people in the Midwest farming area who are stoic and fiercely independent. Without waiting for outside assistance, the rural residents of Parkersburg, Iowa, began rebuilding and cleaning up after an EF5 tornado devastated their rural, small town.

Psychopathology is a natural course in which to continue developing the disaster concept. All the anxiety disorders lend themselves to the inclusion of the disaster/crisis responses. Disasters/crises often serve as triggers for the exacerbation of existing Post Traumatic Stress Disorder symptoms. An expected outcome in a new traumatic situation is an increase in anxiety responses in survivors with preexisting anxiety disorders. Students learn to expect increases in drug and alcohol abuse and dependency behaviors and relapse for some survivors. By anticipating these responses, counselors can make preparatory plans and provide prevention activities. Stress often precipitates decompensation in individuals with a diagnosis of schizophrenia. Medications are often

lost or damaged and counselors can facilitate minimum lapses in medication treatment. Identification and planning for high risk individuals may avert potential problems. Prevention is always easier than remediation.

Prevention is one area that differentiates counseling from clinical psychology. Community counseling is a logical area for the introduction of primary, secondary, and tertiary prevention. There are many opportunities for students to be involved in prevention activities. One such activity would be to collaborate with the college or university counseling center to implement National Screening Days, such as for depression, anxiety, eating disorders, alcohol, and suicide screenings. Possibilities also arise for risk assessment at these screenings, or perhaps having to hospitalize an undergraduate student. Students can be involved in many different prevention activities in the community via collaboration with their local Red Cross. Students can plan and implement prevention activities as part of their practicum and internship experience.

Skills courses, such as Advanced Applied Adolescent/Adult and Advanced Applied Children, are the first opportunity for the students to apply the disaster/crisis counseling knowledge. They learn the basic differences between the settings and the goals of traditional counseling versus disaster/crisis counseling. Students practice the different techniques employed in crisis intervention and disaster mental health in the classroom laboratory. They practice basic standard interventions-- psychological triage, advocacy, casualty support, crisis intervention, education, emotional care and support, problem solving, referring and monitoring, and mitigating organizational stress (MA Department of Mental and Public Health, 2006). Students learn to present a compassionate presence instead of taking on the traditional counseling role. Students practice basic generic counseling skills such as making a connection, helping people feel safe, active listening, and encouraging good coping. The next step in the sequence of learning is the Practicum and then the Internship classes.

Community Involvement

These skills classes prepare them for the application of these techniques in their Practicum and Internship settings. Requiring students to ascertain the clinical setting's crisis or emergency plan is an important orientation activity to their internship/practicum site. The settings in which disaster mental health counseling occurs make the application of the legal and ethical principles more challenging to implement than do the traditional settings. Privacy and confidentiality are difficult because the counselor does not have an office if s(he) is deployed to a disaster site. Even if the counselor is in a service center, there are no offices, but only tables with financial caseworkers and many other people within earshot. If one is volunteering with the American Red Cross, HIPAA is not enforced because the Red Cross is not defined as a covered entity and the Department of Health and Human Services concurs (American Red Cross, 2005). Students must realize that the ACA code of ethics still applies to members. This often places the mental health person in the role of educator to staff. Survivors are often vulnerable, confused, and overwhelmed in disaster and crisis situations and counselors may be tempted to do too much. By mentoring students to learn to facilitate autonomy in their clients, the students learn to guide their client through a decision making/problem-solving process. Once

students have the knowledge and skills training, faculty can orchestrate community experiences.

It is advantageous for faculty to foster a working relationship with their local American Red Cross chapter. A student may take the required Red Cross classes to become a member of a Disaster Action Team (DAT). DAT's purpose is to provide Red Cross services to individuals affected by disaster and to help prevent, prepare for, and respond to emergencies (American Red Cross of Massachusetts Bay, 2006). Key responsibilities are to provide a timely response and assist individuals affected by disasters within 120 minutes of Red Cross notification and assist a diverse client population and function effectively in a multicultural environment (American Red Cross, 2006). DAT teams work after hours and respond to emergencies, typically house fires that displace families, and provide immediate assistance to the survivors. This is an invaluable experience and often takes place in the street in the middle of the night. Students assist the survivors in the most vulnerable of situations. They learn this is not traditional counseling but providing a compassionate presence, advocacy, and the basic, Maslovian needs. A mental health license is not required to be a DAT member, but the experiences are inestimable opportunities to provide crisis counseling.

Faculty also may be able to forge a relationship with the Disaster Mental Health (DMH) division of the local Red Cross. DMH members must be licensed mental health clinicians, but if faculty is able to establish a relationship with this division, a mentoring/clinical experience may be possible. Students could participate in disaster/crisis responses with a licensed mental health Red Cross person. DHM clinicians also teach the mental health classes for the Red Cross. A student could co-teach a psychological First Aid class with a DMH person.

Another possibility stems from the Community Emergency Response Teams (CERT), active in most communities. Faculty could establish a working relationship with the community CERT in the college area. Additionally, colleges and universities have emergency plans in which the counseling faculty and students can be active planners and participants. Students could also conduct ongoing activities in disaster and prevention for their campuses and communities.

In summary, this paper offers implementation suggestions for adapting the CACREP disaster/crisis standards into a counseling program. One option is to add a course in disaster /crisis counseling. However, this paper offers disaster /crisis counseling as a thread that runs through many of the required courses in the curriculum. As the students progress through the program of studies, the thread content deepens and expands to provide a richer appreciation for this area in counseling. Neither version is superior, but is rather a matter of preference and suitability to the particular school's program.

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