

[INSERT PROJECT TITLE]

**INDIVIDUAL CRISIS COUNSELING SERVICES**

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_ Team: \_\_\_\_\_

Location/Neighborhood: \_\_\_\_\_

<b>NAME AND ADDRESS, IF NEEDED:</b>			
<b>DEMOGRAPHIC INFORMATION</b>			
<b>AGE (CHECK ONE)</b> <input type="checkbox"/> PRESCHOOL (0-5) <input type="checkbox"/> CHILDHOOD (6-11) <input type="checkbox"/> PREADOLESCENT/ ADOLESCENT (12-17) <input type="checkbox"/> ADULT <input type="checkbox"/> OLDER ADULT	<b>ETHNICITY</b> <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC ORIGIN <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN & PACIFIC ISLANDER <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW	<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>PREFERRED LANGUAGE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> AMERICAN SIGN LANGUAGE <input type="checkbox"/> OTHER: _____
<b>EVENT REACTIONS</b>			
<b>BEHAVIORAL</b> <input type="checkbox"/> Excessive activity <input type="checkbox"/> Drug, alcohol, or prescription abuse <input type="checkbox"/> Isolation <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Reluctant to go home <input type="checkbox"/> Violent behavior <input type="checkbox"/> Other: _____	<b>EMOTIONAL</b> <input type="checkbox"/> Sadness, tearful <input type="checkbox"/> Irritability <input type="checkbox"/> Anxious, fearful <input type="checkbox"/> Despair <input type="checkbox"/> Guilt, shame <input type="checkbox"/> Numb, disconnected <input type="checkbox"/> Other: _____	<b>PHYSICAL</b> <input type="checkbox"/> Headaches <input type="checkbox"/> Stomach problems <input type="checkbox"/> Sleep problems <input type="checkbox"/> Problems eating <input type="checkbox"/> Worsening chronic illness <input type="checkbox"/> Fatigue/exhaustion <input type="checkbox"/> Chronic agitation <input type="checkbox"/> Other: _____	<b>COGNITIVE</b> <input type="checkbox"/> Inability to cope <input type="checkbox"/> Distressing dreams <input type="checkbox"/> Intrusive thoughts <input type="checkbox"/> Lack of concentration <input type="checkbox"/> Difficulty with decisions <input type="checkbox"/> Preoccupation with death <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Other: _____
<b>REFERRAL</b> <input type="checkbox"/> Within project (specify) _____ <input type="checkbox"/> Other disaster agency <input type="checkbox"/> Professional mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Community services <input type="checkbox"/> Other: _____  <input type="checkbox"/> Referral Accepted <input type="checkbox"/> Referral Declined	<b>OTHER KEY CHARACTERISTICS/EXPERIENCES</b> <input type="checkbox"/> Past or preexisting trauma or psychological problems or substance abuse problems <input type="checkbox"/> Injured as a result of event <input type="checkbox"/> At risk of losing life during event <input type="checkbox"/> Loved ones missing or dead <input type="checkbox"/> Coworker/friend missing or dead <input type="checkbox"/> Witnessed death/injury of others <input type="checkbox"/> Displaced from home <input type="checkbox"/> Displaced from job <input type="checkbox"/> Assisted with rescue/recovery <input type="checkbox"/> Physical disability or limited mobility or independence		
<b>NOTES:</b> <input type="checkbox"/> Permission given to be contacted again <input type="checkbox"/> Declined to be contacted again  <input type="checkbox"/> 1 <sup>st</sup> Contact: _____ <input type="checkbox"/> 2 <sup>nd</sup> Contact: _____ <input type="checkbox"/> 3 <sup>rd</sup> Contact: _____ <input type="checkbox"/> 4 <sup>th</sup> or more contact: _____			

## INSTRUCTIONS FOR THE INDIVIDUAL CRISIS COUNSELING FORM

A contact is reported as an individual crisis counseling service if the outreach worker assists the disaster survivor to understand their current situation and reactions to the disaster and to review their options, and provides emotional support or referral services. During an individual crisis counseling service, the disaster survivor will generally share information regarding their disaster experience. The crisis counselor or outreach worker will gain insight into how the person is coping and may refer them to other services.

**Employee ID:** Enter the Employee ID of the outreach worker. The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc.

**Date:** Enter the date the Individual Crisis Counseling service was provided.

**Team:** Enter the name of the team that the outreach worker works with. Not all projects use a team structure, so leave space blank or enter N/A if this does not apply.

**Location/Neighborhood:** Enter the general location where the educational services were provided. This could be a public library, a church basement, or the Arlington Heights neighborhood.

**Age:** Check the appropriate box. The age used to differentiate a survivor as an "older adult" is determined by State policies and procedures.

**Ethnicity:** Multiple boxes or "other" box may be used if none of the categories apply. If ethnicity is unknown, mark the "don't know" box.

**Language:** Specify the disaster survivor's preferred language. Specify in the "notes" box if the disaster survivor would prefer that services be offered in a language other than English.

**Event Reactions:** Check the boxes that best describe the disaster victim's reactions as described by the disaster victim and observed by the crisis counseling worker. The four major categories of event reactions are behavioral, emotional, physical, and cognitive. Many disaster survivors may exhibit reactions in more than one category; mark all boxes that apply.

**Other Key Characteristics or Experiences:** These items may indicate how directly or indirectly an individual was impacted by the event; however, the outreach worker should be very sensitive to other reactions already stated or observed so as not to intensify reactions or "re-traumatize" an individual by having them recall too many details of their experience.

**Referrals:** State the type of referral made using the list on the bottom of the worksheet. If the referral fits into the "other" category, provide a brief explanation. If you will be referring the survivor to someone else in your project, provide additional information on the type of additional services that are needed. Your supervisor will provide specific instructions on how to complete this section. Additionally, please note whether the suggested referral was accepted by the disaster survivor.

**Notes:** This section is for your personal notes about the contact to help you remember information if there will be future contacts. You should also note if this is a first, second, third, or fourth contact, or more. This would be a good time to ask the individual if they would be open to another contact from you or another member of the project. If the answer is yes, you will need to collect the individual's name and set a location, date, and time to meet with them. If the answer is no, leave your contact information with them in case they change their mind.