Lesson 1

UNDERSTANDING METHODS OF CRISIS INTERVENTION

Aim
Identify what constitutes a crisis and to discuss methods of crisis intervention.

A crisis is a period of transition in the life of the individual, family or group, presenting individuals with a turning point in their lives, which may be seen as a challenge or a threat, a "make or break" new possibility or risk, a gain or a loss, or both simultaneously. Most crises are part of the normal range of life experiences that most people can expect, and most people will recover from crisis without professional intervention. However, there are crises outside the bounds of a person's everyday experience or coping resources which may require expert help to achieve recovery. A crisis can refer to any situation in which the individual perceives a sudden loss in their ability to problem solve and to cope. These may include natural disasters, sexual assault, criminal victimisation, mental illness, suicidal thoughts, homicide, a drastic change in relationships and so on.

Therefore, in terms of mental health, a crisis does not necessarily refer to a traumatic situation or event. It is the person's *reaction* to an event. One person may be deeply affected by an event, whilst another does not suffer. The Chinese word for crisis presents a good depiction of the components of a crisis, both the positive opportunity for growth or decline and the negative idea of danger. We often think of a crisis as an unexpected disaster, such as car loss and so on, but crisis can vary in their type and severity.

Crises in the Life Cycle - Sometimes a crisis is predicted in terms of a predictable part of the life cycle. An example of this is Erikson's Stages of Psychosocial Development. (We will look at Erikson in more detail in lesson 4).

Situational Crises – Such as natural disasters, accidents etc.

Existential Crises – Inner conflicts relating to the way we want to live our life, our purpose, spirituality and so on.

There are many different definitions of crisis –

"*an upset in equilibrium at the failure of one's traditional problem solving approach which results in disorganization, hopelessness, sadness, confusion and panic" (Lillibridge and Klukken, 1978)*

"People are in a state of crisis when they face an obstacle to important life goals – and obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving" (Caplan, 1961)

"..crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James and Gilliland, 2001)

"Crisis. An acute emotional reaction to a powerful stimulus or demand. A state of emotional turmoil. Three characteristics of crisis: The usual balance between thinking and emotions is disturbed; the usual coping mechanisms fail; there is evidence of impairment in the individual or group involved in the crisis" (Jeffrey T. Mitchell, PhD)

Activity

Think about crises and write down as many as you can think of. Use your own life, newspapers, internet, media, friend's and so on. You do not need to submit this to your tutor, but by the end of this exercise, you should find that you have quite a list, ranging from severe to relatively minor crises. However, as we said earlier, it is not the actual event that causes the problem, but the person's *reaction* to that problem. As you work through the course, you may find other crises to add to this list.

Responses to Crisis

Response to crisis is very individual, and people's reaction to crisis can be influenced by many factors, including:

- The type and severity of the crisis
- Previous experience in personal crisis
- Availability of emotional support
- Ability to do self-care activities.

A person's reaction to a stress, traumatic event or crisis can take many forms.

Typical responses can include:

Physical	Mental	Emotional	Behavioural
Nausea	Slowed thinking	Anxiousness	Crying spells
Upset stomach	Fearful thoughts	Guilt	Extreme hyperactivity
Tremor	Disorientation	Fear	Change in activity level
Feeling	Memory problems	Grief	Withdrawal
Profuse sweating	Distressing	Denial	Increase or decrease in smoking, drug or alcohol use
Chills	Blaming	Depression/sadness	Startle easily
Diarrhoea	Illogical thinking	Feeling lost or abandoned	Conflicts with others
Dizziness	Flashbacks of previous traumas	Numbness	Change in hygiene and/or self care
Difficulty falling asleep or staying awake	Intrusive thoughts	Feeling isolated	Change in social patterns and/or communication
Headaches	Poor judgement	Anger/irritability	Significant decrease or increase in productivity.
Rapid breathing	Difficulty making decisions	Hopelessness and/or irritability	
	Feeling lost or abandoned		
	Numbness		
	Feeling isolated		
	Anger/irritability		
	Hopelessness and/or helplessness		

All of these responses are normal and are how we process a traumatic event or stressful situation. When a child experiences stress and trauma, he or she may also manifest many of these reactions. Many of these reactions are short-term, where feelings and thoughts run the gamut of emotions, from shock to denial, rage, anger, terror, shame, suicidal thoughts and so on. Flashbacks and mental images of the traumatic events, startle responses and so on can be observed also. Again, these are quite normal and expected, also they can assist the survivor. However, other symptoms can occur gradually.

These long term crisis reactions can occur, such as excessive alcohol, drug or tobacco use, strained interpersonal relations, work related absenteeism, depressive illnesses or neurotic anxiety.

Crisis Intervention

Crisis intervention refers to the methods used to offer short term immediate help to individuals who have experienced an event that produces mental, physical, emotional and behavioural distress.

"Crisis Intervention: TEMPORARY, but ACTIVE and SUPPORTIVE entry into the life of individuals or groups during a period of extreme distress. "Emotional First Aid." Different interventions tools are used for individuals vs. groups."
(Jeffrey H. Mitchell, PhD)

Crises happens to everyone, and intervention can take many forms, from family helping and support strategies to professional counselling strategies aimed at helping the individual cope with crisis in ways that reduce the negative psychological, physiological and behavioural effects of trauma on that person and his or her environment.

The purpose of crisis counselling is to deal with the person's current status by dealing with a crisis. Chronic exposure to stress or trauma can lead to mental illness. Therefore, it is important that counsellors have the skills and knowledge to help clients cope with their current stressors and trauma. Crisis counselling is not intended to provide psychotherapy or similar, but offers a short-term intervention to helps clients receive assistance, resources, stabilisation and support.

Crisis intervention differs from other counselling interventions in that it focuses on *short-term strategies* to *prevent* damage during and immediately after the experience of trauma. Crisis counselling is often followed by counselling for long term improvement of the client's mental health and personal wellbeing. These will be discussed in more detail later in this lesson.

Crisis intervention has several purposes. It aims to reduce the intensity of the person's physical, mental, emotional and behavioural reactions to a crisis. It also helps the individual return to the level of functioning they were at before the incident.

There is also an educational component to crisis intervention. The individual will be advised of the normal reactions to an abnormal situation. The individual will be told that their responses are temporary and that there is not a specific time that the person can expect to recover from the crisis.

"Principles of Crisis Intervention:
Simplicity – People respond to simple not complex in a crisis
Brevity – Minutes up to 1 hour in most cases (3-5 contacts typical)
Innovation – Providers must be creative to manage new situations
Pragmatism – Suggestions must be practical if they are to work
Proximity – Most effective contacts are closer to operational zones
Immediacy – A state of crisis demands rapid intervention
Expectancy – The crisis intervener works to set up expectations of a reasonable positive outcome"
(Jeffrey H. Mitchell, PhD)

Who Provides Crisis Intervention?

We will discuss in detail later the skills required for professionals working in crisis intervention, but in the initial stages, a range of professionals may be involved.

They may include:

- psychiatrists
- psychologists
- counsellors
- fire fighters
- emergency medical staff
- search and rescue staff
- police officers
- doctors
- nurses
- soldiers
- clergy
- communications personnel
- community members
- hospital workers and so on.

Responding to a Crisis - Urgent or Routine?

The Goals of Crisis intervention are to

- Mitigate the impact of an event
- Facilitate a normal recovery process, where normal people are having normal reactions to abnormal events.
- Restore adaptive functioning.

However, many societal factors will affect how a society responds to a crisis. They include:

- Religion
- Warfare
- Medicine
- Disasters
- Law enforcement
- Psychiatry and psychology
- Emergency medical services

When responding to a crisis, the emergency services will deal with a wide range of psychological and social problems. Problems can occur slowly over time or suddenly. When people face a crisis, they can experience a range of psychological and physical symptoms, as well as changes in their relationship and routines. Some problems are emergencies and require urgent intervention and stabilisation, whilst others are not emergencies. Many may be urgent and require attention within three days. A qualified emergency and crisis intervention specialist can evaluate a crisis and give advise on the necessary steps to take.

Emergency Problems
These require immediate assistance and include situations which are dangerous, threatening, violent or where the person is potentially self-harming, destructive or suicidal. There may a significant risk of suicide or violence. There may be abuse, especially of a child or the elderly. Any emotional or mental problems may not have been evaluated and may be caused by a medical problem. The person may show strange, unusual or bizarre symptoms or behaviours that have not been evaluated or treated. Conditions in which the person has failed to take required medication, thereby cause themselves significant mental, physical or emotional harm are also included.

Crisis Problems
These are problems that require assistance within 24 hours. They are emergency problems that have been evaluated by a suitably qualified professional, who has decided that their evaluation cannot wait for 24 hours. This includes – potentially dangerous, threatening, violent, self-harming, destructive or suicidal behaviour, but the professional feels that the person can wait for an appointment within a 24 hour time frame. Domestic abuse or abuse where there is no immediate risk of violence may also be defined as being able to wait 24 hours.

Urgent Problems
These usually require support within 3 days and include symptoms of psychological and social problems that disrupt important activities. There is behaviour of symptoms that may lead to a crisis in the near future. There is exposure to/involvement in a traumatic life experience, such as – serious injury, loss of life, life threatening experience, physical assault.

Routine
Routine problems are usually dealt with within one week and include – symptoms of psychological and social problems that disrupt activities. The behaviour or pattern of symptoms may lead to additional problems, become harder to change or may create urgent problems in the future (but not the immediate future). The person is knowledgeable about the problem and able to wait for a convenient appointment.

Useful Definitions
Critical Incident – A critical incident is often called a crisis event which has an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or group.
What is a critical incident? The term covers a variety of situations such as –

- Death
- Serious injury
- Psychological or physical threat
- Events faced by emergency staff
- Global events eg. Explosions, tsunami, terrorist attacks, abuse, rape, stalking victims, earthquakes, workplace violence, industrial disasters.

Critical Incident Stress Management – CISM is a comprehensive, organized approach for the reduction and control of the harmful aspects of stress in the emergency services. It is a comprehensive, integrated, systematic intervention containing multiple tactics to dealing with the crisis after traumatic events. CISM is a coordinated programme of tactics, linked together to alleviate reactions to traumatic events.

Critical Incident Stress Debriefing – CISD is a seven step, group psychological process developed as a method for mitigating the harmful effects of work-related trauma and mitigating post-traumatic stress disorder.

Jeffrey H Mitchell, PhD, lists the following organizations as having used multi-tactic CISM when responding to incidents.

They include -

American / International Red Cross
Austrian Red Cross
Japanese Red Cross
Canadian Red Cross
Critical Incident Stress Management Foundation of Australia
National Organization of Victims Assistance
Salvation Army
Church of the Brethren
Community Crisis Centres
Crisis Hot Lines
Hospitals
Clergy
Motorola Communications
United Auto Workers
Amtrak
Martin Marietta Corporation
Delta Airlines
Lufthansa Airlines
German Air Traffic controllers
American Airlines
US Airways
Aer Lingus
United Airlines
Association of Traumatic Stress Specialists
American Academy of Experts in Traumatic Stress
International Critical Incident Stress Foundation
National and International Disaster Relief Agencies
Police Departments
Fire Services
Emergency Medical Services Organizations throughout the world
School systems
United States Army; United States Air Force
United States Navy; United State Marine Corps
United States Coast Guard
National Health Trust of the United Kingdom
Federal Aviation Administration
United States Department of Agriculture
Environmental Protection Agency
The United Nations

Federal Bureau of Investigation
Secret Service
US Marshals Service
Bureau of Alcohol, Tobacco, and Firearms
Federal Emergency Management Agency
Homeland Security (many branches)
Swedish National Police
Finish Police
German Air Force, Navy and Army
Numerous other organizations, agencies and private practitioners

Medical Crisis Counselling – This is a brief intervention used to address psychological and social problems related to chronic illness in a health care setting. It uses coping techniques and builds social supports for the patient to cope with the stress of the diagnosis and their responses to the stressful circumstances.

Psychological Debriefing

Psychological debriefing is a structured group meeting where participants are able to review traumatic events that they have experience and how they have responded to it.

What is **debriefing?** Debriefing is a specific technique that is used to help others deal with the physical and psychological symptoms associated with exposure to a trauma. Debriefing allows those involved to process the event and reflect on the impact of it. Debriefing should usually occur near the site of the event.

There are many different models and it has several phases, usually –

- Introduction
- Narrative phase
- Reaction phase
- Education phase

Psychological debriefing aims to –

- Promote cognitive organization
- Decrease the sense of uniqueness that the participant may feel – for example – “I’m the only one this has happened to”, “No one else will understand how I feel.”
- Mobilising group resources – making use of the other members of the group, so that they help each other, make the participants aware that other people have experienced similar events and feel the same way they do.
- Preparation for reactions that may arise – make the participants aware that they may experience side effects, physical effects, depression and so on, so they should be aware of this.
- Reduction of unnecessary side effects – by helping people to understand that they may experience certain reactions, this may reduce the anxiety that can attend these feelings. For example, earlier we looked at reactions to trauma. Say a person was experiencing problems with their memory. If they knew that these may be part of the side effects of experiencing a crisis, they may accept these memory problems.

Whereas, if they did not know it was a possible side effect, they may also worry about the memory problems. So by knowing about the side effects, they hopefully reduce the anxiety they feel. Identification of other avenues for help – the participants can be made aware of other support groups, counselling groups and so on they can go to for extra help in the future.

Direct help can also be given – known as Critical Incident Stress Management.

Critical Incident Stress Debriefing
In the wake of critical incidents, communities and individuals may be ill-equipped to cope with the aftermath of a catastrophic situation. So survivors may struggle to regain control of their lives, when friends or family may be injured, dying or dead or missing. Others may be traumatised by events and need support and personal care for months and years to come. The true extent of a traumatic situation may never be fully known. Psychological reactions are common and fairly predictable and CISD can be a useful tool following a traumatic event.

Critical Incident Stress debriefing (CISD) is highly significant to the fields of traumatic stress and emergency responses throughout the world. It has been used by emergency response personnel, disaster counsellors, American Red Cross workers, mental health workers, and so on.

CISD was originally developed to mitigate stress responses among people who were the first to respond to emergency situations. CISD can help disaster victims.

CISD is a label applied to a range of protocols used in a variety of settings with different groups and often carried out by people trained in CISD. A CISD is a group process, usually led by a facilitator. It is usually conducted soon after a traumatic event when individuals are considered to be under stress due to exposure to trauma.

Most CISD approaches use a seven part model. In this process, individuals are encouraged to describe their experience followed by a didactic presentation on common reactions to stress and stress management. This early intervention is thought to encourage people to verbalise, offer peer and group support for therapeutic factors to add recovery.

CISD is increasingly used in settings outside the normal emergency response sites, such as emergency rooms, police stations and is now used in a wide range of settings eg. Schools.

- *Introduction* – The team leader introduces the CISD process, encourages participation by the group, and sets the ground rules by which the debriefing will operate. These guidelines usually involve confidentiality, attending the full duration of the group, non-forced participation and non-critical atmosphere. Assessment – the impact of the critical incident on survivors or personnel is assessed. The debriefer or facilitator assesses the individual's involvement in the crisis situation, their age, level of development, exposure to the critical incident. The age of the individual and their developmental level may affect how they respond to an event and how they understand an event.

- *Fact Phase* – During this phase, the group are asked to describe their incident from their own perspective. Immediate issues are identified, surrounding security and safety, particularly with children. Feeling safe and secure are important. When suddenly these feelings are lost, without warning, individual's lives can be shattered by tragedy and loss.
- *Thought Phase* – The group are asked to discuss their first thoughts during the critical incident. Defusing is used to allow for the ventilation of thoughts, experiences and emotions associated with the event and validation of possible reactions. This ventilation and validation are important as individuals need to express their feelings, exposure to the event, sensory experiences, thoughts and feelings. They give the individual the opportunity to express their emotions.

  Defusing is another component of CISD that allows for the ventilation of emotions and thoughts associated with the crisis event. Debriefing and defusing should be provided within the first 24 to 72 hours after the initial impact on the event. The longer the time after the event until CISD occurs, the less effective CISD becomes. People who experience CISD 24 – 72 hours after the initial incident experience less short-term and long-term crisis reactions or psychological trauma. People who do not receive CISD are at greater risk of developing clinical symptoms described above.

- *Reaction Phase* – This phase is where the participants move from the cognitive level of intellectual processing to the emotional processing level. Events and reactions to come after the event are predicted. The debriefer will assist survivors and support personnel to predict future events. This involves discussing their emotions, reactions and possible problems they may experience due to the traumatic exposure. By predicting, preparing and planning for the psychological and physical reactions that might occur after the critical incident, the debriefer can help the survivor prepare and plan for the short and long term future. This can help avert long term negative reactions to the event.
- *Symptom Phase* – This phase moves back from the emotional processing level to the cognitive level again. The participants are asked to consider their emotional, cognitive and behavioural signs of distress – within 24 hours of the incident, a few days after the incident and those that are still being experienced. A systematic review of the incident is conducted, considering the impact – emotionally, cognitively and physically – on the survivors. The debriefer should conduct a thorough systematic review of the emotional, psychological and physical impact of the critical incident on the individual. The debriefer should listen, evaluate the thoughts, mood, choice of words and perceptions of the individual and look for clues as to how they are coping with the event or might experience future problems.
- *Education Phase* – Information is exchanged on the nature of the stress response and the psychological and physiological reactions to critical incidents. This helps them to normalise the stress experience and the coping response. Closure of the incident – encouraging people to start rebuilding after the event – emotionally and physically, such as encouraging the review of positive events. A sense of closure is needed. Support services and resources information should be given to survivors and assistance to plan for future action to anchor the person in times of high stress.

- *Re-entry phase* – This is where the sessions are wrapped up, referrals made for individual follow ups and how they can get help from others in the group and other resources. Debriefing assists the "re-entry" process back into the workplace or community. Debriefing can be done in small groups, one to one or large groups, depending on the situation. It is a systematic review of events leading up to, during and after the crisis occurs.

CASE STUDY - Law Enforcement Personnel and CISD

When we phone the emergency services, we expect to be taken seriously and our call handled competently. We expect the police to rush to our burgled home, the fire service to rush to put out the fire the ambulance to save our loved one and so on. We take these services for granted, because of the workers who perform these services.

However, these emergency service staff are routinely exposure to traumatic events and daily pressures that require them to have a certain attitude, temperament and training. Without this, they couldn't do their jobs effectively. Sometimes the stress may become too much and the toughness they need to do their jobs can impede them seeking help for themselves.

Police officers are often reluctant to talk to outsiders and may not wish to show "weakness" to their peers or other emergency service staff or the public. Police officers may typically work alone or with a single partner, whereas the fire service or paramedics may have more of a team mentality.

Police officers deal frequently with the most violent and predatory members of society. Their job requires them to put their lives on the line and face things that the rest of us only see on our televisions or in our newspapers. They are also frequently criticised by the media, the public, judicial system and so on.

Sometimes the stresses become too much. They may experience a traumatic event, such as a homicide, violent crime against a child, brush with death, death of a partner, death of an innocent civilian, a large scale crime or so on. This can result in PTSD (post traumatic stress disorder). The symptoms of this will be discussed in a later lesson.

For others, there may be no single trauma, but the cumulative effect of routine stresses. In America, two-thirds of officers involved in shootings suffer moderate or severe problems. About 70% leave the force within seven years of the incident. Police are more likely to be admitted to hospital than the general population. Twice as many officers die by suicide than those killed in the line of duty.

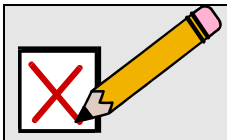
CISD is used within the law enforcement service. The structure usually consists of one or more mental health professionals and one or more peer debriefers (fellow officers who have trained in CISD themselves). A typical debriefing will usually take place 24 – 72 hours after a critical incident and may involve a single meeting lasting two to three hours.

Criticisms of Psychological Debriefing and CISD

Psychological debriefing is meant to be an ongoing therapy. One off sessions where events are relived and emotions stimulated can make the person more upset. This is not surprising as psychological debriefing should not involve reliving the event or its attendant emotion. The idea that a series of interventions are more helpful is common sense.

There has been concern expressed about the effectiveness of CISD. As long as the provider of CISD is properly trained, it should be helpful to individuals who are distressed. If untrained personnel conduct CISD, it can result in harm to the participants.

CISD is not psychotherapy or a substitute for any form of counselling. It is not designed to solve all problems in the meeting, sometimes follow up referrals for other treatment or assessment is required.



SELF ASSESSMENT
Perform the self assessment test titled 'Test 1.1.'
If you answer incorrectly, review the notes and try the test again.

SET TASK

Carry out a library or internet search on CISD. Write notes.

ASSIGNMENT
Download and do the assignment called 'Lesson 1 assignment'.