

Core Function #8

CRISIS INTERVENTION

1

WIKIPEDIA DEFINITION OF CRISIS INTERVENTION:

Crisis Intervention is an immediate and short-term psychological care aimed at assisting individuals in a crisis situation in order to restore balance to their bio-psycho-social functioning and to minimize the potential of long-term psychological trauma.

Crises situations can be in the form of natural disasters, severe physical injury, sudden death of a loved one, and specific emotional crises as a result of drastic transitions such as divorce, children leaving home, pregnancy, family and school violence. The priority of crisis intervention and counseling is to hasten the process of and achieve stabilization. Crises interventions must be applied at the spur of the moment and in a variety of settings, as trauma can arise instantaneously.

2

WIKIPEDIA DEFINITION OF CRISIS INTERVENTION continued:

Crisis is defined by three factors: negative events, feelings of hopelessness, and unpredictable events. Crises are perceived as being negative events that generate physical and/or emotional pain. People who experience a crisis experience feelings of helplessness, powerlessness, and entrapment. Those who have lived through a crisis also feel as if they have lost control over their lives. Crisis events tend to occur suddenly and without warning. The lack of time to adjust or adapt to crisis generated problems is what makes the event so traumatic.

Counselors are trained to provide resources, coping skills, and support to clients to assist them through their crisis.

Professional counselors provide mental health care to those in need. Professional counselors focus on psychoeducational techniques to prevent a crisis, consultation to individuals, and research effective therapeutic treatment to deal with stressful environments.

3

Causes and Reactions to Crisis

1. A crisis is a state of mental and emotional confusion that is caused by the perception of threat
2. It involves a sense of urgency
3. it may last a few hours to a few weeks

4

Causes/Reactions cont:

Traumas that set off crisis:

1. A trauma is an objective event that damages a person's sense of well-being and creates anxiety
2. For a trauma to set off a crisis, the person has to perceive the traumatic event as threatening
3. There are 4 types of traumas that set off crisis
 - A. Situational- death of a loved one, a relationship break up, serious illness, family violence
 - B. Developmental- peer pressure, marriage, children leaving home, retirement
 - C. Intrapsychic- thoughts and feelings created during friction
 - D. Existential- sense of emptiness and lack of purpose in life causes upset

5

Causes/Reactions cont:

Reactions to crisis:

1. People in crisis perform some form of reactive behavior to reduce emotions.
2. Common reactions:
 - A. Shock
Daze, numb, try to prevent feelings, zombie like, difficult concentrating, feel helpless, increased suggestibility
 - B. Anxiety
Falling apart, act agitated, pacing and wringing hands, smoking, drinking, nervous, rapid heartbeat, chest pains
 - C. Depression
Hopelessness, immobilized, low energy, cry frequently, suicide
 - D. Anger
Outrage for some people, direct outward anger, inward anger, self destruction
 - E. Intellectualization
rational thinking, cut themselves off from painful feelings, leave trauma unresolved

6

IC & RC defines CRISIS INTERVENTION as:

Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

7

TAP 21 includes the core function of ***Crisis Intervention*** in
Domain I - CLINICAL EVALUATION

TAP 21 Definition of Clinical Evaluation: The systematic approach to screening and assessment of individuals thought to have a substance use disorder, being considered for admission to addiction-related services, or presenting in a crisis situation.

The TAP 21's definition of Clinical Evaluation includes 3 core functions:
Screening, Assessment, and Crisis Intervention.

8

The key words in the IC&RC definition are **services, abuser's needs, and acute distress**. The most important word is **acute**. All clients, by nature of them being clients, are in some state of crisis. The core function of **Crisis Intervention**, however, relates to a counselor's services to their client when there has likely been some precipitating event to shift the client from the usual state of conflict or crisis to an intense state of acute distress.

With little exception, the client, not the counselor or textbook, determines a crisis. One client's crisis may be usual and normal for another. The exception is when a client is actively a threat to harm self or others. Other events such as death, serious injury, or a new diagnosis of a serious condition may result in a crisis for many clients, but not all.

9

In order to determine that a client is in a crisis state, a counselor first must be aware of a conflict between the client and the client's total situation. The conflict must have new potential for overwhelming the client, perhaps to self-harm, and a low likelihood of the client being able to resolve this new conflict or situation by themselves.

In this condition, a crisis state exists
and the competent counselor should intervene.

10

Skill in this core function of the substance abuse counselor is frequently required in a “hot-line” situation and crises perhaps are less common in the day-to-day experience of many counselors. However, each counselor seeking certification must have skill in all three criteria of this core function.

For competence, a counselor must be able to:

1. Recognize the elements of a crisis state,
2. know the steps necessary to resolve acute distress, and
3. have competence in using the crisis events to enhance the overall treatment services for the client.

11

Specific Skills recognized as necessary for a counselor to be able to intervene in life crisis situations include:

- being able to discern the potential for crises to develop,
- having the skill and knowledge to determine the level of crisis and match the response to the resources available to the counselor,
- knowing and being skilled in crisis intervention techniques,
- being able to use communication techniques to reframe and deescalate a crisis, and
 - knowing emergency first aid

12

It's important for the counselor to do a "reality check" of the client's situation. Whatever life event the client says happened, be sure to determine first if it really happened.

Consider this situation:

A client was in crisis because he believed his wife of 30 years was having an affair. Since she is a home-nurse, this could have been within the realm of reality, if not with her disabled patients, then perhaps with some lover.

This client, a previously undiagnosed paranoid schizophrenic, related that he had encountered their minister at the store one day. The minister commented, "I saw your wife today." Later that evening, my client asked his wife what the minister had to say to her today. She said she didn't see the minister, which led him to accuse her of lying about that and of lying about not having an affair. He believed he now had more evidence to prove his wife was a liar and unfaithful to him. With my encouragement and guidance, he went to his minister to verify seeing his wife. His minister, somewhat surprised, told my client he had indeed seen his wife going into the drug store from his car but she didn't see him, nor did they converse. My client was in crisis over the precipitating event of finding his wife lying; however, his thinking was not based upon fact.

As an alcohol and drug abuse counselor, it is important to verify, when possible, the nature and circumstances of the event for the client.

13

In the previous illustration, the counselor did an outstanding job of recognizing the potential for a crisis and took active steps to avoid a crisis so that no crisis then existed.

It is imperative that the beginning counselor understands that a crisis is client determined, not the counselor.

14

From the Client's Point of View

A client in crisis is likely to be in considerable distress. The client sees some precipitating life event as awful and terrible – “this shouldn't be happening to me;” “I can't stand this.” Often the precipitating event leads the client into a vicious cycle of self-defeating thoughts and feelings, an example of when emotions control the client. These, in turn, lead to behavior that may be harmful to the client or to another person.

15

From the Counselor's Point of View

Dealing with a client in crisis is often a stressful task for the counselor. Not doing well or not doing the “right thing” may even result in the death of a client. There is no other counselor function that has such possible negative consequences.

Always be prepared.

16

Counselor danger zones

- **Taking responsibility for the client**
 - Assist in decision making but don't make the decision
 - Call family if person can't make choice -- counselor makes decision IF there is no one else to turn to
- **Giving assurance**
 - Don't paint a brighter picture than really exists because it sets up false expectations
- **Becoming anxious**
 - Know your limits, ask for help from other colleagues
- **Focusing on problems not solutions to resolve crisis**
 - Data is needed on current crisis, excessive focus on crisis will fuel client's upset
- **Projecting one's own interpretation of the trauma**
 - Investigate client's thoughts and feelings to understand client, don't interpret based on counselors personal experience

17

Support network

- **The person who has good relationships with people who can be called upon during difficult times has a better prognosis than the individual who is alone**

18

Qualities of effective crisis counselor

- Empathy
 - Helps to rapidly develop rapport
 - Helps client to relax
- Good questioning skills
 - Ability to gather information quickly for an individual who is in the midst of intense emotions
 - Able to be direct, yet tactful
- Rapid assessment
 - Quickly and accurately pinpoints the big issues
 - Determines risk factors
 - Discovers options to solve the problem

19

Qualities of effective crisis counselor

- Realistic viewpoint
 - Does not make false promises to the client
 - Knows own limits in being able to help so does not feel responsible for the client beyond professional duties
 - Ask for help when needed to assure client will receive the best help available
- Uses resources available
 - Client's network
 - Professional network
 - Agency network

20

Crisis intervention tips

- **Remain Calm**

This may seem easier said than done, especially when a person is screaming at you, threatening you, or calling you offensive names. But keep in mind that when a person is verbally escalating, he's beginning to lose control. If he senses that you're losing control too, the situation will get worse. So try to stay cool, even when the person challenges or insults you.

- **Isolate the Person**

Onlookers often fuel the fire of a situation. They may encourage the person's behavior, or the person may be less likely to back down if she has an audience. Try to take the person aside or lead her toward another room. Your approach to crisis intervention will be more effective one-on-one than in a group setting.

- **Watch Your Body Language.**

As a person becomes more agitated, he will pay less attention to what you say and more attention to your body language. Be aware of your posture and what gestures you use and be sure to give the person enough personal space. Also make sure that your nonverbal behavior is as nonthreatening as your spoken words.

21

Crisis intervention tips

- **Keep It Simple**

Be clear, direct, and respectful in what you say and how you say it. Because an escalating person may be too anxious and preoccupied to hear many words, avoid giving complex choices.

- **Use Reflective Questioning**

Let the person vent, then restate what you think they're saying. This will help them clarify their meaning. And by repeating or reflecting their words in the form of a question, you'll help them gain valuable insight.

- **Use Silence**

Silence on your part allows the person to clarify and restate their viewpoint. This can lead you to better understand the true source of their conflict—and how to address it.

22

Crisis intervention tips

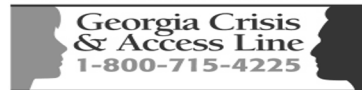
- Two identical statements can have opposite meanings—depending on the tone, volume, and cadence of your voice. Make sure your vocal inflection is consistent with the words you use. This will help you avoid sending the person a double message

REMEMBER:

THE CRISIS IS ABOUT YOUR CLIENT AND NOT ABOUT YOU

23

A CRISIS HAS NO SCHEDULE



Warm Lines

- Warm lines are telephone lines that are run by trained mental health consumers (i.e., peers) and staffed by people who are also in recovery
- A warm line is “a direct service delivered via telephone by a [peer] that provides a person in distress with a confidential venue to discuss their current status and/or needs
- Unlike hotlines, warm lines are for situations that are not considered emergencies but could potentially escalate if left unaddressed.
- Peer telephone operators can offer compassion, and support callers on topics such as loneliness, anxiety, and sleeplessness.
- When individuals use warm lines, they are encouraged to talk through their concerns with operators and, in turn, operators may relate information about their own experiences to help the caller to address their own concerns.
- Operators can help callers that may feel isolated or “stuck” and, as a result, they may calm or reassure the callers.
- Operators refrain from offering advice; rather, they give a message of hope and provide resources.
- As a result of warm lines and their operators, situations that may have resulted in a crisis-related trip to a local ER before the call may be prevented

24

suicide

- Risk factors

1. Many people think about suicide but would never actually attempt
2. Certain circumstances increase the potential for suicide
 - A. Suicide is associated with depression
 - 1) the signs of depression are not always obvious
 - a) Sadness
 - b) Guilt
 - c) Inadequacy
 - d) Hopelessness
 - e) Weight loss
 - f) Loss of appetite
 - g) Loss of sexual desire
 - h) Sleeplessness or excessive sleeping
 - i) Fatigue

25

Suicide continued

- Men commit suicide more frequently than women though women attempt it more often
1. At great risk are:
 - A. Teenage boys
 - B. Men older than 50
 - C. Older people rather than young people
 - D. One who suffered a recent, permanent loss
 - E. Someone who is seriously ill
 - F. Someone who does not have a network of caring people
 - G. People who have unstable relationships
 - H. Alcohol and drug dependent people
 - I. Impulsive people
 - J. Emotionally burned out individuals

26

Cues to suicide potential

1. In talking with an individual, the counselor needs to be alert to the risk factors
2. The counselor must also note the following cues of immediate danger:
 - A. The client has decided on a method, time, and place
 - B. Suddenness of the desire to kill oneself
 - C. Depression
 - D. Confused thinking and feeling, indicating inability to cope
 - E. Use of phrases:
 - 1) Tired of living
 - 2) Won't be long now
 - 3) Want out
 - 4) Family is better off without me
 - F. Previous suicide attempts
 - G. Talking about suicide

27

As a reminder, Global Criteria represent the skills considered important for a counselor to demonstrate competence in the 12 core functions.

It is important for the Substance Abuse Counselor to be both knowledgeable AND skillful in their capacity as a Substance Abuse Counselor.

The core function of ***Crisis Intervention*** is not a separate domain but is included in Domain 1- Clinical Evaluation.

28

Global Criteria:

30. Recognize the elements of the client crisis.

To be competent in this criterion, a counselor :

- *should know the elements of a crisis and be able to relate the elements to an actual client.*

A counselor needs to understand the predisposing factors present before the precipitating event, describe the crisis event, and describe the client's responses to include feelings and behaviors of the client. A counselor needs to answer questions such as, "What is the crisis?" and "Why is this a crisis for the client?"

29

Global Criteria:

31. Implement an immediate course of action appropriate to the crisis.

To be competent in this criterion, a counselor :

- *knows the steps that should be followed for a specific client's crisis.*

It's important that the counselor knows immediate actions that are appropriate to the nature of the crisis. There is usually a series of steps for a counselor to take in a number of crisis situations, for example, calling 911, checking for safety, determining whether a plan exists for doing harm to self or others, and determining supports that the client has available. Ensuring a client's safety and the safety of others is a continuous responsibility of the counselor until the client is no longer under the counselor's care. All of a counselor's counseling skills come to play when doing crisis intervention.

30

Global Criteria:

32. Enhance overall treatment by utilizing crisis events.

To be competent in this criterion, a counselor :

- *relates the crisis to the current treatment plan or its revision and understands how a crisis can be used within the counseling, referral or consultation core functions to enhance the overall treatment.*

*This criterion addresses what a counselor does **after the crisis is resolved**. A crisis event can often be used to enhance treatment; to gain insight into other effective methods of treatment; and may result in a revision of the client's treatment plan.*