

## Understanding People in Crisis

### I. Introduction

- A. What may be a crisis for me may not be a crisis for you?
- B. Crisis occurs when our interpretation of these events leads to stress so severe that we can find no relief.

### II. Conditions for a crisis

- A. Traumatic event beyond one's control
- B. People suffer from sudden loss of psychological and other supports
- C. People experience crisis because of a threat of loss of anything considered essential.

### III. Stages of a crisis

- A. Phase I. Period of impact includes both a hazardous event and precipitating fact. A traumatic event causes an initial rise in one's level of anxiety. The person finds himself or herself in a predicament and responds with familiar problem solving mechanisms to reduce or eliminate the stress and discomfort stemming from excessive anxiety.
- B. Phase II. Period of recoil. In this phase a person's usual problem solving ability fails.
- C. Phase III. Post-traumatic period. The increased tension moves the person to use every resource available including unusual or new means to solve the problem and reduce the increasingly painful state of anxiety.
- D. Phase IV Active crisis state
  1. Internal strength and social support are lacking
  2. The person's problem remains unresolved
  3. Tension and anxiety rise to an unbearable degree

### IV. Duration and outcomes of a crisis

1. Return to pre-crisis state by internal strengths and social supports
2. Grow from experience and discover new resources and ways of problem solving
3. Reduce tension by lapsing into neurotic or psychotic patterns of behavior

### V. People at risk

1. Probability that a disturbing or hazardous event will occur
2. Probability that an individual will be exposed to crisis
3. Vulnerability of the individual to the event

### VI. People not at risk

1. People with practice at resolving difficult situations
2. People who believe that they can resolve the problems
3. People with strong social supports

## Symptoms of Stress

Stress can manifest itself in various forms of emotions (anger, fear, frustration, anxiety, rejection, disappointment) and in various forms of behavior (non-verbal, verbal, non-physical, physical). The symptoms of stress are varied: internalized emotions, hopelessness, distrust, restricted perception, disassociation, and acting out.

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### Stress Cycle

<b>Phases</b>	<b>Response</b>
<b>Stimulation</b>	<b>Support</b>

The person is not out of control and has not blown up or acted out. Something has happened to cause the person to become excited and to cause the person emotional and/or physical distress.

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<b>Escalation</b>	<b>Set Limits</b>
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The person is now showing signs of distress: muscle tension, behavioral changes, such as talking louder or faster, doing something with the hands, posturing, rocking, pacing, moving faster or slower.

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<b>Crisis</b>	<b>Least Amount of Physical Management Necessary</b>
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The person is now either verbally or physically out of control. The person has blown up or acted out. The person may be dangerous through destructive and assaultive behavior.

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<b>De-Escalation</b>	<b>Talk Softly and Move Slowly</b>
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The person is starting to calm down. A gradual decrease in the out of control behavior begins but there are still signs of distress.

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<b>Stabilization</b>	<b>Supportive</b>
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The person has returned to normal behavior and emotional and/or physical distress is under control.

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<b>Post-Crisis Drain</b>	<b>Supportive</b>
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The person may drop down below the normal level of emotional and/or physical intensity before returning to asymptomatic normal behavior. The person may sleep, or look and act tired and/or withdrawn.

## Some Suggestions

### **GOAL: To assist a client in coping with and resolving a personal crisis**

1. Realize that the crisis is time-limited. The central purpose of crisis intervention is to prevent the development of more serious and longstanding problems and help the client resolve the crisis in a positive way.
2. Diffuse the situation by listening, acknowledging the client's anger and offering emotional support.
3. Allow the client to express emotion. Be aware of the intense anxiety felt by an individual during the stages of a crisis.
4. Communicate hope and optimism. A hopeful attitude is an essential element in responding to a person in crisis.
5. Be actively involved. By listening and participating in a positive discussion, you may help identify possible ways of helping the client resolve their problem.
6. Use partialization. Try to break the problem situation down into its component parts or into several smaller problems to be addressed one at a time.
7. Involve others in the helping process. People in crisis are often receptive to assistance that can be provided by those whom they know and trust. Encourage the client to reach out to others.
8. Anticipate future events. Many people in crisis do not understand the consequences of their behavior. It is important to help the client anticipate what could happen if he/she does not take needed action (without threatening).
9. Reinforce adaptive behavior. Help the individual determine what kinds of coping and problem-solving behaviors have worked in the past. Reinforce those behaviors; encourage the client to take reasonable actions like those that have worked well in the past.
10. Work out a contract. You may need to contract with the client concerning concrete actions to be taken and tasks to be accomplished within a given time period. This will help the client see more clearly what needs to be done.

## **Helping People Form Attachments: Some Suggestions**

For the purposes of this workshop an attachment may be defined as an affectionate bond between people that endures through time and joins people together emotionally.

**To help people form attachments, one must understand the essential needs people receive from them:**

1. The need to take in supplies. Certain “supplies” are considered essential to maintaining function (food and water); in addition, we need to take in information.
2. The need to maintain an intimate relationship. A continuing relationship, someone to share secrets, a sense of closeness to someone, a chance to deepen feelings, sex.
3. The need to be part of a peer group. Referent groups and social networks, such as social clubs, work groups, school groups, which can provide daily give and take.
4. The need for a sense of identity. A clarity of self-definition, a sense of who one is, cherishing one’s self-definition.
5. The need for a sense of competency and esteem. A feeling of well-being, knowing that one can handle problems.
6. The need to be linked to a cash economy. To have a job, be married to a person who supports his or her mate, be a member of a family, be independently wealthy, receive social security benefits, be on public aid.
7. The need for a comprehensive system of meaning. Provide a system for making decisions, setting life priorities, knowing how one fits in.

**People who assist others form attachments possess the following characteristics:**

1. Empathy - ability to perceive accurately what another person is experiencing and to communicate that perception to them.
2. Respect – appreciation of the dignity and worth of another human being, and of that person’s right to make his or her own choices in his or her own time.
3. Genuineness – the ability of an individual to be themselves.

4. Concrete – the ability of a person to express themselves specifically concerning the other person’s feelings and experiences.

5. Confrontation – the capacity to challenge the other person on discrepancies in her or his statements, feelings, and action.

6. Self-disclosure – the revealing of personal feelings, attitudes, opinions, and experiences on the part of the person for the benefit of others.

## Kearney Trauma Model

Kind of Trauma	Symptoms		Interventions
	Acute	Chronic	
<p>Violation of trust or Basic safety</p> <p>Nothing, no place, and no person is dependable or safe.</p> <p>“I am Alone- Forever.”</p>	<p>Shock</p> <p>Confusion</p> <p>Disorganization</p> <p>Panic</p> <p>Withdrawal &amp; Fear</p> <p>Ambivalence toward offending person</p> <p>Regression, etc.</p>	<p>General distrust</p> <p>Ambivalence toward ALL</p> <p>Caretakers &amp; Adults</p> <p>Depression – with or without agitation</p> <p>Despair &amp; Extreme Sadness</p> <p>Dissociation</p> <p>Disengagement from emotion</p> <p>Emotionally unavailable</p>	<p>Recognize person’s fear and offer whatever reassurances that is true and realistic (No False Promises!)</p> <p>Clarify the person’s experience – what it means to the person to be placed</p> <p>Affirm the person’s experience of the violation</p> <p>Facilitate a meeting ASAP to affirm the person and release the person from burden of guilt or blame.</p>
<p>Fundamental Blow to Self-Esteem via shame/blame.</p> <p>“I am essentially bad, wrong, unlovable, and it’s permanent. It’s all my fault.”</p>	<p>Protest</p> <p>Confusion</p> <p>Disorganization</p> <p>Affective Upset</p> <p>Regression</p> <p>Self-Doubt</p> <p>Self-Punishment, etc.</p>	<p>Autonomy Disorders</p> <p>Impulse Control Problems</p> <p>Extremes of Timidity or Aggressiveness</p> <p>Shame and Rage</p> <p>Boundary Problems</p> <p>Dissociation, etc.</p>	<p>Assist person in clarifying what the trauma means to the person.</p> <p>Affirm the person’s experience</p> <p>Encourage the person to discover or create experiences of REAL success in areas of autonomy, initiative or industry depending on developmental stage and the nature of the Person’s experience or trauma</p>
<p>Loss of a dream that expresses a core value (to be loved; to be “normal”; to have a “normal family”)</p> <p>“There is no hope; it will never get better; why bother? I give up; and I didn’t care anyway.”</p>	<p>Affective upset</p> <p>Disorganization</p> <p>Protest or Withdrawal</p> <p>Regression</p>	<p>Arrested Grief Response</p> <p>Lack of Future Orientation</p> <p>Inability to Dream or Hope</p> <p>Difficulty in Planning and Following Through</p> <p>Depression and Listlessness or Annoying Immaturity and Denial</p>	<p>Facilitate Grief Work (Kearney &amp; Moses)</p> <ol style="list-style-type: none"> <li>1. Identify the lost dream</li> <li>2. Grieve it</li> <li>3. Reframe it (especially guilt &amp; shame)</li> <li>4. Generate new, realistic dream</li> <li>5. Invest in the new dream</li> <li>6. Act on it and make it happen</li> </ol>

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## Preventing Crises

**A Definition of Crisis:** A short period of psychological disequilibrium in a person who confronts a problem situation that s/he can't escape or solve with their usual problem-solving resources. Disruptive behavior usually indicates that the person is in trouble in some way, that the person is in a situation that s/he does not yet have the skills to solve effectively.

Crisis can often be prevented or aborted by creating positive relationships between two people.

Some tips on preventing crises:

1. Comment to the person on things that s/he does that are appropriate, helpful or adaptive.
2. Initiate positive, personalized interactions with people as "basic trust builders".
3. Follow through on any commitments made to another person.
4. Deal with the problem rather than for instance, saying the person is "bad" or wrong.
5. Recognize that when a person doesn't comply with a request, it may mean:
  - a. They don't understand the request
  - b. They may be dealing with something else emotionally at the time.(Don't automatically attribute the behavior to being willful or personally defiant.)
6. Keep the person informed of your feelings that relate to their behavior.
7. Resist the inclination to indulge the other person in their negative behaviors.
8. Eliminate the threat of punishment from your options of intervention techniques.

### **Common Problems in Crisis Prevention**

1. Telling people they are "so and so" because they *do* "so and so".
2. The use of sarcasm or superior intellectual tactics to belittle a person.
3. The use of unrealistic threats.
4. Promising something and not following through.

5. Scare tactics – or using frightening stimuli to force a person into a submissive posture.
6. Not viewing anger as an expression of fear or frustration.
7. Not understanding how you feel at the moment.
8. Not asking what the other person wants.
9. Not asking yourself: “Is it bad (crazy, unusual, unhealthy, etc.) for the other person to want this in order to feel safe, important, loved, etc.”

## Preventing Crisis: Teaching Tools

1. Identifying triggers.
2. Break conditional responses.
3. Develop alternative coping strategies.
4. Establish a support network.

## **Crisis Intervention**

**Definition:** Crisis is a short period of psychological disequilibrium in a person who confronts a hazardous circumstance that for him or her constitutes an important problem which he can for the time being neither escape nor solve with his customary problem-solving resources. Disruptive behavior signals that the person displaying it is in trouble in some way, that the person is in a problem situation that he or she does not yet have the skills to solve readily and effectively, and so is experiencing a degree of psychological or emotional pain.

### **Immediate crisis intervention**

#### **Defusing tools:**

1. Listen
2. Acknowledge the anger i.e. “I understand you’re angry”
3. Apologize i.e. “I’m sorry”
4. Agree with the angry person
  - a. Agree with the situation i.e. “That’s a difficult situation”
  - b. Agree in principle i.e. “You have a point there”
  - c. Agree with the person’s right to have an opinion
5. Invite the angry person’s criticism

#### **Defusing don’ts:**

1. Don’t debate the facts with the angry person
2. Don’t ask why questions
3. Don’t jump to conclusions
4. Don’t rush the defusing process
5. Don’t be sarcastic with the angry person
6. Don’t criticize or blame the angry person
7. Don’t impose your own value judgment
8. Don’t preach to the angry person
9. Don’t counterpunch i.e. respond with anger
10. Don’t take the angry person’s statement at face value

## **Negotiating Process:**

1. What do you want?
2. What have you been doing to get it?
3. How are your present tactics working?
4. If your behavior isn't helping, do you want to figure out a better way to cope with the problem?
5. Let's develop a plan
  - a. Be specific about who will do what and by when
  - b. Be simple
  - c. Be creative
  - d. Plan for evaluating results

The above material from the Road to Independent Living, Managing Anger: A Workbook for Teenagers by Charles Confer. The book may be obtained by writing American Foster Care Resources, Post Office Box 271, King George, VA 22485

## Kearney Denial Model

Level of Denial	Issue	Example	Intervention Guidelines
Fourth Degree	Denial of Facts (Lying to Protect Self)	“It’s not true.” “That never happened.” “It’s a lie.” “You have no right to accuse me (him).”	First gather facts, observations and reports from as many sources as possible. Then present these to the person without drawing conclusions. Be firm and patient. Do not accuse.
Third Degree	Denial of Implications (Minimization of Facts to Protect Self)	“Sure I touched her, but that’s not abuse.” “I was just teaching her about sex like a parent is supposed to.” “Sure I collect pictures of kids, but that does not make me a pedophile.”	Provide person with expert to inform and educate about the problem. Provide the orientation/educational support group led by a professional. Provide support. <u>Offer hope.</u>
Second Degree	Denial of Responsibility (Avoidance of the need to change oneself – blame to avoid pain)	“It’s not my fault.” “She started it.” “If only __ was different, the problem would disappear.” “We can handle this ourselves.”	Require person to perform a particular task that is part of treatment to demonstrate that s(he) <u>can</u> handle it. Process resistance by exploring alternatives. Affirm how hard it is for client to meet the demands of treatment.
First Degree	Denial of Feelings (Classic definition of denial)	“It doesn’t bother me what she (people) say.” “I don’t care.” “I never get angry – it doesn’t do any good anyway.” “If you let yourself feel stuff like that you could get crazy or something.”	Support person through the use of empathetic feeling oriented responses. <u>Facilitate grieving.</u>

Note: People cling to their denial in order to buy time until they figure out what else to do. If they are in denial, it’s because it’s the best alternative they can come up with at the moment. It is unrealistic to expect someone to surrender their denial to you if you don’t offer them something credible and useful to replace it (e.g. a relationship which is nonjudgmental, affirming and respectful, hopeful, and healing).

**DENIAL DOES NOT YIELD TO ACCUSATION OR PUNISHMENT**

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## **Planning with a person or family in crisis**

### **Questions to ask:**

1. To what extent has the crisis disrupted the person's normal life pattern?
2. Is she or he able to go to school or hold a job?
3. Can the person handle the responsibilities involved in the activities of daily living --- for example, eating, personal hygiene?
4. Has the crisis situation disrupted the lives of others?
5. Is the person suicidal, homicidal or both?
6. Does the person seem to be on the brink of despair?
7. Has the high level of tension distorted the person's perception of reality?
8. Is the person's usual support system present, absent, or exhausted?
9. What are the resources of the individual helper and/or agency in relation to the person's assessed needs?

### **A good plan has these features:**

1. Is problem oriented.
2. Is appropriate to the person's (families') functional level and dependency needs.
3. Is consistent with person's culture and life style.
4. Is inclusive of significant other and social network.
5. Is realistic, time limited, and concrete.
6. Is dynamic and renegotiable.
7. Is inclusive of follow-up.

### **Techniques in coping with a crisis:**

1. Listen with concern.
2. Encourage the open expression of feelings.
3. Help the person gain an understanding of the crisis.
4. Help the individual accept reality.
5. Help the individual explore new ways of coping with problems.
6. Link the person to a social network.
7. Improve decision-making abilities.
8. Reinforce newly learned coping devices with follow-up crisis resolution.