# CRISIS INTERVENTION

## ABOUT THE AUTHOR

Kenneth France grew up in Jacksonville, Florida; attended Davidson College; and then transferred to Wake Forest University, graduating two years later with honors in psychology. In the clinical psychology program at Florida State University, he earned his master's and doctoral degrees, and he did his internship in the clinical psychology department at the University of Florida. For three years he taught at Francis Marion College in South Carolina, and for the last twenty-eight years he has been at Shippensburg University of Pennsylvania, where he was the first recipient of the university's Salute to Teaching and the second recipient of the state's Suzanne Brown Excellence in Teaching Award. He is the training coordinator for Warm Line in Carlisle, and he serves as the lead mentor with the online service of the New Hope Crisis Counseling Center. In Pennsylvania, South Carolina, California, and Florida, he has worked with a variety of human service programs. Besides *Crisis Intervention*, he has written several other books.

Fifth Edition

# CRISIS INTERVENTION

## A Handbook of Immediate Person-to-Person Help

*By*

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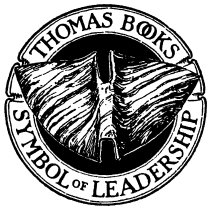


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*To the Online Mentors of the*
*New Hope Crisis Counseling Center*

# PREFACE

Crisis intervention is immediate person-to-person assistance. It helps restore self-determination and self-confidence in people who have exhausted their usual coping resources. The intervenor aids in the search for solutions by encouraging the individual to consider and to clarify thoughts, feelings, and options.

This book furnishes a practical framework for providing immediate problem-solving assistance to persons in crisis. As a handbook it presents core knowledge as well as methods tailored to particular circumstances. You, the reader, can select the concepts that are most relevant to your own helping endeavors.

The book is intended for caregivers whose work involves regular or occasional crisis intervention efforts. The techniques are applicable in crisis centers, hotlines, Internet-based services, victim assistance programs, college counseling centers, hospitals, schools, correctional facilities, children and youth programs, and other social service agencies. Users of the concepts include counselors, social workers, psychologists, nurses, physicians, clergy, correctional officers, parole and probation officers, and lay volunteers.

Proponents of various theoretical viewpoints have claimed that crisis intervention is an outgrowth of their particular school of thought. It has been stated that crisis theory is (a) rooted in psychoanalytic theory, (b) derived from person-centered theory, and (c) based upon systems theory. Given crisis theory's shared genealogy, the content of this volume can be applied in good conscience by individuals from a variety of theoretical orientations.

Experts at the Harvard School of Public Health and at the National Institute of Mental Health have called for crisis intervention training to be a standard part of preprofessional education in the human services, as well as a focus of continuing education. Since this volume covers both basic skills and a wide variety of specialized topics it is appropriate for preservice students and trainees, and for apprentice and veteran intervenors.

The volume you are reading has been thoroughly updated with new supporting evidence. Older sources are included if they contribute to our understanding of the field because they (1) are seminal contributions produced by

pioneers within the area, (2) offer original conceptualizations that are useful to us now, and/or (3) provide empirical findings that continue to be relevant.

In the fifth edition you will find new material on the following topics: the role of positive emotions in considering alternatives and developing plans, frequency of suicide, suicide plans, emotions associated with suicide, suddenness contributing to suicide lethality, media coverage associated with suicide, determining appropriate intervention with suicidal persons, suicide among confined juveniles, nonfatal attempted suicide among those who eventually die by suicide, determining appropriate intervention with suicidal persons, parasuicide, the relationship between expected medical danger among suicide attempters and actual medical danger, suicidal persons and problem solving, suicidal thinking among persons with HIV, crisis intervention with crime victims, rape crises, reactions of rape victims to encounters with medical and legal systems, adjustment following rape, negotiating with armed perpetrators, intervening in marital problems, disaster relief, walk-in services, the largest telephone health care program in the world, minimum requirements for training programs, relationship of staff meeting activities to worker satisfaction and longevity, and client outcome following crisis intervention.

As in the four previous editions, the first two chapters provide core concepts that are fundamental to all intervention efforts, the next three chapters discuss special populations, and the final four chapters address a variety of service-related issues. Specifically, in Chapter 1 you will find a practical discussion of crisis theory and the philosophy of crisis intervention. Chapter 2 gives a down-to-earth presentation of basic communication and problem-solving skills. Chapter 3 discusses suicide prevention, assistance for terminally ill persons, and bereavement counseling. Chapter 4 addresses intervention with crime victims, including rape counseling and negotiating with armed perpetrators. Chapter 5 describes group strategies, family and marital interventions, and disaster relief. Chapter 6 focuses on service delivery issues such as case management, physical facilities, and modes of contact. Effective crisis intervention requires good relations among crisis intervenors and other community members. Chapter 7 addresses community relations issues by discussing citizen support, ethics, and cooperation with other organizations. Chapter 8 offers selection, training, and burnout prevention procedures that can get intervenors started on the right foot and can decrease the likelihood of subsequent disenchantment. One way to maintain interest and energy is to offer continuing opportunities for growth and development. Chapter 9 reviews the research on crisis intervention and describes how individual intervenors can build upon that knowledge.

The references cited at the end of the book come from the literature of several professions, including psychology, psychiatry, counselor education,

social work, education, nursing, law enforcement, and corrections. In addition to reflecting the current professional literature, the book also contains ideas and techniques that have been helpful to me in various settings. Those settings include the following: two university hotlines and a community hotline, a school system, a Veterans Administration medical center psychiatric unit, the emergency service of a hospital-based community mental health center, a university counseling center, a small community hospital, a public mental health clinic, a private mental health clinic, and a residential youth facility. Currently I am the training coordinator of a telephone-based support service, and I am a volunteer with an Internet-based crisis intervention program. In addition to direct-service experiences, I have also used the material in the book while fulfilling various roles in the areas of teaching and training, including the following: trainer for a university crisis service and for a county crisis center; instructor in a university criminology department; law enforcement and corrections trainer; assistant professor in a college psychology department; training coordinator for a crisis service; training coordinator for a victim/witness assistance program; training consultant for hospitals, drug and alcohol programs, ministerial associations, juvenile justice programs, a law school, a school district, and a state mental health department. Since 1978, I have been a member of the psychology faculty at Shippensburg University, where I teach general psychology, abnormal psychology, helping skills, and crisis intervention.

Every example in the book is based on an actual occurrence I have encountered. But each account contains changes in significant details in order to protect the identity of the participants. All of the client names are fictitious.

You will find that the chapters end with study questions. When instructors, trainers, and supervisors use the book as required reading, they often request written answers to the questions. Reviewing those responses is an excellent way of covering a large amount of material in a brief period of time.

I am interested in knowing what you think of the fifth edition. If you have reactions that you are willing to pass along, please write to me at the Department of Psychology, Shippensburg University, Shippensburg, Pennsylvania 17257.

K. F.

# ACKNOWLEDGMENTS

Portions of Chapters 2 and 9 also appear in *Helping Skills for Human Service Workers: Building Relationships and Encouraging Productive Change*, Second Edition, written by Kenneth France, Kim Weikel, and Michelle Kish, and published by Charles C Thomas Publisher, Ltd. in 2006. I appreciate publisher Michael Thomas continuing to support my writing, including the fifth edition of *Crisis Intervention* that you are holding.

# CONTENTS

# CRISIS INTERVENTION

# Chapter 1

# CRISIS THEORY AND THE PHILOSOPHY OF CRISIS INTERVENTION

Crises are a fact of life. Examples include crises concerning relationship difficulties, the loss of a loved one, assault, abuse, health issues, unplanned pregnancy, career setbacks, natural disasters, and terrorism. No one seeks such experiences, but they happen to us anyway. When we are thrown into crisis, the support we receive often plays a crucial role in determining the ultimate effect of the episode. One approach to preventing debilitation and facilitating growth is crisis intervention–a way of assisting those who find themselves in crisis.

## CRISIS THEORY

### Definition

Experts (e.g., Burgess, 2005; Caplan, 1964; Lanceley, 2003; Hoff & Adamowski, 1998; Kleespies, 1998, 2000; Kalafat, 2002a; Kleespies, Deleppo, Gallagher, & Niles, 1999; Roberts, 2005b, 2005c; Vecchi, Van Hasselt, & Romano, 2005; Westefeld & Heckman-Stone, 2003) have defined a crisis as a brief episode of intense emotional distress in which the person's usual coping efforts are insufficient to handle the challenges confronting the individual. Something must change. During this period of transition the person has the potential for heightened maturity and growth or for deterioration and greater vulnerability to future stress. Although resolutions can be quite different, all crises share several core features. On the next page you will find *five essential characteristics of crises* that are frequently noted by researchers and clinicians:

(a) Crises are *precipitated* by specific identifiable events that become too much for the person's usual problem-solving skills (e.g., Kalafat, 2002a; Myer & Moore, 2006; Roberts, 2005b; Vecchi et al., 2005; Westefeld & Heckman-Stone, 2003). Often a single distressing occurrence follows a host of difficulties and simply constitutes the "tipping point." Sometimes the inability to cope also involves lingering difficulties that remain from earlier poorly resolved crises.

(b) Crises are *normal* in the sense that all of us feel overwhelmed at one time or another. It is entirely possible that today's crisis intervenor will be tomorrow's crisis victim. None of us are immune from the possibility of suddenly encountering overwhelming difficulties (e.g., Kalafat, 2002a; Tidwell, 1992).

(c) Crises are *personal.* A situation that throws one person off course may merely create an interesting detour for another. It is the individual's perception and interpretation of circumstances that are crucial, rather than the objective nature of events (e.g., Callahan, 1998; Kalafat, 2002a; Lanceley, 2003; Lewis, 2005; Myer & Moore, 2006; Roberts, 2005b; Tidwell, 1992; Vecchi et al., 2005; Westefeld & Heckman-Stone, 2003).

(d) Crises are *resolved* one way or another within a brief period of time. They are too intense to be long-standing or chronic (e.g., Caplan, 1964; Kalafat, 2002a; Orbach, 2003; Westefeld & Heckman-Stone, 2003).

(e) The resolution can be *adaptive*, as reflected in the development of new problem-solving skills, or it can be *maladaptive*, as demonstrated through defensiveness or disorganization (e.g., Burgess, 2005; Calhoun & Tedeschi, 2006; Caplan, 1964, 1990; Janoff-Bulman, 2006; Westefeld & Heckman-Stone, 2003). One way or another, the unbearable pressure will come to an end.

A threat exists when there is the imminent potential that certain goals will become more difficult to achieve. If an event is perceived as a threat, the person usually responds with coping techniques that have proved useful in the past. Despite one's best efforts, there are instances when traditional coping strategies fail to resolve the situation within the expected amount of time. As noted by Caplan (1974), continued failure results in a crisis once the individual perceives that usual problem-solving efforts do not alleviate the situation.

An almost infinite variety of events can precipitate crises; some possibilities include death of a loved one, victimization by personal crime, loss of an important relationship, and illness. Even events generally thought of as being positive may have overwhelming stresses associated with them; such situations include promotion, moving to a new residence, birth of a baby, entering school, graduation, and retirement.

Since crises are personal, individuals facing similar challenges may react very differently. Influences on one's subjective evaluation of stress include both personality traits and the nature of the circumstances. Although any given event may have the potential to create demands beyond one's coping abilities, what overtaxes one person's problem-solving skills may be easily resolved by another individual who is using customary coping techniques. Consequently, it cannot be assumed that a given event necessarily will precipitate a crisis, or will be seen as innocuous, by all persons.

For example, how would you react if someone stole a music CD belonging to you? For one young man that event precipitated a crisis. He was overwhelmed by the fact that someone would violate him in such a way, even though the theft occurred in a juvenile detention center where he had been sent for burning down a neighbor's house–an act for which he experienced no remorse, believing he had done the family a favor by allowing them to collect money from their home-owners' insurance policy.

A crisis must be understood from the perspective of the person experiencing it, no matter what your own view of events might be.

## Development

The concept of crisis is as old as humankind's struggle to deal creatively with the challenges and stresses of life. For example, the term *crisis* is derived from the Greek word *krisis*, which means decision or turning point. And the Chinese word for crisis is a combination of the symbols for danger and opportunity.

Although the idea of crisis has been around for a long time, crisis theory is only a few decades old. Researchers and clinicians (e.g., Flannery & Everly, 2000; Myer & Moore, 2006; Pierpont & McGinty, 2005; Roberts, 2005b; Wallace, 2001) generally recognize that crisis theory came into existence with Erich Lindemann's 1944 report on "Symptomatology and Management of Acute Grief." The article is based on psychiatric interviews with 101 patients who recently had experienced the death of a close relative. Thirteen of the subjects were bereaved survivors of Boston's 1942 Coconut Grove nightclub fire where nearly five hundered persons lost their lives. In writing about his interviews, Lindemann described both the symptoms of acute grief and a therapeutic plan for bereavement intervention.

Although the origins of crisis theory can be traced to Lindemann's study, the area's theoretical foundation comes from Gerald Caplan and his associates at the Harvard School of Public Health (Caplan, 1960, 1964). Caplan's interest in crises resulted from his work with families immigrating to Israel following World War II (Caplan, 1951, 1990). His subsequent writing, re-