CRISIS INTERVENTION

Fourth Edition

CRISIS INTERVENTION

Contemporary Issues for On-Site Interveners

By

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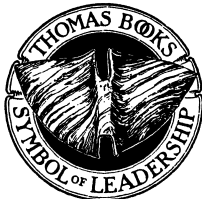
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To those who lost their lives in the line of duty,
September 11, 2001
J.E.H., C.G.H., J.B.M.

To Kacey, Ralph, and Elizabeth
J.E.H. and C.G.H.

To Linda, Michael, and Eloise
J.B.M.

"The war is over for me now, but it will always be there—the rest of my days
. . . those of us who did make it have an obligation to build again, to teach
to others what we know and to try with what's left of our lives to find a
goodness and meaning to this life."
Chris Taylor (played by Charlie Sheen) Platoon (1986)

To my brothers in arms: Welcome Home.
J.E.H. RVN, 1969, I/3/5/1, USN/USMC/FMF

INSTRUCTOR'S PREFACE

The purpose of this preface is to provide criminal justice educators and other professionals with a strategy for teaching crisis intervention in the criminal justice curriculum. The rationale for such a course is to increase one's understanding of the nature and causes of crises, misconceptions, legal dimensions, criminal justice aspects, and the intervention procedures for the types of crises experienced by those who come into contact with the criminal justice system. The course focuses on the analysis of crises and the interactional skills necessary for effective intervention. This component of the criminal justice curriculum will assist both in-service and preservice students to meet their common goals of protecting society and facilitating the delivery of services to victims.

The Rationale for a Crisis Intervention Course

In an era when crime ranks in the forefront of domestic social issues and the administration of criminal justice is a major concern of public officials and the public, every American is, in a sense, a victim of crime. The national trauma experienced as a result of the events of September 11, 2001, has vividly demonstrated the truth of this statement. As described in Chapter 5, the direct victims of crimes experience a great deal of stress, which can lead to a crisis. This crisis in an individual's life involves a turning point including both danger and opportunity. During the disorganization precipitated by a crisis event, the basis for either positive or negative change emerges. If interveners know and demonstrate appropriate and timely intervention skills, they will help achieve a positive resolution for the victim.

Criminal justice professionals are confronted with crisis situations on a daily basis. They are on the scene handling the vast majority of emotional disturbances because of their immediate availability and authority. Further, criminal justice agents find themselves involved with people in trouble: those in trouble with the law, those who are victims of crime, and those who are involved in noncriminal conflicts and disturbances.

The criminal justice professional must have the necessary theoretical foundation and applied knowledge to assess crisis situations and to intervene properly in a crisis. Unfortunately, a review of college and university criminal justice programs indicates that adequate course work is not being provided (Nemeth, 1991). As a result, criminal justice students are inadequately prepared for their community service role.

Correctional and law enforcement training programs tend to be inadequate. They are too technically oriented with minimal time spent on crisis theory. Inadequate training in crisis intervention is a disservice to society and to the criminal justice agent.

Objections

Those who raise objections to crisis intervention in the criminal justice curriculum generally believe:

1. crisis intervention should be taught in the correctional and law enforcement academies
2. it is merely training and, as such, not an academic subject.

A response to these two objections is in order.

A review of academy training programs reveals that they spend very little time on human relations and crisis intervention training (Hendricks, 1982). The overwhelming majority of training received by new officers is directed at enforcement and custodial activities, yet only 10 to 15 percent of an officer's duty time will be directed at these activities. Since at least one half of an officer's time is devoted to interpersonal problems/crisis situations, at least one half of the training should be devoted to those topics. Further, most criminal justice agencies do not require a new employee to attend the academy immediately but rather require attendance within the first year of employment. The new, untrained officer is expected to deal with crises utilizing common sense and instinct. Although these qualities are important, much more is necessary. The newly hired professional will benefit from a clear understanding of crisis theory, intervention procedures, and the legal dimensions of intervention.

Crisis intervention education provides for a workable combination of both theory and practice. The purpose of this education is to translate the ideal into practice. Most academic criminal justice departments state that their goal is to provide such a workable combination and to prepare students for translating theory into practice. Students obtaining entry-level positions in criminal justice should be able to demonstrate these intervention skills because of their course work. In addition, students should be demonstrating

their skills during their daily activities. Increased communication skills, improved interpersonal relations, and knowledge of the various facets of crisis intervention will assist students in their personal relationships in the workplace, as well as in other college courses.

Uniqueness of Text

This text is designed for criminal justice professionals. The book focuses on on-site intervention as opposed to walk-in or telephone crisis intervention. Criminal justice aspects of crisis intervention are an important element of the text. These aspects include the legal rights and liabilities of the victim, the offender, and the criminal justice professional/intervener.

To improve the capability and responsiveness of the criminal justice agent in crisis situations, the agent must become knowledgeable about all aspects of a crisis: the nature of specific types of crises, the prevalence of specific types of crises on a national and local level, misconceptions and myths, characteristics of offenders and victims, social-psychological aspects of crises and each specific type of crisis, assessment, mediation, methods of defusing and crisis resolution, and sources and methods of referral. In essence, the student as intervener needs to obtain what Morrice (1976) terms psychodynamic awareness, in other words, the ability to recognize, understand, and make appropriate responses to emotional distress.

Resources for Instructors and Students

This book includes a number of resources that both students and instructors may use to facilitate learning. Each chapter begins with a statement of the learning objectives. Within the chapter, key concepts are highlighted in the headings for each section and italicized within the text. At the end of each chapter are several activities that allow the student to practice the skills described in the chapter.

The Appendices also provide some assistance in learning. Appendix One lists several useful Internet sites. The instructor and students may use these sites to discover additional resources for the intervener and to maintain up-to-date information.

Appendix Two is a detailed syllabus for a course in crisis intervention. The instructor may use it as the basis for his or her own syllabus.

Appendix Three provides guidelines for role-play in crisis intervention, as well as several role-play scenarios. Along with the chapter activities, role-playing provides an invaluable method of practicing crisis intervention skills in a controlled environment.

Another important learning resource is the reference list. As students and instructors conduct research to learn more about specific areas of crisis intervention practice, the references herein provide a starting point for research.

J.E.H.
J.M.
C.G.H.

INTRODUCTION

We have written this book for preservice and in-service crisis interveners. The term crisis intervener includes all front-line workers in criminal justice, public safety, and social services who come into contact with persons in crisis. The list includes firefighters, police officers, community service officers, correctional workers, emergency medical workers, ministers, probation and parole officers, protective service workers, social workers, victim assistance workers, and others.

The purpose of this book is to assist interveners when they provide needed control and direction to people who believe their world is falling apart. The book focuses on criminal justice practitioners; the principles and guidelines can be applied in most settings.

Although there is a great deal of information available on crisis counseling in a controlled environment, there is a dearth of information on emergency, on-site, face-to-face intervention. This book is designed to fill that void in the literature. The authors hope that training academies, educational institutions, and crisis intervention agencies will apply the contents of this book to their specific crisis intervention needs.

In this book, we address both theory and practice. Theory must not be seen as irrelevant, because all practice has a theoretical basis. Without an understanding of theory, practitioners may become technical experts, yet lack the flexibility to cope with new situations.

Without information on practical crisis information, some readers may not be able to readily incorporate the knowledge into their practice. Step-by-step procedures, examples, and role-plays are presented to meet this need. In this manner, the reader may learn directly and systematically the principles of crisis intervention.

A crisis intervener must possess skill in communication, conflict resolution, cultural competence, and assessment. The intervener must understand specific types of crises, how people react to them, and how the nature of a crisis may affect one's crisis intervention efforts. Each chapter deals with a specific topic that will help the reader gain needed knowledge and skills. All the authors have training and field experience in crisis intervention and have

experienced the satisfaction of successful interventions and the frustrations accompanying failure.

AN OVERVIEW OF THE CONTENTS

Chapter 1 introduces the history of crisis intervention and crisis intervention programs. The role of crisis intervention in criminal justice practice is described. It also explains the basic concepts underlying crisis intervention.

Chapter 2 provides information on the skills needed to be an effective crisis intervener. The chapter discusses communication, cultural competency, and conflict management.

Chapter 3 explains assessment in a field setting. The chapter details procedures for ensuring one's safety in an on-site intervention as well as describing the assessment of lethality and psychological functioning.

In Chapter 4, the crisis intervention process is described in detail. In this chapter, interveners learn how to provide support, direction, and control to persons in crisis as they attempt to lay the foundation for the best possible resolution of the crisis.

Victims of crime are often in need of intervention services. In Chapter 5, the nature and extent of criminal victimization are described. The chapter also examines the psychological impact of victimization and describes some of the community resources available to crime victims.

Crises often erupt due to various forms of intimate violence. Chapter 6 provides an overview of intimate violence and discusses the role of various agencies (criminal justice, protective service, social service, and others) in crisis intervention. Chapter 6 also provides detailed and practical advice on intervening in domestic disputes.

Child abuse and neglect are often first detected by front-line crisis workers. Chapter 7 offers a comprehensive overview of violence against children and the considerations involved in assessment and intervention.

Chapter 8 details the mistreatment of elderly persons. The many forms of elder mistreatment are described along with strategies for addressing these problems.

Suicide intervention is another challenge faced by on-site interveners. Chapter 9 describes the nature and incidence of suicide and the factors that contribute to suicide and suicide attempts. The section on assessment and intervention offers the intervener a practical guide to aiding the person in crisis.

Criminal justice and social service practitioners are increasingly being called on to intervene in crises and critical incidents in school settings.

Chapter 10 introduces the reader to the prevention of and intervention in violent incidents in schools.

The crisis intervener experiences a great deal of job-related stress due to the difficult, emotionally draining nature of the work. When occupational stress is coupled with everyday stress, the intervener may need assistance to deal effectively with the resultant problems and avoid personal and professional burnout. Chapter 11 discusses stress and burnout and offers the reader examples of stress-reduction techniques.

ACKNOWLEDGMENTS

CONTENTS

CRISIS INTERVENTION

Chapter 1

HISTORICAL AND THEORETICAL OVERVIEW OF CRISIS INTERVENTION

As long as there has been suffering, there have been crises. As long as there have been crises, there has been crisis intervention. Throughout time, crisis intervention has been provided by family or kinship group members who comforted their kin and offered assistance, understanding, and support.

As urbanization and technology advanced, people became more mobile. The kinship group is no longer the basis of social organization. Because more families are geographically and emotionally separated, family members may no longer be depended on in times of crisis. The isolation of individuals from traditional sources of comfort and support also make it more likely that they will find themselves in crisis.

A need has developed for someone or something to provide crisis intervention. The need is met in modern societies by religious leaders, medical doctors, social service agencies, and criminal justice agencies.

This chapter will introduce the reader to the concepts of crisis and crisis intervention, especially as they are applied in criminal justice practice. After reading this chapter, the reader should be able to:

1. describe the origins of crisis intervention programs
2. identify early crisis theorists and describe their main ideas
3. define and give examples of crises and critical events
4. list the characteristics of crises
5. define crisis intervention
6. distinguish between psychological first aid and crisis therapy
7. describe desirable characteristics of crisis workers

8. discuss the relationship between crisis intervention and the changing roles of criminal justice practitioners
9. list critical events and crises encountered by criminal justice practitioners

DEVELOPMENTS IN CRISIS INTERVENTION PROGRAMS

Crisis intervention has its origins in efforts to prevent suicide. Early suicide prevention programs began as part of the religious ministries of their founders (Dublin, 1963). In 1906, the National Save-A-Life League was founded by the Reverend Harry M. Warren in New York City, and the Salvation Army of London began its Anti-Suicide Bureau in the same year. Although other such services existed elsewhere, they were few in number, due in part to a lack of understanding of crises and the public stigma associated with suicide.

Programs such as these relied extensively on trained volunteers and student interns (Roberts, 1991), and volunteers continue to be important contributors to crisis intervention efforts. In fact, volunteers are an essential component of some crisis intervention programs. For example, in 1953, the Reverend Chad Varah began The Samaritans, a suicide prevention program in England relying almost exclusively on volunteers and lay counselors. The Samaritans were one of the first to offer a round-the-clock telephone service. The goal of Samaritan volunteers was to "befriend" the person in crisis, rather than to offer paraprofessional counseling (*see* www.samaritans.org for more information). The Samaritans expanded their efforts to forty-one nations, including the United States, as Befrienders International (www.befrienders.org).

In the United States after World War II, the public became more aware of the need to provide professional crisis intervention services to emergency and walk-in psychiatric casualties. In particular, the Veterans Administration provided funding for training mental health professionals and providing mental health services to thousands of returning veterans (Wallace, 1995). Support for community mental health programs steadily increased. In 1946, Congress passed the National Mental Health Act to provide a method for financing mental health research and training programs as well as to assist individual states in establishing community mental health centers.

During the next two decades, the number of mental health programs grew, but many more were needed to establish a comprehensive community mental health system. In the late 1950s, Congress called for a thorough study of mental health problems. As a result, the Joint Commission on Mental Illness and Health (1961) studied the problems and needs related to community mental health and reported their findings to Congress. President Kennedy, in response to the findings, helped provide for the passage of the Community Mental Health Centers Act of 1963. As a result of this Act and Public Law 89-749, the individual states received sizable grants with which to begin construction of public mental health centers.

As this groundwork was laid, governmental organizations and private agencies began developing crisis intervention services on a local basis. Norman Farberow and Edwin S. Shneidman (1961) received a grant from the National Institute of Mental Health in 1958 that allowed them to open the Los Angeles Suicide Prevention Center (LASPC). Their "psychological autopsy" of Marilyn Monroe's suicide in 1962 helped fuel the demand for better suicide prevention services (Wallace, 1995). The LASPC developed the model for suicide prevention that was the basis for programs throughout the United States. Their innovations included the use of 24-hour telephone services and the use of trained volunteers to staff them (Farberow & Shneidman, 1961; Roberts, 1991). The public at large then began to be more accepting of the need for psychiatric emergency first aid such as that provided by telephone hotlines.

In the late 1960s, crisis hotlines appeared that used both professionals and paraprofessional volunteers to assist crisis victims on a 24-hour basis. The first telephone hotline, generally credited to the Children's Hospital of Los Angeles, was established in 1968 (Ingram et al., 2008). These telephone helpers handle potential rape and abuse victims, suicide victims, drug abusers, and those with other personal problems. The Girls and Boys Town National Hotline is a 24-hour crisis, resource, and referral line for troubled children, parents, and adults from the United States, Guam, Puerto Rico, the Virgin Islands, and Canada (Ingram et al., 2008).

The twenty-first century ushers in new approaches to crisis intervention based on the popularity of various online social networks, chat rooms, and instant messaging; finding appropriate ways to use these outlets for providing crisis intervention is being explored. One such

model, specifically dedicated to intervention with issues of rape and sexual assault, is the Rape, Abuse, and Incest National Network (RAINN) National Sexual Assault Online Hotline (NSAOH (www. rainn.org) (Finn & Hughes, 2008). This is a 24-hour, 7 days a week Internet-based one-to-one chat hotline. Finn and Hughes (2008) report the rationale for NSAOH is based on (1) research showing that the majority of victims of rape and sexual abuse are young people, (2) the reluctance of many victims to report victimization to authorities, (3) increasing use of the Internet, (4) emerging evidence that therapeutic services can be effectively provided online. The online hotline is not intended to replace face-to-face services or telephone hotlines; rather, it is intended to promote greater access to services and supplement traditional services in areas in which their availability is limited (Finn & Hughes, 2008).

THE DEVELOPMENT OF CRISIS THEORIES

Just as formal efforts at crisis intervention are a recent development, crisis intervention as a field of study is relatively new. Most of its development has occurred during the past seventy years, but the importance of crises was noted long before the twenty-first century. Hippocrates, one of the founders of the medical profession, defined a crisis as a sudden state that gravely endangers life. The Chinese characters that represent the word crisis connote both danger and opportunity (Aguilera, 1990).

Research on crisis intervention did not gain much momentum until the 1930s and 1940s. Much of the credit for this early research is credited to behavior theorists such as Quierdo, Lindemann, Erickson, and Caplan. A review of their work will assist in understanding the early theoretical developments. A more current theoretical model of crisis intervention (Myer & Moore, 2006) will also be reviewed.

Quierdo

Quierdo (1968) began an emergency first aid service during his work in Amsterdam in the 1930s. His crisis intervention work involved screening admissions to hospitals and providing support to

the police. These services also included environmental intervention through employment, housing, and financial assistance to crisis victims.

This intervention approach is similar to the one used by the American military medical service during World War II, the Korean War, and the Vietnam War. Combat troops who suffered from temporary personality disorganization (combat fatigue) were quickly medically evacuated to a rear area close to the combat zone, rather than being evacuated far into the rear area. In this emergency first aid station, the soldier was provided with warmth, food, sedation, and interpersonal support. This time away from combat afforded the crisis victim with an opportunity to regain personal equilibrium. This method proved successful because evacuation to assistance was more immediate and thereby improved the chance for recovery. In addition, soldiers could return to the front with more ease.

Lindemann

Lindemann's (1944) professional interest focused on the prevention of mental disturbances and the management of mental health. A tragic fire led Lindemann to conduct a study that contributed significantly to crisis theory. His 1943 to 1944 study centered on the bereavement reaction of the family and close friends (survivors) of the 500 people who died in the 1943 Coconut Grove Fire in Boston, Massachusetts.

Lindemann observed that survivors experienced a specific sequence of reactions to the crisis. Some survivors adjusted soon to the loss of their loved ones whereas others experienced prolonged grief. Some survivors exhibited almost psychotic behaviors and chronic morbid reactions. These abnormal reactions led to other personality disturbances as well. This study helped confirm that there are characteristics common to all crisis victims and that specific crises produce specific patterns of behavior, that can be classified as stages or phases of a crisis. He refers to these sequential phases/stages as grief work.

Lindemann's stage one is shock and disbelief. During this stage, the survivors might deny the death of the loved one due to the immediate shock of the situation. Physical symptoms are common. During stage two, developing awareness, the survivors identify with the deceased

and become aware of their plight. During stage three, resolving the loss, the survivors attempt to reorganize their lives and their own personalities without the deceased. These phases, although most applicable to mourning, may be applied to other crisis situations, since most crises involve either psychological or physical loss.

Erickson

Erickson's (1959, 1963) research helped provide the basis for dividing crises into two major types: maturational-developmental and accidental-situational. Erickson describes maturational-developmental crises as those that occur during the transitional periods of a person's life. These periods are characterized by accompanying cognitive or affective upsets. For example, during the crisis of adolescence, young people feel the need to find and confirm their identity. Physical maturation, dating, peer pressure, and the need for acceptance create a host of upsets for the young person. Other examples of developmental crisis points include marriage, pregnancy, retirement, and the "mid-life crisis."

Accidental-situational crises involve those periods of psychological and behavioral upsets that are precipitated by life hazards. These hazards are unexpected and usually inflict a significant loss. Examples of this type of loss are rape or physical abuse, severe physical illnesses, divorce, and death of a loved one.

Caplan

Caplan's work is a cornerstone of modern crisis intervention, and his research during the 1950s and 1960s helped provide the crisis intervention movement with the needed momentum for development. Caplan (1964), Lindemann's colleague, devoted his efforts toward a detailed definition and description of crises.

Caplan noted that crisis victims attempt to maintain equilibrium or homeostasis–a balance of their needs and instincts with the demands of the outside environment. When this balance is threatened by psychological or physiological factors, the crisis victim will engage in some form of problem solving in the hope of restoring homeostasis. If attempts at problem solving fail to produce the desired effect, a more