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Crisis 911: Toward a Comprehensive Intervention Model

by

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WORD COUNT: 2015

Crisis 911: Toward a Comprehensive Intervention Model

Over the past decade, certain crises have redefined society. Our schools have become battlefields, our airplanes missiles, and our office buildings targets. We've watched storms assail communities and wildfires consume neighborhoods. The degeneracy of society has made our driving perilous, our homes dangerous, our identities vulnerable, our neighbors terrorists, and our children prey. Stories once circumscribed to foreign soil are now recounted on the six o'clock news as lived experiences. Crises abound in every corner of our globe and with increased frequency.

In such times, coming along side victims of crises provides a powerful interface between our faith and our calling. Suffering softens calloused hearts; but it can also embitter them. The prudent helper seeks to seize critical moments for Kingdom purposes through service to those affected. Being armed with a multi-functional crisis intervention model provides guidance and allows versatility so this end may be achieved. To even approximate the ambitious goal of creating a comprehensive model requires an understanding of crises and crisis intervention.

Crisis Intervention

The idea of crisis intervention originates from the Garden of Eden. Two individuals found themselves in uncharted territory; their lives permanently altered. God responded to their crisis with Himself, with provisions, and with hope. Likewise, Christian counselors must offer hope in Christ along with a practical plan of resolution.

As a clinical enterprise, crisis intervention occurs when a helper swiftly responds to a person's life situation to lessen the impact of the crisis. It is an active, situation-focused, goal-directed, time-limited, and problem-solving method. Intervention models offer guidance for

those tasked with helping people feeling overwhelming stress from accidents to assaults to natural disasters.

Toward A Comprehensive Model of Crisis Intervention

Most models of crisis intervention target specific contexts (e.g., school) and problems (e.g., suicide, domestic abuse). Given the heterogeneity of crises, creating a one-size-fits-all model is nearly unattainable. Yet, an obvious need exists for a parsimonious yet comprehensive model for crisis intervention.

If a comprehensive model were created, as a bare minimum it should (a) classify what stressors are crisis-level, (b) operationalize a state of crisis, (c) account for the emotional arousal and associated behaviors, and (d) specify appropriate interventions that will maximize a person's coping ability and minimize emotional distress.

Classifying Stressors

Crisis events can arise out of a sudden life-affecting stressor or from a combination of stressors. Though stressors do not cause a state of crisis, some (e.g., terrorism, natural disasters, loss of a child) are sufficiently aversive that they have a high probability of inducing crisis-level reactions in virtually everyone. In contrast, the outcome of other stressors (e.g., job loss) is more dependent upon the victim's reaction than on the severity of the stressor. To be classified as a crisis event a stressor must: (a) present danger; (b) be life-altering; or (c) produce significant loss.

Classifying that Someone is in a State of Crisis

Even with aversive events, a state of crisis is a function of an individual's resilience and cognitive appraisal of a stressor. The role of appraisal in crisis-level reactions is more prominent as the severity of the stressor decreases. Beliefs about self, the world, others, and God all influence the appraisal process. Additionally, family dysfunction, preexisting psychological problems, poor social support, and chronic illness may predispose a crisis response for stressors which do not meet the criteria for crisis events noted above. Operationally, a state of crisis includes: (a) taxed or overwhelmed coping (e.g., shock, reduced resiliency, disequilibrium, feel out of control, hopeless, dissociation, emotional labiality); (b) impaired problem-solving (e.g., confusion, poor judgment, indecisive); (c) intense fear (e.g., panic); (d) anger (e.g., rage); (e) depression (e.g., self-pity, inconsolable grief); (f) physiological arousal (e.g., somatic complaints, agitation); (g) developmental regression; and (h) acting out (e.g., aggression). No one is immune from entering a crisis state; being in one doesn't make one pathological. After experiencing a series of crisis stressors, even godly Job had a crisis response. People typically described as unemotional can become engulfed in a kaleidoscope of intense emotions during and following a crisis. Because victims are often bewildered by both the event and their own response, normalizing the experience facilitates recovery.

Crisis Reactions: Emotional Arousal and Associated Behaviors

Crises are typically temporary, but they can have life-long effects on one's health, psychological wellness, and spiritual vitality. The likelihood that long-lasting negative outcomes

will occur depends largely on the way individuals respond. Unfortunately, people either feel overwhelmed by intense distress or fall into emotional shock. Either way, the stressful features of emotional arousal make it difficult to maintain normal functioning. Physiologically, a victim experiences involuntary bodily responses. Some people become frozen or wander aimlessly with no clear direction or plan. Lieberman (1999) compares shaking a snow globe with the disconnected and confused thinking that occurs in crisis. Consequently, disequilibrium continues unabated. The excessive adrenalin associated with chronic arousal results in victims having a greater frequency of physical and mental health problems than the general population (Surgeon General Report, 2001).

Like crises, emotions are transitory as the person's perception of the event evolves. Emotions afford the helper with a window into someone's heart; they also point to deep-seated problematic beliefs. Though the fall distorted all of creation we still have the ability to manage our internal world.

Intervention and Techniques

The theories and interventions that guide our office counseling are inadequate to deal with in vivo crises. Processing feelings, appealing to reason, and exploring causes—the bread and butter of counseling--are out of place in the home of a man returning from a business trip to find his family murdered. The experiences that eventually motivate people to seek professional or pastoral help are raw in the moment.

An acrostic of the word "INTERVENTION" captures twelve heuristic principles for crisis intervention.

I = Intentionality. Since no one can predict the next crisis, we can and must prepare for its possibility. True crisis intervention takes place long before a crisis occurs. As in any endeavor, a well-organized plan is essential. In organizations, a crisis management team should be established to develop a plan. Both prevention and crisis response should be included in the plan. Large-scale crises that strike whole communities or organizations dictate special circumstances that must be approached within an organizational or systems framework. In times of crises, the demands for services can easily outstrip available resources. A coordination of intervention efforts among various systems is vital in minimizing confusions (e.g., duplication of services, turf wars) and avoiding conflicting approaches.

N = **Network with systems**. Contact local resources to learn about their services, when they provide services, to whom, and under what conditions. Maintain a list of these resources. Build relationships with key personnel.

T = Timing. Timing of intervention is critical; the earlier a person receives assistance the better. Crises that occur in the streets, homes, and workplaces require the helper to function in another person's territory. Therefore, the first point of contact may be in an unfamiliar setting.

E = **Evaluate the nature, scope, and impact of the crisis.** A crisis responder acts based upon continuous and fluid assessment of the victims, the caregivers, and the incident (James & Gilliland, 2001). The helper is tasked with separating the person's state of crisis behavior and thoughts from long-established, maladaptive patterns. Consider the person's capacity to withstand stress, ability to regulate emotions, acceptance of reality, problem-solving competence, and the repertoire of coping skills. In a large-scale crisis, focus on identifying those who may need personalized attention or careful evaluation.

R = **Reality focus**. In crisis, perceptions of reality commonly become limited and rigid due to the overwhelming stress. Interventions need to help people confront the denial, rationalizations, avoidance, and distortions that accompany emotional experiences.

V = Vent. Freely releasing afflicted emotions is detrimental. Instead, healthy venting means talking out feelings and using positive strategies to manage emotions. By giving form to emotions victims make them more manageable, eventually being able to assign meaning to them. The ability to regulate emotions, to self-soothe, may be one of the most important characteristics to possess. In times of crisis, people benefit from the caring presence of another who affirms the authenticity of what is felt. Emotions are protean, unfinished products that are given form through expression (Oatley & Jenkins, 1996). In crisis, people need help in sorting through the emotional baggage and in finding God through, and in the midst of, the event. The fluctuating emotions and diminished perceptions, however, might prevent victims from sensing that the caregiver values or affirms them. Attempting to cheer up a sufferer is akin to trying to have a rationale conversation with a drunk. Because the person's reality is clouded in negativity, the helper may inadvertently trivialize the victim's problems. Thus, accept the person's reactions.

E = Ensure the person's safety by minimizing any physical and psychological danger. In the heat of a crisis, people are prone to become inflamed and act out aggressively. The responder must keep safety at the forefront. By adopting a firm and directive stance, the helper can minimize risk and provide the victim with a sense of support and hope.

N = Needs. Seeing that a victim's physical needs are met is equivalent to meeting psychological needs. Jesus helped people in crisis by addressing the person's greatest need (Mat.

18:1-6; Mk 2:13-17; John 4:1-26; 8:1-11). The crisis-reduction plan must ensure that basic survival needs are met and that the victim has a realistic justification to feel hopeful.

T = Teach. Inform victims how crises can impact them and the subsequent changes in identity, roles, and needs that accompany crises. Victims must clarify and accurately assess their perceptions of the source and meaning of the crisis. By changing perceptions people can more readily find adaptive problem-solving mechanisms so that they can grow from the experience. Help them develop effective coping strategies to manage the crisis's aftermath. Tailor all strategies to the unique needs of the victims, accounting for any cultural issues. As much as possible, build on the victim's strengths.

I = **Implement**. Problem-solving requires that a logical sequence of reasoning be applied to a perplexing situation. Collaboratively, develop a pragmatic plan with humble goals. Explore available alternatives, but remember not all directions are equally desirable, appropriate, or biblical. Select from the most realistic and appropriate options so as not to overwhelm a person. Sorting through the finite number of viable alternatives leads to a written plan, which minimally (a) plans for ongoing safety, (b) lists coping strategies, (c) identifies available resources, and (d) provides for follow-up contacts. Obtain commitment from the victim to follow the plan.

O = Orient the person to Christ. Though helpers want to return the victim to equilibrium, the Christian has a more ambitious goal. Empower people to use methods that enhance a sense of control, which paradoxically requires them to surrender their needs, craving for control, and basis of hope to God. In crisis, a person's faith can suffer as they attempt to integrate the event into their perceptions of God. Often the greatest anger is directed at God. Helping victims find comfort and hope in God's Word and affirming that God is not only

sovereign over the crisis but also over everything provides solid ground to build upon. Depending upon the setting, crisis helpers must use prudence and ethics in whether to share the gospel with victims.

N = Network the client with appropriate resources. Identify key persons, groups, and referral resources that can be contacted for immediate support and ongoing assistance. Even our Savior solicited support from His closets friends at the point of His greatest crisis.

Conclusion

Effective crisis intervention models must be built upon what is known about how people react to crises and the available coping resources. Ideally, getting to know God more deeply (cf. Job 42) is the cornerstone of any crisis intervention model with the term Christian applied to it.

Dealing with crisis-bound people can be daunting whether you are a veteran helper, an inexperienced volunteer, or somewhere in between. Though the aim is to serve, crisis response offers gifts to the helper such as drawing us into a richer walk with God.

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John C. Thomas is the Chair and Ph.D. Program Director in the Center of Counseling and Family Studies at Liberty University in Lynchburg, Virginia. Prior to joining the faculty, Dr. Thomas was an internal EAP consultant with DuPont for over 12 years. In addition, he owns and operates Source One Strategies (SOS), an organizational consulting business. Dr. Thomas holds a Ph.D. in Counseling and a Graduate Certificate in Alcohol and Drug Studies from the University of South Carolina, a Ph.D. in Organizational Psychology from Capella University, a MA and a BS from Liberty University. Dr. Thomas is coauthor of a book on suffering to be released by Tyndale in the Fall of 2008. He and Denise, his wife of 23 years conduct marriage enrichment retreats; they have two children Katie (21 years old) and Stephen (16 years old).