

CRISIS INTERVENTION



The ultimate goal of any intervention is the instillation of HOPE.

God's people are resilient. Don't get in the way of their natural resiliency or recovery. Not everyone who goes through a crisis will need your help. Do no harm.

The focus should be upon the individual more so than the event. Investigate the event, show compassion and concern for the individual.

SAFER-R Individual Crisis Intervention Roadmap

(Everly, 2001)

1. Stabilization of the Situation or Response

- ✓ Assess impact of immediate environment on person in crisis.
- ✓ Build trust relationship on anything you hold in common.
- ✓ Ministry of presence – message of acceptance and hope.
- ✓ “This seems really hard, how can I help?”; “What can I do for now that might be of assistance?”; “What do you need right now?”; “You look like your having a hard time, how can I be of assistance?”
- ✓ Psychological distance through interactions of walking together or getting them water or coffee.

2. Acknowledgement of the Crisis

- ✓ Asking “What happened” to create the crisis situation? Listen attentively!
- ✓ “Can you tell me what happened?”; “What can you tell me about what happened?”
- ✓ Listen for the concrete specifics of how the person feels, “spiritual injury”.
- ✓ Use empathetic, reflective responses. Enter into their thoughts & feelings.
- ✓ “How are you doing now?” Look for “spiritual injury”. Be tolerant of silence!

3. Facilitation of Understanding

- ✓ Validate their cry or injury. Focus on the specifics of how the person feels.
- ✓ Use Paraphrasing and Mirror Techniques
- ✓ Symptoms are basically “normal” reactions to an extraordinarily stressful event.
- ✓ Dispel myths of vulnerability, weakness, or going crazy. Attribute reactions to situation, not personal weakness.

4. Encourage Adaptive Coping

- ✓ Most active stage for Interventionist: psychological or behavioral interventions.
- ✓ Self-curing abilities of individual
 - Support person in exploring their own coping, and questions: What caused this crisis to occur? What personal meaning does this event now have for the person in crisis? What can be done to control this crisis event?
 - Recognition of some beneficial outcome. Recognition of personal recovery rate as exceptional compared to others.

- ✓ Pastoral Interventions: Ministry of presence, Faith, scriptural insight, interpretation, prayer, belief in divinity, atonement, and forgiveness. Don't proselytize or debate.
- ✓ Delay any impulsive changes. Belief in/encouragement of the person can make a difference.
- ✓ Questions of theodicy may be evidence of core Faith disruption. May not "solve" the problem in moment of crisis.

5. Restoration of Adaptive, Independent Functioning or Referral

- ✓ Follow up with the individual after initial contact.
- ✓ Resources: family, clergy, organizational resources, emergency room, law enforcement, etc.

Psychological alignment with person in crisis

- ✓ Find something in common
- ✓ Don't argue
- ✓ Don't minimize problem



"MIRROR" TECHNIQUES

PARAPHRASE

- ✓ Simply summarize in your words, the main points made by the person in crisis
- ✓ Usually inserted when the person pauses
- ✓ Stems might include: "So, in other words..." or "Sounds like..." or "What I'm hearing you say is..."

RESTATEMENT

- ✓ Takes the other person's words and restates only the term or phrase about which you wish to inquire or emphasize
- ✓ Do not overdo this technique
- ✓ Demonstrates concern, listening

EXTRAPOLATION PARAPHRASE

- ✓ People in crisis seldom understand the consequences of their actions
- ✓ Extrapolation = summary + consequences
- ✓ Stems might include: "It sounds like your lost on what to do and have become depressed enough to consider suicide. Have you thought about what impact that would have on your children, family, friends....?"
- ✓ May be a behavior change tool

AVOID USING SELF SERVING PHRASES!

- ✓ "I know how you feel."
- ✓ "It's not so bad."
- ✓ "This was God's will."
- ✓ "God won't give you more than you can handle."
- ✓ "Others have it much worse."
- ✓ "You need to forget about it."
- ✓ "You did the best you could." (Unless person has told you that.)
- ✓ "You really need to experience this pain."
- ✓ Avoid Psychotherapeutic interpretation!
- ✓ Avoid Confrontation

Suicidal Crisis Intervention (CCDR)

1. Stabilization of the Situation or Response

Ministry of presence – message of acceptance and hope.

2. Acknowledgement of the Crisis

- ✓ Let them tell their story. Be open to expression of feelings.
- ✓ Be tolerant of silence.
- ✓ Listen carefully for the *roots* of hopelessness.

3. Facilitation of Understanding

- ✓ Offer empathetic & reflective responses.
- ✓ Issues of suicide are usually based in hopelessness, helplessness, and no future worth living.

4. Encourage Adaptive Coping (CCDR)

- ✓ **Clarify** the intention – “Do you really want to die, or do you simply want to stop hurting?” – “Do you really want to die, or do you simply want to live your life differently.”
- ✓ **Contradict** the notion that the intended outcome will be achieved. For example, suicide will create more problems than it solves. Suicide creates a “ripple effect” affecting others. 400% increase for family members to commit suicide later on.
- ✓ **Delay** the act of suicide. If the person seems intent, consider arguing for a delay rather than trying to convince them it is wrong. Point out much may be gained and little lost by merely postponing the suicidal act.

5. Refer – facilitate access for evaluation and continued care. Actively assist in accessing continued care.



Excessive Stress

Signs and Symptoms



COGNITIVE DISTRESS

- Sensory Distortion
- Inability to Concentrate
- Difficulty in Decision Making
- Guilt
- Preoccupation (obsessions) with Event
- Confusion (“dumbing down”)
- Inability to Understand Consequences of Behavior

EMOTIONAL DISTRESS

- Anxiety
- Irritability
- Anger
- Mood Swings
- Depression
- Fear, Phobia, Phobic Avoidance
- Posttraumatic Stress (PTS)
- Grief

PHYSICAL DISTRESS

- Tachycardia or Bradycardia
- Headaches
- Hyperventilation
- Muscle Spasms
- Psychogenic Sweating
- Fatigue / Exhaustion
- Indigestion, Nausea, Vomiting

BEHAVIORAL DISTRESS

- Impulsiveness
- Risk-taking
- Excessive Eating
- Alcohol/ Drug Use
- Hyperstartle
- Compensatory Sexuality
- Sleep Disturbance
- Withdrawal
- Family Discord
- Crying Spells
- Hypervigilance
- 1000-yard Stare

SPIRITUAL DISTRESS

- Anger at God
- Withdrawal from Faith Community
- Crisis of Faith

Stress Management Tips

- Periods of strenuous physical exercise, alternated with relaxation will alleviate some of the physical reaction. Aerobic exercise is preferred.
- Structure your time - keep busy.
- You're having normal reactions to an abnormal event - don't label yourself crazy.
- Talk to people - talking is the most healing medicine.
- Don't try to numb the pain with overuse of drugs or alcohol, you don't need to complicate the already stressful situation with a substance abuse problem.
- Reach out - people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feeling with others.
- Keep a journal; write your way through the sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Make as many daily decision as possible. This provides you with a feeling of control over your life. (if someone asks you what to eat-answer them even if you're not sure)
- Get plenty of rest.
- Reoccurring thoughts, dreams or flashbacks are normal - don't try to fight them - they'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

Resources

www.icisf.org

www.crisishotline.org

mentalhealth.samhsa.gov

www.trynova.org

www.nimh.nih.gov

www.OfficerNeil.com