

CRISIS INTERVENTION STRATEGIES IN COUNSELING IN DISASTER SETTING: RESPONSES OF SABAH EXPERIENCES

Ahmad Rozelan Yunus, Adi Fahrudin and Sapora Sipon

Abstract

This paper explores the crisis intervention strategy in counseling towards disaster victims in Sabah, Malaysia. The study revealed that crisis intervention strategy would be effective to reduce stress effect of disaster among victim and family. Therefore, preparation and action of the crisis intervention strategy must be understood by disaster mental health professional. The study supports the notion that crisis intervention strategy is important to help people who are the victims of disaster.

INTRODUCTION

People are in a stage of crisis when they perceive "an event or situation as an intolerable difficulty that exceeds (their) resources and coping mechanisms" (Gilliland & James, 1977). Solutions that have worked before are no longer sufficient. The difficulty involves one or more life goals that the person fears are being blocked. As tension and anxiety or the inability to resolve the problem increase, the person becomes less and less able to find a solution. He or she feels helpless, upset, shamed, guilty, and unable to act on his or her own to reach a resolution.

Counselors cannot determine what constitutes a crisis for their clients by assessing whether the event would cause crisis in their own lives. Certain events, such as the loss of a person's entire family in a fire or a violent war experience, are highly likely to precipitate a crisis, regardless of the person's coping skills or support systems, because they are so traumatic.

This article is to suggest how a counselor should proceed to help disaster victims. It's based on the findings of a research carried out in the State of Sabah by Mohammad Yusof, Adi Fahrudin, Beddu Salam Baco, and Mohd. Dahlan Hj. Abdul Malek (2010). The study was to identify the characteristics of disaster victims and non-victims, the impact of the disaster between victims and non-victims, between different phases of disaster, and between types of disaster. It also looked and compared the victim coping behaviors. Based on the findings of a particular study were discussed in the context of crisis intervention strategy in counseling.

CRISIS INTERVENTION

at risk for burnout and “secondary post-traumatic stress” (Figley, 1995). In other words, they can begin to experience some of the same symptoms of crisis as their clients. Counselors are advised to seek colleague help in standby of whenever he or she needs during the intervention.

Regardless of the nature of the destabilizing event, the client may be experiencing symptoms of stress that are sufficiently severe to disrupt normal patterns of eating, sleeping, and working. In such circumstances, consideration should be given to a psychiatric evaluation for the purpose of prescribing appropriate medication for anxiety, depression, or psychotic symptoms.

Mohammad Haji-Yusuf et al. (2000) revealed that disaster victims experienced anxiety, stress, and depression. This showed that disaster victims need to assure that they are getting and getting good psychological support. They need help on restructuring their coping behavior. The counselor should help the client feel emotionally supported, cognitively directed, and behaviorally safe.

Step 3: Conduct an Assessment

The crisis intervention counselor should secure information about the event that precipitated the crisis. He or she must be aware of what the event means to the client, the client's support systems, and his or her functioning prior to the crisis (Aguilera, 1991; Robert, 1991; Hersh, 1985). This information will help the counselor decide whether the consequences of the event might be moderated or reversed, whether the client's coping skills can be mobilized to meet the challenge, who else might help and how, and what the counselor may need to do.

The counselor should inquire first about what caused the crisis. Aguilera (1991) recommends opening with a simple direct question, such as: “Why did you come for help today?” If the client skirts the issue by saying that he or she has been feeling upset for some time, it is important to persist in asking “Why today?” and “What happened that is different?” The purpose is to identify the “last straw” that overwhelmed the client's coping abilities.

The counselor working at crisis intervention employs concreteness and structured leading, and questioning techniques to narrow the focus of the initial discussion to the precipitating event (Patterson & Welfel, 2000). Many clients have chronic problems that preceded the crisis and may lead to follow-up counseling; for other clients, life may have been stable prior to the crisis. In either case, the goal of crisis intervention is to restore the level of functioning that existed before the precipitating event. Involvement with other preexisting problems will only complicate and delay the planning of an intervention that will reduce the state of crisis. That is why the focus needs to be under control by the counselor.

As the counselor comes to understand the meaning of an event to the client, it is necessary to listen for and note cognitive distortions (overgeneralization)

built. The fact that there is some urgency about restabilizing the client as quickly as possible does not reduce the necessity for employing these skills.

It will also facilitate a crisis interview if the counselor maintains calm confidence and hopeful expectation (Hersh, 1985). A calm and confident manner is reassuring to the client, who observes that the counselor is not overwhelmed by his or her problem. If the client is very emotional and out of control, the counselor may need to tell him or her to settle down and try to talk calmly so that the counselor can help figure out what to do. What the client needs is a role model who is not also overwhelmed by circumstances. (Patterson and Welfel, 2000).

Mohammad Haji-Yusuf et al. (2000) found that the depression level of victims was to be higher than the level for non-victims indicating that the victims experienced a higher level of depression when compared with the non-victims. This showed that, the psychological impact of disaster has been found to be significantly higher for victims than for non-victims. The results obtained showed that the psychological impact (anxiety, stress and depression) of disaster is higher for victims than for non-victims.

This result support that relationship-building attained through catharsis and sharing and though the communication of support, caring, respect, and safety is an important component of the crisis intervention process.

Step 2: Assure Safety

One the first concerns about a client in crisis is how dangerous he or she be to self or others (Aguilera, 1998; Gilliland & James, 1997; Hersh, 1985). The client may also be in danger from someone else. Among the conditions that may bring a client to a counseling office are suicidal ideation or attempts, homicidal ideation, threatened or actual attacks on oneself, and fear of attacking or hurting someone else. Fear that a loved one is in danger from a third party or from oneself may also motivate contact.

It is important to ask direct, specific questions about any of these circumstances. If the individual is planning to kill him- or herself, the counselor should ask when and how. There is no evidence that talking directly about suicide or homicide increases the likelihood that it will occur; in fact, talking about it may release some tension and reduce the likelihood. The decision to share the concern often represents an alternative to actually carrying out the act (Patterson & Welfel, 2000).

The counselor must judge the risk based on the answers to the questions and, if the situation is dangerous, take steps to involve family and other sources of support, to hospitalize the client, and to protect any intended victims. When the safety of the client, or another person is concern, the counselor should seek consultation with a supervisor or colleague.

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misconceptions, and irrational belief statements (Robert, 1991). Premature direct confrontation of such distortions will lead to resistance and impede progress, but gentle attempts at cognitive restructuring may be tried.

During the assessment process, the counselor observes the client's physical appearance, behavior, mood, speech pattern, attention span, and any sign of distress. These cues indicate the extent of the client's preoccupation with crisis.

It is important to develop an understanding of the client's functioning prior to the crisis. The purpose of this assessment is to determine how the client usually manages difficult situations and what skills have typically been available to him or her. Such a specific assessment of strengths provides direction as to what kinds of actions the client may be able to mobilize with the support and encouragement of the counselor. Brammer (1993) lists the followings as skills that the client may possess:

1. Perceptual skills (seeing problematic situations clearly, as challenging or dangerous, and as solvable)
2. Cognitive change skills (restructuring thoughts and altering self-defeating thinking)
3. Support networking skills (assessing, strengthening, and diversifying external sources of support)
4. Stress management and wellness skills (reducing tensions through environmental and self-management)
5. Problem-solving-skills (increasing problem solving competence through applying [decision-making] models to diverse problems)
6. Description and expression of feeling (accurate apprehension and articulation of anger, fear, guilt, love, depression, and joy)

The assessment process includes evaluating strengths in each area of these six dimensions of coping skills. Plan for action should be designed to maximize the client's precrisis strengths and, where possible, to minimize dependence on skills that have not been a part of his or her repertoire.

Mohammad Haji-Yusuf et al. (2000) concluded that disasters produced negative psychological impact even at the post-trauma period. It was congruent with the finding of Rice (1999) which stated that disaster can bring negative physical and psychological impact to the victims. McLeod (1984) corroborated this finding when he emphasized that many psychological and physical symptoms appear after a natural calamity. Psychological symptoms include panic, anxiety, phobic fear, vulnerability, guilt, isolation, withdrawal, depression (including some suicide attempts), anger, and frustration, as well as interpersonal and marital problems. This variety of effect need to counselor to do assessment on the victim and it will trigger to maximize their strengths and, where possible, to minimize dependence.

Step 4: Give Support

Assessing the client's support system involves finding out who in the client's environment cares what happens to him or her and has a favorable opinion of his or her worth. When self-esteem is low, calling on such individuals to be attentive and provide comfort is important. Gilliland & James (1997) are emphatic in their recommendation that the crisis counselor directly express his or her caring for the client. Even if other support persons are scarce, the counselor has the opportunity to make it clear to the client that there is one person right here who really cares. When support persons are not evident in the client's daily life, plans should be made so that emergency contacts can be made with the counselor personally in off hours. This is, of course, especially important if there is suicidal ideation but insufficient evidence to consider hospitalization.

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Step 5: Assist with Action Plans

It is in the action-planning step that the crisis intervention is probably most different from other forms of therapy. The client is in such a state of distress that some action step that will return him or her to a precrisis level of equilibrium must be identified in the first session. By definition, the client's own coping mechanisms have failed, therefore, the counselor must be willing to take an active role and will often be more directive than in other forms of counseling (Aguilera, 1998). Because the client's ego function has been inadequate to task of defusing the problem, the counselor may be seen as temporarily "lending" his or her ego function, which is unimpaired by the experience of the crisis, to the client. By the time the action-planning stage of crisis intervention begins, the client is likely to have experienced some calming as a result of catharsis and sharing the problem. Because of the calming effect, the client's own coping abilities are likely to be more available to him or her than was the case at the beginning of the session.

The counselor should help the client gain an accurate cognitive understanding of the crisis before seeking a solution (Aguilera, 1998; Gilliland & James, 1997; Hersh, 1985). The client's specific problem with the precipitating event – what consequence is so intolerable that the client cannot function – sets the parameters for determining what actions might provide relief. The counselor must tenaciously hold the client's attention on one problem.

crisis are usually well motivated to escape from the discomfort they are feeling, some plans are hard to execute and no plan comes with a guarantee of success. If the client has not begun to manage his or her problem by the time of the follow-up conversation, then recycling through any or all of the above steps may be in order.

Mohammad Haji-Yusuf et al. (2000) found that time of the disaster incident happening whether it is just happening, or after a few months, or after a few years, had some bearing on the psychological impact. The finding has some similarities with the findings of Leach (1995) and Lystad (1995). This showed that, the disaster victim need to assist by the counselor to assure that the action plan is working and so that they can initiate any revisions that may necessary.

CONCLUSION

Many of the skills used in all counseling situations are evident in crisis intervention work: the core conditions of effective listening and responding are employed, the client's environmental support system is reviewed, the client's strengths are identified, and problem analysis and action planning take place. However, little effort is devoted to developing a history of the client, and resolution of precrisis emotional concerns is not among the crisis intervention goals. The process begins with careful listening that allows for problem identification and catharsis as well as sharing of the burden. It is useful to identify early in the session exactly what the event was that caused the client to lose control of his or her coping abilities. Care must be taken to ensure the physical safety of the client and any others who may be in danger from the client. Together, the client and counselor search for alternative plans of action, based on the client's coping skills in previous situations similar to the one that precipitated the crisis. The counselor is often more active in suggesting alternatives and structuring the discussion than he or she would be in other types of counseling. Some plan of action must be agreed on within the session. Finally, it is necessary to follow up with the client to make sure that action has been taken and that it is beginning to moderate the crisis and to restore precrisis abilities to deal with the challenges of living.

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The search for possible actions begins with alternative ideas or solutions the client can think of. Even though many clients under stress may initially have limited view of options, usually additional possibilities exist. Through the use of open-ended questions, the counselor tries to elicit, identify, and modify coping behaviors that have worked for the client before in similar situations. When the client's ideas have surfaced, the counselor may add other possible actions to the list. Initially, brainstorming is useful, in which the counselor and client list all the possible actions that they can think of without evaluation. This process should expand the range of options and create the impression that many actions may make a difference.

Once alternatives have been listed, the counselor encourages the client to select one or more actions that he or she feels capable of accomplishing. The counselor helps identify concrete positive actions that will help the client regain control of his or her life. The best plans are those that the client truly owns (Gilliland & James, 1997), but the counselor may have to give "specific directions.. as to what should be tried as tentative solutions (Aguilera, 1998).

Among actions that may be appropriate are referrals to other sources of material assistance and support, such as housing, food, clothing, financial assistance, legal advice, or emergency contact. The counselor serves as a resource person to help the client in crisis find resources such as the Red Crescent, public assistance, Legal aid, hotlines, and other community agencies. Clients with a history of medical problems or in a crisis likely to affect their health (such as a physical attack) should also be referred to their physicians for an evaluation. Counselors rarely manage these resources but should be networked with agencies that do so.

Before concluding a crisis session, it is important to judge whether the client's anxiety has decreased, whether the client can describe a plan of action on his own or her own, and whether there is a glimmering of hope in the client's demeanor. Counselor also should readdress the questions of who else knows how the client has been feeling. The help of another individual in expressing caring and providing support and a sense of hope can reduce tension for the client and encourage him or her to take the planned actions. Sometimes, it is quite useful to invite a support person to join the counseling session at the end to ensure that appropriate support will be available, assuming, of course, that the client agrees to such participation.

Mohammad Haji-Yusuf et al. (2000) found that there was no significant difference in the coping mechanism exhibited by the victim, irrespective of the status of the subjects (victim vs. non-victim), types of disaster, and phases of the incidents. This means that disaster victims need help in restructuring their behavior. The counselor must be willing to take an active role and will often be more directive.

Step 6: Arrange for Follow-up

A follow-up meeting should be arranged at a designated place and time to check on the client's progress toward resolution of the crisis (Roberts, 1991). Even though clients in

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