

## **CRISIS INTERVENTION STRATEGIES IN COUNSELING**

**Ahmad Rozelan Yunus**  
**Adi Fahrudin**  
*Universiti Malaysia Sabah*

**Sapora Sipon**  
*Universiti Pendidikan Sultan Idris*

### **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, 1997). 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 over 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 coping skills or support systems, because they are so traumatic.

### **CRISIS INTERVENTION**

A crisis can be defined as any event that outstrips a client's resources or coping skills, thereby creating emotional upheaval, cognitive distortion, and behavioral difficulties. According to Aguilera (1998), "The minimum therapeutic goal of crisis intervention is psychological resolution of the individual's immediate crisis and restoration to at least the level of functioning that existed before the crisis period". The goal is a limited one: "The individual must either solve the problem or adapt to nonsolution". For example, if the crisis was precipitated by loss of a job, the finding another job is a solution. If the crisis was precipitated by spouse's decision to move out of the house, there is potential for either mending the relationship or coming to accept that the spouse is gone. In the case of the death of a significant other, the only alternative available for resolving the crisis is a acceptance of the loss and adaptation to life without that person.

The focus of crisis intervention work is the immediate problem, not the totality of the clients' personality or life issues. In fact, the counselor must guard against allowing the sessions to ramble onto other issues that might distract attention from resolving the event that has resulted in the client's dis-equilibrium. Crisis intervention is oriented in

the present; it involves the client's developmental history only to illuminate understanding of the specific crisis and to gain knowledge of coping abilities that have served the client in previous situations.

## **COUNSELING STEPS IN CRISIS INTERVENTION**

Aguilera (1998) describes crisis intervention as offering "the immediate help a person in crisis needs to reestablish equilibrium". To help a client deal with an acute (situational) crisis, a series of steps is necessary. From a counseling perspective, the client will progress through the following procedures and steps:

### ***Step 1: Establish a Helping Relationship***

The goals of the relationship-building portion of the crisis intervention are to help the client feel understood, to reduce the client's emotional arousal through venting, and to reestablish some level of cognitive control on the part of the client (Hoff, 1989; Slaik, 1990). These goals can be attained through catharsis and sharing and through communication of support, caring, respect, and safety. Relationship building is an important component of the crisis intervention process because it ensures that the client and counselor establish a bond and make psychological contact. Only if clients feel some attachment to their clinicians (however, tenuous and temporary), will they be responsive to the clinician's interventions. Thus, the relationship-building phase cannot be undervalued. This is also the reason why relationship building and psychological contact remain important throughout the entire intervention.

In crisis intervention, the counselor must develop a clear understanding of the event that precipitated the crisis and the meaning of the event to the client. At the same time, the client needs to feel the support that grows from being understood. According to Gilliland and James (1997), "Basic listening and responding skills are the prerequisites for the opening gateways to all other therapeutic modalities". Therefore, the basic relationship building skills, including active listening and the core conditions of empathy, positive regard, genuineness, and concreteness, form the bedrock on which crisis intervention is 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 a calm, confident, 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 & Welfel, 2000).

### ***Step 2: Assure Safety***

One of the first concerns about a client in crisis is how dangerous he or she may 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.

Dealing with a client in crisis is one of the most emotionally and intellectually demanding situations a counselor can confront. Counselors who attempt to go it alone put themselves 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 help 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 psychiatric evaluation for the purpose of prescribing appropriate medication for anxiety, depression, or psychotic symptoms.

### ***Step 3: Conduct an Assessment***

The crisis intervention counselor should secure information about the event that precipitated the crisis. He or she must aware what the event means to the client, the client's support systems, and his or her functioning prior to the crisis (Aguilera, 1998; Roberts, 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 own 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 (1998) recommends opening with 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 structuring, 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 client, life may have been stable prior to the crisis. In either case 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 need 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 (overgeneralizations), misconceptions, and irrational belief statements (Roberts, 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 ia 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.

#### ***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 and 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.

### *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. 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 a 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.

### *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 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.

## 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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