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CRISIS INTERVENTION

1. INTRODUCTION

Stressful events, or crises, are a common part of life. They may be social, psychological, or biological in nature, and there is often little that a person can do to prevent them. As the largest group of health care providers, nurses are in an excellent position to help promote healthy outcomes for people in times of crisis.

Crisis intervention is a brief, focused, and time-limited treatment strategy that has been shown to be effective in helping people adaptively cope with stressful events. Knowledge of crisis intervention techniques is an important clinical skill of all nurses, regardless of clinical setting of practice specialty.

2. DEFINITION

The term crisis was defined by Caplan (1964) as the

"…psychological disequilibrium in a person who confronts a hazardous circumstance that for him constitutes an important problem which he can for the time being neither escapes nor solve with his customary problem solving resources."

3. CRISIS THEORY

Crisis has been an issue of serious study only for the last 55 years (Historical Capsule 11-1). Caplan (1964) defines crisis as threat to homeostasis. During crisis, an imbalance exists between the magnitude of the problem and the immediate resources available to deal with it, This imbalance causes confusion and disorganization (Caplan, 1964). This active crisis state is relatively short, approximately 4 to 6 weeks. No person can tolerate this level of anxiety and imbalance, however, for long. Quick, appropriate intervention is crucial to help the person in crisis return to an optimal state of functioning.

According to crisis theory, a person strives to maintain a constant state of emotional equilibrium. If a person is confronted with an overwhelming threat and cannot cope, crisis ensues. Crisis response is normal, not pathologic, life experience. Because high anxiety accompanies the crisis state, the person will adapt and return to the previous

state of mental health, develop more constructive coping skills, or decompensate to lower level of functioning.

Factors that influence the outcome of a crisis include the following:

- Previous problem-solving experience
- Perception or view of the problem
- Amount of help or hindrance from significant from significant others
- Number and types of past crisis
- Time elapsed since the last crisis (Aguilera, 1998; Hoff, 1995)

  Maladaptive crisis resolution increases the probability of unsuccessful resolution of future crisis. During a crisis, a person is open to receiving professional help and learning new ways of problem solving and is likely to change attitudes and behaviors quickly, Crisis intervention focuses on the problem or stressor that precipitated the crisis state rather than on personality traits. It views the person in crisis as normal and capable of problem solving and growth with assistance from others (Aguilera, 1998; Hoff, 1975).

3.1DEVELOPMENT OF CRISIS THEORY

Numerous researchers have contributed to the development of crisis theory. Lindeman (1994) studied the survivors and families of victims of the disastrous Coconut Grove nightclub fire in Boston in which many people died. Based on his observations and study of other families who had lost family members, Lindeman described the commonalities of the experience of crisis and bereavement (1994). From this classic study, he developed some basic tenets of crisis theory. Caplan (1964), who has done the most extensive work on crisis theory, was influenced by the research and writings of Lindeman, Parad, Rapaport, and Erikson. Crisis theory is derived from the psychoanalytic theory and ego psychology that stresses the human ability to learn and grow throughout life (Aguilera, 1998; Hoff, 1995).

Crisis theory emerged in an era of increased social consciousness. President John F. Kennedy passionately addressed the Congress and the nation about the need for national health program with a new approach to mental illness, the promotion of mental health. Congress directed the establishment of Joint Commission on Mental Illness and

Health, which led to funding for a nationwide system of community mental health centers that emphasizes prevention of emotional disorders. The recent tragedies of violence committed by children as well as adults and the anti-stigma campaign of the NAMI were some factors that led to the first White House Conference on Mental Health held June 7, 1999 was the first Surgeon General's Report on Mental Health. It provides a comprehensive historical perspective, current practices and research, and a vision of the future that is hopeful. It supports the need for crisis intervention across the life span.

3.2CHARACTERISTICS OF CRISIS THEORY

Certain characteristics have been identified by various individuals who have studied crisis theory (Caplan, 1964; France, 1982; Geissler, 1984) they include the following

1. Crisis occurs in all individuals at one time or another and is not necessarily equated with psychopathology
2. Crises are precipitated by specific identifiable events.
3. Crises are personal by nature. what may be considered a crisis situation by one individual may not be so for another
4. Crises are acute, not chronic, and will be resolved in one way or another within a brief period.
5. A crisis situation contains the potential for psychological growth or deterioration

4. PHASES IN THE DEVELOPMENT OF A CRISIS

The development of a crisis situation follows a relatively predictable course. Caplan (1964) has outlined four specific phases through which individual's progress in response to a precipitating stressor and which culminate in the state of acute crisis

Phase I

The individual is exposed to a precipitating stressor. Anxiety increases; previous problem -solving techniques are employed.

Phase II

When previous problem-solving techniques do not relieve the stressor; anxiety increases further. The individual begins to feel a great deal of discomfort at this point. Coping techniques that have worked in the pasts are attempted, only to create feelings of

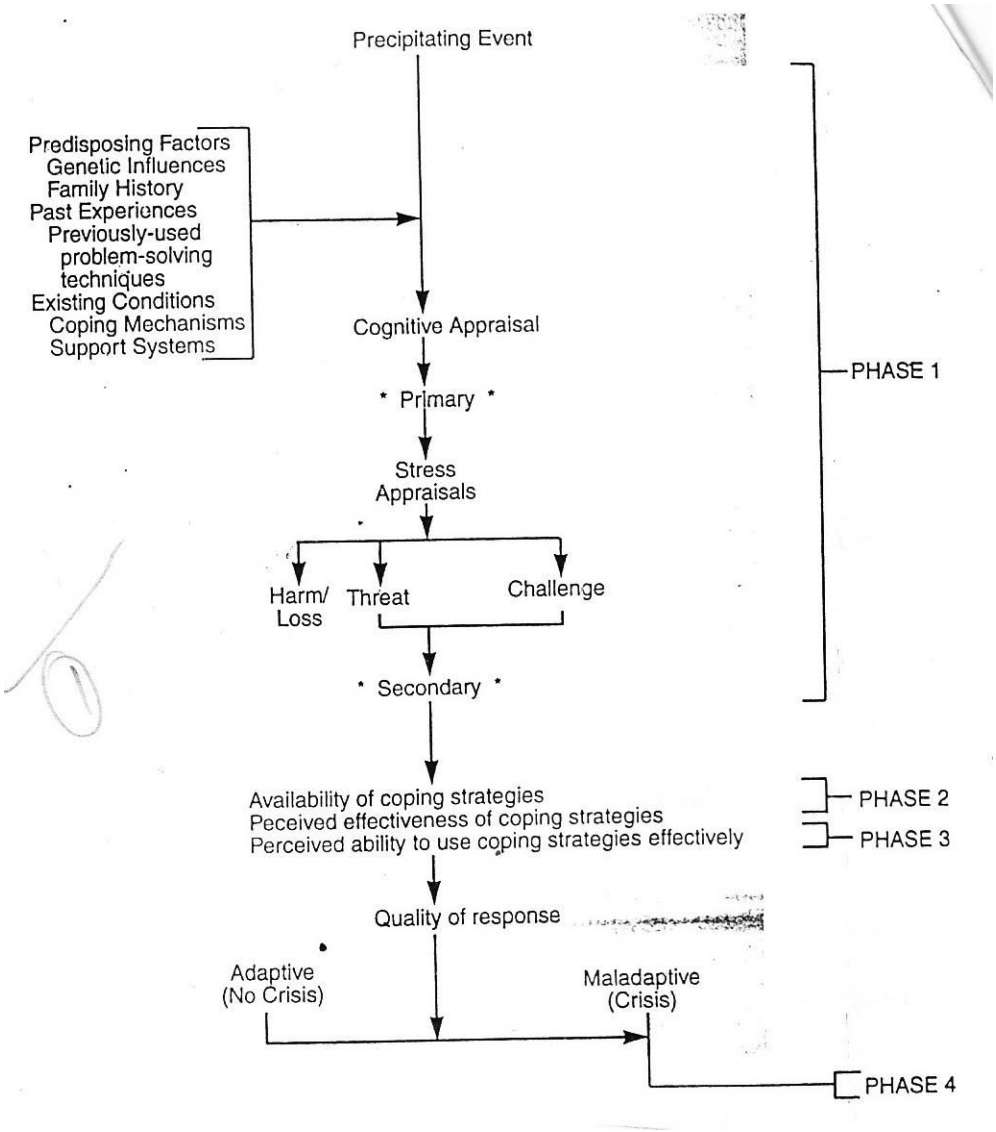
helplessness when they are not successful. Feelings of confusion and disorganization prevail.

Phase III

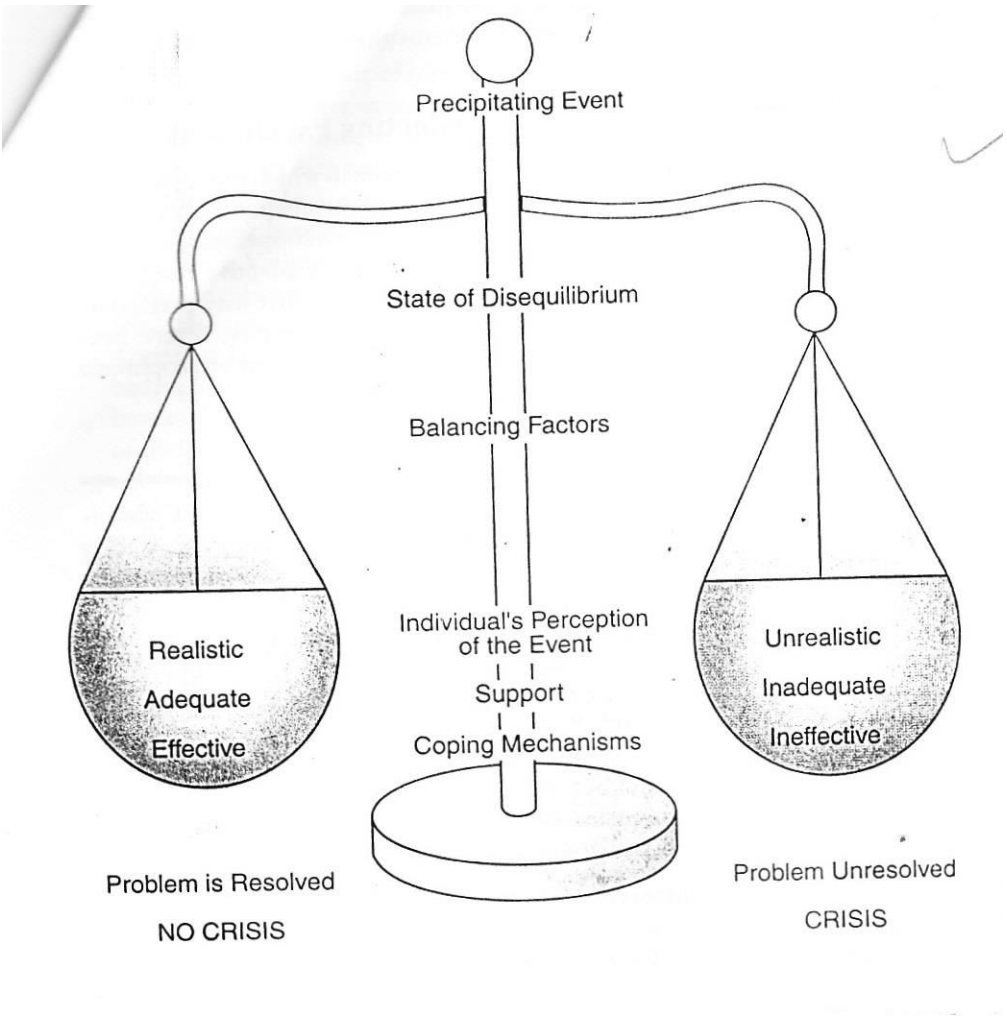
All possible resources, both internal and external, are called on to resolve the problem and relieve the discomfort

Phase IV

If resolution does not occur in previous phases, Caplan states…" the tension mounts beyond a further threshold or its burden increases over time to a breaking point. Major disorganization of the individual with drastic results often occurs.



Relationship between transactional model of stress/ adaptation and a Caplan's phases in the development of crisis



The effects of balancing factors in a stressful event

The paradigm set forth by Aguilera suggests that whether or not an individual experiences a crisis in response to a stressful situation depends upon the following three factors

1. ***The individual's perception of the event***

   If the event is perceived realistically, the individual is more likely to draw upon adequate resources to restore equilibrium. If the perception of the event is distorted, attempts at problem solving are likely to be ineffective, and restoration of equilibrium goes unresolved

2. ***The availability of situational supports***

   Situational supports are those persons who are available in the environment and who can be depended on to help solve the problem

3. ***The availability of adequate coping mechanisms***

   When a stressful situation occurs, individuals draw upon behavioral strategies that have been successful for them in the past. If these coping strategies work, a crisis may be diverted. If not, disequilibrium may continue and tension and anxiety increase

5. TYPES OF CRISES

Baldwin (1978) has identified 6 classes of emotional crises, which progress by degree of severity. As the measure of psychopathology increases, the source of the stressor changes from external to internal. The type of crisis determines the method of intervention selected.

Class 1: Dispositional Crises

Definition: An acute response to an external situational stressor.

Example

Nancy and Ted have been married for 3 years and have a 1-year-old daughter; Ted has been having difficulty with his boss at work. Twice during the past 6 months he has exploded in anger at home and become abusive with Nancy. Last night he became angry that dinner was not ready when he expected. He grabbed the baby from Nancy and tossed her, screaming, into her crib. He hit and punched Nancy until she feared for her life. This morning when he left for work, she took the baby and went to the emergency department of the city hospital, not having anywhere else to go.

Intervention: Nancy's physical wounds were cared for in the emergency department. The mental health counselor provided support and guidance in terms of presenting alternatives to her. Needs and issues were clarified, and referrals for agency assistance were made

Class 2: Crises of Anticipated Life Transitions

Definition: Normal life-cycle transitions that may be anticipated but over which the individual may fell lack of control.

Example

College student JT is placed on probationary status because of low grades this semester. His wife had a baby and had to quit her job. He increases his working hours from part time to full time to compensate, and therefore had little time for studies. He presents himself to the student-health nurse clinician complaining of numerous vague physical complaints.

Intervention: Physical examination should be performed (physical symptoms could be caused by depression) and ventilation of feelings encouraged. Reassurance and support should be provided as needed. The client should be referred to services that can provide financial and other types of needed assistance. Problematic areas should be identified and approaches to change discussed.

Class 3: Crises Resulting From Traumatic Stress

Definition: Crises precipitated by unexpected external stresses over which the individual has little or no control and from which he or she feels emotionally overwhelmed and defeated.

Example

Sally was a waitress whose shift ended at midnight. Two weeks ago, while walking to her car in the deserted parking lot, she was abducted by two men with guns, taken to an abandon building, raped, and beaten. Since that time, her physical wounds have nearly healed. However, Sally cannot be alone, she is constantly fearful, she relives the experience in flashbacks and dreams and is unable to eat, sleep, or work on her job at the restaurant. Her friend offers to accompany her to the mental health clinic.

Intervention

The nurse should encourage Sally to talk about the experience and to ventilate feelings associated with it. The nurse should offer reassurance and support; discuss stages of grief and how rape causes a loss of self-worth, triggering the grief response; identify support systems that can help Sally to resume her normal activities; and explore new methods of

coping with emotions arising from a situation with which she has had no previous experience.

Class 4; Maturational/ developmental crises

Definition: crises that occur in response to situations that trigger emotions related to unresolved conflicts in one's life. These crises are of internal origin and reflect underlying developmental issues that involve dependency, value conflicts, sexual identity, control, and capacity for emotional intimacy.

Example

Bob is 40 years old. He has just been passed over for a job promotion for the third time. He has moved many times within the large company for which he works, usually after angering and alienating himself from the supervisor. His father was domineering and became abusive when bob did not comply with his every command. Over the years, Bob's behavioral response became one of the passive-aggressiveness, first with his father, then with his supervisors. This third rejection has created feelings of depression and intense anxiety in Bob. At his wife's insistence, he has sought help at the mental health clinic.

Intervention

The primary intervention is to help the individual identify the unresolved developmental issue that is creating the conflict. Support and guidance are offered during the initial period, and then assistance is given to help the individual work through the underlying conflict in an effort to change response patterns that are creating problems in his current life situation.

Class 5: Crises reflecting psychopathology

Definition: Emotional crises in which preexisting psychopathology has been instrumental in precipitating the crises or in which psychopathology significantly impairs or complicates adaptive resolution .e.g. of psychopathology that may precipitate crises include borderline personality, severe neuroses, characterological disorders, or schizophrenia(Baldwin,1978)

Example

Sonja, age 29, was diagnosed with borderline personality at age 18.she has been in therapy on a weekly basis for 10 years, with several hospitalizations for suicide attempts during that time. She has had the same therapist for the past 6 years. This therapist told Sonja today that she is to be married in 1 month and will be moving across the country with her new husband. Sonja is distraught and experiencing intense feelings of abandonment. She is found wandering in and out of traffic on a busy expressway, oblivious to her surroundings. Police bring her to the emergency department of the hospital

Intervention

The initial intervention is to help bring down the level of anxiety in Sonja that has created feelings of unreality in her. She requires that some one stay with her and reassure her of her safety and security. After the feelings of panic have subsided, she should be encouraged to verbalize her feelings of abandonment. Regressive behaviors should be discouraged. Positive reinforcement should be given for independent activities and accomplishments. The primary therapist will need to pursue this issue of termination with Sonja at length. Referral to a long-term care facility may be required.

Class6: Psychiatric emergencies

Definition: Crisis situation in which general functioning has been severely impaired and the individual rendered incompetent or unstable to assume personal responsibility. E.g. include acutely suicidal individuals, drug overdoses, reaction to hallucinogenic drugs, acute psychoses, uncontrollable anger, and alcohol intoxication (Baldwin, 1978)

Example

Jennifer, age 16, had been dating Joe, the star high school football player, for 6 months. After the game on Friday night, Jennifer and Joe went to Jackie's house, where a number of high school students had gathered for an after-game party, no adults were present. About midnight, Joe told Jennifer became hysterical, and Jackie was frightened by her behavior. She took Jennifer to her parents' bedroom and gave her a valium from a bottle in her mother's medicine cabinet. She left Jennifer lying on her parents' bed and returned to the party downstairs. About an hour later, she returned to her parents' bedroom and found that Jennifer had removed the bottle of valium from the cabinet and swallowed all

of them. Jennifer was unconscious and Jackie could not awaken her. An ambulance was called and Jennifer was transported to the local hospital

Intervention

The crisis team monitored vital signs, ensured maintenance of adequate airway, initiated gastric lavage, and administered activated charcoal to minimize absorption, Jennifer's parents were notified and rushed to the hospital. The situation was explained to them, and they were encouraged to stay by her side. When the physical crisis was resolved, Jennifer was transferred to the psychiatric unit. In therapy, she was encouraged to ventilate her feelings regarding the rejection and subsequent overdose. Family therapy sessions were conducted in an effort to clarify interpersonal issues and to identify areas for change. On an individual level, Jennifer's therapist worked with her to establish more adaptive methods of coping with stressful situations.

6. CRISIS PREVENTION

1. Be empathic try not to be judgmental of your client's feelings. They are real, even if not based on reality, and you need to attend to them

2. Clarify messages

Listen to what really is being said. Ask reflective questions and use both silence and restatement

3. Respect personal space

Stand at least 1and a half to 3 ft from the acting-out person. Encroaching on personal space tends to arouse an individual and escalate the situation.

4. Be aware of body position

Standing eye to eye and toe to toe with the client sends a challenge message. Standing one leg length away, at an angle off to the side, is less likely to incite an individual

5. Permit verbal expression when possible

Allow the individual to release as much energy as possible by venting verbally. If this cannot be allowed, state directives and reasonable limits during lulls in the venting process

6. Set and enforce reasonable limits

If the individual becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely

7. Avoid overreacting method.

Remain calm, rational, and professional .How you, the staff person, respond directly affects the individual

8. Use physical techniques as a last resort

Use the least restrictive method of intervention possible. Use physical techniques on an individual who is only acting out verbally can escalate the situation

9. Ignore challenge question

When the client challenges authority, such as your position, training, or policy, redirects the individual's attention to the issue at hand. Answering these questions often fuels a power struggle

10. Keep your nonverbal cues nonthreatening

Be aware of your body language, movement, and tone of voice. The more an individual loses control, the less listens to your actual words. More attention is given to your nonverbal cues.

7. CRISIS INTERVENTION

Crisis intervention is a short- term therapy focused on solving the immediate problem. It is usually limited to 6 weeks.

Goal of crisis intervention is for the individual to return to a pre crisis level of functioning.

It is important for the nurse to remember that the cultural **attitudes** strongly influence the communication and response style of the crisis worker

Specific cultural factors to be considered in crisis intervention include the following

- Migration and citizenship status
- Gender and family roles
- Religious belief systems
- Child- rearing practices
- Use of extended family and support system

The **age of the survivors** is also important for the nurse to consider when providing crisis intervention.

7.1ASSESSMENT

The first step of crisis intervention is assessment. Data about the nature of the crisis and its effect on the patient must be collected. People in crisis experience many symptoms, such as anger, apathy, backache, boredom, crying spells, diminished sexual drive, disbelief, fatigue, fear, flashbacks, forgetfulness, headache, helplessness, hopelessness, insomnia, intrusive thoughts, irritability, liability, nightmares, numbness, poor concentration, sadness, school problems, self-doubt, shock, social withdrawal, substance abuse, suicidal thoughts, survivor guilt, work difficulties. Sometimes these symptoms can cause further problems. E.g. problems at work may lead to loss of a job, financial stress, and lowered self-esteem.

Crisis also can be complicated by old conflicts that resurface as a of the current problem, making crisis resolution more difficult.eg a women who has orphaned at an early age may have more difficulty resolving a crisis precipitated by the work injury
Of her husband than a women who had not suffered an earlier loss.

During this pause the nurse begins to establish a positive working relationship with the patient. A number of balancing factors are important in the development and resolution of a crisis and should be assessed:

- ✓ Precipitating event or stressor
- ✓ Patient's perception of the event or stressor
- ✓ Nature and strength of the patient's support systems and coping resources
- ✓ Patient's previous strengths and coping mechanisms

Precipitating event

To help identify the precipitating event, the nurse should explore the patient's needs, the events that threaten those needs, and the time at which symptoms appear. Four kinds of needs that have been identified are related to self-esteem, role mastery, dependency, and biological function.

- ➢ Self esteem is achieved when the parson attains successful social role experience

- Role mastery is achieved when the person attains works, sexual, and family role successes
- Dependency is achieved when a satisfying interdependent relationship with others is attained
- Biological function is achieved when a parson is safe and life is not threatened

The nurse determines which needs are not being met by asking the patient to reflect on issues of self-image and self-esteem, the areas of life that are considered a success, one's relationships with others, and the degree of safety and security in life. The nurse looks obstacles that might interfere with meeting the patient's needs. What recent experiences have been upsetting? What areas of life have had changes?

Coping pattern become ineffective and symptoms appear usually after the stressful incident. When did the patient begin to feel anxious? When did sleep disturbances begin? At what point in time did suicidal thoughts start? If symptom began last Tuesday, ask what took place in the patient's life on Tuesday or Monday. As the patient connects life events with the breakdown in coping mechanisms, an understanding of the precipitating event can emerge.

Perception of the event

The patient's perception or appraisal of the precipitating event is very important. What may seem trivial to the nurse may have great meaning to the patient. An over-weight adolescent girl may have been the only girl in the class not invited to a dance. This may have threatened her self-esteem. A man with two successful marriages may have just been told by a girlfriend that she wants to end their relationship; this may have threatened his need for sexual role mastery.

Themes and surfacing memories of the patient give further clues to the precipitating event. Current issues of concern are often connected to past issues. E.g. a female patient who talks about the death of her father, which occurred 3 years ago, may, on questioning, reveal a recent loss of a relationship with a male.

Support systems and coping resources

The patient's living situation and supports in the environment must be assessed. Does the patient live alone or with family or friends? With whom is the patient close, and who offers understanding and strength? Is there a supportive clergyman or friend?

Assessing the patient's support system is important in determining who should come for the crisis therapy sessions. It may be decided that certain family members should cone with the patient so that the family members' support can be strengthened. If the patient has few supports, participation in a crisis therapy group may be recommended

Assessing the patient's coping resources is vital in determining whether hospitalization would be more appropriate than outpatient crisis therapy. If there is a high degree of suicidal or homicidal risk along with weak outside resources, hospitalization may be a safer and more effective treatment.

Coping mechanisms

Next, nurse aseess the patient's strength and previous coping mechanisms. How has the patient handled other crises? How were anxieties relieved? Did the patient talk out problems? Did the patient leave the usual surroundings for a period of time to think things through from another perspective? Was physical activity used to relieve tension? Did the patient find relief in crying? Besides exploring previous coping mechanisms, the nurse also should note the absence of other possible successful mechanisms.

7.2NURSING DIAGNOSIS

- Ineffective coping
- Anxiety
- Disturbed thought process
- Risk for self / other directed violence
- Rape trauma syndrome
- Post trauma syndrome
- Fear

7.3PLANNING AND IMPLEMENTATION

The previously collected data are analyzed and specific interventions are proposed. Dynamics underlying the present crisis are formulated from the information about the precipitating event. Alternative solutions to the problem are explored, and steps for achieving the solution are identified. The nurse decides which environmental supports to engage or strengthen and how best to do this, as well as deciding which of the patint's coping mechanisms to develop and which to strengthen.

Nursing intervention can take place on many levels using a variety of techniques. There are four levels of crisis intervention---- environmental manipulation, general support, generic approach, and individual approach

Environmental manipulation

Environmental manipulation includes interventions that directly change the patient's physical or interpersonal situation. These interventions provide situational support or remove stress. Important element of this intervention are mobilizing the patient's supporting social systems and serving as liaison between the patient and social support agencies.

E.g. a patient who is having trouble coping with her 6 children may temporarily send several of the children to their grandparent's house. In this situation some stress is reduced.

Involving the patient in family or group crisis therapy provides environmental manipulation for the purpose of providing support.

General support

Intervention that convey the feeling that the nurse is on the patient's side and will be a helping person. The nurse uses warmth, acceptance, empathy, caring, and reassurance to provide this type of support

Generic approach

It is designed to reach high- risk individuals and large groups as quickly as possible. It applies a specific method to all people faced with a similar type of crisis. The expected course of the particular type of crisis is studied and mapped out. The intervention is then set up to ensure that the course of the crisis results in an adaptive responses.

Grief is an example with a known pattern that can be treated by the generic approach. Helping the patient to overcome ties to the decreased and find new patterns of rewarding interaction may effectively resolve grief. Applying this intervention to people experiencing grief, especially with a high- risk group such as families of disaster victims, is an example of generic approach.

Individual approach

It is a type of crisis intervention similar to the diagnosis and treatment of a specific problem in a specific patient. The nurse understand specific patient characteristics that led to the present crisis and must use the intervention that is most likely to help the patient develop an adaptive response to the crisis

This type can be effective with all types of crisis. It is particularly useful in combined situational and maturational crises. The individual approach helpful when symptoms include homicidal and suicidal risk. The individual approach also should be applied if the course of the patient's crisis cannot be determined and if resolution of the crisis has not been achieved using the generic approach

Interventions are aimed at facilitating cognitive and emotional processing of the traumatic event and at improving coping. Five core interventions to assist survivors of acute stress are as follows (oysterman and chemtob, 1999)

- Restore psychological safety
- Provide information
- Correct misattributions
- Restore and support effective coping
- Ensure social support

Techniques

The nurse should be creative and flexible, trying many different techniques. These should be active, focused, and explorative techniques that can facilitate achieving the targeted interventions. Some of these include catharsis, clarification, suggestion, and reinforcement of behavior, support of defenses, raising self-esteem, and exploration of solutions.

The intervention must be aimed at achieving is quick resolution. The nurse also must be active in guiding the crisis intervention through its various steps. A passive approach is not appropriate because of time limitations of the crisis situation.

1. ***Catharsis***

   The release of feelings that take place as the patient talks about emotionally charged areas

E.g. “tell me about hoe you have been feeling since you lost your job”

2. ***Clarification***

   Encouraging the patient to express more clearly the relationship between certain events

   E.g. “I have noticed that after you have an argument with your husband you become sick and can’t leave your bed”

3. ***Suggestion***

   Influencing a person to accept an idea or belief, particularly the belief that the nurse can help and that the person will in time feel better

   E.g. “many other people have found it helpful to talk about this and I think you will do”

4. ***Reinforcement of behavior***

   Giving the patient positive responses to adaptive behavior

   E.g. that’s the first time you were able to defend yourself with your boss and it went very well. I am so pleased that you were able to do it’

5. ***Support of defenses***

   Encouraging the use of healthy, adaptive defenses and discouraging those that are unhealthy or maladaptive

   E.g. “going for a bicycle ride when you returned you were so angry was very helpful because when you returned you and your wife were able to talk things through”

6. ***Raising self- esteem***

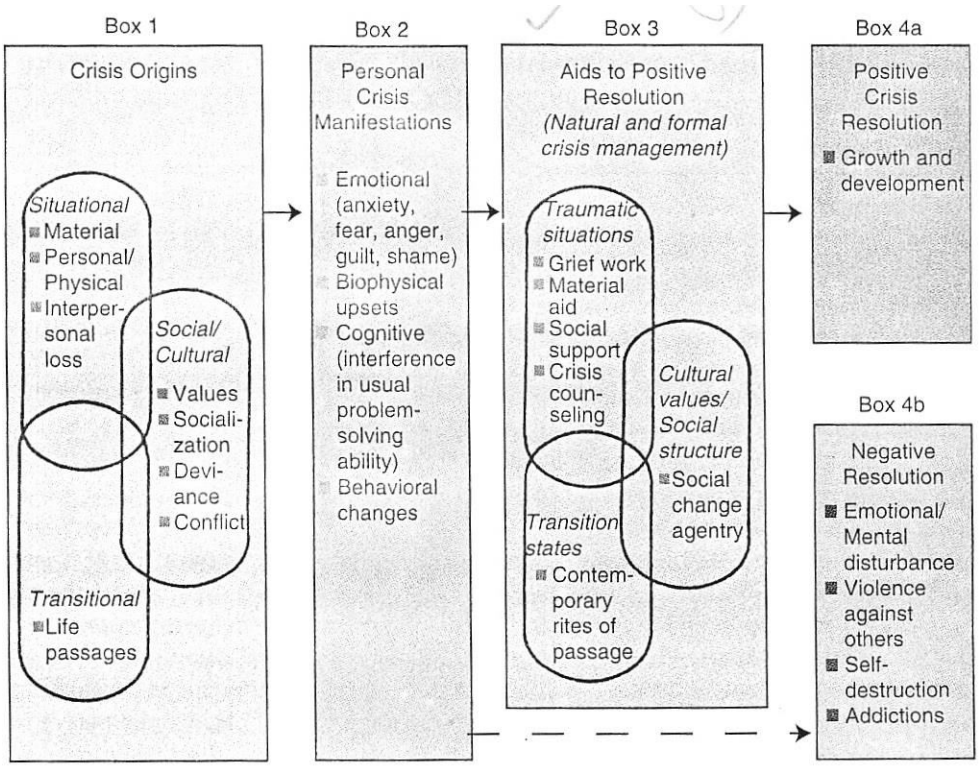
   Helping the patient regain feelings of self-worth

   E.g. “you are a very strong person to be able to manage the family all this time. I think you will be able to handle this situation, too”

7. ***Exploration of solutions***

   Examining alternative ways of solving the immediate problem

   E.g. ‘you seem to know many people in the computer field. Could you contact some of them to see whether they might know of available job?”



7.4EVALUATION

The last phase of crisis intervention is evaluation .when the nurse and patient evaluate whether the intervention resulted in a positive resolution of the crisis. Specific questions the nurse might ask include the following

- Has the expected outcome been achieved, and has the patient returned to the precrisis level of functioning?
- Have the needs of the patient were threatened by the event been met?
- Have the patient' symptom decreased or been resolved?
- Does the patient have adequate support systems and coping resources on which to rely?
- Is the patient using constructive coping mechanisms?
- Is the patient demonstrating adaptive crisis responses?
- Does the patient need to be referred for additional treatment?

The nurse and patient have review the changes occurred. The nurse should give patients credit for successful changes so that they realize their effectiveness and understand that what they learned from crisis may help in coping with future crisis. If the goals have not

been met, the nurse and patient can return to the first step of assessment, and progress through the phases again. At the end of the evaluation processes, if the nurse and patient believe referral for additional professional help would be useful, the referral should be made quickly as possible.

8. CONCLUSION

Crisis intervention is to help essentially healthy person who are in a state of disequilibrium to help them, and assist them to achieve and correct cognitive perception of the situation and gain effective management of their emotion. In this way, crisis intervention prevents mental illness and promotes mental health

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