SIXTH EDITION

A GUIDE TO CRISIS INTERVENTION

KRISTI KANEL

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A Guide to Crisis Intervention,
Sixth Edition
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This book is dedicated to the many human service students who have given me their feedback over the years and to all the brave individuals who have survived and grown through their crises.

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Brief Contents

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Preface

When I first wrote this book, my intent was to create a student-friendly text that would guide both new and more experienced counselors through specific procedures when conducting brief crisis intervention sessions with a variety of client populations. Although I have included much research and theory throughout the book, the focus has stayed the course—how to conduct interviews in a structured fashion.

In general, this book is written for college students and beginning mental health professionals who might benefit from a step-by-step practical guide on how to work effectively with clients in a variety of settings. There are many case examples and practice opportunities woven throughout the text. This text works great in courses in which students are given opportunities to practice what they are reading through role-plays with one another, or with actual clients, under the supervision of the instructor or other mental health counselors. It has been useful for professionals such as police, firefighters, military personnel, as well as mental health counselors.

Organizing Features

I have included many real-world examples and sample scripts for students throughout the text. Over the years, I have found that students benefit from seeing what others actually say during counseling sessions. They can then practice similar types of comments when they conduct role-play sessions.

I have also presented the major theory behind crises, and then how the theory is utilized when conducting crisis intervention. Connecting theory with practice helps students better understand both and systematically learn how theoretical constructs are put into practice. Once theory is presented, students are provided with a detailed description of the ABC Model of Crisis Intervention. In order to practice that model, students are then provided with various chapters that deal with specific client populations, their needs, and how to implement the ABC model with that type of client.

Pedagogical Aids

Boxes have been inserted through the book to highlight interesting new case examples and scripts. Tables, diagrams, boxes, and figures have also been inserted to keep students focused on essential theoretical and clinical material.

In chapters dealing with client populations, case vignettes to practice are placed at the end of the chapter. Included with these are specific ideas such as precipitating events, cognitions, emotional distress, impairments in functioning, suicidality, and therapeutic interaction statements so that the student can more easily practice the ABC model with other students. Chapter review questions are located at the end of all chapters along with key terms for study.

New to This Edition

As I have revised the text over the years, I have included new information as the world has changed, and as various traumas have been experienced by many of us. For example, my second edition included the issues surrounding the effects of 9/11, and the third edition included information about the Katrina disaster. In the fourth edition, I had included data based on my own research study related to the types of crisis experiences described by the returning military personnel who were stationed in Iraq and Afghanistan. In the fifth edition, an entire chapter was devoted to just veteran issues. In this sixth edition, I have included material related to gun violence, ISIS terrorism, Fear of Missing Out (FOMO) and the Quarter life crisis, transgender issues, Black Lives Matter, and have updated all statistics on various issues.

I have changed the names of some chapters, and have included a chapter on crises of sexuality, which includes issues surrounding abortion for both men and women. I have added a true case about a man transitioning to a woman.

Ancillaries to Accompany the Text

There is an instructor's manual that includes a section on how to teach the course I have taught for 31 years, test items for instructors to use (both multiple choice and essay style) and a description of the lectures for each chapter. Also available is a PowerPoint slide presentation and quiz items for students. These materials can be accessed through the instructor's companion site at login.cengage.com. For access, please contact your Cengage Learning sales representative.

New to the sixth edition is MindTap®, a digital teaching and learning solution, that helps students be more successful and confident in the course—and in their work with clients. MindTap guides students through the course by combining the complete textbook with interactive multimedia, activities, assessments, and learning tools. Readings and activities engage students in learning core concepts, practicing needed skills, reflecting on their attitudes and opinions, and applying what they learn. Videos of client sessions illustrate skills and concepts in action, while case studies ask students to make decisions and think critically about the types of situations they will encounter on the job. Helper Studio activities put students in the role of the helper, allowing them to build and practice skills in a nonthreatening environment by responding via video to a virtual client. Instructors can rearrange and add content to personalize their MindTap course, and easily track students' progress with real-time analytics. And, MindTap integrates seamlessly with any learning management system.

Acknowledgments

I so appreciate the energy and efforts of the many reviewers of this text over the years. For this edition I would like to thank Ann H. Barnes, Stephan Berry, Angela-Cammarata, Lisa Corbin, Valerie L. Dripchak, Amanda Faulk, Amy Frieary, Nichelle Gause, Mary S. Jackson, Jalonta Jackson, Steven Kashdan, Naynette Kennett, Cinda Konken, Jim Levicki, Ashley Luedke, Lisa Nelligan, Bob Parr, James Ruby, Lauren Shure, Cathy Sigmund, Bonnie Smith, Matt Smith, Rodney Valandra, Jennifer Waite, Jennifer Walston, Michelle Williams.

Lastly, I give much appreciation to my students who have provided me with invaluable feedback over the years about what aspects of the text help and hinder them. I have tried to eliminate any hindering aspects and strengthen the helping aspect.

About the Author

Dr. Kristi Kanel has been a teacher, practitioner, and scholar of human services for over 38 years. She has been a college professor for the past 34 years. She helped create the first crisis intervention course at California State University, Fullerton, in 1986 and has been teaching the course since then. She also teaches basic counseling theories, case analysis, human service delivery to Latinos, Group Leadership, and Serving Veterans and their families. She will be serving as the Chair of the Department of Human Services for the next three years.

Throughout her career as a human services practitioner, Dr. Kanel has worked at a free clinic as a counselor, interned with the Orange County Board of Supervisors as an executive assistant, worked as a mental health worker and specialist for the County Mental Health agency, worked as a clinical supervisor at a battered women's shelter, and provided psychotherapy for individuals, families, and groups in private practice and at a large health maintenance organization. She has worked extensively with victims of child abuse, partner violence, and sexual assault. Additionally, she has worked with Spanish-speaking Latinos and has conducted research related to the needs of this population. She specializes in crisis intervention and has conducted research on the most effective approach to working with people in crisis.

Dr. Kanel earned her Ph.D. in Counseling Psychology from the University of Southern California, her Master of Counseling degree from California State University, Fullerton, and her Bachelor of Science degree in Human Services from California State University, Fullerton.

Her hobbies include teaching Zumba, indoor cycling, karaoke, beaching, and hiking.

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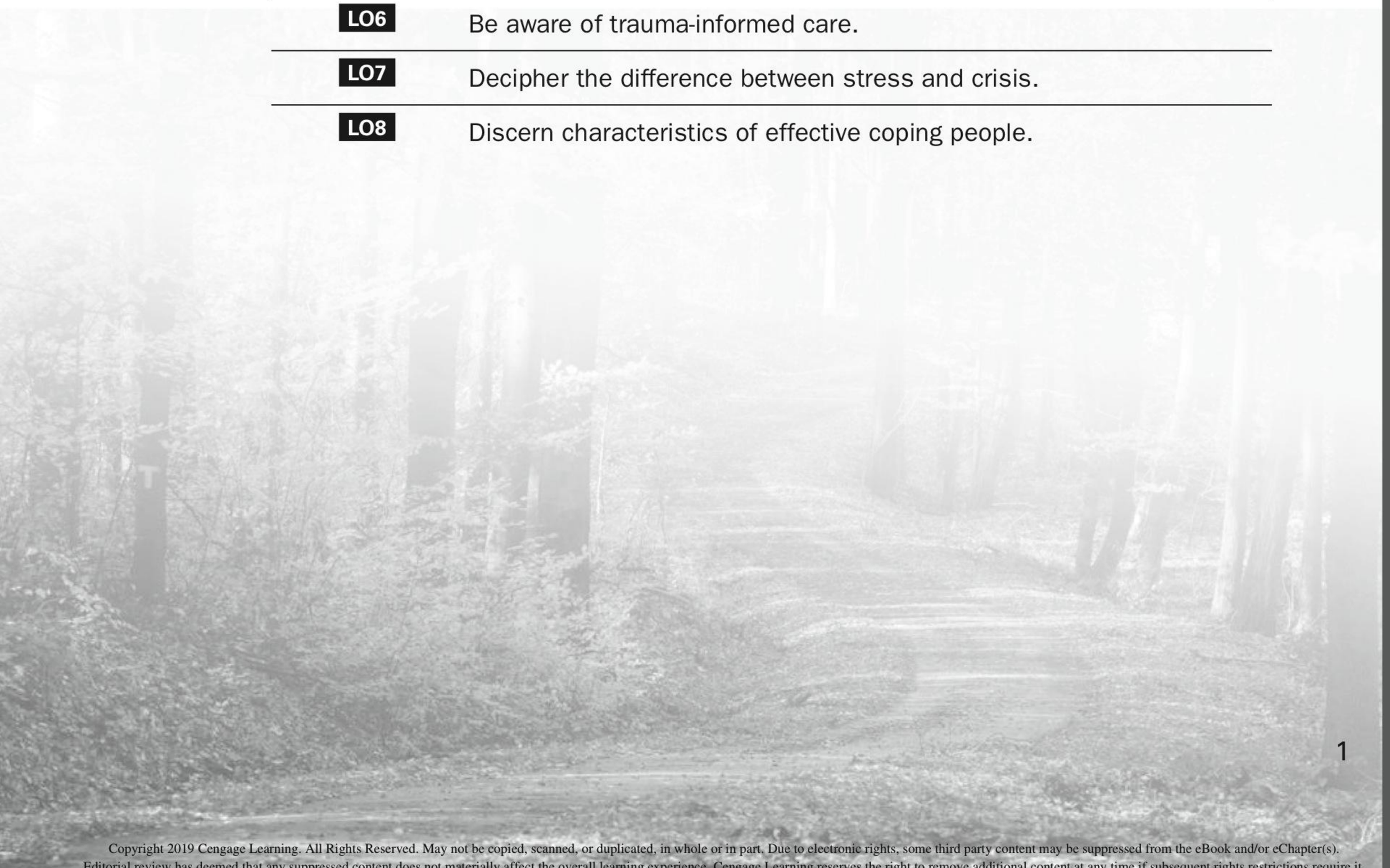
1 An Overview of Crisis Intervention

Learning Objectives

After studying this chapter, readers should be able to:

LO1	Understand how a crisis state is formed and the factors that make up a crisis state.
LO2	Increase functioning in a person going through a crisis.
LO3	Understand the beginning of the history of crisis intervention.
LO4	Identify how a crisis can be both a danger and an opportunity.
LO5	Recognize the crisis-prone person.
LO6	Be aware of trauma-informed care.
LO7	Decipher the difference between stress and crisis.
LO8	Discern characteristics of effective coping people.



Crisis Defined

The term **crisis** can be defined in a variety of ways. **Gerald Caplan**, often referred to as the father of modern crisis intervention, described crisis as "an obstacle that is, for a time, insurmountable by the use of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made" (1961, p. 18). In its simplest form, according to Caplan, "it is an upset in the steady state of the individual" (p. 18). James and Gilliland (2013) offer nine definitions for an individual crisis. Most of these focus on a situation that an individual cannot respond to in an effective way, leaving the person in a state of emotional and psychological imbalance. The definition of a crisis referred to throughout this book contains four components based on Caplan's definition and on more modern cognitive-behavioral approaches such as Ellis's Rational Emotive Behavior Therapy (Ellis, 1994) and Beck's Cognitive Therapy (Beck, 1976). These aspects will be essential when conducting the ABC Model of Crisis Intervention to be described in detail in Chapter 3 and mentioned briefly in this chapter. The four parts of a crisis as used in this text are: (1) a precipitating event occurs, (2) a person has a perception of the event as threatening or damaging, (3) this perception leads to **emotional distress**, and (4) the emotional distress leads to impairment in functioning due to failure of an individual's usual **coping methods** that previously have prevented a crisis from occurring.

These components of a crisis must be recognized and understood because they are the elements the crisis counselor will be identifying and helping the client to overcome. The perception of the event is by far the most crucial part to identify, for it is the part that can be most easily and quickly altered by the counselor. It is the focus in this definition that differentiates crisis intervention from other forms of counseling.

By keeping this particular definition in mind, the crisis worker can perform the necessary services in a brief time. Whereas other forms of counseling may focus on building self-esteem, modifying personality, or even extinguishing maladaptive behaviors, in crisis intervention the focus is on increasing the client's functioning. Everly (2003) describes the goals of crisis intervention as including four aspects: stabilization of psychological functioning, mitigation of psychological dysfunction and distress, return of adaptive psychological functioning, and facilitation of access to more care if needed. A more thorough history of the development of crisis intervention as a proven approach to helping emotional crises will be addressed later in this chapter.

For now, two useful formulas for the crisis interventionist are provided: Figure 1.1 provides the essential definition of how a crisis state occurs, and Figure 1.2 presents the process for leading a client out of a crisis. It will be shown later in this

Figure 1.1 Formula for Understanding the Process of Crisis Formation

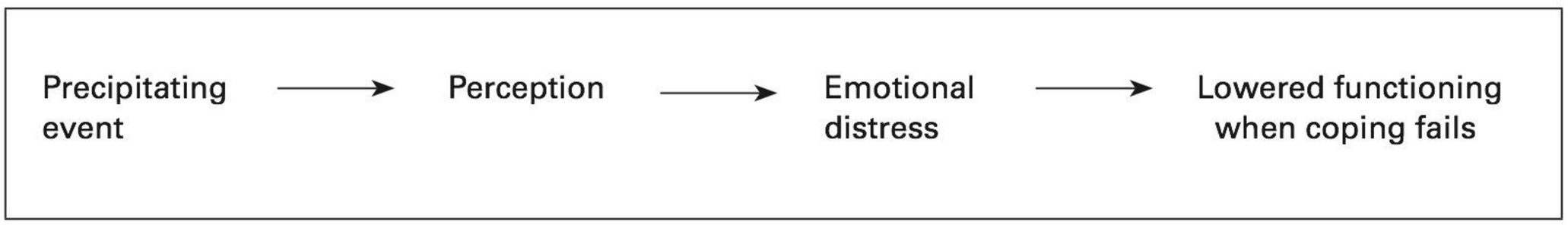
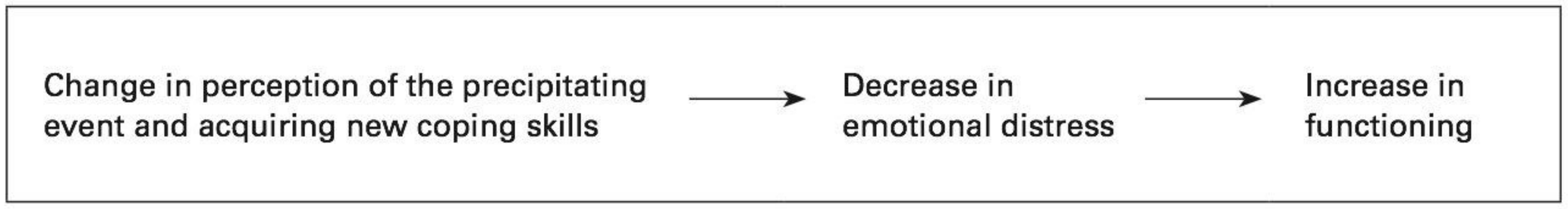


Figure 1.2 Formula for Increasing Functioning



(Both figures developed by the author.)

chapter how Caplan's characteristics of effective coping people corresponds with the formula in Figure 1.2.

Notice that this method involves changing the perception of the precipitating event. Since it is not possible to change the precipitating event, the best one can do is work at changing or altering the client's cognitions and perceptions of the event, offer referrals to supportive agencies, and suggest other coping strategies. These ideas are explored further in subsequent chapters.

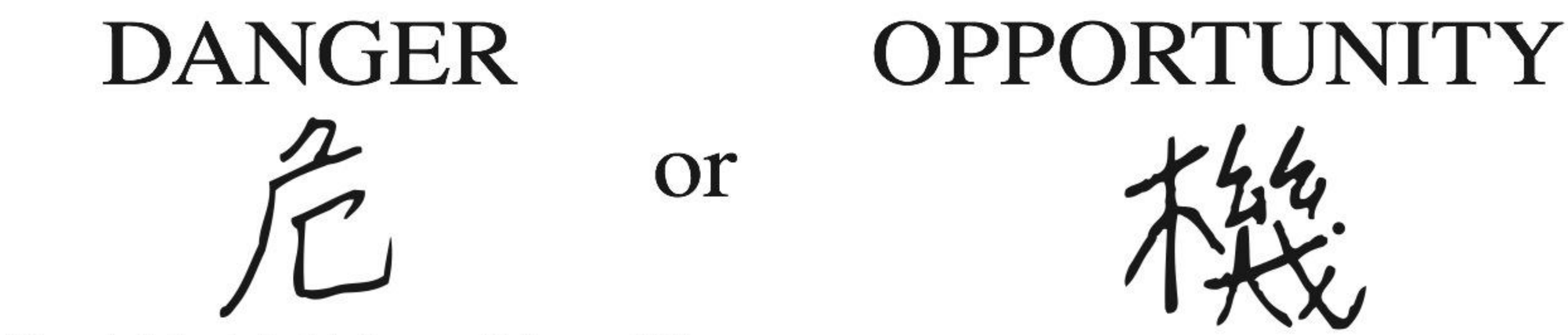
One additional thought about crises in general: The word *crisis* often conjures images of panic, emergency, and feeling out of control. Sometimes this is true as in the case of natural disasters, bombing, shootings, and personal attacks. When the precipitating events are experienced by entire communities or directed at specific groups, the terms *critical incident stress management* and *disaster mental health* are often used (Everly & Mitchell, 2000). Critical incident stress management will be discussed in more detail later in this chapter.

Crisis states may also be viewed as a normal part of life. Crises frequently occur in the lives of normal, average individuals who are just having difficulty coping with **stress**; therefore, they represent a state to which most of us can relate.

Crisis as Both Danger and Opportunity

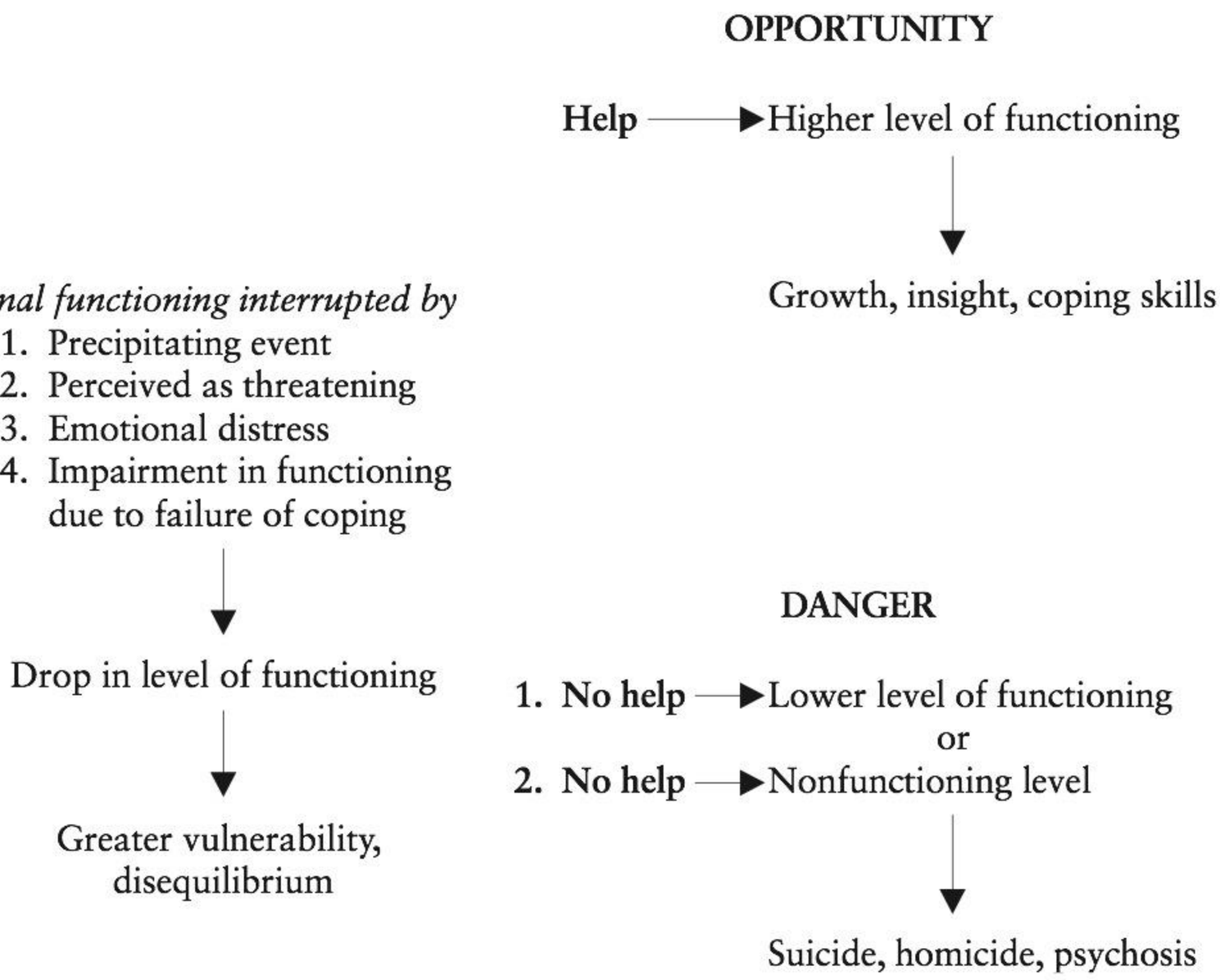
Some crisis states are seen by many as somewhat normal developments that occur episodically during "the normal life span of individuals" (Janosik, 1986, p. 3). Whether the individual comes out of any crisis state productively or unproductively depends on how he or she deals with it. In Chinese, crisis means both danger and opportunity (see Figure 1.3). This dichotomous meaning highlights the potentially beneficial as well as the potentially hazardous aspects of a crisis state. A person might face the challenge

Figure 1.3 Danger or Opportunity



(Obusnsha's Handy English-Japanese Dictionary, 1983)

Figure 1.4 Crisis as Both Opportunity and Danger



of the precipitating event adaptively, or might respond with a neurotic disturbance, psychotic illness, or even death.

According to Caplan (1961, p. 19), "Growth is preceded by a state of imbalance or crisis that serves as the basis for future development. Without crisis, development is not possible. As a person strives to achieve stability during a crisis, the coping process itself can help him or her reach a qualitatively different level of stability. This state of stability may be either a higher or lower **functioning level** than the person had before the crisis occurred" (see Figure 1.4).

Box 1.1 provides an example of how a rape victim's crisis might create a lowered level of functioning if she does not receive help. This lowered level of functioning is an example of the potential for danger addressed above.

Crisis as Opportunity

Even if a person receives no outside intervention or help, the crisis state will eventually cease, usually within four to six weeks. A crisis is by nature a time-limited event because a person cannot tolerate extreme tension and psychological disequilibrium for more than a few weeks (Caplan, 1964; Janosik, 1986, p. 9; Roberts, 1990; Slaikeu, 1990, p. 21). Although a person's character influences how he or she emerges from a crisis, that is, either stronger or weaker, seeking and receiving focused help during the crisis state have a big impact on the person. In the midst of a crisis, a person is more receptive to suggestions and help than he or she is in a steady state. A crisis worker can gain significant leverage at this time because of greater client vulnerability. Instead of

BOX 1.1

Example of Crisis as Danger

After having been raped, a woman might not seek help or even tell anyone about the trauma. About a month after the violation, she may slip into a state of denial, with reduced contact with the world, lowered trust levels, increased substance abuse, poor interpersonal relations, and a state of dissociation. However, she may continue to be able to work, go to school, put on a front with family and friends, and appear to function normally. In reality, however, she is functioning at a lower level than she did before the rape and will be somewhat impaired until she gets intervention. The longer she waits to get help, the more resistant she will be to it because of the amount of energy she will have invested in the denial process. She may exist in a chronic state of depression, lowered trust toward people, and anxiety, which would affect interpersonal functioning.

stabilizing at a lowered level of functioning, an individual who receives help is likely to stabilize at a higher, more adaptive level of functioning, learning coping skills that might prepare him or her for future stresses.

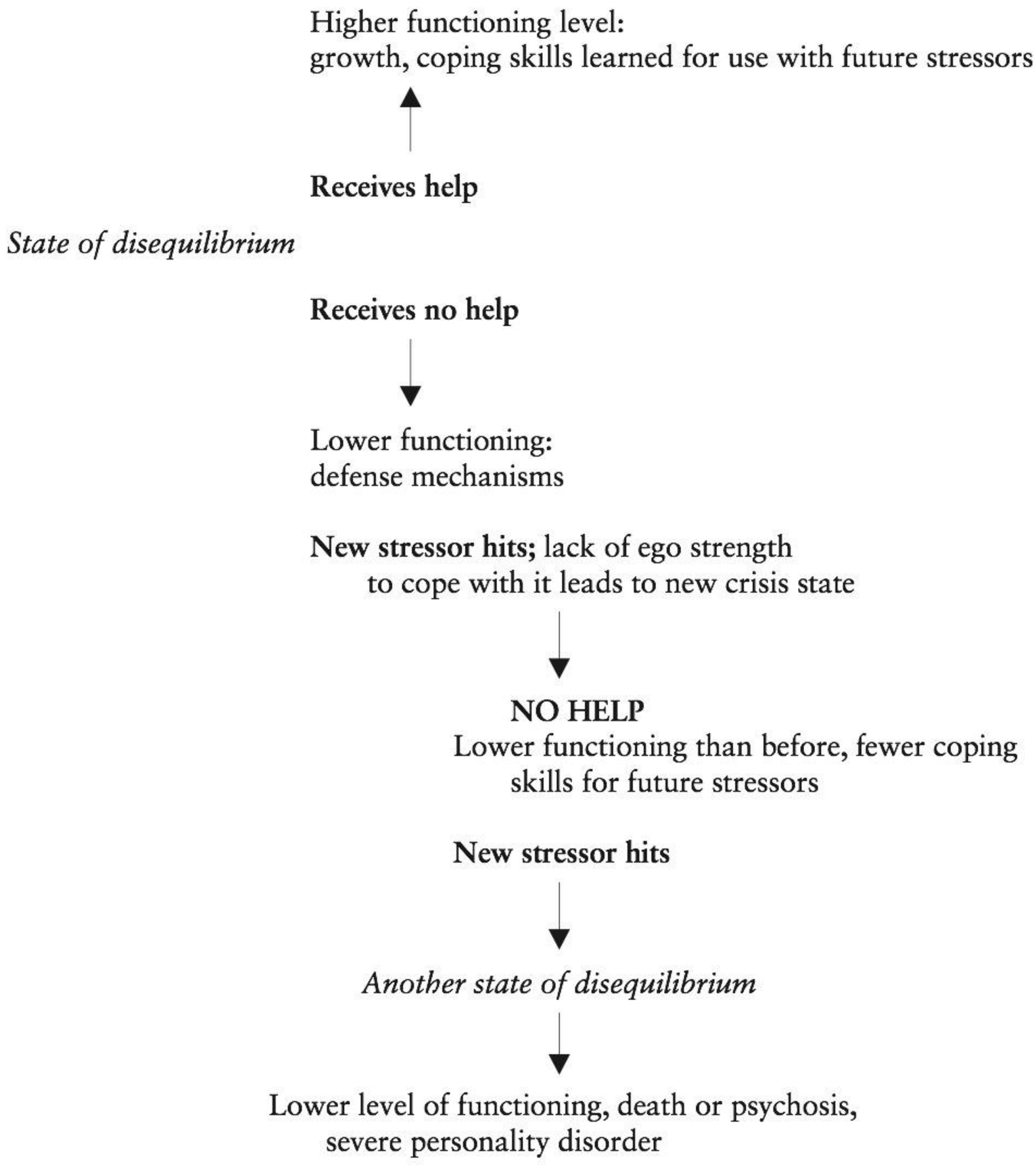
An example of how receiving help soon after a trauma would be more beneficial than waiting years or getting no help at all might be in the case of sexual abuse of a child. It seems fairly obvious that a 3-year-old girl brought in for counseling after being molested one time will respond better than a 30-year-old woman who was molested at age 3 and never talked about it, and then seeks help after 27 years.

Once a client has returned to a previous, or higher, level of functioning, he or she may opt to continue with therapy. Brief therapy is a reasonably cost-effective approach for dealing with aspects of life that have plagued a person regularly but have not necessarily caused a crisis state. A counselor may work with an individual for 6 to 20 sessions and obtain excellent results in behavioral and emotional changes. Once a person has benefited from crisis intervention, he or she is often more open to continuing work on additional in-depth personal issues because of increased trust in the therapeutic process and the therapist. The choice to continue in postcrisis counseling will of course depend on financial resources and time availability.

Crisis as Danger: Becoming a Crisis-Prone Person

Not everyone who experiences a stressor in life will succumb to a crisis state. No one is certain why some people cope with stress easily, whereas others deteriorate into disequilibrium. Several explanations seem plausible. Figure 1.5 expands on Figure 1.4 to include the crisis-prone person. If a person does not receive adequate crisis intervention during a crisis state but instead comes out of the crisis by using ego defense mechanisms such as repression, denial, or dissociation, the person is likely to function at a lower level than he or she did before the stressful event. The ego, which has been hypothesized to be the part of the mind that masters reality in order to function (Gabbard, 2014), must then use its strength to maintain the denial of the anxiety or pain associated with the precipitating event. Such effort takes away the individual's strength to deal with future stressors, so that another crisis state may develop the next

Figure 1.5 Crisis as Danger: The Development of the Crisis-Prone Person



time a stressor hits. This next crisis state may be resolved by more ego defense mechanisms after several weeks, leading to an even lower level of functioning if the person does not receive adequate crisis intervention.

This pattern may go on for many years until the person's ego is completely drained of its capacity to deal with reality. Such people often commit suicide, harm others, or have psychotic breakdowns. When people were exposed to trauma or toxic parenting in their early years when the neurological structures of the brain were forming, they usually do not seek crisis intervention due to their age. These developmental and situation crises sometimes lead to personality disorders. People with personality disorders are usually seen as suffering from emotional instability, an inability to master reality, poor interpersonal and occupational functioning, and chronic depression (Gabbard, 2014).

When trauma and other stressors occur after basic personality structures are in place, a person may not develop a personality disorder, but instead may use defense mechanisms and may misuse substances to cope with the traumas instead of seeking professional help.

Traditional psychotherapy has usually been the course of counseling implemented with people suffering from personality disorders. In today's economy and with health maintenance organizations (HMOs) dictating mental health treatment, clinicians often cannot take the traditional road with crisis-prone people. Because short-term treatment is the only service offered in most settings, it is essential to begin working with people as soon as possible after the crisis state sets in to prevent a chronic cycle of poor functioning from developing.

Other Factors Determining Danger or Opportunity

Other factors may also determine whether a crisis presents a danger or an opportunity. These factors are generally found in the client's own environment. In addition to receiving outside help, having access to (1) material resources, (2) personal resources, and (3) social resources seems to determine the level an individual reaches after a crisis. **Material resources** include things such as money, shelter, food, transportation, and clothing. Money may not buy love, but it does make life easier during a crisis. For example, a battered woman with minimal material resources (money, food, housing, and transportation) may suffer more in a crisis than a woman with her own income and transportation. A woman with material resources has the choice of staying at a hotel or moving into her own apartment. She can drive to work, to counseling sessions, and to court. The woman with no material resources will struggle to travel to sessions and will have to be dependent on others. Her freedom to choose wherever and whenever she goes will be largely decided by those on whom she depends. According to Maslow's (1970) hierarchy of needs, material needs must be met before other needs of personal integration and social contact can receive attention. Not until she is housed, fed, and safe can the battered woman begin to resolve the psychological aspect of the crisis.

It is important to remember that despite financial and other material resources, people with material resources are not immune to suffering. They may at times suffer more than those with fewer resources because of various psychological and social factors, the duration and severity of the victimization, or other precipitating events. After her material needs are met, the woman can begin to work through the crisis. Her **personal resources**, such as ego strength, previous history of coping with stressful situations, absence of personality problems, and physical well-being, will help determine how well she copes on her own and how she accepts and implements intervention.

If the ego is the part of our mind that carries the ability to understand the world realistically and act on that understanding to get one's needs and wishes met, then **ego strength** refers to how well one can do this on a regular basis and in times of stress. At times a crisis worker will serve as a client's ego strength (as when a person is psychotic or severely depressed) until the client can take over for himself or herself. Some clients can neither see reality clearly nor put into action realistic coping