

# Crisis Counseling

I have had the opportunity to examine many books on the subject of counseling throughout my career as an elementary school administrator and as a therapist. The following is an overview of the information I gleaned from the books, Crisis Counseling by Howard W. Stone and The Minister as Crisis Counselor by David K. Switzer. I am sure you will be able to gain helpful insights from the information they provided in their excellent books.

Let's understand the terms that are mentioned so we can be on the same page. Counseling refers to a dynamic personal relationship in which both persons participate and both persons change.

Crisis is defined as an individual's internal reaction to an external hazard. The two types are developmental crisis and situational crisis. Developmental refers to the predictable experiences we go through, and situational refers to accidental, exceptional and unpredictable experiences. Crisis intervention is stepping into the life of a disturbed person, a family, or a group at an opportune time, in such a way as to stop the downward spiral of a deteriorating situation or condition. Its purpose is to bring support and insight, in an effort to lead to decisions that can redirect a person's life. It is decisive moments in people's lives; in other words, it is "Growth Counseling". To sum it up, crisis intervention consists of (1) reducing, whenever possible, the impact of the crisis-precipitating event, and (2) using the situation to help those affected to strengthen themselves in solving future problems.

The development of a crisis situation follows a pattern. There is a precipitating event, then an appraisal of resources and coping methods which will determine if indeed there is a crisis. Some questions to help determine if a person is in crisis are:

- a. Has there been a recent onset of the troublesome feelings?
- b. Have they tended to grow progressively worse?
- c. How can the time of the onset be linked with an external event?

Crises are not signs of mental illness, but a person's "normal" reaction to an emotionally hazardous situation. However, they may experience very strong emotional reactions and pain which can certainly lead to more serious mental distress if not resolved adaptively. There is usually an outside precipitator which triggers the event, however the event is not always known to the person. The person's perception of the situation determines if there will be a crisis. Most people in crisis perceive a loss or threatened loss of something very important to them; some source of physical, economic, interpersonal, or

emotional well-being. The more seriously threatening an individual's appraisal of an event, the more primitive or regressive his or her coping resources will likely be. The greater the number and diversity of coping methods, the more likely it will be that an individual will not experience a crisis, or not a severe crisis. Crisis will occur only when early attempts at coping fail. "Cognitive dissonance" occurs when mental circuits are over loaded and interferes with usual ways of planning and carrying out effective behaviors. . The resolution of a crisis can be for better or worse. A person may experience considerable emotional pain but it can become a positive experience. The alteration of the situation (environmental manipulation) can often change the course of a crisis positively. A history of successful resolution of crises increases an individual's chances of successfully resolving each new crisis.

A study has suggested that there is considerable commonality in the behavior of people in crisis though their situations may be quite diverse. "Crisis behavior" includes tiredness and exhaustion, helplessness, inadequacy, confusion, physical symptoms, anxiety, disorganization of functioning in work relationships and family relationships and in social activities. There may be a "heightened psychological accessibility" where people become less defensive and more vulnerable to change. This period peaks quickly and lasts for only a brief time. Positive interpersonal relationships can foster adaptive crises resolution although the person in crisis tends to pull away from them.

The advantages of the minister performing this intervention was discussed in the writings. His relationship with the person is an asset. They are expected to go where people are, and are expected to intervene in certain crisis situations on their own initiative and without specific invitation. The pastor often knows the individual's family and relatives and can call them for help. Every crisis has a religious potential. It raises questions such as what is the meaning of life? Why did this happen to me? The community of faith is an asset as people in the congregation can draw on the support of local people. As a symbol of power, the church is perceived as being the physical representation of the reality of God to the community of faith and, at least to some extent, to the larger community.

There are some advantages of Crisis Counseling. Crisis intervention methods are designed specifically to deal with crises. It focuses on immediate problem solving and the counselor does not have to probe into the person's psyche, therefore, there is less chance of the person resenting the counselor out of embarrassment. It does not take up long periods of the counselor's time. It can be practiced not only by ministers but by laypersons in the congregation with not a lot, but some training and supervised practice.

However, the counselor must know his or her limitations. If a precipitating event cannot be

discovered, if symptoms remain severe after 5 or 6 sessions, or if discovered in addition to crisis there are long-term underlying pathology the counselor must refer those persons to others who can help. The counselor must continually learn to accept failure, and be sensitive to expectations others have of them. The counselor must also condition and improve their ability to cope with “negative” feelings – anger, sarcasm, and belittlement and share their burden with someone else if they sense themselves moving into a crisis. The prerequisite is to genuinely care for the person in crisis and not view them only as cases. The counselor must also provide accurate empathy and communication, communicate respect, be concrete – very specifically, and show genuineness.

The ABC Method – formulated by Warren L. Jones and further developed and confirmed by Howard Clinebell, Jr., David K. Switzer, Carkhuff, Ivey, and Glasser gives the counselor a good framework for success. 'A' is to achieve contact with the person. This includes attending behaviors, and listening. 'B' is to boil down the problem to its essentials. This includes responding and focusing. 'C' is to cope actively with the problem. This includes establishment of goals, inventory of resources, formulation of alternatives, action, and review and refinement.

'A' is to achieve contact. There are attending behaviors that will help with that endeavor. The list of attending behaviors are: symbolic nourishing – ex, allowing a person to sit comfortably in a relaxed environment with a cup of coffee or glass of water, posture – most helpful is that of facing client and leaning forward slightly, holding – taking their hands, or putting your arms around their shoulder as appropriate, and looking into their eyes. The room should communicate calmness, confidentiality, and openness. Listening is also important to 'achieve contact'. Don't allow yourself to be distracted by outside noises, interruptions and phone calls, or by inner distractions (thinking about something else). Vary your attending behaviors to make it congruent with what the client is expressing. The counselor's purpose is to hear the problem, determine what coping methods and resources have they tried, and how they are experiencing the stress of the crises. Identify strengths and weaknesses of the five modalities proposed by Slaikeu: behavioral, affective, somatic, interpersonal and cognitive. Especially in early state, be non-judgmental. Mirror back to them their feelings to show that you do hear them; use phrases such as you must have felt angry, you feel sad, etc. Allow for long pauses before responding. Discern important common themes and narrow the focus. Also it is very important to communicate hope through the very confidence you have in your own capabilities to understand and help.

'B' is to boil down the problem to its essentials. Responding is very important. Pay attention to their non-verbal response. What is their energy level, are there any discrepancies between what they say and what they do. Pay attention to their feelings. Observe the tone of voice, facial expressions,

posture and hand gestures. Role play and try to articulate their feeling in a way that they would (no more/no less) ex. “you feel \_\_\_\_”. Allow content to clarify meaning. Feeling (you feel) plus content (because\_\_\_\_\_) equals meaning. Focusing is also an import aspect of 'B'. The counselor needs to be aware of (1) the precipitating event, (2) the “possible” threat perceived by the person as significant, (3) the person's coping methods and resources, and (4) factors which may invalidate his or her traditional methods of coping. In addition the counselor must filter out irrelevant data and devise a “consensual formulation”; counselor and client must formulate and understand what has happened and put it into words.

'C is to Cope actively with the problem. This includes the establishment of goals which should be specific as possible, defined in observable terms that can be measured and should be small and sort-term. There should be an inventory of resources; internal methods of coping and external resources such as friends, family, church, community, and finances. There must be a formulation of alternatives action while reminding them to have patience and that it's their choice to help themselves. It is important not to skip review and refinement. This will give you a chance to evaluate whether the new behavior is effective toward the goal of the crisis resolution and to examine whether the chosen goal is still what the person wants. Then termination issues can be brought up. The counselor can discuss the relationship between counselor and client and what it has meant to both. Termination may be sooner rather than later if tings are going well or client feels frustration or anger regarding relationship. Be wary of extreme dependence; when client never wants sessions to end. Your follow up session after a time will deepen the relationship and confirm your caring, allow a chance to deal with residue of a crisis, and need for long term help may be discovered.

I hope the review of these 2 books have enlightened you and will help to equip you and propel you to take action in healing the hurts of others. If I can be of any assistance, please do not hesitate to contact me.

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