



CRISIS INTERVENTION

KEYWORDS

Crisis , coping mechanisms.

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ABSTRACT

Crisis is a state of disequilibrium resulting from the interaction of an event with the individual's or family's coping mechanisms, which are inadequate to meet the demands of the situation, combined with the individual's or family's perception of the meaning of the event

INTRODUCTION:

Crisis intervention is an emergency psychological care aimed at assisting individuals in a crisis situation to restore equilibrium to their biophysiological functioning and to minimise the potential for psychological trauma. It is a subject of interest to all health professionals. It is a technique that is used successfully by a person with a variety of backgrounds to aid understanding of the individual and families and effectively coping with the intense emotions that characterize a crisis state. The priority of crisis intervention and counselling is to increase stabilization.

CHARACTERISTICS OF CRISIS:

- Disorganization of
 - Biological Experience
 - Cognitive Experience
 - Emotional Experience
 - Behavioural Experience
- Crisis are personal in nature
- Crisis are acute, will be solved by one or another within a brief period
- It is self limiting, lasts for 4 – 6 weeks
- Universal experience
- Almost all crisis will develop in a predictable fashion
- Occurs in all individual at one time or other

PHASES OF CRISIS:

Phase I – Anxiety result: Whenever an individual is exposed to precipitating stressor, it results into anxiety. If individual uses effective problem solving techniques and situational support is provided, then the problem will be resolved and no crisis occurs.

Phase II – Tension continues: When coping mechanisms are ineffective, anxiety, discomfort, helplessness further increases and person's ability to overcome the stressor decreases. Confusion, personal disorganization prevails.

Phase III – Painful state of anxiety: Individual feels more pressure, is unable to respond, anxiety still increases. In this phase all external and internal resources will be tried to resolve the crisis and to relieve discomfort, i.e. the individual uses every means like cognitive emotional and physiological means, counselling, etc, as a last resort.

Phase IV – Failure of inner resources, situational support: If problem was not solved, tension reaches to its peak, as time passes burdens increases over time. Panic state will result, where depression, psychotic thinking, un-

productive behaviour, distress and impaired relationship will results.

TYPES OF CRISIS:

Situational/Coincidental/External crisis:

If biopsychosocial equilibrium upsets because of external event or due to environmental influence. It is sudden, unexpected onset, majority of times it is singular facet in origin. For example, death of a loved one, an accident, a sexual assault, loss of employment, loss of valued objects, admission in hospital.

Maturational/Developmental/Internal crisis:

It is the transitional of life, where the individual will move into successive stages often generate disequilibrium. Individuals have to make cognitive and behavioural changes to accommodate physical changes that accompany development. It is related as to how individual grows and moves toward maturity. For example, adolescence, marriage, antenatal period, parenthood, retirement, etc.

Socio-cultural crisis:

It arises from the cultural values that are embedded in the social structure. For example, discrimination between race and robbery.

Crisis resulting from traumatic stress:

Crisis results when unexpected external stress over which the individual has little or no control. For example, rape, robbery and terrorism.

Crisis resulting from psychopathology:

Pre-existing psychopathology has been instrumental in precipitating the crisis or in which psychopathology significantly impairs or complicates, e.g. borderline personality disorder, neurosis, and schizophrenia.

Adventitious crisis/Community crisis:

It is accidental, uncommon, unanticipated results in multiple losses may be because of environmental changes. For example, natural disasters like floods, earthquakes, contamination of large areas by toxic waste products, famine, nuclear wars etc.

Psychiatric emergencies:

Crisis occurs when general functioning is impaired and the individual is incompetent to assume personal responsibility. For example, suicide, addicts.

SIGNS AND SYMPTOMS OF CRISIS SITUATION

- Heavy burden of anxiety
- Depression or agitated
- Anger, guilt, tension, fear
- Irrational and blaming others
- Helplessness, hopelessness, uselessness
- Chaos, overwhelmed
- Panic
- Low self esteem
- Uncontrollable crying
- Frustration, confused, unable to make decisions
- Lack of confidence, lack of self control
- Impaired judgement
- Physical illness
- Shortness of breath, choking, hyperventilation
- Inappropriate relationship
- Unable to maintain daily routine

CRISIS INTERVENTION:

Crisis intervention is an active but temporary entry into the life situation of an individual or a group during a period of stress (e.g. divorce, rape or natural disaster).

GOALS OF CRISIS INTERVENTION:

- Decrease emotional stress
- Protect client from additional stress
- Assisting the client in organizing and mobilizing resources
- To return the client to a pre crisis or higher level of functioning

TECHNIQUES OF CRISIS INTERVENTION:

Abreaction: The release of emotional feelings that takes place when the client talks about emotionally charged areas. The nurse encourages the client on he feels about a particular incident.

Clarification: Encouraging the client to express more clearly the relationship between certain events in his life. It helps the client to understand his feelings and the pattern of developing these feelings into crisis.

Suggestion: Nurse will suggest the client and it influences him to accept the idea and client will feel that the nurse can help him to feel better and optimistic, makes him less anxious.

Manipulation: It is a way of influencing the client, using the patient's emotions, wishes or values to benefit the client in the therapeutic process.

Reinforcement of behaviour: If the client exhibits adaptive behaviour give positive response by appreciating it.

Support of defences: Encourage the client to use healthy and adaptive behaviour to cope up stressful situations to maintain ego integrity, at the same time discourage the maladaptive, unhealthy behaviour.

Raising self esteem: Help the client to regain the feelings of self worth, active participation, communicates effectively, good listening skills, accepts his feelings with respect.

Exploration of solutions: Examining the alternative ways of solving immediate problem. The nurse and client actively explore solutions to solve crisis.

Disaster work or Disaster response: By debriefing method disaster, crisis can be resolved. It is an organ-

ized planned intervention for larger group of population. Nurses have to go to places where the victims are likely residing after disaster in post disaster period to provide services.

Steps:

- Identification of trauma and grief issues
- Assessment of severity
- Appropriate crisis intervention and support
- IEC strategies

Problem solving technique: In 1910, John Dewery has suggested certain problem solving techniques.

- Identify and define the difficulty or problem
- Suggest possible solutions or listing alternatives
- Choosing from among alternatives
- Consider consequences
- Encourage the client to accept and utilize the solution by implementing plan
- Evaluation

Family work:

- Identify the individual and family affected with crisis.
- Provide calm, conducive and comfortable environment to the client; help to establish good rapport and IPR between client and his family.
- Plan the psychoeducational programmes for education and support.
- Promote skills related to communication, conflict resolution, problem solving, stress management and behavioural management.
- Increase use of informal and formal support works.
- Family interventions consist of educational, supportive, cognitive and behavioural strategies.

Group work: Nurse and group help the patient to solve the problem and develop new coping strategies. Group acts as a support system for the client. Groups facilitate the members to express common concerns and experiences, foster hope and provide mutual support.

Patient education: The therapeutic team members will educate and counsel the client and his family about problem resolving techniques, alternative adoptive coping strategies: importance of having balance and emotional maturity.

INDICATIONS FOR CRISIS INTERVENTION:

- Paediatric, geriatric and adolescent (maturational crisis)
- People who attempted suicide
- Psychosomatic patient
- Accident victims
- Family crisis
- Severe depression
- Severe anxiety
- Marital conflicts
- Suicidal thought
- Traumatic events or traumatic experiences

ROLE OF NURSE IN CRISIS INTERVENTION:

Phases and technique of crisis intervention are similar to the steps of nursing process.

Phase I – Assessment**Assess the following:**

- Ability to perceive the problematic situation.
- Identification of precipitating event or stressor and when it occurred.

- Nature and strength or adequacy of clients, supporting system and coping resources that can be used.
- Client's abilities and limitations in dealing with the problem.
- Needs of the client.
- Nature of crisis and its effects on the individual and family.
- Associated behavioural problem, e.g. suicidal potentialities.
- Physical and mental status of the individual.
- H/O previous exposure and adapted strategies.
- Exploration of problematic situation.

Phase II – Nursing Diagnosis

After analyzing the information gathered through assessment, appropriate nursing diagnosing can be formulated to solve the immediacy of the crisis situation. Nursing diagnosis may be related to any aspect of the client's life.

Phase III – Planning

Based on the assessment, diagnosis, the short term and long term goals will be formulated with a specific and appropriate plan of activities. In formulating interventions client's abilities or strengths, available resources for support, alternative solutions to the problem and steps for achieving the solutions has to be identified.

Phase IV – Implementation of intervention

Ashields described four levels of crisis intervention. It will be often helpful to consult with others when deciding which approach to be used.

I. Environmental Manipulation: It provides situational support; it will directly change the client's physical or interpersonal situations. For example, if an individual is facing problem in working environment, to avoid stress, he may change to another job.

II. General Support: Warmth, support, acceptance, empathy, caring, concern and reassurance has to be provided to provide general support.

III. Generic Approach: To reach high risk individual and large groups as early as possible a specific method will be used to the persons who have similar problem. Debriefing a therapeutic intervention will be used to recall the traumatic events and to clarify painful experiences and to prevent maladaptive responses.

IV. Individual Approach: Nurse has to understand client's specific psychodynamics that lead to the present crisis and must use the intervention to develop an adaptive response to the crisis.

Phase V – Evaluation of crisis resolution

The nurse and client has to evaluate and reassess whether the intervention has resulted in a positive resolution of crisis; behavioural changes has been achieved or not; whether the client has returned to the normative level of functioning. If not achieved, modified strategies have to be reinforced.

CONCLUSION:

Crisis is a challenge, an opportunity for learning and growth and it is a sporadic phenomenon that punctuates our existence dramatically. If proper guidance will be provided at right time, the victim will be able to solve the problem and will be able to handle future problems in life in a better manner.

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