

Crisis Intervention in Child Abuse and Neglect

Charles E. Gentry

1994

**US Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth, and Families
National Center on Child Abuse and Neglect**

Understanding Crisis

[Introduction](#)

[Definition of Crisis](#)

[Elements of Crises](#)

[The Phases of Crisis](#)

[Client Feelings During Crisis](#)

[Psychological Effects of Crisis](#)

[Summary](#)

Introduction

Family crises are not unusual events in the field of child protection. A child's disclosure of sexual molestation, the birth of a drug-addicted infant, the discovery of a teenager's dependence on drugs, a parent's arrest for violent behavior, the threat of a family's eviction from public housing, or a parent overwhelmed with the needs of a child illustrate just some of the crises experienced by families. Although the state of crisis is short lived, generally lasting 4 to 6 weeks, it is a period of heightened family vulnerability and imbalance that requires a carefully planned response.

This section provides an overview of crisis, its definition, elements, and phases. In addition, the feelings and psychological effects typically experienced by family members in crisis are presented to increase awareness of the ramifications of crisis.

Definition of Crisis

"A *crisis*," as defined in *Crisis Intervention Book 2: The Practitioner's Sourcebook for Brief Therapy*, "is an upset in a steady state, a critical turning point leading to better or worse, a disruption or breakdown in a person's or family's normal or usual pattern of functioning. The upset, or disequilibrium, is usually acute in the sense that it is of recent origin."¹ A crisis constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources.

A crisis is different from a problem or an emergency. While a *problem* may create stress and be difficult to solve, the family or individual is capable of finding a solution. Consequently, a problem that can be resolved by an individual or a family is not a crisis.

An *emergency* is a sudden, pressing necessity, such as when a life is in danger because of an accident, a suicide attempt, or family violence. It requires immediate attention by law enforcement, CPS, or other professionals trained to respond to life-threatening events. If a situation can wait 24 to 72 hours for a response, without placing an individual or a family in jeopardy, it is a crisis and not an emergency.

Elements of Crises

The three basic elements of a crisis – a stressful situation, difficulty in coping, and the timing of intervention – interact and make each crisis unique.

Stress-Producing Situations

Everyone experiences times when they feel upset, disappointed, or exhausted. When such feelings are combined with certain life events or situations, they often lead to mounting tension and stress. There are five types of situations or events that may produce stress and, in turn, contribute to a state of crisis:

- **Family Situations** – a child abuse investigation, spouse abuse, an unplanned pregnancy, a parent's desertion, a chronically ill family member, and lack of social supports are examples of family situations that can create stress and crises.
- **Economic Situations** – sudden or chronic financial strain is responsible for many family crises, such as loss of employment, a theft of household cash or belongings, high medical expenses, missed child support payments, repossession of a car, utilities cut off from service, money "lost" to gambling or drug addiction, and poverty.
- **Community Situations** – neighborhood violence, inadequate housing, a lack of community resources, and inadequate educational programs illustrate some ways the community may contribute to family crises.
- **Significant Life Events** – events that most view as happy, such as a marriage, the birth of a child, a job promotion, or retirement, can trigger a crisis in a family; a child enrolling in school, the behaviors of an adolescent, a grown child leaving the home, the onset of menopause, or the death of a loved one can also be very stressful life events.
- **Natural Elements** – crises are created by disasters such as floods, hurricanes, fires, and earthquakes, or even extended periods of high heat and humidity, or gloomy or excessively cold weather.

Difficulties in Coping

An individual's or a family's ability to deal with a crisis situation is influenced by their physical and behavioral characteristics and their attitudes and beliefs. Even families with generally happy lives and networks of support can become overwhelmed by stressful events. For example, poor physical health, a low level of personal energy, an overly sensitive temperament, and mistrust of community service providers set the stage for difficulty in coping with a crisis.

Families that have problem-solved well in the past will be quick to benefit from crisis intervention. With encouragement, support, and a focus on the problem-solving process, they will soon regain their coping skills and stabilize. For example, one case referred to CPS involved the neglect of a young child. The child's mother was depressed about her ex-husband's threats of a custody fight. Feeling hopeless about a legal battle, the mother began to blame and neglect her child. As a result of crisis intervention, the mother quickly regained hope, secured legal counsel, and realized that she could "stand up to the threats." Within a period of 3 weeks, the mother was appropriately parenting her child again and finding joy in life.

Parents with Chronic Coping Problems

Many families in the CPS system do not have experience in solving problems well. Rather, they seem to have continual difficulties in several areas of their life. Indicators distinguishing the two types of families – those in acute crisis and those in chronic crisis – are presented in [exhibit 1](#).

It is not the task of crisis workers (also known as crisis interveners) to "cure" every dysfunction within "chronic crisis" families. Instead, it is more critical to focus on one to four specific stresses which created the immediate crisis. If a family can learn to focus on and find solutions to a limited number of crisis-producing problems, then the family members will have learned how to problem solve, and they will feel more in control of their destiny. As one client said, "Until you taught me to focus on one thing at a time, I felt like I was a bad person because I couldn't fix everything. Now I see that I was just running from one problem to another and not fixing anything."

People with chronic coping difficulties tend to be constantly in stressful situations and must cope with several major problems which occur simultaneously, e.g., unemployment, inability to pay bills, problems with the landlord, marital disharmony, and neighborhood complaints about their children or the appearance of the yard.² Any new stress, such as the utilities being disconnected, may be "the straw that breaks the back" of these families. Instead of being supportive to each other, family members try to place blame. Arguments or violence between the adults may lead to child abuse or neglect or vice versa. Substance abuse, adolescent gang activity, or a runaway or pregnant teenager may indicate that the family has chronic coping problems.

Once families learn to problem-solve, they have new hope for the future, giving them the energy to address some of the antecedents to the current crisis. Again, crisis workers must focus on restoring stability and teaching families how to solve problems, rather than solving the problems for them. When crisis workers assist families in solving a crisis, the families are also helped to avoid future crises. Many of these families, however, need to be referred to mental health or substance abuse counselors for resolution of past emotional traumas, such as childhood sexual abuse or for treatment of addictions, depression, and other emotional disorders.

Timing of Intervention

As stated previously, crises typically last 4 to 6 weeks during which time problem-solving is critical. A timely, therapeutic response is likely to prevent a severe breakdown in family relationships and restore adequate functioning. It is at this time that the family is most open to intervention. By intervening in a timely manner and by assisting the family in overcoming situational factors which led to the crisis, stabilization is likely to occur within a few weeks.

Initially, the crisis worker may remain with the family for several hours, if needed. As the situation progresses or becomes more intense, the crisis worker's time with the family is adjusted to fit the situation. As termination is approached, fewer hours should be required. Throughout the process, the crisis worker should be available at all times.

The Phases of Crisis

When individuals or families face certain levels of stress or combinations of stress, crises occur. These crises are likely to have a sequence, or series of phases, as described below. Although presented as seven distinct phases, the phases of crisis may overlap or intertwine.

The following configuration of crisis phases is adapted and expanded from the four interlocking phases found in *Crisis Intervention Book 2: The Practitioner's Sourcebook for Brief Therapy*.³

- **Phase I: Precipitating Event** – an unusual, unanticipated, stressful, or traumatic precipitating event occurs, causing an initial rise in anxiety. The individual and family respond with familiar problem-solving mechanisms.
 - The precipitating event may be a report of child sexual abuse or an investigation by authorities of drug-related activities in a family. Another example is a parent who loses a job. Feeling hurt and vulnerable, the parent may displace his or her anger by physically harming a child. In turn, there is a new precipitating event, a child abuse investigation with its own potential for creating a family crisis.

- **Phase II: Perception** – the individual or family perceives the event or accusation as meaningful and as a threat to individual or family goals, security, or ties of affection. For instance, a family may perceive a complaint of abuse or neglect as a threat to family integrity and interpersonal security (e.g., when there is the possibility of removing a father who has been accused of sexually abusing his adolescent or the possibility of removing an adolescent who has behaved in a belligerent manner).

- **Phase III: Disorganized Response** – unfamiliar feelings of vulnerability and helplessness escalate as behaviors, skills, or resources used in the past to solve problems fail. The family's anxiety rises, and members seek an immediate and original solution to the psychological stress.
 - In turn, the family's response to the stressful crisis becomes increasingly disorganized.

- **Phase IV: Seeking New and Unusual Resources** – in their attempt to decrease tension and resolve the emotional pain, family members begin to involve other people. Since each family member has a different perception of the threat and of who might be able to help, he or she may seek validation for his or her viewpoint both within and outside the family. Neighbors, relatives, and friends will offer both direct assistance (alternative housing, transportation, food, money, etc.), and advice ("call the police," "be more submissive and your husband/father will calm down," "leave the abuser," etc.). The family needs a nonjudgmental, well-trained crisis worker during this phase, rather than conflicting advisors.
 - While the family is feeling helpless, crisis intervention can be quite effective because the family is open to help that offers them some protection, security, or support. Compassion, mixed with appropriately firm limits, can give the family a sense of security or protectedness. This requires the crisis worker to listen actively to what the family says it needs to become stable.

- **Phase V: A Series or Chain of Events** – most crises set off a chain of events which can create yet another crisis for the family. For example, a crisis may begin with a parent experiencing a drug-induced personality change, becoming violent in the family, and spending the rent on drugs. If crisis-intervention services are not provided, eviction from housing may ensue, setting off another crisis.

- **Phase VI: Previous Crises Become Linked to Current Crisis** – crises tend to spur memories of past traumatic or crisis events involving loss of control. For instance, a mother who has

suppressed her sexual victimization by her father may become acutely aware of it when her intoxicated boyfriend makes sexual advances toward her daughter. Likewise, when a child is physically abused by one parent, the other parent may have flashbacks about beatings in his or her childhood.

- **Phase VII: Mobilization of New Resources, Adaptation** – this phase represents a turning point, when the tension and struggle evolve into mobilization of new resources or ways of adapting. This can occur when a family with a history of substance abuse attends Alcoholics Anonymous and Al-Anon meetings, seeks different housing or job training, or decides to listen when other family members are talking.

- Since there is the possibility that an unresolved crisis may lead to further maladaptive behaviors, such as more vicious fighting or a heavier reliance on substance abuse, it is the job of crisis workers to help families seek and implement acceptable crisis-resolution strategies.

Client Feelings During Crisis

Howard and Libbie Parad describe the anxiety-ridden responses of people in crisis as including "...upsets in eating, sleeping, dreaming, lovemaking, feeling, thinking, and doing." They believe that the following nine emotional reactions of people in crisis, as discovered by the Benjamin Rush Center for Problems of Living, can help professionals better understand and work with crises:

- Bewilderment: Experiencing new and unusual feelings.
- Danger: Feelings of tension, fear, and impending doom.
- Confusion: Mind is muddled and not working well.
- Impasse: Feeling stuck; nothing works.
- Desperation: Need to do something, but what?
- Apathy: Why try?
- Helplessness: Need someone to help me.
- Urgency: Need help right now.
- Discomfort: Feeling miserable, restless, unsettled.⁴

Psychological Effects of Crisis

While differences in coping abilities, stress-producing situations, and timing of intervention make each crisis unique, individuals in crisis experience some common psychological effects that affect assessment and treatment. Forming a working relationship with the parents, when responding to a crisis caused by

child maltreatment or when dealing with parents in any other child-rearing crisis situation, requires anticipation of these effects.

Generally, crisis events produce problems in six broad areas as described below. Such problems are temporary, however, and not indicators of mental illness. A crisis is transient, as are the temporary responses of the family members. Anyone can have a crisis. Therefore, being in crisis is not synonymous with being mentally ill.

Disorganized Thinking

People in crisis experience a disorganization in their thinking process. They may overlook or ignore important details and distinctions that occur in their environment and may have trouble relating ideas, events, and actions to each other in logical fashion. They may jump from one idea to another in conversation so that communication is confusing and hard to follow. They may not notice or may have forgotten exactly what happened, or who did what to whom. Important details may be overlooked in interpreting events, such as a client's giving extensive information about a house fire, but failing to tell that her brother had three previous charges of arson. Fears and wishes may be confused with reality, manifesting a general feeling of confusion. Some people in crisis develop one-track minds, repeating the same words, ideas, and behaviors which "worked" in the past, but are inappropriate in the current situation. These people may seem unable to move on to new ideas, actions, or behavior necessary to solve the current crisis.

Preoccupation with Insignificant Activities

In an attempt to combat disorganized thought processes and anxiety, people in crisis tend to become very involved in insignificant or unimportant activities, such as worrying that someone will be overwhelmed with bad air by keeping a window open. At the peak of crisis, then, these individuals may need considerable help in focusing on important activities, such as implementing the steps for productively resolving the crisis.

Expression of Hostility and Emotional Distancing

Some people in crisis are so upset over their loss of control that they become hostile toward anyone who intervenes in the situation. They resent their need for help, feeling both angry and vulnerable. Other crisis-ridden people react with extreme emotional distancing and passivity, seeming not to be emotionally involved in the situation or concerned with its outcome. For crisis workers, the issue is not how to give directives, but to point out the choices for handling the crisis and to reinforce strengths.

Impulsiveness

While some people are immobilized in crisis situations, others are quite impulsive, taking immediate action in response to the crisis without considering the consequences of their action. Their failure to evaluate the appropriateness of their responses may provoke further crises, thus making an already complex situation even more difficult to resolve.

Dependence

Dependence on the crisis worker at a time of crisis is a natural response and may be necessary before an individual can resume independence. In cases of child abuse and neglect, protection of the children may require the crisis worker to do for the parents what most other parents do for themselves. For example, the crisis worker may need to call a creditor or the utility company or help parents in structuring the basics of child care.

During a crisis, perceptions of the crisis worker's power or authority can have a stabilizing impact on a family. A family in crisis is likely to welcome an objective, skillful, and kind authority who knows how to "get things done." Offers of help from a concerned, competent crisis worker seem the answer to all the family's difficulties.

After a brief period of dependency, most families are able to resume independent functioning. For some families in crisis, however, dependency may linger. The need to have someone else in charge makes these families particularly susceptible to influence from others, rendering them more vulnerable. In their need to find solutions, they may not be able to discriminate between what is beneficial for them and what could be harmful or, in the absence of a competent crisis worker, to whom they should listen.⁵

Threat to Identity

Identity is both an inner condition and an interactional process. When an event, such as a child abuse report, threatens one's self-concept and family relationships, a crisis occurs. Because usual coping methods fail, one's sense of personal identity is impaired, causing disequilibrium.⁶ One's previous feelings of competency and worth may seem totally lost.

To counter a lowered self-perception, a parent in crisis may assume a facade of adequacy or arrogance, claiming that no help is needed. Or, the parent may withdraw from offers of help. In either case, it is important to remember that the parent in crisis is probably very frightened, rather than "resistant" or "unmotivated." The crisis worker has the opportunity to establish rapport by recognizing strengths that help to restore a sense of goodness or individual worth. The crisis worker cannot accept abuse of a child, but does acknowledge the parent's and family's strengths.

Summary

During a state of crisis, individuals and families are usually quite receptive to intervention. The anxiety produced by the crisis, coupled with the realization that past coping and problem-solving strategies are not working, spurs motivation to learn new strategies. If help is not available during this critical period of openness to change, the individual and family may become totally immobilized or resort to destructive or maladaptive behaviors. Therefore, it is critical that CPS caseworkers quickly identify crisis situations. In identifying a crisis situation, it is important to consider its contributing elements: What specific situations or events are creating the most stress for the individual and the family? What difficulties in coping are evident? At what point in time is intervention occurring?

The phase of the crisis must also be considered. Feelings and behaviors that on the surface appear bizarre, may be, in fact, characteristic of the crisis phase. Correct interpretation of the crisis phase is essential to appropriate intervention. For instance, clients whose crises are chronic or multiple may require referrals to follow-up clinicians who can further address underlying issues.

Finally, it is important to be aware of the feelings people typically experience during a state of crisis. A crisis can have a devastating impact on one's senses and psychological functioning.

However, that impact is often short lived when interpreted and dealt with correctly.

Crisis Intervention Goals And Steps

[Introduction](#)

[The Scope and Goals of Crisis Intervention](#)

[A Nine-Step Crisis Intervention model](#)

[Crisis Intervention Teams](#)

[Overview of Teams Related to CPS](#)

[Specialized Multidisciplinary Teams](#)

[Crisis as an Opportunity to Initiate Change](#)

[Crisis Intervention as a Planned Response](#)

[Summary](#)

Introduction

Crisis intervention begins at the first moment of contact with clients.² Consequently, community coordination in its planning and implementation results in tremendous benefits to families. In a matter of weeks, families may achieve progress that is the equivalent of 1 or 2 years of traditional case

management and treatment. In fact, families are most ready to change their nonproductive approaches to problem-solving during a time of crisis.

Crisis intervention focuses on one to four goals that are chosen by the family. Intervention is time limited, usually between 4 to 12 weeks, family-centered, and occurs in the family's home much of the time.

Concrete services, along with counseling and referral to community resources, are provided by one or more crisis workers.

Crisis workers representing some combination of CPS, family preservation, and other crisis workers, are available 24 hours per day, 7 days per week. Using eclectic, solution-focused approaches, they concentrate on family strengths, rather than weaknesses, believing that families have the knowledge and skills to solve their own problems. The major focus is on the here and now, but linkages to the past may be explored in order to break a repetitive cycle of inappropriate problem-solving or self-destructive behaviors. All crisis intervention programs emphasize safety for the children. Concern for the safety of other family members and crisis workers is rapidly evolving as a part of good practice.

In addition to the scope and goals of crisis intervention, this chapter considers the following: a nine-stage model of crisis intervention, crisis-intervention teams, crisis as an opportunity to initiate change, and crisis intervention as a planned response.

The Scope and Goals of Crisis Intervention

A focus on limited goals and objectives is essential for crisis intervention. This is particularly true with families in which disorganization and lack of finality perpetuate chaos.

Six Goals of Crisis Treatment

As proposed by Lydia Rapoport, crisis intervention is guided by six primary goals, all aimed at stabilizing and strengthening family functioning. These goals are to:

- relieve the acute symptoms of family stress;
- restore the family and family members to optimal pre-crisis levels of functioning;
- identify and understand the relevant precipitating event(s);
- identify remedial measures that the family can take or that community resources can provide to remedy the crisis situation;
- establish a connection between the family's current stressful situation and past experiences; and
- initiate the family's development of new ways of perceiving, thinking, and feeling, and adaptive coping responses for future use.⁸

Since crisis intervention is time limited, an attempt to achieve too many goals leads to disappointment and feelings of failure. While clients should be encouraged to stretch their resources or abilities, they cannot be expected to go in too many directions or too far beyond their basic abilities. It is better to help clients view life as a "practice field" where they practice repetitively to accomplish a goal, or as a "house" where they put one piece of progress (building block) on top of the other until the goal is achieved.

A Nine-Step Crisis Intervention Model

The following model incorporates steps from a seven-stage model for crisis intervention.⁹ This nine-stage model is slightly more comprehensive.¹⁰

Step 1: Rapidly Establish a Constructive Relationship

In the first step, the emphasis is on crisis worker sincerity, respect, and sensitivity to clients' feelings and circumstances. Crisis workers must listen and observe for long periods of time. As Puyear states in *Helping People in Crisis*, "Active listening entails listening for the latent, underlying, coded message and then checking to see if you've gotten it correctly."¹¹

Active listening gives clients a chance to develop their own strengths. By assuming that clients are motivated, they are supported in thinking through their solutions, which enhances their self-respect. "The worker," Puyear continues, "must assure that the client feels that something useful has been accomplished in the first session and that there is promise of something useful being accomplished in the next."¹² Rapport is enhanced by showing respect and unconditional positive regard for clients. Crisis workers need to start with the assumption that people are basically good.¹³

Step 2: Elicit and Encourage Expression of Painful Feelings and Emotions

Anger, frustration, and feelings related to the current crisis are the focus of intervention rather than issues in the past. Linkages to past crises and repetitive, ineffective responses to problems can be explored at a later time.

Step 3: Discuss the Precipitating Event

After rapport is established, the focus turns to the family perceptions of the situation, the chain of events leading up to the crisis, and the problem that set off the chain of events. Discussions examine when and how the crisis occurred, the contributing circumstances, and how the family attempted to deal with it.

Step 4: Assess Strengths and Needs

Family assessment of strengths and needs begins immediately and continues throughout crisis intervention. The crisis worker draws conclusions regarding the family's strengths and needs related to the current crisis and, with the family, evaluates the potential for recovery. Client strengths are tapped to improve self-esteem, while also providing energy and skills for problem-solving.

Step 5: Formulate a Dynamic Explanation

This step looks for an explanation not of *what* happened, but *why* it happened. This is the core of the crisis problem. The meaning of the crisis and its antecedents as seen by the clients are explored. Why do they ascribe that meaning or perceive it as they do?

Step 6: Restore Cognitive Functioning

In this step, the crisis worker helps the family identify alternatives for resolving the crisis (i.e., reasonable solutions toward which the family is motivated to work).

Step 7: Plan and Implement Treatment

The crisis worker assists the family in the formulation of short- and long-term goals, objectives, and action steps based on what the family chooses as priorities. With a concrete plan of action, the family feels less helpless, more in control, allowing members to focus on action steps. Objectives and action steps need to be simple and easy at first, assuring client success. The family members are responsible for action steps or homework, but the crisis worker continues to counsel them, seeks to help find appropriate resources in the community, and becomes the family's advocate.

Step 8: Terminate

Termination occurs when the family achieves its pre-crisis level of stability. Crisis workers review with the family the precipitating event(s) and response(s) and the newly learned coping skills that can be applied in the future. The crisis worker assures that the family is scheduled for meetings with, and committed to, any necessary, ongoing community services.

Step 9: Follow-up

Crisis workers arrange for continuing contacts with families and referral sources on predetermined dates or by saying "I'll be contacting you soon to see how you are doing."¹⁴ This puts appropriate pressure on families to continue to work on issues in a positive way.¹⁵

Crisis Intervention Teams

In cases involving child abuse or neglect, there is frequent misunderstanding about the differences among investigation, psychological first aid, and rehabilitative crisis intervention. Each, however, plays a critical role in a team's response to child maltreatment. Ultimately, rehabilitative crisis-intervention skills can significantly enhance investigative or psychological first-aid approaches.

Investigation

The purpose of the investigation is to determine whether child abuse and neglect exist within a family reported to the CPS agency, to interpret the agency role, to determine whether the family will benefit from further intervention, and to assess whether there is a risk that future maltreatment will occur.¹⁶ As noted in an earlier user manual, *Child Protection Services: A Guide for Workers*, "[investigative] intervention should be timely, limited to required procedures, and terminated when it is determined that continuation is unnecessary or when services are no longer required."¹⁷ Whereas emergencies should receive immediate response, nonemergency situations can be contacted within 24 hours, and can usually take place in the child's current residence.

On the basis of the CPS investigation and case assessment, crisis workers must decide if the case warrants continued intervention. At this point, crisis workers may need to use crisis-intervention techniques. Removal of the child is not the primary objective, but rather the alternative, if intervention fails and the child cannot be protected in the home.

Psychological First Aid

Psychological first aid, or helping to reduce anxiety by listening and reassuring the family, is critical to the establishment of rapport. This requires hours of listening on the part of crisis workers.

Psychological first aid may also be a one-time intervention offered by neighbors, relatives, churches, or helping agencies that provide money, food, housing, or transportation. Although this support system is extremely important in the overall crisis response, it does not teach clients to problem-solve and, in fact, may leave the clients to struggle with repetitive crises.¹⁸

If possible, crisis workers need to persuade community support systems to stay involved with the family after the initial crisis period, going well beyond the psychological first aid stage. Establishment of consistent friendships and other community supports can help avert future crises.

Rehabilitative Crisis Intervention

As Slaikeu states in *Crisis Intervention: A Handbook for Practice and Research*, rehabilitative crisis intervention aims to help "the client deal with the impact of the crisis event in all areas of the client's life."¹⁹

Through resolution of one crisis, the client can gain skills for facing and solving future problems, rather than developing a repetitive cycle of being "rescued" from similar crises.

This does not mean that the primary focus is on all areas of the client's life. Instead, by staying focused and being successful in problem-solving, clients learn skills that are transferable to all areas of their lives and can be used to resolve future crises. Even though the focus is on current problems, many clients come to understand how past, unresolved trauma contributed to maladaptive attempts to solve the present crisis.

Overview of Teams Related to CPS

Whenever a CPS investigator believes that a child's safety in the home is questionable, and that intensive, in-home intervention services are needed to protect the child from harm, a crisis-intervention team should be called in right away. CPS and specialized teams should always cooperate, not compete, since investigation and treatment are separate, equally important functions.²⁰

The team concept is critical in shaping the philosophy and vision of family preservation or other crisis-intervention programs. The combined knowledge of a multidisciplinary team provides for more accurate assessment and treatment approaches, and more varied use of community resources. Furthermore, there is strength in numbers, meaning that a team provides safety or protection for its members as well as the families that are being helped. The likelihood of violence, or even resistive behaviors, is reduced when a "team" is present.

A dysfunctional family system is also more likely to be positively influenced by an intervention system, a team, that demonstrates clear and honest communication, as well as respect, among team members. Team members should have diverse knowledge and skills. Those with highly specialized knowledge, such as child development or substance abuse assessment, may serve as consultants to other team members. When a multidisciplinary crisis team is unavailable, as in small communities, close contact must be maintained between the crisis worker and the supervisor or consultant, who work together as a small team.

Specialized, Multidisciplinary Teams

Multidisciplinary crisis-intervention teams bring specialized knowledge to a crisis situation. To be effective, each crisis worker plays a distinct role, with a coordinating supervisor providing support and overall direction. Team members may be in a direct service role or that of a consultant to other crisis workers. Preferably, team members represent both sexes and a range of chronological and professional development stages. When more than one team member goes to a home or multidisciplinary interview center, a lead crisis worker needs to be in charge to assure that goals for the visit or interview are accomplished.

Some crisis workers excel at using community resources or providing concrete services. Others excel at assessing problems, helping families communicate better, or listening in a way that makes families willing to talk openly. Some crisis workers are especially good at accompanying clients to a well baby clinic, to a physician's office, to prospective employment, or even the grocery store, thereby helping them feel successful in accomplishing a task. Some crisis workers are better at supportive confrontation or placing limits on inappropriate client behaviors. Drawing on each team member's strengths greatly enhances service delivery.

Time limits of service, 24-hour availability, and belief that clients have the skills with which to solve their problems are essential. Time-limited service requires advanced planning, specialized knowledge, and specific skills if families are to benefit. The following are areas that any program providing a team approach must address in order to assure the team's effectiveness:

- clarity regarding crisis workers' specialized, multidisciplinary roles;
- development of an eclectic base of theoretical and intervention knowledge;
- training and supervision to assure that crisis workers and clients stay focused on the chosen goals;
- specific training regarding crisis intervention theory;
- consistent and timely supervision to enhance skills and provide support;
- debriefing by a supervisor and peers to prevent the team's burn-out; and
- training which addresses crisis worker safety and vulnerability.

Crisis as an Opportunity to Initiate Change

If help is not available when a family is open to new ways of coping, family members may sink deeper into maladaptive patterns such as more violence, heavier substance abuse, deeper withdrawal, or more destructive scapegoating. Under such circumstances, there is increased risk of child abuse and neglect. When individuals and families are highly stressed and anxious about dealing with unfamiliar problems, such as a summons to appear in juvenile court, they may feel overwhelmed, hopeless, and panicked. After attempting to use responses that have worked for them in the past, they are searching for new responses to their dilemma. If, in the past, they have responded to frustration by yelling, accusing, hitting, feeling sick, withdrawing, or crying, it becomes evident to them that these responses are not stopping the CPS or law enforcement investigation. Finding no answer to the situation, while perceiving a threat to their existence, families are open to new ways of processing and resolving their problems. During the resolution of a crisis, individuals and families tend to be particularly amenable to help. Customary defense mechanisms weaken, usual coping patterns prove inadequate, and the ego becomes more open to outside influence and change. A minimal effort at this time can produce a maximum effect; a

small amount of help, appropriately focused, can prove more effective than more extensive help at a period of less emotional accessibility.²¹

If an immediate therapeutic response is made while the family is still experiencing a high level of anxiety or emotional pain, the family is more receptive to intervention. Therefore, the crisis worker must listen closely and determine what the family wants to change. During this emotional, rehabilitative, goal-setting period, crisis workers should:

- respond to family members' disorganized thinking and feelings of guilt, fear, or anger by focusing on one to four critical issues (goals), thereby increasing their ability to manage their feelings and circumstances;
- help families explore their coping mechanisms and identify alternatives for coping with crises, thereby reducing impulsiveness, feelings of vulnerability, and helplessness;
- assist the family in using additional community supports, thereby reducing isolation, enmeshment, dependence, and the complexity of interrelated problems.²²

Crisis Intervention as a Planned Response

Since there is a window of opportunity during which families are open to change, effective crisis intervention is timely in its response and diligent in assuring safety for the children and other family members. A helpful, planned response includes:

- providing immediate contact, within 48 hours or less;
- staying with the family as long as necessary to stabilize the immediate crisis;
- being available 24 hours a day, 7 days a week;
- providing assessment and services, at least in part, in the home;
- maintaining small caseloads, usually two or three and no more than 13;
- having daily contact with the family in the beginning and decreasing the contact gradually;
- setting a predetermined length of service, usually 4 to 12 weeks;
- listening actively for long periods, focusing clients on one to four critical problems or goals;
- providing counseling, concrete services, and community resources;
- believing that a crisis makes people open to change for the better;
- encouraging the family to set its own goals with limited guidance from crisis workers;

- maintaining time-limited intervention;
- focusing on the total family system, but maintaining flexibility in working with whoever is available; and
- providing a team approach, even if some members are used exclusively as consultants.

Presence Until Stress Is Reduced

It is important to note that the crisis worker must be present until family stress is reduced and the child is safe. Seldom can only one visit provide such safety. For resolution, most crises require several visits. Certainly this is true in families where there are linkages to unresolved past crises and where the child's safety may be in doubt.²³

Some families seem to be crisis prone, always living on the brink of another crisis. At least one author has referred to "exhaustion crisis," in which persons under consistent stress are finally overwhelmed by an additional internal or external stress, and "shock crisis," in which there is no forewarning prior to a sudden change in the social environment.²⁴ Chronically dysfunctional families who are reported for child abuse and neglect could fall into either category. "Stresses become traumatic through repetition."²⁵

Consequently, some families are overwhelmed not only by abuse or neglect but also by repeated inquiries into their abusive or neglectful patterns. These families may need ongoing services for a period of 2 to 5 years, or parental rights may need to be terminated when sadistic and torturous abuse is present.²⁶

It is possible that multiple crises in families as a way of life may be an attempt to avoid emotional pain from the past and to test crisis workers' commitment and trustworthiness. Crisis workers should not promise more than they can deliver in the prescribed time limit, but arrangements for long-term intervention can be part of the crisis-intervention plan.

Summary

In summary, a family is most likely to accept intervention from "outsiders" during a state of crisis. In contrast to traditional casework, crisis intervention is brief in duration, focused primarily on the "here and now," and supports family members in what they – not the crisis worker – want to change.

A skillful crisis worker or crisis-intervention team involves the entire family in the problem-solving process, reinforces the family's abilities and strengths, and conveys a hopeful attitude to the family about problem resolution. Concrete services are provided to lessen pressures in the family and to free the family's energy for setting and achieving goals. Prior to termination of crisis-intervention services, skillful crisis workers make sure the family is linked to the resources it needs in the community and then formalize a plan for follow-up.

Many families known to CPS agencies have multiple problems. It is important to remember that crisis workers are not responsible for helping families solve all of their problems. Rather, the task is to help families stabilize and learn to focus and find solutions to a limited number of problems. In that way, families gain a sense of accomplishment and success, encouraging them to move on to solving other issues, either on their own or with the help of resources in the community.

Community Crisis And Emergency Services: Problems And Advantages

By: [Mentor Research Institute](#)

Revised:

In large population centers there is a growing use of emergency rooms, crisis centers, ERs, emergency centers and crisis mental health triage centers to handle urgent and emergency problems. Managed care organizations are contracting with community mental health programs, HMOs, insurance companies and public health plans to provide crisis services in large population centers. The main purpose of these contracts is to pool resources and help insure there is an available and cost effective place for police, ambulances, families and friends to take people during a mental health crisis or psychological emergency.

General Advantages Of Using Community Crisis Intervention Centers

- Centralized Access To Medical Evaluation And Hospitalization Services. Emergency problems are probably the main reason why Crisis, ER's and Triage Centers can be the best place to go. Services are available 24 hours a day. The facilities have the ability to evaluate, stabilize, hold and transport people to hospital, psychiatric and other evaluation facilities.
- The Ability To Restrain And Hold Patients. The ability to evaluate and hold people against their will for evaluations regarding potential dangerousness is a principle role of these centers. Most people are brought to these centers by police or ambulance.
- Immediate Stabilization For Severe Problems. Stabilization is the primary role of community crisis and emergency services. This may involve education, providing information, problem solving, persuasion and medications.
- Referral For Case Management And Follow-up Services. The ability to provide follow-up services will vary with each ER, Emergi-Center and Crisis Triage Center. Some have ongoing relationships with community mental health centers which may contract with them. Some facilities are connected to their own managed care organization and to other organizations.

Potential Problems When Using Community Crisis Services

While there has been significant progress in making some emergency and crisis intervention services available, there are still serious problem areas. Eight general problem areas are:

- Negative Experience. While they can be the best place to go for extremely serious problems, the experience can feel strange to say the least, if not devastating and humiliating. Many of these centers are overloaded, understaffed, inexperienced, poorly trained and provide services to an extremely wide range of clients that may include people who are restless, emotionally unstable, irritable, acting strange or bizarre, or being held against their will by the police. These settings are often busy and the sheer pressure of working with so many highly distressed people can produce a degree of impatience or cynicism in some staff.
- People Usually Want To Leave. Convincing an adult or youth go to voluntarily, to cooperate, and to stay long can be difficult. Many people who go to an ER, Crisis Center or psychiatric hospital want to leave at once. They may express a desire to leave once they get there, after they wait a while or after they are admitted. The reasons are usually simple. The entire experience and environment is stressful. It can be difficult or even impossible to hold a patient who voluntarily checks into a crisis or emergency center if they change their mind during or before the evaluation. To hold an adult there must be sufficient evidence for a physician to hold the person. Many youth are able to act normally once they arrive and can readily convince staff that serious problems described by parents do not really exist.
- Gaps In Care. There are tremendous gaps between the needs of the individual or family and the services offered by many managed care organizations and public funded crisis services. Funding for these services are often low in comparison to the demand and need. Crisis services are usually designed to serve a community and to be reimbursable as much as possible by health insurance and managed care companies. Still, each crisis or emergency is unique and may require individual attention as well as a unique response to insure the best outcome.
- Rationing Services For Profit. Crisis and mental health triage centers are increasingly run by businesses that make higher profits when fewer services are provided. Services may be rationed using "invisible" (unknown) and informal criteria driven by the organization's administrative and financial goals. These criteria can override professional

judgment and recommendations. Services are often organized around traditional services that include psychiatric hospitalization, residential treatment, outpatient therapy or medications. The cost and impact of limiting and denying necessary services can be as high as 30% of the total health care cost. There is considerable argument that the cost of limiting services exceeds the cost of the services denied in many cases.

- Emphasis on Emergencies. Crisis and mental health triage centers focus primarily on emergencies that require immediate stabilization, symptom management, medication or hospitalization. Crises and urgent problems, or problems that are not considered immediate dangers are often minimized and given inadequate follow-up care. Minimization of a crisis can have a negative impact if a critical opportunity to intervene is lost. The outcome of a missed intervention can be a diminished sense of importance and resistance to getting help in the future. When people first acknowledge a crisis or ask for help, they may need comprehensive help.
- Inadequate Follow-Up Care. Referral to outside providers from a crisis or triage center is an uncertain process and depends on available county services, the insurance, as well as HMO or managed care companies involved. In some cases there can be a complete lack of coordination, a failure to forward essential information to the professional taking the referral, and utter confusion when a crisis resurfaces before the first appointment. For the most part, follow-up care is limited to that which is available through county mental health services and authorized or provided by HMOs, or insurance or managed care companies.
- Excessive Focus On The Patient. Unfortunately there are many aspects to a crisis and many people are usually affected by a crisis. The consequences of a single individual in a crisis can have a significant impact on friends, families and loved one. These people are in distress as well and may also need reassurance, praise, feedback and assistance to debrief their experience. Some will need help developing plans to manage future problems or the possibility of acute relapse. This level of support and service is generally not provided by hospital or crisis center based services. Just because the services are not provided by managed care, or insurance or an HMO does not mean the service is not needed, not critical to resolve the crisis, or necessary to prevent future crises.
- Unclear Treatment And Intervention Standards. Depending on the county you live in,

your insurance, HMO or health care company, the benefits and the treatment you receive can vary tremendously. As evidence by the debates in state and federal government, it is a practice in many managed care, insurance and HMOs to deny services that you may be entitled to and for these organizations to compel professionals to quietly support (or at least not protest) service delivery constraints which are based primarily on economic considerations