

# 10 Crisis intervention: changing perspectives

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The importance of crisis intervention as a method of professional practice is manifest in the frequency with which it is used, and the diversity of clients and crisis situations to which it is applied. Here is a random selection of crises which necessitate intervention; the professional, or ethical, or legal obligations to intervene should be apparent:

- 1 A woman is battered by her cohabitee. She and her terrified pre-school children desperately seek refuge.
- 2 A Pakistani child, aged 11, subjected to persistent racist bullying over a long period of time, bursts into tears during a school lesson. He is uncontrollable and the parents and the school staff feel helpless.
- 3 An elderly confused man accidentally sets his house on fire. The neighbours rescue him; they are also elderly. They are in a state of fear and panic; he has subjected them to danger before, and they are certain he will do so again. They demand his removal, as does a GP and psychiatrist.
- 4 A reconstituted family erupts in violence perpetrated by the stepfather against his teenage stepdaughter. He accuses her of deliberately sabotaging the family's attempts to achieve harmony and stability, and demands that she leaves.
- 5 Two teenage children and their mother watch helplessly as three hooded men break into their home and murder the father in a sectarian attack.
- 6 A man learns that he is HIV positive, through infection by his wife. She was infected through extramarital affairs which he knew nothing about.
- 7 A Nigerian woman arrives in Britain, to be reunited with her husband. She speaks very little English. She is detained by immigration officers, who allege irregularities in her passport and visa. She is told (unofficially) to 'get back to where she belongs'. Meanwhile, she is transported to a 'processing' centre, and denied access to her husband. She is extremely frightened, and dwells upon many unpleasant thoughts about what might happen to her.
- 8 A man leaves his home, job, and spouse after a twenty-year period. He

soon finds that he cannot cope with the changes he has brought upon himself. Nor does he feel that he can return. His mental health rapidly deteriorates. He attempts to kill himself.

- 9 A woman agrees to her child being medically examined because of the suspicion that her cohabitee has sexually abused the child. The woman is deeply distressed by the allegation, but accepts that the examination is in everyone's interest, particularly the child's. However, she is totally unprepared for the detail of the examination. She watches with increasing horror and disgust as the male paediatrician systematically examines the child's genitals. The woman is traumatized for some days after, and incapable of co-operating with the agencies.
- 10 A woman's financial hardship increases gradually over a six-month period after her husband abruptly leaves her. She feels more isolated and stigmatized in a locality where she has no roots, far distant from parents and former social contacts. The quality of care she provides for her three children, aged 8, 6 and 3, deteriorates. She is visited by a social worker, a health visitor and an educational welfare officer, all of whom express concern. They offer help and support, but she perceives their efforts as further stigmatizing her, and as holding her responsible for the predicament in which she now finds herself. She is visited by a DSS officer who presses her about the whereabouts of her husband for the purpose of extracting maintenance from him. She is made to feel like a criminal harbouring her husband; the officer concerned is indifferent to her financial plight. She receives a letter from the DSS saying that they have been overpaying her slightly and that she must pay them back or do with less than her existing weekly allowance. She becomes hysterical, and runs out of her home, leaving her three children. She is found wandering on the motorway, and is taken to a police station.

Before looking at the task of defining crisis, an important point should be made in the light of these examples. They are all complex and difficult cases. Each one of them poses numerous differing and related challenges. For example, the crisis of the bullied Pakistani child may reveal a host of social, economic, and cultural challenges, some of which can be dealt with over a period of time by methods other than crisis intervention, such as community work, report writing and advocacy, groupwork, establishing better liaison with police and education, and so on. These tasks do not necessitate crisis intervention; the child's suffering and uncontrollable weeping, as a consequence of persistent racist bullying, does necessitate immediate crisis intervention. Very often in crisis literature, much space is taken up in describing the application of approaches, skills and techniques which are standard tools in a variety of social work methods, for example listening, pacing,

empathizing, and so on. This chapter will not repeat this list. It will trace the development of crisis intervention, highlight some of its strengths and weaknesses in application, and suggest principles and foundations for a modern, effective crisis intervention service.

## DEFINITION OF CRISIS

Some prominent crisis pioneers may contest the view that all of these cases are crises. Caplan (1961, 1964) defined a crisis in terms of clearly identifiable processes, developing over a period of weeks, and leading to a climactic (crisis) point. The experiences may be so overwhelming and threatening that the individual cannot cope within their existing resources. Pittman (1973) makes a distinction between 'crisis' and 'emergency':

Crisis is a more subtle concept: it may occur without all the turmoil of a subjective emergency state. It involves a process of systems change, is far more objective, and is not something to be relieved but something to be solved.

(p.99).

Wright (1991) differentiates between stress and crisis: 'Stress and crisis are different. A stressful event produces anxiety and tension. A crisis disturbs old established patterns of responding' (p. 23).

Parad and Caplan (1965) used systems theory language to define crisis: 'A crisis is a period of disequilibrium overpowering the individual's homeostatic mechanisms' (p. 56).

Langsley *et al.* (1968) gave up trying to define crisis, yet their concluding remarks are helpful: '...crisis theory has defined the crisis as the hazardous event (stress) and the subsequent reaction to that event' (p. 156).

Thompson (1991) clarifies: 'the subjective dimension is primary, for an event not perceived as a crisis will not be experienced as a crisis' (p. 11).

O'Hagan (1986) suggests that the most relevant meaning of crisis for social workers lies within the Greek and Chinese origins of the word. 'Crisis' derives from the Greek *krisis*, meaning decision making; the Chinese represent the word with symbols denoting danger and opportunity. Thus crisis is a time for decision making in a situation presenting danger and opportunity.

All of these attempts to define are interesting, but it's important to avoid becoming too preoccupied with definitions. Emphasis upon subjective experiences is sensible. One may say that the crises listed in the opening of this chapter do not all fall within classical crisis theory and definition, but who would deny any of those individuals the right to say that they are experiencing crises of major proportions?

## THE ORIGINS AND DEVELOPMENT OF CRISIS INTERVENTION

The origins of crisis intervention owe little to such diversity. The focus of the crisis pioneers was extremely narrow in comparison with the crisis work undertaken by social workers today. The pioneers of crisis intervention were predominantly American psychiatrists in the 1940s and 1950s. They coined the phrase 'crisis intervention', and developed the method. Their pioneering work centred mainly upon the mental health crises of their patients in their clinics and psychiatric hospitals, and in later years upon the crises which the mental condition of those patients generated among their families. The following is a very brief summary of some contributions made to crisis theory and practice and its development over five decades.

Lindemann's (1944) 'Symptomatology and management of acute grief' has long been recognized as the first major crisis research. He studied the mourning reactions of people whose relatives had been killed in a Boston night club fire disaster. His detailed, systematic observations provided a psychodynamic theoretical framework which was developed by Caplan (1961, 1964). Caplan produced a unified theory of crisis which became central to his conceptual model of primary prevention in mental health. Although Caplan's theory, like Lindemann's, evolved from psychoanalytical concepts, he was aware of the possibility that family and socio-cultural factors could have a bearing on the outcome of crisis. His analysis of crisis processes indicates the application of some basic concepts in systems theory.

Rapoport (1971) projected crisis intervention as a mode of brief treatment, less time consuming, and more effective than the classical psychoanalytical model. Yet her contribution depends heavily upon psychoanalytical concepts, as well as traditional casework methods (she was the only social worker amongst the pioneers), and upon the psychodynamic developmental life crises formulated by Erikson (1965). Rapoport wrote:

Crisis theory, insofar as it requires an understanding of the individual, needs to be anchored in personality theory. Psychoanalytical theory, first as it developed into a theory of the neuroses and in its latter evolution into a theory of personality... still seems to serve as the most useful base because of the comprehensiveness of the phenomena described. All developments in ego psychology are of great significance in crisis theory.

(p.87).

Aguilera and Messick (1980) provided a model of assessment for crisis situations, and an intervention model. Both are firmly based upon systems theory's concept of homeostasis. Langsley (1968) consolidated the influence of systems theory on the development of crisis theory. Systems theory concepts

underpin the intervention model that he and his colleagues devised, specifically for mental health crises. The research and practice of Langsley and colleagues (1971) coincided with the rapid development of family therapy. The foundations of family crisis intervention were then laid from a synthesis of strategies developed in crisis intervention and family therapy; the latter would soon emerge as the dominant influence in family crisis intervention. Bott (1976) and Scott (1974) widened the focus still further. They defined mental health crisis within the context of patient, family, hospital and community, and within the historical, social and political processes which shaped the perceptions of mental illness, and dictated the nature of psychiatric provision in general.

O'Hagan (1984, 1986) reviewed literature and research on crisis intervention in the light of his own experiences as a generic social worker. He found it seriously flawed in its lack of an adequate ethical foundation. He emphasized the conflictual nature of most crises, and explored the ethical dilemmas arising from such conflict. O'Hagan evolved a crisis theory and intervention strategy from systems theory concepts and family theory techniques. This theory and strategy can be applied in coping with many of the harsh realities of crisis situations in which British social workers often find themselves, for example crises of threat and violence; crises in which families and neighbours are clamouring for the removal of a child at risk, an elderly confused person, a mentally ill family member, a wayward delinquent.

Eisler and Hersen (1973) and more recently, Thompson (1991) advocate a behaviourist approach to crises, underpinned by social learning theory. 'Reinforcement' and 'goal setting' are key concepts in empowering people in crisis by facilitating their learning of more effective coping skills: 'The ultimate goal of any counsellor dealing with clients in crisis is to teach new and better coping skills' (Thompson 1991:25). Reinforcement for this purpose has to be sufficient, immediate and consistent. Thompson additionally argues for an existential perspective, 'with its emphasis on the interplay of subjective and objective factors, unpredictability and uncertainty, and the need to take positive control of one's life' (p. 17).

## **RELEVANCE AND LIMITATIONS WITHIN THE CRISIS HERITAGE**

This legacy and development in crisis work is impressive. Much of it influences current approaches to crises. For example, the importance of a theoretical underpinning (whichever one may choose) is accepted as crucial in present-day training for crisis work. Many of the principles and techniques which evolved from the work of the pioneers are still regarded as necessary for approaching the crisis with the right attitude, and effective for speedily

relieving individuals in crisis from the pain and danger to which they are often exposed.

The early pioneers were, however, unaffected by issues such as gender and race. They were unaware of how such issues manifested themselves in crisis processes and crisis eruption (O'Hagan 1991). Concepts such as institutional racism and sexism and structural oppression and deprivation (Dominelli 1988; Davis 1991) had no place either in their theoretical frameworks or in their intervention models. Later contributors to the crisis legacy did become aware of these concepts. Thompson (1991) comments:

...traditional crisis theory can be criticised for adopting a predominantly white, middle class, male perspective on a range of issues which relate very closely to structured inequalities and the oppressive social divisions which stack the odds against certain groups in society.

(p. 15)

O'Hagan (1989, 1992) explores what he calls the 'endemic' and 'institutionalized' abuse of women perpetrated unwittingly by many child care organizations in child protection crises generally, and in the crises of child sexual abuse in particular. Wright (1991) gives examples of the damaging sexist attitudes of well meaning male friends and relatives of women stricken by the crises generated by the sudden deaths of their husbands or children. Though not writing about any aspect of crisis or crisis intervention, Curren (1991) none the less demonstrates how racism and its associated insensitivity amongst professionals responding to Pathan women engaging in Ramadan fasting during pregnancy may actually generate crises where none previously existed!

## **HOW STRUCTURAL OPPRESSION AND ISSUES AROUND GENDER MAY INFLUENCE CRISES**

Crisis intervention is no different from any other discipline in that its proper development, relevance and usefulness depend upon periodical critical scrutiny. Public welfare services in general have been found wanting in their lack of awareness about issues such as race, gender and structural inequalities. The continuing importance and effectiveness of crisis intervention depends fundamentally upon its advocates ensuring that such issues positively influence their attitudes as much as their actions. This point is more clearly understood if we consider a possible scenario for one of the cases mentioned in the opening pages, that of the woman found wandering on the motorway (case no. 10). Let us imagine that when you and your colleague get to the police station, the desk sergeant welcomes you and talks about the woman 'flipping her lid' because 'her husband

walked out on her'. Another officer suggests 'she needs to see a psychiatrist'. The woman is in no mood to talk to you. She is frightened and repeatedly fluctuates between prolonged weeping and angry emotional outbursts. She has already been compelled to talk ceaselessly about herself to the patrol officers who picked her up, and to the police surgeon who declared that she wasn't in need of psychiatric help. She has repeatedly asked officers to take her back to her home, or to allow her to leave. The officers have persuaded her to stay until you and your colleague have arrived.

The police, unwittingly, may have worsened this crisis considerably. The flight in which the woman engaged—a common and natural response—may have been an effective coping mechanism for surviving the latest calamity of the letter from the DSS. At the very least, it can be an unmistakable cry for help. (It's not exactly desirable though for the safety and mental health of the children, an issue warranting much time and attention beyond the brief of this chapter.) But now this woman has to cope with the additional problems of being picked up by the police, detained in a police station, and subjected to repeated questioning stemming from blatant discriminatory (sexist, anti-disability) stereotyping attitudes. The consequences are likely to further undermine her self-identity, her confidence and competence.

The speediest accompanied return to her children and to her role as mother and protector is the first priority in this case. (Some workers may dash to the children first, an action likely to be perceived by the woman as an extension of the undermining which was carried out in the police station.) At home, when time and situation permit, when she thinks and feels that it is beneficial and desirable for her to reflect, then validating her crisis is the next priority. This does not mean persuading her that she has done the right thing; she most likely realizes she hasn't. It means helping her to understand that there is a link between (1) the various forms of poverty and stigma to which she has been exposed, and (2) her increasing fear and anxiety which led inevitably to a climactic eruption. This will be a significant step forward in convincing her that she is neither 'mad' nor 'bad'. Such self-perceptions easily take root in the minds of clients, particularly in those at the centre of mental health and child abuse crises.

Systems theory, social learning theory, and psychodynamic and developmental theories could all make some contribution towards enlightening client and worker about the client's internal state and about her rapidly deteriorating situation. But none of these theoretical orientations directly addresses the contributory factors of structural oppression and stigma, institutionalized sexism, and anti-disability attitudes (e. g. ridicule and isolation of the individual labelled as disabled). Other more recent theoretical orientations mentioned in this chapter certainly do address these factors,

particularly Davis (1991). (See also Popay 1991 for a perceptive structural analysis most relevant to the case in question.)

## FOUNDATIONS OF A MODERN CRISIS INTERVENTION SERVICE

The foundations of a modern effective crisis intervention service have four major components: a sound ethical base, appropriate conceptual and/or theoretical frameworks, a sufficient level of self awareness within the professionals dealing with crises, and a repertoire of skills and techniques. Each of these components will be enhanced in terms of importance and effectiveness if it combines many of the achievements of the crisis pioneers with an increased awareness of the wider cultural, structural and institutional context of crises. The four components need to be explained in more detail.

### 1 A sound ethical base

Ethical considerations in social work generally have been extremely narrow and limiting in respect of enlightening workers about the nature of the dilemmas they often face. The ethical challenge in crisis intervention is unmistakably complex and formidable. It cannot be surmounted merely by the right 'ethical' attitude. It often requires *action* in which ethically sound attitudes are clearly manifest. The ethical base of crisis intervention requires the following:

- (a) A system of values which are resolutely opposed to discrimination in all its various forms, that is discrimination because of race, religion, age, gender, disability, sexual orientation, and so on. The 'resolution' and the 'opposition' will often necessitate honesty and courage on the part of the worker: for example, to confront a police officer, a psychiatrist, or a paediatrician, about actions or attitudes that are clearly exacerbating the client's predicament.
- (b) Knowledge and experience: there is a fundamental ethical obligation for workers engaged in crisis intervention to be reasonably knowledgeable, experienced and confident in facing crises. There is an even greater ethical responsibility upon managers to ensure that front-line workers have every opportunity to acquire knowledge, experience and confidence in all aspects of crisis work. For example, it is highly unethical to send a newly qualified, unapproved social worker, alone, to investigate a complex mental health crisis. It is also highly unethical on the part of a worker who embarks upon a crisis, fully conscious of her lack of knowledge, and as fearful as she is certain that she will provide the worst possible service to the client. Again,



great honesty and courage are needed on the part of both front-line workers and managers to face up to the clearly unethical nature of such actions, and to avoid them.

- (c) Appropriate use of power and control on behalf of clients: this may be necessary in upholding the rights of clients; conversely, it may be necessary in getting crisis participants to surrender what they perceive to be their rights; for example, a father may believe that the extreme and damaging authority he exercises over his wife or daughter is his right. He may be influenced or persuaded to think otherwise; if not, power and control are legitimate ethical tools to ensure that basic rights of the mother and daughter are established (wife battering and child sexual abuse are probably the most common crises in which professionals are ethically justified in using power and control to protect the child/woman from such abuses).
- (d) Adequate resources, and the constant reappraisal of existing resources by crisis workers and their managers to ensure that they remain adequate. The crises of child sexual abuse have highlighted the ethical nature of the resources issue: it is unethical to compulsorily remove children from the risk of sexual abuse if the authority has not satisfactory alternative care and protection to offer the child; similarly with any other clients in crisis, it is unethical to intervene if the workers/agencies involved do not have the resources (personnel, expertise, finance, accommodation, etc.) to ensure the likelihood of a successful intervention.

## 2 Conceptual and/or theoretical frameworks

It is vital for professionals responsible for crisis intervention to have a sound theoretical base underpinning their methods. The conceptual and/or theoretical frameworks which professionals adopt should be flexible. They should facilitate understanding of the structural factors causing, contributing to, and sustaining the crisis, for example poverty, stigma or organizational and/or cultural rigidity. All theory should provide a predictive facility; crisis theory should enable the worker to predict the direction and outcome of crisis processes, and the impact of the worker's attempt to intervene.

## 3 Self-exploration

It is crucial for workers to be aware of the major sources of challenge to them personally, in the crisis situation. These challenges could arise from the most unexpected sources. For example, a worker may realize that they are extremely frightened by the location of the crisis: this may be a drab, run-down tenement block; or they may be extremely inhibited by the presence of numerous individuals in the crisis situation, or by a

claustrophobic atmosphere in a tiny room, or by the nature of the crisis itself—child abuse, marital strife, and so on. They must know why such challenges arise, and most important of all, they must be aware of natural tendencies to avoid such challenges. (See O’Hagan 1986 for conceptual frameworks enabling workers to explore their own vulnerabilities to these common features of crisis situations.) More seriously, the challenges may lie in certain discriminatory attitudes of the worker, similar, for example, to those sexist attitudes manifest in the behaviour of the police officers. The point made in the section on ethics, about opposing discrimination in all its forms, assumes added significance here.

#### **4 Skills and techniques**

All phases of crisis intervention contain difficulties and challenges. Surmounting these necessitates a repertoire of skills and techniques, many of which are standard tools in assessment, counselling, family therapy, and casework. ‘Knowing’ about the skills and techniques is insufficient of itself; there has to be abundant training, practice, and supervision in their application, specifically in and for crisis work. (The latter point is important: ‘listening’ and ‘empathizing’ in many crisis situations, for example, can be very different and much more challenging than listening to and empathizing with an individual client who is not in crisis.)

#### **SUMMARY**

This chapter began with examples of typical crisis situations which may at some point come to the attention of social workers. The purpose was to give some indication of the infinite number of crisis situations which can arise. It was immediately obvious that many of the cases had core gender, race, and structural components. The diversity of crisis situations makes it easy to understand the difficulty crisis pioneers had in attempting to find a suitable and lasting definition of crisis. A number of these attempts were explored, and the importance of the subjective experience in defining crisis was acknowledged. A brief survey of the literature and development of crisis intervention was provided, indicating a parallel diversity in theoretical orientations and practice models. The lasting benefits of the pioneers’ work were acknowledged, but their lack of awareness about issues like race, gender, structural oppression, and discrimination, and how such issues impinge adversely upon the genesis and sustaining of crises processes had to be addressed.

Social work has made an invaluable contribution towards enhancing awareness about such issues. Crisis intervention is one of the most necessary

and commonly applied methods of social work. Social work therefore has much to offer in securing the new foundations for an effective, modern crisis intervention service.

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