

## Crisis intervention in the light of contemporary views

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### Summary:

Crisis intervention is a form of psychological, medical, social or legal help. Its aim is to provide emotional support to the person in need. Because of depletion of his/her own possibilities to solve a problem, a person experiencing such condition needs ready solutions and quick help from the outside, which can be provided by a special crisis intervention centre.

**Key words:** crisis, crisis intervention

Crisis intervention plays a crucial role in helping violence, disaster, accident victims, in actions preventing suicides and giving psychotherapeutic assistance to people with suicidal problems. The first facility, which became the prototype of crisis intervention centres, was founded in Vienna in 1948. Its founder and at the same time a psychiatrist, Erwin Ringel, later one of the leading figures of European suicidology, called it a facility of people, who are 'tired of life'. Ringel studies on the subject of suicides and described by him presuicidal syndrome have oriented psychological actions at rapid, emergency aid for people at risk of suicide [1,2].

The largest development of suicide prevention felt on late sixties of the twentieth century. At that time the suicide prevention movement was developing parallel to suicidal intervention. Specialized centres of crisis intervention, dedicated to people with suicidal problems, were also created in large numbers. Rapid, emergency actions were added to the methods of emergency psychiatry. Many textbooks concerning this subject discuss the crisis intervention as the method of assistance for people who are to commit suicide. In the 1990s police officers in the United States, intervening in cases of serious suicidal risk, were taught the basis of crisis intervention as the useful method used in negotiations with

people, who are having acute crisis reactions [1]. In the connection with various locations of services for mental health crises – more in the medical structures than in psychosocial ones – and their different genesis, two approaches to crisis intervention may be encountered in general.

In the broad sense, an intervention is a psychological, medical, social or legal assistance. It also includes actions in the environment and serves as emotional support in the crisis. In the narrower sense, crisis intervention is equated with short-term psychotherapy, focused on the feelings of a person in crisis and on the event that caused such condition. Psychological (emotional) crisis is characterized by high affectivity, feelings of terror, fear of losing control, impairment of usual ability to solve problems and decision making, a sense of helplessness and various forms of behaviour disorganization and somatic symptoms [11]. On the account of the depletion of own abilities to solve a problem, a person experiencing such condition needs a quick help from the outside in the form of ready-made solutions.

Nowadays, more and more people experiencing acute social stress, burdens, various forms of violence, natural and social cataclysms require rapid

assistance different from other classic forms of psychotherapy. Social support mechanisms are mainly used in the crisis intervention [10]. People in crisis are given not only emotional, but also financial support, they are also provided with all necessary information and action tools. The basis of crisis intervention is a quick assessment of crisis situation, in which the level of life and health threat of a person in crisis or his/her relatives or friends is assessed and afterwards the decision concerning the necessity of separating the person in crisis from the source of threat is made. The assessment in the crisis situation is extremely hard, because it should be made together with the intervention involving e.g. emotional support, providing a person with information reducing anxiety and increasing the hope for satisfactory solution of a problem.

The assessment should be oriented at determining whether the crisis reaction is caused by acute stress in a person without any mental disorders, or it is a form of disorganization in the case of chronic traumatic stress [12]. Other important thing is the evaluation of the reserves of independent dealing with a problem possessed by a person in crisis and on what help from the family and friends he/she may count for. Crisis intervention is also a method of environmental intervention. When a crisis is a consequence of chronic stress and trauma, crisis intervention assumes the form of individual and group psychotherapy [4,5].

Modern crisis intervention centres offer assistance in the alleviation of suffering and helplessness, in regaining strength and resistance and in gaining control over life, aid in exercising one's rights, counselling, intervention, professional information and in exceptional cases contemporary shelter. Such centres usually work as a kind of emergency service and are open twenty-four hours a day. A helpline is a part of such centres. Instead of specialist techniques basic skills of listening, ability of classifying situations and experiences, ability of giving support and help in understanding a situation and finding new ways of dealing with a problem are required in the crisis intervention.

Crisis intervention requires from a psychologist mainly flexibility, active attitude and adjustment of the assistance to the nature of crisis and to the need of a person experiencing it [1,3,7,8]. The following factors distinguish crisis intervention from other forms of psychological assistance:

- 1) the speed of assistance: The help should be given only when a given person needs it. In the course of the crisis reaction there is a stage, when a person in crisis is the most open to the help offered.
- 2) place of assistance and forms of intervention are varied, adjusted to the needs of a given person. It may be a phone intervention or the meeting in

the seat of the institution providing the assistance. In many situations it is necessary to conduct an intervention on the spot, because people in need may not be able to seek help on their own.

- 3) high intensity of contact (even every day when needed) within 4-6 weeks.
- 4) flexibility of actions: from the active (sometimes directive) action, indispensable in the situations of life or health threat, to listening patiently and accompanying the person in crisis e.g. during the acute crisis reaction
- 5) mobilization of natural support system or ensuring institutional support
- 6) cooperation with other centres, so that the assistance would meet all needs of a person in crisis in a comprehensive way [1,2,3].

To accomplish such tasks and objectives of the interventions, it is necessary to adjust the organization of appropriate institution, which:

- 1) is open twenty-four hours a day during a year
- 2) is characterized by high accessibility: everyone, who is subjectively in the state of crisis, may be given assistance
- 3) except of admission in the clinic, gives possibility of intervention on the spot if necessary
- 4) cooperates with various public services and institutions
- 5) team includes psychologists, social workers, who are properly trained. Moreover, the team is constantly undergoing training, especially in the clinical evaluation of people seeking help, skills in establishing contact with people in strong emotional conditions, threatened with self-destructive actions and still poorly motivated to change [2,6,7,9].

The crisis, in which suicidal thoughts are predominant, like the psychical crisis lasts for some time. The situation looks the same with the nature of a process, during which the main experience is the ambivalence towards life and death. The role of intervener is to tilt the ambivalence towards life, but not try to restore the sense of life at all and therefore keep a person alive before the crisis passes. Suicide is an irreversible act, it requires the interveners to become active and directive. The will to save the patient's life may require various strategies, sometimes intuitive ones and not always rational.

While assessing mental condition of a person in suicidal crisis, it is worth using the criteria of so-called presuicidal syndrome described by Ringel in 1942 [1,2]. The presuicidal syndrome has three principal components: constriction; inhibited aggression turned toward the self; and suicidal fantasies. The construction concerns cognitive sphere: assessment of the self and own situation (I have no influence on external situations, I am helpless and I feel trapped), emotional sphere (pessimistic attitude towards life),

interpersonal sphere (less contacts with people, debasement of their value), value sphere (impairment of hierarchy of values, lack of self-esteem). Every suicide is an act of aggression against oneself. High risk of suicide occurs in people, who are not able to direct aggression to the surrounding, because of self-inhibition or external conditions. Not every deliberation about death and suicide indicate presuicidal state. Sometimes, fantasizing about death and suicide allows to relieve tension, whereas in presuicidal syndrome fantasizing reaches life-threatening level, when a given person develops more and more detailed way to commit suicide.

It should be emphasized, that all components of presuicidal syndrome intensify each other : social isolation decreases the possibility to relieve aggres-

sion and compounds anxiety, sense of hopelessness; emotional constriction intensifies suicidal tendencies; escalating suicidal images fuels fear and as a consequence heighten the feeling of being in the hopeless situation. The first crisis intervention centre in Poland was established in Cracow in 1991 as the initiative of clinical psychologists working with people after suicidal attempts from the Toxicology Clinic and Psychiatric Clinic. In the late 1990s there was a significant increase in number of various crisis intervention centres, but not all of them meet basic standards such as e.g. being open twenty-four hours a day, being prepared for dealing with essential elements of crisis experiencing as suicidality. Crisis intervention centres cooperate with police and emergency services as well as they support those services in contacts with people in crisis.

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