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Crisis Intervention in Social Work Practice.

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ABSTRACT

Crisis intervention is an essential component of social work practice. It is a short-term, goal-oriented strategy to assisting those who are in distress. Intervention during a crisis is intended to assist persons in dealing with an emergency, reducing distress, and returning to normal functioning. This publication examines the role of crisis intervention in social work and examines the seven steps of social work crisis management in relation to mental health. It starts by explaining the concept of crisis intervention and its objectives. This paper then examines social work crisis intervention in a mental health setting, as well as different approaches to crisis intervention.

Keywords: Crisis, Intervention, Mental Health, Social Worker, Therapy, Assessment, Social Work.

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1. INTRODUCTION

Crisis intervention is a short-term, goal-oriented technique to supporting those experiencing a crisis. A crisis occurs when an individual becomes overwhelmed by events or feelings and struggles to cope successfully. Intervention in a crisis aims to help individuals cope with a crisis, alleviate distress, and restore functionality. David Wang & Vikas Gupta (2023), defines crisis intervention as emergency mental health first aid. This breakdown offers a concise summary of crisis intervention, including the actions social workers can take to detect, assess, and intervene with individuals in crisis.

Crisis intervention involves three components:

- The crisis, the perception of an unmanageable situation;
- The individual or group in crisis;
- The helper, or mental health worker who provides aid.

Intervention in a crisis is providing timely and skilled support to someone suffering a crisis, preventing further physical or mental deterioration. A crisis can develop when an individual struggles to cope with stressful changes in their immediate surroundings. A stressful incident alone does not create a crisis; rather, crisis is decided by the individual's perception of the event and reaction to it. If the individual perceives the event as significant and threatening, has exhausted all of his or her usual coping strategies without success, and is unaware or unable to pursue other options, the precipitating event could push the individual into psychological disequilibrium, a state of crisis (Suzanne et al, 2015). Anxiety, helplessness, fear, inadequacy, bewilderment, agitation, and disorganisation are common symptoms of psychological disequilibrium (American Psychiatric Association, 2021). At this point, the individual suffering the disequilibrium may be most open to outside support, allowing for behavioural adjustment and a return to balance.

2. GENERAL VIEW OF CRISIS INTERVENTION IN HEALTH

Crisis intervention in health is a structured strategy that focusses on three main components: identification, assessment, and intervention. The identification step entails recognising clues such as abrupt behavioural changes, the onset of severe symptoms, and indications of worry. Healthcare providers must be alert to both evident and subtle signs of crises.

2.1. Identification

Identification acknowledges the presence of an issue and focusses on the significance of the incident in the person's environment as well as the person's current functioning. The incident or crisis might be categorised as developmental or situational (Smead, 1988). Developmental crises are the outcome of predicted change caused by normal growth or development, such as the introduction of puberty. Situational crises are either foreseeable, resulting from specific circumstances such as divorce or failing a class, or unpredictable, such as an accidental death or natural disaster. A change in circumstances, often accompanied by loss, can trigger an individual's crisis reaction.

Healthcare provider must quickly identify a person in crisis and determine the extent to which his or her functioning is compromised. In addition to psychological imbalance (in a mental health condition), additional signs and symptoms may suggest an issue for persons in a crisis. Physical signs, such as changes in overall health, energy, or activity level, as well as changes in food or sleeping habits, can indicate a problem. Increased tension or exhaustion, as well as changes in temperament, such as angry outbursts or sadness, might be indicators of a person in crisis. Behavioural indications such as difficulty concentrating, preoccupation with specific ideas, or social withdrawal may suggest a person in crisis (Roberts & Ottens, 2005).

2.2. Assessment

Healthcare workers examine the impact of a crisis situation on an individual after detecting the problem. This assessment typically takes the form of an interview, during which the healthcare worker seeks to portray a sense of acceptance, support, and calm confidence in the future. Communication with the person going through a crisis is critical, which includes making eye contact and, in certain cases, physical contact. Individuals may be asked questions on their view of the problem, the frequency and sequence of events, their sentiments, and their history of attempting to solve the problem. Forced choice or open-ended questions can be used to test an individual's communication ability, as he or she may struggle to articulate himself or herself, make decisions, or solve problems.

Assessments may include both verbal and nonverbal communication, such as facial expressions, posture, bodily movements, and mannerisms. This assessment includes evaluating the individual's existing safety and any potential risks to their or others' lives. Other things to consider are alcohol and drug use, stress levels, and mental states like hopelessness and helplessness.

2.3. Intervention

The intervention takes place when the crisis and the individual affected have been identified and assessed. While experts in this field may disagree on the name and number of steps involved, they all agree that certain aspects are essential to intervention and are fundamental to a best-practice problem-solving approach Rania Mansour, (2023).

First, when supporting and empathising with the client in crisis, the worker should listen and refrain from repeating the words "I understand" in order to allow the individual to express their feelings and emotions fully and openly. Second, the individual in crisis should respond to the worker's questions in order to describe and clarify the incident, as well as identify any societal and cultural aspects that may have contributed to the problem.

This second phase organises the problem into a framework. As Burak (1987, p. 1) puts it: "Understanding of and respect for the differences inherent in each culture are needed for rapid, effective, and sensitive treatment of emergency situations" (p. 1.5). Bhatia et al. (2022) highlights the importance of cultural sensitivity and competence for effective emergency response and disaster management. It aligns with the view of Burak (1987) in emphasizing the need to understand and respect cultural differences when providing aid and support during crisis situations.

Both scholars underscore that social worker responding to crisis must be attuned to the unique cultural contexts of affected person in order to deliver appropriate, dignified, and empowering support. Failure to identify and consider cultural nuances can undermine the success and impact of crisis intervention.

Third, the social worker gains an understanding of the significance of the problem from the person's perspective. Before proceeding to the fourth step, the first three steps must be completed, even if they were partially done during the crisis's identification and assessment stages.

Fourth, the individual in distress and the social worker collaborate to create alternate solutions and discuss available resources. At this stage, the social worker may need to take a more directive approach by focussing on the current problem, proposing action plans, and recommending more resources for support, rather than simply listening and reflecting, (Sandoval, 1988).

Fifth, the individual in crisis and the worker agree on one or more particular, time-based objectives that take into account the person's significant other, social network, culture, and lifestyle. Before attempting a solution, comprehensive planning should be undertaken, including acknowledgement of all stages needed and evaluation of any hurdles to accomplishment. This phase may include a little guidance, training, role acting, or rehearsing of prospective circumstances in order to further empower the individual. The sixth step involves implementing the plan and evaluating its performance. They then change the plan as needed. Seventh, the worker prepares for follow-up or directs the individual in crisis to a provider that can offer continuous support. The social worker then terminates the established crisis relationship.

3. APPROACHES TO CRISIS INTERVENTION AS A SOCIAL WORKER

Natural disasters, interpersonal conflicts, and mental health crises are all examples of situations that can be addressed through crisis intervention. Depending on the circumstances, social workers can use a number of crisis intervention techniques, such as:

- **Cognitive Behavioural Therapy:** CBT is a notable forms of psychotherapy. This planned, time-limited, present-focused method is often used to assist individuals in getting over depression, anxiety, and anger issues. It is inaccurate to refer to CBT as a singular therapy, when it is actually an umbrella phrase. Cognitive Behavioural Therapy (CBT) encompasses interventions built in the basis that maladaptive behaviours are instigated by erroneous or irrational thought processes (Dharmender et al, 2013).
- **Solution Focused Therapy:** Solution-focused therapies are based on the belief that there are exceptions to every problem, and that by exploring these exceptions and having a clear vision of a preferred future, the client and counsellor can develop ideas for solutions. Solution-focused therapists are competent and future-oriented. They utilise clients' strengths to create a more effective future.
- **Narrative Therapy:** The narrative approach to therapy and counselling suggests that problems emerge from restrictive storylines that master people's lives. We have stories about our personal lives and relationships; about our abilities, acts, hobbies, achievements, and losses. Each story is created through a process that comes with subsequent events. "Meaning" is the abstract concept linked with the stories. We repeatedly provide meaning to our experiences. Individuals, according to White, construct meaning for their life through the use of interpretative stories, and this construction can be done by both the person and others (Öykü and Orkide, 2016).

When engaging in crisis intervention, social workers must address ethical considerations and ensure that they provide services in a culturally appropriate manner while also respecting the individual's autonomy and privacy. Social workers must also guarantee that they provide services in a safe and non-judgmental context.

4. CRISIS INTERVENTION IN MENTAL HEALTH AS A SOCIAL WORKER

As social workers, we are often called upon to intervene during times of acute crisis, providing stabilization, resource connection, and a pathway towards long-term healing and well-being.

Humanistic theoretical approach emphasises people intrinsic worth and dignity, as well as their ability to self-actualize. This theory to crisis intervention emphasises empathy, unconditional positive regard, and honesty in the therapeutic interaction. Humanistic therapies attempt to help people explore their emotions, values, and beliefs while also promoting self-awareness and personal growth.

In cognitive-behavioural theory, Arthur F and Frank M.D, (2007) holds that thoughts, feelings, and behaviours are interrelated and impact one another. This method to crisis intervention focusses on recognising and challenging dysfunctional mental patterns and beliefs that cause distress. Cognitive restructuring, behavioural activation, and teaching coping skills are all possible interventions for effectively managing negative emotions and behaviours.

The seven steps to crisis intervention are the foundation of good mental health social work practice.

- Step one is to do a thorough assessment of urgent safety problems and risk factors, such as suicidal thoughts, self-harm potential, and environmental risks. This initial assessment is critical for defining the appropriate level of assistance and ensuring client safety.
- Step two focusses on building rapport and a therapeutic relationship, which are believed to be crucial for best crisis intervention outcomes.
- Step three entails a thorough examination of the causative factors and underlying challenges that contributed to the crisis while step four investigates the client's existing coping mechanisms and support network.
- Steps five and six include social workers collaborating with clients to create and implement a thorough intervention plan. This plan mostly includes both urgent crisis management measures and long-term support mechanisms.
- The last phase is a good follow-up and possibly appropriate referrals to guarantee care continuity and long-term rehabilitation and followed by termination which forecloses the case.

Throughout this process, psychosocial support is crucial to effective intervention, as including psychosocial factors into crisis intervention improves outcomes across a wide range of mental health conditions. This includes addressing social determinants of mental health, cultural concerns, and environmental stressors that may hinder rehabilitation efforts.

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