

# Responding to Crisis





# Responding to Crisis



**DEFINING**

**CRISIS**

# Responding to Crisis

## Defining Crisis

**A crisis is any situation in which a person's ability to cope is exceeded.**

**A person can be considered in crisis when their customary problem solving skills do not help them to resolve a situation.**

**REMEMBER – People in CRISIS are controlled by EMOTIONS – not reason or logic**



# Responding to Crisis



**DISTRESS**

**EUSTRESS**

**CRISIS**

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## Traumatic Stressor Events

**Unanticipated single events beyond the range of normal daily stress**

**Enduring and Repetitive Events**

**Compounding effects of low-level, insidious stressor events**

**Alterations in a person's basic relation to his/her environment**

# Responding to Crisis

## Manifestations of Crisis Reaction

**PHYSICAL RESPONSE**

**THE MIND'S RESPONSE**



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## PHYSICAL CHANGES

*Pounding Heart*

*Muscle Tension*

*Trembling*

*Rapid Breathing*

*Dizziness/Nausea*

*Sweating*

*Dry Mouth*

*Insensitive to Pain*

*Tingling Sensation in Limbs – Going Numb*

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## PERCEPTUAL CHANGES

*Tunnel Vision*

*Heightened Visual Clarity*

*Hearing Distortions*

*Time Distortions*

*Dissociation*

*Temporary Paralysis*

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## COGNITIVE CHANGES

*Intrusive Thoughts*

*Automatic Behavior*

*Memory Gaps*

*Memory Distortions*

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## Traumatic Memory

Perceived threat to survival triggers the release of hormones/chemicals, as well as activates neuronal activity that forms pathways of brain activity.

The emotional trauma may last a lifetime.

Remember: Traumatic memory is non-narrative and nonverbal

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## Traumatic Memory

Sometimes, the memory reinvents itself because the cognitive functioning is so dysfunctional that a memory cannot be translated into a narrative.

Therefore, the emotional memory remains reactive and separate from cognitive functions. This is how emotional/traumatic memory becomes dissociated from other experiences.

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## DISSOCIATION

**PRIMARY DISSOCIATION**

**SECONDARY DISSOCIATION**

**TERTIARY DISSOCIATION**

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## PRIMARY DISSOCIATION

Sensory and emotional elements of the event may not be integrated into personal memory and identity, and remain isolated from ordinary consciousness; the experience is split into its isolated somatosensory elements without integration into a personal narrative.

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## SECONDARY DISSOCIATION

Traumatized individuals report mentally leaving their bodies at the moment of the trauma and observing what happens from a distance. These distancing maneuvers of “secondary dissociation” allow individuals to observe their traumatic experience as spectators, and to limit their pain or distress; they are protected from the awareness of the full impact of the event.

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## TERTIARY DISSOCIATION

When people develop distinct ego states that contain the traumatic experience, consisting of complex identities with distinct cognitive, affective, and behavioral patterns.

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## Traumatic Memory

The memory becomes so fixed in the mental processes that the initial imprints of the trauma are so strong, that when remembered, it reaffirms and strengthens the initial response.

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## Unresolved Traumatic Memory

If a person is under such stress when the trauma occurs, the brain may not be able to assimilate the event....

The mind tries to create scenarios that clear up the confusion....but they don't fit – thus the confusion is increased....

The memory becomes a preoccupation and the person cannot shed the feeling that the trauma is happening in the present

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## The Mind's Response

*Regression*

*Fear*

*Anger*

*Confusion*

*Frustration*

*Guilt*

*Self-Blame*

*Shame*

*Grief*

*Reconstruction of Equilibrium*

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**POST-TRAUMATIC  
STRESS DISORDER**

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## ACUTE STRESS DISORDER

Three or more dissociative symptoms

Re-experiencing the event

Avoidance Behavior

Increased Arousal and Anxiety

Impairment of Daily Functioning

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## NEGATIVE CHANGES

- ◆ Becoming over controlling and rigid
- ◆ Permanent regression
- ◆ Faulty management of tension or stress
- ◆ Inability to retain or initiate relationships
- ◆ Avoidance or withdrawal from new challenges

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## POSITIVE CHANGES

- ◆ **Redefinition of life goals**
- ◆ **Increased flexibility in coping strategies**
- ◆ **Increased tolerance of personal differences with others**
- ◆ **Development of new understanding of spiritual or religious issues**
- ◆ **Increased ability to communicate emotional responses and to express situational reactions**

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**DEPRESSION**

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## Depression

**With each depressive episode of depression there is a phenomenon known as “kindling”....**

**All this means is there is a lowered threshold for any new depressing event**

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**CRISIS**

**INTERVENTION**

# Responding to Crisis

## SAFETY

- ◆ **Is the victim in need of medical care?**
- ◆ **Is there immediate danger?**
- ◆ **Are the victim's family/friends/peers in danger?**
- ◆ **If there is danger, is there a safe place for the victims?**
- ◆ **Are there belongings significant to the victim that can be rescued, if possible**

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## SECURITY

- ◆ **Even though survivors may be physically safe, they may still feel insecure**
- ◆ **Help survivors find privacy to express emotions**
- ◆ **Ensure confidentiality – within limits**
- ◆ **Reassure survivors that their reactions are acceptable and not uncommon**
- ◆ **Help survivors take control with little steps**
- ◆ **Support survivors in efforts to achieve emotional safety**

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## VENTILATION

Refers to the process of allowing the victims/survivors to “tell their story”. Survivors often need to tell the story over and over.

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## COMPASSIONATE PRESENCE

**Seat Yourself During the Conversation**

**Lean forward in your chair**

**Keep facial expression neutral, but reflect concern or sadness**

**Maintain eye contact**

**Speak distinctly and clearly**

**Show respect**

**Never ask “why” questions**

**Effective Listening**

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## Ineffective Listening

- ◆ **Making assumptions that you know what survivors will say**
- ◆ **Boredom may occur when listeners think what they hear is not important**
- ◆ **Disagreement is perceived with another's thoughts or interpretations**
- ◆ **Ego-involvement**
- ◆ **Generalization made by the listener from one crisis to the next**
- ◆ **Hearing only what the listener wants to hear**
- ◆ **Interruptions by the listener to complete the speaker's behaviors or actions**
- ◆ **Responding to stories with you own emotions**
- ◆ **Listening to words only**

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## Effective Listening

- ◆ **Ask questions to facilitate the flow of story-telling**
- ◆ **Believe the speaker's impressions and reactions**
- ◆ **Clarify what is being said**
- ◆ **Discern unspoken messages from speakers in their body language, voice tone, and facial expression**
- ◆ **Give information that might help survivors understand the situation more clearly – do not argue**

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## Effective Listening

- ◆ **Help survivors remember what happened by asking them chronology of events or contextual nature of events**
- ◆ **Instill peace through silence**
- ◆ **Ask survivors to repeat confusing parts of the story**
- ◆ **Keep your personal values, beliefs, biases, and judgments to yourself**

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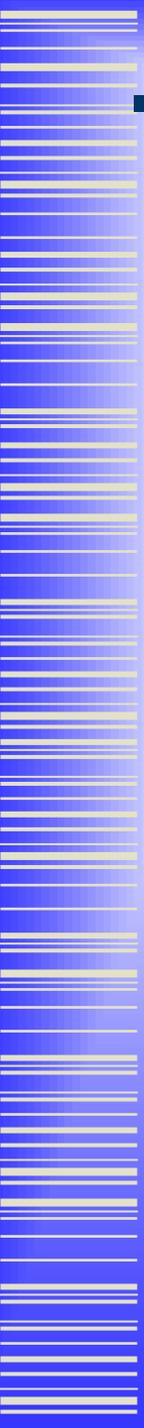
- 1. Remind survivors to focus on living one day at a time**
- 2. Help them explore options and use problem-solving techniques with everyday concerns.**
- 3. Encourage survivors to talk and write about the event**
- 4. Suggest that survivors establish a daily routine**
- 5. Help survivors plan time for memorials**
- 6. Help survivors figure out a support system**
- 7. Promote healthy eating, sleeping and exercise**

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## Trauma Specific Counseling

**The focus of counseling should be directed at the trauma itself.**

**Other pre-existing problems such as marital issues, alcoholism, drug abuse, etc. should not be addressed except as they relate to the crisis.**



# **Responding to Crisis**



**Safety Education**

**Trauma Education**

**Second Assault Education**

**Symptom Management**

# Responding to Crisis



DEATH  
DEATH  
AND  
DYING

# Responding to Crisis

## Fears of Death

**Loved Ones**

**Loss of Family and Friends**

**Dying Process**

**God**

**Judgment and Finality**

**Forgetting/Being Forgotten**

**Changes in Roles**

**Perpetrator**

**Impending Doom**

**Spirits**

**Being Alone**

**Loss of Body**

# **Responding to Crisis**

## **Reactions to Death**

**Anger**

**Guilt about preparations for death**

**Guilt about lifestyle changes**

**Guilt and Negative Thoughts/Feelings**

**Survivor Guilt**

**Shame**

# Responding to Crisis

*DEATH*

*NOTIFICATION*

# Responding to Crisis

## General Guidelines

- ◆ **Obtain as much information as possible before the notification**
- ◆ **Make notification in pairs**
- ◆ **Do not take any personal items of the deceased**
- ◆ **Try to make sure your clothing or appearance is not disheveled or bloody**
- ◆ **Introduce yourself and have credible identification**

# Responding to Crisis

## General Guidelines

- ◆ **Confirm the person you are talking to is the appropriate person to be notified**
- ◆ **At the home, ask to enter the home before making notification**
- ◆ **Encourage survivors to sit, and sit down with them**
- ◆ **The assisting person should monitor the survivors for danger signs to themselves or others**

# Responding to Crisis

## General Guidelines

- ◆ **Be prepared to present confirming evidence in a convincing fashion in the face of denial**
- ◆ **Focus on the immediate needs of the survivors**
- ◆ **Do not leave survivors alone**
- ◆ **Tell the survivor simply and directly**
- ◆ **Notification should be performed compassionately, quickly, and with as much accuracy as possible**

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## Notification by Telephone

- ◆ Try to arrange for someone to be with the survivor
- ◆ Introduce and identify yourself
- ◆ Confirm the identity of the person called
- ◆ Be direct in delivering your message, but encourage the survivor to sit down while you talk
- ◆ If they are alone, ask for permission to call someone to be with them
- ◆ If you are notifying number of family members and friends by telephone, let each of them know who else you have notified.

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## Notification of Large Groups

- ◆ **Try to ensure that several different trained notifiers are involved**
- ◆ **Provide separate facilities for those who have lost loved ones**
- ◆ **If more than one person has died, information on all deaths should be released as close together as possible**
- ◆ **Group notification should continue as long as any people remain missing**

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## MISSING PEOPLE

- ◆ **Loved ones should be notified of missing.**
- ◆ **If there is doubt as to who was killed – make this clear**
- ◆ **If there is a delay in identification or there is possibility that there will never be a final identification, keep survivors informed**

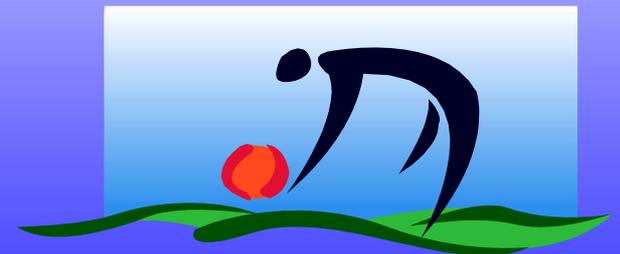
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**LOSS**

**(OTHER THAN DEATH)**

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# MOURNING



# Responding to Crisis

## Six “R’s” of Mourning

*Recognize the Loss*

*React to the Missing*

*Recollect the Missing, the Relationship, and the  
Meaning of the Relationship*

*Relinquish attachments to the world before the loss*

*Readjust to a new world without forgetting the old*

*Reinvest in the World Around You*

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**GRIEF**

**Natural Anticipatory Grief**

**Unnatural Anticipatory Grief**

**Traumatic Grief**

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## Natural Anticipatory Grief

Grief often brought on by the expected death of an aged loved one.

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## *Natural Anticipatory Grief*

- ◆ Initial shock happens in reaction to changes in the loved one while they are alive
- ◆ Sporadic bouts of sorrow occur with acknowledgment of death
- ◆ Preparations and Plans are made
- ◆ Upon death, detachment is filled with sorrow/missing/loneliness
- ◆ Survivors implement the plan for change
- ◆ Remembrance is planned affair

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## UNNATURAL ANTICIPATORY GRIEF

This refers to the process of grieving over a death that follows a terminal illness when the dying person is still young, middle aged or young-old.

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## Unnatural Anticipatory Grief

- ◆ Denial
- ◆ Protest/Anger
- ◆ Despair
- ◆ Disengagement
- ◆ Preparations and Planning

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## Traumatic Grief

**With the impact of sudden, random death, survivors usually experience a traumatic reaction to the manner of death which they must confront before they can even begin to grieve over the loss.**

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## Special Grief Issues

**In sudden, random, arbitrary death, grief is often delayed due to the initial crisis reaction**

**No chance to say goodbye in sudden death**

**Difficulties prior to death can exacerbate sorrow**

**People grieve differently**

**Spasms of grief can continue for a life time**

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## Special Grief Issues

Some relationships are overlooked in the aftermath

Survivors may feel they are denied the grieving process –  
stigmatized

Torture or protracted deaths can cause an additional level  
of grief

Suicide causes particularly complex reactions in surviving  
loved ones

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## Suggestions for Survivors

- ◆ **Put off important decisions**
- ◆ **Everything someone does after someone dies becomes new**
- ◆ **Reconstructing a new life can be similar to the body healing a wound**
- ◆ **Express reactions through writing, talking, physical activity, anything that is comfortable**

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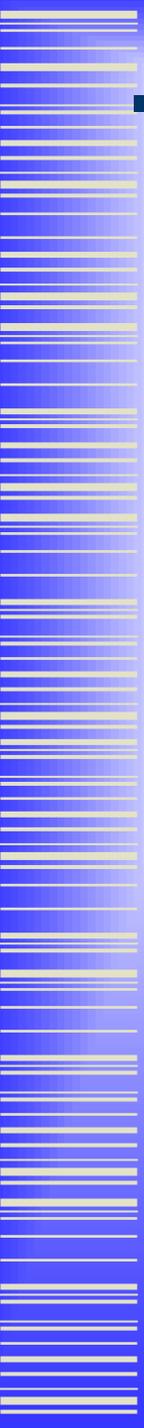
## Suggestions for Survivors

- ◆ **Avoid dwelling on personal guilt**
- ◆ **Stay in touch with your doctor to monitor physical reactions**
- ◆ **Educate yourself**
- ◆ **Stay in touch with the living**
- ◆ **Take time to be sad**

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## HINTS FOR HELPING

- ◆ Ask how survivors they are doing and listen to the answers
- ◆ Ask about memories of the deceased
- ◆ Make arrangements to be with survivors – but at their convenience
- ◆ Create special tributes for both survivors and their loved ones at the difficult times such as holidays or memorial dates



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# **BASICS**

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## Behavioral

Includes patterns of work, play, leisure, exercise, diet, sexual behavior, sleeping habits, use of drugs/alcohol/tobacco, presence of suicidal, homicidal or aggressive acts.

What are the customary methods of coping with stress?

# Responding to Crisis

## Behavioral

Go from “emotional” problem to  
“thinking” problem

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## Affective

**Includes feelings about any of the above behaviors; presence of feelings such as anxiety, anger, joy, depression, etc.**

**Talking about feelings places a cognitive framework around the emotions.**

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## Affective

**Use of internal attributions is a good method of dealing with catastrophic notions.**

**Provide feedback that gives them internal locus of control.**

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## Somatic

Refers to general physical functioning or health

Presence of headaches, stomach difficulties and other complaints; general state of relaxation/tension; sensitivity of vision, touch, taste, or hearing

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## Somatic

Again, the process of focusing on specific somatic occurrences going on in the moment, diverts from the emotional response and deals with specific issues.

Recognizing the somatic indicators of emotional distress also provides a source of comfort.

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## Interpersonal

**Refers to the nature of relationships with family, friends, neighbors, and co-workers; numbers of friends, frequency of contact; roles taken with various intimates; conflict resolutions style; and interpersonal style**

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## Interpersonal

There are only a few basic emergency options which include:

- Rigidity
- Clinging
- Panic
- Attack

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## Cognitive

Refers to current day and night dreams; mental pictures about past and future; self image; life goals; philosophy of life; presence of catastrophizing, over-generalizing, delusions, hallucinations, irrational self-talk, general positive and negative attitudes towards life

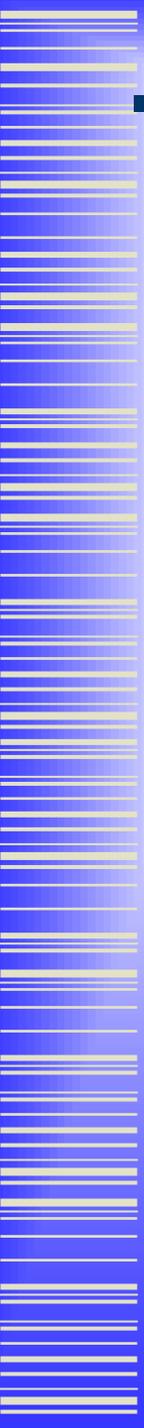
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## Cognitive

You may need to give a person distance, while continuing to keep a line of calm, caring communication open.

Demeanor is vital

Never underestimate the person's vulnerability, even if it is covered by rage.



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## Stress Reactions of Caregivers

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## BURNOUT

**Burnout is characterized as a state of emotional, mental and physical exhaustion**

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- ◆ **Professional Isolation**
- ◆ **Emotional and Physical Drain**
- ◆ **Ambiguous Success**
- ◆ **Erosion of Idealism**
- ◆ **Lack of Expected Rewards**

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## Vicarious Victimization

**Occurs when a caregiver's own scars and injuries are revisited due to the sights, sounds, stories, or issues raised by the victims or survivors.**

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**Bystander's Guilt**

**Rage**

**Dread and Horror**

**Shame and Related Emotions**

**Grief and Mourning**

**Victim/Liberator**

**“Me Too”**

**Privileged Voyeurism**

**Defense**

# Responding to Crisis

## Changes of Perspective

- ◆ **Constant re-exposure to sudden, random, arbitrary disaster**
- ◆ **Exposure and Re-exposure to the Impossible**
- ◆ **Lack of Positive Exposure to Human Good**
- ◆ **Lack of Nurturing Resources**

# Excited Delirium

- ◆ **Excited delirium is a controversial term used to explain deaths of individuals in police custody, in which the person being arrested or restrained shows some combination of agitation, violent or bizarre behavior and may be insensitive to pain**

# Excited Delirium Symptoms

- ◆ **Paranoia**
- ◆ **Hallucination**
- ◆ **Incoherent speech or shouting**
- ◆ **Incredible strength or endurance**
- ◆ **Hyperthermia (overheating)**
- ◆ **Profuse sweating**

# Referrals in Crisis

- ◆ **Crisis Intervention Centers**
- ◆ **Crisis Hotlines**
- ◆ **Domestic Violence Hotlines and intervention**
- ◆ **Confidential Address Program (CAP)**
- ◆ **Employee Assistance Programs (EAP)**

# Responding to Crisis

## Finding Balance in Life

**Industrious Occupation**

**Health**

**Family**

**Friends**

**Spirituality**

**Leisure**

# Responding to Crisis

