

## CRISIS AWARENESS TRAINING FOR HELPING PROFESSIONALS: AN APPLICATION MODEL

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Over the past 30 years, crisis theory has grown from a promising concept to a cornerstone of intervention strategy in community mental health work. Lindemann's (1944) landmark study of survivors of the Coconut Grove fire in Boston focused attention on the necessary emergence of grief reactions as an adaptive, emotional response to loss. As crisis theory developed (Caplan, 1964), interest grew in viewing many forms of threatening and disorganized behavior as human responses to precipitating stress, which, if recognized, could be channeled by a skilled crisis worker into opportunities for adaptive resolution (Parad, 1965; Paul, 1966). When, as a result of federal funding, communities became more responsive to mental health needs, crisis intervention programs were developed in diverse settings to counteract the toll taken by assault, suicide, marital discord and other types of human distress (see e.g., Bard, 1970; Lister, 1976; McGee, 1974; Parker & Meier, 1975; Rabkin, 1972; Specter & Claiborn, 1973).

With few exceptions, (Sebolt, 1973) the working concepts of crisis intervention focus on the needs of victims. Relatively little attention has been paid to the emotional responses of helpers themselves or to the transactions which take place between helper and receiver during intervention in crisis. This awareness grows slowly over time and with continued exposure to demands of crisis work. Our own awareness has developed from over four years of experience training diverse groups of helping professionals to respond more effectively to persons in crisis. During the early stages of our collaboration together and with others, we were so caught up in the exigencies of developing a crisis training program for police recruits that we did not recognize our own rigidities as a response to the crisis of working in vaguely charted territory in our own professional lives. Gradually, we began to realize that the confusion and chaos our trainees regularly experienced while attempting to resolve our workshop training exercises might be the product of a parallel set of crises between helper and receiver or even between trainees and trainers (see also Doehrman, 1976).

Over time, our observations about the reactions of police recruits were reinforced in workshops with social service workers, probation and parole officers, visiting teachers, mental health and emergency service personnel and deputy

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sheriffs. Repeatedly, these diverse community caregivers became confused or overly rigid during our simulated crisis intervention sequences. These were not youthful recruits but relatively experienced community workers who were undoubtedly anxious being on display among peers. Nonetheless, persons whom we expected to respond more flexibly to crisis consistently had difficulty doing so. Many of these helpers had a broad range of duties and functions which required that they maintain a state of preparedness to respond to very diverse human transactions both in and out of the protection of their offices or agency structures. The fluctuating ambiguity of these role demands and the constraints of their official positions produced considerable confusion and tension in the face of direct needs for intervention. Many workers reported little agency awareness or concern for their dilemmas. Very few had received any regular supervision or training in crisis work. As an outgrowth of these experiences, we have decided to focus our attention on identifying the interactive demands of the crisis intervention process, begin to understand its accompanying dynamics and offer a training model which is designed to heighten helpers' awareness of these crisis transactions and enhance their personal skills in responding effectively to crisis events.

## TOWARDS A DYNAMIC AWARENESS OF CRISIS

### Elements of Crisis Reactions

Our framework for understanding crisis transactions is based on an expansion of traditional crisis theory. As originally developed, the concept of crisis is defined as "a sudden change in a life situation which results in confusion of the moment and is seemingly beyond one's limits to cope. It is usually precipitated by a loss of basic supplies (either physical or emotional), a threat of that loss or a challenge to one's power or prestige" (Caplan, 1972, p.2). Moreover, persons in crisis are conceived to move through a predictable series of stages or sequence of reactions over a relatively brief period (up to six weeks). *Impact*, the most short-lived of the stages, is characterized by use of one's most habitual coping mechanisms in response to rising tension analogous to the body's preparation for physical shock. A second stage, *recoil*, is likened to the physical shock reactions themselves. Typical means of coping become ineffective. Victims may exhibit denial of the crisis, withdraw from those around them, develop symptomatic emotional responses (anxiety, fear, guilt, worthlessness), and become more vulnerable and dependent. Finally, in the *reorganization* stage, the crisis is resolved either by reversal or removal of the precipitating stress or by victims restructuring the situation, learning to cope with new circumstances or by responding to assistance in discovering alternative solutions. If active resolution does not result, functioning may deteriorate into more chronic disturbance due to the persistence of maladaptive coping techniques (Caplan, 1964).

The concept of crisis intervention has evolved from the belief that during a crisis and its accompanying disequilibrium, a person or system is more open than usual to new ways of coping or structuring experience (Caplan, 1964). Ideally, the primary task of the crisis worker is to preserve this openness while providing a direct, guided, focused exploration of alternative solutions. But, as we discovered, helping in the midst of crisis is not that easy. The impact stage of crisis is brief and is the least visible to outside parties. It may not be obvious to helper or victim what has happened. The recoil reactions of victims are typically extended in time and may represent externalized forms of previously repressed conflicts. Frequently helping persons are taken by surprise and do not recognize the potency of these reactions when victims feel threatened and have lost self-esteem, power and/or support. In such circumstances, emotional reactions may escalate quickly under conditions of provocation or neglect. For example, feelings of helplessness may deepen into despair (potential suicide risk) or feelings of loss of power may lead to agitation and possible aggression.

For the helper, there are corresponding risks involving loss of self-esteem, power and/or support. Since intervening in a crisis involves being exposed to the stress, confusion or disequilibrium of victims, this often precipitates a parallel, albeit subtler, crisis for the helper. Since this type of crisis reaction is more momentary and less internalized, we would describe it as a *microcrisis*. In a microcrisis, all of the stages of crisis reactions occur in a highly condensed, fairly rapid manner within the crisis transaction itself. Helpers may become momentarily overwhelmed and experience a rise in tension (impact). Under conditions of surprise, they may experience a threat to their sense of power and security and fall back for their own protection on the use of role masks—badges of authority, uniforms, positions, etc.—prior to any active identification of what happened. These recoil reactions by helpers may lead to power struggles, confusion, and impasse. Because of the active nature of the helping role, the recognition of these microcrisis reactions are often blocked from awareness.

#### Crisis Transaction: Some Illustrations

From our workshop observations, we have come to recognize that how a helping person attempts to use his or her role is often the first clue as to how that particular helper responds to a crisis situation. For example, in one of our workshops, a person played the role of a protective service worker investigating a suspected child abuse situation involving a school age girl. The worker quite confidently knocked on the parents' door, identified herself (assumed position of power), and fully expected to be welcomed in as someone who had come to help. This worker was unprepared for the hostility of the family and their agitation around this invasion of their privacy. The worker had not understood the dynamics of this particular crisis, i.e., child abuse being a signal for loss of control

and displacement of aggression. She had actually escalated the crisis by further threatening the parents with additional loss of power (removal of the child) in their own home because she herself felt rather powerless to deal with this troubled family except from the protected position of her official role.

If helpers do not recover from momentary confusion or false starts, the danger of recoil reactions involving power struggles and impasse rapidly ensues. There are many types of recoil reactions helpers exhibit as a consequence of their own microcrisis state, but one of the most dramatic and dangerous is blatant denial. For example, in one of our police workshop exercises, an ex-Navy captain and former POW had suffered a sense of alienation and loss of power within his own family and had withdrawn to the safety of his study. A radio report of an apparent suicide of a fellow prisoner of war triggered a psychotic episode in which he felt his study to be his ship under siege. The recruit officer, knowing that the disturbed man was armed, gained admission to the study through careful negotiation by being willing to play into his psychotic fantasies. In admitting the police officer, the captain lowered his gun. Suddenly, the officer swung his (plastic) night stick across the man's gun hand in a desperate attempt to disarm him despite no immediate, direct threat or danger. The hit was on target but the gun did not fall. In the next instant, the officer was "dead"—"shot" at close range by the enraged captain. In this particular exercise, the entire role play action was captured on video tape close up. The look of terror and disbelief (denial) on the officer's face when the gun did not fall and was pointed at him was bone chilling. This officer had assumed that *he* had the power, that if he hit the man on the wrist, the gun *had* to fall. In police work, denial is not simply an error; it can be fatal!

The immobilizing force of confusion and impasse can be illustrated well from the events of another police training sequence. Several recruit officers were asked to intervene in a family dispute involving a husband and wife and her mother. When the officers arrived, the scene was so chaotic, no one knew quite what to do first. Under these ambiguous situations, police recruits frequently become legalistic. They try to see who will sign a complaint but have genuine difficulty recognizing they are dealing with a family system. In this particular case, the wife's mother had the power. She was fomenting an argument between husband and wife by actively interfering in any efforts to calm down the situation. The young officers not only failed to recognize and acknowledge her role but did not feel comfortable confronting an older woman and were literally unable to remove her in an effort to help the husband and wife begin to resolve their own disagreement.

What we have learned from these and similar reactions is that if helpers deny or fail to acknowledge their own microcrisis states, they may become more likely to project their own preferred roles or solutions for resolving crisis situations, whether they are appropriate or not. In such circumstances, acting in role (doing

one's duty) may serve more to reduce the helpers' anxiety than respond to the helplessness, anxiety and confusion which usually pervades and underlies the feelings of the person(s) in crisis. Clearly, there are times when acting in role may elicit compliant responses from people in crisis out of fear, deference or dependency. In life-threatening situations, this may be the strategy of choice. Otherwise, this type of helper response is largely unconscious and rarely leads to creative and effective crisis resolutions based on the needs of victims. In these circumstances, helpers may cling to their roles for protection. When helpers feel secure about their role, they do not need to prove it forcefully. Rather, helpers feel free to use their personal sense of power (competencies, autonomy, humanness, etc.) to establish genuine contact with persons in crisis. We remember well the response of a seasoned guidance counselor role-playing a teacher who would have handled a disruptive student knocking at his classroom door by inviting the class to help him determine what was wrong rather than risk an escalation of student-faculty tensions. This kind of flexibility and give and take must occur if reorganization is to take place. Otherwise, crisis transactions remain at a defensive level for both helper and receiver which creates an obvious barrier to effective crisis resolution.

#### Towards a Dynamic Model of Crisis Awareness Training

Our gradual recognition of the potency of parallel crisis reactions has helped simplify our understanding of what happens during crisis transactions. The charged climate which envelopes crisis events quite simply heightens and exacerbates underlying emotional tendencies in victim and helper alike. What disturbs us about this occurrence is not the inevitability of these reactions under the heightened stress of crisis work but that microcrisis reactions have been minimally explored, unrecognized or denied. Just as countertransference phenomena subtly affect transactions in psychotherapy, so too do such response tendencies and gaps in awareness materially affect the quality and usefulness of crisis intervention skills and techniques. For many helpers, learning about or even practicing crisis intervention skills is often not enough. An individual's skill in responding effectively to different crisis situations depends largely on his or her ability to become aware of and cope well personally with the internal and interpersonal dynamics of crisis.

The objective of training is to foster the growth of awareness of crisis reactions, both cognitively and behaviorally, so that crisis workers can develop more effective response strategies in intervening directly with persons in crisis. Like crisis intervention itself, our method of crisis training is direct and guided. Caplan's conception of crisis stages is useful not only as a framework for understanding crisis reactions but also as a method of structuring the crisis awareness training process itself. Our training model is based on the use of role play, modeling and

psychodramatic concepts (Corsini, 1966) to actively demonstrate the interactive complexities of crisis work. The use of experiential exercises in crisis training is not new (see e.g., Berman, 1973). What we have tried to set forth is a model in which helpers can attend to each stage of crisis reactions in an unfolding sequence to (1) share in the impact, (2) see the evolution of recoil reactions, (3) come to recognize their own responses, and (4) try out different means of achieving crisis resolution.

This model can be adapted for many training needs. What we try to preserve is the process and direction by which the growth of awareness takes place. We have used the model in brief large group demonstrations to depict a single crisis incident. The learning mechanism is primarily modeling and observational. We have conducted one day workshops for large groups where several incidents can be enacted involving a greater number of participants. Finally, the model has its greatest utility with workshops or training sequences of longer duration either concentrated (3-4 consecutive days) or spread in time over a series of weeks. Here helpers have an opportunity to experience the impact of different crises, explore a wide variety of recoil reactions and have individual chances to intervene in crisis situations and receive specific feedback on their style and effectiveness. Some guidelines for enacting each of the crisis stages are presented below.

### *Impact*

In order to experience the impact of crisis, it is first necessary to create a common climate where the elements of crisis arousal (not resolution) are present. The approach may vary but the principle remains the same—to invite the trainees to personally experience the arousal of tension associated with the beginning stage of crisis. We have designed the sequence so that sharing the crisis is the baseline experience. A role play situation is presented and allowed to build to an emotional peak prior to resolution and then interrupted leaving the arousal of crisis intact. The helpers, not having to intervene and be “on stage”, have an opportunity to experience the crucial elements of crisis for victims that they rarely see first hand. There are many ways to facilitate this. In workshops of 3 or 4 days, the initial shared crisis can be developed in advance and enacted by training staff leaving the participants entirely “free” to observe the beginning sequence. For briefer workshops, it may be necessary to tap immediately the concerns of the training group. In that event, a skilled psychodramatist or group leader must be able to formulate quickly a crisis situation that encompasses these concerns and use workshop participants to enact the crisis scene.

### *Recoil*

The next principle or learning objective is to have workshop participants become acquainted with the potency of recoil reactions in crisis work. The re-

coil training sequence is divided into two parts: (1) to facilitate cognitive awareness of the crisis to victims (Lazarus, 1967; Lindsay, 1975) and (2) to enhance behavioral recognition of recoil reactions of both victim and helper. To accomplish these objectives, we first direct the attention of the workshop participants to the crisis arousal sequence. In deciphering the role play situation, we guide the group to become aware of the structure of crisis events for victims in terms of crisis, role, and systems theories as follows:

1. What is the crisis when seen through the framework of crisis theory? How did the precipitating stress develop?
2. Who is involved and what relationships (role labels) are present? What is past and present behavior for these people?
3. Define the system that unites this network and its nature. What dynamics are newly developed or exaggerated to help the system adapt to the crisis?

There are a variety of methods to attain this knowledge. We can structure the helpers' observations about each of these frameworks integrating the groups' comments with theory in a natural progression as discussion of the elements emerge from the group. An alternative or an additional experience is to invite the participants to role play the discussion of these elements. A novel method to achieve this is to ask the role players to design a silent sociometry, a visual display of living sculpture of the relationships without the use of spoken language as has been applied to use with families (Bodin & Ferber, 1972). By arousing a shared crisis without the need for intervention, we have deliberately sought to minimize the need for defensive mechanisms like denial or projection on the part of helpers. Having been spared, from having to intervene, the participants are freer to offer their individual perceptions and understanding of the crisis events.

The next stage of understanding recoil reactions is to facilitate behavioral recognition of helpers' reactions to crisis situations and their implications and consequences. The focus, through the use of role play, is on illuminating the consequences of alternative response strategies and to make them more visible or conscious. During this initial sequence in intervention strategies, several key psychodramatic techniques are employed to facilitate the learning process (Blatner, 1973). These techniques include *soliloquy* which allows the intervening helper to rehearse aloud his thoughts and feelings about the crisis situation, *role reversal* in which the helper switches roles with the person(s) in crisis to better understand their feelings and more clearly see how they are in turn appearing to the receivers or victims, and *doubling* in which another person called an auxiliary makes comments and observations aloud exploring the inner thoughts and feelings of the person they are representing. Once various alternative strategies of intervention have been enacted and the patterns of recoil responses by helpers illustrated in the process, the sequence can be concluded with a review of communication and mediation techniques which facilitate any effective

intervention (Berlo, 1960; Gazda, Asbury, Balzer, Phillips, & Walters, 1973; Newfield & Reish, undated).

### Reorganization

The next major stage of the training sequence is to introduce experiences which will facilitate the successful resolution of crisis events. This is a growth stage where it is possible to recapitulate and integrate the preceding learning stages with a variety of new experiences. By resolution, we do not wish to imply that helpers will solve the crisis or that victims will resolve all of their difficulties. Resolution here is primarily a cognitive and emotional attitude where, as indicated earlier, the crisis is acknowledged or reinterpreted in a new way. If a solution occurs it is as a product of the process rather than as a necessary goal of the intervention. The behavioral steps leading to resolution may take time and require the assistance of other helpers. In brief workshops or with large groups, not everyone can experience the reorganization process directly. One or two resolutions may be attempted using several of the participants or training staff to model possible resolutions. In longer workshops, it is possible to examine individual helper-receiver transactions in greater detail. For helpers, learning by doing is the most potent way to discover one's own repertoire in crisis situations. When possible, this training is done in small working groups where opportunities for appropriate self-disclosure of problem areas are present and role play techniques can be used in a microlab setting, at times with videotape, to examine an individual helper's own preferred means of dealing with crisis events.

To achieve these objectives economically and with minimal individual threat, small group members are asked to share vignettes of crisis dilemmas from their own experiences. Each situation presented includes a warmup discussion of the (1) nature of the crisis (2) roles of the participants, and (3) the system. In addition, there is an identifying of the crisis for the helper, the helper's official role and the constraints of the helping system. Each participant will, with some planning, have an opportunity to participate in an intervention, either as an intervenor or as an auxiliary. The longer the workshop, the greater the number of individual participants who will have an opportunity to profit directly under the training spotlight.

In each small group, the leader asks the volunteers to set the stage for their crisis event. They are then asked to reverse roles and become the victim with others in the group playing the helper and other roles. If necessary, the group leader acts as a double to facilitate effective crisis resolutions. Here the double speaks what he or she imagines the participants to be feeling but not expressing or to ask questions aloud calling attention to what the helper or receiver(s) are doing. For example, "I wonder why I am responding to the father when the

mother is more upset?" This use of the double is intended to minimize competition and offers awareness of other response strategies without doing it for the participants directly. The double attempts to use many possible directions for intervention to guide while also maintaining the openness of the exploratory process. This creates an opportunity for the participants to examine in action many possible modes of intervention increasing their repertoire of responses until a creative solution evolves in the interaction.

Finally, there is a sharing phase when the action stops and participants are encouraged to share their observations and feelings about what has happened. The leader's task here is not only to facilitate discussion about the experience but to invite the presenter of each crisis sequence to compare his/her feelings about the crisis event before and after the training experience. If this sequence has taken place in small groups, the leaders may also wish to reconvene the large group as a whole for more generalized sharing of the workshop experiences. The sharing phase seems to be an important component of the training process. Participants have an opportunity to acknowledge the universality of human transactions on a personal level. At the end of four day workshops with police recruits, we have noticed a new fellowship among participants who now referred to each other by first names where few had done so during the previous two months of training together. Also observable is a stronger cohesion of group norms and values. This phase acts to reinforce the potential each helper has to acknowledge, reorganize and use feelings and reason in diverse crisis situations. Intervention in a crisis is often a lonely enterprise. Not only must helpers feel secure in their role, but they must be especially able to trust and harness their most human reactions to guide their efforts to respond effectively to persons in need.

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