N233 CRISIS INTERVENTION

Los Angeles County College of Nursing and Allied Health

Required Readings

- Townsend 8th edition
- (Chapter 1)
- (Chapter 13)
- Lecture Notes

OBJECTIVES

- Discusses the theoretical background of crisis intervention
- Lists the characteristics of a crisis state
- Describes the phases in crisis development

objectives

- Identifies the variables in crisis development
- Differentiates between the different crisis
- Applies the Nursing Process in each step of crisis intervention

Goal

- Maintain system stability for individuals in crisis
- Mobilize the resources required to assist the person
- Restore the person to adaptive function

Terminologies

- Stress
- Anxiety
- Crisis
- These terms are not synonymous

Crisis

A sudden event in one’s life that takes us out of balance. During this event, coping mechanisms can not resolve the problem

Stress

- Is a state of disequilibrium in response to environmental stressors

- If stress is overwhelming, and the individual can not cope with it may lead to crisis.

Responses to stress

- Adaptive-healthy maintains individual integrity.
- Maladaptive-unhealthy disrupts individual integrity and homeostasis

Responses to stress

- Physiological response is predictable
- Psychological, emotional response is unpredictable
- Stress is not a crisis, it is pressure and tension
- It is everyday wear and tear

General Adaptation Syndrome (GAS)

1. <u>Alarm reaction stage</u>

"fight or flight"

- Emergency systems activate glands enlarge
- increase of catecholamines cortisol leads to increased glycogenolysis

(GAS) stages

2. <u>Stage of resistance</u>

In this state the use of physiological responses is measured

(GAS) stages

3. <u>Stage of exhaustion</u> The adaptive energy is depleted. Diseases of adaptation can ensue

Characteristics of Crisis

- Crises occur in all individuals at one time or another and is not necessarily equated with psychopathology
- Crises are precipitated by identifiable events
- A crisis is a crisis to the person who is in it

Characteristics of Crisis

- Crises are acute not chronic and will be resolved in one way or another within a brief period

- A crisis situation contains potential for psychological growth or deterioration

Danger and Opportunity

Characteristics of a Crisis State

Phases of Crisis Development:

- Phase I
- Phase II
- Phase III
- Phase IV

Crisis Development Phases

- Phase I (Impact phase)

A specific stressful event occurs initially in tension (shock) followed by realization that a problem exists

Person starts using previously learned problem solving skills (hours to days)

Crisis Development Phases

- Phase II

Event is perceived as a threat. Tension and anxiety increases. Usual problem solving skills are unsuccessful leading to more anxiety confusion and disorganization.

Crisis Development Phases

- Phase III

All resources (internal and external) and new problem solving skills are used but fail leading to total disorganization, severe anxiety, depression and withdrawal.

Crisis Development Phases

- Phase IV

If the problem remains unresolved, anxiety increases to panic level and overwhelms the individual and crisis will ensue. May lead to mental instability including violent behaviors, SI and psychotic features

Emotional Responses

- Most people go through the following emotional responses as they struggle through a crisis

Emotional Responses Cont.

- High anxiety
- Denial
- Anger
- Remorse
- Grief

Common Crisis Signs And Symptoms

- **Active** S&S: agitated, screaming, crying, rapid speech, emotional out of control, N/V, wringing hands, hyperactive, flushed face

Signs And Symptoms cont.

- **Passive** S&S: Fainting, inactivity, weak pulse, diaphoresis, pale face, emotionally subdued

Variables in Crisis Development

- Individual's perception of the event
- Availability of situational support
- Adequacy of coping mechanisms

Individual's perception of the event

- If perception is accurate, there's greater success at problem solving efforts.
- If perception is inaccurate, problem solving fails leading to disequilibrium
- Perception of events is influenced by the person's background, experience , culture, life experiences and ability to problem solve

Influences

Risk factors for crisis development

- Intense and multiple concurrent threats
- Pre-existing psychological and psychiatric problems increase vulnerability to crisis development
- Family history of psychiatric problems
- Lack of nurturing and childhood guidance.

Adequacy of coping mechanisms

- Overtime, people develop their own coping strategies.
- They have a role of resilience
- They use what has worked in the past in future stressful situations
- If all the balancing factors are present a crisis can be prevented

Availability of situational support

- Support systems provide assistance in coping examples: parents, siblings, friends, clergy, counselor.
- Without anyone a person becomes vulnerable and overwhelmed.

Types of Crisis

- Developmental
- Maturational
- Crisis resulting from traumatic events

Types of crisis

- Developmental crisis
- Are transitional changes predictable life events that occur gradually in the course of a life cycle

Maturational Crisis

- Failure to meet expectations in each stage of development (Erikson's 8 stages of growth and development with specific tasks) can lead to crisis.

Situational Crisis

- External events/situations mostly unpredictable threatens one's well-being. 3 sources in situational crisis

1. Material, environmental, natural disasters e.g. fire
2. Personal, physical, e.g. disease disfigurement
3. Interpersonal/Social e.g. divorce, death

Crisis Intervention

- The primary goal of crisis intervention is to re-establish a level of functioning equal or higher to pre-crisis state and regain emotional balance (rapid stabilization)

Seven-stage crisis intervention model

1. Assess lethality
2. Establish rapport
3. Identify problems
4. Deal with feelings
5. Explore alternatives
6. Develop and action plan
7. Follow up

Role of the nurse in crisis

- Talk in a reassuring tone and use persons name
- Talk directly and keep language simple
- Warn the client when something is going to be done

Priority Nursing Diagnoses in Crisis

- Anxiety
- Decisional Conflict
- Impaired individual resilience
- Powerlessness
- Post-trauma syndrome
- Spiritual Distress
- Suicide risk for

Planning/Implementation

- Offer Assistance ‘It appears that you are having a rough time. What can I do to help”
- Touch gently
- Provide concrete directions

Planning Implementation

- Cut down on the stimuli around the distressed person
- Do not rush patients in crisis
- Talk calmly and slowly be prepared to repeat information

Planning Implementation

- People in crisis take things literally
- Offer reasonable alternatives if patient is able
- Don’t argue
- Don’t leave patient alone

Planning Implementation

- Be compassionate and understanding
- Never promise anything out of your control
- Do not take anger personally
- Encourage any positive activities

Evaluation

- Is the client able to maintain system stability
- Is the client able to recognize events that lead to the crisis
- Are the client’s problem-solving skills improved as a result of the crisis

Crisis text line (CTL)

- Launched in 2013
- Is around-the-clock hot line in America
- Has received 6 million texts of young people in distress
- Communication is solely over text messaging

Community Resources

- Crisis hot line 1-800-854-7771 available 24/7 including holidays
- 211
- 911
- Crisis text line (CTL) 741741

The end