Syllabus

Course Overview

This course is delivered in the GuidedPath format. All of us have survived crises. The degree to which individuals thrive after crises can depend on the effectiveness of coping mechanisms and the availability of various support systems. Generally, the term *crisis* is understood as the perception or experiencing of an event that causes distress, overwhelming the usual coping mechanisms and resources. Therefore, crisis is described as both danger and opportunity (James & Gilliland, 2017; Kanel, 2012). There is a danger of psychological difficulty or growth following the crisis, depending on how the individual deals with it. Successful resolution of crises brings personal growth and increased life satisfaction (Sawyer, Peters, & Willis, 2013).

Much of the research and literature on crisis assessment and intervention naturally focuses on traumatic events and people's reactions to them. Theories have been developed to assist human service workers to conceptualize those reactions in order to provide the most effective help in the immediacy of the crisis, disaster, or other trauma-causing events. It is often the fact that a client experiences a crisis that gives the impetus to seek counseling (James & Gilliland, 2017). The presentation of theories and models for conceptualizing the client's situation also directs ongoing assessment processes.

Along with assessment strategies, a variety of interventions are presented in this course. You will also learn about terminology and standard best practices that cross disciplines in order to ensure effective collaborations with other crisis workers. In large scale disasters or community accidents, many of the same crisis strategies apply, but the coordination of response roles and responsibilities is critical in working with groups. Throughout the history of organized crisis intervention, professionals have created and managed training for crisis workers, from the use of nonprofessionals in 1942 after the Coconut Grove Nightclub fire to the community mental health approach in the 1990s (Kanel, 2012). Ultimately, training continues to develop as the need for intervention increases with the onslaught of terrorism around the world, natural disasters like hurricanes and earthquakes, and the increase of violence in society.

References

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Kanel, K. (2012). *A guide to crisis intervention* (4th ed.). Belmont, CA: Brooks/Cole.

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CACREP Alignments

COUN5238 COURSE COMPETENCIES	CACREP 2016 CLINICAL MENTAL HEALTH COUNSELING STANDARDS
1. Identify the impact of crisis and trauma for diverse population.	MHC.2f – Impact of crisis and trauma on individuals with mental health diagnoses. 2F3g – Effects of crisis, disasters, and trauma on diverse individuals across the lifespan.
2. Discuss strategies for crisis and risk assessment .	2.F7c – Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide. 2F7d – Procedures for identifying trauma and abuse and for reporting abuse. 2F5l – Suicide prevention models and strategies.
3. Describe the role of Clinical Mental Health Counselors in interdisciplinary teams to manage at risk clients in the community.	2.F5m – Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid. 2.F1b – The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

COUN5238 COURSE COMPETENCIES	CACREP 2016 CLINICAL MENTAL HEALTH COUNSELING STANDARDS
	2.F1c – Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams. MHC 2a – Roles and settings of clinical mental health counselors.
4. Communicate effectively through the consistent use of APA guidelines for grammar, punctuation, and mechanics expected of a counseling professional.	

Course Competencies

To successfully complete this course, you will be expected to:

1   Identify the impact of crisis and trauma for diverse populations.

2   Discuss strategies for crisis and risk assessment.

3   Describe the role of Clinical Mental Health Counselors in managing at risk clients in the community.

4   Communicate effectively through the consistent use of APA guidelines for grammar, punctuation, and mechanics expected of a counseling professional.

Course Prerequisites

There are no prerequisites for this course.

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the Course Materials page on Campus for more information.

Book

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage. ISBN: 9781305271470

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use Journal and Book Locator. Refer to the Journal and Book Locator library guide to learn how to use this tool.

- Ballesteros, J. L., & Hilliar, R. C. (2016). U.S.-based Latina/o college students' attitudes toward online counseling. *International Journal of the Advancement of Counseling, 38*(4), 269–285. doi: 10.1007/s10447-016-9271-x
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- Yoon, S., Steigerwald, S., Holmes, M. R., & Perzynski, A. T. (2016). <u>Children's exposure to violence: The underlying effect of posttraumatic stress symptoms on behavior problems.</u> *Journal of Traumatic Stress, 29*(1), 72–79.
- Zelviene, P., & Kazlauskas, E. (2018). <u>Adjustment disorder: Current perspectives.</u> *Neuropsychiatric Disease and Treatment*, *14*, 375–381. doi: 10.2147/NDT.S121072

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- American Counseling Association. (2014). <u>ACA code of ethics [PDF].</u> Retrieved from http://www.counseling.org/Resources/aca-code-of-ethics.pdf
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- Flynn, B. W. (2003). <u>Mental health all-hazards disaster planning guidance.</u> Retrieved from https://www.hsdl.org/?view&did=463298
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- U.S. Department of Veterans Affairs. (2013). <u>PTSD: National center for PTSD.</u> Retrieved from http://www.ptsd.va.gov

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Library

The following optional readings may be available in the Capella University Library. To find specific readings by journal or book title, use <u>Journal and Book Locator</u>. Refer to the <u>Journal and Book Locator library guide</u> to learn how to use this tool. If the full text is not available, you may be able to request a copy through the <u>Interlibrary Loan</u> service.

- Bonkiewicz, L., & Ruback, R. B. (2012). The role of the police in evacuations: Responding to the social impact of a disaster. *Police Quarterly, 15*(2), 137–156.
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External Resource

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- U.S. Department of Veterans Affairs. (2012). *Psychological first aid: Field operations guide* (2nd ed.). Washington, DC: Author. Retrieved from http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp

Projects

Project ❯❯ Role of the Counselor in Crisis Response

Project Overview

Your goal for this assignment is to determine a counselor's role in an interdisciplinary team responding to crises, disasters, or other trauma-causing events.

Part 1: Interview – Choose a professional individual who has knowledge of an existing crisis response plan. Identify the person you interview and their job, such as the Red Cross or Federal Emergency Management Agency (FEMA), and arrange a personal interview. Develop a set of open-ended questions that will allow you to gain a clear and complete picture of the plan as it currently exists. See the sample interview questions provided below. Ask that individual to give you a specific example of an actual crisis and the details of the communication structures that are involved in the plan. Examine what you are told by the interviewee, and compare it to the identified elements recommended for response plans in the Department of Homeland Security's Mental Health All-Hazards Disaster Planning Guidance [PDF].

Part 2: Description and Analysis – Describe and analyze a counselor's role and responsibilities in a crisis response. Summarize the responsibilities of the counselor within the mental health component of the crisis response system in order to identify the type of necessary training for the role of the counselor.

Sample Interview Questions

1. In a crisis, are there critical time lines to be considered? If so, what are they?
2. Is there a developmental time sequence to a crisis? If so describe it.
3. Considering a community-wide crisis, who are the local people or organizations that I need to contact? In what order or sequence or time do I do that?
4. Considering a community-wide crisis, who are the state and national people or organizations that I need to contact? In what order or sequence or time do I do that?
5. What helpful or positive role can the local media play in helping to resolve the crisis? How does one facilitate this?
6. What helpful or positive role can the national media play in helping to resolve the crisis? How does one facilitate this?
7. Who are the critical players on your emergency management team? Why are they critical?
8. What is the worst eco-systemic crisis you can imagine? Why?
9. What kind of training, education, and experience do you believe should be required to be an effective and competent manager of a community-wide crisis such as the one you described above?
10. Given a natural disaster such as a community-wide crisis, how do you go about coordinating and communicating an effective response?
11. When the crisis situation exceeds your local capacities and resources to respond, how and when do you know who to call for help?
12. What are your back-up resources? Do you have redundancy in your system? In case I or any of my staff become incapacitated for any reason, are there persons available who can effectively step in and assume the vacated responsibilities?
13. What kind of emergency crisis interventions are going to be provided for those who survive? Who is going to provide the interventions? When will it happen?
14. When and under what conditions will you declare the crisis situation terminated?
15. Do you believe that current stress reduction procedures, such as CISD for emergency workers, are helpful? If yes, how so; if no, how not?
16. What steps do you take to take care of your own stress and trauma and that of your staff?

17. What are the response team's goals, functions, operations, organizational structure, and responsibilities?
18. Who is in charge of what security provisions?
19. What balance needs to be maintained between security of staff and providing human services?
20. What kinds of training do staff receive to prepare for emergencies?
21. What screening devices are used for volunteer selection? Are they reliable and valid?
22. What security personnel will be needed? Where and when?
23. Are there emergency contingency plans for a variety of problems? Do staff members know what is expected of them under varying circumstances?
24. Does the crisis response management team have a protocol for dealing with violent situations?
25. Who is in charge of responding to threats or physical violence?

Submit your paper in the assignment area.

- **Content:** Prepare a comprehensive paper that includes all sections described above.
- **Components:** The paper must include a title page, abstract, and reference list.
- **Written communication:** Develop accurate written communication and thoughts that convey the overall goals of the project and do not detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to APA style and formatting guidelines.
- **Number of pages:** The body of the paper should fall within 10–12 pages, excluding title page and reference list.
- **Number of resources:** Minimum of 5 current resources, published within the last 12 years.
- **Font and font size:** Times New Roman, 12-point.

Unit 1 ≫ What Is a Crisis?

Introduction

A crisis is when an individual sees an obstacle as so overwhelming that usual problem solving methods are ineffective. In a crisis, individuals become immobilized and seem to lack the skills to function normally with the disruption in their lives. James and Gilliland (2017) summarize crisis as the "perception or experiencing of an event or situation as an intolerable difficulty" (p. 9), requiring more resources and coping skills than are currently available. Similarly, Hoff, Hallisey, and Hoff (2009) consider crises to be "our interpretation of events, our coping ability, and the limitations of our social resources" (p. 5).

It is important to recognize that crisis is not stress. Stress is a part of everyone's passage through life with variable effects. Life includes predicaments, situations, conflicts, and emergencies that may evolve into a crisis state. A crisis for one person is not necessarily a crisis for the next person. There are developmentally appropriate reactions to life events that may be somewhat traumatic but are not necessarily considered crises.

Almost all texts that discuss crisis theory and crisis intervention refer to the Chinese symbols of danger and opportunity. They represent a situation in which the acute turmoil (danger) leads to professional intervention that may enhance the individual's personal growth and resilience (opportunity). Additionally, Cavaiola and Colford (2011) offer what most mental health professionals include as elements of crisis:

- Perception of an event as extremely negative or threatening.
- Realization that usual coping mechanisms are insufficient to handle the event.
- Sense of helplessness, hopelessness, and powerlessness.
- Creation of intense fear, confusion, and anxiety.
- Creation of high level of emotional discomfort.
- Creation of a state of disorganization and disequilibrium.

Formal crisis intervention has developed over the last 100 years, beginning with a suicide prevention program in 1906, the first suicide hotline. Lindemann (1944) is recognized for actually identifying psychological responses in a crisis while treating survivors of the Coconut Grove nightclub fire in 1942. From there, Caplan (1961) developed the first theory of crisis. Though crisis intervention has grown as a topic of study, most people who work in crisis intervention are volunteers. Disaster relief agencies such as the American Red Cross, victim advocacy groups such as the National Organization for Women who raised public awareness of domestic abuse, and political pressure groups such as Vietnam War veterans who suffered from PTSD but were treated poorly upon their return to the United States, are prime examples of how grassroots efforts where laypeople far outnumber professionals in frontline crisis work.

Theories and models exist to aid mental health professionals in strategizing how to assess a crisis and intervene on behalf of the client's best interests. James and Gilliland (2017) offer a variety of theories to inform practices, including eclecticism. No two people will experience crises in the same way, so

counselors need to have a variety of approaches from which to draw. Paying attention to the client's feelings, thoughts, and behaviors is important, but it is also critical that counselors pay attention to what is happening within themselves. By nature of the counseling profession, working with individuals in crisis situations intensifies the potential for burnout, vicarious traumatization, and compassion fatigue. Especially in disaster response, the hours of helping victims are long, organization is at times chaotic, and there is little control of the environment or the people involved. Intense stressors over time naturally wear down a counselor's ability to function optimally. These types of concerns are addressed in this unit, partly as an effort to prepare you to engage with emotional materials in this course of study.

References

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James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141–148.

Learning Activities

u01s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland *Crisis Intervention Strategies* text to read the following:

- Chapter 1, "Approaching Crisis Intervention," pages 3–24.
- Chapter 16, "Human Services Workers in Crisis: Burnout, Vicarious Traumatization, and Compassion Fatigue," pages 612–630.

Use the Capella University Library to complete the following:

- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist, 18*, 12–23. doi:10.1027/1016-9040/a000124

Multimedia

- Complete the Crisis Intervention Theories and Models matching exercise.

Optional Readings

Search the Capella Library to find these optional readings.

- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review, 30*, 479–495. doi:10.1016/j.cpr.2010.03.003.
- Mayorga, M., Devries, S. R., & Wardle, E. A. (2015). The practice of self-care among counseling students. *I-Manager's Journal on Educational Psychology, 8*(3), 21–28.
- Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*(4), 255–267. doi: 10.1177/1534765612471144.

u01s1 - Learning Components

- Describe challenges counselors face in dealing with client crises.
- Describe crisis theories and models used in counseling.

u01s2 - Writing Assignments – Preparation

In preparation for the written assignments in Units 5, 7, and 9 in this course, visit The Writing Center. Focus on the APA formatting examples and read about the APA style of writing. Your scholarship is expressed to your instructors and your peers through your writing, so it is important for you to develop strong skills for professional documentation.

u01v1 - MindTap: A Burned-Out Crisis Worker

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook in which a veteran crisis worker seeks help for a variety of issues.

Closed captioning and a transcript are available.

For the initial viewing of a textbook publisher video assigned in this course:

- Accept a standard service agreement;
- Select **ENTER** when the personalized COUN5238 MindTap landing page appears.
- Be advised that Mozilla FireFox or Google Chrome are optimum for accessing this virtual content.

The per-learner cost for access to assigned videos is arranged with the publisher of your *Crisis Interventions Strategies* textbook. Learners enrolled in this course are prohibited from sharing this proprietary ancillary media content outside of this courseroom.

u01d1 - Self-Care

Throughout the course, you will be viewing video clips and hearing and reading stories that may be upsetting to you. Developing a self-care plan and committing to it helps you understand how challenging it can be for clients to engage in the self-care we ask of them.

Numerous theories on crisis response are presented in your text. Theories offer clinicians increased understanding of the human reactions to crisis; they also serve as a guide for clinicians for choosing interventions. Theories are identified as pertinent to both our understanding of what constitutes a crisis and what options we have in crisis intervention. Summarize the contributions of at least two counseling theories that you can relate to as you prepare yourself for how you will take care to avoid vicarious traumatization, or second-hand trauma. Describe what personal and professional challenges you might face in dealing with client crises and how you will implement effective self-care practices.

Response Guidelines

Respond to the posts of two of your peers with some helpful ideas in line with a theory you like about their plan to become a more effective crisis counselor with self-care in mind.

Course Resources

Graduate Discussion Participation Scoring Guide

u01d1 - Learning Components

- Describe challenges counselors face in dealing with client crises.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 2 ≫ Diversity Perspectives in Understanding and Helping People in Crisis

Introduction

Despite the fact that our society is so pluralistic, individual reactions to crises are even more individualized, and interpreted through each person's cultural lens. In all counselor training, emphasis is given to the multicultural competencies that enable helping professionals to work with diverse clientele.

The development of crisis intervention has significant roots in psychiatric, psychological, and community sources, with much of the research focused on individual intervention (Schultz, 2014). As the impact of the study of crises on individuals grew, the social aspects of crises have included not only the psychological stresses, but also cultural, social, and material resources in the wider community. Ecologically, persons are not only impacted internally from a crisis, but experience disequilibrium in their environment as well in reciprocal interchanges. Tang and Bashir (2012) included other influences understood through adaptations of Bronfenbrenner's (1995) ecological model, such as time, political realities, technology, and diversity issues.

In crisis work, it is imperative to utilize a more public health–oriented perspective which: addresses social and environmental factors along with individual crisis manifestations; includes prevention of immediate harm and destructive behaviors and further breakdown into psychopathology; and promotes growth and development through community resources, environmental support, and other crisis strategies (Schultz, 2014). .

A significant tactic in crisis intervention is tailoring crisis helping strategies to the unique needs of the individual or community's sociocultural milieu. Cultural values and beliefs come from religion, accepted norms for gender roles, beliefs about childrearing, and more. Collaboration is a valued skill for crisis workers, and is greatly assisted when there are crisis workers who speak the local language. Kanel (2012) offered that "cultural sensitivity is an ethical mandate" (p. 98). Additionally, consider that all members of a particular cultural background do not necessarily adhere to the traditions.

Examples of cultural behaviors may be seen in physical distance between people, such as the seemingly overprotective nature of Mexican Americans (Kanel, 2012). Another example is the extended family pattern of African American culture, where multiple generations often live in single households. Incidentally, in this particular case, the value of such collective family groups is the ready availability of family members for support resources. Finally, a common characteristic of Asian families is known as part of a collectivist society, where individual needs are less important than the needs of the family or the community (Kanel, 2012). These examples not only offer helpful insights for a counselor's work within the community, but also offer intervention approaches that effectively meet the needs of those in crisis.

Tang and Bashir (2012) noted that effective helpers need to respond to clients with consideration of multiple factors that go beyond individual characteristics and influence behavior, including culture. Communication is critical when crisis workers are attempting to tend to people's health and welfare. The fact is, a counselor who has no sensitivity to the communication styles and values of another culture may make improper assessments in that community.

In this unit, you will also read about and hear a sample of a crisis telephone call. Online counseling also has increased with the ready availability of Internet access and computers in the home. The first crisis hotline was established via telephone in 1906 to address the immediacy of suicide intervention (James & Gilliland, 2017). The drawback is that many hotlines are manned by volunteers who do not carry educational degrees, but rather have received specific training on how to handle the phone calls. Similar to phone counseling, online counseling has disadvantages, but also serves the purpose of client anonymity, client's lack of transportation, cost effectiveness, immediacy of access, and the ability to serve isolated individuals without access to services otherwise. There is a certification program available through the Center for Credentialing and Education (CCE, an affiliate of the National Board for Certified Counselors, NBCC) for a Board Certified-TeleMental Health Provider (BC-TMH), offering excellent training in ethical concerns, the use of technology and addresses the most important of security issues. The national certification is available to those with the NCC credential and others who are licensed to practice counseling or in a related field (http://www.cce-global.org).

References

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, Jr., & K. Luscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). Washington, DC: American Psychological Association.

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Kanel, K. (2012). *A guide to crisis intervention* (4th ed.). Belmont, CA: Brooks/Cole.

Tang, M., & Bashir, H. (2012). Diversity from the ecological perspective. In E. P. Cook (Ed.), *Understanding people in context: The ecological perspective in counseling* (pp. 161–178). Alexandria, VA: American Counseling Association.

Learning Activities

u02s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 2, "Culturally Effective Helping in Crisis," pages 28–46.
- Chapter 6, "Telephone and Online Crisis Counseling," pages 119–142.

Use the Capella University Library to read the following:

- Ballesteros, J. L., & Hilliar, R. C. (2016). U.S.-based Latina/o college students' attitudes toward online counseling. *International Journal of the Advancement of Counseling, 38*(4), 269–285. doi: 10.1007/s10447-016-9271-x

Optional Readings

Search the Capella Library to find these optional readings.

- Close, R. E. (2015). Adlerian counseling in a virtual world: Some implications of internet practice for the development of Gemeinschaftsgefuhl. *The Journal of Individual Psychology, 71*(2), 155–162.
- Haner, D., & Pepler, D. (2017). Adolescents show positive changes in distress and hope after single session, post-based, anonymous counselling at kids help phone. *Children and Youth Services Review, 82*, 207–213. doi: 10.1016/j.childyouth.2017.09.004
- Kuo, B. C. H., Roldan-Bau, A., & Lowinger, R. (2015). Psychological help-seeking among Latin American immigrants in Canada: Testing a culturally-expanded model of the Theory of Reasoned Action using path analysis. *International Journal of the Advancement of Counselling, 37*, 179–197. doi: 10.1007/s10447-015-9236-5
- Selman, L. E., Brighton, L. J., Sinclair, S., Karvinen, I., Egan, R., Speck, P., … Hope, J. (2018). Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: A focus group across nine countries. *Palliative Medicine, 32*(1), 216–230. doi: 10.1177/026921637734954
- Wilson, S. R., Rodda, S., Lubman, D. I., Manning, V., & Yap, M. B. H. (2017). How online counselling can support partners of individuals with problem alcohol or other drug use. *Journal of Substance Abuse Treatment, 78*, 56–62. doi: 10.1016/j.jsat.2017.04.009

u02s1 - Learning Components

- Describe concepts of diversity in crisis response.
- Describe the impacts of crises on diverse individuals.

u02s2 - Interview a Professional

As part of your final assignment in this course, you will conduct an informational interview with a crisis professional discussing the role of the counselor in crisis response. Start planning your interview early in order to complete it in time. This week, begin identifying crisis professionals you could approach for interviews.

Note that the professional you interview does not need to be a counselor. In addition to counselors, you may consider a range of crisis professionals such as members of the Red Cross or Federal Emergency Management Agency (FEMA), firefighters, police officers, or therapists who work with victims of PTSD or are involved in Critical Incident Stress Debriefing (CISD).

Review the Capella Career Center's Informational Interviewing page for tips about finding a professional to interview.

u02v1 - MindTap: Crisis Line

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, in which a crisis counselor talks to a pregnant client on the phone who is on the road, trying to escape an abusive boyfriend. Notice how the counselor addresses the client's distress.

Closed captioning and a transcript are also available.

Learners enrolled in this course are prohibited from sharing this proprietary textbook publisher media content outside of this courseroom.

u02d1 - Characteristics of Effective Crisis Helpers

Chapter 1 of your text describes the characteristics of effective crisis workers. Together with what you have learned there, adding culturally effective helping from Chapter 2, identify the characteristics of effective crisis workers across a broad spectrum. Discuss how these characteristics influence the helper's approach to counseling the client and include specific action strategies. From a multicultural perspective, include the potential benefits and disadvantages that telephone and online crisis counseling presents. Use the link in the Resources to apply the ACA's ethical standards to crisis

counseling that occurs via telephone or Internet. Your initial post should be at least 250 words and include at least one journal reference in addition to your textbook.

Response Guidelines

Respond to the posts of at least two of your peers. Discuss any similarities to your own responses that your peers identified. Was anything surprising? Please explain.

u02d1 - Learning Components

- Identify crisis intervention skills needed to debrief with clients following a traumatic experience.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 3 ➤➤ Crisis Assessment: Part 1

Introduction

This unit begins to infuse the literature about assessment into your crisis intervention skills. Beginning with the individual level of intervention, a counselor's responses can strongly influence the client's outcome, both positively and negatively.

Assessment is an ongoing process throughout any counseling relationship, so it is helpful to keep in mind that though assessment is presented as a separate strategy, it is actually carried on continuously. Perhaps the key to any crisis intervention is to determine at what level there is dysfunction in the client's ability to cope with the confronting obstacle.

Basic attending skills are essential and usually provide the safety and comfort needed for clients to experience less distress so that the helper can assist them to move toward improvement. One important skill that counselors and other helping professionals must have is the ability to establish rapport with their clients. Prior to that, it is likely that a client will have difficulty divulging significant and helpful information that will aid in crisis intervention efforts (Lotzin et al., 2018). Other attending skills include active listening, appropriate eye contact, attentive relaxed body positioning, some facial animation, understandable language, verbal and nonverbal reinforcers, and offering helpful information with demonstration of respect and cultural understanding (Lotzin et al., 2018). For example, some cultures do not engage in direct eye contact as a sign of respect, and some cultures are much more emotionally demonstrative than others.

Assessing a client's immediate crisis includes a rapid response necessary for the counselor to gain an adequate perspective of what has occurred. Time is of the essence and complete histories are not realistic. Tools such as the Triage Assessment Form (TAF) are available, and with practice, counselors can learn the basic assessment criteria for an immediate response. James and Gilliland (2017) also offer a breakdown of the overarching process of assessment in crises. The counselor is able to determine:

1. The severity of the crisis.
2. The client's current emotional status.
3. The alternatives, coping mechanisms, support systems, and other resources available to the client.
4. The client's level of lethality, or danger to self and others.
5. "How well the crisis worker is doing in deescalating and defusing the situation and returning the client to a state of equilibrium and mobility" (James & Gilliland, 2017, p. 60).

Since assessment is ongoing, clients are going to react to their experience of disequilibrium with significant variation immediately and until they receive helpful intervention to get beyond their dysfunction. Besides triage assessment, an assessment often used in crises, disasters, and other trauma-causing events is called Psychological First Aid (PFA), which is in a first order of intervention. Disasters involve groups of people and will be addressed in a later unit. One key element is that in a disaster, the experiences are shared with others, which affects the meaning attributed to aspects of the disaster (James & Gilliland, 2017; Jacobs, Gray, Erickson, Gonzalez, & Quevillon, 2016). Similarly, in a crisis, meaning is made by the individual about the experience, and all aspects included within the assessment, such as meaning about the availability, or not, of resources for assistance, or meaning about the individual's lack of functioning normally tied to self-image.

The Hybrid Model of Crisis Intervention is also introduced as one of the long-standing proven strategies in crisis intervention (James & Gilliland, 2017). The steps are:

1. Defining the problem to understand the client's point of view.
2. Ensuring client safety, and the safety of others.
3. Providing support, such as valuing the person, and even basic needs of living.
4. Examining alternatives that may help support the client.
5. Making plans that focus on available support to get through the immediate situation.
6. Obtaining commitment which naturally flows from the problem-solving efforts of Steps 4 and 5, offering the client the ability to exert some control over what often appears to be a situation in which he or she has no control.
7. Following up with the client to ensure safety and make sure the plan is working.

Asking questions is a significant aspect of crisis assessment. Questions should be clear and straightforward in order to gather the most relevant information to determine the problem and its severity, as well as safety issues for the client and the counselor.

References

Jacobs, G. A., Gray, B. L., Erickson, S. E., Gonzalez, E. D., & Quevillon, R. P. (2016). Disaster mental health and community-based Psychological First Aid: Concepts and education/training. *Journal of Clinical Psychology, 72*(12), 1307–1317. doi: 10.1002/jclp.22316

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Lotzin, A., Buth, S., Sehner, S., Hiller, P., Martens, M-S., Pawils, S., Metzner, F., Read, J., Harter, M., & Schafer, I. (2018). "Learning how to ask:" Effectiveness of a training for trauma inquiry and response in substance use disorder healthcare professionals. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(2), 229–238. doi: 10.1037/tra0000269

Learning Activities

u03s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 3, "The Intervention and Assessment Models," pages 50–72.
- Chapter 4, "The Tools of the Trade," pages 75–94.

Use the Capella University Library to read the following:

- Myer, R. A., & Conte, C. (2006). Assessment for crisis intervention. *Journal of Clinical Psychology: In Session, 62*(8), 959–970.

Optional Readings

Search the Capella Library to find these optional readings.

- Granello, D. H. (2010). A suicide crisis intervention model with 25 practical strategies for implementation. *Journal of Mental Health Counseling, 32*(3), 218–235.
- Oxhandler, H. K., Polson, E. C., Moffatt, K. M., & Achenbaum, W. A. (2017). The religious and spiritual beliefs and practices among practitioners across five helping professions. *Religions, 8*(11), 237–253.
- Vicario, M., Tucker, C., Smith Adcock, S., & Hudgins-Mitchell, C. (2013). Relational-cultural play therapy: Reestablishing healthy connections with children exposed to trauma in relationships. *International Journal of Play Therapy, 22*(2), 103–117.

u03s1 - Learning Components

- Describe crisis theories and models used in counseling.
- Describe the domains used in crisis assessment.
- Explain characteristics and behaviors displayed by clients in crisis.

u03s2 - Assignment Preparation

Begin your review of the Triage Assessment System that you will use to work through a case study. This assignment is due in Unit 5.

u03q1 - Crisis Theory and Assessment Quiz

This quiz will gauge your understanding of the material presented in the first three units of this course. It provides an opportunity for you to demonstrate your knowledge of the following course competencies:

- Evaluate crisis intervention models.
- Apply assessment skills in crisis intervention situations.
- Apply situationally appropriate, evidence-based crisis intervention skills and strategies.

Read the following instructions and parameters before taking the quiz:

- You will be able to take this quiz two times and your best score will be recorded.
- There is no time limit for you to complete the quiz. Once you access the quiz, you cannot pause or stop it—you must complete the quiz at this time.
- Once the grade is recorded, it cannot be changed.
- Please take the quiz any time beginning at the start of Unit 3.
- Once you have answered each question, submit your quiz to receive credit. It is automatically scored, and you will receive feedback immediately. There are 10 questions for a possible 50 total points. Each question is worth 5 points.

Navigation Instructions

To start the quiz:

1. Click the linked quiz title to access the quiz.
2. If you have any issues with the quiz, contact your instructor.
3. For instructions on how to see your quiz result, refer to the Courseroom Help Campus page. On the page, click the Quizzes link.

u03v1 - MindTap: Hybrid Model: A Pregnant Woman With a Group

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, in which a team of workers uses the Hybrid Model to counsel a pregnant woman who does not want her child.

Closed captioning and a transcript are also available.

u03v2 - MindTap: Woman Losing Custody of Child

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook. This is a role-play with a team of counselors using the Basic Skills/Hybrid Model while talking to a woman who is losing custody of her child.

Closed captioning and a transcript are also available.

u03d1 - The Hybrid Model Application

You are introduced to the Hybrid Model of Crisis Intervention in Chapter 3 of your James and Gilliland text as an applied model, of which the first three steps are widely recognized as Psychological First Aid (James & Gilliland, 2017). Your initial discussion post should be at least 300 words and include at least two journal references in addition to your textbook.

For this discussion, read the case study below. Consider that you are a crisis counselor at a local agency and Rita has come to a drop-in counseling session with you to talk about her concerns. How would the Hybrid Crisis Intervention Model be useful in thinking about Rita's presenting issues and the ways in which you would work with her during the first session? In your discussion post, describe how you would use this model in working with Rita and give some specific examples to illustrate how you process the model with her case.

Case Study

Rita is a 35-year-old African American businesswoman, who lives with her Latina partner, Aresha. She is a graduate of high school and a post-high school vocational-technical institute. She holds a certificate in auto mechanics. Though Rita has never been to a counselor before; she has come to you at the suggestion of a close friend who is a school counselor. Rita owns and operates an automobile tune-up and service shop. She employs and supervises a crew of mechanics and tune-up specialists. She works very hard and keeps long hours but maintains some flexibility by employing a shop manager. Rita's partner, Aresha, is a college-educated accountant. They have two adopted children: a daughter who is 12, and a son who is 8. The family rarely attends church, and they do not consider themselves religious, but they are church members. They have few close friends due to their overlapping work schedules. Rita's problem is complex. She constantly feels depressed and unfulfilled.

Rita craves attention but has difficulty getting it in appropriate ways. For diversion, she participates in a dance group that practices two nights a week and performs occasionally. Rita, Aresha, and their children spend most Sundays at their lake cottage, which is an hour-long drive from their home in town.

Rita's relationship with Aresha has been going downhill slowly for several years. Rita has become sexually involved with Sam, a wealthy wholesaler of used automobiles. She met him through a business deal whereby she contracted to do the tune-up and service work on a large number of cars for Sam's company. Sam's contracts enable Rita's business to be very successful. Rita states that the "chemistry" between her and Sam is unique and electrifying. She says she and Sam are "head over heels in love with each other." While she still lives with Aresha, she no longer feels any love for her.

According to Rita, Sam is unhappily married, and Sam and his current wife have two small children. Rita states that she and Sam want to get married, but the time is not right for either of them. Rita does not want to subject her two children to a breakup right now. Sam fears his wife will "take him to the cleaners" if he leaves her for Rita right now. Lately, Sam has been providing Rita with expensive gifts of clothing and jewelry. Also, Sam has been greatly overpaying Rita's service contracts, making her business flourish. Aresha does not know the details of Rita's business dealings with Sam, but she is puzzled, jealous, frustrated, impulsive, and violent. Aresha has been known to slap Rita occasionally. Recently however, she has become more frustrated, impulsive, and violent. Aresha has physically beaten Rita several times in recent months. Last night she beat her worse than ever. Rita has no broken bones, but she has several bruises on her body, legs, and arms. The bruises do not show as long as she wears pantsuits, but she cannot attend her dance group in case others would notice the bruises.

Rita has told her problems only to her school counselor friend. She fears that Sam would kill Aresha if he found out about the beatings. Rita is feeling very guilty and depressed. She is feeling a great deal of anger and hatred toward Aresha, and she suffers from very low self-esteem. Rita is feeling stress and pressure from her children, from Aresha, and even from Sam, who wants to spend more and more time with her. Recently, Rita and Sam have been taking more and more risks in their meetings. Rita's depression is getting to the point where she does not care. She has come to you in a state of emotional immobility. Rita has decided to share her entire story with you because she feels she is at her wit's end, and she would not dare talk with her minister, her physician, or other acquaintances. You and Rita have never met but she feels this is the best approach, even though she is uncomfortable sharing all of this with a stranger.

Response Guidelines

Review several discussion posts made by other learners this week. How do their descriptions of using the Hybrid Model in working with Rita compare to the ideas you wrote about in your own discussion post? Respond to two posts, noting at least two specific similarities or differences you have seen in how they responded to this discussion.

Reference

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Course Resources

Graduate Discussion Participation Scoring Guide

u03d1 - Learning Components

- Describe crisis theories and models used in counseling.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 4 ➤➤ Crisis Assessment: Part 2

Introduction

Severe traumatization often leads to post-traumatic stress disorder when an individual has not integrated the traumatic event or events causing dysfunction in living (Wade, Howard, Cooper, & Forbes, 2013). The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (see the most current edition) lists symptoms that represent a traumatic event in which an actual or threatening death or serious injury or threat to physical integrity of self or others is perceived by the individual. Such symptoms include:

- Intense fear and feelings of helplessness.
- Recurrent and intrusive recollections, flashbacks, and dreams of the event.
- Physiological reactivity when exposed to cues that symbolize the event.
- Avoidance of stimuli associated with the event.
- Numbing of feelings.
- Inability to recall aspects of the event.
- Feelings of detachment in normal routines.
- Reactive depression.
- Sleep difficulties.
- Anger and irritability.
- Difficulty concentrating.
- Hypervigilance and exaggerated startle response.

Children may also experience PTSD, especially in incidents of bullying (Idsoe, Dyregrov, & Isoe, 2012). Besides natural disasters, such as Hurricane Katrina and earthquakes, or terrorist attacks, such as those that New York City and London have experienced in the past decade, children are also exposed to or involved in child trafficking and sexual abuse, as well as other atrocities (Rosen & Frueh, 2010). They may be overly anxious and fearful, afraid to be alone or sleep alone. Physical symptoms may appear, such as headaches or stomach aches (James & Gilliland, 2017). Long-term PTSD is sometimes noted as Complex PTSD, used when a person was traumatized as a child but never received counseling, but continues to experience overly anxious symptoms as described above, such as hypervigilance and depression. PTSD is a serious condition.

Before the diagnosis for PTSD is made, however, the symptoms associated with the dysfunction must have lasted for more than one month. Otherwise, there is a diagnosis of acute stress disorder. Intervention early is very important because the longer an individual experiences the symptoms, the more likely the thoughts, feelings, and behaviors associated with those experiences become habitual. A chronic crisis state can be truly debilitating.

The first diagnosis of PTSD was in the *DSM-III* in 1980. The term PTSD is routinely used to describe what was once described as "shell shock" in war veterans. Veterans of the Vietnam War especially were treated poorly in their return home, on top of experiencing horrific methods of killing in combat and losing friends and loved ones. What has been described as "adjustment difficulties" experienced when returning to their homes is actually the result of attempting to reclaim civilian life after having undergone intensive military training designed to numb them to war trauma. This behavior works effectively in combat but can cause problems when war veterans return home (Rosen & Frueh, 2010).

Treatment options exist and have variable outcomes. Just as in any other diagnosis, outcomes can be dependent upon the timing of the intervention after the trauma, accessibility to support systems, possible medications, and specific attention to the symptoms displayed. Group treatments are recognized as effective, having gained popularity with Vietnam War veterans. The most controversial intervention is eye movement desensitization and reprocessing (EMDR). James and Gilliland (2017) discuss this in Chapter 7, and there is a sample session on the video for the chapter.

Mental health clinicians have challenges in assessing PTSD. Therapeutically, clinicians should guide a client through the disclosure of a potentially traumatic event in order to express understanding, calm acceptance, and the value of the importance of the difficulties that may be associated with such a disclosure (Rosen & Frueh, 2010; Wade, Howard, Cooper, & Forbes, 2013).

References

Idsoe, T., Dyregrov, A., & Isoe, E. C. (2012). Bullying and PTSD symptoms. *Journal of Abnormal Psychology, 40*, 901–911. doi: 10.1007/s10802-012-9620-0

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Rosen, G. M., & Frueh, B. C. (Eds.). (2010). *Clinicians' guide to posttraumatic stress disorder*. Hoboken, NJ: John Wiley & Sons.

Wade, D., Howard, A., Cooper, J., & Forbes, D. (2013). Early response to psychological trauma. *Australian Family Physician, 42*(9), 610–614.

Learning Activities

u04s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 7, "Posttraumatic Stress Disorder," pages 149–196.

Use the Capella University Library to read the following:

- Zelviene, P., & Kazlauskas, E. (2018). Adjustment disorder: Current perspectives. *Neuropsychiatric Disease and Treatment*, 14, 375–381. doi: 10.2147/NDT.S121072
- Yoon, S., Steigerwald, S., Holmes, M. R., & Perzynski, A. T. (2016). Children's exposure to violence: The underlying effect of posttraumatic stress symptoms on behavior problems. *Journal of Traumatic Stress, 29*(1), 72–79.

Use the Internet to explore the following:

- The Sidran Institute. (2000). What is post-traumatic stress disorder (PTSD). Retrieved from http://www.sidran.org/resources/for-survivors-and-loved-ones/what-is-post-traumatic-stress-disorder-ptsd/
- U.S. Department of Veterans Affairs. (2013). PTSD: National center for PTSD. Retrieved from http://www.ptsd.va.gov

Optional Readings

Search the Capella Library to find these optional readings.

- Pineles, S. L., Mostoufi, S. M., Ready, C., Street, A. E., Griffin, M. G., & Resick, P. A. (2011). Trauma reactivity, avoidant coping, and PTSD symptoms: A moderating relationship. *Journal of Abnormal Psychology, 120*(1), 240–246.
- Rosenberg, H. J., Jankowski, M., Fortuna, L. R., Rosenberg, S. D., & Mueser, K. T. (2011). A pilot study of a cognitive restructuring program for treating posttraumatic disorders in adolescents. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(1), 94–99.
- Sharpless, B. A., & Barber, J. P. (2011). A clinician's guide to PTSD treatments for returning veterans. *Professional Psychology: Research and Practice, 42*(1), 8–15.
- Westmarland, N., & Alderson, S. (2013). The health, mental health, and well-being benefits of rape crisis counseling. *Journal of Interpersonal Violence, 28*(17), 3265–3282. doi: 10.1177/0886260513496899

u04s1 - Learning Components

- Identify crisis intervention skills needed to debrief with clients following a traumatic experience.
- Describe the impacts of crises on diverse individuals.

u04s2 - Preparing for your Interview

As part of your final assignment in this course, you will conduct an informational interview with a crisis professional discussing the role of the counselor in crisis response. When you go to your information interview, make a good impression by being as prepared as possible. The following resources from Capella's Career Center will help you prepare.

- Informational Interviewing Prep.
- Informational Interviewing Tips.

If you have not scheduled your interview yet, please review u02s2.

u04v1 - MindTap: War Veteran With PTSD

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook in which a counselor intervenes with a Gulf War veteran who is using alcohol, having flashbacks, and standing in the middle of the street. Notice how the counselor addresses the client's distress.

Closed captioning and a transcript are also available.

u04d1 - Evaluation for Posttraumatic Stress Disorder

Identify the differences between PTSD and other *DSM* diagnoses since there is often confusion with Adjustment Disorder (Zelviene & Kazlauskas, 2018), Panic Disorder, particularly as we address key characteristics of PTSD in children. Create a PowerPoint slide set regarding PTSD versus another disorder in which symptomology of diagnoses can be compared.

You will need 8–10 slides to include the following:

- 1 – Title slide.
- 1 – Introduction to the slide set.
- 2 (or more) – *DSM-5* diagnosis criteria for each diagnosis (PTSD is one slide, and choose at least one other diagnosis for another slide).
- 2 (or more) – Intervention for each diagnosis (PTSD is one slide, and choose at least one other diagnosis for another slide).
- 1 - Personal thoughts regarding work with both diagnoses.
- 1 (or more) – References (minimum of 4 references).

Response Guidelines

Respond to the posts of at least one of your peers comparing and contrasting their post with your own.

Reference

Zelviene, P., & Kazlauskas, E. (2018). Adjustment disorder: Current perspectives. *Neuropsychiatric Disease and Treatment, 14*, 375–381. doi: 10.2147/NDT.S121072

Course Resources

Graduate Discussion Participation Scoring Guide

u04d1 - Learning Components

- Identify characteristics and behaviors displayed by clients in crisis.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 5 ›› Crises Involving Suicide, Homicide, or Interpersonal Violence

Introduction

Once a counselor has the mindset of continuous assessment, he or she will be better prepared to manage crises when clients escalate to suicidal or homicidal risks. Individuals who are so emotionally distraught that they will do anything to alleviate their psychological pain are dangerous to themselves and others, including the counselor.

Suicide

Despite prevention efforts over the years, James and Gilliland (2017) tell us that the suicide rate in the world has not decreased much. In some Eastern cultures suicide is acceptable in the individual's acceptance of personal responsibility for shame or dishonor. In Western society, the most typical view of suicide is that it is an unforgivable sin. No matter what the individual's philosophical or religious views, professional conduct would expect counselors to attempt to intervene to prevent all suicides and homicides.

Suicidology is the scientific study of suicide, founded by Edwin Schneidman (1968). Suicidologists are professionals trained to study suicide and create prevention programming. The rate of suicide in the U.S. is at about 13 per 100,000, which is the highest number in 30 years (Curtin, Warner, & Hedegaard, 2016). Factors include recent loss, physical illness, substance abuse, depression, psychosis, and other social factors. What is known is that reporting methods vary widely, making it difficult to keep up with all of the statistics, so statistics are often helpful only to note trends rather than actual numbers.

Suicide risk assessment is a process whereby counselors and other helpers determine the potential for completing suicide with a particular person. Similarly, lethality assessment helps to determine the potential of physical injury, either for suicide and those considered self-destructive, or in the case of interpersonal violence. Much has been learned from completed suicides and this information is available for use in suicide risk assessments.

Suicidal ideas may lead to a suicide plan. A suicide plan is more lethal accompanied by the means to carry out the plan. Also, the more specific the plan the more lethal and more likely to be completed. A history of suicide attempts makes it more likely that the person will eventually complete a suicide attempt. Resources and communication with caring others are preventive measures for those with suicidal ideation.

Interpersonal Violence

Victims of interpersonal violence suffer in many of the same ways as those in any other form of crisis. Violence has been described as a means to control others, identifying men as more likely to offend, seen as influenced by social, political, psychological, medical, and belief systems within their cultural context. Wife batterers have been around a long time and comprise only one form of male dominance. Domestic violence intervention is often seen as a power and control issue (Crockett, Keneski, Yeager, & Loving, 2015). Literature reports how men use violence to control women and abuse their power with intimidation, emotional abuse, isolation, minimization of abuse, exploitation of children, assertion of male privilege, economic abuse, and coercion and threats.

Child Abuse and Youth Violence

Child abuse also has a long human history. There are no boundaries to child abuse, economically, geographically, racially, ethnically, or by any other descriptors. Though most people agree that disciplining children is necessary, there is significant variation in how discipline is delivered. It is preferable to assume that parents want what is best for their children, but some adults cruelly abuse children for sexual gratification. Children are also at risk of witnessing violence, which carries additional traumatic responses, some of which are long-term. Witnesses of war also are included in traumatized populations.

Similarly, youth violence is on the rise. Bullying has gone far beyond name-calling, and mobbing by children on children has risen dramatically (Ginnis, White, Ross, & Wharff, 2015). It is known that previous victimization by peers or parents increases the likelihood that a youth will exhibit violent behavior, such as rape. Rape is actually a crime of violence rather than a sexual crime, so it is important for counselors to be knowledgeable about the crisis event.

Violence Within the Gay and Lesbian Community

Sadly, reporting of violence within the gay and lesbian community is even less common than in other relationships because of the social stigmatization of same sex relationships (James & Gilliland, 2017). Many of the psychological dynamics of control and dominance are the same, but there are complicating factors like positive HIV status. Threats can intimidate partners already stressed by their disease and the emotional turmoil resulting from a chronic disease and alternate lifestyle. Treatment options are complex but similar to those for heterosexual couples. Important concerns are safety, addressing the beliefs about violence, and learning nonviolent conflict resolution (Gehring & Vaske, 2017).

Duty to Warn

The duty to warn an intended victim is well documented in the Tarasoff case, which is usually included in ethics training courses for counselors. When a counselor finds that a person intends to do harm to self or another, that counselor is mandated to warn the victim, if possible, and to notify police (Henderson, 2013). Homicidal ideation is commonly seen in psychiatric emergencies and may or may not result from illness such as psychosis or substance abuse, or even personality disorders. The risk factors are similar to those assessed for suicidal ideation, though other factors include thoughts of committing harm, history of violence, impaired reality testing, command hallucinations, substance influence, and belief that others wish to harm the individual.

Impulse control problems are difficult to assess for counselors who may come across a person suffering a psychotic decompensation, or active hallucinations and delusions. Often, hospitalization is required to stabilize such an individual. Counselors do have tools, such as the routinely used mental status exam to determine the mental state of an individual.

References

Crockett, E. E., Keneski, E., Yeager, K., & Loving, T. J. (2015). Breaking the mold: Evaluating a non-punitive domestic violence intervention program. *Journal of Family Violence, 30*, 489–499. doi: 10.1007/s10896-015-9706-x

Curtin, S. C., Warner, M., & Hedegaard, H. (2016). *Increase in suicide in the United States, 1999–2014*. Hyattsville, MD: National Center for Health Statistics, CDC.

Gehring, K. S., & Vaske, J. C. (2017). Out in the open: The consequences of Intimate Partner Violence for victims in same-sex and opposite-sex relationships. *Journal of Interpersonal Violence, 32*(23), 3669–3692. doi: 10.1177/0886260515600877

Ginnis, K. B., White, E. M., Ross, A. M., & Wharff, E. A. (2015). Family-based crisis intervention in the emergency department: A new model of care. *Journal of Children and Family Studies, 24*, 172–179. doi: 10.1007/s10826-013-9823-1

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Schneidman, E. (1968). Classification of suicidal phenomena. *Bulletin of Suicidology, 2*, 1–9.

Learning Activities

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 8, "Crisis of Lethality," pages 209–242.
- Chapter 9, "Sexual Assault," pages 248–289.
- Chapter 10, "Partner Violence," pages 297–338.

Optional Readings

Search the Capella Library to find these optional readings.

- Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, & Abuse, 18*(2), 223–236. doi: 10.1177/1524838015611672
- Ginnis, K. B., White, E. M., Ross, A. M., & Wharff, E. A. (2015). Family-based crisis intervention in the emergency department: A new model of care. *Journal of Child and Family Studies, 24*(1), 172–179. doi: http://dx.doi.org.library.capella.edu/10.1007/s10826-013-9823-1
- Murray, C. E., King, K., & Crowe, A. (2016). Understanding and addressing teen dating violence: Implications for family counselors. *The Family Journal, 24*(1), 52–59. doi: 10.1177/1066480715615668
- Poehacker, S., Phillips, D., Riggs, J., & Lauterback, D. (2017). Longitudinal trajectory of exposure to psychological interpersonal violence. *Journal of Interpersonal Violence*, 1–24. doi: 10.1177/0886260517707309
- Schroeder, K., & Stroud, D. (2015). Equine-facilitated group work for women survivors of interpersonal violence. *The Journal for Specialists in Group Work, 40*(4), 365–386. doi: 10.1080/01933922.2015.1082684
- Veary, J., Barter, C., Hynes, P., & McGinn, T. (2017). Research ethics in practice: Lessons from studies exploring interpersonal violence in different contexts. *Families, Relationships, and Societies*, *6*(2), 273-289. doi: 10.1332/204674316X14673790283737

u05s1 - Learning Components

- Describe characteristics of trauma and abuse in clients.
- Explain the counselor's role and responsibilities in reporting trauma and abuse.

u05a1 - Using the Triage Assessment Form

After reading the case examples in the Myer and Conte (2006) article in Unit 3, you have a better understanding of how to use one type of assessment tool. The Triage Assessment system is a widely effective tool to use for a crisis intake session to determine the presenting issue and impact on the client's life. For this assignment, use the Unit 5 Assessment Template [DOCX], which is linked in the assignment Resources. (The Triage Assessment Form is included in the Template.) The most current version of this form is also shown in your James and Gilliland (2017) text, Chapter 3. Use the form to analyze one of the following cases, either Alexa or Jordan.

Rate the selected client in each of the three domains (affective, behavioral, and cognitive) using the Severity Scale included with each domain on the Triage Assessment Form (TAF) and total the scores. Describe, in detail, the rationale for your ratings in each domain, including your judgment about how intense and directive the treatment should be based upon the total score. Consider the client's age and culture in your assessment, as well.

In your discussion of your rationale, summarize diagnostic skills and techniques that can be used to screen for addiction, aggression, abuse, and danger to self and others, as you note these risks in your selected client. Similarly, a possible co-occurring mental disorder (such as substance abuse) may become apparent during a crisis or other trauma-causing event that ties in with your assessment during the client's intake. Note this in your rationale to address the impact of possible crisis and trauma on individuals with mental health diagnoses.

Assignment Objectives

To successfully complete this assignment, you will be expected to:

- Complete the Triage Assessment Form appropriately for the selected case (reminder: the form is included in the assignment template), including all three domains and the total score, with clinical descriptions to guide the course of treatment by evaluating the domain ratings with a logical and articulate rationale of key elements of the crisis, disaster, or trauma-causing events, including the nature of the crisis and associated risks, and client and counselor safety.
- Summarize diagnostic skills and techniques that can be used to screen for addiction, aggression, abuse, and danger to self and others, as you describe these risks in your client.

- Note a co-occurring mental disorder (such as substance abuse, anxiety, or depression), which may become apparent during a crisis, disaster, or other trauma-causing event that ties in with your assessment during the selected client's crisis.
- Differentiate characteristics of crisis states versus developmentally appropriate reactions to life obstacles and crisis assessment and intervention strategies for diverse populations.
- Exhibit proficiency in effective, credible academic writing, and critical thinking skills.

Reminder: Use the Unit 5 Assignment Template [DOCX] to complete this assignment. This template, which includes the Triage Assessment Form, will help you to present criteria in an organized way. The headings guide you to the criteria, and the details that are included describe what is necessary to complete the assignment to a Distinguished degree.

Cases

Alexa

Alexa, a 17-year-old Hispanic female, ran away from home. The police returned her to her home, but within a week Alexa had attempted suicide by taking her father's prescription medication for high blood pressure. Alexa had been showing signs of depression and was seen for mental health counseling a year previously for eight sessions. After receiving counseling, Alexa withdrew and stated that she felt unuseful at home and unwelcome at school. Feelings of worthlessness and anger arose periodically when her parents tried to engage her about school events. Alexa had several close friends and one young man she called her "beau," though she claimed there was no serious intimacy between them. She refused to return to counseling sessions, saying that the time was better spent talking with her friends. She complained that her parents were too strict with curfew times and asked too many questions. In the past week, Alexa was discovered to have skipped two days of school and refused to tell her parents where she had been. Alexa's mother found a bottle of pills and a bottle of vodka in her room.

Jordan

Jordan arrived at counseling because her friend, who has been worried about her for some time, insisted that she see a counselor. Jordan stated that her husband, Jake, left the house earlier that day in an agitated mood and with his rifle, and tearfully disclosed concerns about her safety and his. Jordan said she was surprised at Jake's abrupt departure because she was unaware of any plans he had to go hunting, so she did not know why he would take his gun in the truck. She recalled that she and Jake had fought the previous night over his drinking. Jordan reported that she had asked Jake to stop drinking so much, and in response, he threatened her and slammed a few doors. She added that Jake said he liked being a little drunk and pushed her back against the kitchen counter at one point. When Jake went back into a spare bedroom to sleep that night, Jordan found numerous beer bottles in the den and a large empty whiskey bottle in front of his truck. Jordan met Jake in the kitchen for coffee this morning, and he was still quite angry about her accusation that he was drinking too much. After he left, Jordan reported that she began shaking. She felt fear for her own safety, so she called her friend who insisted that she speak to a counselor. While Jordan was on her way to counseling, her husband called her. He seemed oddly calm, asked about her day, and said nothing about the previous night or his abrupt departure this morning. Jordan stated that this switch in mood from extreme aggression to a pleasant tone "seemed weird." Jordan asked for help in dealing with her husband's confusing behaviors. She fears for her own safety and the safety of her husband, but is unwilling to call the police. As she spoke, she was agitated and continually looked over at the doorway, as though expecting it to burst open.

Requirements

- **Content:** Prepare a comprehensive paper that includes all elements described.
- **Components:** The paper must include a title page, abstract, and reference list.
- **Written communication:** Develop accurate written communication and thoughts that convey the overall goals of the project and do not detract from the overall message.
- **APA formatting:** Resources and citations must be formatted according to current APA style and formatting guidelines.
- **Number of pages:** Use the Unit 5 Assignment Template [DOCX] in the Resources. The body of the paper should fall within 3–5 pages of text, excluding title page and reference list. Be sure to include the pages of the Triage Assessment Form.
- **Number of resources:** Minimum of 4 current resources, published within the last 10 years, and you may include your text as one.
- **Font and font size:** Times New Roman, 12-point.

Submit the completed paper and form to the assignment area.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

Masters in Counseling Research Guide

Writing Feedback Tool

APA Style and Format.

u05v1 - MindTap: Triage Assessment of a Battered College Woman

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook. This video captures a series of three sessions with a client in denial where the cycle of violence escalates over a two-month period of time.

Closed captioning and a transcript are also available.

u05v2 - MindTap: Reporting Sexual Assault

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook. In the video, a counselor at a college counseling center speaks with a coed who was drugged and sexually assaulted at a frat party.

Closed captioning and a transcript are also available.

u05v3 - MindTap: Adult Survivor of Sexual Abuse

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, which shows a counselor talking with a flirtatious woman who had been repeatedly raped by her uncle.

Closed captioning and a transcript are also available.

u05d1 - Interventions for Survivors of Sexual Abuse

Discuss the interventions for survivors of abuse, including group counseling for both adults and children. What would you take into consideration when determining what type of counseling, individual or group, and what types of interventions you would use with a client who is a survivor of sexual or physical abuse? Please address how age and gender might be important factors.

Response Guidelines

Respond to the post of at least one of your peers. In your response, include an intervention with a citation and reference from a peer-reviewed professional journal article published within the last 10 years. Do not use the required readings for this course in your response.

- Identify crisis intervention skills needed to debrief with clients following a traumatic experience.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 6 ›› Assessment for Violence and Substance Abuse in Mental Health Crises

Introduction

Assessment in all crises includes the need to assess for mental health issues that include violence and substance abuse.

The ability to predict who will become violent is an issue for all those in the helping professions. Assessments have been developed to help create some form of predictability when we encounter our clients, but strong assessment skills in this area require more than tools. Skills and judgment are critical to develop in the professional training of counselors (James & Gilliland, 2017). Your text provides a great review of how research presents the basis for violence.

Though most assaults in institutions are nonfatal, the fact that caring helpers are assaulted is not surprising. Violence in society has increased generally. The American Psychological Association was prompted to create the Journal of Threat Assessment and Management (Dingfelder, 2013). Substance abuse is named as a leading factor behind why people become disinhibited.

Assessments and treatment approaches are described in this unit. They offer a variety of perspectives about working with clients and their family members. Crisis counselors may encounter a person who has been diagnosed with a severe mental disorder or who may be experiencing psychotic, manic, or dissociative symptoms and be required to respond for the safety of the person, self, and others. Psychotic decompensation is described as actively experiencing delusions and hallucinations, such that the person is out of touch with reality (Gullslett, Kim, Andersen, & Borg, 2016). This person would appear highly anxious, usually paranoid, and very distressed.

Many personality disorders include the potential for crisis, with marked symptoms of impulsivity, disordered thinking, anger control, and more. Perceived provoking by unassuming helpers with a client who suffers from a narcissistic personality disorder can become a negative event (James & Gilliland, 2017). If social modeling included violent behavioral norms, the same client may experience increased feelings of violent expression.

Besides the potential for violence, there is the possibility of clients inflicting self-harm. Intervention strategies include ongoing assessment, such as the initial mental status exam, the ABC Model, or the Six-Step Model. Recognizing observational cues of distress and ensuring training in safety will enable crisis workers to maintain their own personal safety, while assisting their clients in doing the same. James and Gilliland (2017) include a chapter on Crisis or Hostage Negotiation, partly because it is their specialty, but also because the rise in workplace and school violence makes everyone a potential victim. Counselors have many resources for training and safety preparation and precautions.

References

Dingfelder, S. (2013). Predicting and preventing violence. *Monitor on Psychology, 44*(3), 68.

Gullslett, M. K., Kim, H. S., Andersen, A. J. W., & Borg, M. (2016). "Emotional darkness without solutions:" Subjective experiences of mental health crisis. *International Journal of Mental Health, 45*, 161–170. doi: 10.1080/00207411.2016.1185875

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Learning Activities

u06s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 5, "Crisis Care Handling," pages 95–116.

Use the Capella library to read the following:

- Coleman, T., & Cotton, D. (2014). <u>TEMPO: A contemporary model for police education and training about mental illness</u>. *International Journal of Law and Psychiatry, 37*, 325–333. doi: 10.1016/j.ijlp.2014.02.002
- Gullslett, M. K., Kim, H. S., Andersen, A. J. W., & Borg, M. (2016). "<u>Emotional darkness without solutions:" Subjective experiences of mental health crisis</u>. *International Journal of Mental Health, 45*(3), 161–170.

Optional Readings

Search the <u>Capella Library</u> to find these optional readings.

- Helfgott, J. B., Hickman, M. J., & Labossiere, A. P. (2016). A descriptive evaluation of the Seattle Police Department's crisis response team officer/mental health professional partnership pilot program. *International Journal of Law and Psychiatry, 44*, 109–122. doi: 10.1016/j/ijlp.2015.08.038
- Litam, S. D. A. (2017). Human sex trafficking in America: What counselors need to know. *The Professional Counselor, 7*(1), 45–61. doi: 10.15241/sdal.7.1.45
- Lotzin, A., Buth, S., Sehner, S., Hiller, P., Martens, M-S., Pawils, S., Metzner, F., Read, J., Harter, M., & Schafer, I. (2018). "Learning how to ask:" Effectiveness of a training for trauma inquiry and response in substance use disorder healthcare professionals. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(2), 229–238. doi: 10.1037/tra0000269
- Savic, M., Ferguson, N., Manning, V., Bathish, R., & Lubman, D. I. (2017). "What constitutes a 'problem'?" Producing 'alcohol problems' through online counselling encounters. *International Journal of Drug Policy, 46,* 79–89. doi: 10.1016/j.drugpo.2017.05.047
- Scantlebury, A., Parker, A., Booth, A., McDaid, C., & Mitchell, N. (2018). Implementing mental health training programmes for non-mental health trained professionals: A qualitative synthesis. *PlosONE, 13*(6), 1–28. doi: 10.1371/journal.pone.0199746
- Shevchuk, S. S., Ibragimova, N. S., Belanova, G. O., Ivakhnenko, S. N., & Akrameeva, O. V. (2018). Problems relating to social and legal protection of persons who have mental illness. *Journal of Pharmaceutical Sciences and Research, 10*(6), 1601–1606.

u06s1 - Learning Components

- Identify steps of crisis response.
- Describe best practices in crisis response.

u06s2 - Assignment Preparation

Get a head start on your Unit 7 assignment by reviewing the assignment description and beginning your research.

u06v1 - MindTap: An Alcoholic in Denial

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook that shows a counselor treating a client who is in denial about her drinking problems.

Closed captioning and a transcript are also available.

u06d1 - Crisis Intervention with Clients Diagnosed with Mental Illness

You will recall that in Chapter 5 of the James and Gilliland text, the authors described a crisis intervention team (CIT) approach to dealing with crises of the mentally ill, many of whom are homeless or have entered unstable living situations since the Community Mental Health Act of 1963. The act brought changes that released many mentally ill people back into the community. Analyze the tools and resources that a CIT approach could offer in your own community if you were developing these resources. Analyze the benefits and potential obstacles of this approach if you were the ambassador to advocate locally for the concept.

Support your choices with reference to the professional literature.

Response Guidelines

Respond to the posts of two of your peers.

Course Resources

u06d1 - Learning Components

- Identify crisis intervention skills needed to debrief with clients following a traumatic experience.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 7 ≫ Life Crises

Introduction

Erik Erikson (1980) developed a series of psychological and developmental stages through which people grow and transition from birth to old age. On an individual level, counselors can utilize information like this to assist in their treatment efforts by determining if the client's response is appropriate for a certain developmental life stage or if there is some crisis state that indicates psychological difficulty.

Normal life challenges arise in adolescence or midlife, for example. If the individual does not have a successful negotiation of the life stages, stress and anxiety may develop and prolong or even negate the growth towards maturity (Erikson, 1980). Though developmental challenges are normal, crises arising from transitions are not, and may be more than the person's usual coping capacity can handle.

James and Gilliland (2017) related that all those working in helping professions will encounter loss. Treatment approaches and models are described in this unit. They offer a variety of perspectives about working with clients and their family members, including numerous models of conceptualizing and strategizing how to deal with loss. Loss is not just a death, but can include divorce and other life-altering events.

Other than normal developmental crises, there are losses that can manifest themselves without warning, including loss of a loved one, loss of a pet, loss of a limb, or other physical limitations. Loss of a job, loss of a marriage, and even remarriage and blending families can create crises. Divorce may carry the additional burden of a sense of failure, along with many significant adjustments for the partners and their children and families. Since many people are literally defined by the work that they do, the loss of their employment can be devastating to their self-concept (James & Gilliland, 2017).

Issues that create stress, dysfunction in daily living, and grief may be dealt with by clients of any age, including children. Special considerations need to be given to counseling in these cases (Glazer, 2010). Different cultures have rules, sanctions, and levels of permission or prohibition that arise out of cultural and often religious values.

Through all of the possible life crises there are considerable social and cultural influences on the behaviors, attitudes, beliefs and emotions, expressed or otherwise, of people in crisis. Interventions must be considered carefully to determine what is most effective and what is in the best interests of the client and at times, the client's family (Myer et al., 2014).

References

Erikson, E. H. (1980). *Identity and the life cycle*. New York, NY: W.W. Norton & Co.

Glazer, H. R. (2010). Filial play therapy for grieving preschool children. In C. E. Schaefer (Ed.), *Play therapy for preschool children* (pp. 89–105). Washington, DC: American Psychological Association.

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage Learning.

Myer, R. A., Williams, R. C., Haley, M., Brownfield, J. N., McNichols, K. B., & Pribozie, N. (2014). Crisis intervention with families: Assessing changes in family characteristics. *The Family Journal: Counseling and Therapy for Couples and Families*, *22*(2), 179–185. doi: 10.1177/1066480713513551

Learning Activities

u07s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to read the following:

- Chapter 12, "Personal Loss: Bereavement and Grief," pages 414–464.

Use the Capella University Library to read the following:

- Jacobson, L., & Butler, S. K. (2013). Grief counseling and crisis intervention in hospital trauma units: Counseling families affected by traumatic brain injury. *The Family Journal, 21*(4), 417–424.
- Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega: Journal of Death & Dying, 74*(4), 455–473. doi: 10.1177/0030222817691870
- Sussman, Z. (2011). Supplemental resources for counseling grieving clients. *Journal of Mental Health Counseling, 33*(1), 46–50.

Optional Readings

Search the Capella Library to find these optional readings.

- Endo, K., Yonemoto, N., & Yamada, M. (2015). Interventions for bereaved parents following a child's death: A systematic review. *Palliative Medicine, 29*(7), 590–604. doi: 10.1177/0269216315576674
- Patel, S. H., & Choate, L. H. (2014). Conducting child custody evaluations: Best practices for mental health counselors who are court-appointed as child custody evaluators. *Journal of Mental Health Counseling, 36*(1), 18–30.
- Tomás, J. M., Sancho, P., Melendez, J. C., & Mayordomo, T. (2012). Resilience and coping as predictors of general well-being in the elderly: A structural equation modeling approach. *Aging & Mental Health, 16*(3), 317–326.

u07s1 - Learning Components

- Identify characteristics typical of different types of crises.
- Describe best practices in crisis response.

u07s2 - Project Preparation

Review the course project description.

For the project, you have been planning and, ideally, have already had, your interview with a professional individual who has knowledge of an existing crisis response plan. You may also want to explore Psychological First Aid as an example of a community-based strategy for crisis intervention.

Keep in mind that you will submit this assignment in Unit 9.

Course Resources

U.S. Department of Veterans Affairs. (2012). *Psychological first aid: Field operations guide* (2nd ed.). Washington, DC: Author. Retrieved from http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp

u07a1 - Research on Counselor and Client Safety

For this assignment:

1. Locate a minimum of two current scholarly articles (published within the last 10 years from the professional literature) that address counselor safety and two articles that address client safety in counseling situations, for a total of four articles. Tip: You may need to look at multiple disciplines, such as counseling, social work, emergency and crisis journals, and so on.
2. In your own words, evaluate the key points of the articles, such as the author's recommendations, and describe the issues related to counselor and client safety.
3. Evaluate the key elements of the risks to counselor and client safety associated with the types of crises you may work with in your community. Key elements of risk are discussed throughout crisis assessment in your textbook, such as assessing for lethality, determining if mental instability is present, or if substance use is involved.
4. Discuss the procedures for identifying trauma and abuse and for reporting abuse when safety issues arise for the counselor or the client.

Note: A template for your APA-formatted paper is included in the assignment Resources. Use the template to present the assignment criteria in an organized way. The headings guide you to the criteria, and the details that are included describe what is necessary to complete the assignment to a distinguished degree.

Assignment Requirements

- **Content:** Prepare a comprehensive paper that includes all sections described above.

- **Components:** The paper must include a title page, abstract, and reference list.
- **Written communication:** Develop accurate written communication and thoughts that convey the overall goals of the project and do not detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to current APA guidelines for style and format.
- **Number of pages:** Use the Unit 7 Assignment Template linked in the Resources. The body of the paper should fall within 4–6 pages, excluding the title page, abstract, and reference list.
- **Number of resources:** Minimum of 4 current resources, published within the last 10 years.
- **Font and font size:** Times New Roman, 12-point.

Submit your research paper in the assignment area.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

Unit 7 Assignment Template [DOCX]

Online Writing Center.

APA Style and Format.

Counselor and Client Safety Library Guide.

Writing Feedback Tool

u07v1 - MindTap: A Displaced Worker

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, in which a counselor talks with an angry woman who has lost her job after 20 years.

Closed captioning and a transcript are also available.

u07d1 - Role Play a Possible Crisis in Life Events

For this discussion, you will take on the role of a counselor with a bereaved client and create a script of a hypothetical counseling session. The script will be at least 20 responses, including 10 from the client and 10 from the counselor. Your responses as the counselor will include crisis intervention techniques. What factors would you attend to when assessing the situation and the client's mental and emotional state? How would age be relevant in your assessment and intervention process? Who might you consult with regarding this situation? What might you do differently if the client was Chinese or from Puerto Rico? Consider playing up the potential risks and respond to those risks. See the cases provided below.

You will present the following:

- A brief introduction to the client scenario. Ensure you do not use up your counseling script getting to know each other!
- The counseling session script.
- A discussion of the crisis interventions you applied in the session.
- A discussion of how your client's developmental life stage affected your application of your chosen approach.
- A reflection of how you might respond to your selected client, including any multicultural considerations.

This discussion response should be a minimum of 500 words and maximum of 700 words, with at least two references.

Cases

1. The Cortez Family: The husband dies while in his early 50s. The wife has one teenage daughter at home and one son in his first year of college. She seems to be functioning normally from outward appearances. The day after the funeral, she goes to her bridge club without noticeable grief.
2. Hattie: Hattie is in her late 40s, is legally blind, and has just been through a separation and divorce. She has no children, lives away from a family support system, and cries frequently, even at work.
3. Pat: Pat is experiencing bereavement following a recent diagnosis of being HIV-positive at age 25. He is struggling to go to work, does not want to eat and is no longer socially involved with his close friends. His most recent partner comes to counseling with him, but is upset about the diagnosis for personal reasons, though he cares for Pat.
4. Joyce is an 84-year-old woman who is calling you on a help line because she is afraid. Joyce's initial call to the crisis center was vague and guarded. She called after receiving a warning from her son that he will hospitalize her. She said, "He seemed so frustrated, but it has been building up for the past few weeks. I guess it was my fault . . . I complained about being alone at night. He started raising his voice at me. He said I have to get on with my life. Lewis, my husband, has been dead for seven months, but I can't stop crying. We were married for 52 years."

Response Guidelines

Review the dialog and summary of one of your peers and provide feedback about the choices they made for responding to the client and the effectiveness of their crisis intervention strategies. Also, make suggestions for possible improvement—what might you have said instead?

Course Resources

Graduate Discussion Participation Scoring Guide

u07d1 - Learning Components

- Describe concepts of diversity in crisis response.
- Identify crisis intervention skills needed to debrief with clients following a traumatic experience.
- Describe the impacts of crises on diverse individuals.
- Define the difference between crisis states and developmentally appropriate reactions to traumatic situations.

Unit 8 ❯❯ Community Responses to Emergency Management

Introduction

The ecological and contextual model presented in the text represents a graphic display of the many interagency connections that support a well-designed emergency management plan (see James & Gilliland, 2017, p. 657). Communication is one of the prime elements in an emergency plan that helps all service providers to respond in a timely manner with appropriate resources. Local emergency management agencies (LEMAs), like the federal agency (FEMA), practice scenarios to prepare effective crisis handling. Specific responders such as the American Red Cross are trained on an ongoing basis to be prepared and on-call for emergencies. Volunteers often include the National Guard when safety is an issue, such as during a hurricane.

Mental health services during crises continually improve, with collaborations like the American Counseling Association and the American Red Cross in training efforts for disaster relief. Crisis Response Teams (CRTs) have been developing over the last 30 years to handle crises, including community shootings, robberies, and fires. The National Organization for Victim Assistance (NOVA) was established to help victims of crime originally (James & Gilliland, 2017), but has since broadened its outreach services. The National Institute of Mental Health (NIMH) also has trained responders for instruction, consultation, and development of local support teams after disasters.

Like all institutions, mental health agencies should have emergency response plans specific to their locations and resources. Personnel must be trained and prepared with periodic scenarios to effectively respond in an actual disaster. CRTs should be multidisciplinary and communications should be centralized. Consultation should be available to direct those from outside the local area to gain an understanding of the ecological niche of the crisis location, including knowledge of the people, their cultures, physical safety issues, transportation, and much more. The counselor's role is just one aspect of the plan, but a very important one that may linger long after the flood subsides or the tractors move the debris. Simply being available to survivors is a huge task with many concerns, but it also has many rewards.

References

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Learning Activities

u08s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use your James and Gilliland text to complete the following:

- Chapter 17, "Disaster Response," pages 579–636.

Use the Capella University Library to read the following:

- Tarvydas, V. M., Levers, L. L., & Teahen, P. R. (2017). Ethical guidelines for mass trauma and complex humanitarian emergencies. *Journal of Counseling & Development, 95*(3), 260–268.

Optional Readings

Search the Capella Library to find these optional readings.

- Chapter 13, "Crises in Schools," pages 474–537, from your James and Gilliland text.
- Bonkiewicz, L., & Ruback, R. B. (2012). The role of the police in evacuations: Responding to the social impact of a disaster. *Police Quarterly, 15*(2), 137–156.
- Jacobs, G. A., Gray, B. L., Erickson, S. E., Gonzalez, E. D., & Quevillon, R. P. (2016). Disaster mental health and community-based psychological first aid: Concepts and education/training. *Journal of Clinical Psychology, 72*(12), 1307–1317.
- McIntyre, J., & Nelson Goff, B. S. (2012). Federal disaster mental health response and compliance with best practices. *Community Mental Health, 48*, 723–728. doi: 10.1007/s10597-011-9421-x
- Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*(4), 255–267. doi: 10.1177/1534765612471144
- Stanley, S. A. R., Bulecza, S., & Gopalani, S. V. (2012). Psychological impact of disasters on communities. *Annual Review of Nursing Research, 30*(1), 89–123.

u08s1 - Learning Components

- Explain counselors' roles in crisis response.
- Identify skills, knowledge and training needed by counselors in crisis response.

u08v1 - MindTap: Disaster Response

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, which shows disaster relief workers attending to a husband and wife who lost their home in a tornado.

Closed captioning and a transcript are also available.

u08v2 - MindTap: Critical Incident Stress Debriefing (CISD)

Select the linked title in the activity heading above to view this video associated with your *Crisis Intervention Strategies* textbook, in which Dr. James talks with a group who witnessed the shooting of a secretary at a Sociology Department.

Closed captioning and a transcript are also available.

Course Resources

MindTap: Critical Incident Stress Debriefing (CISD)

u08d1 - Counselor Advocacy for Crisis Intervention Plans

Describe the role of counselors as advocates for the care of people in their communities. What are some ways that counselors can advocate for the development of crisis intervention, prevention, and emergency management plans within their community? Use specific examples to illustrate your ideas and incorporate the professional literature as support.

Response Guidelines

Respond to the posts of two of your peers and provide feedback on their advocacy ideas. Also, suggest an additional idea they could use.

Course Resources

Graduate Discussion Participation Scoring Guide

u08d1 - Learning Components

- Identify counselors' roles in crisis response.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.

Unit 9 ➤➤ Ethics and Professional Issues

Introduction

Confidentiality and privileged communication are two topics of ongoing professional concern for counseling professionals. Though states vary with regards to limitations on counseling professionals, there are professional ethical standards by which counselors are trained on these topics. Confidentiality is considered a legal and ethical duty for counselors to safeguard their clients from disclosure of information without the clients' consent (Lloyd-Hazlett & Foster, 2017). There are times when counselors are required to break confidentiality, such as risk of harm to self or others, or child or elder abuse. The American Counseling Association (2014) Code of Ethics specifies the limits to confidentiality, and the need for informed consent, where the counselor and client discuss the limits of confidentiality. Privileged communication rights vary greatly across the country.

Most ethical issues are not so clearly black and white. There is a gray area of assessing the context, the specific situation, and the parties involved (James & Gilliland, 2017). Legally, counselors have the right to protect client confidentiality. Morally, counselors practice with varying precepts that may go against ethical standards. In a professional setting, however, professional standards prevail or the counselor is subject to license censure or loss. The American Counseling Association (2014) maintains that in all situations, "when counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process" (p. 3).

Other professional issues may arise, such as countertransference in intensely emotional crises. Self-care cannot be emphasized enough when counselors are involved in crisis assessment and intervention. Reporting abuse is difficult as well, but the consequences of not doing so may be tragic.

Multicultural competence is relevant to all the aspects of crisis assessment and intervention as you have seen thus far. Particularly when individuals are confronted with highly emotional situations, their cultural traditions, faith, and religious practices are resources for comfort in the face of trauma. Counselors should develop sensitivity to ensure effective helping interactions.

Finally, the referral of clients to other helpers can be a complicated issue. Counselors can make effective referrals for their clients who need additional services and community resources, which is common in community disasters, for instance. Consultation with other mental health professionals is recommended for those who encounter difficult client cases for which they feel inadequately trained (Lloyd-Hazlett & Foster, 2017).

References

American Counseling Association (2014). *ACA code of ethics*. Retrieved from http://www.counseling.org/Resources/aca-code- of-ethics.pdf

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Lloyd-Hazlett, J., & Foster, V. A. (2017). Student counselors' moral, intellectual, and professional ethical identity development. *Counseling and Values, 62*(1), 90–105. doi: 10.1002/cvj.12051

Learning Activities

u09s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use the James and Gilliland text to review the following:

- Chapter 5, "Confidentiality in Case Handling," pages 112–115.

Use the Capella University Library to read the following:

- Burn, S. T., & Cruikshanks, D. R. (2017). Impact of ethical information resources on independently licensed counselors. *Counseling and Values, 62*(2), 159–179. doi: 10.1002/cvj.12057
- Jungers, C. M., & Gregoire, J. (2016). Authenticity in ethical decision making: Reflections for professional counselors. *The Journal of Humanistic Counseling, 55*(2), 99–110.
- Kaplan, D. M., Francis, P. C., Hermann, M. A., Baca, J. V., Goodnough, G. E., Hodges, S., . . . Wade, M. E. (2017). New concepts in the 2014 ACA Code of Ethics. *Journal of Counseling & Development, 95*(1), 110–120. doi: 10.1002/jcad.12122
- Martínez, M., Arantzamendi, M., Belar, A., Carrasco, J. J., Carvajal, A., Rullan, M., & Centeno, C. (2017). 'Dignity therapy,' a promising intervention in palliative care: A comprehensive systematic literature review. *Palliative Medicine, 31*(6), 492–509. doi: 10.1177/0269216316665562

Use the Internet to explore the following:

- American Counseling Association. (2014). ACA code of ethics [PDF]. Retrieved from http://www.counseling.org/Resources/aca-code-of-ethics.pdf

Multimedia

- Complete the Confidentiality During a Crisis exercise.

Optional Readings

Search the Capella Library to find these optional readings.

- Herlihy, B. J., Hermann, M. A., & Greden, L. R. (2014). Legal and ethical implications of using religious beliefs as a basis for refusing to counsel certain clients. *Journal of Counseling & Development*, *92*(2), 148–153.
- Karaman, M. A., Schmit, M. K., Ulus, I. C., & Oliver, M. (2018). International counseling students' perception of ethics. *Journal of International Students, 8*(2), 677–695. doi: 10.5281/zenodo.1250370.
- Lloyd-Hazlett, J., & Foster, V. A. (2017). Student counselors' moral, intellectual, and professional ethical identity development. *Counseling and Values, 62*(1), 90–105.
- Wilkinson, T., & Reinhardt, R. (2015). Technology in counselor education: HIPAA and HITECH as best practice. *The Professional Counselor, 5*(3), 407–418.

u09s1 - Learning Components

- Explain counselors' roles in crisis response.
- Identify skills, knowledge and training needed by counselors in crisis response.

u09a1 - Role of the Counselor in Crisis Response

Part 1: Interview

To learn more about crisis intervention and trauma-informed community-based strategies (such as Psychological First Aid), for this assignment, you will contact a licensed professional individual to interview (in person or via phone), who knows of an existing crisis response plan. Identify the person you interview and their specific job or role, such as crisis counselor or a member of the Red Cross or Federal Emergency Management Agency (FEMA), or therapists who work with victims of PTSD or are involved in Critical Incident Stress Debriefing (CISD), and arrange an interview. Once you arrange a personal interview, develop a set of open-ended questions that will allow you to gain a clear and complete picture of their plan as it currently exists. (See the sample interview questions provided in the Project Description.)

Ask your interviewee to give you a specific example of an actual crisis and the details of the various roles that are involved in the plan that is utilized, including any mental health professionals. Examine what you are told by the interviewee, and compare it to the processes outlined in Psychological First Aid, provided in the Resources.

Part 2: Description and Analysis

Describe and analyze a counselor's role and responsibilities as a member of interdisciplinary community outreach and emergency management response teams in a crisis response. Summarize the responsibilities of the counselor within the mental health component of the crisis response system in order to identify the type of necessary training for the role of the counselor.

To successfully complete this project, you will be expected to do the following:

1. Compare and contrast the elements of a real-world example of an emergency management plan, obtained through your personal interview of a professional in the field, to the elements identified in the course studies, particularly Psychological First Aid, provided in the Resources.
2. Summarize the responsibilities of the counselor, including the professional role, functions, and relationships as a member of a crisis response plan during a local, regional, or national crisis, disaster, or other trauma-causing event (CACREP, 2016).
3. Describe in detail the specific skills and knowledge required by a counselor in order to function effectively as a member of an interdisciplinary emergency management response team.
4. Describe the types of training a counselor requires to develop the required skills and knowledge relevant to emergency management.
5. Exhibit proficiency in effective, credible academic writing and critical thinking skills.

Note: A template for your APA-formatted paper is included in the Resources. Use the template to present the assignment criteria in an organized way. The headings guide you to the criteria, and the details that are included describe what is necessary to complete the assignment to a distinguished degree.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

Unit 9 Assignment Template [DOCX]

Mental Health All-Hazards Disaster Planning Guidance

Writing Feedback Tool

u09d1 - Confidentiality When Dealing with Suicidal Client

Suppose you are faced with an ill client, Sara, who is in a great deal of physical pain. The client indicates to you in a calm, reasonable way that she has a plan to commit suicide. She is going to drive out to an isolated spot in a state park, drink a thermos of margaritas, put on her favorite CD, take out her 9mm automatic, get out of the car, go sit under her favorite tree, make an audio tape telling her family how much she loves them and how she does not want to be a burden on them, and then kill herself. What is your legal and ethical responsibility when working with a client who is seriously contemplating suicide? Identify specific ethical codes from the American Counseling Association's Code of Ethics.

Response Guidelines

Respond to the posts of at least two of your peers. Contrast their analyses of ethical responsibilities in confidentiality within a crisis situation with yours.

Course Resources

Graduate Discussion Participation Scoring Guide

ACA Ethics and Professional Standards

u09d1 - Learning Components

• Describe characteristics of trauma and abuse in clients.
• Identify areas of risk to crisis clients and counselors.
• Explain the counselor's role and responsibilities in reporting trauma and abuse.
• Apply knowledge of APA style for references and citations.
• Develop communications appropriate for the audience.

Introduction

Resiliency has received increased attention in the literature (Chmitorz et al., 2018). This ability to bounce back after a crisis provides opportunities to focus on strengths rather than deficits in treatment and in daily living. Studies that have explored resilience have often focused on children. Additionally, Kalisch et al. (2015) asserted that the majority of trauma and disaster survivors are remarkably resilient in the face of overwhelming crises. Emotional distress is certainly present and normal in the experience of crises, but in the long term, people are able to recover and go on to live happy lives.

The focus of most crisis literature is on the profound adversity that people encounter and manage, often with helping professionals and support systems. Tedeschi, Park, and Calhoun (1998) coined a term to counter the ongoing focus on tragedy called posttraumatic growth (PTG). Sometimes survivors report a new perspective on living and a transformation of their outlook after a catastrophe. Such reporting offers hope, in that it is possible to actually become more compassionate for others, more spiritual, more aware of personal values and priorities, and more intentional in their relationships. Use of resources after crises, such as support groups and individual counseling, offers multiple therapeutic benefits that enhance recovery. It is not uncommon for a survivor to be hesitant to accept assistance, or reluctant to share personal information. Basic counseling skills are important tools to use in all interventions.

Finally, crisis involves one's meaning making, one's perspective of the world and what happens in it (Chmitorz et al., 2018). When the world we live in is assaulted, our understanding of how we live in that world is shredded and requires renegotiation of its elements. For example, a survivor of the shooting in Arizona has a new perceptual experience of the grocery store and pharmacy that used to be a mundane and routine pattern of behavior for obtaining basic goods for survival and self-care. The routine no longer makes sense if it means enduring strong feelings of anxiety upon driving to the location when an equally sufficient competitor store is just as available. That is one solution, but there are many others.

The benefits of a meaningful life help to promote positive functioning, positive affect, and greater satisfaction in general. Crisis counseling requires a toolbox of ideas, strategies, interventions, beliefs, values, energy, skills, and training. Many systems interact in the ecological and cultural environments of society, and when organized and coordinated offer powerful support and assistance in times of crisis, disasters, or other trauma-causing events (James & Gilliland, 2017). Human service workers have a responsibility to assess their personal well-being to avoid burnout and other serious consequences of prolonged exposure to critical incidents. No one is immune from the effects of trauma. One only has to explore literature in the multiple professions of helping and intentionally avoid compassion fatigue and burnout (Ray, Wong, White, & Heaslip, 2013).

References

Chmitorz, A., Kunzler, A., Helmreich, I., Tuscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience – A systematic review and proposal for a resilience framework in future intervention studies, *Clinical Psychology Review, 59*, 78–100. doi: 10.1016/j.cpr.2017.11.002

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Boston, MA: Cengage.

Kalisch, R. Muller, M. B., & Tusche, O. (2015). A conceptual framework for the neurobiological study of resilience. *Behavioral and Brain Sciences, 38*, e92. doi: 10.1017/S0525X1400082SX

Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*(4), 255–267. doi: 10.1177/1534765612471144

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Erlbaum.

Learning Activities

u10s1 - Studies

Readings

- Read the Introduction to this learning unit.

Use the Capella University Library to read the following:

- Review the following reading from Unit 1:
  - Fletcher, D., & Sarkar, M. (2013). <u>Psychological resilience: A review and critique of definitions, concepts, and theory</u>. *European Psychologist, 18*, 12–23. doi: 10.1027/1016-9040/a000124
- Galek, K., Flannelly, K. J., Greene, P. B., & Kudler, T. (2011). <u>Burnout, secondary traumatic stress, and social support</u>. *Pastoral Psychology, 60*(5), 633–649. doi: http://dx.doi.org/10.1007/s11089-011-0346-7

Optional Readings

Search the Capella Library to find these optional readings.

- Chmitorz, A., Kunzler, A., Helmreich, I., Tuscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience – A systematic review and proposal for a resilience framework in future intervention studies, *Clinical Psychology Review, 59*, 78–100. doi: 10.1016/j.cpr.2017.11.002
- Faulk, K. E., Gloria, C. T., & Steinhardt, M. A. (2013). Coping profiles characterize individual flourishing, languishing, and depression. *Anxiety, Stress & Coping, 26*(4), 378–390.
- Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of trait resilience and mental health. *Personality and Individual Differences, 76*, 18–27. doi: 10.1016/j.paid.2014.11.039
- Mayordomo-Rodriguez, T., Garcia-Masso, X., Sales-Galan, A., Melendez-Moral, J. C., & Serra-Ano, P. (2015). Resilience patterns: Improving stress adaptation based on an individual's personal features. *The International Journal of Aging and Human Development, 80*(4), 316–331. doi: 10.1177/0091415015603595
- Platt, S., Brown, D., & Hughes, M. (2016). Measuring resilience and recovery. *International Journal of Disaster Risk Reduction, 19*, 447–460. doi: 10.1016/j.ijdrr.2016.05.006
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*, 1–14. doi: 10.3402/ejpt.v5.25338

u10s1 - Learning Components

- Describe challenges counselors face in dealing with client crises.
- Identify areas of risk to crisis clients and counselors.

u10q1 - Counseling and Crisis Response

This quiz will gauge your understanding of the material presented in the final units of this course. It provides an opportunity for you to demonstrate your knowledge of the following course competencies:

- Evaluate crisis intervention models.
- Apply assessment skills in crisis intervention situations.
- Apply situationally appropriate, evidence-based crisis intervention skills and strategies.
- Evaluate one's own ability to work in crisis intervention.

Read the following instructions and parameters before taking the quiz:

- You will be able to take this quiz two times and your best score will be recorded.
- There is no time limit for you to complete the quiz. However, once you access the quiz, you cannot pause or stop it—you must complete the quiz at this time.
- Once the grade is recorded, it cannot be changed.
- Please take the quiz any time beginning at the start of Unit 10.
- Once you have answered each question, submit your quiz to receive credit. It is automatically scored, and you will receive feedback immediately. There are 10 questions for a possible 50 total points. Each question is worth 5 points.

Navigation Instructions

To start the quiz:

1. Click the linked quiz title to access the quiz.
2. If you have any issues with the quiz, contact your instructor.
3. For instructions on how to see your quiz result, refer to the Courseroom Help Campus page. On the page, click the Quizzes link.

u10d1 - Self-Care and Resilience Reflection

Revisit your post from Unit 1 and re-evaluate your self-care plan. Crisis intervention requires responders to be "fully present" with those individuals and groups that are distressed. It is imperative that as responders our own attitudes, beliefs, values, and experiences of grief and loss do not impact our ability to be effective helpers in the situation. Describe your understanding of your own resilience by answering these questions:

- Identify points that were uncomfortable during the course studies and what you did to manage your own health and safety throughout the quarter.
- What opportunities for growth do you see in your professional development with regards to crisis responding? Identify any next steps in that arena.

Response Guidelines

Read and respond to the post of at least one of your peers. Provide feedback about his or her identified next steps.

Course Resources

Graduate Discussion Participation Scoring Guide

u10d1 - Learning Components

- Describe challenges counselors face in dealing with client crises.
- Identify areas of risk to crisis clients and counselors.
- Apply knowledge of APA style for references and citations.
- Develop communications appropriate for the audience.