CRISIS INTERVENTION & ADVOCACY RESPONSE

PRESENTED BY:
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CRISIS INTERVENTION AND ADVOCACY RESPONSE

LEARNING OBJECTIVES

Upon completion of this module the participant will be able to:

- Identify the basic elements and communication skills key to effective advocacy
- Discuss the definition of crisis and how to recognize it.
- Demonstrate techniques to effectively respond to victims in crisis.
- Identify strategies for working with victims to determine their needs and implement successful crisis intervention including the components of suicide/lethality assessment.
- Demonstrate an understanding of safety planning issues and strategies.
Crisis Intervention and Advocacy Response

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Learning Objectives
- Identify the basic elements and communication skills key to effective advocacy
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Learning Objectives (cont’d)
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- Demonstrate an understanding of safety planning issues and strategies.
But First, a Word About Language

- Victim vs. survivor
- Empower
- “My victims”
- Jargon

What are the elements of effective listening?

Communication Skills

- Active listening
- Attending
- Empathy
- Silence
- Appropriate boundaries

- Brainstorming
- Stay open to possibilities
- Collaboration
Definition of Crisis

- May be an event (or series of events)
- May be a state of mind
- Failure of normal coping mechanisms
- Short term and time limited

Crisis Intervention Process

- Identify feelings
- Explore and Clarify
- Summarize
- Focus and Plan

Crisis related symptoms

- Difficulty concentrating or completing daily activities
- Unable to carry on normal interactions or discussions
- Forgetfulness
- Inability to sit still due to anxiety
- Fear
Crisis related symptoms

- Change in sleep/eating patterns
- Mood swings
- Desire to be taken care of
- Inability to make decisions
- Withdrawal from normal activities or contacts
- Self destructive behaviors
- More willing to accept suggestion or take advice

CRISIS INTERVENTION TOOLS

- Grounding techniques
- Containment strategies
- Contracts
- Referral

Factors in Assessing a Suicide Plan

- “Doability”
- Imminence
- Lethality
Safety Planning (based on work by Francine Stark)

- Definition of safety
- Life generated risks
- Perpetrator generated risks

Safety Planning (continued)

Safety plans are
- Specific to context
- “Doable”
- Impactful
- Evolutionary

Safety Planning (continued)

The Advocate’s role in safety planning:
- Create a safe place to talk
- Listen
- Identify past and current safety plans
- Work with victim to assess perpetrator’s lethality
- Identify specific components
- Clearly identify advocate’s role in safety plan and other resources need for implementation
INTRODUCTION

BUT FIRST, A WORD ABOUT LANGUAGE

The language we use will frame people's understanding of our role, and can also communicate philosophy and attitude.

**Victim vs. Survivor:** What do these words imply and how do they apply to the person we are working with? It is important to find out from the person you are assisting which term they use and what it means to them. Victim is often used to refer to people who have very recently been targeted by a crime and have not even had the time to begin the healing process. Survivor is often used to refer to people who are in the healing process and are regaining some equilibrium in their lives. However, people often attach values to these terms ("I'm a VICTIM....this was DONE TO ME, or "I'm a SURVIVOR because I am here to tell about it, or "I don't feel like I am a SURVIVOR yet....") and so it may be an important discussion to have with the person you are assisting.

**Empower:** The word empower implies that we are giving power to someone. In this context, it means helping victims to realize and effectively use the power that they already possess.

"**My victims**" This is a phrase which is too commonly used by advocates. They are not YOUR anything. They are the people you are working with, or the crime victims you are working with, or the survivors of crime that you are working with. To say "my victims" implies either that you are the victimizer, or that they somehow belong to you.

**Jargon, or "I know something you don't know".** Be very careful about your use of jargon. This can be seen as "professional ethnicity" and separates you from the person you are working with. Make sure that they understand all the jargon they might hear in a particular setting, but do not use acronyms without fully explaining what they mean and making sure the person understands them.
COMMUNICATION KILLS

WAYS TO BE A GOOD LISTENER?

- Don’t talk
- Don’t interrupt
- Don’t lecture
- Clarify and paraphrase to confirm you are hearing what is being said
- Don’t prepare your response while the other person is still talking
- Listen unconditionally
- Summarize when helpful
- Validate the experience—go for the feelings underlying the story
- Ask questions that require more than a “yes” or “no” answer
- Brainstorm possibilities
- Verify that you recognize that an important message is being conveyed and that you believe the victim and can offer assistance

UH OH….maybe I shouldn't have done that……

- Words not to use—“why” (puts person on the defensive and asks them to justify their thoughts, actions, feelings, etc.), "should" (there are no "shoulds"...advocates are not directing the outcome), "ought" (same as should), "you need to" (not the advocate’s place to determine what a victim needs to do). Ask group how they can reframe these statements:
  - "Why" = can you tell me what was going on with you that created that feeling?
  - "Should/ought" = one thing you might want to consider...
  - "You need to" = it might be helpful to you if....
- Take care of the situation if you say something insensitive or "stupid"—acknowledge what you said with a statement like "I’m so sorry. That was insensitive of me..."
- How do you respond if someone wants you to tell them what they should do? This is particularly likely to happen if you have let them know that you have had a similar experience. In this instance, you can say something like "The choices I made worked for me because of who I am and the circumstances of my situation. Let’s try to figure out what the possibilities are and which ones will work best for you.
- Beware of false reassurance. You don't really know that "everything will be fine" or that "I'm sure he/she will understand".
- Avoid saying that you know how they feel. If this has never happened to you, there is no way you can know how they feel. And even if you have had a similar experience, the way they are feeling may be very different from the way you felt.
- Touch. Be very careful about touching a person, even putting your hand on their arm or giving them a hug. Always ask for permission before doing that. If you are not comfortable with touch, don't try to do it. And if you impulsively reach out to someone and they stiffen or recoil, apologize.
**Attending:** This is part of active listening, and involves things that will either help or hinder you interactions with a victim.

- tone of voice
- eye contact
- body language
- facial expressions
- emphasis (can give the impression that you favor a particular option)
- time spent on a given topic...may also create impression that that topic is more important

What if the person's story causes you to begin crying? If your eyes tear up, it may communicate empathy to the victim. If you begin sobbing, you have clearly crossed an appropriate boundary and will need to talk to your supervisor about your ability to do this work.

**Empathy:** This is a basic stance in effective advocacy. Differentiate between empathy which is an adjoining and attempt to understand where the victim is coming from. “From what you’re telling me it sounds like you were really afraid.” versus sympathy which is a self-centered response “I feel so bad too” “I am so sorry this happened to you.” “I know how you feel because this happened to me too.”

**Silence.** Be comfortable with silence. Don’t rush to fill up the spaces. The victim may need a chance to think about a question you have asked. They may just be trying to sort out a lot of jumbled feelings and thoughts. If you are with the person, you can see what is going on with them. Be patient and let them be. If you are on the phone, this might be a bit harder. When you can’t stand it any longer, ask "how are you doing?" or "I'm just checking in...do you need more time?"

**Appropriate boundaries.** As discussed in previous section. This is an important element of advocacy. Know your appropriate role and also what is inappropriate for the victim-advocate relationship.

**Stay open to possibilities.** People’s lives take unpredictable turns. Stay open to the fact that this may have happened no matter how incredulous it sounds. Stay open to the notion that the victim’s choices are theirs to make for their life.

**Collaboration.** Effective advocacy means knowing when you are beyond your skills and abilities to provide the best assistance. Work with others in the best interest of the victim.

Take care that the victim does not perceive a referral as being passed around or like a ping pong ball. Identify those areas where collaboration is more frequently encountered. For example a victim of domestic violence may also have some sexual abuse issues.
CRISIS INTERVENTION

WHAT DOES IT MEAN TO BE IN CRISIS?

**Definition of crisis:** Crisis is a state of mind, not necessarily an event. The victim feels a loss of control. It can be a single event or a series of events. Sometimes it’s not about the crime when it happens, but later something triggers a crisis. Crisis is defined by the victim...they may feel like they are in crisis even without a precipitating event.

**Failure of normal coping mechanisms.** Crisis can be initiated when the normal coping mechanisms that work for a person no longer are working and they are left with raw emotion/anxiety/despair. For example a victim of childhood sexual abuse may have developed some coping mechanisms which allow them to function very well on a day to day basis. Then one evening, when they are tired and feeling overwhelmed by other things, they watch a television show that triggers a new memory of the abuse. Suddenly their normal coping mechanism fails and they are unable to soothe themselves and may be thrown into crisis.

**Short term and time limited:** By definition crisis is short-term and time-limited. Some literature puts a time frame of about 6 weeks. But it varies with each individual. It’s just not something that lasts only a few hours or for years. With support and resources, the victim should be able to move beyond feeling in crisis.

**PEOPLE IN CRISIS OFTEN EXPERIENCE:**

- Difficulty concentrating or completing daily responsibilities
- Difficulty carrying on normal interactions or conversations
- Short term memory loss (forgetfulness)
- Inability to be still because of anxiety
- Fear
- Change in sleeping or eating patterns
- Mood swings
- Desire to be taken care of
- Inability to make decisions
- Withdrawal from normal activities and contacts
- Numb, detached, blank, disoriented
- Self destructive behaviors
- Much more willing to accept suggestions or seek advice
CRISIS INTERVENTION PROCESS

**Identify feelings:** This a primary focus of effective advocacy. When someone is telling you a lot of things, or reciting their “story”, reach for the feelings underneath the victim’s story. This gives the victim an opportunity to let you know that you are right on track, or to explain their feelings differently.

**Explore and clarify:** Be certain that you, as the advocate, know what happened and how the victim feels about it. It is actually more important to find out how the victim felt about what happened than to find out the actual details about what happened. It is their perspective and their reaction that is going to frame their response and whether or not they feel in crisis.

Validate feelings with the victim. Explore options and be sure the victim understands what choices are available to them.

**Summarize:** Create a summary of the victim’s story. It makes it more manageable and also allows you to check in and be certain you heard what they need you to hear/know.

**Focus and Plan:** Primarily, once you know the situation and the feelings you can plan how to move forward. Some plans are actions plans with specific activities and timelines. This may be as basic as agreeing to think about what to do next. Other plans are contingency plans to do X if YZ occurs. Victim should have specific actions in mind that they are comfortable doing, are able to do and agree to do.

CRISIS INTERVENTION TOOLS

Before entering into the crisis intervention process outlined above, it may be helpful to assist the person in feeling more grounded and able to engage in the process. There are some techniques that may be helpful in those circumstances.

**Grounding techniques:** Sometimes victims need help managing intense emotions/feelings or feelings of dissociation. Before you can really help them or before they may even be able to talk about what their needs are, they may need help getting grounded (present and somewhat secure in their surrounding). There are techniques that you can use to help the victim feel more grounded.

If they call crying hysterically in panic or terror, it will be helpful to get them to slow down. Coaching them through some simple breathing techniques can help slow things down to where they can begin to take control again.

Sometimes asking them to get and hold a favorite item can help them to feel more grounded. A soft blanket wrapped around them can increase the warmth they feel and also make them feel more secure and comforted.
Another grounding technique which might be helpful is to get them to put their hand into a cup of ice, and then describe the sensation.

If a victim disassociates (mentally removes themselves from the here and now --“zones out”) ask them to put their feet flat on the ground. Have them really concentrate on feeling the floor, the solidness of it, the presence of it. Ask them to touch the chair they are sitting on and describe what it feels like. Then ask them to describe the room they are in. Ask them what they see, what they hear, what they smell. Try to connect them with where they are and what’s happening around them.

**Containment techniques:** Sometimes victims are completely overwhelmed by the event or events. It’s too big for them to deal with. They need help moving beyond their initial emotions so they can begin to do other interventions that will help them feel more in control. Containment techniques are symbolic ways that people can manage the enormity of their feelings either by dividing it up into smaller, more manageable pieces, or by putting them aside for the present, with an agreement to deal with them at a later time. Before using one of the containment techniques, ask the person if they want to try something that will relieve some of the pain and anxiety which they are currently feeling.

Victims who are having flashbacks often experience the feelings associated with the actual experience, as if they are in that experience again. You can help them differentiate between that experience and the present by asking them to imagine a TV or computer screen and putting the image on the screen. Then ask them to divide the screen with a line down the middle, and move the image to one side of the screen. Ask them to describe the line...what color is it, how thick is it, etc. Then ask them to fill in the other side with what is currently happening...the present. Have them describe that in detail, and contrast the flashback with the current image. The ask them to slowly move the line over so that the flashback image is replaced by the current reality. Emphasize the safety of the current situation, and remind them that they are now adults and have some strength to deal with this that they didn’t have when it happened.

Counting back/dialing down: On a scale of 1-10, establish the intensity of the experience. Agree on a tolerable goal level (probably won’t be a zero). Have them imagine a big clock or a big dial, and ask them to describe it in detail (how big, what color, etc.) Ask them to take a breath, and as they breathe out, move the dial or the clock down one notch. Ask them to feel the difference in the intensity. Continue to the desired number, and continue to focus on the decrease in the intensity of their feelings.

TV: Have them put the image on the TV. Then have them slowly dial down the brightness, contrast, clarity of the image. They can also change the channel to something lighter, or they can turn the TV off. Ask them what they are watching now...have them describe it.
Another technique that works for some people with flashbacks is to ask them to smell something lemon. For some reason, the scent of lemons seems to work to interrupt the flashback for some people.

Sometimes you can interrupt a panicky thought process by asking a simple question "What is your favorite color?" By getting the person to focus on something else for a moment, it might bring the swirling thoughts under control.

Sometimes it is just not safe for a person to be dealing with a particular issue at that time, but it is an important issue that they need to deal with when they are safer and maybe have some professional guidance. If they agree that this is not a good time to deal with this, you can ask them to imagine a container of some sort that is very safe and secure. Ask them to describe the container in detail. Then have them "put the issue in the container" and close the lid, perhaps even locking it. The idea is to put the issue somewhere safe, with the promise that they will open it up when it is safe to do so (in their therapist's office, in the morning when they are not feeling so scared, in your office face to face instead of over the phone, etc.) Don’t deal with it right now, keep it stored and let’s go back to it when it’s a better time for you.

**Contracts:** In some situations a more formalized agreement (contract) is beneficial for the victim. It can be as casual as “Ok, so you will get some sleep then will call XYZ in the morning.”

It can be more formal where the victim verbally agrees to do something. This can be helpful if the victim is self-harming. “So if you feel like hurting yourself again we agree that you will call XYZ first”

Contracts need to be meaningful and doable. They need to be at the conclusion of a long conversation. A contract with a teen to stop using street drugs is neither meaningful nor doable if it’s for 6 months. Twenty-four hours might be feasible.

Contracts can be an effective tool or may fail. Sometimes contracts are made in good faith but circumstances change or an impulse hits the victim. The advocate needs to prepare for the fact that not all contracts are honored. This is especially difficult in a suicide case.

**Referral:** It is the responsibility of advocates to know the emergency systems and community resources, how to access them and when it’s appropriate to refer to them or obtain a consultation. You should also have a clear understanding of how to intervene in an emergency case, and what you will tell the client about the intervention (agency protocol or practice).

**SELF HARM**

It is not uncommon for victims and survivors to engage in self harming behaviors. These can include turning to drugs or alcohol to ease the pain, or they can include self mutilation. Self mutilation can include picking at one’s skin, pulling out one’s hair, slamming oneself into hard
objects or walls, burning or cutting the skin. As bizarre as this might seem to you, the self-mutilation generally accomplishes something for the person that they can’t accomplish in other ways. For example,

- Experiencing and concentrating on physical pain may alleviate the emotional pain they are feeling.
- It also may serve to give them a sense of control over the pain.
- Some survivors say that creating an opening in their bodies by cutting helps them to feel that there is a way for the pain to flow out of their bodies.
- Some people use self injury to escape from emotional numbing.
- And sometimes it is used as punishment of the self, for a perceived wrongdoing or thought.

It is important to talk with the victim about their self-harming behaviors, and understand their significance. It is also important to know that most self-harming behaviors are not suicide attempts. That’s not to say the cutting couldn’t become dangerous, but generally it is not meant to result in death.

People often feel great amounts of shame about their self-harming behavior, and will feel some relief at being able to acknowledge to the advocate that they do this. If you feel a need to help them limit their behavior, or they ask for some help with that, make sure the agreement is “doable.” It is unrealistic to ask someone not to hurt themselves ever again if this has been an effective technique. A more realistic approach may be to have them agree to call a crisis line before they self-harm, to give them a chance to interrupt that urge.

**SUICIDE**

Most of us as advocates are not equipped to do suicide assessments. It is not part of our job, and we are not formally trained to do those. It would be dangerous for us to undertake a suicide assessment if we really don’t have the knowledge and skills to do so. However...we often talk with victims who are feeling so overwhelmed by the experience and the trauma that they may think about suicide. Those feelings may be scary to the victim, or they may be intrigued by the idea of ending their pain. They may want to talk to someone about how these thoughts or feelings.

Advocates need to understand that there is a difference between a person who *feels like* killing themselves versus a person who *has plans* to kill themselves. People in pain may see ending their life as the only option to escape the pain. They need to talk to someone and get help managing their feelings. They may not tell you directly that they have thought about suicide. Instead, they may make broad hints such as “I don’t think I can take this anymore” or “I would really just like to go to sleep and not wake up.” Listen for words that convey hopelessness. “There’s no use trying anymore.” “I can’t go on like this.” “There’s no use, nothing is going to get better.” When this situation presents itself the advocate needs to ask questions. Ask “Is killing yourself something you’ve been thinking about? Do you have a plan? Tell me about your plan.”
This may sound hard to do, but being direct and sensitive opens the door for them to discuss their feelings. You can say something like “I’m wondering if you have been thinking about killing yourself?” My experience is that most people are pretty honest about that if you ask them directly.

If hints are given and you don’t ask the question, the person may feel like you just aren’t hearing them, and you may lose credibility. In addition, you lose the opportunity to gently ask questions that give you an idea of how seriously they are thinking about suicide.

If you find that someone has a definite plan, you need to ask further questions. What are they planning? Do they have a time frame? If the time frame is imminent, you need to get immediate intervention for the person. Call the police or an ambulance and have them transported to a hospital for evaluation. Or call your crisis intervention system and have them contact the person for intervention. When trying to figure out the level of intervention you need to do, you need to find out if the plan is “doable” (do they have the means), what is the lethality of the plan (if implemented, will it kill them immediately?) and is it imminent. If a person is deemed a danger to themselves by a professional assessment, they may be put on an involuntary 72 hour hold at the hospital. This is often referred to as “being blue-papered” (involuntarily held at the hospital). After 72 hours, the hospital staff would have to get a judge to order an involuntary commitment if they believe the person is still at great risk of harming themselves or others.

It’s also important to remember that some victims are savvy to the system and may not tell you they plan to kill themselves because they don’t want to be stopped. This is a painful experience for you as an advocate if the person is successful in carrying out their plan. Be sure you get supervision to help you realize that you cannot do anything to help someone if they don’t give you the information you need to help them.

**SAFETY PLANNING (Francine Stark)**

Define safety:
- stable home
- enough food
- money to meet essential needs
- being free of scrutiny
- having the right to establish a routine
- living without fear
- living with joy
- sharing hopes, concerns and pleasure with friends, family,
- sleeping soundly
Risks to safety:
Life generated:
- home location
- economics
- technology and communication systems
- physical and mental health
- inadequate resources to meet essential needs
- discrimination (gender, race, ethnicity, sexual orientation, other bias)
- availability, accessibility and affordability of resources (housing, transportation, childcare)
- immigration laws/status

Perpetrator generated: The tactics available to the perpetrator may differ depending on the relationship between the perpetrator and the victim.
- Perpetrator’s manipulation of life generated risks (reinforcing helplessness, convincing victim help is not available, using victim’s vulnerability to discrimination to convince victim not to try to seek help, presenting themselves as the only resource necessary to meet life’s needs
- Physical—innocent or death
- Sexual—sexual assault, STDs, maternal health
- Psychological—tearing down sense of self worth, substance abuse, suicide, stalking, threatening suicide
- Children—direct and indirect physical and psychological harm, loss, single parenting
- Financial—standard of living, eviction, damage/destruction of property, credit
- Family and friends—threats of actual physical injury, isolation of victim
- Relationship—abandonment, loneliness, singularly caring for home and family
- Arrest-force victim to participate in illegal activity, manipulation police investigation resulting in victim’s arrest, perpetrator’s arrest leading to loss of job, income, status, etc.

What are safety plans? Strategies to reduce a perpetrator’s ability to affect the victim’s life and to increase the victim’s safety and capacity to act in his/her own best interest.

Safety plans may be immediate, short term or long term (indefinite) and should be:
- Specific to context—what are the specific needs of the victim in this situation
- “Doable”
- Impactful—perpetrators use a variety of tactics to maintain control over the victim.
  Safety plans are designed to change the perpetrator’s access to the victim. Some safety plans may have negative impacts of the victim such as loss of job, financial costs, child custody, property loss, etc.
- Evolutionary—As the strategies formerly used by the perpetrator are thwarted, the perpetrator may try new tactics. So the plan must change to account for those new tactics. Also, as the victim’s experience of safety proceeds, new elements may be added, some may be discarded as no longer needed or as ineffective or dangerous.
The advocate’s role in safety planning:

- Create a safe place to talk
- Listen and identify past and current safety plans.
- Identify other safety concerns not expressed by victim
- Work with victim to assess perpetrator’s lethality and help victim to think about assessing this over time
  
  - Has the perpetrator’s actions escalated in some way?
  - Have there been threats of homicide or suicide?
  - Has the perpetrator stopped trying to conceal his/her behavior?
  - Does the perpetrator have a criminal history, abuse substances, or harm animals?
  - Does the perpetrator have and use weapons?

- Identify specific components of safety plan..
- Clearly identify the advocate’s role (if any) in the safety plan as well as any other resources needed to implement the plan.