



Danger

危

Opportunity

機

Helping People Respond to Crises

Updated for 2020

Steve Hicks School of Social Work
March 20, 2020

Cynthia Franklin, PhD., LCSW-S cfranklin@austin.utexas.edu
Jack Nowicki, LCSW-S, jnowickisfbt@gmail.com

KARL SLAIKEU'S CRISIS INTERVENTION THEORY

Definition of Crisis



"A crisis is a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem solving and by the potential for a radically positive or negative outcome."¹

The concept of crisis can be traced back to early Chinese, where the two characters Danger and Opportunity were put together to signify crisis.

Types of Crises

Slaikeu identifies two distinct types of crises, situational & developmental:

Situational Crises

Crises that are accidental or unexpected; based on an environmental factor (fire, flood or natural disaster), a violent crime (shooting, rape, assault, abuse), or an event (divorce, loss of job, running away, family conflict).

Developmental Crises

Crises that are predictable and associated with developmental stages, life transitions, or cognitive/emotional/spiritual growth:

- Developmental Stages (Childhood, Adolescence, Adulthood)
- Life Transitions (Mid-life crisis, Retirement) Existential or
- Growth Changes (Career, Spiritual)

Effects of Crises

Disorganization and Disequilibrium

Crises effect people in predictable ways, such as:

People in crisis experience some level of emotional upset, with feelings of tension and helplessness. Identified symptoms include:

- feelings of tiredness, exhaustion, helplessness, inadequacy, confusion, anxiety
- physical symptoms, and/or
- disorganization of functioning at work, in family relationships, and in social activities.

Vulnerability and Reduced Defensiveness

People in a crisis state are more vulnerable and less defensive, many times becoming more suggestible and open to change.

Assessing Crises

In assessing crises, our task is "to determine which environmental variables precipitated the crisis, which are maintaining the disorganization and suffering, and which can be mobilized to facilitate constructive change in the situation."² To assess, we explore:

Precipitating Event



Crises have identifiable beginnings. The onset of the crisis is tied to some event in the life of the person. Often, the event is interpreted by the person as being "the last straw", or a seemingly minor happening at the end of a long list of stressful events. How a family responds to the crisis is determined by their personal, material, and social resources.³

Counselor Tasks: Determine what the precipitating event is. What caused the person to call now? Help the person be very specific about exactly what behaviors, cognitions, and feelings are associated with the crisis event. (see Appendix 1, **Finding Solutions: Specifying the Problem, p.8**)

¹ Slaikeu, Karl A. (1990) *Crisis intervention: A handbook for practice and research, 2nd Ed* . Boston: Allyn & Bacon, p. 15

² Slaikeu, *op.cit.* p. 99

³ Kanel, K. (2007) *A guide to crisis intervention. 3rd Ed*. New York: Wadsworth/Brooks/Cole, p. 7-9.

KARL SLAIKEU'S CRISIS INTERVENTION THEORY, CONTINUED

Assessing Crises, cont. Level of Coping



During a crisis the person's coping ability, or problem solving ability is hampered. Caplin⁴ summarized effective coping as having the following characteristics:

1. actively exploring reality issues and searching for information.
2. freely expressing both positive and negative feelings and tolerating frustration.
3. actively looking for help from others.
4. breaking problems down into manageable bits and working them through one at a time.
5. being aware of fatigue and tendencies toward disorganization, while pacing efforts and maintaining control in as many areas of functioning as possible.
6. mastering feelings where possible (accepting them when necessary), being flexible and willing to change.
7. trusting in oneself and others and having a basic optimism about the outcome.

Counselor Tasks: Determine what coping skills the person (or family) is already using; what is working to deal effectively with the crisis. If nothing seems to be working, find out what has been tried to determine what to try next. (see **Finding Solutions: Exploring Exceptions, p.8**).

Reducing Lethality

An important part of assessment is an immediate assessment of lethality: the possibility that the person may resort to suicide or homicide.

Counselor Tasks: Listen for clues to physical danger (such as statements about hurting self or others, claims that the person just can't go on with life, or threats of bodily injury to self or others) and complete a **Suicide Assessment** when necessary. Make an immediate protection plan with the person when indicated and immediately refer for psychiatric services.

Phase of Crisis

Crises are acute states, rather than chronic states. They have two phases; restoring equilibrium and resolving the crisis. Equilibrium can usually be restored within six weeks. Resolution can take anywhere from six weeks to six months, to years.

Counselor Tasks: Determine the phase of crisis and educate the person about what can be accomplished in each phase; framing the crisis as an opportunity for growth and change (see **Finding Solutions: Creating Positive Futures, p.8**).

Goals of Crisis Intervention

Worker goals in crisis intervention include:

1. helping the person restore equilibrium by using coping skills they already have or learning and experimenting with new coping skills;
2. facilitating the person's resolving the crisis and encouraging the person to integrate the crisis in a meaningful way.

Counselor Tasks: Identify the person's (or family's) strengths and resources and help the person develop a meaningful way to integrate the crisis into the fabric of their life. Be active, directive, and oriented towards solutions (see **Finding Solutions: Scaling, Setting Goals, and Compliments, p.8-9**).

⁴ Caplin, G. (1964) *Principles of preventive psychiatry*. New York: Basic Books (as cited in Slaikeu, 1990, p. 20).

KARL SLAIKEU'S CRISIS INTERVENTION THEORY, CONTINUED

First Order Crisis Intervention⁶⁵

First-Order (In the Crisis Event)



Slaikeu makes a distinction between "first-order" and "second-order" crisis intervention to clarify the immediacy and comprehensiveness of intervention. Slaikeu's model makes the distinction as follows:

When you are part of the crisis (example: walking into a crisis situation, or creating one with a youth), Samuel Clark⁶ offers some ideas and skills to use to respond, as follows:

1. Crisis is defined as a situation you are in that you know you've got to get out of and you don't know how; and the situation includes:
 - a. Feelings - like fear, helplessness, hopelessness, or loss.
 - b. Actions - either shutting down, scattered or erratic, or forcefully assertive.
 - c. Thinking - confused and/or focused on only one option.
2. Goals in doing immediate crisis intervention:
 - a. Relieve Pressure - by paraphrasing what you see the person going through (reflecting feelings and content) and presenting options that give power to the client. Be ready to back off.
 - b. Buy Time - going slowly in the direction of securing the situation; time is a healer... avoid problem solving, advice giving, making value judgments (like, "you don't really want to kill yourself"), and asking too many questions (probing). Be ready to back off.

Counselor Tasks: Clark offers the following acronym as a guide to responding to crises:

Contact - Secure communication first. Then build rapport by accepting client's statements and using paraphrasing. Its critical to eliminate judgements by simply accepting what the client says as their reality.

Assess - Lethality first. Then assess what has happened to get client into current crisis state. Ask them to tell their story.

Relieve - Do whatever it takes to relieve pressure and buy time. Use the environment to build a zone that is safe for the client by backing off until they feel safe.

Engage - The key is to use power and authority effectively. Use the least restrictive form of intervention first. Once you have good rapport, you may begin to make suggestions about choices the client has the power to make. Your power to influence is dependent on your rapport. Authority is about giving directives, and is not useful in most crisis situations, unless the client asks you to tell them what to do.

C
O
N
T
A
C
T

A
S
S
E
S
S

R
E
L
I
E
V
E

E
N
G
A
G
E

First-Order (After the Crisis Event)



Immediate assistance ("psychological first aid") to the person (usually one to three sessions) with the goals of:

1. Explaining limits of confidentiality and extent of your services
2. Helping the person restore equilibrium and re-establish immediate coping skills.
3. Giving support and encouragement.
4. Reducing lethality.
5. Linking to helping resources.

Counselor Tasks: 1) Build rapport. 2) Specify the problem. 3) Screen for past trauma (see next section). 4) Discover any exceptions. 4) Explore possible solutions. 6) Assist person (family) in making a concrete plan (list of things they can do to re-establish effective coping and /or take steps towards resolution of the crisis). 7) Set a time for follow-up visit.

⁵ Slaikeu, op.cit. p. 101

⁶ Clark, Samuel C. (1990) *Crisis intervention for suicidal and other high risk youth*. [video] Gainesville, FL: Corner Drug Store, Inc.

KARL SLAIKEU'S CRISIS INTERVENTION THEORY, CONTINUED

First Order, continued

Screen for Past Trauma

The prevalence for past history of trauma can complicate crisis intervention, it is a good idea to use a rapid-assessment measure like the Adverse Childhood Experiences Questionnaire (ACE)(described in the [ACE Reporter](#)⁷). If the young person's ACE score is 3 or above it is best practice to conduct or arrange for a "...a more in-depth exploration of the nature and severity of the traumatic events, the sequelae of those events, and current trauma-related symptoms."⁸

Second-Order



Short term counseling that goes beyond restoring immediate coping (and taking weeks to months); directed at helping the person resolve the crisis, with the goals of:

1. Working through the crisis event.
2. Establishing openness and readiness to face the future.
3. Making necessary adjustments required for future living.
4. Integrating the event into the fabric of the person's life.⁹

Counselor Tasks: 1) Complete First-Order intervention. 2) Explore the person's (family's) actions, thoughts, and feelings about the crisis event. 3) Help the person make choices about their outcomes (what they want, or want to be different). 4) Assist the person in planning small steps they make take in the direction of their outcome. 5) Use scaling to measure change in the direction of their outcome. 6) Plan for follow-up.

Holmes & Rahe Social Readjustment Scale¹⁰

Holmes and Rahe researched the connection between stressful events and physical health by developing the following scale. Benson¹¹ used the scale and health research to suggest when people accumulate 350 points of more it is a that a "life crisis".

Rank	Life Event	Mean Value	Rank	Life Event	Mean Value	Rank	Life Event	Mean Value
1.	Death of spouse	100	25.	Outstanding personal achievement	28	30.	Trouble with boss	23
2.	Divorce	73	26.	Wife begin or stop work	26	31.	Change in work hours or conditions	20
3.	Marital separation	65	27.	Begin or end school	26	32.	Change in residence	20
4.	Jail term	63	28.	Change in living situation	25	33.	Change in schools	20
5.	Death of close family member	63	15.	Business readjustment	39	34.	Change in recreation	19
6.	Personal injury or illness	53	16.	Change in financial state	38	35.	Change in church activities	19
7.	Marriage	50	17.	Death of close friend	37	36.	Change in social activities	18
8.	Fired at work	47	18.	Change to dif line of work	36	37.	Loan for car,TV, etc.	17
9.	Marital reconciliation	45	19.	Change in # of arguments w/ spouse	35	38.	Change in sleeping habits	16
10.	Retirement	45	20.	Mortgage or loan for major purchase	31	39.	Change in number of family get-togethers	15
11.	Change in health of family member	44	21.	Foreclosure of mortgage/loan	30	40.	Change in eating habits	15
12.	Pregnancy	40	22.	Change in responsibilities at work	29	41.	Vacation	13
13.	Sex difficulties	39	29.	Revision of personal habits	24	42.	Christmas	12
14.	Gain of new family member	39				43.	Minor violation of the law	11
23.	Offspring leaving home	29						
24.	Trouble with in-laws	29						

⁷ Felitti, & Anda, (2007) Adverse childhood experiences and stress: Paying the piper. *ACE Reporter*, 1(4): 1-2. Retrieved online November 18, 2010 from www.acestudy.org/yahoo_site_admin/assets/.../ARV1N4.127153404.pdf

⁸ Trauma-Informed Screening and Assessment (nd) Universal Screening - The Anna Institute. Retrieved online February 18, 2016 from www.theannainstitute.org/D TSA.ppt

⁹ Slaikeu, *op.cit.* p. 103

¹⁰ Holmes, T.H. & Rahe, R.H. (1967) The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218.

¹¹ Benson, H.B. (1975) *The relaxation response*. New York: Avon Publishers, p. 56.

PROTOCOL FOR CRISIS SESSION WITH FAMILY¹²

Explaining	Confidentiality, client's rights, informed consent, agency requirements & procedures (scheduling, research/outcome data collection, etc.).
Framing	Definition of counseling (systemic, strengths-based, crisis-oriented); expertise of the family in finding competencies and solutions; and domino effect; the effects of crisis ; and the opportunity for positive change.
Assessing the Crisis	Precipitating event (including associated behaviors, cognitions, and feelings); lethality (clues for danger to self or others); phase of the crisis (restoring equilibrium or resolving the crisis which indicate different foci / goals).
Identifying Coping Strategies	Re-establishing effective coping (see Glossary) is necessary before crisis resolution (Roberts, 2000), therefore it is high priority with families in crisis.
Identifying Strengths & Resources	Identifying positive steps family and members have already taken to cope with the crisis, re-establish equilibrium, get back to "normal", use their personal, material, and social resources in the current situation.
Exploring Exceptions	Asking about times when the problem doesn't happen, is not apparent, or is less bothersome, connecting these times to activities and behaviors on the part of family members, and wonder how these times could be increased.
Asking the "Miracle Question"	Asking the "miracle question" or asking for video descriptions of a future after the crisis (or without the problem) and expanding this description to include all representational systems (auditory, visual, kinesthetic).
Creating Positive Futures	Exploring with the family what they want to achieve in the counseling meetings; their desired outcomes. These outcomes can be mutual, or individual, based on the level of conflict and agreement between family members.
Scaling	Using self-anchored scales to begin to construct a linear map of the path and progress of family members from the "crisis" to their "outcomes" (Franklin, Corcoran, et. al., 1997) (This visual tool can be used therapeutically in many ways).
Complimenting	Counselors take every opportunity to reflect back to the family the strengths, resources, positive values, positive reframes, and compliments that they notice during the meeting. Sometimes counselors take a break before working with the family to construct an Action Plan so they can consider all the information collected, touch base with a colleague, and/or "plan their strengths-based assessment" of and recommendations about the family situation. Primarily the counselor is using this time to frame the crisis as a situation of possibility and opportunity before taking on the task of constructing the plan.
Developing an Action Plan	Reviewing with the family all that has been discussed (coping strategies, the miracle question, their desired outcomes, their scales) and brainstorming some tasks that will begin to move them in the direction of their desired outcomes. For example, from the scaling conversation, a family member might pick as a task the smallest thing they can do to move up their scale by a half a point. A family member might choose to do one thing more often, differently, or less often. Two family members may choose a "contract" such as "Mom is allowing Johnny to watch TV after he shows her his completed homework". Some tasks may be stated in the format of "an experiment to see what happens".
Setting A Follow-up Meeting	The last thing that the counselor and family decide is if and when to meet to review the plan and discuss what went well and what they want to explore further or change. This decision is left up to the family because it is assumed they are the expert in determining how soon and how often to meet.



¹² Nowicki, J. & Arbuckle, L. (2009) Social workers as family counselors in a non-profit, community-based agency. In A. R. Roberts, A., (Ed) *Social worker desk reference*. New York: Oxford U. Press.

CONVERSATIONS WITH PEOPLE IN CRISIS: QUESTIONS TO USE

Presupposition	<p><u>How</u> we ask questions determines <u>how</u> they are answered, and the direction of our questions influences the person's focus on possibilities for solution.</p>
Specifying the Problem	<ul style="list-style-type: none"> ▶ "What is the problem? When, where, with whom does it happen?" ▶ "How is this a problem for you?" ▶ "What do different family members do when the problem occurs? What do you do? What do they do?"
Exceptions to the Problem	<ul style="list-style-type: none"> ▶ "When does the problem NOT happen, or when is it less of a problem in any way? How do you manage that?" ▶ "When is the problem not a problem? When does it not bother you as much?"
Things to Continue (Possible Strengths)	<ul style="list-style-type: none"> ▶ "What are the things in your family that you want to continue doing?" ▶ "When are you already doing <u>some</u> of what you want?" ▶ "When the problem behavior changes, what things about him/her do you want to stay the same?" ▶ "What kinds of (good) things in the family are not affected by the problem?"
History (Possible Strengths)	<ul style="list-style-type: none"> ▶ "What have you already done to try to solve the problem and what happened after you tried those things?" ▶ "What has worked in the past? How can you do more of that now?" ▶ "What have you tried that doesn't work? How can you change that?" ▶ "What have you learned about what works?" ▶ "When was the problem not so bad, and how did it get from there to now?"
Goals / Tasks / Steps	<ul style="list-style-type: none"> ▶ "What do you want to be different? What will he/she be doing?" ▶ "How will you know you're making progress? What will you see him/her doing differently?" ▶ "What do you suppose will be the first thing you'd notice that is different?" ▶ "What will <u>you</u> be doing differently then?" ▶ "Which one of the problems, when you solve it, will tell you you're on the right track to solving the others?" ▶ "What's the smallest thing you can do now to move in the direction you want to go?"
Evidence Procedure (Measuring Progress)	<ul style="list-style-type: none"> ▶ "How will you know things have changed? What will you see, hear, and/or feel that will tell you things are different?" ▶ "How will I know things have changed?" ▶ "On a scale of 0 to 10, with 0 being the pits, and 10 being what you want, where are you today? What do you think you can do to move just a 1/2 point up your scale?"

FOCUS ON STRENGTHS & ABILITIES

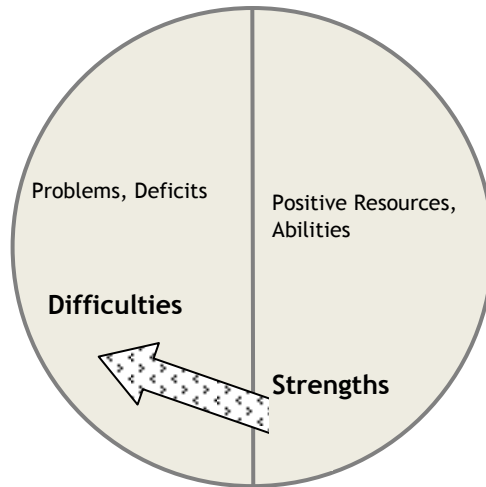
Focus on Strengths, Abilities, & Possibilities

Solution-focused counselors focus, during client meetings, on the client's or family's strengths and resources rather than their deficits or problems. We want to accentuate that the client can use their resources to make the changes they desire.

Youth, Family, or System

Avoid, or gently steer away from talk about:

- ◆ Client Dis-abilities
- ◆ Deficits
- ◆ Negative Outcomes
- ◆ Conflict or Opposition
- ◆ Dissolution
- ◆ What people can't do
- ◆ What won't work
- ◆ Impossibilities



Focus on:

- ◆ Client Abilities
- ◆ Strengths
- ◆ Positive Outcomes
- ◆ Cooperation
- ◆ Collaboration
- ◆ What people can do
- ◆ What else might work
- ◆ Possibilities

Decreasing Resistance to Change

To decrease “resistance”, only talk with people about what they want to talk about. Listen to their stories and ask what they want to do more of or differently to get what they want. Most people will work more willingly on what they want than on what they don't want. Find out what people want and what they can (are able to) do to move in the direction of what they want.

Present & Future Orientation

“Now therapy is evolving beyond ‘here and now’ orientation to a *future* orientation that is unconcerned with how problems arose or even how they are maintained, but instead is concerned with how they will be solved. From the sea of psychology, medicine, and philosophy, we emerge onto the dry land of intervention. In intervention-land there is no right or wrong diagnosis, no right or wrong theory, just data about what works or is useful in particular cases.”¹³

Focus on the Possible and Changeable

“As change-oriented therapists, we want to focus our attention on the changing and changeable aspects of clients’ experiences. We do not... focus on ... aspects of... the client’s situation that are not amenable to change. ...(We) like to work with fairly well defined goals that are realizable within a reasonable amount of time, ...(rather than)... try to change people’s relatively fixed characteristics, like their personalities and their complexes. To cure a borderline personality is beyond our ken, but to help a person get a job or make friends... is well within our abilities. We therefore focus on those aspects of the person’s situation that seem most changeable, ... start positive changes and ... help the person realize small goals may have wider and unexpected effects in other areas.”¹⁴

¹³ O'Hanlon, Weiner-Davis (1989) *In search of solutions: A new direction in psychotherapy*. WW Norton & Co. New York, p. 12

¹⁴ O'Hanlon, op.cit. p. 49

FINDING SOLUTIONS: BASIC STEPS ¹⁵

Preface

These steps, when used in practice, may be completed in any logical order, depending on the needs of the situation.

Specifying the Problem

Find a solvable problem with the client or specify the problem by:

1. Clarifying what the client can and cannot control.
2. Breaking the problem down into manageable chunks
3. Finding out which problem, when solved, will make the most difference

Note: Spend as little time focusing on the problem as possible!

Identify Coping Strategies



Ask how the client is coping right now with the crisis and explore additional coping strategies that might be useful. Discussing coping can be done in conjunction with Scaling. Effective coping¹⁶ includes:

1. actively exploring reality issues and searching for information.
2. freely expressing both positive and negative feelings and tolerating frustration.
3. actively looking for help from others.
4. breaking problems down into manageable bits and working them through one at a time.
5. being aware of fatigue and tendencies toward disorganization, while pacing efforts and maintaining control in as many areas of functioning as possible.
6. mastering feelings where possible (accepting them when necessary), being flexible and willing to change.
7. trusting in oneself and others and having a basic optimism about the outcome.

Exploring Exceptions



SOLUTIONS

Ask many questions about times when the problem does not occur. What are they doing when they aren't doing the problem? Solutions exist in exceptions to the problem. Ask questions like:

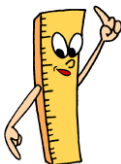
1. "What is different about times when (*the exception*) is occurring?"
2. "What are you doing that allows good things to occur?"
3. If client maintains there are no exceptions, "When is (*problem*) less severe, frequent, intense or shorter in duration?" or "When is it different in any way?"
4. When the client reports any exception, ask "How do you get that to happen?"

Creating Positive Futures

Begin exploring with the person how they want the crisis resolved. What do they want? When the crisis is over, how will things be?

1. Use video talk - asking client to describe a video of when the problem is gone.
2. Use miracle question - "If you went to bed tonight, and a miracle occurred, and the crisis were solved, what would be the first thing you notice different when you awoke?"
3. Clarify what the client wants. "How will things be different?" or, "What do you want? What will that get for you?"

Scaling



Develop a scale¹⁷ with the client to show the crisis and what the client wants. For example, you might say "On a scale of 1 to 10, with 10 being what you want, and 1 being the pits, where are you today?"

0	1	2	3	4	5	6	7	8	9	10
Problem Behavior					Desired Outcome					

Ask how the client is coping if their scale is low. Give them support for coping, and ask what they can do to move just 1/2 point up on the scale.

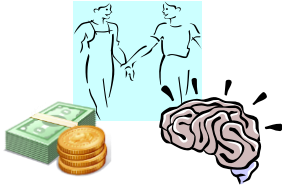
¹⁵ From: O'Hanlon, WH, Weiner-Davis, M. (1989) *In search of solutions: A new direction in psychotherapy*. WW Norton & Co. NY

¹⁶ Slaikeu, *op.cit.* p. 20

¹⁷ Franklin, C., Corcoran, J., Nowicki, J., & Streeter, C. (1997) Using client self-anchored scales to measure outcomes in solution-focused therapy. *Journal of Systemic Therapies* (16) 3. pp. 246-265.

FINDING SOLUTIONS: BASIC STEPS, P. 2

Eliciting Family Strengths & Resources



Ask questions that bring forth and explore the family's strengths¹⁸ and abilities.

1. Ask what they are doing that they want to continue doing or what they have done in the past that has worked. *"What have you done in the past that has worked?"*, or *"What things are happening in your family that you want to continue to happen?"*
2. Ask what abilities, qualities, or strengths the family or youth has that can be brought to bear on the problem. Sometimes this can be done after a compliment: *"It seems that your family is very close-knit. How can you use this strength to effect a change?"*, or *"What good qualities does your son have that we may use to solve the problem?"*

Setting Goals



Goal setting is a cooperative negotiation with the client. Start small. Help client to set goals that are attainable and will reinforce further change, if needed. Ask questions like:

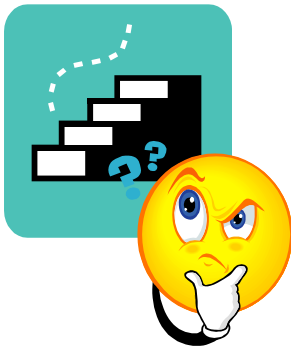
1. *"What will be the first sign that things are moving in the right direction?"*
2. *"If X happens will that give you an idea that we're moving in the right direction?"*

Compliments



Take every opportunity to reinforce positive trends in the client's situation.¹⁹ After setting goals is a good time to take a break from the family and list 10 to 20 compliments about their handling their crisis. Also, this is a good opportunity to give them a positive reframe of the crisis as "developmental" or a sign of growth. At the end of your break, share your list with the client.

Intervention Strategies



Develop with the client a list of "tasks" based on the information you've learned. Ask, *"What do you think you can do to take a small step in the direction of your goal?"*, or, *"What is the first thing you need to do to move in the direction of your goal?"*

- ▶ If the client selects a task that may be unrealistic (too large or doing the goal), ask, *"Before you do that what do you have to do?"*, or, *"What is the first step?"*
- ▶ If the client is unable to think of something to do, and you make suggestions about tasks, frame them as "experiments" that might help the client learn something more about their situation. Ask something like, *"What do you think would happen if you ___?"*, or, *"Would ___ be a small step in the direction you want to go?"* The idea is for them to do something different or change the meaning of the difficulty.

Sometimes an agreement between two people in the family is suggested and can be followed up on: *"Your son (mom) seems to want ___ and you seem to want ___. Is there an agreement that you both could experiment with that might take you in the direction of your goal?"*

Possible Tasks



Tasks to accomplish the client's goals can include:

- ▶ Any breakdown of goals into smaller steps or tasks (1/2 point task)
- ▶ "Exceptions" or "things to continue" stated as tasks
- ▶ Pattern interrupters: More of, Less of, or Different actions
- ▶ Continued Coping Strategies they're already doing or can easily add.

¹⁸ Franklin, C., Corcoran, J., Nowicki, J., & Streeter, C. *op.cit.* p 253.

¹⁹ Berg, I.K. (1994) *Family-based services: A solution-focused approach*. New York: WW Norton, p. 152.

FINDING SOLUTIONS: BASIC STEPS, page 3

Intervention Strategies, Cont. Formula Tasks²⁰



Developed by BFTC, these interventions have been found useful with any number of problem situations, especially when the counselor does not know a lot about the system dynamics of the problem situation.

- ▶ First Session Task - *"Between now and the next time we meet, I would like for you to observe, so you can describe to me next time, things that you want to continue happening in your family"*
- ▶ Surprise Task - *"Do at least two things related to your goal, without letting anyone know, that will surprise the others in the family"*
- ▶ Generic Task - *"Until we meet again, keep track of what you are doing that gives you (the goal or desired behavior)."*
- ▶ Coin Flip - *"Whenever you are about to (problem behavior), flip a coin and if it is heads, do what you usually would do, and if it is tails, do the opposite."*(for use when client is conflicted between two options)
- ▶ Predict Task - *"Each night, before you go to bed, I want you to predict, on a scale of 1 - 5 how (son, daughter, husband, wife) is going to do (on goal behavior). Then the next night, rate how they actually did, and predict for the next day."*

Pattern Interrupters²¹ (Change the "doing")



Work with clients to change the actions and interactions, freeing them to use other actions more likely to resolve their difficulty. A change in what they do can lead to changes in their perception and may elicit new or forgotten strengths and abilities. These are "pattern interrupters": changing the problematic patterns of the client to interrupt actions that don't work to get them what they want.

Examples include changing the frequency, timeframe, duration, sequence, or the location. Tasks that change patterns include:

- ▶ Coin Flip - Asking client to flip a coin on a regular basis. When it comes up "heads" they do the same as always and if it comes up "tails" they do something different, to see what happens.
- ▶ Fish Bowl - Asking client to pre-select consequences for the difficulty and then randomly selecting one to use as a consequence at each occurrence.
- ▶ Timeframes - Asking client to engage in the difficult behavior for a pre-selected timeframe, or at a new time, or for less or more time.

Changing Frame of Reference (Change the "viewing")



Work with clients to change their frame of reference (reframe context or meaning) both in the counseling session and at home. These kinds of changes can lead to changes in their action and stimulates unused potential and resources. A change in how the client frames the difficulty can lead to a change in their behaviors or actions.

Examples include externalizing the problem, developing metaphors, and prediction exercises. Specific tasks include:

- ▶ Predicting Task - Asking client to predict on a regular basis how their behavior will be and then rating how it actually was afterwards.

²⁰ O'Hanlon, Weiner-Davis (1989) *In search of solutions: A new direction in psychotherapy*. WW Norton & Co. New York, p. 135 - 138.

²¹ O'Hanlon, Weiner-Davis *op.cit.* p. 126.

FINDING YOUR ACE SCORE²²

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt? Yes or No?	If yes enter 1 ____
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured? Yes or No?	If yes enter 1 ____
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you? Yes or No?	If yes enter 1 ____
4. Did you often or very often feel that... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other? Yes or No?	If yes enter 1 ____
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes or No?	If yes enter 1 ____
6. Were your parents ever separated or divorced? Yes or No?	If yes enter 1 ____
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes or No?	If yes enter 1 ____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes or No?	If yes enter 1 ____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes or No?	If yes enter 1 ____
10. Did a household member go to prison? Yes or No?	If yes enter 1 ____

Now add up your "Yes" answers: _____ This is your ACE Score.

²² Anda, Flelliti, & Redding (nd) Finding your ACE score. *The Adverse Childhood Experiences Study*. Retrieved online November 18, 2010 from www.acestudy.org/yahoo.../ACE_Calculator-English.127143712.pdf