



The University of Texas at Austin
Steve Hicks School of Social Work

Helping People Respond to Crisis

Theoretical Framework and Practical Strategies

Presenters:

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About the Presenters



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Cynthia Franklin, Ph.D, LCSW-S., LMFT is a licensed clinical social worker and licensed marriage and family therapist. She has worked in **child and adolescent mental health practice within schools, community clinics, and private practice** and is an expert in both practice and research.

Franklin is a **teacher, consultant, and a published author with over 200 publications**. She is an international **expert on solution focused brief therapy (SFBT)**. Her work has been devoted to leadership training and equipping schools, mental health centers, and churches with **solution focused, mental health practices**.

About the Presenters



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This training protocol is based on Original **LifeWorks** workshop, developed by Jack Nowicki and currently used at the **Steve Hicks School of Social Work's** graduate class in Solution-Focused Brief Therapy.

Jack Nowicki, LCSW is a clinical social worker, trainer, and consultant in Austin, Texas. He teaches **Solution-Focused Brief Therapy** at **UT Steve Hicks School of Social Work**. Jack's background includes family crisis counseling in a multi-services agency, children's protective services and residential treatment, and clinical supervision. Jack has presented at over 40 statewide and national conferences

ACTIVITY #1

- A. Remember a crisis you survived: one that is over and done with such that you are now neutral about it.
 - B. Rules:
 1. You may NOT tell others what the crisis was!
 2. Think about the **things you did to cope** right after the crisis.
 3. Write down the best ones you did to cope with the crisis.
 - C. Take about 5 minutes to make your list: you may share with us after the training.
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CRISIS INTERVENTION THEORY¹

- **Definition** - *A temporary state of upset or disorganization characterized by person's inability to cope using their normal problem-solving methods.*
 - Situational - accidental or unexpected (like the Coronavirus)
 - Developmental - predictable based on transitional situations
- **Effects of Crises**
 - Disorganization and disequilibrium
 - Tired, helpless, anxious, confused (physical symptoms)
 - Vulnerability to further harm and less defensive so more open to change



¹ Slaikeu, K.A. (1990) *Crisis intervention: A handbook for practice and research.*

CRISIS INTERVENTION THEORY

[Handout Page 1]

- **Assessing Crises** - *Determining which variables precipitated the crisis, which maintain it, and which can be mobilized to facilitate change*
 - Precipitating Event - Onset is tied to an event (trauma) or what they think of as the last straw in a series of stressful events.
 - How people respond to a crisis is determined by their personal, material, and social resources (the more resources, the easier to re-establish effective coping)

Counselor Tasks: Identify the precipitating event. Help the person be very specific about timeline, behaviors, thoughts, and feelings that are related to the crisis.

CRISIS INTERVENTION THEORY

[Handout Page 2]

- **Assessing Crises - Continued:**
 - Level of coping - *People must cope effectively with the crisis before they can resolve it!*
 - Explore with people how they are presently coping!
 - Effective coping is: *searching for information; expressing positive & negative feelings; tolerating frustration; looking for help from others; breaking problems down to smaller bits; being aware of fatigue; pacing efforts; being flexible and willing to change; trusting in oneself and others; and having optimism about the future.*

Counselor Tasks: Determine what coping skills the person is already using: What is working to deal with the crisis? What has been tried and what else could they do? (What can they do more of or less of)

CRISIS INTERVENTION THEORY

[Handout Page 2]

- **Assessing Crises - *Continued*:**
 - Reducing Lethality
 - Listen for clues to physical danger, either to the person or to someone else
 - *Follow your agency's protocol or policies for reporting danger to self or others*
 - Phases of Crisis: Crises are acute states, not chronic states. They have two phases:
 - Restoring equilibrium (using effective coping) can usually be restored within 6 weeks
 - Resolving the crisis can take from months to years to resolve
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CRISIS INTERVENTION THEORY

[Handout Page 2]

- **Goals of crisis intervention** - *Counselor goals in crisis intervention include:*
 1. Helping the person use effective coping to restore equilibrium (return to the pre-crisis level of functioning)
 2. Facilitating the person's efforts to resolve the crisis and integrate it into their life in a meaningful way.

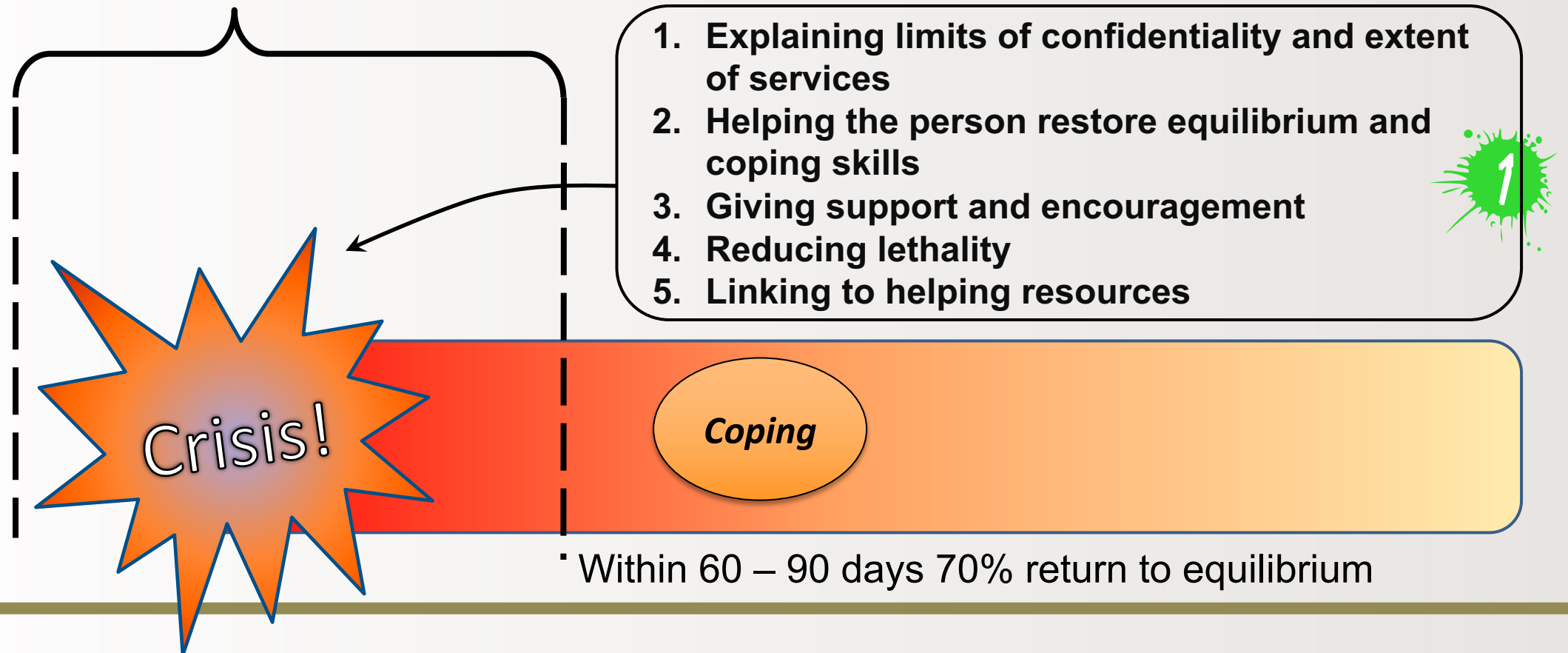
Counselor Tasks: Identify the person's strengths and resources and help them put them into play to make any changes (more of, less of, or different) that can lead to preparing to resolve and integrate the crisis into their life.

CRISIS INTERVENTION THEORY

[Handout Page 3]

- Phase one crisis intervention

- Immediate assistance to help re-establish effective coping
[Psychological First Aid]



CRISIS INTERVENTION THEORY

[Handout Page 4]

- Phase two crisis intervention

- *Short-term counseling that extends beyond coping to helping the person resolve the crisis*

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



Can take 60 – 90 days; months, up to years

PROTOCOL FOR CRISIS INTERVENTION SESSION³

[Handout Page 5]C

- This protocol can be used by social workers when they have the time and ability to sit down with a family for an extended interview related to the family's crisis.
- The protocol is based on Karl Slaikeu's crisis intervention theory and the brief solution-focused treatment approach of Insoo Berg, Steve de Shazer, and colleagues at the Brief Family Therapy Center.
- The components of the protocol include assessing the crisis; identifying coping strategies, strengths and resources; exploring exceptions to the problem; asking about auspicious events; creating positive outcomes; scaling the crisis and desired outcome; complimenting the family; developing specific tasks; and agreeing on a time for follow up.

³ Nowicki & Arbuckle (2009) Social workers as family counselors... In A.R. Roberts (Ed) *Social worker desk reference*

CONVERSATIONS WITH PEOPLE IN CRISIS

[Handout Page 6]

- *How we ask questions determines how people answer: and the direction of our questions influences the person's focus on possibilities for solution*
 - *Specifying the problem - What is their best hope for this meeting?*
 - *Things to continue - Areas NOT impacted by the crisis (what are they doing that they want to continue doing?)*
 - *History - What worked in the past? What have they already tried?*
 - *Goals / Tasks / Steps - What do they want to be different (more of or less of)?*
 - *Measuring progress - How will you know things have improved?*
-

Solution Focused Questions and Crisis

- **Types of Formulations and Questions**
- Validation/Joining (e.g. Empathy, Reflective listening, Compliments about Self and Skills)
- Change/Difference (e.g. Exceptions, Goal Clarification, Steps toward Solution, Build on Competencies)
- Acceptance/Coping (e.g. Coping, Normalization)
- **Begin Where the Client is: Validation and Coping questions best for trauma/Crisis**
- **Timing of Different Formulations and Questions are Essential**

SFBT: Working with Emotions

- Primary, Secondary and Instrumental Emotions
- Translate Emotions into Behaviors
- Ask about thoughts that are related to emotions (How might your thinking change to make you feel better?)
- Illicit Positive Emotions to counter negative emotions



Examples of Working with Emotions

- *“So, when you are less angry at your job what will be happening with you?”*
- *“What do you imagine things will be like at their worst? Or alternatively, have you hit rock bottom yet?”*
- *“I am angry. I want to stop yelling at my son” the therapist might respond, “How will you feel differently when you are not yelling at your son so much?”*
- Increase positive emotion (e.g. reframing, compliments)
- Respond to primary emotions in formulations and questions (Client is angry and tries to control teenager going out with friends. Therapist responds to anxiety)

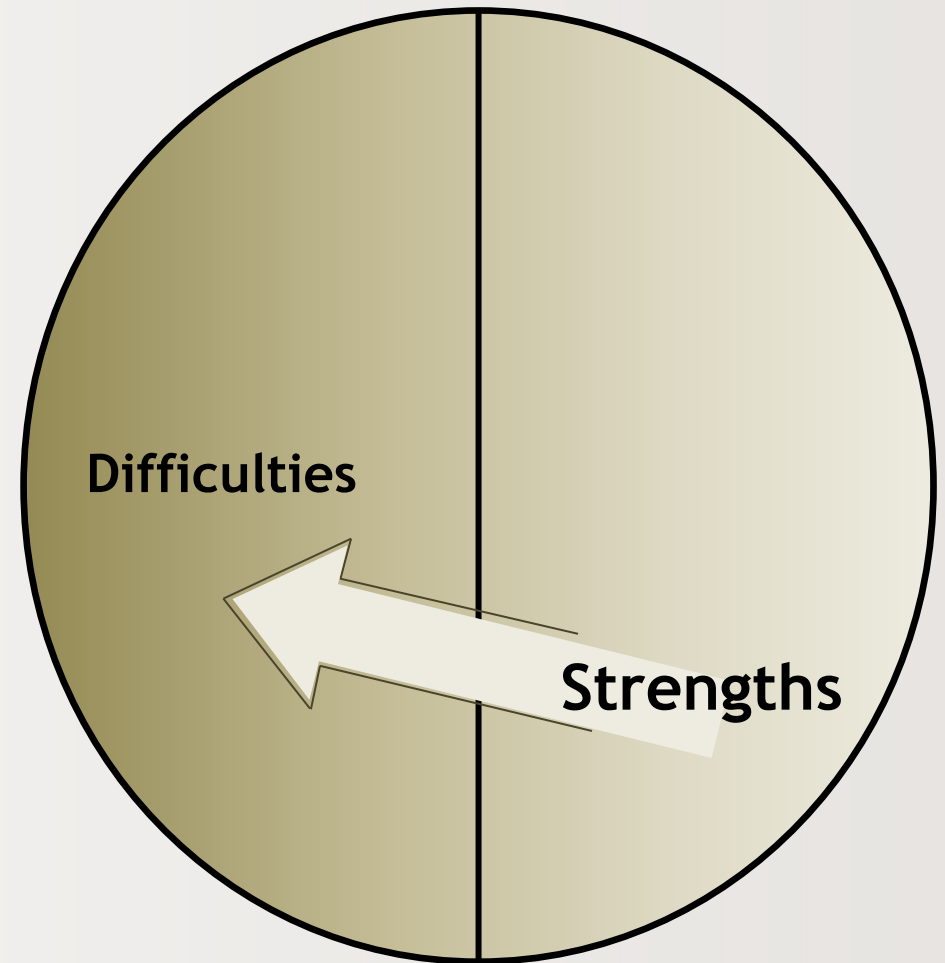
Following the Client: Questions and Formulations

- What tells you that ... (echo person's words)?
- Tell me more about ... (echo person's words)?
- What do you mean by "depression"?
- How would you know that he was...Insert client's words"]
- I am curious, what would tell you that you your anxiety was improving". What would you see yourself doing?
- What would tell you that she "respected" you?
- Just suppose that (use client words) did happen?
- So, you are saying you want him to.... (use client words).
This [use client's words] is important to you.

FOCUSING ON STRENGTHS AND ABILITIES

[Handout Page 7]

- *Solution-focused counselors focus, during meetings, on the person's strengths and resources and how they can use those with their crisis or problem*
- Decrease resistance to change
- Talk about the present and future
- Focus on the possible and changeable



FINDING SOLUTIONS: BASIC STEPS

[Handout Page 8]

- **Specifying the Problem/
Crisis**

- What is their best hope for this meeting?
- Clarify what people can control
- Break crisis down into manageable pieces
- Find out which piece of the crisis, when solved, will make the most difference

- **Identifying Coping Strategy**

- Keep list of coping strategies in mind when asking how people are coping with the crisis [Handout, p. 5]
- When the person mentions a strategy on the list, reinforce by asking more about it.
- If they mention a poor coping strategy, ignore and ask *“What else are you doing?”*

FINDING SOLUTIONS: BASIC STEPS

[Handout Page 8]

• Exploring Exceptions

- Ask about when the crisis is not so bad, or when it seems less severe in any way
- What are they doing to make that happen?
- Explore any exception and how person “*makes that happen?*”
- **REMEMBER: *Solutions exist in the exceptions to the problem!***

• Creating Preferred Futures

- Begin to discuss what outcome or goal the person wants
- When the crisis is over, how will things be?
- If they saw a video of themselves after an auspicious event what would they see? Who would notice?

FINDING SOLUTIONS: BASIC STEPS

[Handout Page 8]

• Scaling

- Develop a scale with the person to illustrate the crisis and their goal
- Ask them to rate themselves on the scale at present.

“On a scale of 0 to 10, with 0 meaning very bad and 10 being what you want, where are you today?”

- Ask how they are able to be at the score they are now (and not lower)
- What can they do today to move ½ point up their scale?

• Eliciting Strengths & Resources

- What is the person doing now that they want to continue doing.
- What did they do to cope in their past to cope with crises?
- What ideas does the person have that they haven't yet tried?

FINDING SOLUTIONS: BASIC STEPS

[Handout Page 9]

• **Setting Goals**

- What is the first sign that you are doing better or moving in the direction of your outcome?
- What is the smallest thing you can do today that will help?
- Review the earlier answers to list ideas about what the person can do

• **Complimenting**

- Take every opportunity to complement people
- Compliment them about their handling of the crisis or strengths and resources you notice they have
- Think of a positive reframe of the crisis as a challenge or sign of growth and share these with the person

FINDING SOLUTIONS: BASIC STEPS

[Handout Page 9]

• Intervention Strategies

- Develop with the person a list of tasks they might experiment with to improve their coping or move in the direction of their outcome.
- Reflect what they come up with and ask
- *“Good! What else might work?”* Call their tasks “experiments” (*“to see if they help”*)
- Any other good ideas from the meeting? Try them out to see if they help

• Possible Task/Experiments

- List their past coping strategies and pick one to focus on in this crisis
(see handout, page 8)
- Recreate and use an exception to the crisis (when something was more important or took more focus)
(see handout, page 8)
- From their scale, do the thing that will move them ½ point up the scale
(see handout, page 8)

Goal and Task Questions

Questions to practice:

- How could you do more of that this week?
- What would happen if you did ____?
What would she do?
- You are already doing “X,” which she likes. What if you started doing “Y” too?
Would that make a difference?
- You have a big goal. What would be a small step towards making that goal a reality?
- What do you think is a small step you could take that the teacher would notice?



Solution-focused Tasks



- What do you need?
- Offer a resource or help that they have not tried but may be of help
- Refer the Person and follow-up

The Change Process of SFBT

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SOLUTION FOCUSED BRIEF THERAPY: A SYSTEMATIC REVIEW AND META-SUMMARY OF PROCESS RESEARCH

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This article presents a systematic review of the process research on solution-focused brief therapy (SFBT). We searched published and unpublished studies in English across five databases, five major journals, two book chapters, and four websites to locate studies that investigate why and how SFBT works. Thirty-three studies that used various research methods were located and included for further analysis using a meta-summary approach. The findings supported the significance of the co-construction process within SFBT and the effects of specific types of SFBT techniques. The most empirical support was found for the strength-oriented techniques in comparison to the other techniques and for the co-construction of meaning. Current studies require replications with larger samples and experimental designs that study SFBT process in relationship to outcomes.

Process change studies on therapies use a pluralistic approach to research including quantitative, qualitative, and mixed-methods designs, and are rich in perspectives for helping therapists to identify, describe, explain, and predict the effects of the processes that bring about therapeutic change, thus the “how and why” a therapy works (Elliott, 2010; Nock, 2007). Elliott (2010) identified four major approaches that are used to study therapy process (a) the Quantitative Process-Outcome Design (QPOD), (b) the Qualitative Helpful Factors Design (QHFD), (c) the Microanalytic Sequential Process Design (MSPD), and (d) the Significant Events Approach (SEA). The QPOD samples key processes from one or more therapy sessions and uses these to predict post-therapy outcome. Researchers who use experimental designs consider QPOD to be the most rigorous research method for studying mechanisms of change because this approach aims to establish a causal relationship between specific therapeutic process(es) and therapeutic change (Kazdin, 2007; Nock, 2007).

In contrast, the QHFD emerged over the past 20 years as a result of the popularization of qualitative research often using interview methods to understand the client experiences during the course of their therapy sessions. The MSPD also known as microanalysis focuses on the turn-to-turn in-session interaction between client and therapist. Sequential process studies typically focus on a small number of process variables, which means that they lend themselves to testing theories about fundamental processes of influence in therapy session. In contrast, Change Process Research (CPR) describes the entire course of therapy to understand the process of therapeutic change

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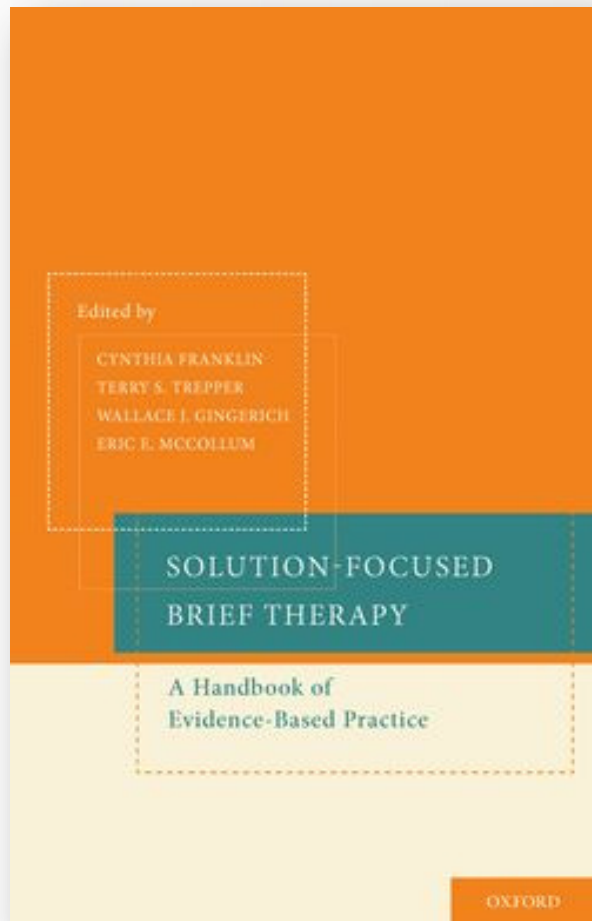
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- *Co-Construction of Meaning
- *Strengths-based Techniques
- Future Focused Techniques
- Positive Emotions: Hope
- Cooperative Empowering Relationships



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SFBT Evidence Tools



- Treatment manuals: SFBTA, EBTA, and others
- Fidelity measures
- Strength-based measurement instruments
- Keep up with the progress in US at <http://www.sfbta.org/current-research>

Thank You & Questions?

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