Couple, Community, and National Crisis

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Abstract

When an individual does not seek help during a crisis event, it may lead to pathology such as homicide and/or suicide. The Triage Assessment System (TAF) allows for a consistent and rapid assessment of the individual’s state of mind and dictates the interventions that will be utilized down to the minute as the event unfolds. Many of the survivors of intense crisis suffer from PTSD due to his or her intense feelings of fear, being helpless and horrified. In order to combat this issue counselors must impart psychological first aid. Likewise, in many cases the therapist should be as nondirective as possible if this is at all feasible. It is essential that crisis workers present strategies to the client so that he or she can cope with his or her crisis.
The word crisis has many different definitions. A crisis may be witnessed if an individual is at a standstill during a critical life event and has no customary method of solving his or her problem. Afterwards, a time of disorganization follows in which his or her everyday life is in upheaval and one attempts many varying solutions; all of which are ultimately aborted. Crisis may also be of a personal nature in which a person is immobilized and they are unaware of how to control his or her life. According to Brammer (1985) “The term crisis usually refers to a person’s feelings of fear, shock, and distress about the disruption, not to the disruption itself (p. 94). There are four key stages to crisis. The first stage occurs when a crisis event takes place and an assessment is made to determine whether an individual’s coping skills are sufficient. The second stage occurs when tension increases and there is disorganization pertaining to the crisis in which it escalates beyond the individual’s coping skills. Next, there must be a need for resources to resolve the crisis; and last, according to Marino (1995) major personality distortion may require referral.

Seeking help during a crisis is imperative because it may overwhelm an individual which may lead to pathology such as homicide and/or suicide. Individuals may react in various ways when faced with a crisis. If the situation is ideal the person may utilize effective coping strategies and may in turn grow emotionally from the experience. Others may appear to outwardly survive the event only to be taunted by reminders of the situation throughout their lives. Still others suffer from complete meltdowns due to the crisis and it is made painfully clear that they do not possess the coping skills necessary to overcome the event. It is essential that the latter receive immediate and intense assistance.
For the purposes of this paper, this author shall select a crisis with a couple, in the community, and in the nation or world and shall then describe the crisis including the event/situation, implications, responders, victims, survivors, and perpetrators; describe the forms of critical incident assessment she might use; explain the potential short-term and long-term effects that might be experienced by the people impacted by the crisis; describe the particular competencies she would need to counsel people impacted by the crisis; explain the anticipated outcomes for immediate, short-term and long-term interventions used; explain cultural, ethical, and legal implication that need to be considered and; explain potential vicarious trauma and countertransference that might occur between her and the people she might counsel from this crisis.

**Description of the Crisis with a Couple, Community, and Nation**

Nicole Brown Simpson was in high spirits on the Friday of June 10, in the early 1990’s. She spoke with her friend Ron Hardy and agreed to have dinner with him the following Monday; a meeting that would never take place because Nicole Brown Simpson was murdered in the early morning of June 13th. Her ex-husband O.J. Simpson was soon on trial for murder and evidence indicated that Nicole had been a victim of intimate partner violence for years. O.J. had been witnessed by friends and family humiliating Nicole openly in public at various clubs and restaurants. Neighbors overheard him yelling threats. In 1989 on New Year’s Day, the world saw photographs of a battered and bruised Nicole Simpson. When the Simpsons were divorced, Nicole was shadowed and stalked by her ex-husband. Yet, even though the evidence was stacked against O.J., neither the police, family, nor friends came to Nicole’s’ defense. It became clear that this was a classic case of intimate partner violence among the prominent. In these cases,
domestic abuse is not viewed as polite conversation. Likewise, in these situations, domestic abuse is oftentimes believed to be a shameful act; even for the victim.

At this point in our nation’s difficult times, individuals from different cultures, races, and varying socioeconomic backgrounds are now creating a challenging environment in school systems. As these students are placed into learning forums, they must learn how to coexist with one another in a peaceable manner; yet this is not always the case. School violence has been on a rise in the United States as was witnessed with the now infamous Columbine school shootings. In 1999, Eric Harris and Dylan Klebod were laden with weapons in Littleton, Colorado. They were students at Columbine High School. On this fateful day in history, Harris and Klebod proceeded to enter the school and gun down one teacher and 14 students. Afterwards, they committed suicide. It was, at the time, one of the most deadly school shootings ever in the United States (Aronson, 2004). Although it was devastating, it was not unique. In the following four years 15 more incidents, similar in nature, would occur. According to Aronson (2004) “…exclusion, rejection, taunting and humiliation…” (p. 355), created a “…pathological tip of an enormous iceberg…” (Aronson, 2004, p. 356).

Within high schools, adolescents learn quickly that they must adhere to a social hierarchy. Generally leading the social status are athletes and preppies and those excluded from these cliques are those who are deemed as “…nerds, goths, geeks, loners, homos, those who are too fat or too thin, too short or too tall, those who wear the wrong clothes or simply do not fit in” (Aronson, 2004, p. 355). Those who are at the top of the social ladder often ridicule those at the bottom either by taunts or rejection. Oftentimes, teachers, parents, principles, nor staff members at the schools are aware of this dangerous hierarchy within their schools until it is too late.
The crisis of September 11, 2001 is “…characterized by continuously accelerating events in dynamically changing cultures and environments” (James, 2008, p. 565). These attacks were four in a series of coordinated suicide/homicide missions targeted for the United States; primarily New York and Washington, DC and the surrounding areas. On this fateful day, 19 al-Qaeda terrorists hijacked American Airlines Flight 11, United Airlines Flight 175, American Airlines Flight 77, and United Airlines Flight 93 and flew them into the World Trade Towers, the Pentagon. The latter plane, which was intended for a target in Washington, was diverted by the passengers into a nearby field.

Information was released by some of the passengers and crew, that had access to airphone service, that hijackers were aboard the planes. It was also reported that some pilots, attendants and passengers had been stabbed and/or killed and mace and pepper spray were being used to keep passengers under control.

Khalid Sheikh Mohammed and Ramzi bin al-Shibh organized the September 11th attacks and stated, when interviewed in 2003, that the U.S. Capitol was the intended target. Two thousand nine hundred and ninety-six individuals perished in the attacked including all 19 hijackers. None of the passengers from the four planes survived and the majority of the victims were civilians.

Many hate crimes were directed towards Muslims and South Asians. Verbal and mosque attacks and assaults on individuals assumed to be of Muslim descent, including one murder, were reported.
Critical Incident Assessments Used in Crises

It is imperative that the crisis counselor gather information pertaining to the severity of the event as efficiently as possible when the client comes in to treatment. These workers do not generally have a lot of time to complete a whole diagnostic workup or to gather in-depth history reports about the clients. Thus, a quicker method, such as the Triage Assessment System (TAF), is useful as a means of obtaining relevant data regarding the specific crisis event (James, 2008). This allows for a consistent and rapid assessment of the individual’s state of mind and dictates the interventions that will be utilized down to the minute as the event unfolds (Aguilera, 1997).

The TAF adheres to the five composite criteria better than any other measure found. It may be used by novice crisis workers who have had little to no training in assessments or standardized testing. According to James (2008) “The TAF has been tested with police officer trainees, veteran crisis intervention team police officers, school counselors, community agency workers, agency and crisis line supervisors, volunteer crisis line counselors, and counselors-in-training” (p. 43).

The Affective Severity Scale uses metaphors for the emotional qualities suffered during a crisis. Yellow is anxiety; red is anger; black is depression. James (2008) would also add orange to symbolize frustration which occurs when individuals attempt to meet needs. When a client becomes frustrated he or she will delve deeper into crisis. According to Collins and Collins (2005) “…undergirding these typical emotions may lie a constellation of other negative emotions such as shame, betrayal, humiliation, inadequacy, and horror” (pp. 25-26). Clients may display these emotions either verbally or nonverbally and it is essential that the counselor be vigilant regarding the inconsistencies between what the client is saying and how the client is acting.
Crow (1977) argues that a client’s behavior in a crisis situation becomes paralyzed or becomes avoidant as the crisis occurs. Although a client may seem extremely motivated, he or she may act in a maladaptive manner toward his or her target or act out randomly with no concise target in mind. Likewise, the individual may attempt to flee the threat even if the threat is no longer an issue. Therefore, the crisis worker needs to assist the client is understanding the scope of the crisis because although it may appear as though the client is focusing his or her attention on resolving the issue, he or she may be behaviorally transfixed on a traumatic situation that is no longer a threat.

Thinking plays a key role in behavior and emotions. During a crisis event the client’s cognitions basically perceive the situation as “transgression, threat, loss, or any combination of the three” (James, 2008, p. 47). When the client focuses primarily on the crisis, he or she may become so obsessed that thinking no longer becomes logical either within or beyond the scope of the crisis situation. This event begins to consume the clients’ thinking as he or she attempts to mentally grasp the situation. Physical, psychological, relationship, and moral and spiritual needs are believed to be in relation with transgression, threat, or loss.

**Long and Short Term Effects**

The majority of the individual’s described in these crises were diagnosed with Post Traumatic Stress Disorder (PTSD). In order to be diagnosed with this mental disorder, an individual must have suffered from a traumatic event that consisted of an actual or threatened act of violence such as death or serious injury. In the case of the aforementioned crises, the individual’s response to the events were “…intense fear, helplessness, and/or horror” (James, 2008, p. 128). Secondly, the individual must consistently re-experience the trauma in at least one
or more ways such as intrusive memories of the event; continuous nightmares of the trauma; flashbacks; intensified distress following internal or external cues and/or; physical reactions upon exposure to events that resemble the trauma. Third, the individual avoids thoughts pertaining to the event, and activities and social setting that trigger memories of the crisis. Fourth, the individual experiences trouble falling or remaining asleep, uncontrolled anger, and hypervigilance. Lastly, the event “…causes clinically significant distress or impairment in social, occupational, or other critical areas of living” (James, 2008, p. 128).

Long-term effects may be categorized as Complex PTSD or Disorders of Extreme Stress Not Otherwise Specified (DESNOS). The latter includes symptoms such as an individual being unable to manage feelings, suicidal ideation and other maladaptive behaviors, impulsivity or risky behavior, extreme anger, amnesia and dissociative disorder, somatic complaints, difficulty trusting others, victimizing others or allowing themselves to be revictimized, and an inability to hold beliefs regarding a world that is fair.

Studies have shown that “…neurotransmitters, hormones, cortical areas of the brain, and the nervous system play a much greater role in PTSD than was previously suspected” (James, 2008, p. 130). If the body system no longer feels the effects of the traumatic event, the body’s system is no longer required to function in an emergency state. Long-term changes may occur in the brain such as loss of memory. In Gurvitz, Shenton, and Pittman (1995) research indicated that the hippocampal region of the brain is decreased where memory encoding, consolidation and organization occurs.

Bower (1981) has proposed that since the crisis was encoded in memory while the individual was experiencing increased physiological and psychological states, varying moods
may interfere with recalling certain cues of the trauma. Thus, the necessary elements of recall that need to be exposed for the reduction of anxiety are not made accessible when the individual is unaroused and may only be remembered when a similar state of arousal is made possible by cues in his or her environment (Keane, 1976).

**Competencies Needed to Counsel People Impacted by the Crisis**

The National Institute of Mental Health (2002) proposes the definition of psychological first aid “…as establishing safety of the client, reducing stress-related symptoms, providing rest and physical recuperation, and linking clients to critical resources and social support systems (p. 2). As a crisis worker, one must provide empathy, support, information, and ascertain that survivors are reunited with social support. Making sure that clients have full access to Maslow’s hierarchy of needs in critical.

First, the problem needs to be identified from the survivor’s point of view. If the counselor does not perceive the event as the client does then the interventions utilized may be of no assistance to him or her. “…Empathy, genuiness, and acceptance” (Cormier & Cormier, 1991, pp. 21-39), are the key listening skills and should be practiced throughout the sessions.

Second, it is the primary duty of the counselor to ensure the clients safety. Ascertaining the clients well being means making certain that the client’s harm to themselves and others is minimized. Client safety should be considered at the onset and throughout the therapeutic relationship and should not be considered a secondary response. It is crucial that the counselor think safety at all times.

Third, as a crisis worker, one must constantly communicate to the client the he or she cares about him or her. The crisis worker must not assume that the client feels of value and in
many traumatic events the client feels the exact opposite. The counselor should regard the person in an unconditional and positive fashion whether he or she acts responsive or not. This will teach the client that he or she is of value and that the counselor understands him or her even though others may not.

When a client partakes in crisis counseling, he or she is often so distraught that he or she is not adequately prepared to explore all of his or her options. Alternatively, some clients believe that they have no options. Therefore, it is essential that the crisis worker present alternative strategies such as situational supports, coping mechanisms, and positive and constructive thinking patterns (James, 2008). When an individual is in crisis, it is not the amount of choices the client has access to but the “…appropriate choices that are realistic for their situation” (James, 2008, p. 40).

Counselors should allow their clients to ventilate their feelings. This allows the client to feel understood in a safe and accepting environment. If the counselor employs this outlet, clients learn that these emotions and thoughts are accepted by the counselor no matter how undesirable they appear to be.

**Anticipated Outcomes for Immediate, Short-Term, and Long-Term Interventions**

If a counselor uses a nondirective intervention, this may assist clients in initiating and carrying out their own actions to overcome a crisis. Although in many cases, the therapist should be as nondirective as possible, he or she should use active listening with open-ended questioning in order to assist a client in clarifying his or her goals and to gauge what the various outcomes may be based upon these choices. It is critical that the counselor maintain a non-manipulative, non-dominant nature and that the client own “the problem, the coping mechanisms, the plan, the
action, the commitment, and the outcomes” (James, 2008, p. 66). The counselor becomes a supportive entity who encourages, listens, reflects, reinforces, uses self-disclosure, and suggests options. When this type of intervention is utilized, the client comes to realize that they are able to be self-directed and possesses coping skills that are ingrained in them yet need encouragement to be set into motion.

Forming a partnership with the client to evaluate the crisis and assisting the client to generate rational and realistic alternatives is known as the collaborative approach. When the client is assessed and it becomes clear that he or she is unable to function with a non-directive approach but may successfully be equipped to function in a partnership with the crisis worker, the collaborative technique is often the best approach. The majority of crisis interventions operate according to this mode. The collaborative approach utilizes the “we” approach as opposed to the non-directive approach which is “you”. Although the client in this incident may not be as autonomous as a client who can function on his or her own, he or she does have enough strength to take part in resolving the issue.

When a client has been assessed as being too dysfunctional to cope with the crisis event, the directive approach is needed. According to the directive approach the interventionist is the primary definer of the event, seeks out alternatives, develops a reasonable plan, and directs the client into action. This mode of action is based on an “I” approach. By utilizing an authoritarian stance, the crisis worker takes temporary responsibility for the pending situation.

Although, if the crisis worker creates an error in judgment and believes the client to be unable to function when he or she is capable, it is most likely that the client will respond by not
accepting the workers directive approach. If this occurs, the worker should begin a collaborative approach and continue assisting the client.

**Explanation of the Cultural, Legal, and Ethical Implications**

In the case of the Columbine school shootings, a counselor has the overriding ethical duty to warn of impending harm of self or others. When a student exhibits traits that are a clear and present danger to him or herself or to others, it is essential that the appropriate authorities be informed. Although the courts are reluctant to cast blame on the school system, there have been some exceptions. The overriding legal concern for school authorities before, during or after a crisis event occurs is negligence. According to James (2008) there is the chance of impending negligence in any crisis event when a note of suicidal or homicidal intentions is found yet it is dismissed as being harmless. It would therefore be negligent of school authorities if they refused to intervene or plan for the act that ultimately arose due to threats. Therefore, the school would be well advised to create a policy detailing and stating its “…procedures for all crisis situations as an initial step in avoiding liable suits” (Brock, Sandoval, & Lewis, 1996, p.42). The policy should include notifying parents if their children are potentially suicidal or violent, even if these allegations are denied by the children.

Furthermore, once said policy is created, it must be followed. School authorities have come under legal action due to failure to follow the procedures of these policies which are generated in order to maintain student safety, especially if the violent act was preceded by past incidents of violence.

One the other hand, if crisis workers do not warn others, they run the risk of endangering the life of the student and the lives of others, and this may bring civil actions as a result. The
issue in this case is not if the school caused it but what they did in order to prevent it. Even though in most states the statutes are not clear on this, according to James (2008), “…it is likely that existing law will support any warning that is based on specific behavior indicating an obvious and unequivocal danger” (p. 435).

Culturally biased assumptions may wreak havoc on the crisis workers intended intervention. This is especially true in the aftermath of a large-scale disaster given the oftentimes cross-cultural circumstances. There are a few assumptions that the crisis worker would do well to keep in mind and guard against. For instance, not all individuals share in likeminded behaviors, people are generally individualistic in nature, support groups are not nearly as important as a therapeutic relationship, individuals need to adhere to the system, and the individual’s history is insignificant in understanding the event. These assumptions are, to say the least, flawed and have no standing in a pluralistic society. They may lead the counselor to misdiagnose his or her client and incorrectly assess the client as resistant and/or uncooperative.

Potential Countertransference and Vicarious Trauma that Might Occur

Crisis work is extremely intense and, as such, countertransference is highly likely. It occurs when the crisis worker attributes traits and behaviors to the client which have their basis in the counselors own life. These responses may be proactive or negative, verbal or nonverbal and even unconscious. Countertransference are events that have, in the past or present, been impacting the crisis worker and are now manifested within the sessions with the client. It may cause the counselor to begin to act inappropriately since they are now confronted with his or her own personal biases. Counselors may partake in action which is selfish as opposed to helping the client. Countertransference generally results in the counselor attempting to create a client
that fits into his or her mold of how the client is supposed to act. Thus, counselors need to guard
against countertransference and all that it entails. If not, the crisis worker may end up having
feelings of guilt due to his or her negative feelings about the client and he or she may not be
consciously aware as to why these emotions are taking place.

Vicarious trauma differs from countertransference insomuch as in vicarious trauma the
counselor begins to mimic the symptoms of the clients trauma related behavior. It occurs due to
secondary exposure and the counselors experiences and worldviews change. Vicarious trauma
occurs in crisis workers who have been exposed for long periods with extremely traumatized
victims through intense involvement. Countertransference is temporary whereas vicarious
trauma has the potential to continuously alter the psychological constructs of the therapist.

Conclusion

It is imperative that the crisis counselor gather information pertaining to the severity of
the event efficiently as possible when the client comes into treatment. Since these workers do
not have a lot of time to complete a whole diagnostic workup or to gather in-depth history reports
about clients, a quicker method such as the TAF system is useful. The TAF adheres to five
composite criteria better than any other measure found. The majority of the survivors described
in the aforementioned crises were diagnosed with PTSD. In order to be diagnosed with this
mental disorder, an individual must have suffered from a traumatic event that consisted of an
actual or threatened act of violence. When a client partakes in crisis counseling, he or she is
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