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Ministering to People in Crisis

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INTRODUCTION

We live in a world plagued with crisis situations. As we read the newspaper, watch television, talk to a friend, or share with a loved one, it is apparent that people are experiencing feelings of anxiety, depression, guilt, helplessness, fear, and exhaustion.

How are we to respond to the crises that surround us? Are we to become involved, or do we distance ourselves from the problem? As Christians engaged in ministry, we have a responsibility to care for others. Even if we should desire to remain detached, our contact with others will demand some level of involvement. It is incumbent upon us to consider a Christian view of human crisis and to prepare ourselves to be as effective as possible in working with people in crisis.

A crisis can be defined as a period of psychological disequilibrium, experienced as a result of an event or situation that constitutes a significant problem that cannot be remedied by the use of familiar coping strategies. A crisis occurs when a person's quality of life is threatened by an obstacle that seems insurmountable through the use of customary habits and coping patterns. The goal of crisis intervention is to resolve the most pressing problem within a short period of time through focused intervention directed at helping the individual develop new coping methods.

This lecture briefly examines the development of crisis theory and presents a seven-stage model of intervention, which can be applied to individuals experiencing crisis. The model, developed by Albert Roberts after years of experience and research, expands upon the previously developed systems popularized by well-known theorists such as Caplan, Rapoport, Baldwin, and Golan. It is an integrated problem-solving approach that can promote effective early crisis resolution. It is particularly effective as it is utilized by the Christian who relies upon the Holy Spirit for insight and direction.

1) THE MINISTRY OF CRISIS INTERVENTION

A) A Biblical Perspective

1) Acceptance

Jesus always accepted people as they were. He believed in them and desired to work with them in order for them to realize their full potential.

2) Discernment

Jesus had the ability to see the needs of individuals and directly address those needs.

3) Emphasized Right Behavior

Jesus was very interested in right behavior in the lives of those to whom He ministered. He said to the woman caught in adultery, "Go and sin no more."

4) Assisted People in Accepting Responsibility

Responsibility for change was placed upon the individual. When Jesus ministered to a person, He made it very clear that a decision to remain the same or to change had to be made.

5) Hope

Jesus gave hope. He told people that through Him all things were possible.

6) Encouragement

Jesus encouraged people as He ministered to them. Encouragement provides individuals with hope and with the desire to change.

7) Peace of Mind

Jesus shared the reality of peace with those to whom He ministered. People in crisis need peace of mind and Jesus offered that hope.

8) Teaching

Teaching was used by Jesus as a definite part of counseling. He used a variety of methods for teaching (questions, direct statements, parables, etc.). He taught as One having authority.

These characteristics of Jesus' approach in counseling help give us direction as we relate to people in crises. He demonstrated that He cared about people through His warmth, understanding, acceptance, and belief in their ability to change and mature.

As we respond to individuals in crisis, we must do so with acceptance. We must avoid premature judgments and seek full understanding of the situation.

Obviously, if we are to be used by God to intervene in the lives of others, we must nurture a relationship with Him, live a life of faith, and allow the power of the Holy Spirit to guide us. Any approach to counseling, any technique, or any theory must be based upon this foundation.

2) CONCEPTUALIZING CRISIS THEORY

Some crisis situations are personal family matters; others are triggered by a tragic occurrence such as an airplane crash, a hostage situation, or a mass murder that can cause widespread crisis for dozens, hundreds or even thousands of people.

The combination of human nature and the hazardous, uncertain and anxiety-ridden world we live in, increases the likelihood that everyone will face some situation that is potentially crisis producing.

A) A Definition of Crisis

A crisis can be defined as a period of psychological disequilibrium, experienced as a result of a hazardous event or situation that constitutes a significant problem that cannot be remedied by using familiar coping strategies.

A crisis occurs when a person faces an obstacle to important life goals that generally seem insurmountable through the use of customary habits and coping patterns. The goal of crisis intervention is to resolve the most pressing problem within a one- to ten-week period.

Crisis reaction refers to the acute stage, which usually occurs soon after the hazardous event (e.g. sexual assault, battering, or suicide attempt.) During this phase, the person's acute reaction may take various forms including helplessness, confusion, anxiety, shock, disbelief, and anger. Low self-esteem and serious depression are often produced by the crisis state. The person in crisis may appear to be incoherent, disorganized, agitated, and volatile or calm, subdued, withdrawn and apathetic. It is during this crisis reaction that the individual is often most willing to seek help.

The word "crisis" is extensively used. However, it is often misunderstood. Most people associate crisis with a temporary state that exists while a problem is being solved. People say such things as, "I had a crisis this morning," or "Bob is really upset." But a true crisis occurs when excessive emotionality prevents individuals from solving a problem by the usual methods. As a consequence, personal upset increases until it is impossible to function as efficiently as before. A true crisis is more than a temporary state of upset. It is an inability to function effectively as a consequence of the emotional turmoil.

There are four major elements in a definition of crisis:

1) Precipitating Event

A specific event in some form almost always precipitates a crisis, even if the individual cannot readily identify the event. This event usually occurs within two to three weeks of the crisis. The search for a precipitating event, when it is not obvious, is a very important therapeutic process.

2) Perceived Meaning

A crisis is a subjective state. It is the personal meaning attributed to the precipitating event that causes the person's excessive emotional state. For example, pregnancy may precipitate a crisis for some women, but not for most.

Crisis conditions are subjectively determined. Therefore, a crisis can only be understood from the frame of reference of the individual experiencing it.

3) Ineffective Problem-Solving Methods

Once a significant event occurs, everyone initially attempts to deal with it by applying their usual methods of problem solving. The individual who develops a crisis interprets the meaning of the event as lying beyond the capacity of his or her usual coping methods and patterns of adaptation.

As cognitive functioning fails and emotionalism dominates one's efforts, the individual tends to resort more frequently to inappropriate methods, thus making his or her efforts even more ineffective.

4) Functionally Debilitating Emotional State

A person in crisis typically experiences an emotional reaction so excessive that rational behavior is hampered. The person is so overwhelmed that reasonable decisions cannot be made. It is this excessiveness of the response that separates the individual in crisis from the person who is temporarily upset while trying to solve a problem.

B) Theoretical Development

Several models have been developed to guide clinicians who work with people in crisis. The most widely known models are Caplan's (1964) four-stage model, Rapoport's (1967) three-stage model, and Golan's (1978) three-phase model.

Roberts (1991) has expanded on these systems and has developed a seven-step model that offers an integrated problem-solving approach. His model is presented below.

A CRISIS INTERVENTION MODEL

A) Assess Lethality and Safety Needs

The first step is to carefully determine the individual's degree of risk for serious injury or death from self-destructive acts or from the violent acts of another. It is imperative that the individual's safety be continually kept at the forefront of all crisis intervention procedures. Is the person's life being threatened? Do you need to call the police? Is medical attention needed? Assess these issues and assist the individual in exploring the choices he/she has available to himself/herself.

B) Establish Rapport and Communication

It is important to convey willingness and an ability to help. This is best accomplished by listening in an accepting, concerned, patient and helpful manner. To assist in this process, share with the individual that he/she has done the right thing by contacting you.

C) Identify the Major Problems

Explore the individual's problem situations and help him/her to "tell the story." Explore and define the problem from the client's point of view. Use active listening such as is practiced by Rogerian counselors. Assist the person to rank order and prioritize the problems. Help the person focus on the precipitating event or problem that led him/her to seek help.

D) Deal with Feelings and Provide Support

Encourage the individual to express the intense feelings that accompany the crisis. This process is aided by the use of active listening and communicating through empathic statements. Some clients may need to be educated about feelings and given permission to express them.

Fear, anxiety, sadness, and guilt are normal reactions to crises, and clients often need to be reassured that they are not "crazy." Catharsis of feelings is often very helpful.

E) Explore Possible Alternatives

People in crisis often fail to realize the various alternative ideas, coping methods, and solutions that are available to them. Their personal reaction to the crisis is so intense that rational thought may be hampered and clear decision-making unlikely. Coping strategies have not been successful and feelings of helplessness and despair may be present.

Begin this process by encouraging the individual to generate possible alternatives from his/her thinking. After exhausting this avenue, suggest further alternatives which may be helpful but not realized by the client. The proposed solutions should be carefully assessed and their usefulness determined. However, it is important that this assessment not occur until after brainstorming various possibilities.

F) Assist in Formulating an Action Plan

Assist the client in developing a short-term plan that:

1. Identifies additional persons and groups that may be contacted for immediate support.
2. Provides coping mechanisms that are concrete and positive for the client to do now.
3. Is realistic in terms of the client's coping ability.
4. May utilize appropriate and available referral sources.
5. The plan should be specific, measurable and realistic.

Encourage the individual to be committed to positive action. Encouragement is important because persons in crisis situations are often highly distressed and lethargic because prior attempts to cope have failed. It is generally good to seek a commitment from the client that he/she will follow through with the agreed upon plan of action.

G) Follow-Up

The final stage in crisis intervention entails an agreement between the counselor and the client to have another meeting in the near future. Details regarding this meeting (time, place, etc.) should be discussed. The purpose of this follow-up is to assess the individual's progress toward crisis resolution. It can then be determined if further intervention or referral is necessary.

CONCLUSION

This model should not be interpreted as being linear or sequential. That is, aspects of

any certain stage may occur at various times and in no specific order. For example, establishing rapport is not a single step designated only for the early phases of counseling. Building rapport is an ongoing process. Likewise, problem identification may need to be addressed more than once, and at different times as counseling proceeds. This model provides a planned, yet flexible strategy for dealing with crisis situations.

The responsibility to minister to others is clearly stated in God's Word. Dealing with persons in crisis situations is an obvious part of this work. Therefore, it is incumbent upon each of us to be informed and knowledgeable regarding the characteristics of crisis, and to be acquainted with various strategies which can be useful in our intervention efforts.

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