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**PSYCHOSOCIAL
NURSING**
FOR GENERAL PATIENT CARE

3rd EDITION

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**Crisis
Intervention**



Learning Objectives

After the classroom discussion, the students will be able to:

- 1. Identify variables that influence the response to a crisis.**
- 2. List interventions the nurse can use to reduce the impact of a crisis for a patient.**
- 3. Describe key questions to ask a patient experiencing a crisis.**



Introduction

All people experience crises. Crisis is a state of disequilibrium resulting from a stressful event or perceived threat to one's self when usual coping mechanisms are ineffective and lead to the individual's experiencing increased anxiety. Nurses see patients and families in a crisis state as part of their daily routine.



Types of Crises

Types of Crises

Examples

Maturation—Crisis in response to facing a new developmental phase

Young adult leaving home for the first time, birth of a child

Situational—An unanticipated, external event triggers a strong response

Loss of a job, death of a loved one

Adventitious—Crisis of disaster

Natural disaster, terrorism



Nurses' Reactions To Patient Crisis

1. Feeling anxious or unsure about how to proceed
2. Becoming overinvolved and attempting to take over for the patient, possibly causing the patient to become dependent on the nurse
3. Viewing the patient's crisis as insignificant
4. Taking on some of the patient's anxiety
5. Setting unrealistic expectations or goals



ASSESSMENT

Aguilera (1998) identified three factors to determine the development of a crisis. They include:

- 1. Perception of the event*

Successful resolution is more likely if the stressor is seen in a realistic rather than in a distorted way.

- 2. Situational support*

Lack of available resources or personal support systems, in addition to the specific situation, could be the factor that changes the situation into a crisis.



ASSESSMENT

3. Adequate coping mechanisms

Having proven mechanisms to deal with anxiety can prevent the situation from escalating into a crisis. If the individual has never used effective coping mechanisms or the mechanisms are not currently available, the situation could escalate into a crisis.



Guidelines For Conducting A Crisis Interview

A. Identify the precipitating event and determine its meaning.

- What has happened in the past few days or hours?
- If the patient describes an ongoing problem, what is different about the problem today from yesterday? Be specific.
- What does the event mean to the patient?
- What is the patient most worried about in relation to the event?
- What are some of the consequences of the event?
- Does the patient see this event as influencing his or her future?



Guidelines For Conducting A Crisis Interview

B. Evaluate the patient's support system.

- *With whom does the patient have a close relationship?*
- *To whom does the patient talk when he or she has a problem?*
- *Are these people available now?*
- *Have these resources helped in the past?*
- *Whom does the patient trust?*
- *Are any other resources available in the patient's life such as a clergy member or a counselor?*



INTERVENTIONS

- Crisis intervention is short-term problem-oriented support that ideally allows the individual to advance to a higher level of functioning as he or she develops new insights, strengths, and coping mechanisms.
- The crisis is considered unresolved if the person functions at a lower level after the crisis, for example, by abusing substances, communicating ineffectively with family or loved ones, or exhibiting signs of depression or psychosis.



Interventions when you suffer from crisis

1. Make an accurate assessment of the precipitating event, the patient's perception of the event, and the available support systems and coping mechanisms. Also assess the patient's safety.
2. Provide only small amounts of information at a time, and be prepared to repeat the information several times. Focus on concrete actions rather than vague ones.
3. Communicate in a supportive, nonjudgmental way. Use gentle physical contact, as appropriate. Use calming hand gestures, a calm voice, and an unhurried manner.
4. Help the patient to confront the reality of the event. This should be done slowly at first, such as gently bringing the patient back to a discussion of a car accident. More concrete, specific wording may be needed. This process may need to be repeated.



Interventions when you suffer from crisis

5. Help the patient focus on one “here-and-now” problem at a time rather than jumping from one possible problem to another. For example, a man who is frantic about his continuing pain may begin thinking about what will happen if the pain never stops. This will only escalate his anxiety. Rather, help him stay focused on dealing with the pain he is having now.
6. In some situations, you may need to direct the person as to what to do next. His or her ability to make even the smallest decision may be compromised due to the overwhelming anxiety the crisis is producing.
7. Encourage the patient to express his or her emotions in a socially acceptable manner.



Interventions when you suffer from crisis

8. Assist with problem solving. This may include brainstorming all possible options and helping the patient narrow these down to the ones that can be used now. Focus on one or two possible options to give the patient a sense of control without overwhelming him or her with multiple options.
9. Encourage the people in the patient's support system to become involved. Be sure to obtain the patient's permission before notifying family and friends to ensure that the patient maintains control of the situation. Be creative in identifying sources of support.
10. Reinforce the patient's self-esteem by acknowledging how difficult the situation is and saying that you understand he or she is doing all that is possible to cope with it. Provide positive feedback.



Interventions when you suffer from crisis

11. Reinforce effective coping mechanisms such as deep breathing, exercising, or making prioritized lists.
12. Identify other resources in the agency that could provide assistance. Avoid being the only staff member assisting this patient.
13. Assess the need for medications to reduce anxiety.



End of Chapter 5

