Chapter 8

Crisis Intervention in Social Work

Kieran O'Hagan

Introduction

The need for effective crisis intervention by social workers has never been greater. To the well known crises which often erupt in cases of child abuse, the elderly and elderly confused, the terminally ill and bereaved, the mentally ill, battered women, adolescents in conflict with parents, etc., may now be added the rapidly increasing crises generated by the exposure of child sexual abuse, the spread of AIDS, and the increasing frequency of national disasters. How well do social workers cope with these crises? How effective and tested is their training? What theoretical and conceptual frameworks underpin their practice?

This chapter will begin by looking at our crisis heritage, ie the intellectual, cultural, and professional origins of crisis intervention. It will then identify the principal features of crisis situations most common to social workers, and also of those for which they have a statutory responsibility to try to resolve. The unique challenges of intervention in crises like these clearly dictate crucial and necessary components in training. These are:

1. A sound ethical base
2. A theoretical framework which can accommodate and imaginatively impose order and sense upon the chaos and dangers of crises
3. Self knowledge in crisis situations
4. Principles, techniques, and skills.

These are also the most significant characteristics of a professional and effective crisis intervention service. The principal objective of this chapter is to define and explore each of them.

The definition of crisis

Professionals always seek to define the challenges which face them, but they are unlikely to make any more progress in defining 'crisis' than their earliest predecessors. The fact is that crisis is indefinable. One person's 'crisis' may be another person's ecstasy. Langsley (1968) and many other pioneers attempted to find that elusive definition: 'crisis is . ' but sensibly gave up. He admitted what a futile and frustrating task it had been, and wisely concluded (to the benefit of us all): 'crisis theory has defined the crisis as the hazardous event (stress) and the subsequent reaction to that event' (p.156). What Langsley is saying, in effect, is that crisis is defined as the impact of an event rather than the event itself. As yet, there is no definitive listing and prioritising of the numerous impacts of what social workers would call crisis situations, but the following can generally be regarded as the most common and predictable feelings and perceptions of crisis victims: fear, panic, violence or the threat of violence, helplessness, a sense of loss or losing control, a sense of impending doom. Common features of the crisis environment are: groups of people (ie family, neighbours and/or relatives, friends); conflict between individuals at the centre of the crisis, or between the individual and the professional who has become embroiled in it; lots of mobility and noise (people coming and going, helping and hindering), a general chaos (lack of effective leadership, order and direction)

The origins of crisis intervention

American psychiatrists were the principal contributors to the emergence of crisis intervention as a new, identifiable professional discipline. The crisis pioneers, such as Caplan (1964), Langsley et al. (1968a), and Pittman (1966), became aware of the benefits of brief, intensive, and action orientated therapy in dealing with crises, as opposed to the then well established long term psychoanalytical and psychotherapeutic treatment programmes. Their literature, theories, and models of crisis intervention heavily influenced social work training in Britain throughout the sixties and seventies and (still do in some quarters). Some aspects of these pioneers' achievements will be long lasting: for example, the rigour and discipline of Lindermann's (1944) observations of the relatives of disaster victims and the pioneers' emphasis upon theoretical underpinning and systematic thought and strategy in approaching crises. Many of the principles and techniques devised by the pioneers remain crucial tools in understanding crisis processes and in extricating crisis participants from the dangerous and damaging scenarios which they have created for themselves.

There are however, some aspects of this crisis heritage which have limited its relevance to social work practice. The subject matter at the centre of the

pioneers' study was the mental illness of individual psychiatric patients - more often than not American, middle class, articulate, professional and managerial people. The location of study and intervention was often the psychiatric ward or clinic. Such a clientele and locations are far removed from the vast majority of social work clients in Britain living in conditions of poverty, deprivation and family fragmentation, and from generic social workers working in understaffed inner city area offices, responsible for far too many cases. In these living conditions and environments, the dominant feature of the crises which social workers encounter is *conflict*. It is a feature which, in the flower-power peace-loving sixties, was likely to be denied. An even more important characteristic of the 'classical' crisis heritage, particularly from the point of view of social work students, was its failure to recognise the importance of self awareness in crisis situations. The clients were the only focus of attention; they were the only people with a problem; the worker (ie the psychiatrist) never had a problem, and was always portrayed in the literature as omnipotent and never-failing. Today, welfare professionals are likely to have a little more humility than American psychiatrists of the sixties, and social work trainers are becoming more aware of the pivotal position of self awareness in crisis situations, and of the specific need for social workers to recognise and acknowledge their own vulnerabilities. Finally, the crisis pioneers could not have predicted the importance of ethnic and gender issues in professional welfare work. Social work students and their trainers today are unlikely to be similarly unaware.

Foundations for crisis work

It is therefore time to lay a new foundation for training social workers to do crisis work. There is ample experience in British social work practice (much of it painful and tragic) which determines the principle ingredients of that foundation. There is the absolute necessity for 1) a sound ethical base; 2) a flexible theoretical underpinning; 3) frameworks and methods which aid effective and rigorous self exploration; and, not least, a repertoire of skills and techniques.

1. The ethical base of crisis intervention

The Cleveland report has demonstrated once again a peculiarly narrow and blinkered perception of ethical considerations in crisis work. Child sexual abuse is in many ways the most traumatic, complex and challenging crisis encountered, thereby demanding a well-formulated ethical code; yet when social workers, their managers and trainers, and paediatricians and police officers, were asked to justify ethically their actions in Cleveland, the reply invariably was something to the effect that 'the child's welfare is paramount'.

Similar naive platitudes - conveniently concealing a multitude of dubious practices - can be heard throughout the short history of social work. In the sixties, ethical considerations meant little more than ensuring 'the client's right to self determination'; then 'respect for clients', and, 'recognition and acceptance of their innate dignity and worth'; today, great ethical emphasis is placed upon 'the need for partnership between social worker and client'.

Social workers, spokespersons and writers undoubtedly mean well when they make statements like these, but such statements have no place as an ethical base for crisis work. Ethical principles need to involve more depth and complexity and to be more specific and realistic. For example, crises seldom if ever revolve around one individual; nor is there ever likely to be only one individual whose rights, dignity, or worth are under attack. A more serious naivety in social work's traditional ethical thinking projects the notion of every client as oppressed and deprived, and of the social worker's paramount need to champion and protect them against the harsh, non-sympathetic world. Even after the callous and brutal murders of seven social workers by those same clients during the last decade, it is alarming to know that some social work students still emerge from training courses totally oblivious to the pathology and danger of clients, and determined to uphold the rights of clients at all costs.

Ethical principles in social work generally and in crisis work in particular evolve from three main necessities: knowledge and experience, the use of power and control, and resources.

KNOWLEDGE AND EXPERIENCE

There cannot be a more unethical act than to give a newly qualified, inexperienced social worker the responsibility of solving a major crisis. Similarly, social workers themselves can be unethical by not making strenuous efforts to acquire the necessary skills, knowledge and experience which will enable them to cope with crises.

Social workers in the front line of crisis work must be experienced, knowledgeable practitioners. They must be experienced and knowledgeable in the type of crisis they are attempting to resolve, particularly if aggression and violence are features of that crisis, and if there is a threat to the life and liberty of individuals at the centre of it (including the worker, of course). Acquiring that knowledge and experience usually begins with professional training: trainers can quickly enable students to identify, categorize, and prioritise crises, and to recognise the most significant and challenging features of different categories of crises. They should be enlightened about the social and political contexts of crises, and how gender, culture and ethnicity may influence and dominate crisis processes. They must learn about and

accept without equivocation their future statutory and moral obligation to try to resolve certain categories of crises.

After training, this crisis learning process becomes the responsibility of the worker and her or his manager and department. Differing locations, area offices, communities, families and clients may experience crises and their impact differently. Wherever the qualified worker finds herself, her manager should ensure that she becomes familiar with the category of crisis most common and most challenging. Will it be the crisis of the elderly confused (probably the fastest increasing type of crisis encountered by social workers) or is it the crisis of child sexual abuse, or could it be the crises generated by AIDS? The manager and the department have the responsibility of knowing what particular features of each of these categories of crises pose the greatest challenge, in particular, to their newly appointed staff and what precisely is required to ensure that the worker continues to acquire knowledge and experience without exposure to unacceptable risk.

Knowledge and experience of what one is doing, of the client(s) and the crisis(es) one is dealing with, and a commitment to the statutory and moral obligation to help resolve the crisis, is the first and most important principle in the ethical base of crisis work. It is a principle that should be underlined in the designated tasks of trainer, student/worker, and manager alike.

THE USE OF POWER, AUTHORITY AND CONTROL

Acquiring knowledge and experience will quickly enlighten the worker about the ugly, dangerous and conflictual nature of many crisis situations. The worker cannot manage or minimize conflict and danger merely by listening to clients; crises most often demand immediate action (Puryear 1979), particularly those crises in which families, relatives and other agencies are demanding the instant removal of clients, are screaming out that the client is driving them crazy, and that if she isn't removed, something terrible will happen.

In this minefield of conflicting demands and rights, the social worker's ethical duty is to attempt to impose some order upon the chaos, to take control of the crisis situation, and eventually to enlighten the participants that resolving the crisis does not mean upholding the 'rights' of any one individual, but, on the contrary, means that each and every participant is likely to have sacrificed some of their own rights. This is no small task, even for two workers, or a crisis team. The workers cannot begin to tackle such a task unless they are willing to exercise the power, authority and control which the law and their training has bestowed upon them. It is not so long ago that 'power', 'authority' and 'control' were anathema to many students (a regrettable inheritance from many trainers). Happily, there is a greater realism in training today, with students and trainers alike more conscious of

the paralysis (most unethical) which can result from a reluctance to exercise power, authority and control in ugly dangerous and violent crisis situations. Clients at the centre of the crisis and the numerous crisis participants, who have begged or demanded that social workers intervene, are not likely either to understand or appreciate that reluctance. O'Hagan (1986) and Davies (1981) both offer a comprehensive analysis of the power factor in social work, arguing convincingly for the legitimate, professional and ethical use of power.

RESOURCES

Effective crisis intervention requires resources additional to that of knowledgeable, experienced and competent front line professionals. It needs a management who is committed to achieving a high quality crisis intervention service, and who knows that, rather than being a costly unnecessary luxury, this can save departments a fortune in terms of expenditure (eg, preventing clients from being taken into care), and tragedy (nearly all the child abuse enquiry reports since 1974 graphically and painfully describe the inadequacies of social workers dealing with crises).

Not all interventions seek to prevent clients from going into care. Sometimes 'care' is the best option, and there is a heavy ethical responsibility on management to provide adequate care facilities. The Cleveland report exposed this major ethical failure on the part of management. A principal officer responsible said:

> 'The situation was untenable; we had reached the level of looking for beds, rather than placing children appropriately' (Butler-Sloss 1968, p.62).

Resources are very much a matter of ethics, and it is crucially important for social workers to determine the quality and type of resources which are necessary for an effective and professional crisis intervention service. Social workers must also be willing to request adequate resources persistently, on the basis of the poor quality of service that must inevitably result from a lack of them.

2. *The theoretical underpinning of crisis work*

The principal feelings and perceptions of crisis victims and crisis participants have already been described. They experience fear, panic, and loss of control. The principal features of crisis situations have also been described, ie lots of people, noise, movement, chaos, and lack of direction and leadership. This is enough to caution the hardiest worker, and more than enough to frighten the life out of the novice. Clearly, the professional cannot approach crisis work thinking only of such unpleasant aspects as these. Even before reaching

the crisis scene, the worker will need to have formed some firm opinions from the referral as to what kind of crisis this is. She will need to have some idea of the conflictual nature of the crisis, and who are the most significant participants on either side. Above all, she should have a theoretical framework with which she is familiar, and which can enable her to impose order (at least intellectually and imaginatively) upon the probable chaos, panic and fear which awaits them.

But which theory? The range of crisis situations which social workers encounter is so great now that no single theory will suffice. However, the most common and difficult crises for the vast majority of social workers working in social services departments are the same as always, ie plea for removal crises (O'Hagan 1984, 1986), when neighbours, families, friends (enemies) and professionals from other agencies (eg police, health visitor, GP, teacher) clamour and demand that social services remove a particular client for fear of something terrible happening. The client may be an unmanageable delinquent, or an elderly confused or mentally ill person. These are very much conflictual crises, in which opposing sides can easily be identified and conceptualized. Fundamentally, they represent conflicts between status quo and change. The client at the centre (whom nearly everyone wants removed) represents threatening change. The persons demanding removal represent the endangered status quo. Systems theory, which primarily explores the tensions between growth and change in living organisms, seems ideally suited for providing social workers with a theoretical base for this particular but very common crisis situation.

SYSTEMS THEORY

Systems theory provides concepts and frameworks which enable social workers to understand, predict, and prepare for significant processes and stages in crisis eruption. For example:

> all systems but the largest are themselves subsystems of other systems, and all systems but the smallest are environments for other systems (Forder 1976, p.26).

This central tenet of systems theory aptly illustrates fundamental characteristics of the plea-for-removal and numerous other types of crisis situations. The client referred, upon whom all attention (and wrath) is focused, is merely a component part, (as are numerous other individuals), of a larger social system, usually the family. The family is merely a component part of the larger system embracing friends, relatives, neighbours, and professionals. This, in turn, is part of the even larger living system which we refer to as the community. All of these systems and their components are likely to be interrelated and interdependent to varying degrees, and this interrelation-

ship and interdependence is likely to have contributed significantly to events leading to the crisis. It is unhelpful, therefore, in crisis situations, to dwell solely upon any one individual, to the exclusion of others in a wider system who are probably more significant in the origins of the crisis than at first meets the eye (O'Hagan 1986).

Another example of systems theory's contribution is its provision of concepts easily applied to the typically conflictual crisis situations: 'morphostasis' (associated with the status quo, ie structure, pattern, regularity, and constraint), and 'morphogenesis' (associated with change, differentiation, innovation, and creativity) (Walrond-Skinner 1976, p.14). The worker's main task in assessment is to identify the processes and persons on either side of the 'status quo *v* change' conflict. Gender, cultural, and racial issues may figure prominently amongst those processes. The greatest temptation facing the worker at this point is to become identified as belonging to or as being sympathetic to either side. This is of crucial importance in crises revolving around those who have been labelled or diagnosed as mentally ill.

Other categories of crises may necessitate entirely different theoretical frameworks: the crises associated with AIDS, for example, for both victims and their loved ones; or the crises resulting from sudden bereavement, as in the ghastly catalogue of disasters which Britain has suffered in recent years. But the general principles regarding the function of theory are as applicable to these crises as they are to the more common social services crises. They are all painful, chaotic, potentially destructive experiences, all demanding an intellectual ability to theorize on how the crisis has come about, on the processes and people who sustain it and exacerbate it, and on the likely strategies for first imposing order upon it, then attempting to resolve it. It is unwise for social workers to approach crises without a firm grasp of theory. The degree of confidence one has in approaching a crisis will often depend upon a preceding imaginative analysis and resolution. Theory is the effective means by which that can be achieved.

3. *Self awareness in crisis situations*

The unpleasantness and danger of many crisis situations create temptations for the workers called upon to solve them. The greatest temptation arises when one wants to get away from a crisis in which it is obvious that one is doing no good at all, or possibly making the crisis worse, and then to seek out reasons within the crisis itself, amongst the crisis participants, to explain away one's own helplessness and failure in solving it. Another common temptation is to act in a way that one knows has no professional or moral validity, yet be unable to resist the enormous forces within the crisis situation that are compelling one to act in that way. There are for example, literally

thousands of crises concluded by the removal of an individual client. The social worker who has implemented that decision may be full of unease for days and weeks afterwards, knowing that the removal was not in the client's best interests, nor (in the long term), in the interests of those clamouring for the removal. Despite the numerous disasters which have occurred in recent years, there is good reason to believe that many social workers and managers are falling in to the temptation of immediately demonstrating involvement and caring by being on the scene in minutes without too much idea of how best to help (Stewart 1989). It is particularly easy to fall for this temptation because the crisis victim is incapable of offering resistance, and the political necessity to demonstrate some action, any action at all, is overwhelming.

Self awareness is the most important component in crisis training. It has three main tasks:

1. It seeks to enable social workers to explore rigorously their own vulnerabilities in crisis situations.
2. It seeks to identify the precise cause of that vulnerability.
3. It seeks to enlighten the worker as to how particular vulnerabilities can seriously limit the quality of their intervention and lead to them making unprofessional and damaging decisions.

Here is one example of the crisis conditions which can lead to such a situation:

> The GP, neighbours, relatives and local bobby are clamouring for the removal of Jack, aged 80, living alone, senile, and not caring for himself as much as they would like. He leaves the electric fire on; he wanders in the middle of the night; he knocks the neighbours up; he's driving them crazy.
>
> They are all waiting for the social worker who arrives. They collectively criticize social services; they demand removal of Jack; they talk of the time he nearly burnt the whole neighbourhood down; they talk about the certainty of something terrible happening if he is not removed.

Any worker, no matter how experienced, is going to feel some vulnerability in this extremely unpleasant situation. Many workers, indeed, may succumb to the pressure so blatantly applied, and then rationalize their action in terms of 'the welfare of the client . . . it's in his own interests to be removed', or, 'the very real risk of him doing himself and others harm if he isn't removed'. Self awareness training, however, does not only aim to expose the obvious in this case, namely, that the worker succumbed to the pressure applied, but it also seeks to enable the worker to identify the strongest, most irresistible elements in that pressure, and to explain why they are so, for that individual worker. For example, there is an enormous difference between a mere recognition

that one succumbed to a collective pressure and then made the wrong decision, and a detailed analysis of the intervention which identifies: (1) the GP; (2) the size of the hostile group; (3) the fear of that 'something terrible' happening, as the principal causes of that pressure and wrong decision making. Self awareness must further explore why these factors posed such difficulty. There is little prospect of surmounting a difficult obstacle if one is not aware of precisely what it is in one's own experiences, temperament, outlook, background, etc., that makes one vulnerable to that obstacle. Many social workers, for example, find it difficult to be assertive with GPs, either out of a sense of inferiority caused by the enormous discrepancy in status and power between the two professions, or, like most people, because they have been reared in a family and culture that has bestowed a God-like omnipotence upon GPs. If such a worker does not acknowledge feelings and perceptions like these before embarking upon an intervention in which the GP is playing a significant (and not necessarily helpful) role, it is more likely that the worker will be pressurized into making the wrong decision.

There are conceptual frameworks available to aid social workers in the task of self awareness (O'Hagan 1986). Students or workers should first be given every opportunity to use these self exploration frameworks alone: some may find it difficult to acknowledge their own vulnerability in a group setting or in supervisory sessions.

The frameworks are constructed on the base of particular aspects of crisis situations. For example, social workers can look at:

1. The environmental context of a crisis
2. Different categories of crises
3. Different types of clients at the centre of each crisis.

Each of these should be dissected with reference to real or imaginary cases, so that the worker can identify specific details which pose difficult challenges. The environmental context often has numerous challenges: slum dwellings; dark tenement blocks; filthy, smelly rooms; overcrowding; large dogs; bustling activity and noise . . . etc. - any or all of these can inhibit, frighten, even paralyse some workers. Having identified precisely which do that, the worker must seek the reason why? Some reasons may be obvious; appalling conditions for example, which are not only painful to look at but which physically discomfort, may be vastly different to what one is familiar with. However, the reason may not always be obvious: a large group of angry people in a small room may feel chaotic, threatening, or claustrophobic; but, in analysing why, the worker may discover that they have always had difficulty in group situations of any kind, and that they lack the social skills and confidence to function adequately in groups.

Similar considerations apply to the type of crisis and the type of client and other participants at the centre of it. Most social workers are apprehensive about mental health crises, particularly in the dark early hours of the morning (Clark 1971; O'Hagan 1987). Many female social workers may have great difficulty in dealing with crises of child sexual abuse where the suspected male perpetrator is present and remains a dominant force. Social workers with personal experience of being battered or having watched their own mother being battered may have enormous difficulty dealing with a 'wife battering' crisis. The Bengali parents who attack their rebellious daughter for whom a marriage is already arranged, may present the most unpleasant and insurmountable challenge to some social workers who are incapable of understanding or empathising with the tradition, culture, and religion that such parents are merely attempting to uphold.

(I have used these self-exploration frameworks with many different groups of social workers and students. The crisis which I have consistently found to be the most challenging and the most revealing of social workers' vulnerabilities is that generated by cot deaths. I have witnessed social workers visibly distressed when merely discussing imaginary case histories of cot death crises presented to them.)

These are some of the crises and clients and participants. But it is of little use merely knowing that a particular crisis or client or participant(s) is unpleasant and challenging; self awareness needs more precision than that. Why is a worker apprehensive about a mental health crisis? Does she have a phobic fear of madness? Does she fear violence? Does she feel that the possible hospitalization of a mentally ill person is ethically repugnant? Why might a worker be reluctant to embroil herself in a crisis of conflict between two cultures? Does she have an overwhelming sympathy for the daughter and perceive the culture of her parents as ridiculous and cruel? Is she reluctant to come face to face with parents whom she does not or cannot respect? Why are cot death crises so challenging? Is it because the worker is overwhelmed by the enormity of the loss, and feels that any reaching out, any offer of help and support, is futile, even insulting? Or is it the unbearable thoughts about the apparent cruelty of this event, and the professional ignorance as to its real cause and consequences?

The third and final task in self awareness is to attempt to predict how a particular vulnerability may pressurize one into making a wrong, and damaging decision. On the basis of the numerous vulnerabilities already referred to, it is not difficult to imagine how social workers could be pressurized into making wrong decisions. The most obvious wrong decision is to avoid all those unpleasant features which trigger off the sense of vulnerability; avoid, for example, the unpleasant environmental context by attempting to get the crisis participants to the office, hoping to solve it there; or avoid

the threatening large family or group of crisis participants by contriving to see them one at a time; or avoid the incomprehensible seemingly cruel Bengali parents by . . . simply avoiding them. These understandable defensive manoeuvres - morally dubious and professionally unacceptable in themselves - are guaranteed to lead to even worse, more damaging conclusions to the crisis.

4. Practical principles, skills and technique

Many of the principles which guide present day crisis interventionists have their origins in classical crisis literature and research. They are as tenable today as when first propounded. Additional principles have emerged from a variety of more recent experiences by welfare professionals in various agencies. Here is a selection which this author believes to be particularly pertinent to social work in British Social Services departments:

1. Crisis is a time of opportunity as well as stress and danger. The opportunities arise because defenses usually collapse during the crisis, and the worker can very quickly get to the cause of the crisis. Crisis participants are more likely to be receptive to help if they have cried out for help - even if the worker is aiming towards a goal which is the opposite to the one they have originally demanded eg, removal of client.
2. Initial intervention often worsens a crisis, particularly child care and mental health crises. The clients (parents or patient) often perceive the worker as a threat, and treat the worker accordingly. Workers must be prepared for this and be capable of a very speedy enlightening of clients to the contrary. They should, both in word and action, broaden the focus of concern: the clamouring relatives and neighbours who are pointing to and accusing the wayward stepchild, or the elderly confused, or the one they have already diagnosed as mentally ill, can and should be engaged on something entirely different: mere introductions, comments on introductions, comments about home and contents, recalling previous involvements (particularly if they've had nothing to do with the cause of the present involvement). As well as temporarily removing the focus from the one upon whom everyone else wants the focus to remain, these efforts will reduce tension, and undermine any determination by the 'identified client' to attack a worker whom they perceive as an enemy (O'Hagan 1980).
3. Discussing a crisis with one of the participants in one's own office is infinitely more appealing than immersing oneself in the family and

crisis in some Godamn awful slum. But it is also likely to be infinitely less effective.

4. Do not attempt to 'rescue' clients in crisis by removing them from the crisis state and placing them in an environment that is totally different in every respect. The client's mental, emotional and physical state may not be able to adapt to such a drastic change. (Removing filthy, unmanageable, rootless kids from a dangerous abusing or neglectful crisis situation, and placing them in nice quiet middle class suburbia, is the most typical example.)

5. The right kind of minimal intervention during a crisis can achieve a maximum and optimum effect.

6. Workers who intervene in crises should commit themselves to being available to the same crisis clients during the following days.

Techniques and skills

Social work students are likely to be very impatient at this stage, having waited (and possibly waded through all the previous pages), to reach what they instinctively regard as the most exciting, important aspect of training for crisis intervention work. Of course techniques and skills are exciting, but they are most certainly not that important. And it is a thorough training and acceptance of the previous components, ie ethics, theory and self-awareness, which will often determine the appropriateness and effectiveness of particular skills and techniques.

In the preceding section of this chapter, dealing with self-awareness, there was much emphasis upon the need for the workers to realise their own particular vulnerability. In determining appropriate and effective skills and techniques, however, there needs to be just as much emphasis upon the numerous strengths possessed by workers, upon their degree of confidence and experience, and upon what one might term the worker's 'personality and style'. Let us illustrate the point by considering this very common type of crisis:

Mary and John are the very young, inadequate parents of Tricia, two months old. They both come from terribly deprived, neglectful and abusing family backgrounds. They present problems of lack of hygiene, poverty, law-breaking and inability to care for Tricia without the constant monitoring and attention of health and social services agencies. A frightened neighbour rings, saying that they are having a flaming row with Tricia in the midst of them. You quickly arrive on the scene and confirm that this is the case. John has the baby - obviously taken or wrenched from the arms of Mary. Mary is running after John around the room, screaming to get the baby again. Every

time she reaches out, John swipes at her with one hand whilst holding the baby with the other. Naturally, you are extremely worried about the baby's safety.

Now, which techniques and skills would be most appropriate in this situation? The simple answer is, those techniques and skills which are perfectly compatible with the worker's personality, style and experience.

At first sight, this scene may appear to warrant the 'strong arm of officialdom' technique, ie the worker to barge in between them, firmly gripping the arm of John, stretching oneself to look down upon him, and demanding he had over the child immediately, or face terrible consequences. To accentuate authority the worker might also demand that Mary sits on her backside and says nothing. Whilst bellowing out this command, the worker purposely avoids even glancing at Mary

This might indeed be effective, if one is six feet tall, has a deep voice, a charismatic, authoritative, personality, many years' experience in the police force, and lots and lots of confidence It is hardly likely to be effective if one is 4' 11" tall, soft spoken, and visibly frightened by the scene in front of one. However, very different techniques and skills are available, and should be equally effective at the time. They may also create the opportunity later for worker and parents to discuss the causes of these recurring crises.

This child is not in any danger from either parent if either parent is looking after the child on their own. But she is in danger from the behaviour of both parents together. The most important feature in the scene is that this danger to the child is functional, ie, each of the parents have a vested interest in maintaining it, as it is their most effective way to gain the sole attention - albeit the attention of hatred and aggression - of each other. The cycle of violence and hatred is such that whatever technique one attempts to use in response to this situation, it must have a very powerful initial impact. Ignoring these screaming parents, and walking over to the windows and quietly opening them, is certain to break their concentration - if not the cycle of violence itself and will gain a few precious seconds in which to say: 'I'm just opening these so that you can throw that parcel out when you're finished with it . . . you're obviously have a wonderful time playing with it!' A less shocking technique would be again to ignore the danger to the child, place oneself between the parents and ask either of them whether they are the person whose name is written on the referral (which you just shoved under that parent's nose). Here the strategy of the technique is the opposite: to compete against their theatre of violence with your own theatre of naivity (how could anybody be so stupid as to ignore us fighting over our child by asking who I am?). The result, however, is likely to be the same as when the more shocking tactic is used - a few precious seconds in which the worker's incredible naivity or blindness momentarily breaks the vicious cycle of

violence and danger. Once broken, even for a few seconds, it will be extremely difficult for the parents to regenerate the cycle; if they do, it will sound and look contrived. Finally, as has already been said, the danger to the child stems chiefly from the presence of both parents. In this kind of scenario, there will be numerous such utterances as 'I'm taking *my* baby now and I'm not coming back'. The worker would do well to facilitate this in any way possible: opening the door for that parent; restraining the parent left behind; assuring the latter that the one who has left will be back for sure. Once either parent leaves the room, whether they have the child or not, the danger to the child is drastically reduced.

This is an extremely challenging yet very common crisis situation for social workers. They should be encouraged to say - if that is how they feel - that none of these techniques and approaches seems safe to them, or that they would not feel confident in using any one of them. The only condition allowing them to feel confident and capable in such a crisis may be the presence of another worker. There is nothing wrong with that; indeed, I, as an experienced practitioner, have on one occasion had to rely on the presence of another worker and two police officers standing outside the door awaiting a call (the fighting parents were very drunk). But the important common factor is that those intervening have prepared a strategy and technique beforehand.

Let us now consider some other common crisis obstacles and suggest techniques and skills for coping.

The Obstacle	*[illegible]'s Solution*
Large numbers of people, many of whom are making the crisis worse. You need to get them away from the crisis so that you can talk to the main protagonists. They are basically well-meaning, caring neighbours and friends.	Thank these folk for 'trying to help'. Say how fortunate it is that the client(s) has such loyal friends. Say how sorry you are in having to ask them to leave ... but that you are duty bound to talk to the client(s) alone. Apologise to the client(s) for having to ask such caring friends to leave.
The threat of violence from someone who is much taller, stronger, and fitter than you.	Comment on the fact that they are fitter, stronger, etc. and that you realise they feel like killing you, and how easy it would be for them to kill a mere 'pittance!' like you. (There is nothing as effective in reducing the

	risk of violence than removing the 'surprise' and unpredictability factors, upon which the perpetrator depends.)
The 14-year-old is unmanageable, defiant, aggressive, and won't speak to you about anything. His parents are threatening to kill him if he is not removed immediately. They have already attacked him, which is why you have been called out.	Having tried and failed to get the lad to speak to you, you can now pretend to ignore him. Turn your back on him. Tell the parents you now know what the problem is: Their 'lad' is not 14, 'he's only 10'. Emphasise your experience in these matters. Tell parents you regret having to give them this news. But you've carefully watched the 'child' and his behaviour has all the characteristics of a 10 year old. (This technique is highly effective in breaking the cycle of violence between them. It invariably leads to the lad - grossly insulted by your suggestion - trying to prove he's 14 and it usually compels the now worried parents to defend him.)
Anger, hostility, and resentment towards social services (without the threat of violence).	Allow clients to express these feelings. Do not resist, or try to defend. Wait until such feelings have burnt themselves out. They inevitably do, leaving clients full of guilt because you have taken it all. They are likely to be receptive then to a more civilized exchange.
Crises that seem so negative and destructive that they are beyond resolving, and it is also apparent that some crisis participants have a vested interest in maintaining the crisis and all its unpleasant features.	1. Acknowledge that it is indeed a terrible crisis, unresolvable, the worst crisis you have ever encountered. Say it would be a waste of your and their time trying to resolve it.

2. Laugh immediately and apologise. Explain by saying you've never encountered a more ridiculous situation in your professional life!

(The key feature here, of course, is the participants' 'vested interest in maintaining the crisis'. The ordinary civil niceties of intervention, in which social workers excel, are not going to work here. Hence the shock tactics of 1 and 2 above. First, the apparent surrender: yes, indeed, I can see there isn't a hope in Hell's chance of me solving this crisis . . . etc . . . But this is the last thing those type of crisis participants want to hear. Their vested interest is not just in maintaining the crisis, but also in sustaining their blatant gratification in watching some hapless professionals making fools of themselves trying to solve what has been made unsolvable. There is no more effective way of both deflating the crisis and of drastically reducing the power of those kind of compulsively obstructive participants. The second technique above is merely a more direct and much quicker means of achieving the same end. It requires much confidence and experience, and the worker's certainty that such technique is perfectly compatible with their own style. The successful application of either technique will establish the worker in a position of influence, enabling them to dictate the future course of the intervention.)

The surgeon informs the parents that their child is terminally ill. You are then left with the parents, stricken with confusion, anger and grief.

Stay close to them, comfort them in whatever way is necessary; a quiet room, comfortable chairs; dissuade them from shrinking from this terrible news, or acquiring false hopes. Above all, let them see you are not embarrassed by their anger and grief.

These represent only the tiniest fraction of approaches and techniques to differing crisis situations. They are described here not to attempt to convince the reader that they are always effective, but, to re-emphasise that their effectiveness will largely depend upon the crisis context, their compatibility with the worker's style and personality, and the degree of confidence the worker feels in adopting them. 'Know thyself' is the principal determining factor in choosing both the right approach, and the most effective skills and technique.

Summary and conclusion

An increase in the number of crises that social workers are called upon to resolve, is inevitable. For example, the increase in the number of elderly people will ensure a corresponding increase in crises revolving around the confused elderly; more divorces will increase the crises revolving around reconstituted families, particularly crises of child abuse and unmanageable, rebellious, adolescent step children; we are already seeing enormous increases in crises revolving around the thousands of mentally ill people unceremoniously dumped into a so-called 'community care'; child sexual abuse is rampant; AIDs is spreading relentlessly, and, despite mind boggling technical sophistication, the general population remains as vulnerable to natural and man-made disasters as it has always been.

Before suggesting an appropriate response to these developments, this chapter has looked at the origins of classical crisis intervention and literature. There are major limitations in the relevance of the crisis pioneers' work to the majority of crisis tasks faced by staff in British social services departments. Not the least of those limitations is the lack of any consideration of how factors of culture, race, and gender influence crisis processes. A new foundation of crisis training for social workers is necessary. The main components in that foundation are, a sound ethical base, a theoretical underpinning, self awareness, and, a repertoire of skills and techniques. It has been suggested that self awareness in crisis situations is the most important component in crisis training; it is fundamentally an awareness of one's own vulnerability in the crisis situation, and how that vulnerability can lead to one feeling compelled to act immorally or unprofessionally. Frameworks and step by step procedures have been provided to enable the worker to explore rigorously and honestly their own vulnerabilities. Important principles of crisis intervention have been listed, and some techniques have been demonstrated. But social workers must be aware of attempting to use techniques which are entirely incompatible with their style of work and their personality, or which require a level of experience and confidence they have not yet acquired.

Crisis intervention is minimal intervention which seeks to achieve the maximum and optimum effect. Its focus of aim may be ruthlessly confined, yet its goals are nothing short of revolutionary. These are: 'to replace blind ugly passion with enlightenment and tolerance, chaos and panic with order and safety, helplessness and despair with a sense of hope' (O'Hagan 1986, p. 142). These are ambitious goals, but they are also attainable; more easily so if a secure and reliable foundation has been laid in crisis training.

References

Butler-Sloss, E. (1988), *Report of the Inquiry into Child Abuse in Cleveland*, London: HMSO.

Caplan, G. (1964), *Principles of Preventative Psychiatry*, New York: Basic Books.

Clark, J. (1971), 'An analysis of crisis management by mental welfare officers', *The British Journal of Social Workers*, 1(1), 27-38.

Davies, M. (1977), *The Essential Social Worker (A guide to positive practice)*, London: Heinemann.

Forder, A. (1976), 'Social work and systems theory', *British Journal of Social Work*, 6(1), 23-43.

Langsley, D. G., Pittman, F. S., Machotka, P. and Flomenhaft, K. (1968) 'Family crisis therapy - results and implications', *Family Process* 7, 753-9.

Langsley, D. G., Kaplan, D., Pittman, F. S., Machotka, P., Flomenhaft, K. and De Young, C. (1968a), *The Treatment of Families in Crisis*, New York: Grune and Stratton.

Lindemann, E. (1944) 'Symptomatology and management of acute grief', *American Journal of Psychiatry*, 101. Reprinted in Parad, H. J. (ed.) *Crisis Intervention*, 7-21.

O'Hagan, K. P. (1980), 'Is social work necessary?', *Community Care*, 297, (Jan).

O'Hagan, K. P. (1984), 'Family crisis intervention in social services' *Journal of Family Therapy*, 6, 149-81.

O'Hagan, K. P. (1986), *Crisis Intervention in Social Services*, London: Macmillan.

O'Hagan, K. P. (1987), 'Mental Health crises at night', *Community Care*, 4th December.

O'Hagan, K. P. (1989), *Working with Child Sexual Abuse: A Post Cleveland Guide to Effective Principles and Practices*, Milton Keynes: Open University Press.

Pittman, F. S. (1966), 'Techniques of family crisis therapy' in Masserman, J. (ed.) *Current psychiatric therapies*, New York: Grune and Stratton

Puryear, D. (1979), *Helping People in Crisis*, California: Jossey Bass.

Stewart, M. (1989), 'Crisis counselling' *Community Care*, 2nd, 9th and 16th February (3 articles).

Walrond-Skinner, S. (1976), *Family Therapy: The Treatment of Natural Systems*, London: Routledge and Kegan Paul.