THE PROCESS OF CRISIS

Since a crisis is any situation for which a person does not have adequate coping skills, it is self-defined. That is, what is a crisis for one person may not be a crisis for another. People are not equally vulnerable to the same stressful situation. The difference usually varies among family members, as well. However, crises tend to have a specific pattern and some commonality in reactions. An awareness of the process of crisis helps healthcare professionals understand the accompanying behaviors they may be assessing.

Initial impact: During this phase, the person experiences shock, disbelief and denial. In a sense, the initial impact of a crisis is similar to the first stage of the grieving process. “This can’t be happening,” may be the family member’s first thought. There is, also, often an inability to understand the situation, as well as to plan and reason. A person’s ability to function in the first stage is often organized and automatic. The family member typically goes into “auto pilot”, going through the motions of what needs to be done. Or, in other instances, the shock may be overwhelming and the person may become paralyzed with fear.

Realization: In the second phase, reality, which seems overwhelming, sets in. The crisis is real and this leads to a sense of confusion, despair, fear, anxiety, anger, inadequacy and panic. From the sheer intensity of emotions, the person typically becomes exhausted and unable to deal rationally with the situation. During this phase, a family member may frantically try to apply familiar solutions to the situation, but they aren’t adequate for the crisis. Rational thinking is blocked - “I can’t seem to think.” The individual feels helpless, hopeless, and in need of support.

Defensive retreat: The third phase is one of regression in which an attempt is made to return to “normal” times. Usual thought processes are disrupted by feelings, and thinking about the problem is often difficult. Reality is avoided and denial and wishful thinking may occur. Statements such as, “This is a bad dream, right?” are common. The person may frantically try to involve other people for help. However, typically, a person in crisis does not perceive others, including other family members or staff, as fully understanding what the crisis means to him or her. When challenged, such as being told, “A decision needs to be made now”, by other family members or staff, the person may experience rage and further disorientation.
**Acknowledgement:** This is the “yes” stage, when the crisis is stated, while intertwined with disbelief. “My husband developed complications in surgery”; “My husband is critically ill and he might die?” Reality imposes itself again and the family member begins relating the event to his or her own life, such as, “Who do I need to call?”; “What will I do if he dies?”; “I should tell the children.”; “Who’s going to watch them?” Without intervention, the family member may become more disorganized, depressed, paralysed with emotions, and unable to make decisions or perform necessary tasks.

**SUPPORTING FAMILIES IN CRISIS:**

Crisis intervention is a short-term helping process of assisting families to work through a crisis to its resolution, and to restore their functioning to a pre-crisis level. People in crisis generally have a distorted perception of the event, do not have sufficient support and do not have adequate coping mechanisms. These areas are key implications for healthcare professionals.

**Help Family Members Develop A Realistic Perception Of The Event.** The emotions surrounding a crisis, such as anxiety, fear and helplessness, commonly block the family or a particular family member's ability to think and to cope. To assist families to resolve a crisis, the healthcare professional should spend time identifying and talking about the family members' feelings. This is the most important part of how you can help someone who has a problem that he or she doesn't know how to cope with. Strive to understand and empathize with the family members. However, avoid false reassurances, such as “Everything will be okay” or “I know how you must feel.” Healthcare professionals should let family members know that he or she, and others on the interdisciplinary team, share concern for them, too. More than anything, families need hope and information about the patient's condition. This helps allay feelings of helplessness and fear of the unknown.

Healthcare professionals will not be able to respond effectively to a family member in crisis until there is an understanding of the problem from the person's point of view. Encouraging the person in crisis to explain what the situation means to him or her, as well as helping the person identify and explore his or her feelings, is helpful.

**Provide Adequate Support:** The outcome of a crisis is governed by many factors, including the quality of interaction that takes place between family members, as well as between family members and healthcare professionals. A crisis can either bring family members together to cope effectively or cause dysfunctional behaviors to surface. Since a family is a system, with a change in one member affecting the whole, viewing the family as a collective ‘patient’ that also needs care is essential. Caring for a family strengthens that family, and in turn strengthens the patient's support system. Comfortable surroundings for the family, including adequate seating, is helpful. Access to a bathroom, telephone and instructions about where food and drink are located, also make a crisis more bearable.

Finally, family members need assurance that the patient is receiving the best care available.

One of the greatest challenges facing healthcare professionals is not mastering a new piece of equipment, but meeting the holistic needs of patients, including their families. Many healthcare professionals create a communication barrier between themselves and their patients' family members. Although the patient is, rightfully so, priority, the family must also be considered. Commonly they are forgotten, causing an escalation in the crisis and the family to respond with confusion, helplessness and anxiety. Common complaints from families include lack of support by staff and lack of information while waiting. With the reality of low staffing, perhaps making a referral to a chaplain or other advocate to be with the family would be appropriate. Leaving family members “in the dark” isn't.

**Assist Family Members to Develop Adequate Coping Mechanisms:** Once the family member’s intense feelings have been processed, and the healthcare professional understands the crisis from the family member’s point of view, then helping the family member look at their own coping skills can occur. However, try not to give advice or offer a solution. The person knows the situation and his or her own skills better than anyone else, even better than someone who has been through similar experiences. People in crisis are easily influenced. Having answers provided lowers the person's self-esteem further and can lead to dependency or resentment. By producing their own solutions, people in crisis are more likely to follow through with plans and develop new coping skills.

Supporting families should be a priority in all healthcare settings, particularly during a situation family members view as a crisis. On-going communication, including informing the family of the patient’s status, is essential. And, since all family members do not respond similarly to the same crisis, supporting a family member who is not coping, talking through the situation and encouraging expression of his or her feelings is essential.

Families in crisis need privacy. A private room is helpful to avoid others staring at the family. How would you feel if your loved one just died, and visitors and staff were staring at you and your family members? Or perhaps you overhear them talking about frivolous things, like a date last night. The family member’s life as they knew it has forever changed. Such insensitive conversations fuel a sense of uncaring, which is likely not to be forgotten.
1. If healthcare professionals do not view a situation as a crisis, family members will not either.
   a. True
   b. False

2. A crisis is best defined as:
   a. a catastrophic event that equally affects everyone involved.
   b. any situation that leads to an inability of a person to cope.
   c. any time a family’s loved one is involved in a trauma.
   d. a problem that involves life changes.

3. All of the following describe a crisis EXCEPT that it is:
   a. chronic.
   b. sudden.
   c. an actual or perceived loss.
   d. perceived as ultimately life-threatening.

4. Which of the following is an example of a situational crisis a family may experience?
   a. Aging
   b. Physical illness
   c. Childbirth
   d. Death

5. An elderly patient, Mrs. Miller, has suffered a complication during surgery. You are caring for her. Considering her family, you expect:
   a. all of her immediate family members will experience crisis the same.
   b. the oldest family member will step up and offer support to the others.
   c. the youngest sibling will have the most difficulty dealing with this crisis.
   d. the reactions of her family members will vary.
FAMILIES IN CRISIS

6. During the initial phase of crisis, a family member most often experiences:
   a. helplessness and hopelessness.
   b. shock and disbelief.
   c. rage and anxiety.
   d. depression and disorganization.

7. Mrs. Miller’s daughter is extremely anxious and says, “I just can’t think right now.” She is most likely in which stage of crisis?
   a. Initial impact
   b. Defensive retreat
   c. Acknowledgement
   d. Realization

8. When supporting Mrs. Miller’s daughter, the healthcare professional should do which of the following?
   a. Give her advice.
   b. Offer reassurances, such as, “Things will get better.”
   c. Spend time identifying and talking about her feelings.
   d. Direct her on what to do to deal with her crisis.

9. All of the following are implications for the healthcare professional when dealing with families in crisis EXCEPT:
   a. focus only on the patient’s needs, so another crisis can be averted.
   b. communicate frequently with the family concerning the patient.
   c. reassure the family that their loved one is receiving the best care available.
   d. provide comfortable surroundings and access to basic needs.

10. A crisis always brings family members closer together.
   a. True
   b. False