

CRISIS COUNSELING AND THE LUTHERAN PASTOR AND CONGREGATION

BY

PAUL M. WILDE

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PROF. WILLIAM TACKMIER, ADVISOR

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Abstract

Crisis is an unavoidable part of life in a world damaged by sin. A pastor and congregation must be prepared to help fellow believers through crises. This thesis will first seek to explain the factors that lead up to a crisis in a person's life, as well as identifying some of the symptoms of a person experiencing crisis. Second, it will distinguish between the roles of a professional clinical counselor and an unprofessional helper. It will outline several crisis counseling issues of which a non-professional counselor should be aware, with a special focus on transference and countertransference. It will also identify key mistakes many well-meaning helpers make. Finally, it will explore the role of the church when a member is in crisis, first from the perspective of a congregation which would make crisis counseling an intentional ministry, second from the perspective of congregational culture.

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Introduction.

It was the middle of the night. Somehow, he woke to the vibrations of his cellphone on the mattress next to him. His voice was thick with sleep when he answered, “Hello?” There was a long pause before he heard a friend’s voice on the other end. If it wasn’t for caller ID, he might not have even recognized the voice. It sounded unnatural, alien, like he was talking from inside a closed room or from deep in the ground. “Today was hard. I’m drunk. Things with my girlfriend just aren’t right. I’ve been holding a gun for the last hour. I just thought I should tell someone what I’m going to do before I use it.”

How the initial moments are handled is crucial for the wellbeing an individual in crisis. Often, the person facing hardship will reach out to a confidant for help. Sometimes this will be the individual’s pastor, and other times this first contact will not be the pastor—a friend or family member instead. Pastors and the members of a congregation will often find themselves in crisis intervention situations. It can be an extremely intimidating prospect to attempt to console a friend, family member, or congregation member when they are in the middle of the worst experiences of their lives. Few are trained for such situations! Additionally, a person will need continuing support even after the crisis is over, potentially for a long time. A professional counselor or therapist is usually only available during appointments. Pastors are generally able to be more flexible and available, but pastoral care has limits as well. A struggling person needs to have a support provider whom he or she can contact at any time. Since neither pastors nor therapists can fully provide this frequency of support, it often falls to the friends and family.

It doesn’t take a trained professional in psychology to see that life is a crisis in itself, or that life is at least composed of a series of crises. Each day is full of crises of varying severity. Some can be anticipated, while others come as complete surprises. It is inevitable for a pastor and his flock to face crises in their own lives. This can be an advantage for those who have a caring heart and seek help others in crisis. Since everyone endures crises regularly, crisis is a shared experience, and empathy follows naturally. Men who choose to be pastors are especially likely to have some level of passion for caring for the suffering. Because every person undergoes crises, it is also inevitable that a pastor and his flock be faced with the crises of others. Therefore,

it is critically important that a pastor and his flock know and understand their roles in each other's crises and are familiar with the resources they have and positive courses of action they are able to take.¹

Chapter One.

What is a Crisis?

Before discussing the crisis intervention techniques which a Lutheran congregation can employ, it is important to understand what a crisis is. Unfortunately, there is no common definition for crisis which professional counselors use. One professional, Eugene Kennedy, suggests that a practical definition for a crisis would be something that would make a person say, "somebody ought to do something about it."² Experts in crisis studies typically describe a crisis as having four fundamental stages of development: 1. A hazardous event or stressor; 2. The perception of the event by the victim; 3. A precipitating factor which can bring about the active crisis state; and 4. The active crisis state.³

The hazardous event or stressor can be virtually anything. For example, being laid off could easily be a stressor leading to crisis for a middle-aged widower who is raising four children. Tearing his ACL playing a pick-up game could be the hazardous event for a college student who anticipates becoming a professional athlete. Discovering that she is pregnant could be a hazardous event for a young professional woman who studied hard in college to prepare for her career and now faces a significant change to her life plans. H. Norman Wright notes that people in situations such as these have much in common.⁴

Stressors are not limited to the unexpected, nor are they limited to negative events. Planned and positive events in an individual's life can also precipitate crisis.⁵ The process of life

¹ Eugene Kennedy stresses the need for people to understand their roles and resources in the opening of his book. Eugene C. Kennedy. *Crisis Counseling: The Essential Guide for Nonprofessional Counselors* (New York: Continuum, 1988), 1.

² Kennedy, *Crisis Counseling*, 12.

³ Terms for these fundamental elements differ, as does the order in which experts list them.

⁴ Wright, *Crisis Counseling*, 21.

⁵ Weaver, *Disasters*, 5-6.

includes many transitions which can potentially precipitate crises. Graduating, joining the workforce, going from being single to being married, becoming a parent, becoming an empty nester, becoming a grandparent, retiring, and even simply aging all have the potential to be the hazardous event which triggers a crisis.⁶ The hazardous event sets in motion a chain reaction of situations and events which result in crisis.⁷ A hazardous event is also not necessarily limited to one specific event, but can also arise from an accumulation of smaller factors.⁸ The key is that the event disrupts or destabilizes the individual's balance.⁹

Once balance has been disturbed, the next factor which precedes a crisis is the perception of the hazardous event by the victim. This depends highly on how the victim interprets the mix of routine and abnormal events in his or her life.¹⁰ For a crisis to occur, the victim must be vulnerable. If the hazardous event is severe enough, it can create this vulnerability on its own. Vulnerability can also be caused or worsened by any variety of factors, such as sleep deprivation, drug or alcohol abuse, and physical or mental illness.¹¹ In this stage, the victim will seek to reestablish balance. People develop natural coping mechanisms in response to stressors. If the victim is vulnerable enough for these responses fail to restore balance, anxiety grows.¹² Victims who experience crisis tend to perceive the hazardous event as a threat to their basic needs or independence, as a loss of self-identity, opportunity, or ability, or as a challenge to their survival.¹³

The perception of the hazardous event by the victim makes a crisis highly subjective. A crisis, therefore, is more the result of the person's perception of the event rather than the event itself. For this reason, it is not possible to identify crises as the inevitable specific products of exposure to specific stressors. Different stressors will affect different individuals in different ways. What may cause a crisis for one person may not for another. A stressor may cause a crisis for an individual at one point in their life may not lead to crisis at a different point. This means

⁶ Wright, *Crisis Counseling*, 24.

⁷ Wright, *Crisis Counseling*, 21.

⁸ Kennedy, *Crisis Counseling*, 3.

⁹ Kennedy, *Crisis Counseling*, 3.

¹⁰ Weaver, *Disasters*, 5-6.

¹¹ Wright, *Crisis Counseling*, 21.

¹² Kennedy, *Crisis Counseling*, 3.

¹³ Kennedy, *Crisis Counseling*, 6.

that the individual's experience and appraisal of the hazardous event plays a large role in the outcome of the crisis.¹⁴ Most often, victims of crisis perceive the hazardous event as the loss of something that is important to them.¹⁵

If a person's natural coping mechanisms fail to restore balance and the tension continues to build, the precipitating factor is the event which finally causes an active crisis state.¹⁶ This is "the straw that broke the camel's back." As with the hazardous event, the precipitating factor can be virtually any event or experience. It can be related to the hazardous event. For example, in the case of a widow holding herself together well after her husband's death until she receives a piece of mail addressed to him weeks later, receiving the letter was the precipitating factor. Precipitating events, however, are not always related to the hazardous event. If that same widow had held herself together initially, but broke apart after shattering a glass in the kitchen, shattering the glass was the precipitating factor, even though it was not related to her husband's death. In either case, receiving the letter and breaking the glass were the "last straw," but the subsequent reaction was in response to the loss of her husband. While the hazardous event and the victim's perception of that event has built up pressure, the precipitating factor is the spark that ignites the active crisis state.¹⁷

When the situation surpasses what the victim is capable of enduring, the active crisis occurs.¹⁸ Active crisis state is a period of emotional instability, often accompanied by pain. In many cases there is also a loss of physical and psychological stability as well. Much like the perception stage, the victim will make trial-and-error style attempts to regain the balance he or she had prior to the crisis.¹⁹

There are many indications that a person may be in an active crisis state. Perhaps the most obvious are symptoms of stress. A victim of crisis often shows psychological signs of stress, such as depressed mood, irritability, or anxiety. Physiological symptoms can be present as

¹⁴ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 6.

¹⁵ Wright, *Crisis Counseling*, 22.

¹⁶ Kennedy, *Crisis Counseling*, 6.

¹⁷ Wright, *Crisis Counseling*, 21.

¹⁸ Wright, *Crisis Counseling*, 21-22.

¹⁹ Weaver, *Disasters*, 5-6.

well. These may include headaches or ulcers. In any active crisis state, there will be some type of extreme discomfort present—emotional, physiological, or both.²⁰

A person in an active crisis state often expresses an attitude of panic or defeat. The victim believes he or she has done everything possible to mitigate the crisis and nothing has helped. This results in feeling like a failure. Feelings of helplessness and being overwhelmed consume the victim. He or she believes there is no hope. Victims usually respond to these feelings in one of two ways: Some become agitated and overactive with unproductive behavior. Examples of this response include, talking fast, pacing, drug or alcohol abuse, fast driving, or even physical violence toward themselves or others. Others respond by becoming apathetic. Examples of this would include excessive sleeping or spending an excessive amount of time watching television.²¹

An individual in an active crisis state can also be identified by his or her focus on relief. The individual is primarily concerned with getting out of the situation in order to escape the pain of the stress. The crisis state takes away the victim's capability to manage his or her situation rationally. One can expect someone in an active crisis to appear somewhat frantic as he or she reaches out to anything that may bring relief. The victim may appear dazed or respond in strange and inappropriate ways. This can have a positive effect on victims of crisis, since the desperation to escape pain and find a way forward can make them more receptive to changes they may not have considered otherwise. It also can lead victims to reach out for help they need.²² However, it can complicate matters by causing the victim to become overly dependent on those who help them.²³

A final indication that a person may be in an active crisis state is lowered efficiency. Not only does the active crisis state take away a victim's capability to think rationally about the crisis, but it also reduces their functionality. While the victim may continue to function normally, he or she may respond at less than their full capability. This can form a dangerous cycle with the victim's appraisal or perception of the crisis. The greater the threat the victim sees the crisis to

²⁰ Wright, *Crisis Counseling*, 22.

²¹ Wright, *Crisis Counseling*, 22.

²² Turley, "Crisis Support: The Legacy and Future of Support Helplines," 6.

²³ Wright, *Crisis Counseling*, 22.

be, the more the crisis will hinder the victim's capacity to handle the crisis. The victim is often aware of this, which further discourages him or her, leading to a worse perception of the situation.²⁴

Some researchers suggest a fifth stage, known as the resolution stage. A victim in this stage of a crisis will finally be able to believe that the immediate goals for regaining balance that have been set are attainable. By this point, new coping methods and problem-solving efforts have been developed as well.²⁵ This stage straddles the active crisis stage and the post-crisis recovery.

Crisis experts agree that crises are episodic, and typically short in duration. For an individual to move from the initial destabilization of the hazardous event to final resolution usually takes only four to six weeks.²⁶ Because of this, time is a critical issue in crisis intervention. Professional crisis counselors agree that the first seventy-two hours after a crisis are the most important, and that the manner in which these initial moments are handled has a lasting impact for the victim, whether positive or negative.²⁷ A pastor and his congregation have the opportunity to greatly impact the lives of each other in these critical initial moments of crisis, and, with the proper knowledge, that impact can be resoundingly positive.

Chapter Two.

A Non-Professional's Guide to Crisis Intervention

Crisis doesn't wait for someone. It doesn't work itself out. Crisis demands an immediate response.²⁸ There will be times when a non-professional helper will find that he or she is the only available resource for the victim of a crisis. Some basic concepts and tasks are common for most situations of crisis counseling. A non-professional helper who has some grasp of the concepts in addition to his or her common-sense responses has a solid foundation.²⁹

²⁴ Wright, *Crisis Counseling*, 22.

²⁵ Weaver, *Disasters*, 5-6.

²⁶ Kennedy, *Crisis Counseling*, 6.

²⁷ Swihart and Richardson, *Counseling in Times of Crisis*, 139.

²⁸ Kennedy, *Crisis Counseling*, 12.

²⁹ Kennedy, *Crisis Counseling*, 19.

It is important to understand the basic differences between crisis counseling and long-term counseling. Crisis counseling is usually more emotionally intensive than long-term counseling. Crisis counseling aims to rebuild emotional balance and resolve the problem. It deals with conscious matters and focuses on immediate situations. The goals of long-term counseling are long term growth. It seeks to work through long-standing conflicts and issues and delves into the unconscious. Long-term counseling focuses on past, present, and future situations and emotions. In crisis counseling, the counselor and counselee strive to change the counselee's environment and focus on feelings and actions. In long term counseling, they attempt to make personal change in the counselee and focus on introspection. While a crisis counseling session tends to occur as-needed, even at odd hours, and last undetermined amounts of time, long-term counseling typically happens at a scheduled appointment, for a predetermined amount of time. Crisis counseling is intended to confront unrealistic perspectives and unproductive behavior early on. Long-term counseling can be exploratory and less directed. Finally, while crisis counseling does not result in a formal personality diagnosis, long-term counseling often diagnoses a counselee's personality features.³⁰

It is important at this point to stress that crisis is not a psychological disorder like bipolar disorder, adjustment disorder, or depressive disorder. Psychological disorders involve abnormal responses. The intense emotions and anxiety which an individual in crisis experiences, while similar in appearance those caused by a disorder, are appropriate responses to the stress of a crisis. Unlike a disorder, someone responding to an individual in crisis has no need to seek out complex hidden motivations. When routine is interrupted, or balance is destabilized, it is normal to experience anxiety and stress. Since the motivations are not so complex, even those who are not trained to be professional psychologists can be extremely helpful crisis helpers.³¹ A non-professional can take hope knowing that he or she is not being called to try to rebuild personalities or read things hidden deeply in the heart—things he or she is not trained and qualified to do.³²

³⁰ Swihart and Richardson, *Counseling in Times of Crisis*, 140.

³¹ Quentin L. Hand, "Crisis Intervention," *The Journal of Pastoral Care* 28, no. 4 (1974): 281.

³² Kennedy, *Crisis Counseling*, 1.

A crisis counselor must focus on the present emergency. Doing this enables the counselor to do what he or she is capable of in the moment, rather than wasting time and energy trying to accomplish something outside of his or her capabilities. This takes discipline, but it allows the helper to be true to who he or she is, which in turn helps the helper to avoid the potential trap of overambitious entanglement. It makes it cleaner and easier for the helper to step down and refer the victim to someone else without causing unnecessary trauma in the process.³³ For a non-professional counselor who will, if even only on an occasional basis, have to deal with crisis situations, there is perhaps no more powerful tool than knowing how and when to refer an individual for professional management of the crisis.

The most important thing a non-professional helper can have that will aid them as they seek to help others through crises is common sense. The first thing common sense should tell the non-professional helper is that he or she is not a professional. A non-professional helper with common sense will understand that he or she is not going to be the victim's long-term therapist. The goal is not to attempt to identify every single conflict that may be present in someone's crisis. Common sense tells the non-professional to have a clear focus so as not to fall into the trap of irresponsibly taking on additional responsibility or intervening beyond one's own capabilities or beyond the extent of the emergency itself. Finally, common sense will remind a non-professional helper that he or she does not have to become devoted to being a full-time crisis specialist. That is not the job of a non-professional helper.³⁴

Understanding what his or her role actually is might be the most important thing common sense tells a non-professional helper. This enables one to actually help the victims of crises without inflicting damage or creating guilt. A person who is not a professional psychologist or counselor and who understands his or her role in crisis can act almost like a triage officer, identifying issues and the roles of others. Although this might seem insignificant, crises create chaos, and people simply understanding their roles can bring organization back into a very disorganizing event. In fact, the first goal a professional counselor has in a crisis is to limit the

³³ Kennedy, *Crisis Counseling*, 24.

³⁴ Kennedy, *Crisis Counseling*, 17-18.

impact the crisis has and to create an organized plan for the response.³⁵ A non-professional who understands both his or her role and this primary goal is indispensable.

There are several goals which a professional crisis counselor will attempt to achieve in working with a victim of crisis. The primary role a non-professional helper will play, however, is to refer the victim of a crisis to a professional qualified to treat the victim. A non-professional counselor should not attempt to understand all the deeper levels of a crisis, but instead try to build and maintain a positive relationship on the conscious level with the victim. Kennedy illustrates this concept well in regards to transference: “The best approach to transference is to understand it the same way one would understand a depth chart for a body of water: ‘We want a safe passage across the depths without trying to plumb them for all the information they contain.’”³⁶ It is nonetheless beneficial for non-professionals to have some familiarity with the goals of crisis counseling. First, when the work of non-professional helper is directed at the same goals on which the professional will focus, there will be less confusion for the victim. Second, in less than ideal situations, a basic understanding of the goals of crisis counseling will enable the non-professional to better manage a victim’s crisis as he or she works to enable the victim to find professional help.

Judson Swihart and Gerald Richardson define the goals of Christian crisis intervention as, “1. Help the person return to his usual level of functioning; 2. Decrease anxiety; 3. Teach crisis-solving techniques; 4. Teach biblical principles so the person grows as a result of the crisis.”³⁷ From a secular perspective, Lee Ann Hoff lists seven steps for crisis intervention: 1. Listen actively and with concern; 2. Encourage the open expression of feelings; 3. Help the person gain an understanding of the crisis; 4. Help the person gradually accept reality; 5. Help the person explore new ways of coping with problems; 6. Link the person to a social network; 7. Reinforce the newly learned coping devices, and follow up after crisis resolution.³⁸ While these are the goals of a professional counselor, a non-professional helper can also understand these goals and play a role in accomplishing them for a victim. The four main goals a Christian non-professional

³⁵ Kennedy, *Crisis Counseling*, 2.

³⁶ Kennedy, *Crisis Counseling*, 28-29.

³⁷ Swihart and Richardson, *Counseling in Times of Crisis*, 144.

³⁸ Hoff, *People in Crisis*, 122-124.

helper will have in a crisis situation, beside referring the victim to professional help, will be to gain understanding of the crisis and the victim's perspective of the crisis, to assist the victim in defining the crisis, to help the victim generate a plan with which to move forward, and to help provide ongoing social support for the victim.

The first goal for a non-professional helper to consider when attempting to aid a victim in crisis is to define the problem, and to come to a clear understanding of the victim's perception of it. Even though the caregiver will no doubt want to move on to intervention as quickly as possible, accurately understanding the victim's perception of the crisis is the foundation necessary before intervention can occur.³⁹ What caused this crisis? Why has it happened to this victim? How does the victim perceive the events which precipitated the crisis?⁴⁰ In seeking to gain understanding of a crisis, it is important to avoid asking questions which could be understood as judgmental, such as, "Why did you do this?" Asking why a victim believes a crisis has occurred is also potentially dangerous, as it may only lead to an emotional response. Questions which lead to yes or no answers are also unhelpful and should be avoided. These can often lead victims to affirm potentially false assumptions made by the helper and are inefficient in generating new information.⁴¹ The helper should try to gather as much information as possible, but also understand that the victim may struggle or likely be entirely incapable of identifying the precipitating event and other elements of the crisis.⁴² It may also be helpful for the helper to know or ask about what has happened in the past and how the victim has endured similar situations. Calmly asking questions about why the crisis has occurred this time and not others can help to reveal the core problem of the crisis.⁴³

As one works to build understanding with the victim it is important to keep in mind the role individual perspective plays in a crisis. Crises are extremely subjective and personal. A helper must make contact with the victim that establishes trust and promotes open communication, while avoiding giving false hope or setting unrealistic expectations.⁴⁴

³⁹ Swihart and Richardson, *Counseling in Times of Crisis*, 144.

⁴⁰ Swihart and Richardson, *Counseling in Times of Crisis*, 149.

⁴¹ Hoff, *People in Crisis*, 109.

⁴² Swihart and Richardson, *Counseling in Times of Crisis*, 142-143.

⁴³ Kennedy, *Crisis Counseling*, 33.

⁴⁴ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

Establishing a good rapport and fostering a healthy relationship with a victim is crucial if the victim is to accept the helper's assistance.⁴⁵ The objective is to make the victim feel understood. Reflecting statements are especially effective to this end, however, statements such as, "I understand," or, "I know what that feels like," should be avoided. When the helper is uncertain of something the victim has said, questions like, "I'm not sure I understand. Could you tell me what you mean by that?" can be used to ascertain what the victim is feeling.⁴⁶ It cannot be overemphasized that without good rapport, even the most technically flawless communication skills are useless. Having values, attitudes, and feelings which are respectful, unprejudiced, and stem from true concern, on the other hand, can cover nearly any technical error in communication. These powerful values are conveyed regardless of error.⁴⁷ To further complicate matters, a helper may often be presented with perspectives on the crisis from several people. In this case, he or she must remember to focus on the victim's unique perspective, and the meaning the victim sees for the hazardous event in his or her life.

Assessing the immediate threat to the victim's life or safety is also a chief concern at this point as well.⁴⁸ It is not uncommon during the process of gathering information on a crisis for a helper to discover that the victim is at risk of harming him or herself or others. It is especially important for a helper to ask direct questions if he or she suspects that this threat exists. Yes or no questions are appropriate in this case. "In this time of depression have you felt suicidal?" "Are you considering killing yourself?" "Do you have a plan to harm or kill yourself?"⁴⁹ If the victim answers yes to any of these questions, the helper must take the threat seriously and take steps to prevent self-harm, suicide, or harm toward others. Sometimes simply continuing conversation to give the victim time to reassess his or her perception and plan of action is enough to eliminate this risk. If not, a helper may need to remain in the victim's company until the threat subsides. If this is not possible, or if it fails to remove the risk, a helper must not hesitate to accompany the victim to an inpatient facility where they can receive immediate assistance from a professional. Going along communicates several positive messages to the victim. First, it shows

⁴⁵ Hoff, *People in Crisis*, 109.

⁴⁶ Hoff, *People in Crisis*, 110.

⁴⁷ Lee Ann Hoff, *People in Crisis: Understanding and Helping* (San Francisco: Jossey-Bass, 1995), 109.

⁴⁸ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

⁴⁹ Swihart and Richardson, *Counseling in Times of Crisis*, 142-143.

how much the helper cares for the victim. "I am willing to do this thing for you!" Second, it shows the victim that he or she is not alone. "I will not make you face this challenge, and the fear and anxiety of admitting yourself into a hospital alone." Finally, it shows the commitment the helper has toward helping the victim. "I will continue to help you until you are OK again." Again, it is important for the helper to remember his or her role. A crisis counselor only aims to help people in crises until they are capable of taking care of themselves again. A non-professional helper's role is certainly no more extensive than that of a professional crisis counselor and should be limited by the helper's common sense: "I am neither trying to be this individual's long term professional counselor, nor am I trying to fill the role of a professional crisis counselor. Anything I do or say will be in line with my capabilities and role."⁵⁰

The goal for the caregiver and victim in this first step is to establish a shared understanding of the crisis, especially the elements of the crisis that demand immediate attention.⁵¹ Once this has been accomplished, the helper and victim will have a starting point from which to work. Many victims in crisis will experience strong feelings of relief after they have clearly identified the specific precipitating factors and hazardous events which brought on their crises. Instead of being in a state of pain without understanding the exact cause, the cause has been identified, enabling them to begin to move forward.⁵² At this point, the victim may already begin to form a new perception of their situation and its implications for the future, as well as his or her capability to meet the challenges the situation presents. Achieving this understanding is not only beneficial for the victim, but also for the helper. Not only will the helper gain a deeper understanding of the crisis, but through the information gathering process, he or she might discover problems which may need to be addressed further on.⁵³

The second step in helping a victim navigate a crisis is to assist the victim in creating a more positive definition of the crisis. This comes from building a more positive perception of the hazardous event and precipitating factors and is sometimes referred to as reframing. A feeling of hopelessness was likely part of the victim's perception which led to the crisis in the first place.

⁵⁰ Swihart and Richardson, *Counseling in Times of Crisis*, 160.

⁵¹ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

⁵² Swihart and Richardson, *Counseling in Times of Crisis*, 149.

⁵³ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

For this reason, it is important for a helper to generate hope for the victim. Without hope, the victim will eventually lose motivation and drive to heal. These will be replaced with apathy and discouragement.⁵⁴ An effective caregiver will strive to alleviate the victim's distress by limiting the impact of new stressful situations and addressing the victim's anxiety. A victim usually experiences emotional pressures which leads to a frantic sense of urgency, poor or clouded judgment, and impaired decision-making capabilities. Alleviating the victim's distress will help to reduce the emotional pressures causing these symptoms.⁵⁵ Anytime there is any reasonable cause for hope, a helper should seize the opportunity to express the possibility of a positive outcome. A lack of hope often comes from the victim making generalizations about the crisis situation. When a caregiver finds reasons for hope and presents possible perspectives on the crisis which can generate positive results, these generalizations begin to crumble, and a victim begins to be able to hope once again.⁵⁶

An extremely personal way a helper can create hope is to highlight positive elements of the victim's personality. Another option is to emphasize positive factors in the victim's situation, or to remind the victim of resources they have. The victim may have become blind to the resources at their disposal. Refocusing them on the positive is one of the most important things a caregiver can do. The helper has a fresh perspective which is more positive and should be shared with the victim.⁵⁷ These reasons for hope must be specific, however, otherwise the victim will be unable to focus on them, and the victim's negative generalizations will overshadow the proposed cause for hope.⁵⁸

Clarifying reality is also important in redefining the crisis. People in crises frequently become unrealistically pessimistic. In these situations, even though generating hope is extremely important in coming to a balanced perception of the crisis, care must be taken so that it is not false hope, which can cause serious setbacks later on.⁵⁹ Sometimes a victim will use unrealistic optimism as a defense mechanism to help cope with the pain of the situation. In such a situation,

⁵⁴ Swihart and Richardson, *Counseling in Times of Crisis*, 154-155.

⁵⁵ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

⁵⁶ Swihart and Richardson, *Counseling in Times of Crisis*, 154-155.

⁵⁷ Kennedy, *Crisis Counseling*, 153.

⁵⁸ Swihart and Richardson, *Counseling in Times of Crisis*, 154-155.

⁵⁹ Swihart and Richardson, *Counseling in Times of Crisis*, 154-155.

the caregiver must use extreme care and caution in gently helping the victim to become aware of reality. In either case, whether trying to disprove unrealistic pessimism, or to ease a victim out of unrealistic optimism, it is often most effective to use gentle questions to lead the victim to come to conclusions on his or her own.⁶⁰

The third step in crisis intervention is to help the victim to define goals and to develop a concrete plan of action. It is likely for the victim of a crisis to feel like he or she is going crazy, due to the destabilizing event. For someone in that situation it is extremely comforting to look forward to events that are under control again and can be expected.⁶¹ A crisis tends to build a significant amount of energy in a victim. Without direction, this energy is vented in an unproductive, if not destructive manner. Developing a plan of action with a victim helps the victim to reestablish control and balance and gives a positive outlet the victim can use to vent energy built up by the crisis. A victim can also gain some relief by taking action to remedy the crisis, even if it is only a small step. For these reasons, it is imperative to help develop a plan of action in any crisis, no matter the situation or severity.⁶² This crisis management plan must be focused on the crisis itself, consistent with the victim's culture and lifestyle, appropriate to the victim's dependency needs and functional level, include victim's social network, especially spouse or significant other, and concrete.⁶³

Several principals of developing a plan of action for the victim merit further explanation. First, it must not be done without the victim, or behind the victim's back. Instead, the victim must be included in the development of any steps which make up the plan. For example, if the caregiver wants a victim to consult with his family doctor, the caregiver must inform the victim of his intent. Furthermore, the caregiver ought to make some effort to motivate the victim to agree with that course of action and willingly participate.⁶⁴

⁶⁰ Swihart and Richardson, *Counseling in Times of Crisis*, 150.

⁶¹ Hoff, *People in Crisis*, 118.

⁶² Swihart and Richardson, *Counseling in Times of Crisis*, 162.

⁶³ Hoff, *People in Crisis*, 116-119.

⁶⁴ Kennedy, *Crisis Counseling*, 152-153.

The plan must also be time limited and achievable. A person in crisis probably feels overwhelmed already. Adding the stress of an unrealistic goal would be extremely harmful. When working with the victim to establish a plan and goals, the caregiver must be aware that a person in crisis may set overly high expectations for himself or herself. If this occurs, it might be necessary to move back a step and continue to clarify reality in the victim's perception of his or her situation.⁶⁵ A plan of action should be directed toward the aspects of the crisis which demand the most immediate attention, and goals should short term. When a plan is limited to these types of goals, the victim is empowered and can restore confidence and confirmed in his or her competency.⁶⁶

A victim's fight or flight response has the potential to render the victim unable to take action. A person in crisis may be stuck in fight or flight mode and incapable of taking progressive action, instead disabled and wavering back and forth between fight or flight.⁶⁷ In these cases a caregiver may find it necessary to actually go and help the victim accomplish the goals set forth in the crisis management plan.

Finally, the goals in a crisis management plan should be measurable, and the plan should include scheduled follow up. A person who is only a few weeks separated from a crisis is still in the process of adjusting to that crisis and may become discouraged if the strong feelings associated with that crisis do not cease immediately. If a caregiver plans for follow-up with the victim, and the goals in the crisis management plan are achievable and measurable, he or she can address the victim's discouragement by reviewing the goals and celebrating any successes or improvements. This technique works even if successes and gains are minor. The more the caregiver highlights the successes, the more hope the victim feels. New goals can then be set, achieved, and celebrated. This cycle strengthens and maintains the healing process.⁶⁸

In most cases, the caregiver and victim will reach the step of developing a plan near the end of their conversation. The plan does not need to be elaborate, especially during the initial

⁶⁵ Swihart and Richardson, *Counseling in Times of Crisis*, 162.

⁶⁶ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

⁶⁷ Swihart and Richardson, *Counseling in Times of Crisis*, 143-144.

⁶⁸ Swihart and Richardson, *Counseling in Times of Crisis*, 163.

conversation. The plan may include many elements depending on situation, but it is highly important for the caregiver and victim to finish with a definite plan for follow-up. In some cases, the entire crisis management plan may consist only of a scheduled follow-up. The best practice is to schedule a specific date and time to reconnect before concluding conversation. It is also potentially helpful to agree on the topic of the next conversation.⁶⁹ For a non-professional helper, it is perhaps best to include contacting a family doctor, counselor, pastor, or psychologist in the initial plan. “I’ll call you again tomorrow at 4:00 to see how you’re doing. Sometime before that call you’ll set up an appointment with your counselor.”

The final step a non-professional counselor can follow to aid an individual in crisis is to provide ongoing social support. In this area a non-professional helper may even have an advantage over the professional counselor, because he or she often has a close relationship with the victim. This close relationship can bring an elevated level of understanding about the person in crisis and how best to respond to their needs. It is extremely helpful for the caregiver to have an intimate knowledge of the victim’s attitudes toward potential means of support and seeking help. Understanding these attitudes and potentially having the capability to influence them will increase the likelihood that the caregiver can help the victim to engage with and sustain new support methods.⁷⁰ As the victim navigates the crisis, he or she must receive extra support in order to manage problems that arise and overcome obstacles in the way of healing. At this stage, problem-based coping is central. One of the key aims for the caregiver is to help the victim break down problems into manageable elements and continue to reassess perception and develop plans to address new issues. A caregiver will also collaborate with the victim to explore new strategies to conquer challenges using new resources in the new post-crisis situation.⁷¹

Another element of the social support stage is identifying disruptive or dangerous behaviors and encouraging positive alternatives. Victims of crises tend to cope poorly. A victim who does not experience immediate relief from the crisis may become confused and less equipped to find solutions for problems. He or she feels a strong desire to regain balance now

⁶⁹ Swihart and Richardson, *Counseling in Times of Crisis*, 162.

⁷⁰ Turley, “Crisis Support: The Legacy and Future of Support Helplines,” 12.

⁷¹ Turley, “Crisis Support: The Legacy and Future of Support Helplines,” 12.

that the crisis is over and there is a plan in place. This pressure to find balance can lead to distress, which can cause a victim to chase options more quickly and recklessly than he or she might otherwise, without considering long-term effects of their behavior.⁷² At this stage of healing, a caregiver can help by pointing out ineffective and dangerous coping behaviors and guide toward the more constructive coping mechanisms of which the victim may not even be aware.⁷³ Much of this stage is simply providing the victim with information and resources on coping. This step is the most important for the victim's future well-being, because it is during this stage that the victim develops new and better coping methods for any future crises he or she experiences. The methods learned here may even prevent future hazardous events from developing into crises in the first place.⁷⁴

Unsurprisingly, crisis counseling is an extremely emotional experience, both for the victim and the helper. Where there is crisis, there will also be feelings which need to be explored. The helper should allow for expression of feelings within certain limitations. The victim will need to be able to share these feelings with a helper who is willing to listen and not judge. An effective helper understands that mourning can be healing for a victim, and does not minimize the victim's pain, immediately attempt to eliminate the pain, or try to take the pain upon himself or herself.⁷⁵ It is, however, appropriate for a helper to show appropriate emotion, even if it may be sharing tears.⁷⁶ The victim eventually needs to move past pure expression of emotion into identifying the problem and actions to take. Managing emotion in crisis intervention requires finding a balance between emotional expression and affective containment, or emotional restraint. This balance helps the victim to release some distress, but keeps the victim from becoming immobilized by overwhelming emotion.⁷⁷ A caregiver must develop the skill of sensing when a victim needs time to vent emotion and when it is time to work with cognitive issues. The best way for a helper to maintain this balance is to remain focused on the victim and to shift the conversation to meet his or her needs.⁷⁸

⁷² Swihart and Richardson, *Counseling in Times of Crisis*, 151.

⁷³ Swihart and Richardson, *Counseling in Times of Crisis*, 150.

⁷⁴ Kennedy, *Crisis Counseling*, 6.

⁷⁵ Swihart and Richardson, *Counseling in Times of Crisis*, 147.

⁷⁶ Weaver, *Disasters*, 63-64.

⁷⁷ Turley, "Crisis Support: The Legacy and Future of Support Helplines," 12.

⁷⁸ Swihart and Richardson, *Counseling in Times of Crisis*, 148.

When handling emotion in a crisis counseling situation, it is important to understand the concepts of transference and countertransference. Transference feelings are feelings that originate from an individual's past but are expressed in the present. These feelings are displaced and are not conscious. They are most often identified by feelings of ambivalence, often directed toward people in authority positions. Therapists, crisis counselors, and non-professional helpers often bring these feelings out, whether positive or negative. Countertransference describes feelings that come out of a helper's past and are then projected onto the person whom they are trying to help. Correct management of these feelings is essential. Since these are past and unconscious issues, and crisis counseling focuses on the present and conscious, transference feelings are to be treated in a long-term counseling setting. Since they do not have to treat them, non-professional counselors do not need to become experts in transference feelings. However, since they will encounter transference feelings, it is important that non-professionals who will find themselves in a crisis counseling situation not to be naïve toward these issues. The most important concept for non-professionals to understand about transference feelings is that the feelings are not directed at them personally. While managing transference should be left to professional experts, understanding the concepts can help non-professional helpers to understand the intense reactions of rage and dependency which they may encounter in helping victims of crisis.⁷⁹

In a crisis situation, even a professional counselor will not look to treat transference feelings. This is because treating transference feelings involves opening up old wounds which may only be held together by the transference feelings themselves as if the feelings themselves were the issue instead of whatever hazardous event, individual perception, and precipitating factor led to the crisis. Transference feelings are real defense mechanisms which should not be disturbed in a crisis, no matter how irrelevant to the situation, or distorted they may seem. Professional counselors and non-professional caregivers can, however, use transference emotions to their benefit, as a sort of bridge to lead the victim of crisis to help. For example, if a person transfers feelings of dependence toward a non-professional caregiver, the caregiver could allow the feelings of dependence to continue, recognizing that those feelings of dependence are not

⁷⁹ Kennedy, *Crisis Counseling*, 26-27.

toward him or her. Allowing this to continue creates a source of support for the victim during the emergency. The dependency itself, while an issue, should be allowed to exist undisturbed until the victim is through the crisis, at which point the victim would likely benefit from long-term professional counseling to explore whatever past experience causes the transference emotions of dependency.⁸⁰ This is good news for non-professional crisis caregivers. Instead of having to worry about healing a crisis victim's past wounds and exploring transference reactions, one can use these emotions as a tool to get the victim to connect and be receptive to help.

If caregivers do not understand transference reactions, they may become involved with feelings that have no direct connection with them. The caregiver becomes overly emotionally involved and can end up being hurt. This is one reason for the professional approach to medicine, psychology, and other helping professions. Guaranteeing some appropriate (while not cold or unkind) distance between doctor and patient or counselor and counselee helps to mitigate the risk of becoming overinvolved emotionally. This ensures that a relationship that is truly helpful can grow. Becoming overly emotionally involved is both extremely dangerous and extremely easy trap into which to fall. Conversation can seem to drift naturally into discussion of former events and experiences which are somehow related to the current crisis, as well as postulation about motives and unconscious emotions. This is an appealing substitute for the challenge of dealing the present crisis and conscious emotions.⁸¹ Counselors and helpers who fall into the trap become not only unhelpful, but even destructive to those they are trying to help and themselves.⁸² Kennedy suggests that confronting a victim about a past event and attacking transference feelings could be considered psychological malpractice equivalent to performing the wrong medical treatment on a person suffering a stroke.⁸³ The non-professional helper must remain focused on the present and leave transference feelings to be treated by a professional in long-term counseling.

Since a non-professional caregiver is likely to be a family member or friend with a closer emotional connection to the victim of a crisis than a professional may have, it is especially

⁸⁰ Kennedy, *Crisis Counseling*, 27-28.

⁸¹ Swihart and Richardson, *Counseling in Times of Crisis*, 148.

⁸² Kennedy, *Crisis Counseling*, 28.

⁸³ Kennedy, *Crisis Counseling*, 19.

important for the caregiver to be wary of becoming overly emotionally invested. He or she must be successful and avoid falling into the trap of becoming overinvested emotionally for the work he or she does to help the victim. A caregiver who is successful will not allow himself or herself to become frustrated when the victim needs to vent negative emotions, even if those emotions seem to be directed at the caregiver personally. He or she will attribute the outburst to transference, allow it, and move forward. Essentially, in an emergency situation, a caregiver gratifies some needs of the individual in crisis on a conscious level so as to avoid any new crises to develop from deeper inside the victim's psyche.⁸⁴ By focusing on the positive rapport and relationship on a conscious level without attempting to identify unconscious feelings, a crisis counselor can create a situation in which the victim's own transference reactions may lead them to favorable responses to future crises. In some cases, it is wise to even direct the feelings of transference toward something or someone other than the caregiver, such as a parsonage, church, or doctor's office. This way, if dependency is built and the caregiver cannot be present for the next crisis, the victim still has a place to come for help.⁸⁵

Transference is not the only pitfall non-professional counselors must avoid. Psychology and psychological treatment are popular topics in modern American culture. This has had some profound benefits. With increased awareness of mental health issues, community resources have grown. This increased interest has also lead non-professionals to research and develop their skills. The downside is profound as well. Even though people mean well and know that they are untrained and unqualified, they are often unable to develop their skills through formal education, and instead turn wherever they can for knowledge. This has created a culture in which many people know a little bit, but few are experts. Fragmentary knowledge and naïve ideas of how to help struggling people are widespread. Counseling concepts and structures become oversimplified, and people hold to prefabricated notions.⁸⁶ It is beneficial to consider several common mistakes made by well-meaning non-professional counselors who are misinformed.

⁸⁴ Kennedy, *Crisis Counseling*, 29.

⁸⁵ Kennedy, *Crisis Counseling*, 29.

⁸⁶ Kennedy, *Crisis Counseling*, 20.

Perhaps the most common mistake non-professional helpers make is the overuse of stock phrases. These stock phrases might sound like, “I think I hear you saying...” or, “Tell me how you feel about...” A person might use phrases like this if he or she is trying to put into practice a positive counseling technique they have encountered, but do not have the training or experience to effectively implement that technique. Although the helper is striving to enhance communication in a caring manner, the result of overusing phrases like these is actually diminished communication. People who are in close relationships rarely ask each other whether or not they want to share something. The understanding in such a relationship is that they will just do it without thinking about it. Since the helper usually will have a close relationship, it is not necessary for him or her to ask. Stock phrases increase self-consciousness and anxiety in helpers, decreasing their effectiveness.⁸⁷ This is especially harmful in a crisis situation, since time is especially significant. Diminishing communication wastes precious time and hinders understanding. Instead of falling into overuse of therapeutic clichés and stock phrases, helpers can focus on enhancing their communication skills so as to get to the vital heart of the crisis more quickly. This happens when communication between the helper and victim is more human and natural.⁸⁸

Helpers often overemphasize the rational aspects of a crisis situation. It is an important step for a victim to begin to have a rational perception of the hazardous event, however, a crisis will often be highly intertwined with unstable irrational and emotional feelings and behavior. The victim may not even be conscious of all of these feelings and behaviors. A helper must anticipate some irrationality from the victim.⁸⁹ The helper must try to understand the victim in his or her life situation, as if seeing the world through the eyes of the victim. It is also important not to jump to conclusions or read into situations, no matter how logical such conclusions or assumptions may seem. A victim’s communication may be blurred, unclear, or subtle. Finally, a helper must never judge inappropriate responses, acting out, or grief. Even though it may seem aimless and irrational, these behaviors are not necessarily so.⁹⁰

⁸⁷ Kennedy, *Crisis Counseling*, 21-22.

⁸⁸ Kennedy, *Crisis Counseling*, 23.

⁸⁹ Kennedy, *Crisis Counseling*, 25-26.

⁹⁰ Kennedy, *Crisis Counseling*, 18.

A failure to allow for irrational motivation will often blind the helper to the truth of a situation, and brutish attempts to force the victim into logical rationality can damage relationships and stunt healing. The irrationality and instability brought on by a crisis can be so severe that it can even harm a victim's ability to understand or follow conversations with which he or she would normally have no trouble. A helper who anticipates irrationality from a victim will take the time to clarify what he or she says, repeating if necessary. In these situations, it is also important for a helper to maintain a calm and reassuring tone of voice.⁹¹

Another dangerous mistake some helpers make is to assume that the crisis is not as severe as the victim claims, or that crisis does not exist in the first place. It is important not to assume that a victim is "crying wolf." A "wait and see" approach can work extremely well in some contexts, but it is not helpful in emergency. Since a crisis is subjective and immediate in nature, a helper must treat a crisis as real and not delay response.⁹²

Sometimes an individual might try to force a helper to promise confidentiality. A knowledgeable helper will understand that confidentiality is extremely important due to the personal nature of many crises, however, being trapped in confidentiality can be harmful because it strips the helper of some of his or her capacity to be of assistance. If a helper were to promise confidentiality, only to find out that a victim needs to be referred for professional help lest she hurt herself, the helper is forced to break trust of the victim, harming the relationship and potential help in the future. The best way to keep from falling into a confidentiality trap is for the helper to make it clear that he or she will make no promises about confidentiality. This does not have to be brutal refusal, however. It is a simple matter for the helper to make it clear that he or she values victim's confidentiality, but needs to be able to divulge information if it is necessary for the victim's well-being.⁹³

An issue especially pertinent to lay people and pastors helping victims of crisis is time management. A professional counselor has set hours and appointment times to maintain an

⁹¹ Weaver, *Disasters*, 63.

⁹² Kennedy, *Crisis Counseling*, 10-11.

⁹³ Kennedy, *Crisis Counseling*, 32-33.

appropriate amount of time for each counselee. When a friend is in crisis, people tend not to set time limits. Pastors are also more likely to end up spending long hours speaking to individuals in crises. Some victims have a chronic need for attention. This can stress helpers out and test their patience, ultimately making them less helpful. Common sense must be the helper's guide. Using polite, yet clear, statements that the helper has other obligations can help to limit a victim who wants to use an undue amount of the helper's time. Often helpers will feel guilty when using these tactics and must learn to manage their own conflicted feelings. To this end, it is important for them to be aware that such calls are generally not emergencies, and that preserving their own schedules, as well as health and sanity, will make them more effective helpers in the long run.⁹⁴

Victims who are already receiving professional counseling services might put non-professional helpers into an unfortunate situation by looking to complain to the helper about their doctor, saying that the doctor treats them poorly or misunderstands them. Under no circumstances should the caregiver understand such complaints as anything other than the expression of transference feelings. These feelings are arising because the victims are in treatment with the professional. In such cases a helper does best by referring the victims back to their doctor to discuss their complaint. Doing anything else runs the risk of undermining the work the professional therapist is doing with his or her client.⁹⁵

In a technologically advanced world, many people in crisis reach out by phone. There is some speculation among researchers about whether or not talking over the phone changes a person's personality. Ordinary people can easily observe that they often say things on the phone which they would not or could not say in person.⁹⁶ This is perhaps the most common way lay people and pastors will find themselves suddenly thrust into crisis intervention situations. A professional counselor may have "on call" hours. Many do not. Non-professionals are almost always "on call" in a way. The non-professional is the one who receives the 4:15AM phone call. It is the non-professional who is immediately available to a person in crisis. It is crucial to for

⁹⁴ Kennedy, *Crisis Counseling*, 155-156.

⁹⁵ Kennedy, *Crisis Counseling*, 156.

⁹⁶ Kennedy, *Crisis Counseling*, 148.

non-professionals to understand the special characteristics of talking to an individual in crisis by telephone.⁹⁷

Telephones remove the requirements of having to meet at a certain place to have a conversation at a certain time. Control of the conversation also resides with the caller, who initiated contact. The caller may or may not be conscious of that fact and may be consciously or unconsciously abusing that power. These dynamics raise the anxiety level of the conversation between victim and helper. Professional counselors often opt to remove this ambiguity by charging for phone consultations as if they were office visits.⁹⁸ Non-professionals cannot do this and must instead rely on common sense, communicating to the victim that they have other obligations, while expressing genuine concern for the victim.

Lack of body language and muffling of vocal expressivity is another issue in trying to assist a victim by telephone. Not only does it remove important non-verbal cues, but also an individual is much less inhibited in projecting unconscious feelings onto a disembodied voice on the other end of a phone line than he or she would be if the helper were physically present or visible. A helper must be aware that this means telephone maximizes transference reactions and manage the conversation accordingly.⁹⁹

By its immediate nature, a telephone call enhances the time-sensitive aspect of a crisis counseling situation. Counselors must get their own feelings under control especially quickly when receiving emergency calls so as not to waste important time. It may be helpful for them to remember that most crises do are not matters of mortal danger. This will help to relieve much of the tension a counselor may otherwise experience in a telephone counseling situation.¹⁰⁰ With this in mind, a helper should strive to get to the specific core of the emergency as quickly as possible. The questions of the first step should be to the point. Is this an ongoing event which must be stopped? Is this another person? What, exactly, is the essence of this crisis?¹⁰¹ Naturally,

⁹⁷ Kennedy, *Crisis Counseling*, 149.

⁹⁸ Kennedy, *Crisis Counseling*, 149.

⁹⁹ Kennedy, *Crisis Counseling*, 150.

¹⁰⁰ Kennedy, *Crisis Counseling*, 151.

¹⁰¹ Kennedy, *Crisis Counseling*, 152.

the counselor must also be quick to ascertain if the victim is a threat to himself or herself or others. If the danger is immediate, or the caller has a plan for self-harm, the counselor must act quickly to contact relatives or authorities to arrange for the victim to be treated and possibly hospitalized.¹⁰²

Although the telephone presents unique challenges in crisis counselling, it also presents unique benefits. First, it is perhaps the most effective method to hold a straightforward conversation with a victim in the midst of a mild crisis with which he or she can cope well with minor reassurance and guidance.¹⁰³ Most (if not all) people have used their phones in this way, contacting a trusted friend or loved one looking for a quick piece of advice for a minor crisis. Most of the work a non-professional counselor is qualified to do is this level of advice. This makes the telephone an excellent medium for non-professional counselors to effectively provide this reassurance and guidance. Pastors, especially, may find that a great deal of ministry can be accomplished by telephone.¹⁰⁴

Since telephones offer nearly unlimited immediate access to people, a telephone call may be the ideal method of follow up in crisis counseling. After the initial crisis is handled, a helper can use regular phone calls or text messages to check on the victim's progress and provide encouragement during the period of readjustment and re-stabilization which occurs after an emergency.¹⁰⁵ A phone can be a useful tool for accountability, and helpers will want to use it to encourage the victim of a crisis to do as much as possible for themselves. Helpers are, after all, partners with the victims they are trying to help.¹⁰⁶

No matter the stage of crisis counseling, or the medium by which the counseling is being conducted, non-professional counselors must never be expected to be perfect. It is critical for someone who hopes to be a helper to remember this, and not to set impossible standards. Most, if not all, situations will be less than ideal. A clear-headed helper will be aware of his or her own

¹⁰² Kennedy, *Crisis Counseling*, 152.

¹⁰³ Kennedy, *Crisis Counseling*, 150-151.

¹⁰⁴ Kennedy, *Crisis Counseling*, 151.

¹⁰⁵ Kennedy, *Crisis Counseling*, 151.

¹⁰⁶ Kennedy, *Crisis Counseling*, 152.

capabilities and scale expectations to match them. This will avoid creating guilt over weaknesses and inadequacies that can weaken the strengths the helper does actually have. A common impossible standard set by non-professional counselors is the expectation that the victim will be completely cured. In most emergency situations, this is simply not possible.¹⁰⁷ The victim's needs—perceived and real—vary greatly in crisis,¹⁰⁸ and the victim's expectations can be as high and unrealistic as those the helpers set for themselves. After all, the victim may see a helper as his or her last hope. When the helper fails to produce the results the victim expects, the victim may be disappointed or even angry. The helper must remember that he or she was still able to help in other ways or meet at least some of the victim's needs.¹⁰⁹ It is a false assumption to make that time has been wasted if the achieved goals seem insignificant. Anyone, professional or non, can take pride in the work he or she does. As Kennedy writes, “Helping people make it through the night is not a task to be disdained by any of us.”¹¹⁰

Chapter Three.

The Role of the Church in Crisis

Historically, the church—specifically clergy—has been seen as the primary mental health caregiver. In modern times, people no longer see the church to have a role in the mental welfare of its members. This is a relatively recent development. With the modern emergence of psychological studies, more specific categories of care have been defined. Experts speak of clinical counseling (secular or Christian), pastoral counseling, biblical counseling, and spiritual guidance separately.¹¹¹ This gave birth to a “specialist” model, which portrays medically based psychiatric treatment as superior on account of its scientific, chemical, and biological basis. This model is hierarchal, with medical psychiatric treatment at the top, then psychologists, then social workers, then other professional counselors, then, further down, pastors. If lay people are to be involved at all, they must be reminded sternly of their place at the bottom of this hierarchy and

¹⁰⁷ Kennedy, *Crisis Counseling*, 19.

¹⁰⁸ See Appendix A for an adapted version of Aaron Lazare's 14 categories of people who visit psychiatric walk in clinics.

¹⁰⁹ Wright, *Crisis Counseling*, 27.

¹¹⁰ Kennedy, *Crisis Counseling*, 19.

¹¹¹ Rick R. Marrs, “Christian Counseling: The Past Generation and the State of the Field,” *Concordia Journal* 40, no. 1 (2014): 30.

warned against interfering in the work of their betters. This understanding of the interaction of the roles different people play in mental health has severely harmed the cooperation of all parties.¹¹²

Fortunately, public opinion seems to be shifting away from this hierarchal model to a more collaborative model. Although new healthcare regulations and contemporary mental advances are making innovative and valuable interventions accessible to more and more people, patients are still finding that not all of their mental, relational, and spiritual needs can be met with the medical based psychological methods. People want to supplement their comprehensive health care plans with other systems in an effort to achieve holistic mental health. Since different methods are seen as equally valid, and all are accepted to play valuable roles, the Christian church once again has the opportunity to fill a significant role in this matter. Medical doctors, professional mental health providers, pastors, and lay helpers can work together to build a continuum of care that offers a truly balanced treatment that addresses all the needs of an individual.¹¹³

Christian lay people are excited to take on this challenge. H. Norman Wright recalls how a congregation paid eager attention to a sermon on what to do and what to say at the time of bereavement. At the time he thought, “What would happen if pastors equipped their people for many of life’s crises such as this one? We would have helping and caring congregations. We could do a much better job in reaching out to those in need.”¹¹⁴

A Lutheran congregation can seek to help its members in times of crisis in two ways. First, a congregation may consider forming an intentional crisis counseling ministry. This will look different depending on the congregation, but there will be common elements.

¹¹² Stephen P. Greggo, “A Pastoral Continuum of Care: Conceptualizing Contemporary Ministry and Mental Health Counseling Services,” *Trinity Journal* 35, no. 1 (2014): 297.

¹¹³ Greggo, “A Pastoral Continuum of Care: Conceptualizing Contemporary Ministry and Mental Health Counseling Services,” 310.

¹¹⁴ H. Norman Wright. *Crisis Counseling: What to Do and Say During the First 72 Hours* (Ventura, CA: Regal Books, 1993), 9.

A pastor will begin by recognizing potential candidates to become lay crisis counselors. He is looking for specific spiritual gifts which will make a person able to effectively help brothers and sisters in faith through crises. A good candidate will be merciful, joyful, insightful, wise, full of love for others, slow to judge, and genuine. These gifts may grow with encouragement in the Word of God, but a person lacking these qualities may not be well-suited for service as a lay counselor. It is wise to select candidates who have been through crises of their own, survived, and regained stability. Their experience can be invaluable. Candidates must also be able to respect confidentiality—the church gossip may not be the best choice. Pastors must also be aware of bad motives. Some people are intrigued by crises and would be interested in a crisis intervention role for sheer curiosity. Others may be desperate for relationships, or power, or to be a rescuer. These poor motives can spell disaster for the victim and potential helper alike.¹¹⁵

After selection, the candidates require training. Pre-training may take a number of forms, depending on the other responsibilities of the pastor, the number of participants, and personal schedules. Classes might be held during Sunday morning Bible class time, on weeknights, or as a weekend-long seminar. The pre-training program may even be open to the entire congregation, as many of the ideas can be covered in a general Bible study and some could even fit in a sermon series. A pre-training program should focus on prevention, stress management, crisis management, and resources development. Throughout the pre-training, the pastor will continue to evaluate members and watch for skills that might make them excellent crisis counselors.¹¹⁶

The next step is the main body of the training program. This is the most intensive stage and requires a large amount of effort on behalf of the students, and a great deal of preparation and resource material development on behalf of the pastor. The pastor may not even be the best choice to lead the class. Instead, it might be wise to bring in an expert, perhaps a local psychologist or therapist, or another pastor who has done extensive research in crisis intervention in order to become an expert in the field. One effective way to run training sessions is to have the expert present a skill by having the students observe the skill. The expert follows with a

¹¹⁵ Swihart and Richardson, *Counseling in Times of Crisis*, 184-185.

¹¹⁶ Swihart and Richardson, *Counseling in Times of Crisis*, 186-187.

presentation explaining the skill, and then the students break out into small groups to practice the skill.¹¹⁷

After completing training, the students advance into a post-training stage. The best method to master counseling skills is practice. Therefore, post-training ought to involve as much practice and supervision as possible. Trainees at this point may begin to shadow experienced counselors in real life counseling situations as possible.¹¹⁸ Ideally practice and training never ceases, so growth never ceases.¹¹⁹

If a program like this is too much for one church to handle, it is certainly possible for a group of churches banding together to complete the training together and to divide up expenses. Other churches might enlist the services of a professional agency as a partner for training, either one that already offers crisis counseling training, or one that is willing to work together to develop such a program.¹²⁰

The other way a congregation may seek to help its members in crisis is to build a congregational culture which prepares its members in advance for the changes and stresses they will experience in life. The focus, then, is more on crisis prevention, than crisis intervention. This approach involves educating members about the stages of life, and potential crises they may face and helping them to apply God's Word in their lives so as to be better able to handle the both expected and unexpected stressors.¹²¹ Crisis experts speak of four balancing factors which may prevent a person from entering active crisis state, unless there he or she has a deficiency in one or more of these balancing factors. A Christ-centered congregational culture can have a strong influence in each of these categories.

The first balancing factor is adequate perception. This is the same concept as the second stage of a crisis, that is, the way the individual views the problem and the meaning he or she assigns the problem.¹²² A believer whose faith is solidly founded on the promises of Christ will not struggle as hard to put hazardous events into proper perspective. If a pastor and his

¹¹⁷ Swihart and Richardson, *Counseling in Times of Crisis*, 187.

¹¹⁸ Swihart and Richardson, *Counseling in Times of Crisis*, 188.

¹¹⁹ See Appendix B for a sample model of a lay counseling program.

¹²⁰ Swihart and Richardson, *Counseling in Times of Crisis*, 189-190.

¹²¹ Wright, *Crisis Counseling*, 25.

¹²² Wright, *Crisis Counseling*, 23.

congregation stay faithful to God's Word, the Holy Spirit will work through the Word to strengthen the faith of each member. This will be highly effective in preparing members to avoid crises.

The second balancing factor is an adequate network. Having a group of friends, and relatives who can give support during a problem is at the heart of this factor. Having connections and agencies to which an individual can turn in crisis is also included.¹²³ Again, a church has a unique way to address this need. God speaks of believers as being a united body. This is the greatest support group available. Creating a congregational culture that emphasizes that the believers are part of this body will help members in crisis not to feel isolated.

The third balancing factor is having proper coping mechanisms. The coping mechanisms a person develops growing up can malfunction or break down, allowing a crisis to occur. Secular coping mechanisms include such things as rationalization, denial, and finding new information in a book.¹²⁴ A Christian congregation can emphasize the unique coping mechanisms available to believers, prayer and turning to Scripture for comfort. Believers who have these powerful coping mechanisms will be better prepared for crises.

The final factor is limited duration. It is impossible for people to exist in a crisis state for too extended a period of time. At some point some resolution, whether positive or negative, needs to happen.¹²⁵ Here again, reminding believers that they are a part of the unified body of Christ is hugely beneficial. When one part of the body hurts, the entire body hurts. Mature believers who have the love of Christ in them cannot let that love sit inactive. Instead, their love for one another will cause them to spring into action to care for one another and bear each other's burdens.

It is an exciting time to be a Christian! Stephen Greggo explains the opportunity the church has well: "Pastors, ministry leaders, mental health counselors, and medical professionals,

¹²³ Wright, *Crisis Counseling*, 23.

¹²⁴ Wright, *Crisis Counseling*, 23.

¹²⁵ Wright, *Crisis Counseling*, 23.

can cooperate and collaborate in service of our Lord and King. Ultimately, the need for such services will be eliminated. In the meantime, this effort requires a strategic vision, wisdom, and a clear biblical worldview.”¹²⁶

Conclusion.

Human life is filled with crises, expected and unexpected. A pastor and his congregation can therefore expect to be faced with crises in their own lives as well as to be confronted with the crises of their friends, family members, and acquaintances. In many cases, a pastor or a member of a congregation will not have the training to take on the role of a professional crisis counselor in order to assist another through crisis. However, with basic understanding of the elements which make up a crisis and the goals of crisis counseling, and awareness of harmful practices to avoid in crisis counseling, both pastor and member can be highly effective non-professional helpers to individuals going through crisis.

Finally, a Christian congregation also has a unique role to play in the crises experienced by its members. There is room for intentional, directed ministry efforts aimed at crisis relief for congregations capable and interested in pursuing such a venture. Some congregations may want to pursue such a ministry. God bless their efforts! While, not every congregation will choose to have such a ministry, every congregation can prepare its members for crises by fostering a congregational culture that focuses on the unique ways that faith in Christ helps people to prevent and survive crises.

¹²⁶ Greggo, “A Pastoral Continuum of Care: Conceptualizing Contemporary Ministry and Mental Health Counseling Services,” 311.

Bibliography

- Greggo, Stephen P. "A Pastoral Continuum of Care: Conceptualizing Contemporary Ministry and Mental Health Counseling Services." *Trinity Journal* 35, no. 1 (2014)
- Hand, Quentin L. "Crisis Intervention." *The Journal of Pastoral Care* 28, no. 4 (1974)
- Hoff, Lee Ann. *People in Crisis: Understanding and Helping*. San Francisco: Jossey-Bass, 1995
- Kennedy, Eugene C. *Crisis Counseling: The Essential Guide for Nonprofessional Counselors*. New York: Continuum, 1988.
- Marrs, Rick R. "Christian Counseling: The Past Generation and the State of the Field." *Concordia Journal* 40, no. 1 (2014)
- Swihart, Judson J. and Richardson, Gerald C. *Counseling in Times of Crisis*. Dallas: Word, 1987
- Turley, Bruce. "Crisis Support: The Legacy and Future of Support Helplines." *Lifeline Foundation* (April 2013)
- Weaver, John D. *Disasters: Mental Health Interventions*. Sarasota: Professional Resource, 1995
- Wright, H. Norman. *Crisis Counseling: What to Do and Say During the First 72 Hours*. Ventura, CA: Regal Books, 1993

Appendix A

Wright adapted Aaron Lazare and his associates' 14 categories of people who visited a psychiatric walk-in clinic:

1. Counselees who want a strong person to protect and control them. "Please take over for me."
2. Those who need someone who will help them maintain contact with reality. "Help me know that I am real."
3. Those who feel exceedingly empty and need loving. "Care for me."
4. Those who need a counselor to be available for a feeling of security. "Always be there."
5. Those ridden with obsessive guilt who seek to confess. "Take away my guilt."
6. Those who urgently need to talk things out. "Let me get it off my chest."
7. Those who desire advice on pressing issues. "Tell me what to do."
8. Those who seek to sort out their conflicting ideas. "Help me to put things into perspective."
9. Those who truly have a desire for self-understanding and insight into their problems. "I want counseling."
10. Those who see their discomfort as a medical problem that needs the ministrations of a physician. "I need a doctor."
11. Those who seek some practical help such as economic assistance or a place to stay. "I need some specific assistance."
12. Those who credit their difficulty to ongoing current relationships and want the counselor to intercede. "Do it for me."
13. Those who want information about where to get help to satisfy various needs, actually seeking some community resource. "Tell me where I can get what I need."
14. Nonmotivated or psychotic persons who are brought to the counselor against their own will. "I want nothing."

(Wright cites Aaron Laare, F. Cohen O. Jacobsen, et. Al., "The Walk-in Patient as a 'Customer: A Key Dimension in Evaluation and Treatment," *American Journal of Orthopsychiatry*, 42 (1979):872-883, as quoted in *Counseling Teenagers*, Dr. G. Keith Olson (Loveland, CO: Group Books, 1984), pp. 283,284)¹²⁷

¹²⁷ Wright, *Crisis Counseling*, 28.

Appendix B

A sample model of a lay counseling program might look like this:

1. Survey the need in the church and the community for a crisis intervention ministry.
2. As part of a church program, give one or two presentations on crisis-related community needs (this could be in a worship service, women's group, Sunday school class, and so forth).
3. If the above "tests" demonstrate need and interest in a ministry, then develop a formal proposal for the ministry to be presented to the church board or body that would authorize the ministry.
4. When the final draft of the program is approved, make plans to arrange for staffing. You or the person responsible for the program should attempt to locate resource people in the church and community who can develop and staff the pretraining, training, and post-training phases.
5. After the initial training staff has been engaged, continue to plan the entire first year of the program, outlining sessions in detail.
6. Conduct the pretraining sessions as previously covered in this chapter. The recruiting and screening process for lay counselors should be ongoing throughout these seminars.
7. Conduct training sessions once a week for ten to fifteen weeks. At about this time, promotion of the ministry needs to begin.
8. Conduct the post-training sessions as the new ministry is being aggressively promoted to church members. With effective promotion, there should be enough demand for service that counselors will gain meaningful experience under professional staff supervision.
9. Continuing administration of the ministry requires good promotion, ongoing training, and excellent supervision."¹²⁸

¹²⁸ Swihart and Richardson, *Counseling in Times of Crisis*, 189.