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CRISIS INTERVENTION

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## **Abstract**

While the fundamental challenges associated with administering crisis have striking similarities with traumatic events suffered by humanity throughout the ages, today's culture and technology, with all their complications, have put a unique face on contemporary challenges which are characteristic of our times. Administering care to those traumatized by substance abuse, grief and loss, crisis in school and public institutions, and hostage situations has demonstrated difficulties that have compounded the effects suffered during such tragedies. Still, today's crisis workers have risen valiantly to answer the need to comfort and support the wounded and broken by applying methods that have been refined by research and experience, while finding potency in their relation to the underlying principles, which ultimately find their connection with truth found in Scripture.

This paper continues the implementation and development of a theology of crisis. It examines these specific crisis situations while drawing connections with theological principles that emerge from the Bible. While it represents a work that has thus far withstood the scrutiny of such examination, it still provides merely a starting point for further research and field application (inasmuch as faith principles can be so measured). It is presented with the hope that it can lead to a solid Scriptural framework that ministers and other Christian crisis workers can use for practical application in administering care to victims of trauma.

As the old expression goes, “The more things change, the more they stay the same.” This presents to us the idea that, even though times change and present each new generation different cultural developments that have not appeared before, human nature remains basically the same. As a result, people in our day face basically the same problems packaged in a different way that fits the new era. When viewing crisis care through that paradigm, one could say that the same applies to some extent. After all, since the death of Abel, people have been suffering bereavement and loss. Likewise, the Bible records that drunkenness dates back to Noah’s time (Genesis 9:21) and likely preceded him as well. This means that substance abuse is not necessarily new. Neither is violent behavior unique to modern times. In fact, Scripture records that God destroyed the ancient world because it was “filled with violence” (Genesis 6:11 NKJV). In fact, we even read about the taking of captives in Genesis 14, a practice that also likely goes back as far as humanity itself. So, these and other forms of crisis are not necessarily anything new. Thus, in one regard, Solomon make a valid point when he writes, “And there is nothing new under the sun” (Ecclesiastes 1:9 NKJV).

However, our generation has managed to put new and terrifying faces on these age-old problems, which makes them fraught with their own unique horrors. Thus, human crisis, which is as old as the human race, combines with modern technology and all its complications, to present new and frightening variations that no generation has encountered before in its modern incarnations. In addition to this, Paul writes, “But know this, that in the last days perilous times will come,” (2 Timothy 3:1, NKJV) and he gives an alarming description of the moral climate that will characterize life in the last days.” Together, they present new challenges that test the will, resolve, and resourcefulness of this generation to care for its wounded and broken.

Fortunately, humanity has risen courageously to the challenge in trying to help and serve those whose lives are touched by crisis in its various modern forms. While the problems presented by substance abuse, crisis in our schools, other institutional violence, and even hostage situations (among the many other difficulties currently experienced in the modern age) are pushing today's crisis workers and resources to their limits, the principles that form the foundation for crisis care remain as effective now as ever before while this generation seeks to apply them to the changing dynamics of crisis care. The underlying principles that prove effective in treating crisis and its concomitant complications have their basis in Scriptural truth, which has the answers to humanity's deepest needs. Therefore, the task of this paper will be to identify those principles of effective crisis care and their relationship to the underlying Scriptural principles.

With that in mind, the purpose of this paper will be to build on the framework established in the previous two papers to continue the development of a theology of crisis (see appendix) and to view current methods of crisis care in view of that paradigm. In this instance, it will address these rather broad topics with their wide variations.

### **Theological Principle #1: God Is above/beyond Crisis**

While this particular principle presents a unique challenge in trying to measure it by literal, quantifiable scientific means (for its basic premise remains largely a matter of faith), still it has a place in our discussion of crisis treatment in these areas. In fact, our authors recognize the value of faith and spiritual matters in the treatment of chemical dependency, advising the crisis worker to take note of what spiritual resources can serve the client who is fighting addiction (James & Gilliland, 2013, p. 377). After all, it bears remembering the foundational

truth underlying this principle. Specifically, God himself, as the Eternal Creator of the universe, remains at all time above crisis and therefore cannot be touched by it or experience it in his exalted being. Therefore, because God is not in crisis, nor is his kingdom touched by crisis, our cry should be “Your kingdom come. Your will be done On earth as it is in heaven” (Matthew 6:10 NKJV). Therefore, with this in mind, the job of the Christian involved in crisis work in these specialized cases becomes to bring God's kingdom rule, with its peace, tranquility, and justice, to bear in the unique crisis situations that characterize this fallen world.

If nothing else, one can readily see the value of faith in Alcoholics Anonymous (AA), a Twelve Step program. The appeal to a “higher power” actually shows the Scriptural principle of faith at work in breaking the power of addiction in a person’s life (James & Gilliland, 2013, pp. 365-366). This is just one way that faith in God can provide needed strength, grace, and the inner resources to face the challenges of crisis in all its forms. For example, even when faces with loss and bereavement, while one’s faith may be tested, it has the potential to provide new avenues of spiritual growth while providing comfort and hope (James & Gilliland, 2013, p. 446).

### **Theological Principle #2: God Is a Resource in Crisis**

This principle naturally follows the first because a loving, compassionate God would seek to provide relief to those suffering the effects of trauma. It naturally follows, then, that God would support any effort to relieve the distress of those suffering affliction (Matthew 25:34-40). Furthermore, he has the resources to equip those with a heart and will to serve the suffering and traumatized. Even James and Gilliland point out the importance of crisis workers encouraging the exercise of faith (or at least not interfering with it) among those who believe (2013, p. 437), acknowledging a place for the spiritual in treatment of loss. In fact, they write further, “It still

appears that there is a tremendous amount of power and healing in prayer, religious ritual, religious ideation, and spiritual faith (Walsh et al., 2002). Your authors firmly believe bereaved individuals should be encouraged to explore this as one of their options” (James & Gilliland, 2013, p. 447). They also point out in one case study how a crisis worker helped a woman named Lenore’s deal with her husband’s death by appealing to her steadfast faith (James & Gilliland, 2013, p. 455). This is just one example how faith can equip one to meet the challenges associated with the treatment of crisis. Likewise, all of the various principles underlying the effective treatment of all forms of crisis come as the result of God’s desire to minister to the suffering and equip those who serve them.

### **Theological Principle #3: Crisis as a Result of Sin**

The effects of sin on fallen humanity are on full display in many of these crisis situations. Just as our authors maintain that even an extreme action such as taking hostages is an attempt at problem solving (James & Gilliland, 2013, p. 580), the human response in all of these crisis areas may be an effort to ease someone’s suffering also. Yet, because it follows the depraved inclinations of sinful human beings, it ends up leading to other dysfunctional acts that result in needless pain and suffering. Substance abuse, for example, may represent one’s attempt to deal with personal pain, but it ends up, not only ruining his or her life, it has devastating effects on the family that have far-reaching consequences (James & Gilliland, 2013, p. 363). In other words, while it may have positive intentions, the results are far more damaging all around.

Among the many models of addiction presented by our authors, the Moral Model, that addiction is a matter of choice (James & Gilliland, 2013, p. 535), probably fits the biblical paradigm most closely. However, the treatment of addiction almost always requires providing

help which the addict cannot supply on his or her own. The addict simply cannot choose otherwise at will. The Disease Model, which treats addiction like a sickness that afflicts a person (James & Gilliland, 2013, p. 353), is another model, which may explain something of the nature of addiction. This is the model adopted by AA (James & Gilliland, 2013, p. 365). While it seems to excuse the moral responsibility for addictive behavior, much like the Genetic Model (James & Gilliland, 2013, p. 353), it does help to portray the nature of the struggle as something that the addict cannot merely overcome by choice, no more than a prisoner can open his or her own jail cell. Such is the nature of captivity. The addiction holds a person in prison against his or her own will. However, if one views sin as a moral sickness (with which humanity was born infected), then possibly the Disease Model and the Moral Model can both reveal different facets of the same struggle. While one does make a personal choice to use substance, once bound, that person now becomes enslaved to the substance. As our authors describe it, “The defense mechanisms of most chemical dependents serve one goal and one goal only: to support, nurture, and help feed the one god in the addict’s life, the drug. Nothing else matters (James & Gilliland, 2013, p. 358).

Still, other sinful behavior also gives rise to crisis situations, not just addiction. Bullying, for example, illustrates how some create a crisis environment in schools. By using their superior position (whether size, strength, or increase numbers), they gain unfair advantage over another and engage in systematic behavior designed to manipulate another by fear and intimidation (James & Gilliland, 2013, p. 486). In this way, they continue to escalate their aggressive behavior in order to maintain their advantage over other students, and thereby keep them subdued. Other threatening behavior also puts students at risk, which places a burden on school officials to show due diligence in order to prevent other kinds of disasters from taking place (James & Gilliland, 2013, p. 498). Indeed, today’s schools are a hotbed for disturbing and

dangerous behavior if left unchecked.

#### **Theological Principle #4: Humanity's Inability to Process Crisis**

Some of the other models of addiction offer their own rationale as to why a person abuses substance. One of these, the Cognitive Model, explains addictive behavior as a product of corrective actions taken in response to thoughts or beliefs about life's problems and negative circumstances (James & Gilliland, 2013, p. 352). Another, the Prescriptive Model, views the addict's behavior as an attempt to self-medicate as a way of dealing with pain (James & Gilliland, 2013, p. 354). The Stress-Coping Model is yet another description that explains substance as a way of dealing with stress in place of better developed coping skills (James & Gilliland, 2013, p. 354). All of these serve to show how human beings are ill-equipped to deal with crisis.

This inability to properly process trauma has a devastating effect on the family. In order to deal with the aberrant behavior, the family develops dysfunctional ways of making adaptations in an attempt to bring about equilibrium (James & Gilliland, 2013, p. 358). This leads to codependent behavior, as family members display unhealthy behavior patterns in a desperate effort to maintain a sense of balance (James & Gilliland, 2013, p. 359). Because the family system helps perpetuate and enable addictive behavior, it must also eventually be part of the ultimate solution (James & Gilliland, 2013, p. 396).

Though every person must face it in various forms throughout life, loss and death also bring about crisis, perhaps as a reminder that humans were never intended by the Creator to deal with the grief and loss that accompany death. James and Gilliland address some of the more



profoundly painful occasions associated with loss. For example, they describe the death of a spouse as especially painful because it “is in a way as if part of yourself has died (James & Gilliland, 2013, p. 423), leaving a person to struggle with pain and loneliness at a time when companionship is especially needed, further compounded by the reality that a way of life has ended. Still, perhaps even more devastating is the death of a child. At any age, this loss is especially acute because it goes against nature, which expects that parents will precede their children in death (James & Gilliland, 2013, p. 425). Its abnormal characteristic they compare to the kind of loss associated with amputation (James & Gilliland, 2013, p. 443).

#### **Theological Principle #5: Human Resiliency in the Face of Crisis**

While the various treatment models of addiction present their view that seeks to explain the causes that give rise to addictive behavior, no one model stands out above the rest. Perhaps because each of them give insight into the various facets of addiction and thereby serve to help in the larger task of providing effective treatment (James & Gilliland, 2013, p. 352). This lends support for the Final Common Pathway approach, which seeks to draw from the best of each model, since they all give a unique window of insight into addiction. The accumulated knowledge will help craft an approach that is suited to each unique individual (James & Gilliland, 2013, p. 353). In the end, a larger principle is at work, regardless of the kind of trauma that each person faces, which gives rise to hope. People have the potential to overcome the pain that comes from crisis in its various forms. Not only is there hope for recovery but also the potential for positive growth (James & Gilliland, 2013, p. 462).

#### **Theological Principle #6: Necessity of Intervention**

Treatment in the area of addiction presents some rather arduous (but not insurmountable) challenges. Aside from the addictive behavior itself, which significantly disables a person's proactive nature, the added obstacle of denial seeks to undermine efforts at effective treatment. In fact, addicts will construct elaborate defense mechanisms that seek to shield them from the realities associated with their destructive behavior. Rationalization is one way that addicts will seek to justify their choices, along with minimizing, trying to "play down the seriousness" of their actions (James & Gilliland, 2013, p. 357). For this reason crisis workers will naturally view the information supplied by addicts, whether by questionnaire (James & Gilliland, 2013, p. 376) or interview (James & Gilliland, 2013, p. 377) with suspicion. In fact, crisis workers take for granted that clients suffering from addiction are not telling the truth (James & Gilliland, 2013, p. 378). Such challenges are what gave rise to AA, which started as a result of some individuals who recognized their powerlessness in overcoming their addiction (James & Gilliland, 2013, p. 365). According to our text, "Very few clients are self-motivated to change their abusing behavior (Lawson, Ellis, & Rivers, 1984, p. 67). Outside motivation must often be used" (James & Gilliland, 2013, p. 383).

Addiction is not the only type of crisis discussed here that requires outside intervention. On a different note, confronting and/or preventing gang violence in schools also requires proactive measures, otherwise such activity will grow and expand in the absence of preventative influences (James & Gilliland, 2013, p. 484). However, a community effort at prevention of violence associated with gang activity. Likewise, bullying activity needs intervention to bring about correction. In fact, some support counseling as a means of rehabilitation for bullies, many of whom were themselves the victims of bullying (James & Gilliland, 2013, p. 488). Intervention as a means of preventing various kinds of school crises is a risky proposition, given the legal

complications. Yet, at the same time, school officials have a responsibility to take actions when reasonable suspicion exists that students may be at risk (James & Gilliland, 2013, p. 510).

### **Theological Principle #7: Importance of Support Community**

The difficulties associated with overcoming addiction present an excellent example of the power of a support community! It is central to the success of AA, which combines the support of the community created at its meetings with mentor relationships that allow older, more experienced members to partner with newcomers for added accountability (James & Gilliland, 2013, p. 365). Also, they help members in charting a new course that no longer includes their addiction, while also encouraging them to persevere and stay clean, not to mention helping them to develop much needed social skills so that they can build new relationships and find support in social activities (James & Gilliland, 2013, p. 388). Another vital way that support groups serve their members is by giving them a voice of truth that enables them to maintain perspective. While addicts may not see through their own defenses, other experienced group members can cue in to their blind spots that have the potential to undermine treatment (James & Gilliland, 2013, p. 388).

Not only do support groups have value for those struggling with addiction. Compassionate Friends provides support care and help for family members who are grieving at the loss of a child (James & Gilliland, 2013, p. 445). Likewise, support groups play a very important role in helping people with AIDS cope with the various aspects of their sickness (James & Gilliland, 2013) (James & Gilliland, 2013, p. 457). Even bullies and gang members can benefit from involvement with support groups inasmuch as the peer dynamic acts as an influential factor (James & Gilliland, 2013, p. 483). This is one way to counteract gangs in the

community. Since they are a formidable, a community must unite to fight gang activity (James & Gilliland, 2013, p. 484). SARA (scanning, analysis, response, and assessment) is an initiative by the Justice Department that can equip communities to band together and make a unified effort to resist gang influence (James & Gilliland, 2013, p. 485). Even on a university level, a Threat Assessment Team can help the college community deal effectively with crisis events and the many different aspects associate with campus life (James & Gilliland, 2013, p. 514). In this way they can serve a diverse community on the various levels of need that exist on campus.

### **Theological Principle #8: Priority of the Individual**

In addiction situations, love plays as important a role as anywhere else. However, the defense mechanisms and dysfunctional behavior require love to adapt to the situation at hand in order to give the desired help. Since “love never fails” (1 Corinthians 13:8 NKJV), it helps to firmly establish the importance and value of each person so that a fitting expression of God’s love can prove efficacious. Since love has many facets, sometimes it finds its truest expression in the hard truth that family members must use to break through the extensive defense mechanisms that addicts put in place to keep them from facing hard reality (James & Gilliland, 2013, p. 384). A family intervention, then, is an effort by household members to lovingly speak confrontational truth that will help an addict face their circumstances squarely. Likewise, at times crisis workers must show tough love in the form of hard truth, not to demean or belittle clients (James & Gilliland, 2013, p. 391). On the contrary, it affirms them by exposing them, with love and patience, to the truth that will set them free (John 8:32). Still, patience and grace also play a necessary role, especially since setbacks are likely to happen (James & Gilliland, 2013, p. 394).

While few things can actually ease the pain of loss during bereavement, a tangible

demonstration of love and gentle support will go a long way to administer comfort to the suffering (James & Gilliland, 2013, p. 436). Sometimes doing simple support or household tasks can go a long way to communicate care and compassion to the bereaved (James & Gilliland, 2013, p. 437). As for those suffering from dementia, caring for them with love means treating them with dignity and respect while providing a listening ear while they relive past experiences, perhaps as a way of trying resolve any unsettled matters (James & Gilliland, 2013, p. 569).

On a different note, while hostage takers are engaging in criminal activity, still they have a need for understanding. After all, they have gone to great lengths to get attention in an attempt to resolve their frustration (James & Gilliland, 2013, p. 580). Admittedly, they have resorted to a rather dysfunctional way of trying to resolve their issues, yet one must remember that, in their mind, they are engaging in behavior that makes perfect sense in their given situation (James & Gilliland, 2013, p. 605). A case presented in the book recalls how Deacon, a psychologist who became de facto hostage negotiator, was able to successfully resolve a hostage situation with James, while at the same time showing due sensitivity to his needs (James & Gilliland, 2013, p. 600). This, by no means, condones dangerous and disturbing behavior that causes harm to others. It merely recognizes that, even in such an instance, the perpetrator has needs as a human being. If nothing else, he is someone for whom Christ died, so Jesus cares for him as well as his eternal well-being.

### **Theological Principle #9: Holistic Approach to Treatment**

Because of the complex nature of substance abuse rehabilitation, some programs are multifaceted in an effort to address the holistic needs of recovering addicts. The Minnesota model offers an inpatient treatment program that gives attention to the varied needs in every area

of life for the patient (James & Gilliland, 2013, p. 367). The Community Reinforcement Approach (CRA) likewise takes a multidimensional approach to treating addiction so as to better curb substance abuse (James & Gilliland, 2013, p. 368). Reinforcement-Based Treatment (RBT) is yet another intensive program that deals with treatment on several levels, in this case, addressing environmental factors by use of motivational intervention, recreational activities and drug-free housing alternatives (James & Gilliland, 2013, p. 369). All of these programs, and other comparable one, recognize that treating the addiction has many facets that involve the complex layers of a person's life. One cannot focus exclusively on the absence of the drugs or alcohol. For example, detoxification for an alcoholic can be fatal if not properly monitored medically (James & Gilliland, 2013, p. 385). According to authors James and Gilliland, "Formulating comprehensive treatment goals reflects a multimodal approach that recognizes and addresses biological, psychological, and social aspects of addiction" (2013, p. 386).

However, multidimensional treatment is not the exclusive domain of substance abuse rehabilitation. Even in bereavement care (especially in geriatrics cases), attention must be given to areas affecting the physical, psychological, and social needs of the grieving individual, which would require workers from various fields (James & Gilliland, 2013, p. 440.). Another example would be administering crisis care in a school emergency. A thorough plan would make due preparation for comprehensive attention to the varied needs of students (James & Gilliland, 2013, p. 516).

### **Theological Principle #10: Influence a Paradigm Shift**

In these varied crisis situations, a change in thinking must take place in order to bring about progress in the treatment of crisis. Doubtless, the treatment of substance abuse requires a

“rewiring” of the brain. In other words, an important part of treatment will give attention to one’s thought processes. Cognitive-Behavioral Therapy addresses areas of “stinkin’ thinking” that serve as catalysts for addictive behavior in alcoholics (James & Gilliland, 2013, p. 366). Abusers have belief systems that reinforce drug or alcohol abuse. This approach challenges those belief system by presentation of evidence that refutes such thinking. Basically, they advocate recognizing these thought triggers and developing new responses to effectively counter the effects of “stinkin’ thinking” (James & Gilliland, 2013, p. 369).

This method is remarkably similar to Misbelief Therapy by Backus and Chapien (Backus & Chapien, 1980), which was mentioned in the previous process analysis paper. Their approach challenges the client to listen to his or her self-talk, in order to identify any misbeliefs, argue against the misbelief, and replace it with the truth. In this way, a person will counter the effects of misinformation erroneously applied with the truth, and thereby experiencing the freedom that God intends (John 8:32). Since wrong thinking can have such destructive consequences in the lives of addicts, it is imperative to disrupt negative thinking habits and develop new thought patterns so that they will not fall victim to the urge to indulge (James & Gilliland, 2013, p. 394).

Dealing with the pain of bereavement also requires a change in thinking to reflect a different view of the loss in order to arrive at a revision of circumstances in order to find meaning in the loss (James & Gilliland, 2013, p. 420). However, some extreme cases show an inability to arrive at that place. Specifically, in the case of complicated or prolonged grief, a person cannot make that shift in thinking, and therefore cannot process the loss in a healthy way that facilitates progress. Genesis 37:34-35 gives an example of this process at work. When facing the news that Joseph appeared to have died, the passage states that Jacob “refused to be

comforted,” and he determined that he would spend the rest of his days mourning the loss of Joseph. Cognitive-Behavior Therapy in grief and loss is a helpful approach in getting a person to move beyond complicated grief (James & Gilliland, 2013, p. 438).

### **Theological Principle #11: Impact of Proactive Behavior**

Contingency Management in substance abuse is an attempt to develop positive habits by rewarding right behaviors (James & Gilliland, 2013, p. 368). One hopes that such positive motivators would create a dynamic that encourages developing choices involving proactive behavior. While critics would call this bribery, it is really an effort to establish and reinforce positive patterns through the use of rewards.

Caring for the grieving likewise at some point aims to encourage taking positive steps toward recovery through proactive behavior. This can involve a variety of activities, which are designed to encourage action and develop new, positive behavior patterns (James & Gilliland, 2013, p. 438). One case discussed illustrates how part of the treatment for an AIDS victim, who also suffered loss, included activities whose purpose were to give him a new sense of control over his life in order to establish a positive action dynamic (James & Gilliland, 2013, p. 456).

Proactive behavior also plays a role in challenging students to move on from crisis in a school setting. The purpose is to promote closure of the traumatic event while encouraging students to regain control of their lives and experience a sense of empowerment (James & Gilliland, 2013, p. 522). In yet another kind of crisis situation, which involved the case of Jason, a 15-year-old resident at an inpatient facility, his case worker tried to facilitate wise decision making and proactivity as part of her treatment (James & Gilliland, 2013, p. 563). Along similar



lines, a case referenced earlier involving Deacon and James shows Deacon careful to preserve the sense that James can take responsible action as part of a suitable resolution to the crisis (James & Gilliland, 2013, p. 602).

### **Theological Principle #12: Prevention of Transcrisis**

Issues related to addiction present numerous concerns that deal with transcrisis and its prevention. In particular, children in homes with substance abuse are especially at risk even reaching into adulthood (James & Gilliland, 2013, p. 363). For them, recognizing the risk for transcrisis in homes with dependency means that treatment is all-important (James & Gilliland, 2013, p. 399). At the same time, adult addicts experience transcrisis, both as a state of their addiction, and also as transcrisis points along the way. (James & Gilliland, 2013, p. 372).

Treatment for the bereaved should also recognize the possibility for transcrisis as a risk factor. Failure to process loss can be the culprit behind a host of other issues that, at first, leave workers baffled (James & Gilliland, 2013, p. 415). For this reason, the authors highly recommend support groups as a means for addressing issues related to transcrisis in this context (James & Gilliland, 2013, p. 453). One issue in particular which may keep a person from moving on in resolving grief has to do with the need to extend forgiveness for past hurts (James & Gilliland, 2013, p. 460). Failure to find a route to forgiveness will place a critical barrier blocking the way to healing and wholeness.

Victims of hostage situations are also at risk for problems such as acute stress disorder (ASD) or perhaps even PTSD, even after the event has passed (James & Gilliland, 2013, pp. 605-606). As a preventative measure, treatment should take priority. In this way, swift action—and

the sooner the better—could spare them future difficulties.

### **Conclusion**

This paper, which continues the exploration of a theology of crisis, has helped to examine its premises in light of all the various challenges associated with contemporary life. Though it has seen development in its examination of crisis issues that today's workers face, it still requires more work. So far, it still remains a sound set of workable principles. Though it represents a theoretical framework, its ultimate intent is to provide a guide for pastors and other Christian crisis workers. However, it does deal with some faith concepts that may elude quantitative measurements associated with conventional research. Still a more thorough review of the literature and further research may further confirm the validity of its underlying premise and the associated principles. Also, additional field application would prove beneficial as well. So far, it represents a beginning to something which may have benefit to those administer crisis care. Therefore, it remains a in progress, with the hope that it will one day better equip pastors and Christian crisis workers as they seek to minister Christ's compassion by serving victims of trauma.

## *Appendix*

### **A Theology of Crisis**

The following is a list of assumptions published in my last process analysis paper that is emerging with continued interaction with class material and measured against Scripture and my ministry experience over the years:

1. God, the creator of the universe, is an eternal, all-powerful being who does not experience crisis. Since God is not human, he is not subject to humanity's weaknesses and infirmities. Because God is not touched by the various factors that give rise to crisis, one could say that the Lord is beyond crisis. Furthermore, crisis does not exist in God's eternal kingdom (Malachi 3:6; Numbers 23:19; Acts 17:29; 1 Samuel 15:29; Psalm 121:3-4; Revelation 21:4; Isaiah 9:6-7).
2. Because God is above (or beyond) crisis, he can effectively equip and support those who treat it. Since God operates from a posture of peace, wisdom, and unlimited resources, he is perfectly situated to address the complications associated with crisis and assess its root causes. Furthermore, his love and compassion compel him to provide a solution to human suffering. Therefore, God is the ultimate resource in crisis management (James 1:17; John 4:24; Isaiah 40:28-29; Psalm 147:5; Romans 11:33-34; Psalm 124:8; Psalm 46:1-3; Psalm 18:6).
3. Sin introduced crisis into the world, and with it a need to learn how to manage it. Just as sin produced consequences that led to suffering and death for humanity, so it also creates the condition in which trauma, apart from treatment, can have pathological consequences (Matthew 15:19-20; Romans 5:12, 16).

4. Inasmuch as human beings were created in God's image, they were not created to experience crisis, nor are they necessarily equipped to manage crisis entirely on their own. As such it can have devastating adverse effects on the individual as well as family and community, with possibly fatal results (Genesis 2:16-17, 3:7; Lamentations 1:20-22; Job 3).
5. However, though not created to experience crisis, human beings, because they are created in the image of God, are incredibly resilient and have the capacity to recover from crisis and overcome its long-term effects (Micah 3:7; Psalm 37:24; Proverbs 24:16; Romans 5:3-4).
6. Successful crisis management requires outside intervention of some sort. Whether from trained professionals, concerned family, a caring church community, or God himself, some measure of external treatment is necessary to help address the effects of the trauma and to preclude long-term adverse effects (Psalm 18:6; Psalm 34:4, 6, 17, 19; Galatians 6:1-2; James 2:8).
7. Successful crisis management requires a support community commensurate with the degree of trauma and depth of impact it has had on the individual. Only a community and its shared resources can bear the crushing burden of its hurting members. (James 5:13-16; 1 Corinthians 12:12, 25-27)
8. In managing a situation, one must remember that the person in crisis is dearly loved by God, so the needs and the dignity of the individual have a high priority in serving them for Christ's sake, while balancing those needs with the mandate to consider the safety of all involved. Furthermore, because God's love provides a catalyst for healing and recovery, tangible administration of God's love should take priority inasmuch as it will

shift one toward equilibrium (Matthew 25:35-40; 1 Corinthians 9:19-22; John 3:16; Romans 8:38-39; 1 Corinthians 13:8a).

9. Because people face a wide variety of crises and their needs are multifaceted, treatment of the individual in crisis should incorporate a holistic approach that takes into consideration the needs of the whole person (1 John 3:17; James 2:15-16).
10. Successful crisis management involves reframing the event (renewing the mind) in order to influence a paradigm shift that will instill hope and present an alternate perspective which will sustain growth and healing (Romans 12:2; Ephesians 4:23).
11. Successful crisis management involves directing victims of crisis to engage in proactive behavior and a shift toward greater personal responsibility (Philippians 4:13; Romans 8:35-37; 12:21).
12. Failure to properly process crisis leads to a compounding of its effects over time (transcrisis), while effective managing of crisis facilitates healing and restoration (Matthew 5:23-24, 18:15-18; Ephesians 4:26).

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