SOUTHWESTERN ASSEMBLIES OF GOD UNVERSITY

School of Distance Education

CRISIS INTERVENTION

PSY 5423-90

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Process Analysis Paper: Chapters 1-5

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Semester: Spring 2016

Date: February 16, 2016

Abstract

While treating crisis has presented a significant need as far back as humanity's beginnings, it remains a priority task for promoting the well-being of human beings, who will always be at risk in the face of crisis situations. The purpose of this paper is to develop a theology of crisis and its treatment, which has its basis in the study of Scripture, interaction with class materials, and years of personal ministry experience. As such, it is still a work in development.

This theology consists of twelve assumptions that fit crisis and its treatment into a Biblical framework. Those that can be measured against current approaches in the management of crisis are presented for discussion. This theology attempts to give a Scriptural foundation for crisis care inasmuch as it is an important ministry pursuit in the treatment of the whole person.

In making a case that crisis is as old as humanity itself, the authors of our text make reference to the Garden of Eden, stating that crisis has "probably been in existence since Eve ate the apple in the Garden of Eden" (James & Gilliland, 2013, p. 3). While our authors may have been using this as a means of hyperbole, one could make a Scriptural case for exactly that. In fact, humanity's fall in the Garden of Eden—itself a crisis for Adam and Eve—set in motion a dynamic that continues through today and will last to end of the age. As such, it also means that effective treatment remains a pressing need for humanity, not only in dealing with the immediate effects of crisis and the resulting trauma, but the spiritual impact as well. The purpose of this paper will be to present a developing theology of crisis and its treatment and to review class materials in light of this assumption.

A Theology of Crisis

The following is a list of assumptions that is emerging as I interact with class material and measure this information against Scripture and my ministry experience over the years. While not nearly as authoritative as the Ten Commandments, one could find ample evidence in Scripture to support their serious consideration:

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).

Though a relatively new field, the emerging research demonstrates that effective treatment methods have a direct relationship to timeless Scriptural principle. This paper will call attention to that relationship by showing how the above mentioned principles are finding practical application in the emerging field of crisis management. Specifically, this paper will focus on providing support for theological principles five through twelve, inasmuch as they present criteria that are measurable against current methods.

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

Though crisis presents a danger to those so affected because it can lead to dire results (James & Gilliland, 2013, p. 10), it also contains the beginnings of hope. As James and Gilliland point out, "Crisis is also an opportunity because the pain it induces impels the person to seek help (Aguilera & Messick, 1982, p. 1). If the individual takes advantage of the opportunity, the intervention can help plant the seeds of self-growth and self-realization" (James & Gilliland, 2013, p. 10). Even in the midst of tragedy and hardship, humans can find the internal wherewithal to overcome adversity. Though fallen in his moral nature, man is still created in the image of God and has the ability to recover from devastation. In fact, the crisis itself serves as a catalyst for change and provides a valuable motivation for growth, if it can be harnessed and pointed in the right direction.

Adam and Eve serve as an example of this principle in action. Though severely censured by God and removed from their garden paradise, Adam and Even could have retreated into decline or degenerated into pathological behavior (like some of their offspring). Furthermore,

they had to deal with the guilt, fear, and isolation that accompanies sin, along with the disappointment and regret of loss. Still, they found the inner resources to move ahead, and in so doing were able to overcome the crisis created by the fall. What could have broken them actually served to propel them forward and eventually they found the courage to adjust to their new reality.

This is why James and Gilliland advise crisis workers to use the client's coping strengths in their actions strategies for crisis workers. They make the point that, even in their immobility they still have inherent abilities, which may be dormant as a result of the effects of the crisis. A skilled worker will find a way to call forth the inner resources that the client has (James & Gilliland, 2013, p. 92). This involvement will encourage the client and can help to inspire much needed hope.

Theological Principle #6: Necessity of Intervention

Because of the ever-present potential for crisis to intensify and thereby create risk to all involved, some outside intervention is required in order to guide the client and steer circumstances back to a status of equilibrium, especially to avoid injury or lethality. A person in crisis is often not thinking straight and needs some levelheaded intervention to reduce risk in such situations. For example, a behavioral emergency would precipitate involvement from some competent, outside source (James & Gilliland, 2013, p. 8) because it's unreasonable to assume such circumstances will improve on their own. Even a temporary reprieve may only set the stage for another catastrophic event later.

Even in mild cases that present seemingly minimal risk, some kind of external help is

warranted. If nothing else, a person will seek help from God and find grace and strength to meet the challenge and return to equilibrium that would have been otherwise lacking (2 Corinthians 12:9-10). Likewise, wise counsel or some other form of encouragement and support can help steer a person away from such reactions that will only elevate tensions and create the potential for harm.

In more urgent situations, effective crisis management will prevent a circumstance from metastasizing (James & Gilliland, 2013, p. 9). However, this often means that a crisis worker will have to inject himself or herself into a situation where such intervention is initially unwelcome. In such cases, predispositioning is a necessary step to prime the client for the involvement of an outside party. A wise crisis worker will help to set the right tone that will create a more welcoming climate for intervention (James & Gilliland, 2013, p. 52).

Theological Principle #7: Importance of Support Community

James and Gilliland point out the necessity for connecting a client with a network of social support, ascribing a very high priority to it because of its effectiveness in treatment (2013, p. 42). For the believer in Christ, this comes as no surprise. The church provides such a support group for the Christian on a variety of levels. This is what it means to be part of a New Testament community of believers. Not only does it provide a forum for teaching and discipleship, it is a safe place where one can find care and nurture that will minister restoration, renewal, and healing.

In fact, providing support on many levels is the third task recommended in crisis intervention. Not only does it communicate to the client that he or she is not alone in the

struggle, but they can trust a caring person (or persons) to guide them toward the help that they need (James & Gilliland, 2013, p. 54). The crisis worker can serve as a bridge to a network of help and resources that can move a person toward equilibrium on the ultimate road to healing and recovery (James & Gilliland, 2013, p. 93).

While cultural considerations may present an impediment, still a crisis worker should make every effort to facilitate a connection with a support community so that the person in crisis may have the needed resources to restore equilibrium and facilitate recovery (James & Gilliland, 2013, p. 42). In ministry, this is a commonly understood consideration. After all, Christian workers regularly make such cross-cultural adaptations in missions work, for success in ministry depends upon skillfully bridging cultures in order to ensure reception of the gospel message (1 Corinthians 9:19-22). It should also follow that addressing cultural issues takes precedence as part of crisis intervention, especially as it relates to connecting a client with a social support system. More on the need for addressing cultural issues as it relates to crisis care will enter the discussion when we give attention to principle #8.

At times a crisis worker may be overmatched by the enormity of the need at hand. For this reason, effective intervention requires a much higher level of attention which may need to be shared among crisis workers in order to effectively address the weight of burden associated with the problem. For example, a person who experiencing grief and loss associated with the sudden loss of a job may simply require pastoral counseling. On the other hand, a homeless person will likely require several people to navigate him or her through crisis because the need is much more profound and multifaceted. Effective treatment may require treatment from a medical professional, the intervention of a social worker, psychiatric care or psychotherapy, and a

program for recovery from substance abuse. In such a case, one person cannot adequately meet the depth of this need. An entire community must help carry the load, so to speak.

This is why James and Gilliland recommend knowing when to refer a case to someone else (James & Gilliland, 2013, p. 92). No single crisis worker can have all of the necessary skills to meet the variety of needs that innumerable crises situations present. For this reason, a team approach is most effective, especially when meeting acute needs. Not only does this avail the person of the best resources available. It also helps workers themselves to maintain personal equilibrium and avoid burnout. Here again, having an effective network in various fields that address crisis, provide immeasurable value to a crisis worker in search of suitable options to meet an overwhelming challenge (James & Gilliland, 2013, p. 93).

One excellent example of this principle in action is the Crisis Intervention Team (CIT) approach, which was developed by the city of Memphis, but is now finding wider acceptance in equipping law enforcement to respond to crisis (James & Gilliland, 2013, p. 102). Here, a partnership of law enforcement officers and mental health professionals create a working alliance that equips them to deal effectively with crisis situations while maintaining civil order. This collaboration has helped to promote respect and mutual appreciation among team members (James & Gilliland, 2013, p. 103) while giving them a much greater scope of influence in intervention and prevention. The statistics support the success of this program (James & Gilliland, 2013, p. 105) and further underscore that a pooling of broad-based resources can provide much greater depth in the level of support that extreme crisis situations warrant.

Theological Principle #8: Priority of the Individual

Crisis workers and others who help clients must affirm the value of the individual in offering treatment, showing due sensitivity to their worth and dignity as human beings (James & Gilliland, 2013, p. 36). One can communicate support for a person's worth in many ways. For example, show due cultural concerns is one way of ascribing a high value to a person (James & Gilliland, 2013, p. 39). An effort to connect with a person on his or her cultural level affirms their value as human beings while showing openness to their cultural context. Yet, in showing all due diligence in addressing the various cultural matters that may present themselves, in the end people are all human beings created in the image of God, with a common parentage (Acts 17:26). We all have equal value in the eyes of God and matter to him to the degree that he communicates his love and desire for fellowship through Christ (1 John 4:9-10). If nothing else, our shared humanity gives us a common bond one with another, giving us a basis for making a connection (James & Gilliland, 2013, p. 39).

One way that crisis workers communicate the worth of the client is through the practice of core listening skills, which James and Gilliland identify as empathy, genuineness, and acceptance (James & Gilliland, 2013, p. 53). A genuine effort in listening closely to the client, giving that person a sense that he or she is worth their time and effort, gives affirmation, along with a sincere desire to understand that person's pain and struggle. As believers, we can further give affirmation to their dignity and worth by showing compassion and communicating God's love in a very tangible way. These things can help to reach a person, who may feel isolated and misunderstood. Just knowing that someone cares enough to connect with them in their pain, communicates love. The desire for understanding is a deeply felt need, and a crisis worker's owning statement of identification communicates that understanding (James & Gilliland, 2013, p. 78). All human beings, regardless of color or culture, respond to love. That's what make it a

most potent influence for the Christian called to minister in a crisis situation. Causing the sufferer to make a connection with the love of God will facilitate healing in ways that few other things can, for "love never fails" (1 Corinthians 13:8a).

Theological Principle #9: Holistic Approach to Treatment

One other critical element in the effective treatment of crisis victims relates to the multidimensional needs that human beings have, especially those in turmoil. If the Bible instructs us to minister to the need of our "enemies" by giving them food and drink (Romans 12:20), how much more should Christians serving those in crisis seek to meet the needs of the whole person. Not only does this make practical sense, but it's necessary to address basic physical necessities in order to make progress in treating the root causes of trauma (James & Gilliland, 2013, p. 54). Otherwise, one can expect little success in any attempt to handle much more complicated psychological factors.

Scripture affirms this reality, maintaining that it is pointless to share the gospel while neglecting the pressing physical needs that a person has. These things, because of their urgency, will undermine efforts to circumvent them. Furthermore, failure to address such matters undermines our credibility with the client, which is a sorely needed commodity in crisis management. After all, people are an integrated whole, and the same way due attention must be given to life's urgent necessities in the ministry of the gospel, so must the same care accompany crisis intervention, which in itself is yet another valuable expression of compassion in ministry.

The church where I serve as senior pastor is located in Newark, NJ. It has all of the usual challenges associated with urban ministry (including the various types of crisis associated with

urban life). Yet, because we are located on the edge of the Forest Hills section, which at one time was home to many wealthy, influential people, the neighborhood is filled with many enormous multi-room houses from a bygone era in which the residents had the wealth to sustain such opulence. However, now many of them have been converted into multi-family dwelling, and others are group homes. These homes house many people suffering the devastation of addictions and mental illness. One way our church reaches out to them is by feeding our group home neighbors. Though they have problems that extend way beyond food and other daily necessities, this give us a forum to address other needs in their lives. Likewise, it reinforces the message of love and hope that we regularly share with them. We try in tangible ways to show that our Father in heaven loves them and has not given up on them.

This relates to another valid point that James and Gilliland make, specifically that crisis issues rarely appear in isolation. A person going through severely traumatic events will likely have needs on many levels (James & Gilliland, 2013, p. 99). This is just the nature of crisis— traumatic events will give rise to a chain reaction that touches a person at various point of human need. Though some needs are more urgent than others, ultimately they all matter and need to be addressed in the larger scope of treatment.

Theological Principle #10: Influence a Paradigm Shift

As Dr. Carmen observed in lecture one, what may be a crisis to one, may not be to another. He observed further that, even more important than the event is a person's perception of the event. Likewise, James and Gilliland confirm this and point out that the universality of crisis carries such idiosyncrasies, meaning that anyone can fall victim at any time (James & Gilliland, 2013, p. 10). Therefore, a person's perception creates the whole mindset that the person brings to

the traumatic episode, and if the perception takes hold that the situation presents insurmountable obstacles, this will have an adverse effect on achieving equilibrium. As James and Gilliland put it, "How people appraise precipitating events and what the interventionist can do to reframe and temper catastrophic interpretations of the event will have a great deal to do with how well and how quickly the crisis is alleviated" (2013, p. 11).

Recognizing this reality, the Bible has much to say about the frame of mind that a person brings to every area of life, including a crisis situation. Believers are instructed to be renewed in the spirit of their mind (Ephesians 4:23), which will facilitate a paradigm shift, and alternate view of circumstances. Since perception has such power in how a client views circumstances, the crisis worker has the responsibility to inspire a change in thinking that will provide fertile ground to explore positive alternatives. If the goal is to restore equilibrium, then a shift in thinking can help a person to see a variety of option available to the client (James & Gilliland, 2013, p. 56) that were hidden from plain view by the emotion associated with trauma (James & Gilliland, 2013, p. 91). This change in thinking is what sets the stage for the client to take more practical steps toward recovery.

Theological Principle #11: Impact of Proactive Behavior

In the end, one of the most therapeutic and affirming things a crisis worker can do in the treatment of trauma and its effects is to stir up the innate proactive abilities resident within each person. As beings who are created in the image of God, humans function at their best when they reflect God's proactive nature. Crisis events can cause a person to withdraw and retreat, causing them to be cut off from their problem-solving abilities and capacity to act and effect positive change. According to James and Gilliland, "One of the key jobs of the crisis interventionist is

finding the right combination of support systems and coping mechanisms, and forming them into action plans that will tap the reservoir of resiliency that most people have to move them through and beyond the crisis" (2013, p. 10). If nothing else, it takes the person's focus off of self and onto productive activity. Furthermore, progress serves as a valuable motivator to continue to stay the course for recovery. As the authors put it, "Choosing to do something at least contains the seeds of growth and allows a person the chance to set goals and formulate a plan to begin to overcome the dilemma" (James & Gilliland, 2013, p. 10).

By helping a sufferer to regain control, the worker reinforces that person's proactive nature and provides valuable assistance in developing a workable plan that will lead the client toward recovery (James & Gilliland, 2013, p. 56). Moreover, moving the client toward a commitment to a course of action helps that person regain independence while challenging him or her to take responsibility for that persons actions and ultimately for his or her recovery (James & Gilliland, 2013, p. 58). Getting the person to commit to the plan is all-important, not only in terms of activating their inner resources, but in providing accountability for his or her implementation.

Theological Principle #12: Prevention of Transcrisis

One hard reality that crisis workers must face has to with the unfortunate discovery that some crises have many layers to them. Failure to properly face and resolve prior issues will carry severe complications and consequences. Having to face crisis is difficult enough on its own. However, having to do so with "baggage," makes treatment all the more challenging. Such are the problems associated with a transcrisis state. What seems to make transcrisis even more problematic is that it goes unnoticed until precipitated by another crisis.

The Scriptures wisely teach believers to confront matters that have the potential to fester and carry residual complications. For example, Paul advises followers "Be angry, and do not sin": do not let the sun go down on your wrath" (Ephesians 4:26, NKJV). In other words, he directs Christians to take proactive measures in dealing with issues that have the potential to linger and create spiritual baggage. Likewise, other Scriptures make the same case. Christ teaches that one should leave his or her gift at the altar and resolve relational issues before presenting an offering. This is yet another instance of making every effort to resolve issues of the heart so that they do not have future unforeseen consequences. As Dr. Carmen put it, "We all have stuff to deal with. The critical point is—are you dealing with your stuff?" Transcrisis arises when a person fails to deal with his or her "stuff."

James and Gilliland talk about the challenges associate with the vicious circle created by a transcrisis state. "Therefore, it is not only the initial crisis with which the worker must contend but also each transcrisis point, as it occurs, if clients are not to slip back into the pathology that assailed them in the first place" (James & Gilliland, 2013, p. 12). One could find an example of this dynamic at work in Scripture in the Pentateuch. The people of Israel suffered cruel, inhumane treatment at the hands of Pharaoh and the Egyptians (Exodus 1:13-14, 22). No doubt the generations of prolonged abuse they sustained while slaves in Egypt had a profound effect on their national psyche. Even so, the time came when God delivered them from their captivity in Egypt in dramatic fashion, by way of incredible signs and wonders. Yet, each time they found themselves in a crisis situation, rather than trust the God who did countless miracles on their behalf, they panicked and lapsed back into their dysfunctional behavior (Exodus 14:10-12; 15:24; 16:3; Numbers 11:1; 14:1-4; 20:3-5). Each new instance of crisis was a transcrisis point for them because they never experienced healing and restoration.

While crisis workers can do little to prevent the development of transcrisis states at the onset of a new crisis, believers in Christ can make it a point to follow the directives in Scripture that will challenge them to keep their lives free from accumulating unfinished business that will later complicate treatment if crisis should occur. Such preventative measures would bring about protection from harmful effects of emotional and relational baggage that Scripture intended for believers to avoid.

Conclusion

These observations are intended to build a theology of crisis and its treatment. It is by no means a comprehensive effort. If anything, it's still in development, a work in progress, as it were. Still, it's a worthwhile pursuit in my growth as a professional who must treat crisis. It is not meant to be a substitute for the tools, assessments, and established methods of managing crisis. The effectiveness of these methods speak for themselves, and I find them exceedingly valuable in becoming better equipped to treat crisis situations in ministry. While that represents significant progress and growth in this aspect of my calling, I still find it a necessary step in establishing a theological foundation for crisis care in my ministry. In recognizing Scriptural principles as a significant part of crisis work, it serves to give theological underpinnings to crisis care in ministry.

References

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