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CRISIS INTERVENTION

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Abstract

This paper takes another step in the implementation and development of a theology of crisis. By applying its principles to specific crisis management topics and comparing these principles with current treatment methods in practice today, it finds common ground with accepted treatment inasmuch as such methods coincide with Scriptural truth. In addition, by exposure to various crisis situations common today, it provides for some expansion as these principles are extended to these various areas of care.

So far, this discussion has provided further validity for these principles since they find much common ground with treatment as it is currently implemented in various treatment venues. Still, since more areas of crisis remain unexplored, it remains a work in progress.

As the pace of life increases and technology bring new associated complications, these things add yet new tensions to humanity, which is already overburdened. Fortunately, with these challenges rise advancements in research and the development of methods that endeavor to keep pace with the administration of crisis care. The development of telephone and online crisis intervention provide such an example. Even so, with new treatments and avenues of management to fight the various troubles that plague humanity, care givers and crisis workers must remain ever vigilant to provide support for an ailing population, while new episodes quickly replace old ones with the changing of each news cycle.

Fortunately, at the same time, the timeless truths of Scripture offer answers to life's most challenging problems, even those that have humanity overmatched. In many ways, age-old problems, such as sexual assault, family violence, crises of lethality, etc., have taken on a modern twist. Nevertheless, the enduring principles of God's Word can offer much needed help and stability during times of trouble. God can bear the crushing burden of human pain and can equip his servants to minister much needed care and comfort to those devastated by crisis in its various forms. Furthermore, God's Word gives hope that people can recover from tragedy and overcome even the worst of disasters. Rather than remain defeated by life's problems, God can cause people to thrive and use their former devastations as opportunities to catapult them to healing and recovery.

In keeping with the assumptions of the previous paper, this paper seeks to identify those principles in crisis care that fit the structure of a theology of crisis (see Appendix) set forth therein. By identifying these principles, they help guide the Christian worker seeking to administer crisis care using a biblical framework. Therefore, this paper will endeavor to identify

and affirm those principles in the textbook which are in line with this structure. A careful review of the chapters will show principles of crisis care that have relevance for theological principles three through twelve.

Theological Principle #3: Crisis as a Result of Sin

Most of the collateral damage associated with crisis has its roots in human depravity and sin. All too often, the oft-quoted principle proves true that the "sins of the fathers are indeed visited upon their children." The consequences of sin and disobedience have devastating effects upon the innocent, leaving untold suffering and scars. While this will receive some treatment in the discussion of theological principle twelve, it has a bearing here also.

Our authors call attention to a striking fact that speaks to the role that sins plays in augmenting the effects of crisis. Those acts of crisis which have human origins cause much more damage than natural disasters. For example, posttraumatic stress disorder (PTSD) is far more likely to develop as a result of events precipitated by humans than by natural phenomena (James and Gilliland 2013, 156). Likewise, victims of rape and sexual abuse experience more profound suffering than other types of crisis (James and Gilliland 2013, 249). These types of crisis carry a much heavier burden of suffering because they are associated with acts directly related to the actions and moral choices of others and could otherwise have been avoided (James and Gilliland 2013, 157). For example, the after effects of one injured or killed as a result of a drunk driving accident will have more profound negative effects than that caused by a so-called act of God.

Another striking example of this appears in the aftermath of a suicide. The surviving family members and other loved ones pay a high prices (James and Gilliland 2013, 237), causing

suffering that reaches beyond the grave, as it were. Therefore, the lethal acts serves as a punishment or way of inflicting pain on the survivors. While such actions come from tortured individuals who may have lost touch with reality to a degree, still a suicide will eventually cause more pain than it ultimately ends (James and Gilliland 2013, 238). In this way, whether intentional or not, it turns out to be a selfish act that creates more problems than it solves. In some instances, one could classify it as an act of rebellion, in that it denies God's ability to adequately address one's suffering, opting instead for a violent way out of the painful circumstances. Still, one must take all facts into account in each individual situation, especially since only the individual can know the depth of pain that brought him or her to that point (James and Gilliland 2013, 209). Nevertheless, it calls attention to a point raised in the book.

One observation made by our authors provides interesting insight into human behavior, yet requires some qualification. Specifically, "Behavior is always purposeful and serves motives that may be either conscious or unconscious" (James and Gilliland 2013, 128). While this may be true, one must note that this does not speak to purity of motives or moral propriety associated with such behavior. It is possible that a person can act in his or her perceived best interests, yet actually commit wrongdoing. After all, the flesh—the human sinful nature—operates out of its own perceived best interests (Galatians 5:19-21), yet not for noble reasons (Romans 8:5-8). Therefore, though such unusual behavior may have purpose, it may not necessarily be redemptive in nature, and is therefore another human expression of the sinful nature in response to crisis.

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

While different events affect different people in different ways, generally speaking,

people have problems processing crisis and the pain associated with it. Our authors call attention to human frailty in this regard by pointing out that, when it comes to risk factors for PTSD, "Given the right conditions, it appears anyone can be a candidate" (James and Gilliland 2013, 154). Furthermore, they mentioned that prolonged conditions of extreme stress can actually change the physical makeup of the brain in response. This suggests an adaptive mechanism to a phenomenon that the human condition was, in God's perfect design, never meant to experience (Genesis 1:27). However, negative factors related to crisis have a bearing on this development. According to James and Gilliland, "To survive such a situation called for imposing psychological defense mechanisms that made a fertile breeding ground for PTSD" (James and Gilliland 2013, 159).

Trauma represents a negative reframing of one's perspective and worldview. Prior to the trauma, the individual has a personal sense of reality based on one's perspective and understanding of the world, conditioned by environment and experience. However, the emotional upheaval of trauma undermines one's paradigms, causing the person to question one's former reality in light of this new development. Accordingly, this could put a person, even those who have excellent coping mechanisms, at risk for the development of PTSD (James and Gilliland 2013, 156).

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

Fortunately, the same way that humans can develop maladaptive behavior as a result of negative reactions to crisis, they also have the God-given capability to recover from crisis and rise above its long-term negative effects. This is the very idea embodied in the declaration made by our authors, "Solutions are created, not found" (James and Gilliland 2013, 126). As proactive

individuals created in God's image, people can (with positive support and treatment) bounce back from even the most devastating ordeals. Furthermore, they can find meaning and growth as a result of overcoming the challenge (James and Gilliland 2013, 195). Author Shawn Achor cites research that supports the idea that trauma can serve as a catalyst for powerful personal, positive growth, a phenomenon described as "Adversarial Growth," or "Post-Traumatic Growth" (2010, 109-110).

Earlier, it was noted that the physiology of the brain can change in negative ways with extended exposure to intense stress. However, this can work positively as well. Dr. Caroline Leaf refers to the brain's "neuroplasticity," its capacity to change and develop, stating that it applies in positive as well as negative directions (2016, 63). She describes PTSD as neuroplasticity working against the individual in negative ways (as discussed earlier). Fortunately, the human brain's neuroplasticity has the potential to change in ways that facilitate healing and blessing. More on this in the discussion of theological principle ten.

Theological Principle #6: Necessity of Intervention

In these various forms of crisis, people need some kind of outside intervention in order for them to achieve equilibrium and find a path that leads to recovery from the devastating effects of their trouble. Whatever may be the case, in many (if not most) situations, people suffering serious aftereffects from trauma need someone to put them out of their private nightmare. For example, a victim of PTSD cannot just "snap out of it," or simply stop experiencing its symptoms (James and Gilliland 2013, 155). Quite often, they turn to the tranquilizing effects of alcohol or drugs in order to deal with the pain that they cannot put behind them (James and Gilliland 2013, 159). Though they try to put the problem out of mind, it

continues to surface in other ways (James and Gilliland 2013, 160).

Like many other suffering people, PTSD sufferers will often retreat into isolation, choosing to cut themselves off from help (James and Gilliland 2013, 178). Likewise, the person struggling with suicidal ideation needs intervention as well. Concerned family and friends, alerted by warning signals, can play a valuable role in dealing with the problem (James and Gilliland 2013, 237).

Those in battering relationships require a special kind of intervention because of the many relational and practical complications that weigh upon its victims. For some women, a major step comes in actually recognizing that the relationship is abusive in the first place (James and Gilliland 2013, 321), a step many go to great lengths to deny (James and Gilliland 2013, 311). Yet, women need help over other hurdles as well. According to James and Gilliland, “In actuality, most women who are in battering relationships do leave, and this in itself is a courageous act because it is one of the most dangerous things a woman can do,” only later to return to the situation again for a variety of causes (2013, 308). For this reason, women need a great deal of patience, affirmation, and support.

Victims of sexual abuse also need special intervention, especially children. Because they carry a heavy load of guilt, victims needs validation and reassurance that they did not deserve what happened to them, nor were they to blame for the acts committed against them (James and Gilliland 2013, 283). Still, because victims will have a tendency to blame themselves, they will require regular affirmation, which will include a need for professional counseling as well (James and Gilliland 2013, 282)

Theological Principle #7: Importance of Support Community

Because of the scope of the aforementioned needs, a deep, extensive community of support must act as agents of healing to facilitate the needed recovery of those who receive outreach. The variety of crises and the burden that care places on people and systems means that a wide range of resources is needed to meet the ever-increasing demand placed on resources. Fortunately, technology has served to increase the availability of help, putting it easily within reach of the average person. Crisis lines and online resources help to make services available in a widespread, yet affordable manner (James and Gilliland 2013, 120).

Moreover, these services carry other advantages in addition to their cost effectiveness. For one thing, a counselor does not necessarily become tethered to a single caller, which prevents the development of unhealthy, counterproductive dependencies (James and Gilliland 2013, 121). In fact, the anonymity of phone and online counseling presents a win-win for both client and crisis worker alike. The client can have fewer inhibitions about seeking needed help, while the worker can maintain a professional distance (James and Gilliland 2013, 129-130).

Another advantage of these systems comes in the form of the teamwork and extension of support in difficult cases. When keeping a safe emotional distance from the caller becomes difficult, a crisis worker can hand off the call to a coworker or supervisor. Also, they provide a buffer for sexually explicit callers, which can mitigate the circumstances for the worker as well (James and Gilliland 2013, 133). This organizational dynamic also puts the crisis worker in touch with supplemental materials and referrals when needed (James and Gilliland 2013, 126). If nothing else, the brevity of most phone contacts keeps the burden of crisis care from becoming overwhelming. And when it does, help is nearby in the form of a fellow worker.

In crisis care, the family serves as a much needed resource in treating sufferers and providing support. Therefore, the crisis worker should seek to involve the family if at all possible (James and Gilliland 2013, 184). James and Gilliland write, “Families can and should be an integral part of treatment and should be fully informed about the positive role (along with the limits) they can play” (James and Gilliland 2013, 236). However, they should be instructed regarding their role in care, as well as providing acceptable support (James and Gilliland 2013, 258). For example, women recovering from rape may find themselves recipients of “secondary victimization” by being unfairly blamed by family for the occurrence. They require support and nonjudgmental atmosphere in order to facilitate healing (James and Gilliland 2013, 259).

Battered women need extensive support in order to escape the captivity of their abusive relationship. Painstaking effort will help a woman who has made many false starts to leave the abusive situation, therefore she needs time and patience, along with information of available services that can provide additional support (James and Gilliland 2013, 318). She will need to receive affirmation that will relieve associated guilt, along with the rebuilding of her damaged self-esteem (James and Gilliland 2013, 319). As she receives support on a long-term basis, she will have a greater likelihood of leaving the relationship for good in order to build a new life (James and Gilliland 2013, 322).

Theological Principle #8: Priority of the Individual

Since crisis often has devastating effects on one’s dignity, those who serve victims must rebuild their fragile sense of self-worth by remembering their status as dearly loved people for whom Christ died and by administering the healing love of God in all its facets. For this reason, one must seek to meet the victim’s needs, while preserving dignity at all times, even though this

may prove difficult at times. Though the sufferer seeks help from a weakened position, he or she should still receive respect and understanding when under treatment. The authors give a reminder to phone workers, for example, to avoid "becoming caustic, judgmental, and demanding" (James and Gilliland 2013, 122).

Likewise, sensitivity and nonjudgmental care should rate high in treating and serving victims of partner violence, giving reassurance that the crisis worker understands the difficulty of their situation (James and Gilliland 2013, 312). Likewise, these courtesies should extend to any in need of help, whether to those suffering from PTSD (James and Gilliland 2013, 167) or victims of violence and sexual assault (James and Gilliland 2013, 255). They need to know that they have found safety in the one administering care. For this reason, the worker should make building a rapport and trust with the client a high priority (James and Gilliland 2013, 222, 273).

While love goes a long way toward reestablishing equilibrium and facilitating healing, it sometimes find a variety of expressions. In other words, a crisis worker does not have to serve the various desires of the one seeking services (James and Gilliland 2013, 126). In administering care, the person's needs take precedence over everything else. The crisis worker should not feel the pressure to entertain that person's personal agenda. The truest expression of love in such a case would keep a firm focus on the genuine underlying need, to the exclusion of peripheral, secondary concerns. Along with this, a worker has no obligation to take abuse in the course of service (James and Gilliland 2013, 126).

Theological Principle #9: Holistic Approach to Treatment

Providing care to those suffering the effects of trauma will require ministry to the whole

person, especially since the suffering takes place on a multidimensional scale. While crisis has profound effects on an individual's psyche, it also has other components as well. For example, individuals suffering the ill effects of trauma will have some kind of physical reaction (James and Gilliland 2013, 154). This becomes even more complicated in the case of long-term crisis (James and Gilliland 2013, 155). PTSD treatment, therefore, becomes especially challenging in this regard because of its complex physical and psychological components (James and Gilliland 2013, 173).

For this reason, a wide support network, covering many disciplines can help a person cope with the multifaceted effects of crisis. While phone counseling can help with a wide range of issues, it is, by no means, comprehensive. Yet, callers may have to field calls from people experiencing problems that appear across the spectrum of human suffering. For some crisis workers, this can prove overwhelming (James and Gilliland 2013, 128.). Knowing when to refer, and having the appropriate support resources can mean life or death in such circumstances.

Theological Principle #10: Influence a Paradigm Shift

In order to bring promote healing and bring about lasting change in the life of the sufferer, the person must experience a paradigm shift, a transformative realignment with unhealthy thoughts with those that make for health and restore wholeness. Often, the root of suffering in many victims of trauma stems from the development of destructive thought patterns that have no basis in truth, but cause but cause harm just the same. Backus and Chapian identify this kind of thinking, labeling it as "misbelief" (1980, 17). They describe it as a thought pattern that appears true to the individual (and may indeed have a fragment of truth) but is largely based upon a lie and goes unchallenged by the person. As a result, the person acts as if it is true, and

therefore suffers the consequences of accepting and believing a lie (Backus and Chapian 1980, 18). Therefore, a key element in developing healthier though patterns involves a determined administration of truth to counteract the adverse effects. As the Lord Jesus said, "And you shall know the truth, and the truth shall make you free" (John 8:32 NKJV).

Take note that James and Gilliland do not recommend entertaining a person's delusions no matter how real they appear to the individual (James and Gilliland 2013, 129). Not only is this harmful, it, it demeans the client as well. It will not inspire confidence in the worker or the treatment (Backus and Chapian 1980, 130). Allowing the person to continue entertaining a falsehood will not help the situation. Instead, the goal of the crisis worker is to "disrupt the irrational chain of thinking" that is motivating the victim (James and Gilliland 2013, 130).

"Misbelief Therapy" is a procedure that seeks to counteract negative thought patterns and replace them with truth in order to enact new thinking that has corrective outcomes (Backus and Chapian 1980, 10). This treatment method involves three steps, which includes the individual finding and identifying misbelief in his or her thinking and self-talk, challenging the misbelief by arguing against it, and replacing the misbelief with the truth (Backus and Chapian 1980, 180). According to Backus and Chapian, they conducted a research project over six months in which clients at a counseling center were treated with this method. The results of the study indicated that ninety-five percent of clients treated had shown improvement, with specific, tangible behavioral results (1980, 10).

An interesting note regarding this relates to several treatment methods for crisis reported by James and Gilliland. Many of these include some form of this same therapeutic approach. For example, our authors recommend that people experiencing dissociation have to bring thought

and behaviors associated with these events "into conscious awareness and come to grips with them, so they can be resolved" (James and Gilliland 2013, 160). Also in the treatment of PTSD, in completing a traumagram, therapists look for "recurrent psychodynamic themes that might give us clues to what is driving current maladaptive behavior" (James and Gilliland 2013, 167). Yet again, in another technique in the treatment of PTSD, flooding and exposure, the client is bombarded (or "flooded") with stimuli that induce anxiety so that he or she can discover that their fears are groundless because they have no basis in fact (James and Gilliland 2013, 175). Still another, the installation phase of EDMR Therapy seeks to replace the former perception of the traumatic episode with "a new positive cognition of the event" (James and Gilliland 2013, 187). Even in the treatment of childhood sexual abuse, Prolonged Exposure/Cognitive Restructuring calls for "Reframing the client's negative and distorted beliefs about him- or herself is critical in allowing the client to separate the fact and fiction of an abusive childhood" (James and Gilliland 2013, 268). All of the aforementioned treatment methods involve some measure of identifying harmful, counterproductive thoughts, challenging their validity, and/or replacing them with positive, constructive thoughts which have a basis in truth.

Theological Principle #11: Impact of Proactive Behavior

In addition to enacting a transformational paradigm shift, another step that facilitates growth and healing in the trauma sufferer is getting the person to engage in proactive behavior. Not only does this cause the client to develop more personal responsibility, acting in keeping with his or her God-given nature (as one created in God's divine image) will have therapeutic value. Our authors advocate encouraging action on the part of crisis victims by viewing alternatives and enacting a plan (James and Gilliland 2013, 124).

Likewise, crisis care for those contemplating suicide involves motivating them toward seeking a creative solution. James and Gilliland write, “Clients need to be taught to either use existing problem-solving skills or generate new ones so that they can shed the inescapability of unsolvable problems” (James and Gilliland 2013, 222). Along with this, engaging the client in entering a no harm contract and a treatment plan proves effective in treating those suicidal among the elderly (James and Gilliland 2013, 234). Initiative on the part of the crisis worker can help sufferers finally engage in action, in a break with the depression that would otherwise encourage inertia.

At the same time, workers must show discernment because some victims in battering relationships would prefer to take a passive role, allowing for the caregiver to act as problem solver on her behalf (James and Gilliland 2013, 313). In this way, the crisis worker must take care not to be manipulated but must serve as a catalyst for women to take action for themselves, which will support safety for them (James and Gilliland 2013, 317).

Theological Principle #12: Prevention of Transcrisis

While all crisis sufferers run some risk of transcrisis, children who experience trauma, especially child victims of sexual abuse have a very high likelihood of developing neuropathy, development of PTSD later in life, and a common occurrence of transcrisis episodes (James and Gilliland 2013, 262, 265). Likewise, in the course of treatement for PTSD, transcrisis workers expect to encounter a great deal of transcrisis (James and Gilliland 2013, 164).

Even for those who do not develop PTSD later in life, the far-reaching consequences for children and teens who suffer from sexual assault is devastating (James and Gilliland 2013, 272).

In the words of Jesus, “Whoever causes one of these little ones who believe in Me to sin, it would be better for him if a millstone were hung around his neck, and he were drowned in the depth of the sea” (Matthew 18:6, NKJV). No wonder the Lord reserves so great a condemnation for those who wound defenseless children. People who violate children condemn those innocent, vulnerable children to a nightmare that could last a lifetime without extensive treatment.

Conclusion

This paper provides for an opportunity to see the principles for a theology of crisis applied to several specific areas of crisis management. So far, the principles appear to have a compatibility with accepted practices in the areas of treatment under examination to this point. Perhaps for future consideration, a thorough review of available literature would help to lend further support for their validity. Likewise, some sort of practical research could offer measurable criteria that allow for further development. Even so, the firm adherence to a Scriptural framework goes a long way toward implementing a valuable approach in a practical ministry setting. Furthermore, this theology gives a workable systematic understanding that helps to shape the administration of crisis care in useful ways. As such, inasmuch as the exploration of other topics for crisis management are imminent, it remains a work in progress.

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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