

## **Responding to crisis**

We all hope that we never have to deal with crisis situations in our lives or in our service programs, but inevitably they do happen. Responding in a helpful way in those situations is crucial. So here are a few tools/resources that may be helpful as you respond to crisis situations in your service unit or community. We want to respond to crisis immediately and in a way that enhances the coping resources of those involved, meets their physical needs, and possibly prevents or controls further stress. In addition to reviewing this information, there are a few things you can do ahead of time (note the “Things to do ahead of time” section) to make sure that when a crisis does occur, you have the information you need to make sure your service participants are taken care of.

### **Definition of crisis**

Let’s start by defining what we mean by crisis. A crisis is a traumatic or stressful event that is so extreme or severe and harmful and/or threatening to the person(s) involved that they require extraordinary efforts to cope. A crisis may be a brief unusual event or a series of events over time.

A crisis can affect all areas of a person’s life, so assessment should be made of all the potential areas of impact: i.e. emotional, physical, spiritual, cultural, environmental, financial, socio-political/legal, constituency, relationships, service assignment, and moral/ethical issues.

### **Things to do ahead of time**

When a crisis happens, it is crucial that you have the information and resources you need to respond in a calm and helpful way. There is usually no time to get these things together when a crisis happens, so doing these things ahead of time will be most helpful.

1. Review the information provided here and make sure it is easily accessible to review in a crisis.
2. Identify persons in your host church or community that are trained in crisis response who could help your group if needed.
3. Identify persons in your host church or community that are licensed to provide counseling if needed.
4. Copy the charts found at the end and keep them in your unit house in a place that you and the participants can access them easily.

### **Things a local leader can do initially**

It has been suggested that the response of others following a traumatic event is more significant in a person’s life than the event itself. You don’t need to have all the answers or even to pretend that you do. In fact, the most significant help to the person experiencing crisis is a listening ear and a caring spirit. Here are a few hints that may be helpful as you walk with someone who has gone through a traumatic experience.

- For those who have experienced a stressful or traumatic event, there is often a strong initial need to just tell their story. The first thing that leaders can do in helping a person

process their experience is to be an active listener - listen, listen, and listen some more. Active listening involves asking questions that allow the person to connect with their pain.

- What did you go through?
  - How did you survive?
  - What has happened in your relationships with others? Your service unit? Your service assignment?
  - Who have you talked to about this so far?
  - What coping strategies have you tried?
  - What has been helpful in the past?
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- Help the person grieve, cry, express emotion if it is comfortable for the person you are supporting.
  - Accept a person's reactions as normal responses to an abnormal situation.
  - Normalize their reactions to the event (see "Common symptoms after a traumatic event"). In a group there may be a wide variety of reactions, which is to be expected.
  - Provide the facts. Do not give false reassurance.
  - Do not say anything to encourage blame.
  - Let persons know that a crisis is time limited and the "out of control" feeling usually lasts even less time.
  - If a person has trouble making decisions, break them down into small ones that are more manageable.
  - Communicate hope and belief in the person, but not false reassurance.
  - Reinforce healthy adaptive behaviors. (See "What you can do to take care of yourself".) Ask what has helped in the past; encourage them to start with those things.
  - Make sure that a support network is in place for the person, including their family and home community as well as in your unit or local church/community.

Another way to look at it is Dale Manning's three H's for responding to someone in intense grief:

- Hang around – be there for the person
- Hug – when appropriate, some might prefer a supportive touch
- Hush – listen attentively and allow silence to heal at times

### **Post-traumatic stress disorder (PTSD)**

After the first few weeks, unit leaders should be aware of and looking for signs of post-traumatic stress in their participants. If signs are present, unit leaders are not expected to provide counseling, but rather to help the person access counseling resources in their community. These symptoms are common in the first few weeks after a traumatic event. **However, if the person experiences several of these symptoms for more than one month, they could be experiencing PTSD and should be referred to a professional for assessment and help.**

## **Symptoms related to PTSD**

### **Intrusive symptoms**

- Flashbacks or intrusive memories
- Sleep problems (nightmares, night terrors or interruption of sleep cycle)
- Tension, anxiety, irritability, hyperactivity
- Hyper vigilance (being “on alert” or nervous about something bad happening even when no danger is present)
- Fear and loss of sense of safety
- Aggression/rage
- Territorial issues (possessiveness and suspicion of others)
- Guilt/shame

### **Avoidance symptoms**

- Inability to recall parts or all of the traumatic experience
- Depression
- Dulled or numb feelings
- Problems with relationships or attachment
- Poor boundaries
- Problems concentrating/short attention span
- Problems making decisions
- No sense of future

## Common symptoms after a traumatic event

Adapted from the work of Jim Norman, M.ED, C.T.S Oklahoma City, Okla.

After experiencing a traumatic event, or after a series of cumulative stressors, it is common – and normal – to experience a wide range of emotional or physical reactions. These responses may appear immediately after the event or some time later. They may last for a few days, a few weeks, or even longer. **These are normal reactions to an abnormal situation.** Over time, many trauma symptoms diminish. Seek help if they persist, or reappear after other upsetting or re-stimulating events. The following are some of the most common symptoms:

Emotional (feelings)	Cognitive (thinking)	Behavioral (doing)	Physical	Spiritual
<ul style="list-style-type: none"> <li>- fear</li> <li>- terror</li> <li>- anxiety</li> <li>- panic/paranoia</li> <li>- anger/rage</li> <li>- apprehension</li> <li>- depression</li> <li>- vengeful</li> <li>- shame</li> <li>- guilt</li> <li>- sadness</li> <li>- grief</li> <li>- emotional shock</li> <li>- emotional outbursts</li> <li>- loss of emotional control</li> <li>- feelings of hopelessness or helplessness</li> <li>- feeling numb</li> <li>- irritability</li> <li>- inappropriate emotional responses</li> </ul>	<ul style="list-style-type: none"> <li>- confusion</li> <li>- nightmares</li> <li>- hyper-vigilance</li> <li>- suspiciousness</li> <li>- flashbacks</li> <li>- overly sensitive</li> <li>- difficulty concentrating or making decisions, spaciness</li> <li>- memory problems</li> <li>- shortened attention span</li> <li>- overly critical</li> <li>- blaming others</li> <li>- poor problem solving</li> <li>- poor abstract thinking</li> <li>- preoccupied with the event</li> <li>- inability to recall all or parts of the event</li> <li>- disorientation of time, place, person</li> <li>- heightened or lowered awareness</li> </ul>	<ul style="list-style-type: none"> <li>- withdrawn</li> <li>- antisocial acts</li> <li>- inability to rest</li> <li>- hyper-alert</li> <li>- pacing</li> <li>- erratic movement</li> <li>- suspiciousness</li> <li>- emotional outbursts</li> <li>- changes in speech patterns</li> <li>- increased alcohol/drug use</li> <li>- avoiding thoughts or feelings related to event</li> <li>- difficulty writing or talking</li> <li>- loss or increase of appetite</li> <li>- feeling uncoordinated</li> <li>- changes from typical behavior</li> </ul>	<ul style="list-style-type: none"> <li>- thirst</li> <li>- twitches</li> <li>- vomiting</li> <li>- weakness</li> <li>- elevated blood pressure</li> <li>- rapid heart rate</li> <li>- muscle tremors</li> <li>- shock symptoms</li> <li>- visual difficulties</li> <li>- nausea/diarrhea</li> <li>- shallow breathing</li> <li>- dizziness or faintness</li> <li>- chills or sweating</li> <li>- easily startled</li> <li>- fatigue</li> <li>- changes in appetite</li> <li>- sleep disturbances or nightmares</li> <li>- headaches</li> <li>- grinding teeth</li> <li>- inability to rest</li> <li>- sitting and staring</li> </ul>	<ul style="list-style-type: none"> <li>- emptiness</li> <li>- loss of meaning</li> <li>- doubt</li> <li>- feeling unforgiven</li> <li>- martyrdom or feeling punished</li> <li>- loss of direction</li> <li>- cynicism</li> <li>- apathy</li> <li>- needing to “prove” self</li> <li>- feeling alienated</li> <li>- mistrust</li> <li>- crisis of faith</li> </ul>

## What you can do to take care of yourself

Adapted from the work of Jim Norman, M.ED, C.T.S Oklahoma City, Okla.

The same five areas in which you experience the effects of trauma are also areas to focus efforts to help yourself cope. The following are some ideas others have found useful. Add to it those you have found helpful.

Emotional (feelings)	Cognitive (thinking)	Behavioral (doing)	Physical	Spiritual
<ul style="list-style-type: none"> <li>- allow yourself to experience what it is that you feel</li> <li>- keep communication open with others</li> <li>- see a counselor</li> <li>- be assertive when needed</li> <li>- remember you have choices</li> <li>- develop your sense of humor</li> <li>- find a “vent-partner”</li> <li>- use positive words and language</li> <li>- do the things you enjoy (e.g., go fishing)</li> </ul>	<ul style="list-style-type: none"> <li>- write things down</li> <li>- note the decisions you are already making</li> <li>- make small, daily decisions</li> <li>- see a counselor</li> <li>- get the most information you can to help make decisions</li> <li>- anticipate needs</li> <li>- review previous successful problem solving</li> <li>- have a plan “b”</li> <li>- break large tasks into smaller ones that feel more manageable</li> </ul>	<ul style="list-style-type: none"> <li>- moderation</li> <li>- spend time by yourself</li> <li>- limit demands on your time and energy</li> <li>- help others with tasks</li> <li>- see a counselor</li> <li>- do activities that were previously enjoyable</li> <li>- take different routes to work or trips</li> <li>- find new activities that are enjoyable and mildly challenging</li> <li>- relax</li> </ul>	<ul style="list-style-type: none"> <li>- moderation</li> <li>- maintain regular sleep patterns</li> <li>- minimize caffeine</li> <li>- exercise</li> <li>- see a counselor</li> <li>- eat well-balanced and regular meals</li> <li>- drink water</li> <li>- see your doctor and dentist</li> <li>- wear less restrictive clothing</li> <li>- engage in some physical luxuries – spas, massage, baths</li> </ul>	<ul style="list-style-type: none"> <li>- discuss your beliefs with spiritual leaders or mentors</li> <li>- meditation</li> <li>- practice the rituals of your beliefs</li> <li>- see a counselor</li> <li>- spiritual retreats</li> <li>- prayer</li> <li>- visit new places of worship</li> <li>- read spiritual literature</li> <li>- sing</li> <li>- write poetry</li> </ul>