

PSYCHOTHERAPY IN EPIDEMICS

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DEFINITION:

Crisis is a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms.

(James & Gilliland, 2001)

CRISIS INTERVENTION:

the provision of acute effective intervention aiming at reversing the crisis status

Crisis intervention is emergency first aid for mental health & domestic violence. It requires that the person experiencing the crisis receive timely and skillful support to help cope with his/her situation before physical or emotional deterioration occurs.

CRISIS INTERVENTION:

Crisis intervention therefore involves three major components:

- The actual crisis victim's perception of an unmanageable situation,
- The individual in crisis, and
- The helper who provides aid.

A stressful event alone does not constitute a crisis; rather, crisis is determined by the individual's view of the event and response to it. (Smead, 1988).

CHARACTERISTICS OF A CRISIS

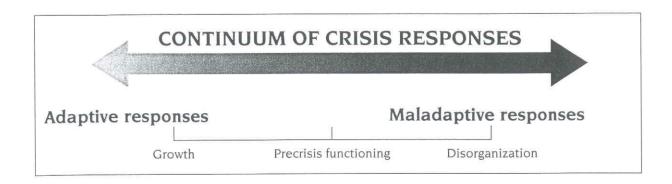
Time limited: Generally lasting no more than six weeks.

Disorganization

People are more open to change

Opportunity to resolve previously unresolved issues

Successful experience



CRISIS INTERVENTION

Goal is to stabilize the family situation and restore to their pre-crisis level of functioning.

Opportunity to develop new ways of perceiving, coping, and problem-solving.

The intervention is time limited and fast paced.

Worker must take an active and directive approach.

PROCESS

Assessment

Intervention

Termination

Assessment includes: the stressor event; the person experiencing the crisis; and the meaning of the event to the person in crisis.

Important to assess risk factors.

RISK FACTORS

Suicide or homicide

Risk of physical or emotional harm to the children

Risk of break from reality (psychosis)

PERFORMING THE ASSESSMENT

Conducting the interview

- History: personal and familial risk behavior
- Any means and plans the client may have about carrying out the risk behavior
- Controls: internal and external that are stopping the client from undertaking the risk behavior.

Observations during the interview

 Level of anxiety; desperation; despair; sense of hopelessness; contact with reality. The skill and technique most essential at this stage is that of **focusing** while allowing the client to ventilate and express the overwhelming flood of emotions.

Focusing technique can elicit more coherent information for assessment as well as help the client pull themselves together cognitively and emotionally.

A focused interview can serve as an instrument of both assessment and intervention.

INTERVENTION

Planning occurs simultaneously as assessment is made about how much time has elapsed between the occurrence of the stressor event and this initial interview.

How much the crisis has interrupted the person's life;

The effect of this disruption on others in the family;

Level of functioning prior to crisis and what resources can be mobilized.

The goal of intervention is to restore the person to pre-crisis level of equilibrium, not of personality changes.

Worker attempts to mobilize the client's internal and external resources.

Exact nature of the intervention will depend on the client's pre-existing strengths and supports and the worker's level of creativity and flexibility.

THREE APPROACHES

Affective:

 Expression and management of feelings involving techniques of ventilation; psychological support; emotional catharsis.

Cognitive:

- Helping the client understand the connections between the stressor event and their response. Techniques include clarifying the problem; identifying and isolating the factors involved; helping the client gain an intellectual understanding of the crisis
- Also involves giving information; discussing alternative coping strategies and changing perceptions.

Environmental modification:

 Pulling together needed external, environmental resources (either familial or formal helping agencies)

Any and all three approaches may be used at any time depending where the client is, emotionally and cognitively.

The goal is to help the client restore pre-crisis levels of functioning.

WARNINGS

Danger of misunderstanding the client's nonverbal behavior as well as spoken words due to cultural differences or the client's state of disorganization.

Imperative for the workers not to assume that they understand what the client means by his spoken word or non-verbal behavior and vice versa.

It is best to clarify and make sure.

WHAT IS PSYCHOTHERAPY?

Psychotherapy is a systematic interaction between a therapist and a client that brings psychological principles to bear on influencing the clients' thoughts, feelings, or behavior to help the client overcome abnormal behavior or adjust to problems of living.

THERAPEUTIC PARADIGMS

Psychoanalytic

- Psychoanalysis
- Short-term dynamic therapies
 - Interpersonal Psychotherapy

Humanistic

- Client-centered therapy
- Gestalt

Behavoralism

- Behavior therapy
- Fear-reduction methods
 - Systematic desensitization
 - Modeling
- Aversion Conditioning
- Operant Conditioning Procedures
- Social Skills Training

Cognitive Therapy

- Cognitive therapy
- Rational Emotive Therapy
- Cognitive-behavioral therapy

SUMMARY:

A crisis is a disturbance resulting from a perceived threat that challenges the person's usual coping mechanisms. Crises are a time of increased vulnerability, but they can also stimulate growth. There are two types of crises: maturational and situational.

SUMMARY:

Crisis intervention is a brief, active therapy with the goal of returning the individual to a precrisis level of functioning. The therapist and patient should consider the following factors in evaluating psychiatric care: the patient's level of functioning, symptoms, coping resources, coping mechanisms, evidence of adaptive coping responses, and need for referral for further treatment.

Crisis intervention can be implemented in any setting, including hospitals, clinics, community health centers, and the home.

Modalities of crisis intervention include mobile crisis programs, group work, telephone contacts, disaster response, victim outreach programs, and health education.

