When to Recommend Professional Help

## Indicators that can characterize a crisis-prone person:

* Alienation from lasting and meaningful personal relationships
* Inability to use life support systems such as family, friends, and social groups
* Difficulty in learning from experience; the individual continues to make the same mistakes
* A history of previously experienced crises that have not been effectively resolved
* A history of mental disorder or severe emotional imbalance
* Feelings of low self-esteem
* Provocative, impulsive behavior resulting from unresolved inner conflict
* A history of poor marital relationships
* Excessive use of drugs, including alcohol abuse
* Marginal income
* Lack of regular, fulfilling work
* Unusual or frequent physical injuries
* Frequent changes in residence
* Frequent encounters with the law

(Greenstone & Leviton, 2002. *Elements of Crisis Intervention.* Brooks/Cole)

In general, if you suspect that all is not well, it is best to ask the worker about the difficulties you have noticed, and to encourage them to seek professional help if necessary.

**When to recommend professional psychological or psychiatric help:**

If any of the following are present, professional psychological or psychiatric treatment should be recommended:

* Suicide risk
* Signs of psychosis (eg losing touch with reality; delusions; hallucinations; paranoia)
* Anorexia nervosa or bulimia nervosa
* Post-traumatic stress disorder
* Clinical depression
* Serious alcohol or substance misuse, or other damaging addictions
* Self-destructive behaviour
* Violence towards others/ serious anger problems
* Anxiety attacks or agoraphobia
* Severe sleeping problems
* Chronic fatigue syndrome, or extreme exhaustion/burnout
* Fear of being HIV positive.

If you, or they, are concerned about anything, it’s worth recommending professional help. If you think there may be a risk of suicide, try to ensure that they have someone with them and are safe. Professional help should be sought immediately (eg inform their doctor). Confidentiality should be over-ridden if you fear their life is in danger.

(Hawker, Debbie (2007). Supporting staff responding to disasters. London, UK: People in Aid)

**When to suggest specialized help for children:**

Usually, any trauma reactions will diminish over the few months following the trauma, once a feeling of safety and routine has been re-established. If the symptoms do not start to improve after two months, it is important to refer them on for further help. The family doctor may be able to refer them to a psychiatrist or a clinical psychologist. Specialised help should also be provided if:

* There are dramatic changes in behaviour/personality
* Daily functioning is severely impaired and developmental activities interrupted
* The are talking wistfully about being dead
* There is an indication the child may have been abused, or
* There is an inability to form relationships
* They consistently refuse to attend school, or their grades drop and do not recover
* They lose all interest or pleasure in things they previously enjoyed
* They report hearing or seeing things which are not really there (not just an imaginary friend)
* They fail to eat enough or sleep enough to remain healthy
* They appear persistently sad over a period of several weeks
* There are signs of any other psychological problem (e.g. panic attacks, deliberate self-harm; substance abuse; and eating disorder etc).

(Hawker, Debbie (2007). Supporting staff responding to disasters. London, UK: People in Aid)

What does effective coping behavior look like?

The following characteristics should be remembered as the crisis worker begins to provide services to clients.

# Caplan’s seven characteristics of effective coping behavior

1. Actively exploring reality issues and searching for information
2. Freely expressing both positive and negative feelings and tolerating frustration
3. Actively invoking help from others
4. Breaking problems into manageable bits and working through them one at a time
5. Being aware of fatigue and pacing coping efforts while maintaining control in as many areas of functioning as possible
6. Mastering feelings where possible; being flexible and willing to change
7. Trusting in oneself and others and having a basic optimism about the outcome

(Caplan, G. (1964). *Principles of preventative psychiatry.* New York: Basic Books)