

## When Disaster Strikes: Helping Families Pick up the Pieces Basics of Crisis Intervention with Families

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During the past 20 years literature focusing on crisis intervention has grown exponentially. This growth is partly due to the recognition that early intervention can prevent long term psychological problems for people who have experienced a crisis. A cursory glance at this literature shows that it concentrates on providing help to individuals. Although this approach is practical and offers much needed assistance to individuals helping them to recover from crisis, it neglects to fully recognize that a crisis effects more than just individuals. An area that has been neglected is crisis intervention with families. What has been published on helping families in crisis tends to address helping individuals especially children and adolescents, within the family while overlooking the family as a system needing help to cope with and recover from a crisis.

A family's experience of a crisis is dependent on the meaning the family assigns to a specific event and/or its impact on the ability of the family to maintain normal levels of functioning. Families typically experience three phases in their effort to cope with a crisis: (a) survival, (b) adjustment, and (c) adaptation. Obviously survival means just that, surviving the crisis. Adjustment on the other hand means families are making changes in order to ride out the crisis. Whereas adaptation signifies that permanent changes have been made as a result of the crisis. The result is that the meaning and impact of a crisis varies across each phase. The variation generally can be understood by looking at seven key elements of family functioning: (a) boundaries, (b) roles, (c) processes, (d) communication, (e) goals, (f) values, and (g) structures. For crisis intervention to be effective, these seven elements should be addressed.

Several cautions should be exercised when helping families in crisis. The first is the recognition that crisis intervention is not family therapy. Just as crisis intervention with an individual is not personal therapy. Consequently reliance on a single theory of family therapy is not suggested. Reliance on a single theory may miss important and unique aspects of helping families resolve a crisis. A second caution is the typical concept of the identified patient used in family therapies. In crisis situations an identified patient may not be present. In addition the use of diagnostic labels is also not recommended. Dependence on the medical model for understanding and helping families in crisis can lead to examining only symptoms rather than finding and using strengths in the family. A third and related caution is the use of standard clinical skills. Again this method may be ineffective in crisis situations. Instead clinical skills should be adapted for use in crisis situations.

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