Integrating Crisis Theory and Individual Psychology: An Application and Case Study

By: Sara J. Tedrick Parikh, Carrie A. Wachter Morris

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Abstract:

Crisis intervention skills are essential tools for clinicians working with clients who are experiencing traumatic life events or are in a state of acute crisis. Although some early counseling theorists addressed interventions with the underlying psychological processes of suicidal clients, general theories of crisis have rarely been integrated with commonly used theories of counseling or psychology. In this article, Individual Psychology and Crisis Theory are described as complementary theories that can augment clinical work with clients in crisis. Illustrated by a case study, the basic assumptions of Individual Psychology and Crisis Theory are described, integrated, and applied to the Six-Step Model of Crisis Intervention (James, 2008). Implications and areas for future research are described.

Keywords: clinical work | Crisis Theory | Individual Psychology | suicide | trauma

Article:

Defined as "a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James, 2008, p. 3), crises are a normal part of life, with nearly 90% of adults experiencing a traumatic event, or crisis, over their lifetime (Everly, Elannery, Eyier, & Mitchell, 2001). Crisis intervention skills, therefore, are an essential tool for professionals working with clients who are experiencing traumatic or overwhelming life events. Although some early counseling theorists, including Adler (1916, 1958) and Ereud (1922), addressed interventions with the underlying psychological processes of suicidal clients, there is a dearth of literature integrating traditional counseling theories and theories of crisis.

The roots of Crisis Theory can be traced to the Cocoanut Grove nightclub fire of 1942. Eric Lindemann, Alexandra Adler, and Gerald Caplan were psychiatrists who worked with and studied survivors of the fire and their families. Lindemann (1944) observed the differences in reactions and recoveries of those affected by the fire and reported that members of the community might be able to ameliorate or prevent crises of bereavement through helping people learn how to mourn appropriately and adequately (Caplan, 1964). Alexandra Adier's study (1943) of 500 survivors of the fire laid the foundation for post-traumatic stress as a psychological construct. Caplan described the etiology and progression of the crisis state.

Since then, other theorists have addressed crisis intervention (e.g., Schulberg & Sheldon, 1968; Slaikeu, 1990;Taplin, 1971) and created crisis intervention models (e.g., Caplan, 1961; Gilliland, 1982; James, 2008). For the purposes of this manuscript. Crisis Theory refers to Caplan's (1964) work and conceptualization of crisis and the acute crisis state, and the model of crisis intervention that will be used is the Six-Step Model (James).

Although Crisis Theory (Caplan, 1964) deals strictly with the etiology and process of one specific type of event in an individual's life (the crisis itself), the assumptions of Crisis Theory are compatible with traditional theories of counseling and psychology. When using Crisis Theory in concert with their overarching theoretical orientations, clinicians may be able to intervene in more integrative and effective manners. These integrated interventions give professionals foundations of their own clinical strengths, upon which they can build their clinical expertise through understanding crisis as a unique client experience framed by the assumptions and clinical approaches of Crisis Theory. Specifically, Individual Psychology and Crisis Theory present a promising match, with lifestyle and social interest serving as important components through which to view work with clients in crisis. To date, however, only a handful of manuscripts have discussed using Individual Psychology as a lens through which to apply crisis intervention (e.g., Ansbacher, 1969; Ellis, 1989; Messer, 1973), and all of those limit their discussion to suicidality, as opposed to general crisis intervention.

In this article. Crisis Theory and Individual Psychology will be reviewed, integrated, and illustrated through a case study. The authors will present an overview of the basic assumptions of Individual Psychology and Crisis Theory, apply those to a fictionalized case study, and delineate how the James (2008) Six-Step Model of crisis intervention can work within an Individual Psychology framework. Strengths and weaknesses as well as implications of the integration will be discussed.

Case Study: Meet Kate

Kate is a 19-year-old white woman who is currently a second-year undergraduate psychology student at a large public university. She is a first-generation college student and has a brother, 16, and a sister, 14. Kate's family is committed to her completing college and potentially graduate

study before she gets married and has a family, in part because her parents married young and did not complete college due to her birth.

Kate started seeing Luciana, a counselor at the university counseling center, when she found out she was pregnant. She stated that she did not know what to do because she had never disappointed her parents like this before. She reported feeling embarrassed at being pregnant, especially because her boyfriend of a few months—and only sexual partner—ended their relationship a few weeks after they first had intercourse. Her symptoms included difficulty focusing in class, rumination about her problem, increased anxiety, headaches, difficulty sleeping, and moderate withdrawal from family and friends. Kate's stated therapy goals included deciding what to do about the pregnancy (e.g., termination, adoption, raising the child herself) and whether to tell her ex-boyfriend and her parents about it.

Basic Assumptions of Individual PsycholoRy

Adler's theory has been built around *Gemeinschaftsgefühl,* loosely translated as social interest or connection to people around oneself (Mosak & Maniacci, 1999). People crave to be important and capable within their family and larger community, contribute to common goals, and fill a unique place. Within the family constellation, the child adaptively creates a role that fulfills an important function, based on the rules and environment of the family and larger culture (Ansbacher & Ansbacher, 1956). This image of the ideal way of being develops into a lifestyle, a consistent approach to meeting life's demands in a way that has previously worked for the individual. Although each person has the power and responsibility to create their own responses, individuals may adhere rigidly to ways of being that were adaptive in their families of origin, rather than adapting to new environments and accepting "common sense" over the "private logic" of family rules (Ansbacher & Ansbacher). The counselor is called on to understand experiences from the client's phenomenological perspective, to be aware of how the client's lifestyle affects experiences of and responses to life events, and to encourage the client to create responses that adapt to the current situation (Mosak & Maniacci).

Personality priority typologies are one tool for conceptualizing clients' lifestyle and facilitating insight into unconscious motivations for behavior. Kefir and Corsini (1974) adapted Adler's original lifestyle typologies (i.e., useful, ruling, avoiding, and getting) into the personality priorities of approaching (and avoiding), superiority (meaninglessness), pleasing (rejection), controlling self (humiliation), controlling others (humiliation), and comfort (stress, responsibility, and expectations). The adopted lifestyle or personality priority influences one's interactions with others as well as one's approach to the tasks of life (love, work, friendship, self, and spirituality). Although no approach is inherently better, problems arise when the individual uses approaches inflexibly to meet these life tasks, and a goal of therapy is to help the client learn to adapt their interaction style based on the situation (Mosak & Maniacci, 1999).

Kate: An Initial Adlerian Conceptualization

One of Luciana's first steps with Kate was to identify her beliefs about what is required to be *significant.* She identified Kate's *private logic* by listening for themes about what is valuable to her family and how she fit into her family constellation as a child, paying special attention to rigid "shoulds" and "musts." Over a 2-hour Lifestyle Assessment and one subsequent counseling session, Luciana learned that Kate's private logic included the following ideas: (a) sacrifice for family; (b) do what you need to do, no matter what the cost; (c) Protestant work ethic; (d) care for children; (e) family stays together no matter what; (f) learn from family mistakes and do better for yourself; (g) follow the right path; and (h) set a good example for siblings.

Luciana believed that Kate's behavior was *teleological,* or purposeful and intended to move her toward both short- and long-term goals. Kate was already aware of some short-term *hidden reasons* for her behavior (e.g., she acknowledged that she worked very hard at school so her parents would not be disappointed in her). Using these hidden reasons and Kate's private logic, Luciana constructed a picture of Kate's *lifestyle,* or approach to life tasks: striving to be completely responsible, by making no mistakes and by "doing the right thing" when she did make a mistake. Luciana conceptualized Kate as having a fairly rigid, inflexible personality priority of controlling herself and avoiding humiliation. This lifestyle conceptualization illuminated the level of distress Kate was experiencing presently: Kate viewed the pregnancy as a public loss of control that violated several rigid private beliefs and family rules. Near the end of the second session, Luciana began to supportively confront Kate's *basic mistakes* by emphasizing the logical flaws in thinking that a person who makes mistakes must be a failure. She also suggested that, although being in control of oneself is not necessarily a bad thing, it may not be the most adaptive response to every situation.

In the third session, Kate reported that she thought about Luciana's challenges during the week and that she had decided to continue the pregnancy and place the baby for adoption. Luciana helped Kate verbalize that, although this option included the perceived humiliation of telling her family and friends that she was pregnant (i.e., she had lost control, repeated family mistakes, strayed from the correct path, and set a bad example for her siblings), it also fit with other family rules (i.e., she perceived adoption to be the best way to provide for her child, and she viewed the "humiliation" as the cost of doing what she needed to do and the sacrifice she needed to make for her child). Kate also began to recognize the flexibility in some of the family rules (i.e., her family would sacrifice for her during this difficult time, her family would encourage her and her siblings to do better in the future, and her family would stay with her no matter what). At the end of her third session with Luciana, Kate had decided to tell her family about her pregnancy over the upcoming Thanksgiving break and then decide with them whether to tell her ex-boyfriend. She was nervous about the conversation, but she reported a lower overall anxiety level, including waking only briefly during the night and eating dinner with friends most nights of the week.

A Shift in Kate

When Luciana saw Kate for their fourth session, Kate revealed that, on the second day she was home, she had miscarried by falling down a flight of stairs while roughhousing with her siblings. Although Kate was physically uninjured, she noticed immediate cramping and bleeding that was indicative of terminal injury to the fetus. Kate thought her mother suspected the pregnancy after her first day home, and her mother responded immediately when she heard the fall by rushing to Kate and whisking her off to bed before anyone else realized what had happened. Neither Kate nor her mother verbally acknowledged Kate's pregnancy or miscarriage. However, Kate perceived her mother's knowledge and support through "times she would look at me, and one time she just sat on my bed and held me and we both cried," as well as through her mother's "hovering," first at home by staying near Kate and since then via phone calls. Kate says that she now remembers hearing that her mother had miscarried once between being pregnant with Kate and with her brother.

Kate tells Lucian'a that she had been "feeling pretty bad" and describes experiencing emotionality, disruptions in sleep patterns by sleeping off and on during the day and ruminating at night, and vague, suicidal ideation. She reports not attending classes, not eating, not leaving her dorm room, and not talking to anyone except her mother. Kate, who normally displays high verbal skills, tells the story in disjointed fragments, such as "She just looked at me and knew, and I knew she knew, and she knew I knew," and distractedly repeats unrelated phrases, such as "How can I have done this?" She also brings up the possibility that she unconsciously wanted to terminate the pregnancy and that she is defective for having done so; "What kind of pregnant woman roughhouses at the top of stairs?"

Crisis Theory

Crisis Theory describes several major assumptions or components that characterize what an individual in crisis experiences (Caplan, 1964). Primary among those are a precipitating event, disorganization and disequilibrium, breakdown in coping, a reduction in defensiveness, and the time-limited nature of an acute crisis response (Caplan). In retrospect, these are similar feelings that Kate may have experienced with the priority of control.

Eirst, a crisis will have a precipitating event—an initial, identifiable occurrence in the life of the individual (Caplan, 1964; Halpern, 1973; Rapopart, 1962; Slaikeu, 1990). Precipitating events can vary drastically in scale, from large-scale natural disasters and wars to situations that can appear less dramatic (e.g., incidences of bullying in a school, a marriage, transition from college to a job). The one thing that is important about an event that precipitates a crisis is that some part of that event is perceived as threatening to the affected individual (James, 2008; Collins & Collins, 2005). Eor this reason, the same situation may serve as a precipitating event to a crisis response in one person, but not another. The importance of the individual's perception of the event as a crisis is similar to the Individual Psychology emphasis on the individual's phenomenological experience of the world. For Kate, the crisis was precipitated by the miscarriage, rather than the pregnancy. While becoming pregnant threatened Kate's sense of

being a "good daughter," the circumstances and self-doubts around the miscarriage threatened her sense of being "a good person"—a much more fundamental challenge to her identity.

Individuals in crisis experience disequilibrium after a precipitating event. Originally described by Caplan (1964), and expanded upon by Halpern (1973), some symptoms of this disequilibrium experienced significantly more frequently by those in a crisis state include exhaustion, feeling helpless, feelings of inadequacy, confusion, physical symptoms, anxiety, and reduction of functioning in relationships (e.g., family, social, work). Kate's disequilibrium is exhibited in a number of ways, including heightened emotionality, disruptions in her sleeping and eating patterns, rumination, disengagement from her social contacts, skipping classes, reduced verbal skills, and fleeting suicidal ideation.

The reduction of functioning may impact areas that have previously served as coping mechanisms or supports for the individual, leaving them with a breakdown in coping. Coping has two components, a problem-solving component and a self-management component (Lazarus, 1980). In a crisis, these two components are overwhelmed, and the individual can neither problem-solve nor manage their internal responses to the precipitating event (Slaikeu, 1990). This reduction in functioning is similar to the Individual Psychology assumption that individuals experience distress when their lifestyle is no longer adaptive to their current situations. For Kate, the disorganization of the crisis state contributed to a reduction in *Gemeinschaftsgefühl*—leaving her feeling less connected to others and more useless. Because her sociability and her usefulness were large contributors to her sense of self, loss of those methods of coping left her feeling not only worthless, but also unable to buoy herself through her usual means.

With the loss of utility of individual coping skills, the person in crisis becomes more vulnerable and less defensive. This can actually have positive repercussions, because it contributes to increased openness to new ideas that could help resolve the crisis, create new problem-solving or self-management strategies, and increase understanding of oneself or others (Halpern, 1973; Slaikeu, 1990;Taplin, 1971). Timely intervention, however, is important because the individual in crisis only stays in a crisis state for approximately four to six weeks (Caplan, 1964; Danish & D'Augelli, 1980). After that time, the suggestibility and openness may be reduced and the individual's equilibrium will be restored (Slaikeu).

The crisis state is different from other types of life stress because it has the potential for an end result that is either adaptive or maladaptive (Caplan, 1964; Danish & D'Augelli, 1980; Greer, 1980; Rapopart, 1962; Slaikeu, 1990). If the skills learned help the individual create healthy coping behaviors, increase *Gemeinschaftsgefühl*, or contribute to a more flexibly applied personality priority, these will be applied to future situations and increase the individual's adaptability. If, however, the skills learned include irrational thoughts, reduction in *Gemeinschaftsgefühl*, or a more rigidly applied personality priority, it could increase the risk of future mental health problems.

Integrating Crisis Theory and Individual Psychology with Kate

The Six-Step Model of crisis intervention (James, 2008) demonstrates crisis intervention with clients as occurring in two phases: a listening phase and an acting phase. In the listening phase, the clinician takes three distinct steps: defining the problem, ensuring client safety, and providing support. Through these initial steps, the role of the clinician is to understand the client's perceptions of what has occurred, assess and minimize potential threats to the client's physical and psychological safety, and helping the client feel heard and understood.

In the action phase, the clinician works with the client to help construct an action plan. The three steps of the action phase are as follows: examining alternatives, making plans, and obtaining commitment. The role of the clinician in the action phase is to help the client brainstorm potential plans of action, weigh those options, select a plan that will best meet the needs of the client, and ensure that the client feels both capable of and willing to enact that plan.

Step 1 : Defining the Problem

Luciana begins by using attentive listening skills to empathize with Kate and understand her perception of and reaction to the situation. She determines that this is a crisis situation based on Kate's presenting symptoms, including high emotional distress, decreased behavioral and cognitive functioning, and moderate level of lethality.

As a counselor who typically conceptualizes clients from an Individual Psychology perspective, Luciana also evaluates Kate's current level of functioning by considering her social interest: Kate, who had begun to tell friends she was pregnant and reconnect with them, has isolated herself from everyone except her mother, and believes that she no longer has anything to contribute to larger society.

> Luciana helps Kate define the problem through reflections, accounting for Kate's lifestyle.
>
> Kate: I can't imagine telling anyone. What would they think of me?
>
> Luciana: It sounds like you're worried that people might judge you, that you might look irresponsible?
>
> Kate: Yeah, I mean, what kind of pregnant woman roughhouses—much less roughhouses at the top of a flight of stairs? Shouldn't I have wanted to be more careful?
>
> Luciana: What would it mean if you didn't want to be more careful?
>
> Kate: What if deep down, 1 didn't want to have the baby? What if some part of myself wanted something bad to happen?
>
> Luciana: That thought seems really frightening to you.

Through this, Luciana learns that several of Kate's thoughts and fears contribute to a belief that she might be a bad and worthless person if, at some level, she wanted to terminate the pregnancy. She uses her prior understanding of Kate's private logic and phenomenological experience to understand what the crisis means to Kate (e.g., if Kate believes she has unconsciously chosen to terminate the pregnancy, she also believes she has violated several family rules and once again lost control of herself).

Luciana also uses clinical judgment to decide how open Kate will be to challenging the assumptions and rigidity of her current lifestyle (e.g., because Kate is in a crisis state, she is likely less defensive and more open to change). Then, Luciana conceptualizes how each of Kate's response options might be experienced within her current lifestyle, including what options would allow her to gain (control) and to avoid (humiliation). Examples of these include the following: restricted behavior might allow Kate to regain a sense of control over herself; complete nonfunctionality might allow her to avoid the humiliation of admitting to others what happened and avoid trying to function only to make another mistake; and suicidal ideation might allow her to control her own punishment and even avoid humiliation altogether.

Step 2: Ensuring Client Safety

Luciana assesses Kate's threat of harm to herself and to others and decides that, although Kate does report some suicidal ideation, no outside agencies need to be notified at this time. Kate makes no directly suicidal statements, reporting fleeting suicidal ideation, but stating that she has "not really thought about" any particular method. She reports no intent to kill herself at this time, because she knows how hurtful that will be to her family — particularly her mother and her siblings. She also reports no family history of suicide attempts or personal history of suicidal ideation. Luciana also rules out potential threats to Kate's physical safety (e.g., does she have evident injuries related to her fall, complications from the miscarriage, or medical crisis related to self-harming actions?; is she in a dangerous environment?) and psychological safety (e.g., is there a presence of any nightmares about or flashbacks to the fall or miscarriage?; does she have sustained or intense suicidal ideation, a plan or intent to attempt suicide?).

Luciana includes a social interest assessment in her evaluation of Kate's threat of harm: Kate does not appear to wish to harm others, but her current lack of social interest (i.e., she does not feel engaged or necessary in her community and does not currently seem invested in the welfare of others) suggests a risk that Kate may choose to remove herself from society completely by choosing to die. She considers whether Kate's lifestyle might increase her vulnerability to self-harm or suicide; as stated above, suicide might serve functions of allowing Kate to control her own punishment and even avoid humiliation altogether, but Kate may also see it as violating family rules by "taking the easy way out" rather than taking responsibility for actions and caring for her family. Luciana considers other private logic beliefs, such as setting a good example and following a right path, that she could help Kate use as protective factors against suicide.

Step 3: Providing Support

Luciana clearly, directly expresses her concern about Kate. As a professional counselor, Luciana sets aside any personal judgments about the situation or Kate's action. She focuses instead on using accurate empathy and unconditional positive regard to help Kate feel less alone, less worthless, and more accepted. By understanding Kate's phenomenological perspective, Luciana is able to address Kate's underlying fears of inferiority and unavoidable rejection.

Step 4: Examining Alternatives

In this crisis, Kate's disequilibrium may affect her ability to use her typically strong coping, problem-solving, and decision-making skills. After Luciana has determined that Kate is safe from immediate physical and psychological harm and has elicited some positive responses to supportive statements, she begins guiding Kate through possible responses to the defined problems.

Luciana considers a wide range of possibilities, but she is careful to offer only the most appropriate and realistic options so as not to exacerbate Kate's feelings of being overwhelmed and inadequate. She focuses on responses that will address Kate's greatest symptoms (withdrawing from social supports and not functioning academically). She uses Kate's reduction in defensiveness to help her consider responses that might not typically fit her rigid lifestyle of responsibility and control.

> Luciana: You mentioned last time we met that you had told a couple close friends that you were pregnant. What might happen if you told at least one of those friends that you had miscarried?
>
> Kate: How do I tell them that I fell down the stairs? It was so stupid, such a messed-up thing to do. What kind of pregnant woman does that?
>
> Luciana: Is it possible that they might support you more than you expect them to? Like they did when you told them about your pregnancy?

Luciana gently challenges the idea that Kate's friends will not think she is a worthwhile person if she does not appear to be in complete control of herself. She then helps Kate structure her evaluations of possible responses by gently focusing her on systematically evaluating the adaptiveness, potential benefits, and costs of each presented choice. This interaction is guided by an emphasis on creating adaptive responses by logically anticipating consequences and considering a flexible range of interaction styles beyond the lifestyle Kate currently uses.

Step 5: Making Plans

As Luciana moves Kate from exploring options toward constructing plans, she ensures that the plans include immediate supports and constructive coping mechanisms. Although still

structuring the process by suggesting alternatives and guiding Kate through logical connections, Luciana scaffolds Kate to a more active role, helping to restore her sense of power, creativity, and responsibility.

> Kate: I just don't know. I'm afraid that it'll get out and that the whole dorm will know how stupid I was.
>
> Luciana: It would be hard for you to feel so exposed. Has your pregnancy gotten around the whole dorm?
>
> Kate: I don't think so.
>
> Luciana: So, it sounds like you do have some friends you could trust to keep this private. If you chose to tell just one or two of those friends, you might still have some control over who in the dorm knows.
>
> Kate: I think so . . . But what if they look at me differently?

Luciana: You're afraid they won't support you. But it sounds like there's already someone supporting you who knows what happened. You were so afraid of disappointing your mother. But when she realized what happened, her first instinct was to be there for you and support you—and even now that she knows you're physically okay, she's still showing that support.

Luciana challenges her dichotomous thinking (i.e., "I must handle this alone or everyone will know everything that happened") by empowering her to decide who and how much to tell. She also challenges Kate's private logic related to the priority of control (e.g., "no one will support me if they know how badly I behaved") by emphasizing that her mother is demonstrating active support.

> Kate identifies two campus friends she can tell about the miscarriage but still has concerns about sharing the details.
>
> Kate: Even if Kara and Natalie would support me, I still don't want to go through what happened. I don't want to say it. I just don't want to look in their eyes after I say it. I just don't want to.
>
> Luciana: Do you have to tell them all the details?
>
> Kate: Wouldn't it seem like I'm hiding something? I mean, I'm sure they'll ask what happened.
>
> Luciana: They might ask details because they care about you, but you can still choose how much of the story you want to tell. We can even think of the ways you can answer their questions together right now.

Kate, whose need for control is a coping strategy, decides that she wants to reveal nothing about how it happened. She practices the conversation to build confidence in her ability to create this response, and Luciana prepares her for potential responses, including questions Kate is not yet ready to answer. Luciana works with Kate to understand that although setting boundaries and controlling the flow of information might frustrate other people, it is an understandable and acceptable action to take. Kate begins to believe that this response, though different from how she usually meets life tasks, can still be integrated with her lifestyle of being responsible and in control of herself.

Kate next decides that even though she wants to talk with her mother about her pregnancy and miscarriage eventually, for now she only wants to encourage her mother's support. She decides she can do this by telling her mother how much she appreciates the phone calls and setting up time to spend just with her mother over the upcoming winter break.

As a way to address Kate's academic challenges, Luciana helps Kate list the classes and assignments she has missed. As the session occurred shortly after returning from break, she had only missed a few things and could feasibly catch up. Kate decides to email her professors to explain that she had experienced a family emergency and request extensions on the assignments she had missed. She identifies one class that was particularly difficult for her to concentrate on, and she decides to meet with the professor to request an incomplete for the class. She also decided that, although she typically studies best alone, she would join study groups to help her avoid rumination while studying for her final exams. Luciana emphasizes to her that, although she is trying new things to adapt to this new situation, she is still making decisions that fit with her lifestyle of being responsible and capable.

Luciana encourages Kate to try an Adlerian technique to act "as if" she is able to study and stay focused by doing the things (e.g., making lists, organizing her notes, highlighting) that she would do if she found it easy to study. Kate also agrees to Luciana's suggestion of journaling at least three thoughts daily to express herself and acknowledge what has happened while still limiting what she tells other people.

Step 6: Obtaining Commitment

Luciana helps Kate commit to her plan by reviewing the decisions and asking Kate to determine specific times to do each thing. She reinforces Kate's sense of responsibility and power to create a response that adaptively meets her needs in this situation. Kate plans to tell her closest friend that evening after dinner and ask that friend to be present when she tells a second friend. She also decides that this evening she will send her mother an e-card with at least one statement referring to how much her mother's actions have meant to her. She plans to e-mail her professors that night before dinner and to meet with her professor at office hours the next day to request an incomplete.

In order to join study groups for exams, she will talk to students who have previously invited her to study. She decides to try acting "as if" she can study the next morning between her classes, admitting that she might feel a little silly but that it makes it a little fun to think of it as "pretending." She also commits to journaling every night before bed. Luciana observes Kate's nonverbal and vocal cues to monitor beliefs that these steps are attainable in the given time frames.

After obtaining a commitment to a phone call check-in in two days and another counseling session in five days, Luciana directly states to Kate that she cares about her and that she is impressed by Kate's commitment to helping herself. Before Kate leaves, Luciana provides her with a local crisis hotline number, in case she feels like she needs immediate support, and restates her belief that Kate can accomplish the tasks that they had constructed to work toward resolving the crisis.

Discussion

Much of the Individual Psychology approach is about understanding the client's worldview, helping the client evaluate what is working and how the current environment might not support something that previously worked, trying out new ways of being, connecting with people and the surrounding community, and integrating new insights and ways of being into one's understanding of self and the world. These tasks are clearly relevant when reaching out to clients in crisis. Clinicians working from an Individual Psychology orientation, therefore, can work with clients in crisis using Crisis Theory (Caplan, 1964) and using a model like James's (2008) Six-Step Model, without having to drastically shift their client conceptualization. They are able to use their existing skills and expertise, along with skills and techniques specific to crisis work, to help a client adaptively respond to a crisis situation. By learning ways Crisis Theory can be integrated with Individual Psychology, clinicians can provide more seamless services that build on both the strengths of the clinician and the client without neglecting the crisis-oriented needs that the client has in the moment.

Limitations

There are some limitations to use of this integration. Full integration assumes an established working knowledge of the client's lifestyle and private logic, which may require more extensive contact on an individual level than traditional Crisis Theory assumes. The integration is also more individually focused than may be appropriate for some types of crises—particularly those that strike multiple people simultaneously (e.g., natural disasters, terrorist threats, multiple fatality car accidents, etc.). It may be less helpful, therefore, for crisis work with multiple affected individuals.

Future Directions

Crisis Theory and crisis intervention skills are vital for clinicians to have, yet they are often taught as a sidebar if at all (e.g.. Barrio Minton & Pease-Carter, 2011; Wachter, 2006). Clinical training programs should encourage students to identify the aspects of their chosen guiding orientations and how they are applicable to a variety of "specialty" topic areas, including crisis intervention, in order to help clinicians-in-training understand how they can use multiple clinical skill sets together, rather than feeling they need to abandon one in order to apply another.

Also, because there is a dearth of literature around how Crisis Theory can be applied in integration with other clinical interventions, further research should be done to illuminate theoretical orientations that are more (and less) compatible with crisis intervention. Additionally, as clinicians begin to purposefully integrate their primary counseling orientation with Crisis Theory to work with clients in crisis, they should collect data to identify the strengths and limitations of their integration in practice in order to self-assess areas for further professional development and training.

Conclusion

In this article, we have delineated a novel application of Individual Psychology and Crisis Theory as an integrated approach to crisis intervention with clients. Because Individual Psychology and Crisis Theory share common assumptions about the phenomenological nature of the human experience and the distress that occurs when an individual's previously effective problem-solving and coping skills are no longer adaptive, clinicians can use Individual Psychology techniques and conceptualization skills to augment their crisis intervention practices for the benefit of their clients.

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Theories and Frameworks for Online Education: Seeking an Integrated Model. Anthony G. Picciano City University of New York Graduate Center and Hunter College.Â It starts with a consideration of learning theories and funnels down to their specific application to online education. The article concludes with a proposal for an integrated model for online education based on pedagogical purpose. Learning Theory.Â Behaviorists repeatedly studied learning activities to deconstruct and define the elements of learning.Â Carl Jung argued that individual personality types influence various elements of human behavior, including learning. Jungâ€™s theory focuses on four basic psychological dimensions Situational Crisis Communication Theory (SCCT, 2007), posited by W. Timothy Coombs is a theory in the field of crisis communication. It suggests that crisis managers should match strategic crisis responses to the level of crisis responsibility and reputational threat posed by a crisis. Evaluating the crisis type, crisis history and prior relationship reputation will help crisis managers predict the level of reputational threat of an organization and how that organization's publics will perceive the Theories and the Falsifiability Criterion The Theory of Knocking Rhythms A hypothetical example will show how the falsifiability criterion works. A student knocks at my door. A colleague in my office with me has a theory that makes predictions about the rhythms that different types of people use to knock.Â I say that, assuming my colleague (continued) 6 Copyright Â© by The McGraw-Hill Companies, Inc. Benjamin Rush fell into a fatal trap when assessing the outcome of his treatment. His method of evaluating the evidence made it impossible to conclude that his treatment did not work. If the recovery of a patient meant confirmation of his treatment (and hence his theory of medicine), then it only seems fair that the death of a patient should have meant disconfirmation. Crisis-Intervention-Handbook.pdf - Free ebook download as PDF File (.pdf), Text File (.txt) or read book online for free.Â The acute and situational crises experienced by millions of individuals and families has been escalating in intensity and frequency. Crisis intervention programs and strategies can limit the debilitating impact of acute crisis epi- sodes as they maximize opportunities for crisis stabilization and resolution. It is a remarkable thing when crisis clinicians, counselors, and researchers from different disciplines collaborate on a major mental health and public health problem.Â 24 Crisis Intervention Application of Brief Solution-Focused Therapy. in Addictions. 566. CERC: Psychology of a Crisis. Explanations of figures for accessibility found in the Appendix: Accessible Explanation of Figures on page 16. This chapter will introduce: Four Ways People Process Information During a Crisis Mental States in a Crisis Behaviors in a Crisis Negative Vicarious Rehearsal Addressing Psychology in the CERC Rhythm.Â In cases where evacuation is recommended, we tend to watch to see if our neighbors are evacuating before we make our decision. This confirmation firstâ€”before we take actionâ€”is very common in a crisis. Use consistent messages.