Teaching Notes for “Approaching Complex Cases with a Crisis Intervention Model and Teamwork: A Commentary
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**Slide 1**

This lecture presents the crisis intervention model used in genetic counseling. Information is provided regarding the three stages of the model, and the tasks involved in each stage. Additionally, the concepts of autonomy and informed choice are discussed in relation to crisis counseling. This lecture would be useful for family and children and health/mental health direct practice courses, as well as HBSE courses.

**Slide 2**

Review the slide. Discuss examples of differing types of crises seen in social work practice.

**Slide 3**

Review the slide. Note that the precipitating events were the presence of cysts and abnormal Maternal Serum Screening. SA sought assistance through genetic counseling, and was faced with the decision of having tests completed to determine the well being on herself and the fetus.

**Slide 4**

Review the slide.

Discussion question: This model is presented for use in genetic counseling. Can it be used in other counseling situations? (Note that this intervention model can be of benefit in other counseling situations, particularly other genetic counseling situations. The intervention addresses the informational, cognitive, and affective needs of overwhelmed patients who must complete a problem-solving and decision-making process.)

**Slide 5**

Review the slide. Have the students describe possible emotions of the client and identify affective responses.

Note: By allowing the patient to vent, and by validating their emotions, the counselor acquires a more comprehensive understanding of the crisis, gains the trust of the patient, and can provide immediate relief so that the patient may better engage in goal definition and strategy development.
Note: By definition, in a crisis, a patient’s existing coping skills are insufficient to resolve the current problem, feeling that the problem hangs over them, and are unable to develop goals or strategies for resolution. With active guidance from the counselor, the patient can turn one large problem into several smaller ones. For each of these smaller concerns, the patient can develop goals and action plans, as the problem does not seem as overwhelming.

Note: SA partialized her crisis into 2 issues - 1) testing for the fetus, and 2) testing for herself. Without de-escalation of the anxiety, SA would have been unable to fully understand what she needed to do to develop her plan.

Note: SA was able to define her goals with the assistance of her counselors - to be able to decide about amniocentesis for the fetus, to be able to decide about HD testing for the fetus, and to be able to decide about HD testing for herself. She was also able to develop an action plan - gathering additional relevant information, looking at things that might help or hinder her decision-making, and actually making her own decisions.

**Slides 6 and 7**

Review the slides.

**Slide 8**

Review the slide.

Discussion question: Provide examples of directive and non-directive statements.

**Slide 9**

Review the slide.

Note: Provide definitions of autonomy, informed choice, understanding, voluntariness, and disclosure.

- **Autonomy** - an individual’s freedom to choose his or her own course of action (Witmer et al., 1986)
- **Informed choice** - a decision based on full understanding of the issue, the possible courses of action in response to the issue, and the potential consequences of each action
- **Understanding** - includes all relevant information, and the impact of each action in relation to social, financial, emotional, and psychological areas (both for oneself and others that may be involved). The counselor needs to encourage the patient to explore these possible effects, helping the patient think through the more distal and long-term impacts for each decision option. The counselor also needs to help the patient examine what may be difficult issues and painful feelings during these explorations. In addition, ensuring that information is provided in a language the patient can understand, at a level of complexity that
matches the patient’s level of cognitive functioning, and address the negative affective states.

- **Voluntariness** - the patient makes a voluntary decision regarding a course of action.
- **Disclosure** - the counselor provides all relevant information to a patient through an educational counseling process.

**Slide 10**

Role Play:

Divide the class into groups of three or four (one person plays the role of therapist, one plays the role of client, and the remaining members are observers). Provide the groups with two descriptions - one describing the role of the therapist and the other describing the crisis event for the individual. Following completion of the role play, the observers will provide feedback - strengths and areas of needed improvement.

Description for the therapist:

You are a counselor at the UNC Counseling and Psychological Services Center in Chapel Hill. A client comes into the office to discuss a problem. The intake assessment states that the client has been sexually assaulted. She is visibly upset, appearing to have been crying as evidenced by her swollen red eyes. As the counselor, you are to assist the client discuss her options for resolving her current crisis. Options include seeking medical treatment alone, filing a police report after the medical exam, or set-up weekly psychological services to deal with the emotional and affective responses (or some combination of the three). You are to use the crisis intervention model to assist the client. Remember to avoid directiveness, promote autonomy, and provide information so that she may make an informed choice.

Description for the client:

You are a college sophomore who was sexually assaulted within the last 8 hours (you have not showered yet, but have changed clothes - the old clothing is in a trash bag at your apartment). You are very upset about the assault, and hesitant towards close physical contact with others. You are very anxious, having difficulty concentrating and focusing during conversations. You do not display any cuts or bruising externally, so there is not an immediate need to seek medical attention. You have had contact with prior assault victims who sought prosecution of their attacker without success, so you are aware of the “re-victimization” by defense attorneys. In addition, you are hesitant about telling family and friends about the assault for fear of their reactions. You have come to the UNC Counseling and Psychological Services center to discuss your options and make the best decision.