

## Cathryn Palagyi Unit 2: Crisis Intervention

1. Alisha is experiencing a psychiatric emergency after suddenly losing her spouse in an accident. She's confused, wandering a highway, and saying irrational things. This kind of reaction is typical of someone who's overwhelmed with shock and grief and may be dissociating from reality. The nurse's priority is to ensure Alisha's immediate safety by removing her from danger and monitoring her physical condition. Speaking to her calmly and reassuringly is important, and she may require short-term hospitalization if she remains disoriented or at risk of harming herself.

Therapy options include therapy, which helps a person regain emotional stability, and to process the traumatic loss. Coping strategies that may help include deep breathing, journaling, and family support. Nurses should encourage her to talk about her emotions once she is stable. Recommendations include referring her to a grief specialist, connecting her with a support group, and possibly providing short-term medications to manage severe anxiety or agitation.

2. Carson is facing a crisis of anticipated life transition after moving to a new city where he feels lonely and disconnected from his family. This type of crisis occurs when someone struggles to adapt to a planned life change. The nurse should begin by assessing Carson's emotional well-being, looking for symptoms of depression, and offering support through therapeutic communication. It's helpful to talk with him about healthy ways to adapt to the new environment.

Cognitive Behavior Therapy (CBT) can help Carson reframe negative thoughts and build confidence in adjusting to the new setting. He may also benefit from connecting with community groups or virtual support systems. Positive coping strategies include maintaining regular contact with his family, creating a new daily routine, and engaging in hobbies or social activities in the new city. Recommendations include referring him to counseling services and helping him build a social support system locally.

3. Faith is experiencing a crisis that reflects an underlying mental illness, specifically her obsessive-compulsive disorder (OCD). After an unplanned sexual encounter, she is overwhelmed with fear of illness and is stuck in a cycle of compulsive behavior—repeatedly showering and unable to calm down. This situation has intensified her existing anxiety and obsession with cleanliness.

Nursing care should begin with calming Faith down and ensuring her safety. She may need to be hospitalized if she becomes physically or emotionally exhausted. Once stabilized, CBT is recommended to help her address her fears, and other interventions can help her learn to resist compulsions. Nurses should use a supportive, non-judgmental tone to encourage her to share what she's feeling. Coping strategies might include mindfulness, relaxation techniques, and setting limits on compulsive behaviors. Recommendations include a referral to an OCD specialist and education about sexual health and safety.

4. Elijah is experiencing a dispositional crisis after being physically assaulted by his partner. This crisis is the result of an acute external event, and Elijah has turned to the emergency room for

help. The nurse should first provide physical care for any injuries, then create a safe, private environment to talk about what happened. Screening for domestic violence is essential, and any signs of continued danger should be taken seriously.

Elijah needs both medical care and emotional support. Trauma-informed care and crisis counseling are key parts of recovery. Nurses can also connect him to community resources such as LGBTQ+ domestic violence shelters and counseling services. Coping strategies include creating a safety plan, seeking ongoing therapy, and rebuilding self-esteem. Recommendations include offering referrals for legal and social services, ensuring he has a safe place to go, and encouraging long-term counseling to process the trauma.

5. Sue is facing a maturational or developmental crisis. She was sexually abused in childhood and is now experiencing panic attacks as her wedding approaches. The stress of this life milestone has triggered unresolved trauma. The nurse's role is to provide a safe space for Sue to express her feelings and assess the severity of her anxiety.

Therapy would help and be effective in helping her process past trauma. Nurses can also suggest coping strategies like deep breathing, grounding techniques, and mindfulness. It may also be helpful to involve her fiancé in therapy, so he can understand and support her needs. Recommendations include a referral to a trauma therapist, possibly postponing the wedding for emotional readiness, and using therapy to help build trust and confidence in the relationship.

6. Nevaeh is going through a crisis related to traumatic stress after losing her home in a tornado. She is devastated, barely eating, and not talking—signs of trauma and possibly depression. The nurse should focus on creating a calm, private setting and allow her to talk when she's ready. Immediate needs such as food, shelter, and emotional support should be addressed.

Therapeutic options include brief counseling and grief therapy to help her accept what's happened while identifying steps toward recovery. Nurses can talk to her about the stages of grief and provide reassurance that her feelings are normal. Coping strategies include connecting with loved ones, creating a small daily routine, and slowly returning to normal activities. Recommendations are to link her with disaster relief resources, encourage her to talk with a therapist, and provide ongoing emotional support.