

Crisis Intervention Strategies for Trauma and Abuse

Personal Reflection/ Self Care Paper

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Introduction

As a mental health counselor in training one of the classes I am required to take is crisis intervention and strategies for trauma and abuse. According to Erford (2017), “crisis intervention attempts to assist individuals who are experiencing temporary affective, behavioral, and or cognitive symptoms associated with a crisis event” (p. 4) In this assignment, I will identify the crises that are hard and challenging for me think about let alone deal with, they include suicide and homicide, intimate partner violence, loss, Grief and bereavement, and child sexual abuse. In addition, I will explain why I find these crises difficult to learn about as well as relate my personal reactions to the crisis. Furthermore, I will explain the coping strategies I would use should I meet a client who presents with a crisis that I find challenging. Lastly, I will address how my own individual counseling will prepare me to face my issues relating to crisis intervention.

The second half of this assignment will define self-care. I will describe vicarious trauma and what it looks like for a counselor. In addition, I will discuss strategies to ensure my own care as a clinician who will walk alongside clients who will be facing some of the crises mentioned earlier in this paper.

Loss, Grief, and Bereavement

Viorst (1996) stated the following:

When we think of loss, we think of loss through the death of people we love. But loss is a far more encompassing theme in our life. For we lose not only through death, but also by leaving and being left, by changing and letting go and moving on (Viorst, 1996).

I love this quote because often times I associate loss with death. However, loss is experienced through relationships, material, and identity. The loss that I find difficult to deal

with is loss through death. Like everyone in the world I too have experienced loss however the people I have lost were not family members that I was particularly close to. For this reason, my reaction to the death of my grandmother, aunt, and uncle can be compared to the death of a friend who I have not seen or spoken to in years. I was shocked and sad to hear of their passing nevertheless I did not mourn like I lost someone close. The lack of experience in this area leaves me feeling incompetent and uncomfortable.

As it relates to crisis intervention I anticipate meeting clients who have experienced loss that I have yet to encounter. Although, I may not know exactly what they are going through I can be present by keeping eye contact, listening to them, and crying with them. I will also use these moments with the client as a teaching moment. Counselors can learn so much from clients.

Suicide and Homicide

According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2017: Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people. Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54. There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).

These statistics are shocking and heartbreaking. Unfortunately, these numbers are increasing every year. Recently, my husband prayed with a man whose son committed suicide. The young man was 17 years old. As a Christian counselor, suicide is the most difficult for me to understand. The Bible teaches God is the giver of all life and “no man or woman should presume take God’s authority upon themselves to end his or her own life” (gotquestions). The

thought of sitting across someone who lost a love one by suicide and or homicide will be difficult especially when they ask “why” and as the professional I will not have all the answers. According to Jackson-Cherry and Erford (2017), I can help clients in this crisis through “graduate coursework, seminars, consultation and supervision, and intensive field experiences. Although training is important clients need to know I care about them”. (p. 155)

Intimate Partner Violence

I witnessed a woman getting beat up by her boyfriend when I was younger. And recently I witnessed a man put a woman in a chokehold in front of their daughter. This crisis is challenging to learn about because I cannot understand how a man or woman can be in a relationship with someone who abuses them and call it love. I feel anger and curiosity towards the victim and the abuser. I am curious about what is broken inside them and I am angry about how they receive and express love. Because I have strong feelings about intimate partner violence I anticipate being judgmental, angry, and ready to pick up anything to throw at the abuser. None of these are acceptable behavior from a counselor. I need to find a way to cope with my emotions should I meet a client who presents with this crisis. On the positive, side I have a few individual counseling sessions to attend and this is a topic I will bring up the next time I meet with my counselor.

Child sexual abuse

As a victim of child sexual abuse, it is the “deplorable reality of living in a sin-stricken world” (Gotquestions.com). This crisis is personal because my own experience with sexual abuse growing up. For this reason, I will find it difficult to counsel a child or an adult who has been sexually abused. “The psychological emotional, spiritual, and physical damage of the abuse remain long after molestation has ended” (Gotquestions). My faith has helped me in my

own healing process. Bible teacher Joyce Meyer was sexually abused by her father, and her mother who knew did nothing to help her daughter. But even so, she forgave her parents and took care of them until their death because of her relationship with Jesus Christ. I could only hope to offer the same hope and healing in Christ to my clients.

Since I have started my graduate courses self-care is something the professors always refer back to. Oxford dictionary defines self-care as the practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress. This definition resonates with me because I need to be intentional about taking care of myself otherwise I will burnout. Psychology today defines burnout as “a state of emotional, mental and often physical exhaustion brought on by prolonged or repeated stress.”

With this in mind I have a few strategies in place to ensure my own care if I should meet a client who is dealing with a crisis like the one I identified earlier in this paper. For instance, I will pray for my clients before and after each session. In my prayer I will ask for strength to leave my clients in the hands of the one who loves them best. Otherwise I will take my clients and their problems home with me. Other strategies included talking to veteran counselors about my cases and when I am feeling overwhelmed. With each new year of experience, I will gain more strategies to help myself and my clients.

In the final analysis, this assignment has helped me to look deeper within myself. Writing this paper caused me to reexamine my biases and my fears as it relates to crisis and trauma. The timing of this assignment is perfect as I will be starting internship summer 2020. I have a lot of work ahead of me but with God's help coupled with hard work I will be a competent counselor.

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