

CRISIS EDUCATION AND SERVICE PROGRAM DESIGNS

*A Guide for Administrators,
Educators, and Clinical Trainers*

Miracle R. Hoff and Lee Ann Hoff



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To David

and

to people worldwide who are struggling but still there for others in crisis

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Foreword

C. Everett Koop, MD, ScD

For all human beings, life is the experience of pursuing basic needs: food, shelter, stable and loving relationships, meaningful work—a pursuit most possible in a climate of peace. But each year, millions of people are thrust outside of this fundamental pursuit into the pain and chaos of crisis and thwarted in their need for safety, shelter, and social support. Instead of the joy of friendship, family, and community, some are victimized by the treachery of false friends, the violence of a wronged lover, the meanness of a parent, and the brutality of random vengeance. For others, the crisis may be intensely personal: an interior tragedy that attacks and devours its own host.

Good intentions—the outpourings of human charity—are needed for us to begin and to persevere; but such intentions, by themselves, are simply not enough. For the professional person in the fields of public health and social service, human charity is only the beginning of the process, not the end. And the process is not simple. If we are truly dedicated to bringing relief to a person in crisis, we must do our work in an organized, effective manner, one that promotes the physical, mental, and emotional healing processes. Therefore, we need to apply the knowledge and skills of all relevant disciplines to the human service we perform. There's nothing elementary about personal crisis, and there should be nothing elementary about our response to it either.

I especially favor having health and social service personnel look beyond the immediate crisis event and develop the means with which to prevent a repetition of the crisis. Preventive service, often delivered simultaneously with treatment, also requires clarity of purpose and good organization to be effective over the long term.

The person in crisis, therefore, must receive service that is not only immediate and caring—but also capable. And capability in service requires broad-gauge, systematic thought and action. Fortunately, over the past several decades, crisis leaders in our respective professions of public health, medicine,

nursing, social service, law enforcement, and psychology have constructed a firm base of theory and practice upon which we can individually build strong and effective protocols for patient/client assessment, treatment, and follow-up. The emotional chaos that may immobilize a person in crisis must not be mimicked by the individual or the agency providing vital service to that person. Quite the opposite: We must make sure that we meet—and overcome—the potential anarchy of personal crisis with the structure and rationality of appropriate organization and well-trained crisis managers.

That's what this book, *Programs for People in Crisis*, is all about, and I commend it to you.

June 1987

C. Everett Koop, MD, ScD
Surgeon General
U.S. Public Health Services

Reprinted from *Programs for People in Crisis: A Guide for Educators, Administrators, and Clinical Trainers* (1987) by Lee Ann Hoff and Nina Miller.

Foreword

Richard Ramsay, MSW

Timing is crucial in the response actions of crisis practitioners. Split-second decisions can contribute to critically big differences, frequently involving matters of life and death. The authors know this. Crisis practitioners know this. Now those engaged in the nonclinical side of crisis work—education and training, administration, interagency coordination, governing bodies—have a book that describes the importance of their work to the development of skilled crisis workers.

The authors' extensive knowledge of crisis work in American and Canadian agencies is shared with informative and well-placed examples throughout this book. They know that crisis work cannot be segregated into primary health care or psychosocial health care approaches. Integrated holistic approaches need to replace old Cartesian beliefs about mind–body separatism. They know that the rapidly emerging shift to community-based health care models situates crisis services in a pivotal role.

Their book is superbly timed for those involved in the nonclinical aspects of crisis work to participate fully in the development of ideal crisis care services for the 21st century. The authors have compiled an impressive array of information addressing the significance of effective interagency coordination, good access to consultation, standardized education and training, and relevant administrative approaches. Without this kind of comprehensive support, well-intentioned crisis practitioners are left frustrated and easily burned out. This is not my first encounter with Lee Ann Hoff's expertise in crisis intervention. In 1984, I was working with three mental health colleagues in a multidisciplinary partnership to develop, test, and disseminate quality-controlled suicide prevention training programs. Our first-generation efforts to design a standardized training curriculum met with considerable resistance, including an imposed 6-month moratorium on 2 years of development work. Lee Ann Hoff was one of three independent evaluators selected to review our work. Thanks to their positive evaluations, the way was paved for the eventual formation of LivingWorks Education, dedicated

to the development of effective gatekeeper training programs for crisis care and other frontline community caregivers around the world. The knowledge and wisdom that she used to help that innovative program continue to develop are now combined with Kazimiera Adamowski's expertise to benefit a much bigger crisis care audience dedicated to the development of a program of excellence.

This book is divided into three parts: background issues; education and training programs; and service organizations, management, consultation, and community education. The first part gives an excellent overview of crisis care services in the context of primary and psychosocial health care paradigms. It provides a clear and succinct orientation to the language and concepts associated with crisis programs. Terms like *crisis assessment*, *crisis management*, and *crisis intervention* are easily understood in the continuum of crisis care. They take the "foreign language" sound of *traumatic stress debriefing* and *posttraumatic stress disorder* and give them practical and easily understood descriptions. Whether you are an administrator, policy board member, trainer, educator, funder, crisis worker (paid or volunteer), or employee of an associated community service agency, this book gives you what you need to know about the background issues in crisis care.

The education and training section evokes many memorable images. I started my crisis training career 30 years ago as cofounder of the Ottawa Distress Centre. Two things were ominous at the time. Volunteer crisis workers were viewed by the professional community with a great deal of skepticism. Crisis line volunteers required special training to give them confidence and a practical guide to be effective crisis workers when there was no one but their colistener on duty. Huge improvements in professional attitudes and methods of training have occurred since then. This book captures these changes and provides the nonclinical members of crisis organizations with a comprehensive understanding of key concepts and training issues, standards for crisis training programs, core content for education and training, and much more.

Evaluation of education and training programs is a major challenge for administrators, program planners, trainers, policy makers, and program funders. One discovers in this book that evaluation is more than outcome measures. The diversity of crisis workers has to be accommodated. Community and cultural contexts have to be factored into good evaluation studies. Training has to be tailored to the needs of the crisis worker. This book gives nonclinical members of crisis organizations an excellent sense of how they can contribute to the challenge of establishing effective evaluation policies and approaches.

The material in the third part of this book is probably the least attended to but perhaps among the most important in terms of ideal crisis care. To be effective, crisis service organizations cannot rely solely on well-managed agencies and highly skilled professionals and volunteers. They must be prepared to

participate in fully supported community-based interagency communication activities. My experience at this level of crisis care work has covered a wide spectrum of activities as a crisis center board member, member of a large urban crisis care coordinating committee, and ministerial appointee to Alberta's provincial suicide prevention advisory committee and, more recently, the new government-supported Alberta Centre for Injury Control and Research. All of these activities gave me firsthand experience of how important the issues discussed in this third part of the book are for everyone involved in the nonclinical facets of crisis programs. This discussion reflects the often undervalued importance of an interdisciplinary approach to crisis care involving professionals and volunteers committed to interorganizational communication networks of cooperation, coordination, and collaboration at the agency-to-agency as well as the crisis worker-to-crisis worker level. The kind of information contained in this section should be readily available to both the clinical and nonclinical members of all crisis care organizations. Needs and resource assessment, the organizational structure of telephone crisis services, and staff screening and selection guidelines are thoroughly discussed; issues as diverse as staff burnout, chronic callers, and certification of services are all covered.

Without the full support and competent participation of everyone involved in the nonclinical aspects of these programs, even well-prepared crisis care practitioners can be left frustrated and prone to early burnout. Those pitfalls can be avoided by giving the same careful and considerate attention to the delivery of ideal crisis care that Lee Ann Hoff and Kazimiera Adamowski gave to the preparation of this book.

Richard Ramsey, MSW

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Reprinted from *Creating Excellence in Crisis Care: A Guide to Effective Training and Program Designs* (1998) by Lee Ann Hoff and Kazimiera Adamowski.

Foreword

Leona L. Eggert, PhD, RN

Everyone, at one time or another, is certain to experience a situational crisis—an emotionally hazardous event, a dilemma, or a disaster—that places us as human beings at a turning point, in dire straits and with pressing needs for an immediate, expedient end to the human suffering that is felt. These crises may arise from physical or emotional abuse, a sexual assault, a suicide, a mass homicide, a psychiatric emergency, or a natural disaster that devastates an entire community, to name but a few examples. Such crisis events typically leave us feeling shattered, in anguish, and tormented with grief. Naturally we may feel depressed, experience emotional pain, sorrow, or perhaps even shame. At such times, what all human beings need is support, comfort, and guidance. Direction in how to cope with situations that are beyond our scope of experience is in order. Encouragement and an infusion of hope that the despair currently felt will subside are essential. To carry on in the face of loss, immediate help that is competent, caring, and effective is required on a 24-hour basis as critical events usually occur with little or no warning.

In the best of all worlds, family and friends—our natural network of support persons—would provide the solace, help, and guidance needed in a crisis situation. But this is often not the case. The support of family and friends may be insufficient or missing; alternatively, everyone may be in need of each other's help simultaneously as in the case of a widespread disaster or a youth's suicide at school. For these and other reasons, community-based crisis services are a vital aspect of primary health care today. The place of crisis services in the prevention of violence, in the care of rape victims, or in the aftermath of a natural disaster or suicide is as important today as it was when these services were first designed and implemented. The goals remain the same: to prevent physical and emotional disorders due to poor or inadequate resolution of a crisis and to provide immediate, accessible, and competent care to persons in acute psychosocial distress.

The work of professional crisis practitioners is not a simple matter; nor do crisis services occur in a vacuum. They are, as Lee Ann Hoff and Kazimiera Adamowski remind us, one of several health services to be integrated within a community or comprehensive health care plan. This interdisciplinary book has needed to emerge from the upheaval of our social and health care reforms. It is just the right book at the right time to deal with the growing need for understanding how crisis services should round out, not replace, comprehensive health care services, and how ideal crisis care is to be achieved. The authors are adept at supporting the claim that crisis services cannot be a panacea. With cogent, rational assertions, we are led to understand that in the current climate of health care reforms, crisis services cannot and should not, in the name of cost containment, become a substitute for long-term mental health care or ongoing treatment needs. Consequently, the implications for practitioners, administrators, and policy makers are cogent and timely.

With precision and clarity, this book serves as a superb guide to directing the future of crisis services in our communities. What is inspiring is its central message: To provide superior and effective crisis interventions, training of practitioners is fundamental and a supportive administrative structure is crucial. It fills many gaps in our knowledge related to training professionals and volunteers and designing crisis services. What is unusual about the book is the integration of a well-grounded crisis model with the essentials for training program and service designs for implementing and evaluating core crisis content. What excites me is that at every level, the authors consistently present education, training, and program designs that advance crisis prevention and care across a variety of health and human service settings. The book emphasizes prevention as well as care; it stresses collaboration across disciplines—the health, social service, and legal professions—and across human service settings. The content of this book, with its examples from many agencies and settings throughout the United States and Canada, is timely and realistic; the organization is eminently useful.

This book is destined to be a success in many arenas—in crisis service agencies, academia, health insurance organizations, the advisory board room, and related community settings. Undoubtedly it will help crisis workers learn more about the interface between empirically supported crisis modes and the ongoing training and support they need to provide excellent crisis care. Administrators in crisis service and related agencies will appreciate the sound, practical guidelines for meeting their charge of planning programs and supportive structures that foster ideal crisis services. Educators and trainers will benefit from the content, organization, and multiple resources this book provides as they use it to prepare practitioners in crisis care across multiple disciplines. Not insignificantly, members of local advisory and policy boards, health insurance executives, and legislators can benefit from this book; the pragmatics and wisdom portrayed can

reinforce the need for crisis services as a vital element of a comprehensive health care plan as well as the traditional role crisis services have always played in mental health services. Last but not least, consumers interested in the quality of crisis care provided in their own community will find this book informative and of worth.

In short, this is an exceedingly valuable book for all who are connected to and interested in the prevention of crises and the provision of ideal care to those currently in need of crisis services. Lee Ann Hoff—a nurse and forerunner in the field of crisis care and prevention—has joined forces with Kazimiera Adamowski to bring us a highly relevant book that will help us create excellence in crisis care. Wholeheartedly, I commend it to you.

June 1998

Leona L. Eggert, PhD, RN

Spence Endowed Professor

Developer and Director, Washington State Youth Suicide Prevention Program

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