

# Research paper on crisis intervention

[Family](#), [Children](#)



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## Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a condition that is becoming an increasing concern in the society because of its far-reaching consequences. PTSD is a psychiatric disorder that develops in a person following exposure to a traumatic event that threatens a person's safety (Kinchin, 2004). It is a severe form of trauma that is so overwhelming with a person having difficulty returning to the normal state of interacting with others. Traumatic events that could result to PTSD include natural disasters such as a flood or fire, war, terrorist attacks, and sudden unexpected death of a loved one. Kidnapping, sexual or physical abuse, childhood neglect, and assault are more events that could lead to PTSD. The disorder can affect a variety of people regardless of age, socioeconomic class, gender or culture. The likelihood of developing a severe form of PTSD increases with the nature of the traumatic event. Certain individual factors such as personality, social support, family history, and mental health problems also increase the chances of developing a severe form of PTSD.

The symptoms of PTSD vary from children to adults. In children, the symptoms include the fear of the child of separating from parents. Children also experience nightmares and sleep problems without any apparent cause. They also experience fears and anxieties unrelated to the traumatic event. These children are also irritable and aggressive because of the event. Adults, on the other hand, experience depression and suicidal thoughts because of a traumatic event. Feelings of mistrust, hopelessness and betrayal are characteristic of an adult undergoing a PTSD (Kinchin, 2004). Adults also tend to blame themselves for the event and some result to substance abuse such as alcohol and drugs to deal with the disorder. However, the most common symptoms of this disorder include re-experiencing the event, increased anxiety, and avoidance of reminders of the event.

### **Information for a professional**

When responding to PTSD, a professional should have certain information about the person experiencing the disorder. A professional should know the age, socio class, culture, and gender of the person experiencing the PTSD (Nutt, et al., 2008). Young children respond differently when exposed to certain traumatic events depending on their socioeconomic class. Children from poor families are able to deal with the stress because of the environment in which they grow unlike children from rich families. Therefore, it is important for a professional to understand this difference. In addition, male adults suffer most from PTSD because unlike women, men tend to hide their sufferings. Thus, a professional should be aware of the client to be able to provide the correct intervention measures.

A professional should also be aware of the risk factors that a client experienced before in responding to PTSD. The professional should determine if there is a family history of members having PTSD or depression. Information regarding the history of the client on substance abuse, sexual or physical abuse is important for the professional in developing the right intervention strategies. A professional should establish the coping skills that the client experiencing the traumatic disorder used to deal with the event. Information on the support the client gets from family and friends is important for the professional to establish the level of the disorder. It is crucial to find out if a client with PTSD has a health illness such as mental illness or depression because these illnesses may aggravate the disorder. The information on the health condition of a client with a PTSD is essential in establishing the right intervention techniques (Foa, et al. 1999). Many of these risk factors turn around the nature of the traumatic event. Thus, it is important for a professional to have information on the risk factors when responding to PTSD.

## **Interventions**

In addressing PTSD, a professional can utilize various interventions. Researches done on PTSD shows that family therapy can assist in dealing with the disorder in patients. Family therapy involves all members of the family that relate with the patient. These members go through counseling to understand the condition of their loved one. Family therapy facilitates better communication in the family and members are able to deal with problems that PTSD causes (Nutt, et al., 2008). Medication is also another form of intervention. Individuals with the disease experience depression and anxiety,

which cause stress. A professional can recommend anti-depressants for the client as an intervention to reduce the effects of the secondary symptoms of PTSD.

A professional can use risk-targeted methods to intervene in a person experiencing PTSD. These intervention methods focus on shaping normal behavior to mitigate the effects of the event. For example, giving rape victims a forensic exam and including advice on ways to deal with anxiety. The victims that participate in the exam will emerge calm and relaxed and will have a low PTSD. Another intervention measure is stepped-collaborative-care. This technique involves monitoring individuals who are at risk of PTSD for symptoms (Kinchin, 2004). A professional then increases the intensity of care to combat symptoms of PTSD as they appear. Psychological debriefing is also another intervention technique that a professional can utilize to address PTSD. It allows the client to confront directly the event by speaking freely about it (Kinchin, 2004).

In conclusion, PTSD is a severe crisis, which develops in a person following a traumatic event. A professional should be aware of the risk factors when responding to the crisis. These include physical and family history, substance or sexual abuse, and previous traumatic events. Intervention measures a professional can utilize include family therapy, medication, stepped collaborative care, and psychological debriefing.

## References

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