

# Hybrid model of crisis intervention case study



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The assignment: (3-4 pages)

- Provide an analysis of the crisis depicted in the Case Study in this week's Learning Resources.
- Explain how you would apply the Hybrid Model to the crisis in the Case Study.
- Integrate Maslow's model into your evaluation and explain how you did so.

In 1972 a military infantryman flew home alone from Vietnam. When he arrived in his hometown, San Antonio, TX, no one was there to greet him. His return was not communicated to his family, and his wife was at work in the mayor's office while his six-year-old daughter and 10-year-old son were at school. Feeling confused and without family, friends, or military support, he took a bus to a nearby stop and walked the remainder of the way home. He searched out two guns in his home and asked his neighbor if he could borrow her car. He then left to pick up his children at school and walked into the school firing at faculty and students. Several teachers and students were gunned down. He found his two children, took them, and left for the San Antonio mayor's office to find his wife. At that time he left his children in the car, re-loaded his guns, and went into his wife's office, again firing his guns and apparently killing several individuals including a number of councilpersons, police officers, and the mayor.

You are a Professor of Counselor Education and Supervision at a university in San Antonio, TX. Apply the Six-Step Model of Crisis Intervention for responding in this community.

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Case study: Vignette.

Analysis.

In the Case Vignette No. 1, the soldier had been deployed back to his hometown in San Antonio, Texas. Hoge, Lesikar, Guevara, Lange, Brundage, Engel, Orman, & Messer (2002) explained that researches conducted after military conflicts, deployment stressors and exposing soldiers to combat were considered risks factors of mental health problems, including post-traumatic stress disorder, [PTSD], major depression, substance abuse, impairment in social functioning and in the ability to work and the increase use of health care services.

In this case, although there is insufficient information about the infantry soldier; and, we do not know if he faced directly combat, this soldier and part of his comrades were exposed to danger, injuries and death on a daily basis. Although not everyone exposed to violence or traumatic events may develop PTSD, factors, such as, the intensity of the trauma and proximity to the circumstances can increase the propensity of developing the disorder (Phillips, LeardMann, Gumbs & Smith, 2010).

According to Phillips, LeardMann, Gumbs & Smith (2010) when a person is exposed to combat, and have constant threats of death or witness to it, serious injury or witness to it become significant risk factors for screening positive for postdeployment PTSD among soldiers as well as, violence exposures prior entering the infantry.

Hoge, Castro, Messer, McGurk, Cotting, & Koffman (2004) explained that soldiers and marines presented new onset PTSD after returning from combat several months later. These investigators explained that in their study a 7.6% was revealed with probable new onset PTSD. In the Case Vignette No. 1, he definitely was presenting new onset symptoms for PTSD because he felt confused, alone without support and no communication. There is a probability that he might have been impacted and presented symptoms of PTSD before being deployed to Vietnam, and returned traumatized with his experience in Vietnam.

The infantry soldier of this case, was impacted, and presented symptoms of PTSD apparently before being deployed to Vietnam, and returned even more traumatized with his Vietnam experience. These same investigators explained that one study was conducted before the military operation with Iraq and Afghanistan and they discovered that a 6 of all US military service personnel on active duty received treatment for mental disorders each year (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004).

Based on my analysis, this case has greater risk for developing a combat related psychological disorder, not to mention criminal charges for hurting and killing innocent people. And, at his return, he found out that there was no communication was done before his arrival, no family member's to receive. Phillips, LeardMann, Gumbs & Smith (2010) explained that when a person is exposed to combat, and, have constant threat of death or witness to it, serious injury or witness to it become significant risk factors for screening positive for post-deployment PTSD.

## Hybrid Model to the crisis in the Case Study

## TRIAGE ASSESSMENT FORM: CRISIS INTERVENTION CRISIS EVENT.

Identify and describe briefly the crisis situation:

The identified male is a Vietnam infantry soldier rushed in emergency during morning hours. There were direct witness to several traumatic events and victims of a shooting. Some of these traumatic events were:

1. The lost of coworkers, friends and neighbors of the community.
2. The impact of an extreme loud noise impacting their physical being.

## AFFECTIVE DOMAIN

Identify and describe briefly the affect that is present. (If more than one affect is experienced, rate with #1 being primary, #2 secondary, #3 tertiary.)

No. 1. Feeling of fear and anxiety: The victims remain with a high level of fear that could be badly hurt or killed. After being a direct witness to the whole event of shooting and seeing people he knew from the community and how they were falling and dispersing. The victims may present a possibility of not being able to remember details of how they managed to escape from the traumatic event.

No. 2. Feeling of being confused: Feeling confused of what happened or not being able to comprehend the traumatic event.

No. 2. Feeling of guilty: Feeling guilty of running away from the event when they could of helped a neighbor, friend or co-worker.

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No. 2. Feeling anguished when speaking of the traumatized events.

No. 2. Feeling sad.

No. 3. Anger feelings completely repressed.

### Affective Severity Scale

Circle the number that most closely corresponds with client's reaction to crisis.

1 2 3 4 5 6 7 8 9 10

Moderate Impairment • 7

Affect may be incongruent with situation.

Extended periods of intense negative moods.

Mood is experienced noticeably more intensely than situation warrants.

Affects may be obviously incongruent with situation.

### BEHAVIORAL DOMAIN

Identify and describe briefly which behavior is currently being used. (If more than one behavior is utilized, rate with #1 being primary, #2 secondary, #3 tertiary.)

APPROACH:

Direct witness to several traumatic events, such as the scene of bodies of people around the victims. The tendency of the victims is running as far as they can from the traumatic and noxious event.

#### AVOIDANCE:

Victims may not want to avoid meeting new friends in order to develop and maintain a social circle. And, also may avoid having the opportunity of a new relationship.

#### IMMOBILITY:

The victims may constantly be re-experiencing the traumatic event of Vietnam. Their spontaneous memories of the traumatic events, recurrent dreams about the mornings where he was exploded the attacks, that killed several people and injured others were rushed that same morning. They might present flashbacks of the dramatic and traumatic events of the morning. The victims explained especially when they turn around to see what had happened. And, they see others being abused and terrorized. They immediately remember the traumatic event and they keep seeing more people dead. Then, they begins feeling scared and non trustful from all people that surrounds them. They present a prolonged distress.

#### Behavioral Severity Scale

Circle the number that most closely corresponds with client's reaction to crisis.

1 2 3 4 5 6 7 8 9 10

## Moderate Impairment • 7

Behaviors are maladaptive but not immediately destructive.

Behaviors are difficult to control even with repeated requests.

Behavior is becoming a threat to self or others and increasingly difficult to control.

Ability to perform tasks necessary for daily functioning may be noticeably compromised.

## COGNITIVE DOMAIN

Identify if a transgression, threat, or loss has occurred in the following areas and describe briefly. (If more than one cognitive response occurs, rate with #1 being primary, #2 secondary, #3 tertiary)

PHYSICAL (food, water, safety, shelter, etc.): During the escape from the shooting, and although they do not recall how they managed to escape or how they managed to get to the opposite side of the affected area, they suffered deprivation of safety and medical and psychological attention for several minutes. According to Gilliland (2013) the transgression, threat, loss or the three may be perceived as an association to whatever the person physical needs are.

\_\_\_1\_\_\_ TRANSGRESSION \_\_\_1\_\_\_ THREAT \_\_\_1\_\_\_ LOSS

PSYCHOLOGICAL (self-concept, emotional well being, identity, etc.): They present a persistent and distorted sense of confusion or guiltiness of not able



to help others. They may present arousal when presenting sleep disturbance, hyper-vigilance during the following weeks.

\_\_\_1\_\_\_ TRANSGRESSION \_\_\_1\_\_\_ THREAT \_\_\_1\_\_\_ LOSS

SOCIAL RELATIONSHIPS (family, friends, co-workers, etc.): Some of the victims may have lost friends, family members, and neighbors when they were forced to run for their lives in order to continue living after the traumatic event suffered. They may markedly diminished interest in activities, such as their social life and interpersonal relationships. Gilliland (2013) explains that the disturbance, regardless of its triggers causes clinical significant distress and at times impairment in her social interactions and capacity to work.

\_\_\_1\_\_\_ TRANSGRESSION \_\_\_1\_\_\_ THREAT \_\_\_1\_\_\_ LOSS

MORAL/SPIRITUAL (personal integrity, values, belief system, etc.): They might questioned their spiritual believes, or may want to see a representative of their religious community in order to feel reassure their spiritual believes

\_\_\_1\_\_\_ TRANSGRESSION \_\_\_1\_\_\_ THREAT \_\_\_1\_\_\_ LOSS

Cognitive Severity Scale

Circle the number that most closely corresponds with client's reaction to crisis.

1 2 3 4 5 6 7 8 9 10

## Moderate Impairment • 7

Client's perception and interpretation of crisis event may differ in some respects with reality of situation. Intrusive thoughts of crisis event with limited control. Problem solving and decision-making abilities adversely affected by obsessiveness, self-doubt, confusion. Client experiences recurrent difficulties with problem-solving and decision making abilities. Problem-solving and decision making abilities minimally affected. Client's perception and interpretation of crisis event substantially match with reality of situation.

## DOMAIN SEVERITY SCALE SUMMARY

Affective • 7 Cognitive • 7 Behavioral • 7 Total • 21

Developmental Ecological Assessment Approach.

Stage of Psychosocial Development.

In this particular case, the developmental psychosocial stages of all the victims were working class adults in their working environment and during normal working hours. And, school students in an early morning studying period hours of a regular weekday.

## References

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