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A man in crisis.
Model solutions, forms of help and services offered by the crisis intervention centres in Poland

Abstract: Crisis reveals as an inseparable element either at work, in life or at one's output and its effects are unavoidable. Thus it means that we do not fight with crisis neither we can expect to avoid its consequences. The result of a crisis intervention is (regardless of the category: an individual, family or a group) possibly taking most control over the crisis situations. Crisis as extremely tough experience often exceeds possibility to manage on his own by an individual. In many situations natural resources available for the sufferer in crisis are not satisfactory to cope with the situation effectively. In this respect such kind of help supporting base may be provided by crisis intervention centres. Their actions comprise all stages of crisis – starting from prevention and social education through direct help and supporting individuals, groups and societies who struggle with crisis consequences. The issue of crisis intervention is very wide. The article presents only most important aspects of the topic perceived through the angle of model forms of help and services offered by the crisis intervention centres in Poland.

Keywords: crisis situation, crisis intervention, help, support, crisis centre.

What distinguishes a human being is the ability to take up decisions. In varied life situations he faces numerous solutions and after having considered all arguments one can make the right decision. The choice means accepting one thing while rejecting something else. Each decision eliminates from future life of an individual occurrences which could happen to him. Decisions are usually treated as those which may only refer to certain life happenings, achievements and successes etc. Infrequently a man realizes

that each decision referred to his plans and ventures is a decision itself, incorporating personality sphere supporting and consolidating its present shape or initiating a breakthrough in its development. Decision making has a close link with psychical maturity of an individual. The level of psychical maturity is not closely related to age growth. The process usually undergoes abrupt changes and it is influenced by numerous situations, conflicts, suffering. It means that the process lasts throughout the whole life of an individual and is never completed. Maturity, in order to be able to grow, demands efforts and individual's engagement.

In the context of deliberations on psychical maturity there are numerous issues discussed which refer to different dimensions of human existence. Undoubtedly, one of these is the issue of crisis situations which may directly influence an individual. Real crisis situations can be both diverted and multi – dimensional. In such situations it becomes rather problematic to define the term of a crisis. In colloquial meaning it may be interpreted as a different situation which has already occurred or may be due to happen. The term crisis has undoubtedly a broad meaning range and may refer to numerous phenomena: social, economic, technical, legal and organizational, individual people, communities of established internal organization and management system. A universal formula defines the term of crisis in category of a turning point during any occurrence of events; the deciding point, the period of breakthrough, stage or an event followed by a change [5, p. 28].

On the basis of the field study references among varied interpretation approach found, it is significant to point out to a repeated set of descriptive features which characterize a crisis situation. The above refer to such descriptions as: unfulfilled significant needs which may endanger either growth or existence of an individual; 'situation in which a man does not only suffers privation but also finds himself in situations which require taking up difficult decisions of unknown degree of risk and value choice;' 'a situation which causes some functioning disorders, destabilization'; 'a situation where currently known adaptation mechanisms lead to a failure which is a collapse of the way of life', 'is a danger for basic values, life, health, personal dignity and standard of living', 'a moment which suddenly appears and is perceived in a negative way'; 'a situation in which one cannot cope himself in a particular situation and needs external support' [8, 2].

Crisis situations may thus have an objective character, result from health condition, a life incident but also a system conditioning of social life. They may also have a subjective character – if they result from personality features,

life helplessness or unfulfilled aspirations. Their range and intensity depend on the importance and level of difficulty people associate them with. It is a subjective factor which comes first when referred to the ways of solving difficult situation and the ways of getting out of the crisis.

Strategies to cope with difficulties and their effectiveness in order to overcome them is mainly conditioned by personality features, strong will and personal experience of an individual. Some people manage to overcome difficulties by themselves while others are left helpless and need support. It needs to be stressed at this point that overcoming difficulties is the basis towards learning, how to avoid or solve difficult future situations. Thus a priority becomes educating towards overcoming difficulties which means socialization process which denotes that any hardships which occur during varied moments in an individual's life should be treated as an element of human's condition. It denotes that difficulties may also have a positive effect. Crisis situations found in an individual's life are unavoidable and struggle with them is a human's nature since his birth. Following psychologists opinion there is no development without a crisis.

Among the most frequent reasons for crisis situations are those which directly result from current living conditions, functioning of the society. Although crisis situations occur always and everywhere (they can be found in every social system), still in some systems (low living standard, unsuitable economic situation etc.) there can be noticed a unique accumulation and widespread occurrence of difficulties which are obviously transferred onto psychological dimension. Social system may thus become a generator of crisis situations. Ecological threat, mistakes made to economical policy, political repressions, failed social prognosis and inability to predict basic threats, unfulfilled promises made by social institutions about their tasks and duties, failure of the law and educational systems, lack of moral model and ethnic attitudes, disintegration of social links, disturbing of the socialization process, difficult living conditions are just a few among the factors which unfavorably influence the situation of an individual. These influences are mainly directed towards Weaker personalities are among most endangered by such influence as well as those who are less competent and life inadequate. Consequently these people are potentially twice as much endangered, on one hand by the fate and secondly by the system which unables to create conditions to make equal level of life and improve their life situation.

It needs to be stressed as well that crisis situations can be categorized into two groups: predictable and unpredictable crisis occurrences. In the

earlier crisis situations which are linked with predictable occurrences (e.g. adolescence crisis) and become frequently disregarded because they are treated as natural. Their background is based on biological processes and include psychological and social elements. A man is subjected to undergo numerous periods in his lifetime (nursery school, school, higher studies, marriage, child birth, changing work, removals, changing roles, retirement etc.). These are the events which trigger expected crisis. On the other hand, crisis occurrences linked with unpredictable situations are caused by situations of catastrophes, fires, flood, economic crisis etc and the factors which endanger physical or mental integrity of an individual or family (disease, accident, disability, being left by a spouse, divorce, introducing a new family member etc.) [1].

Following R. Rapoport point of view, the state of crisis may be described by the free situations shown below:

1. Random event which destroys natural order becoming a real danger. The danger concerns instinct needs symbolically linked with previous dangers which were the cause of weakness or a conflict so the individual feels unable to react successfully

2. Randomly appeared problem can be considered as a loss or a challenge. The problem itself is serious and it is accompanied by past experience. There arise past dangers, loss or challenges which ended up as painful failures, leaving deep marks or the feeling of competence and lack of abilities.

3. Dangers referred to basic and instinct needs of an individual or his integrality. In case of endangered integrality it may have the shape of anxiety while in case of a loss or a sacrifice it may lead to depression [6, p. 293-306].

Occurrence of a crisis situation generates necessity to administer changes in current (typical) ways to maintain psychical stability. Appearance of an unexpected obstacle triggers a necessity to administer modifications within previously approved plans, ventures etc. Unfortunately, due to an unexpected happening an individual's behaviour may reveal varied dominant features. Thus crisis appears once the task supposed to be done exceeds abilities and possibilities of an individual.

The situation described as a crisis is accompanied by certain characteristic stages (phases). Hans Selye points out to initial stage (alarming) where tension raises with sudden increase of feeling of disorder and helplessness, 'general feeling of powerlessness, disorders in cognitive sphere; an individual has no idea how to cope with a new problem, cannot estimate reality, judge and determine the results of the crisis and possibility of its solving'. In extreme cases there can be found disorders in space and time perception.

It may lead to certain lack of adaptation and effectiveness. Lack of adapting may bear the form of an action which is mainly aimed at relieving internal tension. Tensions caused by a problem become a problem itself which an individual tries to solve. Such increase of tension may cause anxiety and turn into somatic symptoms or it may be rejected by suppressing mechanism [7].

On the other hand, during the next phase (indirect resistance) organism mobilizes its energy in order to find an emergency solution which may lead to obviate crisis in three different ways: 1. it can be solved in realistic way, 2. it can be considered at different angle (e.g. possibility to make an agreement between the needs in danger and realistic abilities), 3. one can give up his aims which were supposed to be fulfilled. If the problem does not match any of the presented above solutions then an individual falls into disorganization mode. Such phase is perceived by H. Selye as the lack of adapting phase where stress exceeded the reserves possessed by an individual, the whole amount of resources and life energy which results in exhaustion [7].

Proper recognition of the crisis state balance disorder of an individual depends on appropriate assessment of such factors of balance state as: the ability of an individual to start and keep emotional link with other people during sudden changes; ability to do work in productive way; making use of one's own internal resources; ability to perceive reality without its deforming made by delusions especially in unpredicted and dramatic situations [4].

When found in stressful situation an individual usually tries to avoid crisis or cope with it by solving, undertaking at the same time varied tasks in cognitive, affective and active spheres. It refers to such activities as:
1. realistic perception of events and emotions which arise; 2. making use of past abilities;
2. searching for suitable support in his environment [7].

In the first example given, if the event is perceived in a realistic way, an individual will be aware of the relationship between occurrences and his feelings. The person will be ready to launch one's own individual resources to solve the problem. Once the event is perceived in non – realistic way treated as more or less importance rather than it is in reality – the link between occurrences and the stressful situation will not be noticed at all. It denotes that if the problem is not perceived in its proper dimension by an individual, it may be hard to make a use of ordinary means (individual resources) in order to solve the problem.

The other element are potential abilities to administer adequate, efficient up to now strategies, to cope with danger. Daily existence places an individual

around the situation of different stress level and degree of difficulty. Such situations trigger varied abilities and mechanisms of an individual which allow him to react successfully. An important stimulus and a factor which motivates is in this case, infrequently occurring in such situations, the feeling of fear together with accompanying feeling of discomfort. In such meaning crisis situation produces and stimulates towards development and changes.

Another formula of steps taken up by an individual in different situation (stressful) is looking for surrounding support. As mentioned before, one of the individual's balance factor is the ability to make and keep satisfying emotional relationship with other people. This relationship allows a human in times of weakness and helplessness to accept others help. In this case, it refers to people of close surrounding who are willing to help and they can be trusted, those who can boost one's confidence and provide the feeling of safety. In situations where an individual cannot find significant people in close neighborhood or he turns away from them, his position weakens, which in order may lead to the risk of indulging into the state of mental balance disorder and deepening crisis situation [7, 1].

Providing help towards people who experience random occurence and a crisis situation is linked with actions of crisis intervention character. It requires appropriate involvement in time and situation of the crisis victim, therapeutic contact concentrated on the cause of the crisis and taking up actions in order to bring the person again to initial state before the crisis. In that case the range of actions involves varied forms of help (psychological, medical, social and legal) which are directed at regaining psychological balance and ability of self – defence after experienced critical life occurrence or a crisis. It needs to be remembered that not every action aimed towards an individual in a crisis situation can be regarded as a crisis intervention. Crisis intervention comprises the following actions:

- providing emotional support which releases emotions;
- confronting with reality and counteracting tendencies towards neglecting and denying in order to formulate the most important at a certain moment problem to be solved.
- reference to known worked out strategies and creating new ones;
- building a help plan.

Regardless the form, interventive actions are aimed to bring success which means alleviation of the reaction symptoms against crisis, regaining psychical balance to cope with daily situations by an individual and in consequence counteracting long lasting crisis outcome.

Due to crisis phenomenon complexity it is important to choose simple but effective intervention model. As an example one might present a universal, six stage model of intervention given by Burl E. Gillard and Richard K. James. According to it, the first stage comprises defining and understanding the problem perceived by a person who is in crisis. The intervenuee listens, expressing empathy, acceptance and positive attitude towards the crisis victim who gets the feeling that the helping person indeed understands him and he will be able to bring support. The second stage means concentrating on providing safety in crisis. The level of danger is measured in order to prevent from further harm (temporary shelter, providing basic needs etc). Comfortable conditions are provided in order to ensure the victim that there is no fear to talk about his problems. The third level of intervention comprises support. There are mainly verbal methods used (such as suggestion or persuasion) but also ensurance about unconditioned noncommittal help in the area of crisis. The fourth stage concentrates on the spectrum of opportunities of a client to deal with the problem. Many people name their situation as the one without an exit. At this stage, it is significant for the person who experiences crisis situation to bring closer the ways of dealing with difficulties in order to encourage towards positive thinking and slowing so called external resources (local environment, institutional, non – institutional support available in times of crisis). At the fifth stage, a realistic and short term plan is worked out together with the disadvantaged person, comprising additional sources of support, certain mechanisms to deal with difficulties and clear forms of action activities. The plan also states what is the participation of the aggrieved person and what belongs to the supporting one. The sixth stage of intervention procedure is the moment to receive a confirm from the aggrieved person to take up actions. Apart from raising the need to cooperate it is also important to ensure the person about support in his actions [3, p. 69-75].

The most significant aim of the intervention procedure is to bring back stability to the person in crisis and defining the way to solve difficulties which are linked with the crisis. Thus it is one of the initial forms of temporary help provided towards those in need who suffer various crisis similar to fire brigade, police or emergency actions etc. It requires availability and reluctance towards such kind of support. The movement towards crisis intervention was initiated in the USA when in 1906 in New York there was established an association offering help towards people who made suicide attempts. In Europe such kind of activity started to develop after

the Second World War. It was in 1948 when in Vienna a centre of crisis intervention for those 'who were tired of life' was initiated. With the time being, the concept of temporary help towards people who found themselves in difficult situation caused by challenges which exceeded their adaptation possibilities was widely used while working with violence victims, natural disasters and those human provoked casualties leading in consequences towards development of crisis intervention centres. First such kind of centre for Crisis Intervention was established in March 1991 in Cracow. It provided 24 hour psychological help to those who suffered family violence, rape, car accidents and murders. Initially it also helped those who found it difficult to cope with economical transformation. Initiating such kind of centre was in accordance with legal regulations on social care, article no. 231, which stated that individuals and families are provided with help (social work or specialistic counseling) especially when referred to legal and psychological help [10, p. 1184]. This general record did not state detailed information within the issue of forms and ways of the task accomplishment, thus it contained flexibility, which allowed to set up such kind of crisis intervention centre in Cracow as a form of social care centre. Such general official statement on social care made it possible for fast growth of the network among varied forms of crisis intervention centres across the country. In 2016 there were 106 crisis centres appointed as a part of the state sector and non – profit activity. Their largest numbers were found in south – western part of Poland: in Silesia area (17), Southern Silesia Region (13), Wielkopolska Region (10). The other centres found in other districts were as followed in numbers: Mazovia (9), Lublin (9), Pomerania (8), West Pomerania (8), Opole (4), Podkarpackie (4), Lodz (4), Lubuskie District (3), Swietokrzyskie (3) Podlaskie (1), Warmia and Masurian (1). The initial aim of these ventures is to provide support to people who suffer from numerous crisis situations mainly associated with job redundancy, lose of close person, betrayal, diagnosed somatic disease but also those who experience numerous psycho – social crisis: homelessness, unemployment, accommodation and financial problems, those who suffer from family crisis, alcohol abuse but also emotional problems such as fear or the feeling of loneliness. Crisis intervention taken up by the centres is mainly based on providing support to an individual or a family who experience traumatic situation. The aim of such crisis intervention is to regain psychological balance and ability of self – management and due to the fact preventing from transforming crisis reaction into the state of psycho-social chronic insufficiency.

The centres provide help towards individuals and families regardless their job incomes. Moreover, they provide day and night shelter for all those who are in need within their crisis intervention duties [9]. Due to numerous problems and needs signaled by those who look for help, intervention comprises a wide range of interdisciplinary actions. Interdisciplinary character of interventive actions comes from the character of crisis experience but namely the feature of its complicated symptomatology. It means that crisis in a way involves all spheres of internal and external functioning of an individual. Therefore, it requires specialists' help who represent different fields. Mostly these are psychologists, social workers and lawyers. Infrequently it demands clergymen, school educators, doctors – depending on the sphere which led to a crisis situation.

Permanently changing reality of contemporary social life bring necessity for the crisis intervention centres to adapt to changing and dynamic nature of each individual crisis. Their variety enforce that the centres systematically improve forms of services provided not only with the use of highly experienced staff but also latest technologies. Basic forms of help provided by the centres include: specialistic help and psychological legal and social counseling. Psychological help comprises varied forms of actions aimed at individuals, families, groups, less frequently institutions using knowledge, reflexion and psychological techniques. Psychological counseling comprises diagnosis of each psychological condition, provides help to look for possible solutions, short term crisis therapy concentrated on work upon the situation which is the source of crisis, rebuilding psychological balance and workout mechanisms to cope with crisis situations. On the other hand, when referred to counseling there are activities which are based on providing information (e.g. on the rights and entitlements of the person in crisis), legal advice (help in formulating legal claims and proposals addressed to the court etc), citizen help (searching for information on various methods of solving a legal problem, presenting possible solutions and their consequences), representations (e.g. supporting its client during the matter course). Social care help is mainly based on providing material support, meals, help with arranging official documents, providing social care services e.g. refer an individual to the social care centre. The centres also provide medical help comprising first aid (pre – medical help and consultations within an outpatients' clinic) as well as specialistic help which involves a set of paramedical actions taken up to save one's life and health. An important form of help is also providing temporary shelter which means temporary accommodation for those in crisis and help with finding such a place. It is important at this

level so the shelter does not only literally mean providing bed and room etc. but the stay is closely linked with more intensive effects, access to varied social benefits – a crisis hostel. Such kind of help is offered by the centres to those who are life endangered from the environment. Duration period of an individual's stay depends on personal situation of the person who suffers crisis and may last from a few hours until the period of 3 months. Within some exceptions the stay may be prolonged. If it happens and after the duration of that period an individual cannot return to his former surrounding, there are actions taken up in order to help and look for a new accommodation place or providing help at other care centres etc. Mothers with young children and those who are pregnant – mostly violence victims or those who found themselves in a crisis situation can expect shelter and support provided by the care centres for mother with under-aged children and pregnant women as a help within crisis intervention steps. These centres also offer help to fathers with young children or other people who are legally stated to be carers of the under-aged children [9].

An effective form of help offered by the crisis intervention centres are the supporting groups (e.g. a supporting group towards violence victims, those who leave prisons, people who stay unemployed for a long period, parents whose children are mentally ill or parents who lost their children etc.), self – help and mutual help. These forms are initiated, depending on the client's needs and organized as structured group and meetings which are associated by either past or present experience of its members, faced difficulties, combined with strong need for solving the problem. It is a work method similar to the so called method of therapeutic society, non – professional which does not require activity of people who possess psychological or therapeutic qualifications. Participation in self – help group allows for contact with people who experience similar difficulties. It serves to work out skills to cope with difficult situations and using support, not to mention that it is a form of help which enables an individual to regain dignity and subjectivity.

Frequently used form of help used by the care centres is assisting. It comprises both organizational and assurance access to (mostly in long term) help offered by the staff members to administer particular action on patients in their care, who are under supervision care[1] and other forms of

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[1] Superwizja - (*clinical supervision*) - the method used in the consultations, psychotherapy and other disciplines related to the care of mental health and dealing with people affected by psychological health problems.

support. The essence of assisting is to accompany in fulfilling daily tasks, psycho – education with the use of simple psychological help techniques. Crisis intervention centres within their sphere of supportive actions make a use of varied, adequate to recipents' needs, forms of provided services. The most popular among them is the form of individual contact colloquially known or relevant to the approved convention as a session, meeting or a visit. It is a convenient and preferred form by majority of people, which enables subjective safety so much important in case of individuals who find themselves in emotional crisis. It needs to be stressed that an individual meeting of a client with a professional except for numerous benefits carries also a risk of abuse and mistakes difficult to trace. Instruments which may eliminate potential abnormality while using this form is: team work, readiness to be supervised and others. Apart from individual contact service, there is also intervention contact form in use addressed to a family, a married couple or the parents. These actions are mainly focused on intervention, usually psychological in relation to family (system) in a contact with a few family members. A similar form of service is a group contact organized as sessions, group meetings, training programmes, workshops, relaxation technique meetings which are aimed to use energy and resources possessed by the group members who are united by common features and aims. An important aspect of a group work is also economical dimension – not only faster but also cheaper some of the activities addressed to the whole group can be done together rather than by individual people. Seemingly easier work with a group requires much more experience, knowledge, different skills, but especially knowledge of the so called group process. This form is also used while working with inter – discipline or crisis teams.

Among the forms of services offered by the centres we can enumerate external interventions taken up outside the centre in case the person in crisis is unable to commute (elderly people, children who experienced a fatal accident of their minder etc.). Moreover, the activities involve rescue actions, taking part in the work of crisis teams on request of other institutions and organizations.

An important role of psycho - social support plays an on – call intervention. Its advantage is widespread access: contact anonymity, full control of the client over such kind of contact form, unlimited action range, economics of action. Making use of the phone as a professional tool of help requires conscious decision as to the function it has to carry, conscious promotion and supported equipment tools (e.g. use of modern telecommunication

digital switchboards which enable to identify caller's data, operate teleconferences at the same time etc.) but first of all knowledge of its clients specify who receive that sort of help and definite on call intervention strategies. A phone is used in many ways as the mean of information for those who are in crisis, means of managing services, institutions and centres, alarming phone (the line available to a fixed group of addressee e.g. women, children and violence victims), intervention call ('red line' – which enables to receive occurrences which demand sudden actions) and the trust phone which can be a temporary help based on kind and anonymous help limited to semi – professional hearing, thought exchange etc.

This form has been known since 1953 and it was founded by an Anglican priest from London. In Poland the idea spread after 1967 thanks to professor Tadeusz Kielanowski who initiated the idea of first Polish on call trust service in Gdansk.

In contemporary times there is a wide use of the internet technologies aimed towards the abused. However, their effective use in interventive actions requires much prudence, but most of all discipline, supervision, consciousness of the aim and the sense of the internet community because of numerous difficulties and dangers. A popular way of communicating between the intervener and the person who suffers crisis is emailing, calls for intervention or making appointments – these are the most basic functions as well as safe (providing to stay anonymous) contact for people who just consider to use such kind of help, possibility to make enquiry only in this way for those who will never have a chance to pay a visit to a specialist. However, in this particular case it is worth considering restrictions and dangers (communication mistakes as in case of ordinary mail there is a risk of revealing 'sensitive' information, others). An important resource in the whole range of intervention actions are also the internet sites which cover most important, practical information: where, when and under what conditions it is possible to use crisis intervention benefits, what can be expected when looking for help at the first encounter and what sort of help one may expect to receive. Among other favoured internet services there appear such forms as: chat and discussion forums. They are used to communicate among a number of people in the so called rooms or exchanging information and ideas with the use of forums via popular portals and institutions. There are usually two kinds of talk: private which can be only traced by 2 people involved or a public – available for all logged in users. Private talks which ensure minimum of discretion (because as everything

on the net can be monitored and is far from being completely anonymous) can become a useful tool for making contacts with people in need. It is possible to create and own discussion forums, thematic 'chats', monitoring common services and taking part in talks and discussions. Within the range of activity appointed to intervention centres they also run specialistic training programmes addressed to other social services (the police, social workers, legal guardians etc.) on crisis intervention, fighting with abuse, dealing with aggressive people etc. Moreover, the centre staff organize either at school or other educational institutions preventive classes on the issue of co – interacting with aggression and violence, addictions, coping with stress, danger on the net and others.

It is impossible to enumerate all kinds of services and activities performed by the centres within crisis intervention due to a variety of models and strategies but also due to flexible adaptation to changing and dynamic nature each of possible crisis cases. A wide range of forms offered by the crisis intervention centres basically is to support accomplishment of a superior task which means bringing help and support which might endanger their life and personal safety. Care centres help is aimed to decrease the results of trauma experienced occurrences, refrain from suicides and intervention towards violence victims, supporting people and their families who experience crisis and dramatic situations. It is rather hard to avoid crisis which similarly to success or joy is part of our human existence. Thus it is important for a man to be able to accept failures whereas a crisis occurrence should he receive as a chance towards positive change. Those are the crisis intervention centres which take up challenge to help those who are unable to provoke such position changes in order to rebuilt and infrequently building life from the base in belief with possibility to overcome difficulties.

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