Crisis intervention is a treatment approach based on Caplanian crisis theory. Its clinical application in a mental health setting has been developing over the past decade or so at facilities like the Benjamin Rush Center (Jacobson, Wilner, Morley, Schneider, Strickler, & Sommer, 1965). Techniques adapted to this crisis model involve individual, peer group, conjoint, and family group forms of crisis treatment (Strickler & Allgeyer, 1967).

Crisis theory has been developed over the past three decades. It is not a general theory of human behavior; rather, it describes one particular natural psychological phenomenon or condition which occurs at times to everyone, i.e., crisis. Crisis is not in itself, then, an illness although some individuals with chronic and severe characterological problems may of course be more prone to crisis than others. Also, crisis characteristically triggers off, during the period of the crisis state, regressive processes that can give rise to the appearance or exacerbation of neurotic, psychotic, or psychosomatic symptomatology.

It follows, therefore, that crisis intervention is not and should not be regarded as a substitute for other forms of treatment which aim at treating psychopathology. At the same time, it differs radically from emergency or first aid treatment in that the prime goal is definitive resolution of a current emotional or psychological problem and not stop-gap supportive treatment. Further, the goal of crisis intervention is not only early resolution of a crisis but to intervene in a manner that offers promise of preventing future crises where there is the same or a similar kind of hazardous circumstance as in the treated crisis situation.

Gerald Caplan (1964) describes the crisis situation as involving a "relatively short period of psychological disequilibrium in a person who confronts a hazardous situation that for him constitutes an important problem which he can for the time being neither escape nor solve with his customary problem-solving resources." Intervention consists of assisting the individual or family in solving this current problem by learning other and hopefully healthier ways of coping with the hazardous circumstance. Crisis intervention focuses therefore on the immediate problem situation, not on long-standing disorders or well-established character patterns.

The crisis state represents essentially a cognitive (problem-solving) impasse rather than simply a very acute emotional distur-
bance. The person will either find an adaptive solution by utilizing new coping or a novel and creative version of old coping, or he can give in to maladaptive solutions that prove destructive to his emotional and social life. Adaptive solutions tend to be reality-oriented and enrich the ego’s repertory. Maladaptive responses are usually inappropriate to the reality situation and may result in lasting interpersonal disturbances or in newly formed or exacerbated neurotic, psychotic, or psychosomatic disorders of a chronic nature. Crisis therefore truly represents both a special opportunity for growth and a danger of psychological deterioration to the individual.

Caplanian theory assumes that there is a normal consistency of pattern or equilibrium in a person’s psychic functioning, and as a person faces problems or hazards in his daily life he maintains this equilibrium with the help of his normal range of problem-solving or coping mechanisms. Only when these mechanisms prove inadequate does the individual move into a crisis state, signifying the upset of homeostatic balance. Therefore, the “normal,” more or less stable psychic functioning of an individual (at whatever level of psychic health), is provided for by the ego’s mediating or reequilibrating coping mechanisms.

Coping mechanisms are those conscious and unconscious aspects of ego functioning designed to sustain a person’s psychic equilibrium by dealing adequately with a perceived threat of loss or actual loss in some area of his life involving needs for self-esteem, nurturing, or adult sexual role mastery (Strickler & LaSor, 1970). This threat occurs in the course of an external event wherein there is a sensed danger of loss of a significant relationship or social role supplying or sustaining these needs. As the individual perceives the threat he attempts to employ his usual means of coping with such threats, the means he has developed over a lifetime. If they work, normal equilibrium is maintained; if they fail, equilibrium is upset and the person moves into a crisis state.

Once the individual in crisis is helped to an awareness of the nature of the crisis situation and particularly of his problem-solving impasse he can again become responsible for his own behavior as he begins to see that he has choices and alternatives, no matter how unfamiliar and strange they feel to him. This perception robs the crisis state of its emotional disruption and cognitive near-paralysis. When this barrier to problem-solving is broken, therapeutic movement and growth (adaptive coping behavior) can take place.

Similarities of Crisis Intervention and the Traditional Psychosocial Approach to Casework

Crisis intervention is included in a number of social work graduate schools in the academic course curriculum for their students. These schools recognize that this treatment approach is one that clearly fits into the generalist concept of social work training and