



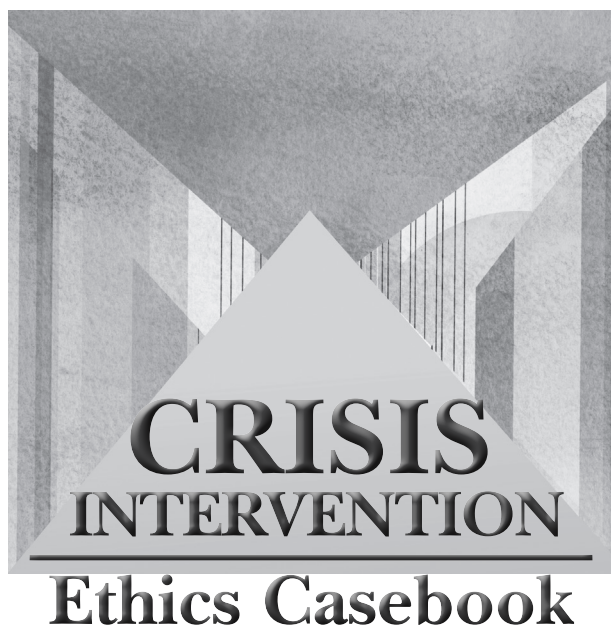
**CRISIS  
INTERVENTION**

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**Ethics Casebook**

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# Dedication

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This book is dedicated to everyone who has helped someone through a crisis. We thank professional counselors and other human service professionals who encounter clients in crisis on a daily basis, health care workers in emergency rooms and other health care settings who assist patients and families in times of crisis and trauma, and a special thanks to first responders such as law enforcement officers, firefighters, EMTs, and anyone else who is on the front lines helping people in crisis. Thank you for your service and dedication in helping others when they cannot help themselves.



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# Preface

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This introduction provides material that is going to be important for you to know when you build your own crisis intervention counseling tool kit. We cover stuff here that nobody told you about; and you are bound to encounter situations similar to those described in the case studies sooner or later—our bet is probably sooner rather than later. If you're a veteran crisis worker, we hope these decision-making tools will help you when you're rubbing your chin and scratching your head amid chaos and tough ethical decisions have to be made.

This casebook focuses on the reality of stepping out into the gritty real world of doing crisis work when everything is going haywire. If you are already in practice, you may feel that we're preaching to the choir. In this casebook, we go far beyond the everyday grind of therapy and explore what happens when all hell breaks loose and even the most seasoned crisis workers can become frozen and transfixed with indecision. At that point, chaos theory overrides every counseling theory and technique you thought you knew. You may resemble a deer frozen in the headlights, paralyzed with indecision regarding your therapeutic approach, the ethical problems that go with it, institutional policies that countermand it, and political realities that negate it. Think that won't happen to you? We sure hope it won't, but it has happened to us. So we also explore how to respond ethically when faced with potential legal and political ramifications for actions taken in response to a crisis situation. Our hope is that what

you learn in these cases will help change immobility to action as you confront similar situations.

This casebook is about crises. It is not about trauma or disaster, although crises certainly occur in both. Overlap exists in these three areas, but crisis intervention counseling practiced during traumatic events ranging from lethal auto wrecks to natural disasters is very different from long-term trauma therapy. Crisis intervention may include assisting someone who is suicidal or homicidal, but it also includes non-life-threatening situations such as child custody fights, school failure, drug use, and a host of other situational and transient problems (Myer & James, 2007). In contrast, trauma counseling often follows crisis intervention with people who are not able to reestablish a daily routine because the memory of the incident creates an independent schema that affects functioning over a period of time (McFarlane & Yehuda, 1996).

While writing this book, we realized that the application of ethical principles during crisis intervention is awkward at best and nearly impossible in the worst case scenario. How do you maintain confidentiality when working in a Red Cross shelter with a person or family whose house has been destroyed by a wildfire? People are walking around looking for help, and private spaces are rarely available. What can the crisis worker do when someone is unable to make a phone call to get information or much-needed resources? How will the client get the assistance necessary to restore a sense of control? You may need to make that phone call to help the person. Applying ethical principles in crisis intervention is like putting a square peg into a round hole. No matter what you do, there are gaps. Please don't misunderstand. We are not suggesting that ethical principles do not apply to crisis intervention work. Rather, we are looking for ways to apply ethical principles that make sense in this situation.

We believe that the concepts of relational-cultural theory (RCT) provide a framework that can fill those gaps (Duffey & Haberstroh, 2020; Jordan 2018; J. B. Miller, 1976). RCT was developed by Jean Baker Miller (1976), who understood that emotional relationship needs are important when trying to help women and those in marginalized populations (Duffey & Haberstroh, 2020). The concept of mutual empathy is perhaps most central to RCT. Jordan (2000) described *mutual empathy* as a relationship in which both people are affected by the other and both people recognize and value the empathic connection. Jordan (2000) further stated that it is necessary for the client to experience or "feel" the counselor's empathic connection for therapeutic intervention to be effective; counselors should not appear



distant, unaffected, or disengaged. Indeed, particularly in times of great distress, clients should feel that they matter.

Since its initial development, RCT has evolved into a model that values using relational mindfulness to guide therapeutic interactions in a safe manner for clients (Jordan, 2018). In various places throughout this book, we address RCT to explain the application of ethical principles in crisis intervention and expand on RCT principles that are germane to crisis intervention. RCT fits well with crisis intervention because it is not so much about techniques as it is about building relationships and bonding, two key ingredients in the fluid environment of a crisis. For a more in-depth analysis of the application of RCT to crisis intervention, see Duffey and Haberstroh (2020).

The fluid environment of crisis work means that the intervention process is not fixed to client type, time, temperature, place, setting, socioeconomic class, or any other definable characteristic. Crisis work may occur in the warm, comfortable confines of an office, or it may occur on a bus, in the middle of a school cafeteria, at a church sanctuary, in a hospital waiting room, at a juvenile inpatient facility, in a house, or on a bridge railing. In addition, in a lot of these places, spectators will be offering their unsolicited advice on how you should solve the problem. What to do in that situation therapeutically and ethically is what this book is about, but don't expect clear-cut answers. The nature of ethical dilemmas is that what is right and wrong depends, in large part, on the unique situation.

To quote Robert Burns (1785), "The best laid schemes o' Mice an' Men gang aft agley. An' lea'e us nought but grief an' pain." What you learned in your legal and ethical issues class may not cleanly or clearly apply in a crisis situation. In a high school hallway with two female gangs getting ready to go at one another, you will have to make rapid decisions to diffuse the situation before it goes viral on social media, and these decisions will have ethical and legal implications. Not only do you have a chaotic crisis to deal with, but you have an ethical Gordian knot (first attributed to Alexander the Great) to untie. We decided to put the two together and make you as formidable as Alexander in your ability to unravel the complex crisis counseling knots you are undoubtedly going to face. That sounds pretty presumptuous of us, doesn't it?

## Chapter Overviews

### Chapter 1: Crisis Roots and Building Blocks

We begin by defining the different forms of crises that you will encounter and offer a brief history of how crisis intervention has

evolved from a therapeutic backwater to a major new therapeutic field. We introduce you to the tools of crisis intervention work and discuss nine strategies used in crisis intervention and explain how these strategies can be applied. We also introduce some of our “rules of the road” in crisis intervention and their ethical relevance, and we outline protocols for situation-specific, individual, transcrisis, metasizing, and ecosystemic crises.

## **Chapter 2: Assessment in Crisis Intervention**

In this chapter, we introduce you to two assessment procedures that are at the core of crisis intervention. The Triage Assessment Form: Crisis Intervention (Revised), or TAF: CIR, provides a highly validated, real-time assessment of a client’s affective, behavioral, and cognitive stability. Client scores provide a guide for how directive the crisis counselor needs to be. The TAF: CIR is used throughout the case studies to help you learn to evaluate clients’ reactions and stability across these three domains.

Social locations are a way of looking at a person’s idiosyncratic cultural background, and when making first contact with people in crisis, this is important. The second assessment tool we describe helps crisis workers evaluate clients’ social locations and diversity factors. We introduce you to the SAFETY model, which addresses mental and physical *stability*, *affect*, *friction*, *environment*, *temperament*, and *yearning*. Social locations are critical assessment components in crisis intervention (Brown, 2008), and they provide a different way of looking at multiculturalism that we believe has a great deal of application in the world of the crisis interventionist.

## **Chapter 3: Ethics and Crisis Intervention**

In crisis situations, well-established ethical principles may come into conflict with the legal, moral, cultural, and political dynamics confronting crisis workers, commingling with and confounding the crisis response. We provide an overview of the ethical, legal, moral, cultural, and political issues you are likely to face in crisis intervention work. Nobody talks about the politics that undergirds many crises, but avoiding the politics of a crisis is like putting the proverbial ostrich’s head in the sand. If you ignore the politics in the chaos, all kinds of negative outcomes, including lawsuits and possible job loss, may result.

We introduce you to the LASER protocol in this chapter, a model that fuses **L**egal Issues, **A**ssessment, **S**etting, **E**thical Principles, and **R**esolution for in-the-moment ethical decision-making during crisis

intervention. This model is an excellent guide for navigating the storming seas of crisis intervention and avoiding a shipwreck on the ethical reefs and shoals. We also discuss the way RCT fits into crisis intervention work and ethical decision-making.

#### **Chapter 4: Instruction for Case Studies**

In this chapter, we provide specific details on how we would like you to think about, discuss, and operationalize both intervention strategies and ethical decision-making when you assess the case studies in Chapter 5. Although this “stuff” may seem boring at first glance, and at times excruciatingly grinding in coming to a decision, it is the best way we know to give you the muscle memory to rapidly move through the reservoir of options you have built up when you are faced with a client in crisis. We also include three sets of questions to consider as you read the cases. The first two sets of questions ask you to answer the way you believe the crisis worker in the case would respond. The third set of questions asks you to respond as if you are the crisis worker.

#### **Chapter 5: Case Studies**

The nine case studies presented in this chapter take you through the process of ethical decision-making in crisis intervention. The case studies represent a variety of settings and issues that complicate the decision-making process. We created these cases based on our combined experiences in crisis intervention; they do not represent any actual case. Several of the case studies touch on controversial topics, and we use these topics purposefully because crises happen regardless of our political or personal perspectives.

#### **Chapter 6: Case Commentaries**

In this chapter, we provide our preliminary analysis for each case study presented in Chapter 5 and explain how crisis intervention skills were utilized or ways the crisis worker could have intervened more effectively. We then walk you through the LASER protocol and highlight some of the primary considerations for each case. Your perspective may differ, and that’s OK. We encourage you to refrain from looking at our commentary until after you make your own assessment of each case. This is your opportunity to apply your understanding of crisis intervention skills and the LASER protocol to the case studies. When you refer to our commentary, you will be able to identify your strengths and growth edges related to ethical decision-making in crisis situations.



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We would like to acknowledge the students who sat through our courses, especially the crisis intervention courses. Their questions and curiosity helped shaped this book. Many times a simple question challenged our thinking and caused us to do research. This research led to increasing our knowledge and helped us become better instructors. A special thanks to the students in the crisis intervention courses taught in the summer and fall of 2019 at the University of Texas at El Paso. These students helped shape the LASER protocol.



## About the Authors

**RICK A. MYER, PhD, licensed psychologist**, is a full professor and chair of the Department of Educational Psychology and Special Services of the University of Texas at El Paso. He obtained his bachelor's degree in sociology from Union University in Jackson, Tennessee; a master's of divinity degree from the Southern Baptist Theological Seminary in Louisville, Kentucky; and a PhD in counseling psychology from Memphis State University (now the University of Memphis). He has taught at Northern Illinois and Duquesne Universities and has 34 years of experience as a counselor educator.

Rick developed the Triage Assessment Form you will be introduced to in this book, and it has been adapted for use in training manuals designed for college environments (Myer et al., 2007), police departments (Myer & Moore, 2006), marriage and family counseling (Myer et al., 2014), and the U.S. Border Patrol (Myer & James, 2017b). He is currently working with the El Paso, Texas, Police Department and Emergence Health Network to develop a crisis intervention team program for El Paso. He also has worked with and trained agents in the U.S. Border Patrol peer support program in advanced crisis intervention skills.

His large-scale disaster crisis intervention skills were refined following the 9/11 disaster as he worked to support New York employees returning to work and consulted with management to understand the human impact of the attack and how to support their employees. Rick also has the dubious distinction of providing crisis intervention after four mass shootings: two in Pittsburgh, Pennsylvania; one in DeKalb, Illinois; and the August 2019 shootings at a Walmart in El Paso, Texas. Rick's other

clinical experiences include working in a college counseling center, in private practice, and at a residential treatment facility for children and adolescents who are sexually aggressive.

**JULIA L. WHISENHUNT, PhD, LPC, NCC, CPCS**, is an associate professor at the University of West Georgia (UWG) and is director of the EdD in Professional Counseling and Supervision program. Julia entered college while still a high school student and obtained her BA and MA in psychology from UWG. She also completed her EdS in guidance and counseling at UWG and obtained her PhD in counselor education and practice from Georgia State University. Julia has worked as a counselor educator since 2012 and developed the crisis intervention course at UWG in 2013.

Julia specializes in suicide prevention and intervention and self-injury intervention. She served on a campus suicide prevention program funded by the Substance Abuse and Mental Health Services Administration and has spent considerable time engaged in suicide prevention advocacy, including work with police related to suicide intervention and suicide by cop. She is a certified applied suicide intervention skills trainer (ASIST) and regularly teaches counselors-in-training in the art of suicide intervention.

Julia has clinical experience in secondary school counseling, college counseling, and counseling in partial hospitalization settings. She also serves as a disaster mental health volunteer and directs a study team in Ecuador that provides pro bono counseling and speech-language pathology services to members of small rural communities under the supervision of local licensed practitioners. In this capacity, Julia has had the opportunity to supervise and directly intervene to support individuals in a transcrisis state and those who have significant trauma history.

**RICHARD “DICK” K. JAMES, PhD, NCC, NCSC, LPC supervisor**, is in his 55th year of active counseling, writing, and consulting and recently retired as a full professor after teaching for 40 years at the University of Memphis. Dick received both his bachelor’s degree and a master’s degree in school guidance from Eastern Illinois University. He received a PhD in counseling psychology from Indiana State University in 1974 and was one of the first counseling psychology students to do his fieldwork at a federal correctional facility in Terre Haute. This introduction to corrections counseling gave him valuable insights into criminal behavior and a lifelong empathy for people who are incarcerated.

Dick developed a comprehensive academic and behavioral remediation program for underachieving students, and this led to establishment of the Intensive Care Unit in Mattoon, Illinois, which utilizes academic and behavioral prescriptions, teaching teams, parent groups, and pupil personnel teams of school psychologists, school social workers, and school counselors for individual and group counseling,



teacher consultation, and parent training. The program was successful, achieved state validation as an exemplary innovative education program, and has been exported to other school systems in Illinois.

Dick's next stop was as coordinator of the school counseling program at the University of Memphis. He also served as the field placement coordinator of practicum and internships and coordinator of the Jackson, Tennessee, extension center. In his idle hours, he wrote *Crisis Intervention Strategies* (James, 2008) and coauthored *Theories and Strategies of Counseling and Psychotherapy* (James & Gilliland, 2003) and *This Is Not a Fire Drill: Crisis Intervention and Prevention on College Campuses* (Myer et al., 2011), as well as numerous book chapters, manuals, grants, and journal articles.

Dick can't seem to stay out of jail. He spent the last 5 years of his academic life working with his doctoral students to develop a group treatment, stay-out-of-jail program for inmates diagnosed with severe mental illness (Cox et al., 2015, 2017, 2019). His most notable achievement was helping to develop the Memphis Police Department crisis intervention team program in 1987 (Myer et al., 2014). That program is overwhelmingly popular, and Dick has trained more than 2,000 police officers and mental health workers from all over the world. More than 2,400 local U.S. jurisdictions and numerous foreign countries currently use the Memphis model.

Along with Rick Myer, lately Dick has been doing advanced crisis intervention training with the U.S. Border Patrol's peer support program.

