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SOCIAL WORK COUNSELLING— SHORT-TERM CRISIS INTERVENTION

Social-work counselling may briefly be defined as a problem-solving process which aims to help the individual or group to mobilize capacities so as to maintain or improve social functioning.

In recent years, social-work counselling, in the literature as well as in practice, is developing a growing interest in short-term intervention. By short-term counselling, I have in mind one to six sessions, possibly eight or ten if these are indicated. The time-limited nature of the service is made explicit at the outset, and the number of sessions determined after one or two meetings.

The traditional theoretical framework for social-work counselling to help troubled individuals and families in child and family organizations, in hospitals and clinics, was greatly influenced by the psychoanalytic model. However, in past decades social work education and practice have broadened their knowledge base, with a shift to ego psychology, and an increasing emphasis on use of relevant concepts from the social sciences, particularly sociology.

The bias that "depth" and "length" of treatment are the desiderata in skill and cure was associated with the psychoanalytic model, and is being challenged in many quarters by social workers and other allied professionals. Dr. Michael Balint, the noted English psychoanalyst, spoke of "The highly embarrassing observation reported, from all over the psychiatric world, that a very high percentage of patients who are in bad need of help drop out from their treatment—apparently without good reason—in the early stages." (1961, p. 42)

The reality of "dropouts" in both social-work and psychiatric treatment centres has been highlighted in surveys in many North American cities, and has raised questions about the value placed on extended services. For example, Garcea and Irwin (1962) report the high proportion of dropouts in the initial phase of social casework treatment. This led a family agency to experiment with offering four to six sessions to hesitant clients, with surprising results. A study of children's clinics in Philadelphia in 1955 reported that one third of the cases terminated at the intake phase, and that there was an overall attrition rate of two thirds, in other cases. (Tuckman & Lavell, 1959) Similarly, Woodward (1960) reported that in over 200 psychiatric clinics, two thirds of the clients who were offered long-term treatment care remained in treatment for less than five interviews. Krummel and Falkey (1962) reported, in a study of 2,000 patients treated in one to five interviews, and followed over a five-year period, a 30% to 40% success rate, the same as for those treated over extended periods of time.

The development of crisis theory by Gerald Caplan and Erich Lindemann (Rapoport, 1967, p. 23) in psychiatry followed by Parad (1965) and Rapoport (1967) in social work, has made an important contribution to

short-term intervention in a range of problem situations. The emphasis is on quality, rather than quantity, of service. The focus is on the current crisis, as against those prolonged history-gathering investigations which so often left the social worker with all the information and the client with all his problems. There is a growing recognition that short-term crisis intervention is not merely an expedient related to dropouts, long waiting lists, and the serious manpower shortage in social work, but has a positive potential, which may be exploited in the client's interests, and may frequently be the treatment of choice.

Lydia Rapoport, in a recent article (1967), defined crisis as a state of upset and disequilibrium which develops as a result of stress. That is to say, a stressful situation grows into a state of crisis, when the person lacks the capacity to master that situation. During the period of disequilibrium or upset, a new solution will have to be found—this may enhance or impede the client's social functioning.

An important feature of crisis is that this state of upset is limited in time, and quick intervention is therefore essential to affect the outcome favourably. That is, there is a potential for change and growth in the very crisis itself, if people can be reached quickly at the height or peak of anxiety, when motivation is strong and ego strengths can be mobilized. To quote Rapoport, "A little help rationally directed and purposefully focused at a strategic time, is more effective than more extensive help given at a period of less emotional accessibility." (p. 38)

Three types of crisis have been identified:

1. Development crises, as postulated by Erik Erikson—that is, the maturational stages and the developmental tasks associated with them. While they are essentially biological in nature, they also require some kind of social adaptation and role transition.

2. The crises of role transition, not related to the developmental phase as such—for example, moving from the role of employed worker to that of retired individual—is more socially than biologically determined, because our society decides at what age one should be put out to forage. School dropout, as well as school entry, are further examples of role-transition crises.

3. The accidental crises, or what have been called "hazardous events," in the crisis literature—school failure may be seen as one such event; however, one should note that this is influenced also by social class and culture—for example, school failure in the son of a professor would be a hazardous event, but possibly of little concern to the son of a farm labourer.

It should be noted that crisis is a universal experience which can be perceived emphatically, regardless of socio-cultural differences. Thus, middle-class professionals have been found more effective in reaching low-income groups at crisis points, as illustrated by the Los Angeles life crises walk-in clinics. Characteristic of such centres is rapid-brief treatment with easy access. When the focus is on the immediate problem rather than on long-standing pathology, the so-called "hard-to-reach" have proved to be reachable, as well as treatable. Such neighbourhood-based 24-hour service centres have important implications for helping large numbers of troubled and vulnerable individuals and families. There are many people for whom red tape, unrealistically scheduled appointments, and geographical distance have proved to be serious obstacles to treatment. (Hollingshead & Redlich, 1958) Such brief services, at points of

crisis, could contribute to amelioration and prevention of many stresses of modern living, could provide screening for early diagnosis, and for effective rather than dead-end, referral when psychiatric help is needed.

I shall not be able to deal with the still controversial and unsettled issue of long-term versus short-term counselling, within the confines of this "time-limited" paper, beyond emphasizing that I do not propose short-term crisis intervention as a panacea or Procrustean Bed into which all personal problems must be fitted.

My experience over the past twelve years as consultant and counsellor to the Marriage Counselling Centre of Montreal, established to provide a preventive service to engaged and married couples, has confirmed for me the potential in short-term crisis intervention in working with a wide range of personal and family problems. However, my special interest in marriage counselling leads me to draw on this particular area by way of illustration.

When couples come or are sent for help with such problems, the situation is often critical and explosive. With the threat of marital breakdown, the affect normally associated with any crisis is present in one if not both partners. There is a sense of hopelessness, heightened anxiety, frustration and often distorted perception of the situation. The marital axis, or the complementary emotional fit which drew the couple together in the first place, has been thrown off balance, and former coping-mechanisms no longer work. In fact, the disturbed behaviour of the school child may be a reflection of such marital discord. A new and different coping solution has to be found.

The following operational principles have been found helpful:

THE BEGINNING PHASE

Prompt contact should be made, within a day if possible.

The counsellor must have conviction about the value and potential of short-term intervention, and respect for the clients' adequacy to make constructive use of a time-limited service. (This tends to create in clients a sense of hope, rather than intensifying the feeling of loss of mastery of the situation.) The counsellor should offer to assess, in the early contacts with the clients, whether the service is likely to be helpful, and if so, a flexible time limit is set up. If not, the counsellor will discuss alternatives.

Contrary to the notion that this approach is an easy, superficial short-cut, it has been pointed out by Wolberg (1965) and others that short-term intervention calls for sophistication and experience. This is required to make a rapid social diagnostic assessment of the marriage itself, not only of ego and social-role functioning in the individuals. The counsellor views the marriage as the client, not the two separate persons. Understanding the individual dynamics is inadequate, when marriage is thus perceived as interaction. From this three-dimensional perspective, what is pathological in the individuals may not be pathological for the marriage.

Other essential features of the marital assessment are social class, culture, values, and expectations of the individuals involved.

Joint interviewing is needed to quickly highlight the interaction and communication patterns, and to bring to the fore any precipitating events in the recent past, which may have "rocked the boat," and led to this crisis.

There is a "what-hurts-now?" approach, as against the search for his-

torical or developmental causation. The past of each partner and of the marriage is not ignored, but is dealt with only as it impinges obviously on, and impairs, the current role functioning. It is often unnecessary to explore the past; we find its derivatives in the present, and can deal with it from there.

Thus the counsellor cannot take refuge or become side-tracked in leisurely history-taking and relationship-building. He must line up quickly with the adult part of the personalities, understanding but not condoning the infantile aspects and engage the clients in the problem-solving process.

THE MIDDLE PHASE

An essential feature of short-term crisis intervention is acceptance of the value of limited, abbreviated goals. The assumption is that clients with a clearer understanding of their problems and of each other will be better able to move ahead on their own, to continue any improvement in their relationship and problem situation. However, allowance must always be made in the counselling process for some backward as well as forward movement, as no learning proceeds in a straight line, but rather in zig-zag fashion.

For the clients, this approach is ego-strengthening. It avoids the excessive regression and undue dependency which diffuse on-going treatment tends to encourage. It avoids the conflict of not knowing what the client role calls for. In a sense, short-term service challenges both clients and worker to "roll up their sleeves." The whole range of social-work treatment procedures may be utilized, selectively, although the counsellor is more active and confronting, rather than passive and non-directing.

Clients in marital conflict usually present numerous problems. One or all three types of crisis may be involved. The counsellor must identify and clarify major issues, but a current problem or aspect of a problem to be worked on must be selected.

In short-term counselling, it is important for the clients to meet with some early success. A wedge must be entered quickly into what is a vicious circle of negative interaction. Therefore, focus on a segment of the core problem, a segment that is likely to yield to change, is often more productive than a head-on approach to a long-standing core problem. In any case, this has usually spilled over into other areas of day-to-day living. The assumption here is that a benign change in one area will have repercussions in other areas.

Needless to say, the worker must be flexible and must possess skills in treatment to avoid the trap of lining up with one or other of the partners. The essence of treatment is a balance between alternating support and confrontation of each of the partners, in pointing up the circular interaction, and the effect each is having on the other.

Occasionally, the counsellor may confront one partner more than the other. Sometimes it is necessary early on to enlist the one actively threatening the marriage. Or it may be to enlist the one with more ego strength and more flexibility, who is therefore better able to initiate some behavioral change—to get the first wedge into the spiraling negative interaction, so as to begin reversing the vicious circle. At the same time, it is always understood that each partner will need to contribute to their problem solving; the counsellor is not a magician who can do it alone.

THE ENDING PHASE

Just a brief comment on termination—short-term intervention does not present the same separation problems as does long-term counselling, although some of the same feelings emerge, in capsule form. However, the door is never closed. Couples are encouraged to return, without a sense of failure, before tensions mount too high. This is particularly important in the more chronic situations, where crisis is almost a way of life. With limited goals, we must, as Deutsch and Murphy (1955) point out, expect that a "booster shot" may be necessary from time to time. In any case, a follow-up contact should be arranged, after one to three months, depending on the situation, so that the principle of continuity of interest is maintained.

The following condensed case situation may be illustrative.

Mrs. X, very upset, called in the morning by telephone for an appointment. She said her husband had been to a lawyer the day before; she did not want her husband to leave and had gone to their minister for help. He called in her husband, who then agreed to see a marriage counsellor.

I arranged to see the couple that very evening. Mr. X was an intelligent, energetic, independent and meticulously dressed man of 36. He took the initiative. Bluntly, quite belligerently, he said he had no use for social workers, but he had given his word to the minister to come, and here he was. His decision to leave his wife was not a hasty one, and he was quite certain this counselling was pointless. I told him he might well be right; I couldn't know at this point, but here he was anyhow, and he could decide himself when the session was over, whether it was pointless or not. At this he relaxed somewhat. Meanwhile Mrs. X, aged 34, sat tense and frozen, looking like a scared rabbit. She was dowdily dressed and without any make-up. Mr. X went on to say that he had tried his best: they had been married 11 years, had two nice boys; there was no other woman, but he could not respect his wife, could not talk to her, her interests were petty, she leaned on him for the smallest decisions. He came home, tired, to find her sloppy, in old slacks; he never got a greeting nor was there a meal ready for him.

About six months ago he bought a little home, and also took on a second job, evenings, to increase his income; he went on bitterly that he worked hard to provide well for his family, but the whining and complaints had increased; she was always late when they had the odd social engagement; the atmosphere was affecting the boys and their school work, and he wanted "out."

When I turned to Mrs. X, she could only say in a thin voice, "I only know that I don't want him to leave me." With a little help she brought out her sense of loneliness and helplessness, her low self-esteem; he always argued her down, told her she had no brains; she felt she could never win; he never phoned to say when he would be home; he had no time for his sons or her. The teacher told her the older boy was falling behind in school. He broke in, "We've been through this routine before; the point is I am trying to provide for you and the children, and you deny me the right to do so." Then he turned to me and said, "My guiding principle has always been to be different from my father. He was irresponsible, drank heavily, never provided decently for his family. I despise him for the shame he brought us, and I haven't spoken to him for the past ten years."

By this time, twenty minutes had gone by; I knew I would have to move

in quickly and sharply, if Mr. X were to be enlisted. I pulled my chair forward and said, "It seems to me that your father still has you by the throat." This really shook him, and he demanded an explanation. I said, "You seem to have dedicated your life to proving how different you are from your father; isn't it time you had the right to be yourself?" I let him turn this over silently.

It was the turning-point in the interview. In response to my question, he said his wife wasn't really stupid, nor was she ill-willed, but he felt trapped and frustrated. I gave him credit for the good efforts and achievements in his work, but questioned if he could put a wife and children into cold storage while this process went on. This, too, shook him up. Later, I asked if there was anything good about the marriage, and it appeared they were both devoted to their children; they had always had a good sexual adjustment, but there was little communication and companionship between them. By now Mrs. X had gathered a little more courage, and she said that there was so little time for them to be companionable, that she would be content if he would just phone and let her know when he was coming home, and that she would do with less materially if he would give some time to his family. I asked what she could do to make this more attractive for him, in view of his feelings. I then pointed out the mounting pressures of the past six months, and said that the investment of eleven years and two children was worth some effort. I thought that they had both demonstrated intelligence and good will in this session, and I should like to meet with them for another two sessions in all, to sort out ways in which they seemed to be hurting themselves and each other in the process, rather than bringing out their best features. Mr. X replied almost enthusiastically, "I'll buy that," and Mrs. X went off with a gleam of hope in her eye.

The next two sessions focused on interpreting their interaction—the effect each was having on the other. Her passive-resistance campaign as a result of her sense of rejection and his response of mounting frustration and rage became clear to them. The task of budgeting his time so that he could enjoy his children, and give them a father to look up to, was raised with him. At the end of the third session, they felt confident they could work things out. I expressed my confidence that they had the resources and were now motivated to work on some of the unfinished business of the marriage by themselves, pointing out that they must allow for the ups and downs that are a normal part of all married life.

They agreed to follow-up contact. In fact, Mr. X agreed to put it on tape. For a variety of reasons, this took place not after three or four months as planned, but ten months later. They still had their differences and arguments but it was obvious they were dealing with them differently and more directly. As he put it, "I have a wife now, a person," and she said, "We are really closer than we have ever been, and he has more time for the boys and for me." He was still the opinionated kingpin, and she still somewhat mouse-like, but much more self-assured.

As they reported the improvement in their situation, I expressed my pleasure, even surprise. He said proudly, "*We* did it ourselves; you just opened a few doors; what really helped was not being treated like 'sick' people, and knowing it would be for a short definite time." She, incidentally six pounds heavier, and with an attractive tipped hair-do, was more able to speak up for

herself, less fearful of an overt argument. She herself had traced her fear of decision-making and lack of confidence to a dominating mother.

I don't want to leave the impression that all cases work out as dramatically as this one; however, short-term crisis intervention does protect the worker from getting involved in an endless supportive relationship, which often serves to reinforce neurotic or maladaptive interaction. We have to ask ourselves: "What are we doing in this case situation, if there is no movement within five or six interviews? Are we the right resource to be working with these people?"

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LE COUNSELING DANS LE SERVICE SOCIAL— TRAITEMENT A COURT-TERME

Dorothy R. Freeman

Vu les difficultés de vie actuelle, il s'est avéré nécessaire d'élaborer des modalités de traitement à court-terme qui soient immédiatement disponibles dans des centres permanents avoisinants les domiciles des personnes dans le besoin et requérant une aide urgente. Ces modalités d'intervention permettent d'utiliser à profit la motivation accompagnant l'anxiété des états de crise.

Le counseling à court-terme est offert rapidement, au cours de la journée même de la demande. Il permet une identification de "l'objet de crainte" ainsi que la mobilisation des ressources du client et du counselor dans la poursuite de buts précis et limités. Par l'intermédiaire de l'évaluation et du support, le counselor s'applique à clarifier la difficulté du client et à l'aider à faire face avec succès à son problème. Cependant, le counselor demeure disponible et il encourage le client à revenir pour un nouveau "coup de main."