Strategic Concepts for Mobile Crisis Response

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Primary Goals of Crisis Intervention:

- Assess the impact of the crisis on the primary and secondary victims.

- Debrief the trauma and provide supportive care which stabilizes the victims and defuses post-trauma symptoms.
- Provide education which helps to normalize the post-trauma symptoms.

- Identify and reinforce the coping mechanisms of the victims Mobilize support systems.

- Develop a follow-up plan that maximizes successful adjustment and growth.

Solution Focused Systems Strategy:

- Develop rapport and effectively communicate with the victims and their support system. Establish the boundaries of confidentiality and be in an ongoing supportive relationship with the administration throughout, understanding that they are a key part of the victim's recovery. Provide administrators with some practical, tangible resources related to risk assessment and contingency planning.

- Identify those who will be the ongoing supporters and caregivers and spend time with them in a way that heightens their understanding of what is helpful and what is not. When there have been child victims, it is helpful to spend time with the parents, teachers, dorm parents, and other significant adults. They can tell us about the child's pre-crisis functioning and we can give them handouts and coach them as to how to help the child walk through this crisis. Parents can be coached to try to re-establish a safe and structured routine for the children that will enhance their ability to cope. Additionally, to the extent that we help the adults to re-establish stability and

peace, the children will be indirectly helped.

- Listen carefully and patiently and draw out the trauma victims such that they are able to talk about all details of the trauma at their pace and in stages. The debriefing or therapy approach is modified according to where they are in the grief or post trauma process, sometimes being directive and sometimes non-directive. Take initiative and be assertive when it comes to setting up the structures and times for meeting with members and yet low key and not intrusive as we listen to them. Look for opportunities to provide gentle education and normalizing of the post-trauma symptoms.

- Be ready to use a style that does not fit the traditional therapy mode or rules. Be flexible while having a strong sense of boundaries and self that allows for the phenomenon of dual (or multiple) relationships without compromising the integrity of the therapy relationship. Be ready to function in the multiple roles of therapist, friend, dinner mate, fellow worshipper at church, etc. This can feel and is awkward, but it is a reality of life on the mission field.

Key Attitudes for Crisis Responders:

- The key attitude for us as crisis responders is to enter the situation as a learner, not assuming that we are experts or that we have a full understanding of what has happened. We need to leave our egos at the door—not looking to be noticed, appreciated, valued, or esteemed; remembering that our presence there is not about us, it's about them. Related to this is that we can't judge the success of our interventions by how people respond to us in the moment.

- Another important attitude or belief in crisis intervention with missionaries, is the belief that most people we are working with are normal, strong and resilient and have what they need to work successfully through the traumatic aftermath. Many of us have been trained as mental health professionals to look for and find pathology as opposed to searching out and reinforcing the strengths and coping skills that are already there. Whenever possible, we need to avoid pathologizing and

diagnosing the victims. At the same time, we can help them identify their liabilities as well as potential triggers of traumatic reactions so that they are better prepared for future stress or trauma situations.

- Some attitudes that we look for in the missionaries we train as peer responders include: non-judgmental, humble, teachable, respectful, non-cynical, tolerant of ambiguity, and genuineness

General Concepts for Leaving/Follow-up

Sometimes we compare the crisis intervention model of the MMCT to that of a MASH unit in the war. We're out there in the field and we work with people who have been wounded in the battle. Our job is to assess whether or not they can be helped on the field or if they need to go home away from the battle. If we can help them on the field, then we need to provide them with care that will equip them to return to the battle with the best functioning possible. We don't expect to see them again unless they are wounded again.

Generally, as we are leaving a scene, we ask the people we have helped to keep in touch and let us know how they are doing, but we do not foster a continued relationship of dependency or ongoing care. We will make referrals if ongoing care is needed. We do, however, try to work with their support system such that they understand and value the importance of follow-up and ongoing care. We try to help them understand that recovery can be a long and slow process and friends will be needed long after the intense memory of the trauma has passed.

Follow-up care is also important for the crisis responders. It's important to build in a plan for us to be debriefed when we return from the crisis scene. We also need some rest and recovery time. As Elijah experienced after his victory over the prophets of Baal, sometimes the hardest spiritual battle comes after the crisis is over (I Kings 18-19). In the let down and post-crisis fatigue, we are vulnerable to spiritual attack. If we are to persevere and thrive in this role of crisis responder, we need to be sure that our full armor is on and practice what we preach!