

## **PUBLIC OPINION ON THE PROVISION OF CRISIS INTERVENTION BY HELPING PROFESSIONS**

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**Abstract.** *A crisis in a person's life is a state in which an individual encounters an obstacle in his or her life that he or she cannot overcome with standard solutions strategies. Simultaneously, a person must/have to start to solve the situation and not let the problem grow into a difficult situation. The crisis is generally perceived as a threat to the individual who finds himself in it. However, some authors mention the positive potential it can have. As this is a new situation in a person's life, it encourages him to think about the future and the changes that can get him out of a crisis. Crisis intervention is a professional service provided by social educators, social workers, or psychologists. The research aims to find out how the public perceives the issue of crisis intervention. What crises have the respondents already encountered, and what help they prefer. In addition, what is the public's knowledge of the basic concepts and forms of assistance provided? The sample size is 309 respondents. We investigated whether there was a significant difference in the characteristics of the crisis intervention concerning education, which we verified with the Chi-Square test and whether there is concerning age and the relationship between surviving the crisis and seeking professional help.*

**Keywords:** *crisis, crisis intervention, helping professions, social work.*

### **Introduction**

The crisis is, at some point, part of everyone's life. It is a fundamental phenomenon, when people experience things more intensely, when a new part of life opens up, which usually changes the current one. The crisis results from a clash with a particular obstacle, which we cannot overcome on our own and with our strategies for dealing with difficult situations. A person must not resign in such cases and start resolving the situation, whether with family, friends, or a qualified social worker.

The term crisis appeared during the 16th century in European medicine to name a condition where the patient's condition suddenly deteriorated. It was not

until the 18th century that the word's meaning was transferred to other scientific disciplines (Matoušek & Kristan, 2013). The crisis represents a particular failure of regulatory mechanisms and subsequent dysfunction in biological, psychological, or social fields. There are three factors of the crisis that interact: (1) individual perception of stressful situations, (2) dangerous factors, (3) use of coping mechanisms to cope with stressful situations (Špánik, Šrobárová, 2014).

The term “critical incident” is a term which is frequently confused with the term crisis. Contrary to the crisis response: “a critical incident may be thought of as any stressor event that has the potential to lead to a crisis response in many individuals. More specifically, the critical incident may be thought of as the stimulus that sets the stage for the crisis response” (Flannery & Everly, 2000, p. 219).

Crises can be divided into acute and chronic. In acute crises, we can determine what triggers them. These are usually sudden changes in critical life situations or sudden losses of essential values. These are traumatic experiences, death, natural disasters, and events that occur suddenly, unexpectedly, and we cannot influence them (Šrobárová, 2016).

The primary starting point in the course of a crisis is that each client experiences it individually. At the same time, various factors enter the process, which affects the crisis itself. In cross-section, authors agree that at the beginning of the process in the first phase, a person perceives a threat and responds to it with his/her mechanisms and strategies. If the self-balancing mechanisms have failed, another phase follows in which the negative emotions escalate. In the third phase, the individual admits that he cannot cope with the situation himself and is open to outside help, into which he places considerable hope. Unless the condition improves, the process continues to the last, fourth phase, when a person loses hope, is sceptical, desperate about help, which manifests itself in psychopathological conditions. In general, therefore, the following sequence applies:

- (1) “Denial of reality (“this cannot be true”, “they must have been wrong”), this manifestation is characteristic of shock.
- (2) Reservation, resistance to protest (“why me”), this speech is associated with anger and despair.
- (3) Balancing - the client looks for proven forms of behaviour that helped her/him and tries to apply them; if they do not work, it goes to the 4th phase.
- (4) Disorganization - the client is coming to terms with the situation, but still sees it hopelessly” (Šrobárová, 2016, p. 39).

A crisis does not always have to have only negative effects on a person; it can be an opportunity to acquire new skills. “Many traditional approaches to

crisis intervention define an intervention as successful if it returns a client to their pre-crisis life. A strengths-based approach to crisis intervention goes beyond this definition by viewing crisis intervention as an opportunity to develop new coping skills” (Hopson & Kim, 2004, p. 96). Crisis intervention assumes that that “the client’s personal resources and coping mechanisms are inadequate to meet the challenge of the precipitating event. For successful crisis intervention, therefore, clients need to develop new resources and coping skills” (Greene & Lee, 2015, p. 70).

Crisis intervention is crucial also during COVID times of social distancing. In addition to the familiar sources of the crisis, perpetrators of loneliness, fear of the future or disease have strengthened. “Social workers serving the populations that are the most vulnerable to COVID-19, have become creative and resourceful in staying connected to our elderly clients, patients, friends, and families and supporting their efforts to stay connected with others to allay loneliness, social isolation, and anxiety. In-person activities and contacts began to be facilitated virtually through individual devices and videoconferencing. Social distancing, personal protective equipment and virtual reality devices have been introduced. Daily telephone reassurance calls, home delivery services, virtual and phone health care visits, and prevention education and news updates became a part of social work practice” (Berg-Weger & Morley, 2020, p. 1). These activities can be seen as preventing the crisis that threatens people affected by government measures during a pandemic.

### **Crisis Intervention in Slovakia**

The interdisciplinary nature of crisis intervention is also emphasized by Šrobárová (2011), according to whom crisis intervention represents:

- Timely and adequate police intervention (protection of victims of violence),
- Medical first aid (paramedics, doctors, psychiatrists),
- Psychological help (trauma therapy),
- Social assistance (social workers),
- Legal aid (criminal report, custody of a child).

Růžička (Růžička et al, 2013) lists three pillars on which we can perceive crisis intervention. The first is the client’s psychological stabilization when the employee should calm down and stabilize the client by acting calmly, empathetically, and not conducting the interview. It will also provide the client with space for ventilation. Here, the employee also assesses the problem and the possibilities of endangering the client. The second pillar is to prevent the escalation of the crisis. Here, the employee in the whole spectrum of the client’s

situation is looking for the central problem that triggered the crisis, and they are trying to find solutions together with the client. The last pillar is the mediation of further assistance, which should include distributing the client to another expert.

According to Šrobárová (2011), after the direct threat to the client's life has been ruled out and the primary needs have been met, it is important to formulate the client's primary goal, which must be addressed immediately and subsequently define secondary goals. Give him/her enough space to vent his emotions and explain the situation in which he finds himself. The author also includes in the scope of work of a social worker:

“Mapping the available well-thought-out options for solving the problem, clarifying the subjective possibilities of the client and his/her closer social environment, which can lend him/her a helping hand, appeal to the client's needs and his/her suggestions; to construct the eventualities of the social and organizational structure of the region for solving the problem; the social network; analysis knowledge of the problem it is dealing with on the basis of qualified, case and information possibilities“ (Šrobárová, 2016, p. 44).

“A client who has sought crisis relief is often tense, his stability is unstable, he may be confused or he may be in a state of panic. The crisis worker should be the one who brings the structure and the support and who helps to make the situation clearer” (Šrobárová, 2016, p. 36).

Within the framework of its internal functions, the state must provide to its citizens, creates conditions not only to ensure the protection of the health, life, and property of the citizen but also to ensure the quality of his life. Its legislative and executive mechanisms create laws, standards, and institutions to eliminate various adverse effects threatening the individual's social development.

The state administration bodies ensuring the state's functions at the local level in this area are the offices of labour, social affairs, and the family, which carry out prevention and intervention based on Act No. 305/2005 Coll. on Social Protection of Children and Social Guardianship.

Territorial self-government bodies that provide crisis intervention services are cities and municipalities; for this purpose, legal entities established by them as public providers.

Other organizations, complementary states and self-governing bodies, operate in the so-called third sector. These carry out crisis intervention through various civic associations, foundations, or non-profit organizations. The church is also an important non-state aid in Slovakia.

Equally crucial in crisis intervention is the Slovak Republic's Police, which protects citizens' lives and property and prevents them from acting. In the event of a crisis, it also performs intervention within its competence (Hunyadiová, 2012). In Act No. 448/2008 Coll. on Social Services, there is a social service

defined as “a professional activity, service activity or other activity or a set of these activities, which are within the framework of a crisis intervention aimed at solving the crisis social situation of a natural person and a family (Act No. 448/2008 Coll. on Social Services). It is stipulated that crisis intervention’s social services address a natural person’s unfavourable social situation (Act No. 448/2008 Coll. on Social Services).

### **Methodology**

The subject of research is the public's perception of crisis intervention in Slovakia. Specifically, the Slovak public perceives the crisis in a person's life and whether they know how to manage the crisis, whether it registers their existence in the company or society.

The research's primary goal is to map public opinion in the field of crisis intervention; how people are informed about the possibilities of help with crisis intervention, and especially whether they know what crisis intervention is. In the research part, we tried to find out what type of crisis the respondents encountered and what solution they preferred or how they would help their friend solve the crisis and look for crisis intervention.

We carried out the quantitative survey in an anonymous questionnaire, which was available only in electronic form in the Google Forms. The respondents were addressed on social networks. 309 respondents filled in the questionnaire. Of the total number of 309 respondents, 68% are women, and 32% are men, representing 209 women and 100 men. The most numerous group consisted of respondents aged 17 to 25, who accounted for 53% of the respondents' total number. The youngest respondent was 17 years old and the oldest 89. Most respondents had completed secondary education (53%), followed by respondents with a university degree (45%).

The answers we received from the respondents through an electronic questionnaire, we gradually evaluated descriptively. We used the SPSS programme to provide us with the most precise possible information on the issue.

Based on the goal of recognizing and solving crises in the public, we have formulated the following research questions:

Research question 1:

Is there a significant difference between respondents in the characteristics of crisis intervention concerning their education?

Research question 2:

Is there a significant difference in respondents' resolution of the crisis concerning their age?

Research question 3:

Is there a relationship between the respondents between the crisis-experienced species and the search for professional help?

Data collection was carried out from December 2019 to February 2020.

## **Research Results**

In the research, we were interested in what crises the respondents encountered in their surroundings (i.e. not in their own lives). Respondents could indicate more options in the questionnaire. They most often encountered death in their area (230), followed by separation and divorce, severe illness, and employment loss. Rarely have they witnessed addiction, natural disaster, loss of home and fire.

We were also interested in personal experience with a crisis in which the respondents could not help themselves. Seventy-one respondents out of 309 did not experience such a crisis; others reported one or more crises. They most often faced problems in relationships and the death of a loved one. Among those who sought help, most respondents used an interview with a family member or friend, a personal visit by a helping professional, and distance services. Most of the respondents ( $n = 166$ ) who used the professional crisis intervention provided by the helping professionals rated this intervention as positive (60 respondents) and very positive (41 respondents). One hundred twenty-one respondents with their problems did not use any help in the crisis. The majority of respondents (95%) consider the helping professions as a psychologist or social worker to be important for society.

RQ1 Is there a significant difference between respondents in the characteristics of crisis intervention concerning their education?

The educational structure of the participants is as follows: Basic education as the highest education was achieved by 3% of respondents, secondary without GCSE 9% of respondents, secondary with GCSE 44% of respondents, university first degree 25% of respondents, second level university education 16 respondents and 3rd degree university education received by 3% of those who completed the questionnaire.

We verified RQ1 by Chi-Square test by two variables. The result is shown in Table 1. As the significance value is greater than the set level of significance ( $p = 0.05$ ), there is no significant difference in the crisis intervention characteristics concerning the respondents' education.

*Table 1 The Difference in the Characteristics of Crisis Intervention Concerning Education*

Difference	Chi-Square	df	Asymp. Sig. 2 sid.
Characteristics of crisis intervention / education	11,673 th most common	20	0.927

*n*=309

RQ2: Is there a significant difference in respondents' resolution of the crisis concerning their age?

Participants had the following age structure: 17-25 years (53%), 26-35 years (22%), 36-45 years (13%), 46-55 years (6%), 56-65 years (4%) and over 66 years (2% of respondents). The age structure of the participants has a progressive structure, which corresponds to the way they are addressed - via social networks.

We verified RQ2 by Chi-Square test by testing two variables. The result is shown in Table 2. The value of significance is in all possibilities more significant than the set level of significance ( $p = 0.05$ ). Thus, there is no significant difference in the resolution of the respondents concerning their age.

*Table 2 The Difference in Crisis Management Concerning the Age*

Difference	Chi-Square	df	Asymp. Sig. 2 sid.
Expert visit / age	7,288th most common	5	0.200
Emergency line / age	1,799th most common	5	0.876
Telephone helpline / age	2,614th most common	5	0.759
Internet help / age	4,121th most common	5	0.532
Interview friends / age	10,415th most common	5	0.064
Family interview / age	8,587th most common	5	0.127
He did not seek any help / age	7,600th most common	5	0.180

RQ3: Is there a relationship between respondents between the types of crisis they have survived and the search for professional help?

We verified RQ3 with Pearson Correlation. The result is shown in Table 3. The significance value is lower than the specified level of significance ( $p = 0.05$ ) for addiction, school problems, relationship problems, serious illness, and unemployment. Therefore, there is a positive relationship between these types of crisis and the possibility of visiting an expert.

**Table 3 The Relationship between the Types of Crisis Experienced and Seeking Professional Help**

		<b>addiction</b>	death of a loved one	domestic violence	<b>problems at school</b>
Expert visit	Pear. Corr.	<b>0.207 **</b>	-0.008	0.058	<b>0.181 **</b>
	Sig. 2-tail.	<b>0.000</b>	0.883	0.312	<b>0.002</b>
	N	<b>303</b>	303	303	<b>303</b>
		economic problems	<b>problems in the relationship</b>	serious illness	<b>unemployment</b>
Expert visit	Pear. Corr.	0.022	<b>0.132 *</b>	<b>0.146 *</b>	<b>0.227 **</b>
	Sig. 2-tail.	0.697	<b>0.021</b>	<b>0.011</b>	<b>0.000</b>
	N	303	<b>303</b>	<b>303</b>	<b>303</b>

*n=303*

The processed data obtained through the survey show that the vast majority of respondents know what a crisis in a person's life is: i.e. a condition in which a person encounters an obstacle that he or she cannot overcome on his or her own with the help of conventional solution strategies. The data also show that respondents face several crises in their surroundings, most often with human loss, relationship problems, unemployment, serious illness, etc. The good news is that respondents are not indifferent to crises in their surroundings when most of the respondents in such a situation would recommend contacting professional help or choosing an interview with a person in crisis as help. This result conforms Mátel's statement (Mátel et al., 2013) that it is crucial for a person in a crisis to have someone in his/her surroundings, which will support him/her.

A look at the processed survey data also shows us that most people have already found themselves in crises. For the most part, these are situations associated with the loss of a loved one, problems in relationships, problems at school or economic problems caused, for example, by unemployment. The respondents' answers clearly show the critical finding that if they have ever found themselves in a crisis in their lives, they primarily sought help from their loved ones - family and friends. This finding is in line with the Cimrmanová's finding (Cimrmanová et al., 2013) that if a person finds himself/herself in a crisis, he/she primarily seeks his/her family, friends and acquaintances.



## Conclusion

In the research, we found that the vast majority of respondents from Slovakia consider helping professions such as psychologists or social workers important. However, out of 238 respondents who experienced a crisis in their lives with which they could not help themselves, 121 respondents did not seek any help. Of those who sought help in the crisis, most went to family and loved ones. Therefore, we recommend future research on where solitary/lonely people seek help in a crisis and crisis intervention.

Most of the respondents who used the professional crisis intervention provided by the helping professionals rated this intervention as positive or very positive. Therefore, we think that if those clients who did not seek help during their crisis in the past used a professional crisis intervention in the future, they would also evaluate this service positively.

When informing and promoting crisis intervention services by public health authorities, the Ministry of Health or local governments, we recommend emphasizing that clients can acquire new skills and ways of thinking in professional crisis intervention.

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