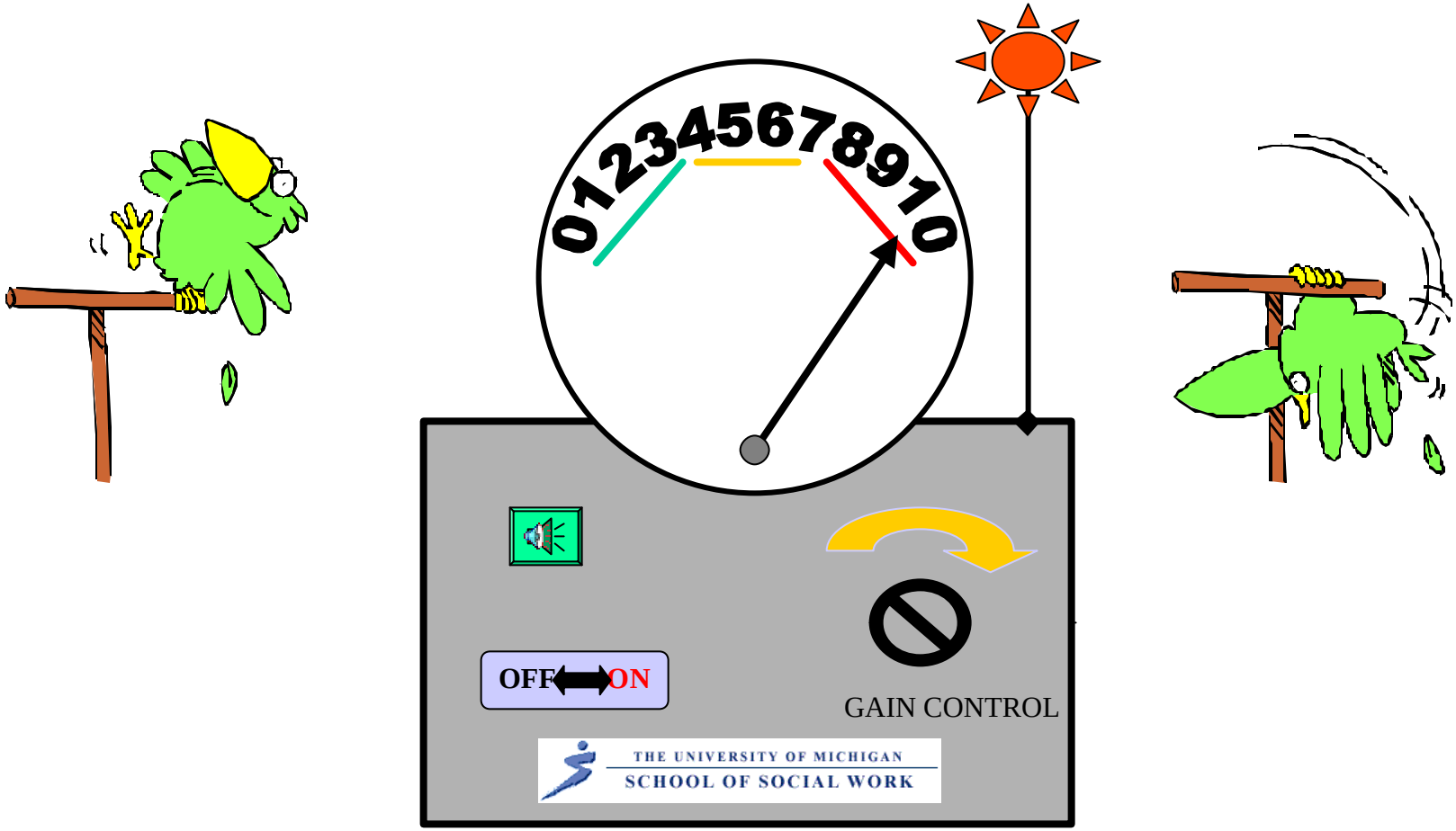
ACTIVE CRISIS

The "Angstmeter"



ACTIVE CRISIS

How do we know when a client is in active crisis?

Clinically

Clinical judgements are inferences and conclusions. They are not scientific measurements, yet they are still useful. A client may show a mix of signs and symptoms in many areas:

1. Behavior 2. Affect

3. Cognition

Empirically

What are the critical referents when someone is in active crisis?

Where is the boundary between the vulnerable state and active crisis?

Are there quantitative differences between crises and traumas?

ACTIVE CRISIS

Active Crisis is a time limited state!



For individuals and families, active crisis may last for several hours, days or weeks, but rarely more than a month. Regardless of what happens, the organism will seek and eventually find some kind of readjustment.

ACTIVE CRISIS

Crisis Typology

	Shock Crisis	Exhaustion Crisis
Individual 	Sudden, dramatic changes in behavior, affect, and cognition - e.g. agitation, confusion, lability.	Gradual slowdown in a person's functioning-e.g. withdrawal, fatigue, apathy, dull affect.
Family 	Sudden, dramatic changes in interpersonal behaviors- e.g. acting out, abuse, violence, flight.	Gradual collapse in family functioning- e.g. anomie, withdrawal, loss of boundaries and drive.

ACTIVE CRISIS

Active Crisis involves many domains of functioning.

Basic Functioning

The individual stops functioning, quits, and no longer meets others' expectations. Obligations slide and basic patterns of conduct disappear - e.g. hygiene.





Coping Capacity



One's ability to cope with normal demands and life stressors vanishes or individual begins to adopt self destructive coping patterns - e.g. suicide, violence, etc.



Ego State

The active crisis state is ego dystonic. The crisis state feels alien, uncharacteristic, or a strange way to act. Later the individual may describe it as a bad dream or nightmare.



ACTIVE CRISIS

There are many ways to recognize ACTIVE CRISIS

You may see

behavioral,

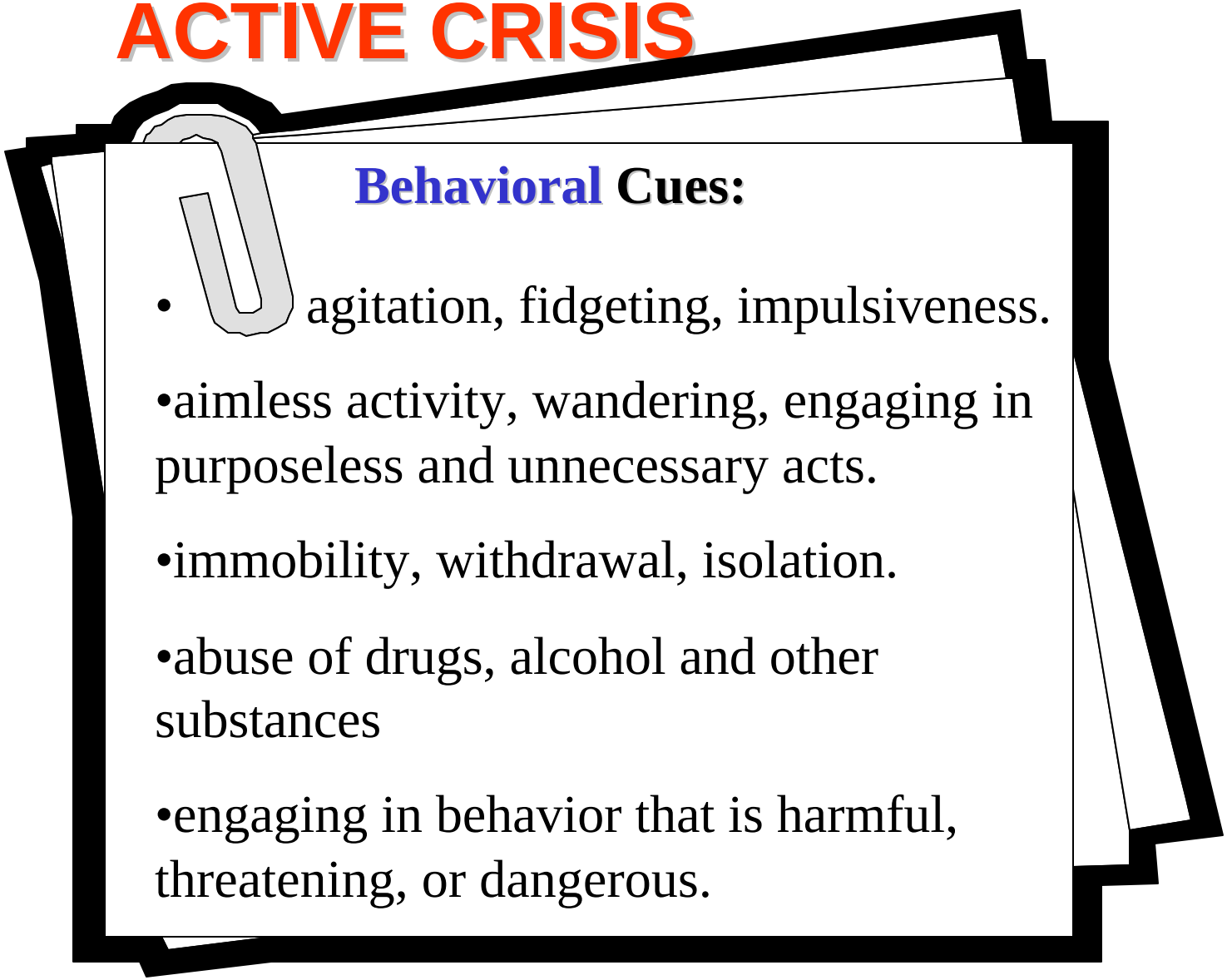
emotional,

cognitive

and

physiologic

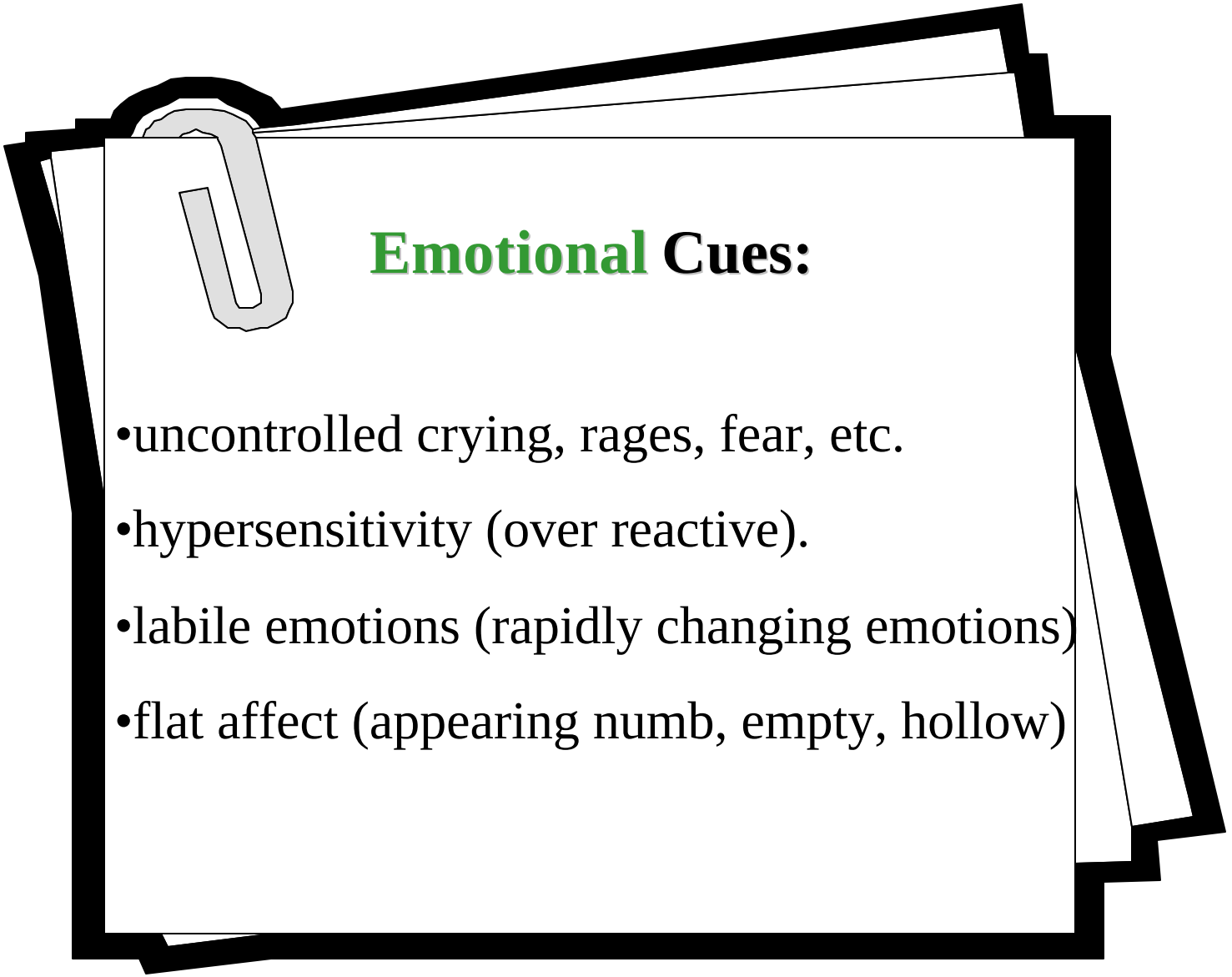
cues.



Behavioral Cues:

- agitation, fidgeting, impulsiveness.
- aimless activity, wandering, engaging in purposeless and unnecessary acts.
- immobility, withdrawal, isolation.
- abuse of drugs, alcohol and other substances
- engaging in behavior that is harmful, threatening, or dangerous.

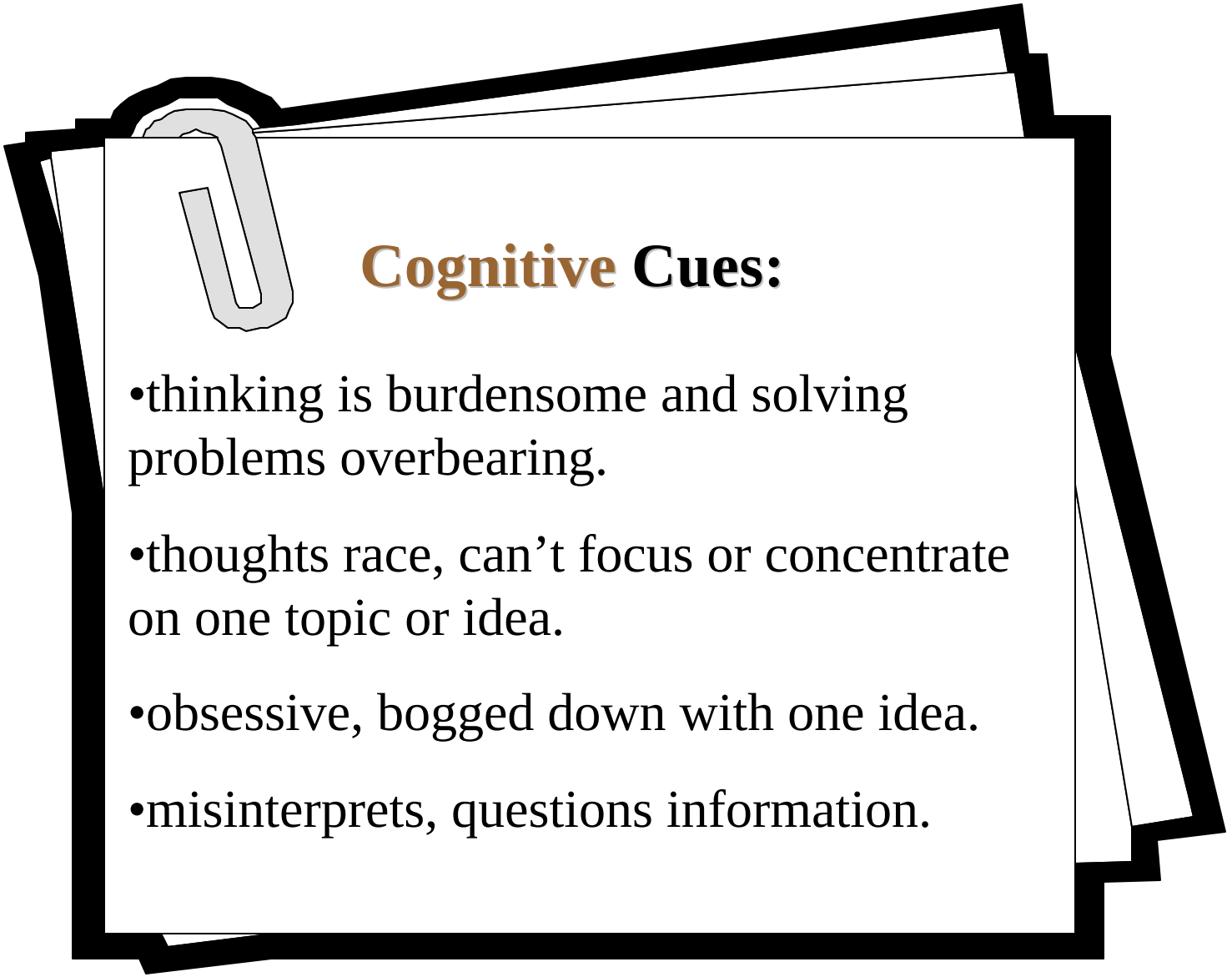
ACTIVE CRISIS



Emotional Cues:

- uncontrolled crying, rages, fear, etc.
- hypersensitivity (over reactive).
- labile emotions (rapidly changing emotions)
- flat affect (appearing numb, empty, hollow)

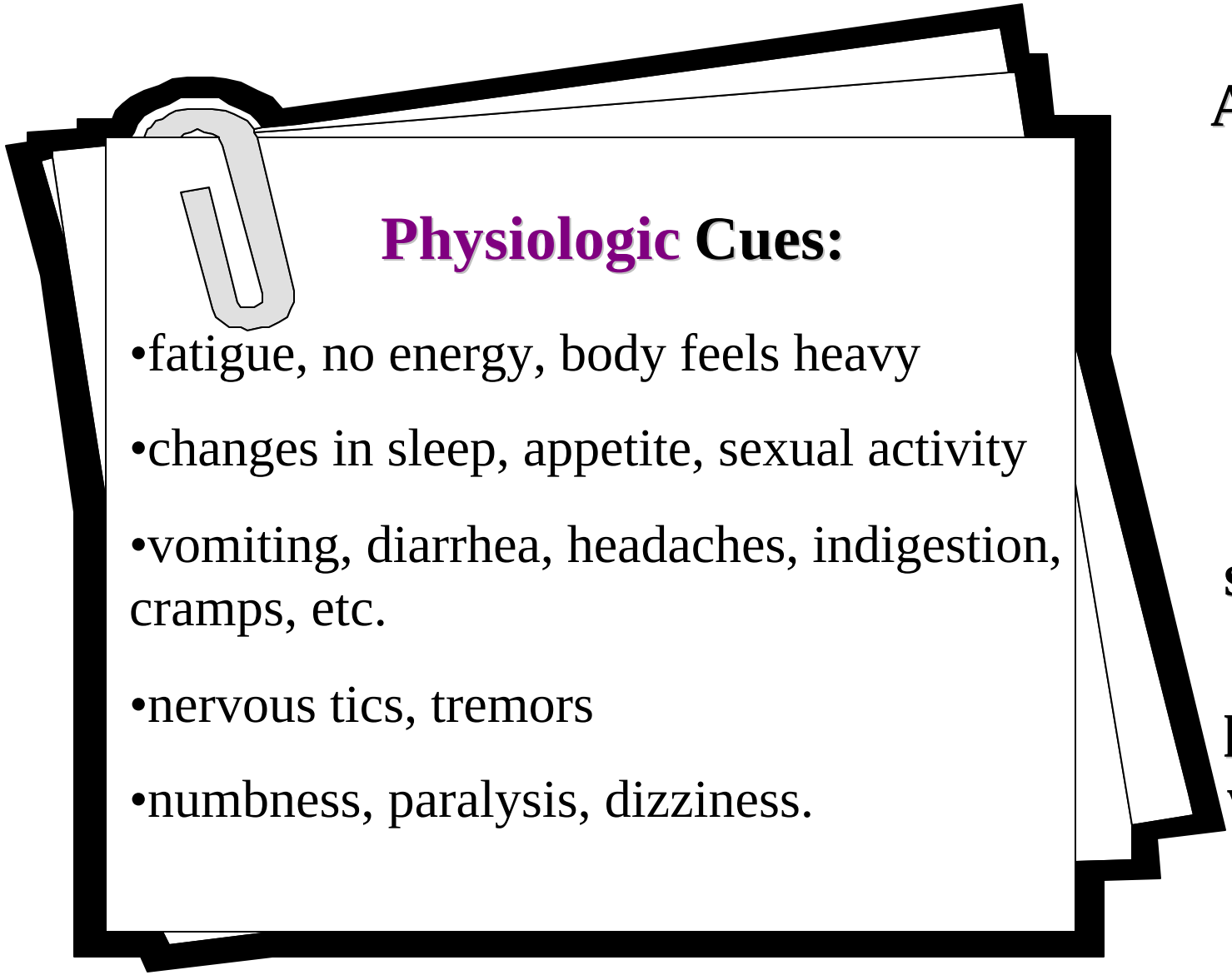
ACTIVE CRISIS



Cognitive Cues:

- thinking is burdensome and solving problems overbearing.
- thoughts race, can't focus or concentrate on one topic or idea.
- obsessive, bogged down with one idea.
- misinterprets, questions information.

ACTIVE CRISIS



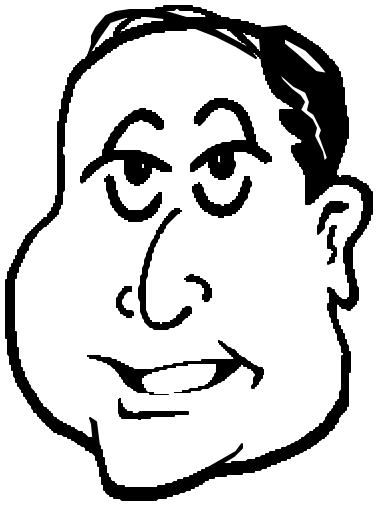
Physiologic Cues:

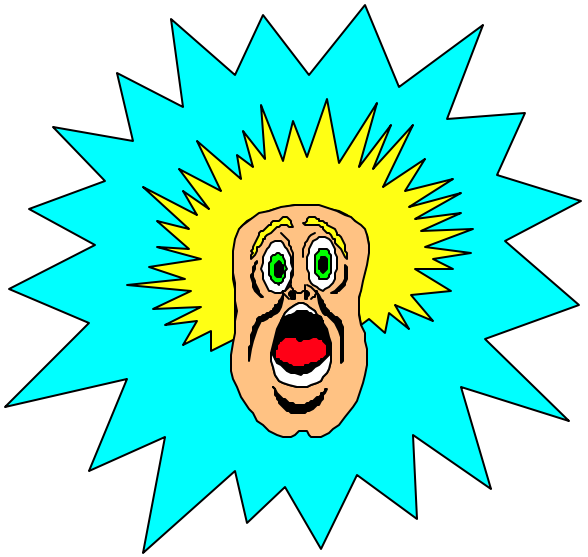
- fatigue, no energy, body feels heavy
- changes in sleep, appetite, sexual activity
- vomiting, diarrhea, headaches, indigestion, cramps, etc.
- nervous tics, tremors
- numbness, paralysis, dizziness.

An individual in active crisis may show any number of these symptoms in various patterns and with various intensities.

ACTIVE CRISIS

NORMAL vs PATHOLOGICAL





Some folks' reactions during **active crisis** may be so extreme that they hallucinate, become delusional, lose contact with reality, or become so emotionally uncontrollable that they appear to be acutely psychotic. However, using such a label at this point would be premature. For someone in **active crisis** the most bizarre and disturbed symptoms can disappear in as short a time as 24 hours.

ACTIVE CRISIS

Actual Case Examples From Practice

A 50 year old woman with severe burns on her scalp and shoulders was dragged into an emergency room by her husband. Earlier she had poured lighter fluid on her hair and lit it in an attempt to “get them off me.” She was shouting obscenities and was hospitalized because of her suicidal threats. 24 hours later her symptoms had completely disappeared, and she was embarrassed for her earlier behavior.	A young man was picked up in the middle of the night wandering around in pajamas and slippers. He didn’t know where he lived or who he was. He said that he wanted to avoid aliens. His family was located and they explained that he recently broke up with his girlfriend and yesterday received a reclassification of his draft status to 1A. With one family intervention, his symptoms vanished.

SUMMARY

• **Active Crisis** is a time limited state lasting hours, days, or weeks.

• The individual or family stops its usual way of functioning.

• Usual coping strategies vanish and/or self destructive behaviors may appear.

• In “Shock Crisis” the changes are dramatic and obvious to others.

• In “Exhaustion Crisis” withdrawal is less obvious to others.

• Behavioral, affective, cognitive, and physiological changes are common for individuals in “**active crisis**.”

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