

An Overview of Crisis Intervention Understanding

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ABSTRACT

Psychologists, social workers, counselors, and helpers use crisis intervention as a technique to deal with crisis situations. It is a short-term, urgent psychological treatment for people experiencing upheaval and disarray. Both manual and electronic database searches, such as Pub Med and Google Scholar, have been conducted to find relevant literature. People suffering from mental illnesses sometimes find themselves in crisis situations. Numerous interventions, such as crisis plans, which are known to be very successful in lowering coercive measures, have been designed to act as preventative measures. In order to prevent clients from experiencing trauma again, counselors must approach crisis assessment, intervention, and stabilization through a trauma-informed perspective. Counselors are guided in evaluating and stabilizing clients in crisis by the Seven Stage Crisis Intervention Model (SSCIM). Crisis intervention seeks to stabilize or return equilibrium to normal functioning while providing support to individuals experiencing mental health crises. The public's indignation over the deaths of mentally ill individuals by police has led governments to increase the availability of crisis services that combine the skills of social workers and police.

Keywords: Crisis Intervention

Crisis Although they are commonly used synonymously, crisis and trauma are two distinct phenomena. There are numerous ways to define a crisis, and mental health specialists have studied this concept for more than 70 years. One of the pioneers of crisis counseling, Caplan (1961),¹ defined a crisis as "an obstacle that is, for a time, insurmountable using customary methods of problem solving." Thereafter, there is a period of unrest and disarray during which numerous fruitless attempts to find a solution are undertaken (p. 18). According to this definition, a crisis is defined as an occurrence or circumstance that forces a person so far outside of their comfort zone that it becomes impossible for them to deal with, even while they keep trying to control the issue. When given the resources to assist them handle or overcome the challenge, people who suffer a crisis can frequently fully recover to their pre-crisis levels of functioning.^{2, 3}

Similar to a crisis, a trauma is an experience that is too intense and disturbing for the victim to handle. But what sets them apart is that they have long-lasting psychological impacts.^{4,5} In contrast to crises, trauma can have long-lasting effects on a person's physical, cognitive,

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physiological, affective, attachment, and/or neurological systems.^{6,5} Although a crisis event might trigger a trauma response, most people who go through one recover completely if they have the right kind of assistance.^{7,2} This distinction is crucial to understand because, as practitioners, we must take into account the long-lasting impacts of the prior trauma on our clients' perceptions of and reactions to the crisis. To know how to support clients most effectively, one must first understand how they view the crisis occurrence.

The responsibilities of counselors in crisis counseling-

The number of clients going through crises is increasing, but the counseling profession has not recognized how critical it is to continue operating within the bounds of ethical guidelines in a knowledgeable and competent manner when providing crisis counseling.^{8,9} While there is no mention of crisis counseling, the American Counseling Association (ACA) Code of Ethics¹⁰ suggests that counselors should advance clients' well-being and operate in an ethical and capable manner using a range of modalities. Moreover, crisis counseling is not expressly mentioned in the American Mental Health Counselors Association's Code of Ethics,¹¹ which contains comparable requirements of counselors to reduce potential harm to clients. Finally, preserving student safety is emphasized in the ethical standards set forth by the American School Counselor Association¹² rather than recommendations particularly pertaining to crisis counseling.

Counselor educators have worked to incorporate more crisis-related curriculum into training after realizing that counselors have an obligation to provide effective care to clients in a crisis, even though professional ethical guidelines may not contain a framework regarding expectations for crisis counseling.^{13,14} Past research, however, revealed that school and mental health counselors still felt unprepared to handle a crisis in their work environment.^{15,16} Furthermore, according to Watkins Van Asselt et al. (2016),¹⁵ counselor educators feel they are not qualified to teach crisis counseling-related material, raising doubts about the consistency of counselor preparation and training. In the worst case scenario, this can cause clients to suffer from long-term physical and psychological harm.¹⁶ A crisis that could have been well handled could instead become a trauma response with long-term psychological effects.

There are other crisis counseling models,^{9,17} but the Seven Stage Crisis Intervention Model¹⁸ is among the most thorough and approachable for counselors at the entry level.

Crisis Intervention Model-

A few models are available for use in crisis intervention, including Gilliland's six-step model and Robert's seven-stage model. One such illustration is the crisis intervention ABC paradigm. The ABC model is a problem-focused strategy that works best when implemented four to six weeks after the stressor.¹⁹ This approach analyzes the client's thoughts in relation to the trigger event and modifies them to lessen excessive emotions. Giving community recommendations and other resources is also crucial when putting this concept into practice.¹⁹ This concept is loosely based on Jones's A-B-C method of crisis management from 1968, which consists of three stages: A) establishing contact, B) distilling the issue to its most basic form, and C) coping.

Later, in 1986, Moline made improvements to this model. Kanel (2012)¹⁹ developed and updated the ABC model over a 24-year span to become what it is now. Adlerian counseling is one other approach that has impacted the crisis intervention ABC model. Adlerian devised two phases: establishing the contact and investigating the psychological dynamics of each

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individual. Encouraging self-awareness and insight, as well as reorientation and reeducation. The ABC model and the four stages of Adlerian theory are comparable: A - Making and keeping in touch (aligns with Adler's phase 1). B: Determining the issue and offering therapeutic engagement (aligns with phases 2 and 3 of Adler's theory). C: Coping (aligned with Adler's fourth phase).

Despite the three stages of the ABC paradigm, any one stage can be applied at any point. Each and every crisis intervention paradigm serves merely as a manual for handling a problem. As a result, while handling a crisis, crisis counselors and other helpers need to be aware of the many kinds and intensities of crises as well as issues and difficulties.

In addition to possessing extensive knowledge and comprehension of the crisis intervention model, counselors and helpers must uphold strong ethical standards when managing crises, as crisis clients are typically in a state of instability and disequilibrium. According to Kanel (2012),¹⁹ in order to assist clients during a crisis, counselors or helpers must have a solid ethical practice.

Professional and Ethical Concerns. According to Jordan (2010),²⁰ because crisis counseling is so demanding and crucial, making an ethical choice in a time of crisis is imperative. As a result, all crisis counselors and helpers ought to be familiar with the local practitioner code of ethics and regularly use moral judgment.

For crisis counselors, there is a ten-step strategy to making ethical decisions.²⁰

The procedures for making ethical decisions in crisis counseling are as follows:

1. Identify the ethical concern within the context of the disasters,
2. Consider personal (the crisis helper's) self's, beliefs and values, skills and knowledge,
3. Identify the code of ethics involved,
4. Determine possible ethic traps,
5. Frame a preliminary response,
6. Consider the consequences,
7. Prepare an ethical resolution,
8. Get feedback/ consultations from other crisis helpers,
9. Take action and
10. Review the outcome.

The counseling profession, according to Kanel (2012),¹⁹ has highly strict guidelines around informed consent, dual relationships, mandated reporting of abuse, confidentiality, and helper supervision and training. One of the problems that most frequently arises during crisis interventions is countertransference. Countertransference may occasionally occur in crisis situations, but counselors and other helpers should be aware of how to maintain their composure, objectivity, and client-centeredness. In order to avoid inadvertently hurting their clients, counselors must be self-conscious and aware of their limits. They must be aware that adhering to the foundations of these professions is necessary for therapeutic connections between counselors and clients as well as for professionals to build clients' trust and confidence in counselors. Then, as a learning process and by applying their knowledge through the application of skills depending on scenarios, crisis counselors will enhance their knowledge of professional issues and ethics throughout time.

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Challenges of Cultural Sensitivity. Being multiculturally competent can be difficult because crisis counselors and other crisis workers need to be aware of different cultural norms and behaviors when assisting clients in resolving their crises. Counselors need to be aware that cultural variations can result in varying opinions. It might be beneficial to be aware of different cultures, ethnicities, religions, and gender concerns. As a result, crisis counselors must abstain from forcing their personal beliefs on their clients, as this is unethical. Should they disregard distinctions, the crisis interventions can out to be ineffective. Cultural sensitivity supports therapeutic practice and is required by ethics.¹⁹

The Crisis Intervention Model in Seven Stages (SSCIM):

Due to the dearth of counseling models that were suitable for the comprehensive conceptualization of clients going through a crisis, the Seven-Stage Crisis Intervention Model was developed. This model was created by Roberts and Ottens (2005)¹⁸ to illustrate the journey that many clients follow from going through a crisis to being able to function again.

The model comprises seven stages:

1. plan and carry out a comprehensive biopsychosocial and lethality/imminent danger assessment;
2. establish a collaborative relationship quickly and psychologically;
3. identify the major issues, including crisis precipitants;
4. encourage the exploration of feelings and emotions;
5. generate and explore new coping strategies and alternatives;
6. restore functioning through the implementation of an action plan; and
7. plan follow-up and booster sessions.¹⁸

Each step is explained in more detail below.

The first stage- Counselors are directed to carry out essential assessments in order to accurately evaluate the client's safety and functioning by means of organizing and carrying out an extensive biopsychosocial and lethality/imminent threat assessment.¹⁸ It is the counselor's job to make sure the client is safe physically and to inquire about past suicidal thoughts and lethality as well as any possible suicidal history. A semi-structured interview could be used for the evaluation to gather data on the client's history, previous treatments, traumatic experiences, functional levels at the moment, and risk factors for suicide and homicide. Moreover, depending on the type of crisis, systematic evaluations like the Columbia-Suicide Severity Rating Scale (C-SSRS) can be included. The counselor's next actions are guided by the results of this stage, which also establish the tone for the therapy partnership.

The second stage- While the process usually involves maintaining psychological touch and quickly developing a collaborative relationship, this stage's focus is distinct from others'.¹⁸ The counselor's goal is to establish a rapport with the client that will foster mutual trust and cooperation, all of which are essential to motivate the client to carry out next actions. At this point, a counselor can help their client develop trust by using fundamental counseling skills and dispositions.²¹ Without this phase, there may be a lack of rapport and trust that prevents the client's actions and the counselor's efforts from being successful in the following stages.

The third stage- The counselor concentrates on the client's key presenting concern(s) and identifies the event(s) that occurred prior to the crisis in order to identify the major issues, including crisis precipitants.¹⁸ Counselors can pinpoint the most triggering events, identify a

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client's coping mechanisms, and ascertain the limit of their capacity to handle a given circumstance by knowing the antecedents that took place minutes, hours, and days before a client experiences a crisis. Furthermore, at this point, the client has the chance to elaborate on what transpired so that the counselor can gain a more comprehensive understanding of the whole situation.

The fourth stage- promoting emotional inquiry, giving clients the space to express their true feelings about their problem, and enabling them to have cathartic releases with a counselor they can trust. Furthermore, counselors can start to kindly refute and challenge some of the client's statements at this point.¹⁸ Although these interactions must be managed with kindness and tolerance, they have the potential to change the client's processing of information and coping mechanisms. Counselors need to give their clients plenty of time to explore opposing feelings, including shame and ambivalence. Counselors can also affirm that numbness is an emotional manifestation of how the client is feeling as a result of the crisis occurrence rather than a sign of a lack of feelings.

The fifth stage- As clients gain a better understanding of past coping skills that either successfully or ineffectively helped mitigate the crisis, they identify potential new coping strategies to implement. This process of generating and exploring alternatives and new coping strategies can often be the most challenging.¹⁸ Understanding clients' initial feelings and responses to the crisis-inducing event or the circumstances that preceded the crisis is possible through the conversation and processing of these coping methods. According to Roberts and Ottens (2005),¹⁸ for the fifth stage to be effective, the fourth stage needs to be "achieved" (p. 335). Stated differently, counselors should be aware of their clients' capacity for emotional expression as well as their openness to reevaluating and analyzing past coping mechanisms.

Transitioning to the sixth stage- By helping clients regain functionality through the use of an action plan, counselors enable them to incorporate their newfound insight, comprehension, and coping mechanisms into a workable strategy. This approach calls for reaching out to support networks, taking part in individual or group therapy, going to doctor's appointments, and making safer spaces to lessen the possibility of lethality.¹⁸ Counselors can help clients construct this plan in addition to having them consider the recent disaster and lead a discussion to clarify the lessons they take away from it, including potential preventative measures.

Finally- Organizing a booster or follow-up session is the final stage. During these sessions, counselors evaluate their clients' action plan implementation, cognitive awareness, and general wellness using a more comprehensive lens.¹⁸ This is a wonderful opportunity to assess clients' change in understanding their crisis process, discuss any new stresses, and examine the need for more treatment, resources, and/or referrals. Even though these phases are meant to happen in order, a lot of them will overlap or come back at different times based on the client, the crisis, and the counselor's capacity to build rapport and trust.

Using effective coping and problem-solving techniques, the main objective of crisis intervention is to improve the functioning of the client.

Six elements make up crisis intervention, according to Greenstone and Leviton (2002):²²

Immediacy- The client needed to receive attention as soon as the situation emerged. In an effort to reduce anxiety, stop further confusion, and make sure the client doesn't hurt themselves or other people, this is being done.

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Control- (a). Be specific about the things and people you are trying to control. (b). Approach the emergency site with caution. (c). Look dependable, encouraging, and capable of creating structure. (d). Make sure your opening statements are clear. (e). Don't make any unfulfilled promises. (f). To get the client's attention, direct and organize the standing and sitting pattern. (g). Use your words and helper eyes to guide instead of using force. (h). Only in extreme cases and with trained and authorized helpers is physical force utilized. (i). If at all possible, the helper should take the client out of the crisis environment. (j). When assuming charge, use your imagination. (k). Cut off your eye contact. (l). Segregate the client if required.

Assessment- To obtain precise data on the extent of the crisis, it is important to evaluate the current state of affairs. In order to do an assessment effectively, the helper must: a) Assess immediately; b) Complete the assessment quickly, precisely, and thoroughly to obtain the big picture. c) Avoid obtaining a detailed life history. d) Make brief, direct inquiries. f) Pose each question separately. f) Give the client enough time to respond to inquiries. g) Avoid confusing your client by avoiding asking too many questions at once. h) Learn to tolerate being uncomfortable in silence. i) Interrupt the client only when it is absolutely required to obtain clarification and accuracy. j) Make the crisis clear. k) Permit the client to own the crisis. L) Evaluate the crisis event's symbolic and real meaning. m) Gather information from non-behavior. c) Pay attention to what is not said as well. o) Acknowledge that the personal qualities of the helper influence overall effectiveness. p) Let the client's emotions out. q) Assist the client in realizing that a crisis is transitory rather than ongoing. r) Give each client ample opportunity to talk in a group situation without interjecting. s) Give the client back control as soon as you can.

Disposition – After evaluating all the variables, the helper must determine how to proceed. 1. Assist the client in locating and allocating human resources. 2. Organize social assets. 3. Have faith that answers are accessible. 4. Create choices. 5. Assist in reaching a consensus.

Referral- Referrals to clients must occur when necessary, and they must follow up as scheduled or feasible. It's also beneficial to follow up with clients to make sure they communicated with the referral agency.

S.no	Authors	Year	Finding
1	Jafari-Mehdiabad A et al ²³	2023	For 173 patients, the psychiatric crisis intervention offered the service. In 48 (27.7%) patients, the suicide risk was eliminated. The remainder were either those who eventually left the service (52 patients, 30.1%) or were admitted to the hospital when beds were available (73 patients, 42.2%). 86 percent of patients expressed satisfaction with the service. During the two-month follow-up, there was just one non-lethal suicide attempt recorded.
2	Ghelani A ²⁴	2022	This review of a narrative serves as a road map for practitioners, educators, and students to become familiar with this expanding intervention paradigm. It is influenced by crisis theory and the author's experience as a social worker with Mobile Crisis Intervention Teams. The skills that social workers on Mobile Crisis Intervention Teams should possess include engaging complex clients, reducing tension, assessing risk, making safety plans, offering brief addiction counseling, resolving interpersonal conflicts, connecting clients with local resources, advocating for change, challenging systemic racism, fostering positive

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			relationships, and documenting services while being mindful of applicable laws. Social workers on Mobile Crisis Intervention Teams play a variety of roles and must balance the needs of their clients' safety, well-being, and community safety. The practical concepts covered in this article are pertinent to minimizing harm and fatalities while promoting client involvement with mental health care.
3	Marcus N, Stergiopoulos V ²⁵	2022	Overall, there is scant data to support the claim that crisis outcomes are impacted by the Crisis Intervention Team model.
4	Hassell KD ²⁶	2022	According to the survey, every participating patrol officer stated that the 40-hour crisis intervention training has both general and specialized utility, and the majority of participating officers think it should be required training for all officers.
5	Adams CR et al ²⁷	2022	Counselors must work from a trauma-informed lens during crisis assessment, intervention, and stabilization to decrease re-traumatizing clients. The Seven Stage Crisis Intervention Model (SSCIM) guides counselors to assess and stabilize clients in crisis.
6	Bohnenkamp JH et al ²⁸	2021	Results indicate that the Emotional and Behavioral Health–Crisis Response and Prevention intervention had a significant positive effect on suspensions, office discipline referrals, and juvenile justice referrals for secondary schools. In addition, the intervention had positive effects on the number of bullying reports overall, with a particularly strong impact on primary schools. The intervention also had positive effects in maintaining more use of threat assessment and follow-up procedures.
7	Warrender D et al ²⁹	2021	Four themes were constructed from thematic analysis: crisis as a recurrent multidimensional cycle, variations and dynamics impacting on crisis intervention, impact of interpersonal dynamics and communication on crisis, and balancing decision-making and responsibility in managing crisis.
8	Zgueb Y et al ³⁰	2020	In order to manage the urgent psychological need for support in response to the anticipated reaction of the population to the COVID-19 pandemic, authors developed a new psychological crisis intervention model by implementing a centralized psychological support system for all of Tunisia. Authors set up a helpline which is accessible throughout the country, including those without access to Internet. This model integrates medical students, child and adolescent psychiatrists, psychiatrists, psychologists and social services to provide psychological intervention to the general population and medical staff. It will make a sound basis for developing a more effective psychological crisis intervention response system.
9	Jiang X et al ³¹	2020	At the same time, greater attention should be paid to psychological crisis intervention (PCI) among affected populations, for the timely prevention of inestimable damage from a secondary psychological crisis. Psychological Crisis Intervention has been initiated via remote (telephone and internet) and onsite medical services to help medical workers, patients, and others affected to overcome any psychological difficulties.
10	Zhang J et al ³²	2020	The novel coronavirus pneumonia (COVID-19) epidemic has brought serious social psychological impact to the Chinese

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			people, especially those quarantined and thus with limited access to face-to-face communication and traditional social psychological interventions. To better deal with the urgent psychological problems of people involved in the COVID-19 epidemic, authors developed a new psychological crisis intervention model by utilizing internet technology. This new model, one of West China Hospital, integrates physicians, psychiatrists, psychologists and social workers into Internet platforms to carry out psychological intervention to patients, their families and medical staff. Authors hope this model will make a sound basis for developing a more comprehensive psychological crisis intervention response system that is applicable for urgent social and psychological problems.
11	Sotoudeh HG et al ³³	2020	Therefore, results showed the brief crisis intervention package was effective in improving the quality of life and mental illnesses in patients with COVID-19.
12	Cheng P et al ³⁴	2020	The team's setup and a cutting-edge peer support and crisis intervention methodology that made use of a well-known smartphone social media app are both detailed by the writers. This kind of intervention strategy can be applied abroad in the event of a pandemic or in the future when responding to crises.
13	Watson AC, Compton MT ³⁵	2019	Authors encourage research that explores and tests the potential of Crisis Intervention Team partnerships to develop effective strategies that improve the mental health system's ability to provide crisis response and thus reduce reliance on law enforcement to address this need.
14	Wharff EA et al ³⁶	2019	Patients who received therapy as usual were not as likely to be discharged home with outpatient follow-up care as those who were randomized to family-based crisis intervention ($P < 0.001$). Comparing therapy as usual with the family-based crisis intervention condition, families that were randomized to it reported far greater levels of client satisfaction with care and family empowerment at the posttest. Throughout the follow-up period, gains were sustained. In either condition, no completed suicides were reported during the study period.
15	Rogers MS et al ³⁷	2019	In addition to reviewing numerous recent systematic analyses of research regarding the effectiveness of Crisis Intervention Teams, this article discusses the Crisis Intervention Team model. Research largely supports the positive effects of Crisis Intervention Teams on officer-level outcomes, including officer satisfaction and self-perception of a decrease in force used. Prebooking a diversion from jail to mental facilities is probably another outcome of Crisis Intervention Teams. However, there is scant evidence in the peer-reviewed literature demonstrating the benefits of Crisis Intervention Teams on objective measurements of arrests, injuries to officers, injuries to citizens, or use of force.
16	Peterson J, Densley J ³⁸	2018	The results of this systematic review, which included 25 papers, showed that there were both positive and negative outcomes, with an emphasis on urban settings. We don't sure how community resources and police attributes affect the results. According to this evaluation, more investigation is required prior to crisis intervention. Team training is an evidence-based practice that

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			ought to be applied broadly. It may be more successful to implement new training protocols that take into account empirical research and are sensitive to the resources available in specific organizations and communities.
17	Watson AC et al ³⁹	2017	<p>Authors are frequently requested to comment on whether the Crisis Intervention Team (CIT) approach is evidence-based policing or evidence-based practice (EBP) in their capacity as academic researchers. The authors' response varies depending on your definition of evidence-based practice and your desired objective.</p> <p>The Crisis Intervention Team methodology is briefly described, definitions of evidence-based practice and evidence-based policing are examined, and the research on the effectiveness of Crisis Intervention Teams to date is summarized by the writers in this commentary. The authors come to the conclusion that Crisis Intervention Teams can be classified as evidence-based practices for cognitive and attitudinal outcomes at the officer level. However, additional research is required to evaluate whether Crisis Intervention Teams can be classified as evidence-based practices for other outcomes. Crisis Intervention Teams may also be a justifiable tactic for many communities when they employ an evidence-based practice process approach. There is discussion about future directions to inform the field.</p>
18	Kratcoski PC, Kratcoski PC ⁴⁰	2017	Brief therapy and crisis intervention counseling are comparable in that both need the therapist or counselor to establish a connection with the client fast in order to provide some respite from the trauma they are experiencing. Even someone who is typically in good psychological health may occasionally experience something that is so powerful that it makes it difficult for them to move on, like the unexpected death of a loved one, becoming the victim of violent crime, being teased, going to jail, or seeing a terrible event. In order to try to stabilize the client, crisis intervention counseling may be a single interaction between the counselor and the client. Counseling a recently admitted jail inmate who attempted suicide might involve this. If the counselor meets with the client multiple times in order to help them come to terms with the fact that they are incarcerated and learn to live in a new setting, then brief therapy is taking place.
19	Taheri SA. ⁴¹	2016	In an attempt to lessen the reliance on jails as mental health facilities and to educate police officers about mental illness, the Crisis Intervention Team (CIT), a widely used program, was the subject of a systematic review and meta-analysis. The results of this research are presented in this article.
20	Ginnis KB et al ⁴²	2015	There are little services for treatment and an increase in adolescent suicide. In the Emergency Department (ED), adolescents exhibiting suicidal conduct are frequently assessed, and admission to an inpatient psychiatric facility has historically been the default treatment prescription. In order to prevent needless hospital stays that are costly and drain scarce resources, emergency medicine is increasingly providing intervention in the emergency department with the aim of stabilization and discharge. In order to maximize care for suicidal teenagers and their families in the Emergency Department, Family-Based Crisis

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			Intervention (FBCI) is a manualized psychiatric intervention. In order to illustrate the key components of the treatment, this paper provides the Family-Based Crisis Intervention (FBCI) framework and uses a case study.
21	Boscarato K et al ⁴³	2014	The findings showed that there was significant variation in the perceived quality of earlier formal crisis responses. The majority of responders said that friends or family should step in. Only one participant indicated a preference for crisis assessment and treatment team help, and no participant requested a police response in situations when a formal response was necessary. Instead, general practitioners and mental health case managers were favored. The majority of participants were in favor of group crisis responses. The Ride-Along Model, which allows a police officer and a mental health doctor to respond to distressed consumers in the community together, received the strongest support from participants out of the four collaborative interagency response models that are now undergoing worldwide trials. The results demonstrate the possibility of providing a crisis response that is in line with customer preferences using an interagency response model.
22	Ellis HA. ⁴⁴	2014	The understanding of mental disease showed improvement at $p < .0125$. Attitudes were more positive and perception scores improved at $p < .0125$. The study's findings confirmed that the CIT program is a cutting-edge approach to community health that benefits stakeholders, including law enforcement, consumers, and mental health specialists.
23	Myer R et al ⁴⁵	2013	In order to determine common tasks, this paper evaluates published models for crisis intervention. There were two types of tasks found: concentrated and continuous. The three duties that are ongoing throughout the intervention process are evaluation, safety, and support. In providing crisis assistance to clients, mental health counselors (MHCs) are required to take care of these at all times. Mental health counselors can go on to other focused activities once they complete one that is time-encapsulated, such as follow-up, describing the problem, making contact, and regaining control. However, because crises are chaotic, mental health counselors might need to revisit these during the intervention.
24	Watson AC, Fulambarker AJ. ⁴⁶	2012	This article presents the crisis intervention team (CIT) paradigm as a cooperative strategy for meeting the needs of people with mental illnesses in a safe and efficient manner, connecting them to the right resources, and, if necessary, removing them from the criminal justice system. The essay will go over the essential components of the crisis intervention team model, as well as its execution and associated difficulties and model modifications. This approach has been effectively applied in numerous law enforcement agencies across the globe and is regarded as a best practice model in law enforcement, despite the fact that it has not undergone enough study to be called an evidence-based practice. For mental health professionals, this guide introduces them to a model that might already be in place in their communities or could be used as a basis for creating crisis intervention team programs in areas where none now exist.

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25	Ritter C et al ⁴⁷	2011	The findings showed that decisions about transport were influenced by dispatch codes as well as officers' assessments made while on the scene. Calls reported as suspected suicide had a higher likelihood of being sent to treatment than calls reported as mental illness. In addition, calls for assistance, disturbance, suspicious person, assault, suspicion of criminal activity, and meeting a citizen were all less likely to result in treatment transportation than calls for mental disturbance. The likelihood of being transported to treatment was correlated with the officer's assessments of substance use, medication cessation, signs and symptoms of physical or mental illness, and violence against oneself or others. These findings expand on earlier research showing that officers who were trained in the Crisis Intervention Team and those who were not showed variations in their transport choices.

CONCLUSION

Crisis intervention is a technique for managing emergency situations in which clients receive impromptu, rapid assistance. Crisis intervention helps clients recover to their level of functioning and build new, useful coping mechanisms and problem-solving techniques with the aim of lessening the intensity of their crisis. Counselors and assistants encounter problems and difficulties as well during the process. Clients may experience additional crises as a result of inadequate information and comprehension of crisis management techniques. Since counselors assist clients in understanding their crises and how to respond for additional interventions, professionalism and ethical issues that they face must be given careful thought. Counselors must address a variety of issues to effectively undertake crisis intervention, including challenges pertaining to religion, cultures, beliefs, values, and other issues. Helpers in crisis situations may need to expand and modify their expertise, experience, and abilities in order to effectively manage various crisis situations and cultural contexts. Helpers must exercise creativity and avoid applying a crisis response strategy that is one-size-fits-all.

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Conflict of Interest

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