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Introduction

Everyone probably knows a family that seems to be in a constant state of chaos. For these families as soon as one chaotic situation is rectified or averted, another pops up to take its place. A family member loses his or her job, another family member is diagnosed with a chronic medical condition, and that is followed by someone causing a car accident. Topping it all off, another family member is arrested for some alleged illegal activity, and the family continues to spiral out of control. One frenzied situation after another produces an unremitting sense of pandemonium; and in these families a dull moment never happens. You very likely shake your head, wondering what is needed to get their collective act together. The thought crosses your mind that a reality television series or daytime soap opera could feature this family.

A few families are like this, but the vast majority are not. Most families live in a stable, predictable manner, following the same routine day in and day out. However, even for stable families, crises are a fact of life. No family is immune (Hoff, Hallisey, & Hoff, 2009; Rolland, 2012). All families bump or maybe crash into something that taxes them and disrupts routines. Some crises come suddenly and unexpectedly, disrupting day-to-day life. Other crises can be the result of fatigue that develops from a series of events that have worn down a family's resilience (Golan, 1987; Walsh, 2012a). When this occurs, the usual way of coping no longer works and families scramble simply to survive. Still other crises are insidious, creeping up on families, and suddenly they find themselves besieged with

LEARNING OBJECTIVES

After studying this chapter, you should be able to:

1. Define crisis as it applies to families.
2. Define transcrisis as it applies to families.
3. Describe areas of research that have focused on family crisis intervention.
4. Summarize different models of crisis intervention with families.
5. Categorize types of crises families experience.
6. Understand the dynamics in a family crisis.
7. Explain changes in family dynamics resulting from crises.
8. Apply the hybrid/task model for crisis intervention with families.
9. Use the stage model for family recovery in crisis intervention.

decisions they are not prepared to make. These families may not even realize they are in crisis until things start crumbling around them. Even if your practice is exclusively with individuals, individual crises always entangle family members (Rosenfeld, Caye, Ayalon, & Lahad, 2005; Walsh, 2012a). In fact, understanding the effect of a crisis from a family perspective may just be the way to ease the pressure and facilitate the ability to restore an individual's coping mechanisms. Using an intervention model designed for family crisis situations is critical (Walsh, 2012a). Just as personal theories and intervention models fall short in individual crisis intervention, family therapy models also may not be effective in these situations.

Not everyone who works in the field of crisis intervention is a professional counselor, social worker, psychiatric nurse, or psychologist. Other professional service providers also are called on to offer support for people in crisis. Many times the determination of

who is on the front lines handling crisis situations depends on the setting. On the streets, Crisis Intervention Team police officers are called on a daily basis to help people in crisis. They handle a wide range of situations from someone getting ready to commit suicide to people who may need temporary support after an accident. Another group of professionals called upon to provide crisis intervention services are chaplains and pastoral counselors. These individuals as well as other faith-based organizations are often called on to provide and coordinate the crisis intervention process for families who need support as they wind their way through the complexities of a crisis (Phillips & Jenkins, 2010; Walsh, 2012b). The Association for Clinical Pastoral Education trains ministers as chaplains for work in hospital settings. Chaplains are often the first person to meet families of individuals who are in need of emergency medical care. Through training, chaplains learn how to help families cope with a medical crisis by listening to and supporting families and patients while hospitalized. The American Association of Pastoral Counselors (AAPC) is like most professional organizations that have training standards, a code of ethics, and guidelines for membership. The organization is nonsectarian with members coming from all faiths and educational backgrounds. Members of AAPC include not only ministers but also medical doctors, psychologists, social workers, professional counselors, and family therapists, with most being licensed as mental health service providers in their respective states.

In this chapter you will meet Chaplain Hamill and a pastoral counselor named Paul Johnson. Together these two professionals work together to support the Taylor family as they adjust to a crisis involving the Taylor's youngest daughter, Dianne. Dianne was severely injured in an automobile accident while on her way home from school and had to be rushed to the hospital. In the first few hours and days following the accident the Taylors must make decisions about surgeries and treatment that have the potential to speed up the recovery or possibly result in Dianne never being able to walk again. Chaplain Hamill will help the Taylors navigate a series of decisions regarding Dianne's condition as well as sort through the initial changes to their family caused by the crisis. In these first few days and weeks, the Taylor's faith is challenged as they struggle to survive. After being discharged from the hospital to start rehabilitation, the Taylors discover the crisis is not over. Over the next several months the Taylor family will need to

make many more decisions that have both short- and long-term effects on their family life as Dianne goes through rehabilitation. During Dianne's recovery the family's ability to function will be tested as they strive to maintain some semblance of family life and realize they must battle with anxieties about their spirituality. During this time the Taylors talk with Mr. Paul Johnson, a pastoral counselor. Mr. Johnson works with the Taylors to help them cope with the new reality of their lives and find the support they so desperately need. As you will see, crises in families have the potential to not only bring out the best but also the worst in family life as the status quo is challenged and changed.

This chapter begins by presenting information that forms the foundation for working with families in crises. We begin by defining family crisis and transcrisis. The next section provides historical context for family crisis intervention by summarizing research on family crisis followed by a discussion of various models for understanding families in distress. The models discussed in this section trace the development of family crisis intervention since World War II. As you will see, the models have evolved over time and now emphasize resiliency. The next section discusses the types of crises families encounter followed by an introduction of the Taylor family. The remainder of the chapter uses the Taylor family to illustrate "hands on" practical information for helping families in crisis.

Definition of Family Crisis

The effect of crises on families is mentioned **LO1** in many chapters in this book. Chapter 18 (online) on addictions talks about "family rules and addictions" and "children in alcoholic families." Chapter 10 on partner violence obviously involves a family crisis. Chapter 18, Chemical Dependency: The Crisis of Addiction (online), Chapter 9, Sexual Assault, Chapter 10, Partner Violence, Chapter 12, Personal Loss: Bereavement and Grief, and Chapter 17, Disaster Response, each discuss family issues related to those crises. In each of these chapters, the focus is on understanding and helping the individual having the crisis. The chapter on partner violence focuses on Juanita and helping her. The crisis intervention with Heather in the chapter on sexual assault addresses her working through feelings about being assaulted by her stepfather. While the Benefield family are the targeted characters in the disaster chapter, the focus is still on how each one of those members copes with the trauma they have been through rather than

looking at the total family system as they struggle to regain predisaster homeostasis. Yet, all of these crises affecting individuals have the capacity to significantly change the family system. Understanding the effect of crises on families begins by defining a family crisis.

Chapter 1 introduced our definition for a crisis as individuals being overwhelmed and unable to marshal the resources needed to at that moment to attend to what has happened. Included in the discussion was a brief description of systemic crisis that applies to families, organizations, and communities. That discussion is an excellent foundation for shaping a definition of family crises. However, coming up with a definitive definition of a family crisis is like trying to grasp a handful of mud. The more you squeeze the mud, the more it slips through your fingers. You might ask why a definition for family crisis is so slippery. First, the different starting points and intensity levels for a family crisis make it difficult to pin down an all-encompassing, perfect definition. No matter the starting and ending points, something always seems to be missed. Second, attempting to understand family crises from the reactions of individual family member's reactions is an exercise in futility (Etherling, Presbury, & McKee, 2005). A systems understanding is needed because the "whole is greater than the sum of the parts." Understanding individual reactions is essential, but when working with families a broader more comprehensive view is needed in order to be effective.

As suggested in Chapter 1, some family crises start with one family member experiencing a personal crisis that ripples through the family causing a larger crisis (Walsh, 2012a). These crises leach into the family, pulling in all members one at a time. An individual crisis generally takes the path of least resistance in families, seeping at the most vulnerable places. Take, for example, the crisis of a family member losing a job. While only one family member lost a job, the crisis has the potential to affect the family in many ways such as changing spending patterns, causing others to get jobs to make ends meet, or disrupting relationships in the family. Other family crises begin outside the family and come without warning, affecting family members simultaneously, such as the sudden accidental death in the family (Hoff, Hallisey, & Hoff, 2009). This type of crisis hit the family all at once. Like a head-on collision, all family members feel the brunt of the crisis instantaneously. In general, natural and technological disasters fall into this category and are a major cause of family

crises causing relocations, injuries, major financial issues, and so on (Everstine & Everstine, 2006).

The intensity with which a family experiences crises must also be considered. For some family members the crisis might be quite intense while for others the situation might be a minor disruption (Myer & Moore, 2006). Members of a family in which someone has sustained a debilitating injury causing extended rehabilitation and physical therapy might experience different levels of intensity. Some members of the family might have their entire schedule disrupted taking care of the person, taking them to appointments, and caring for them in the home. Others in the family might only experience minor inconveniences, having to alter their lives occasionally to help and support the injured person. Taking this a step further, a complicating factor for family crisis is when some members of a family believe a crisis is occurring and other family members do not even acknowledge a crisis exists (Al, Stams, van der Laan, & Asscher, 2011). When family members are not on the same page with respect to the crisis, intensity is difficult to gauge. Many times this situation involves making a decision of some kind such as placing an older family member in a nursing home or other similar care facility. Some family members may get caught up struggling with ways to address the crisis, while others may ignore or discount there is even a problem. The latter simply want to make a decision and move on. Working with these families calls for crisis workers to use the patience of Job to help family members find a common ground in order to address the crisis.

We found several definitions that shed light on just exactly what a family crisis is. These definitions are like a diamond with many facets. Each facet offers a different perspective on family crises.

1. Family crisis occurs when a disaster or trauma damages the bonds that connect people and destroys the basic tissues of social life and the prevailing sense of community ("Rosenfeld et al., 2005"?)
2. A crisis results when a stress comes to bear upon the system and requires change outside the systems' usual repertoire causing nonspecific changes in the system (Pittman, 1987).
3. A crisis results from families feeling dismemberment (loss of family member), accession (unexpected addition of a member), demoralization (loss of morale and family unit), or a combination of the three (Hill, 1965).

4. A crisis occurs depending on how a family defines an event that disrupts the social networks of a family changing its configuration (Hoff, Hallisey, & Hoff, 2009).
5. A crisis takes place when traumatic events wreck a family's homeostatic balance and render the system nonfunctional (Everstine & Everstine, 2006).
6. A crisis is an unexpected, negative event that does not allow the family to continue functioning in their usual manner; further most families are unprepared for the crisis and find addressing such circumstances both challenging and stressful (Webb & Dickson, 2012).

Just as with the definitions for individuals in crisis, clearly different perspectives are used to define family crisis. These definitions focus on various aspects including structural changes in relationships, lack or deactivation of coping mechanisms, a sense of loss within the family, family communication, inability to function in the usual manner, and balance within the system. Integrating components of the definitions above with the one in Chapter 1 for individual crisis shapes our characterization for family crisis. Our definition of a **family crisis** is: *A crisis occurs when perceptions or experiencing of an event comes to bear on the family as a whole, testing the family's structural integrity, because the usual repertoire of problem-solving skills and communication styles are not adequate or have been exhausted. Unless relief is obtained the crisis jeopardizes family homeostasis and has the potential to strip family resilience.*

Transcrisis

Transcrisis is a concept that recognizes crises may at times not be fully resolved and what van der Kolk and McFarlane (1996) identify as the black hole of trauma. If not fully resolved, the feelings, behaviors, and cognitions may become submerged and out of awareness. These feelings, behaviors, and cognitions can lay dormant for extended periods of time and have no effect on day-to-day living. However, when new stressors occur, the feelings, behaviors, and cognitions surface, resulting in a reaction similar to the original crisis. Unlike posttraumatic stress disorder, **family transcrisis** is not a diagnosable DSM-5 disorder. Rather, transcrisis is present as more of a low-level, lurking, residual state that surfaces when the situation activates the suppressed feelings, behaviors, and cognitions associated with the original crisis.

LO2

The way a family addresses and attempts to resolve a crisis has a significant impact on the development of issues that lead to a transcrisis state. Families can stifle a crisis, hoping it simply will evaporate, ignore it thinking it will go away, or hide from it hoping the storm will blow over. Regardless in the end, the issues related to the crisis fade, receding to a point these are below the awareness and not affecting day-to-day functioning. The issues are an undercurrent swirling just below the surface seemingly waiting for the opportunity to erupt when a new stressor is encountered. Just as with individuals, the eruptions into a transcrisis state are not predictable and may not occur for weeks, months or even years after the original crisis. Between the flare-ups, families attain a homeostasis behaving as if nothing is wrong. Interactions of family members between the outbursts are typically filled with usual everyday customary activities. Family members understand the expectations and function in a consistent routine manner. However, the experience of a novel stressor can catapult families into a transcrisis state and reopen old wounds. Issues not resolved from the original crises rocket to the forefront leaving families wondering what is happening. Families might experience an empty, sinking feeling that nothing has changed from the original crisis event and they are just experiencing another setback in a long line of aftershocks, which they attempt to survive while waiting for the next aftershock because the original issue has never been resolved.

Interactions among family members often provide a window into identifying a transcrisis state in families. These interactions can be obvious or subtle, but almost always refer back to previous experiences when families were not able to satisfactorily resolve a crisis. Obvious transcrisis statements are relatively easy to detect. A family member might say something like "Here we go again, just like before." Other obvious statements include "This is just like before, you did not listen to me then and you are not listening now," "You keep saying the same thing, over and over and over, you never change," or "We just cannot get this right." Each of these statements refers back to previous experiences that are clues for considering if families are in a transcrisis state. Many times less obvious, subtle indicators are seen in the form of non-verbal behaviors. Family members may shake their heads as if saying "Here we go again," or roll their eyes communicating "Not the same thing we did before." Recognition of the transcrisis state means crisis interventions strategies are needed to facilitate families' satisfactory resolution of the original crisis.

Research on Family Crisis

The framework of crisis intervention for **LO3** working with families is somewhat unclear ("Al et al., 2011"). A possible reason for the ambiguity is that much of the research in this area has concentrated on identifying specific factors associated with families in crisis such as economic factors, individual family member history, race or ethnicity, spirituality and beliefs, stage of the family life cycle, parental behaviors, education level, recovery, and so on (Gil-Rivas et al., 2010; Price, Price, & McKenry, 2010; Rosenfeld et al., 2005; Yorgason, 2010). Research has also focused on specific situations that tax the ability of families to respond (Price, Price, & McKenry, 2010). The results of this research provide a model for identifying risk factors and issues related to families in crisis. Keep in mind that this research is just the framework, not a complete grasp of the nuances of the unique ways individual families react to and cope with crises. Like using the same blueprint to build two houses, the basic frame of the houses is the same yet the insides are very different. One house might have smooth walls while the other might have textured or paneled walls. Soft pastel colors might be the color scheme for one house while the other house has bright bold colors for the walls. The two houses have the same floor plan, yet each is very different. Similarly, two families might have the same or similar risk factors and have experienced the exact same crisis situation, but the reactions are very different. The findings of the research allow crisis workers to sort through relevant and not relevant issues, but does not address the intervention process.

Medical Crises

Probably the most extensive research with families in crisis situations involves the disruption of family life because of medical issues (Metha, Cohen, & Chan, 2009; Gonzalez, 2013; Lutz et al., 2011; Tunick et al., 2013). A catalyst for much of this research has been advances in health care that extend life beyond what was previously possible even a few years ago (Rolland, 2012). This emphasis is not surprising since the question is not if families will face a medical crisis, but when and what type of medical crisis. Sooner or later all families face decisions about medical treatment such as end-of-life issues, management of chronic illnesses, choices regarding critical care, and/or supporting family members who are not able to care for themselves. Research on decision making has examined family processes

regarding end-of-life issues (e.g., Metha, Cohen, & Chan, 2009; Gonzalez, 2013; Haley et al., 2002), elderly care (e.g., Buhr, Kuchibhatla, & Clipp, 2006; Ducharme, Couture, & Lamontagne, 2012), choices involving critical care (White et al., 2012; Tunick et al., 2013; Williams & Koocher, 1999), treatment of chronic illness (e.g., Hickman & Douglas, 2010; Yorgason, 2010), and aftercare (e.g., Lutz et al., 2011). Situations such as these can cause family members to struggle and sometimes battle over limited choices, none of which are optimal. Reactions range from cooperative coordination of efforts to chaotic and even mean-spirited attempts at taking advantage of the disorder surrounding the situation. Emotions bubble up, maybe even exploding into full blown non-politically-correct name calling. Behavioral reactions might be smooth and well coordinated or restrained to the point of being paralyzed with no one willing to do anything. Behavioral reactions also can erupt into something less than appropriate to the point of physical altercations at times. Family members might scheme and/or conspire to deliberately manipulate the situation in order to cause other family members' feelings of guilt or to take responsibility for all the ills ever experienced by the family. They may attempt to sabotage efforts to address the crisis in order to punish or finagle an advantage for themselves. Forewarned is forearmed in order that you are not blindsided as families grapple with medical crises. Simply stated, the variety of reactions is limitless.

Disaster Recovery

Risk factors, resilience, and recovery from disaster are another area that has been the focus of crisis intervention with families (Knowles, Sasser, & Besty Garrison, 2010). Research in this area typically takes place in the aftermath of disasters such as the Three Mile Island nuclear accident (Handford, Mayes, Mattison, Humphrey, Bahnato, Bixler, & Kales, 1986), the terrorist bombing in Oklahoma City (Sitterle & Gurwitch, 1999), the terrorist attacks of 9/11 (Devoe, Klein, Bannon, & Miranda-Julian, 2011), and Hurricane Katrina (Gil-Rivas et al., 2010; Knowles, Sasser, & Garrison, 2010; Shanhinfar et al., 2010). These situations can shatter the day-to-day activities of families in an instant, resulting in considerable change (Everstine & Everstine, 2006). The result is that families are thrust into a novel and stressful situation that is often chaotic without forewarning and/or experience to manage all that needs to be accomplished. Many times resources are scarce and families have difficulty accessing these in a timely manner (Rosenfeld et al., 2005; Webb, 2005).

Much of the attention in the research on families in disaster recovery addresses the role parents and caregivers have in family members' reactions, specifically children and adolescents (Gil-Rivas et al., 2010). This research found that caregivers significantly influence children's and adolescents' adjustment positively or negatively following a disaster (Devoe et al., 2011; Felix et al., 2015; Polusny et al., 2011). As would be expected, negative reactions to a disaster such as increased anxiety or chronic unwanted thoughts in caregivers had high transference to youth in their care. On the other hand, caregivers who demonstrate resilience and growth after a disaster had high transference value to children and adolescents in their caregiving as well. Researchers have also discovered a critical factor following a disaster involves the capacity of communities to meet the ongoing needs of families following a disaster (Kilmer & Gil-Rivas, 2010). Kilmer and Gil-Rivas believe that communities must go beyond traditional mental health intervention and develop comprehensive disaster response services that address families' needs in the longer term.

Family Crisis Models

Theoretical explanations of families in crisis have been in existence since 1949 (Weber, 2011). These models describe families' reactions to distress or stress depending on the developer's experience with and observations of families experiencing hardship. For example, the ABC-X model was developed to explain families' experience of absences due to military deployment and reunion of families (Price, Price, & McKenry, 2010), whereas the family distress model builds on the developers' experience in family medicine and was created to explain families who need but are reluctant to seek external support (Weber, 2011). The models offer different vantage points to view families' crises with each one presenting valuable insight to understanding the experience of crises as they impact families.

ABCX and Double ABCX Model. The first and one of the better known family crisis models is the ABCX formula (Boss, 2002). The catalyst for the development of this model was the return of soldiers following World War II (Price, Price, & McKenry, 2010). Since the model's inception in 1949 and initial reconsideration in 1958, many researchers in the field have adjusted and adapted the model for a wide variety of crises (Boss, 2002). The most significant change in the

model was made by McCubbin and Paterson (1983), who expanded the model to include risk and protective variables that influence the crisis following the event to explain ways families adapt. The expanded model, known as the double ABCX model, is used to explain families' reactions to and recovery from events ranging from internal and external disruptions to family functioning.

The elegance of the ABCX and double ABCX model is its simplicity. The model starts by focusing on precrisis with the "A" being the precipitating event and/or stressor (Weber, 2011). These events are ones for which families have little to no prior experience. As a result families experience hardships they are not able to manage because of the lack of competence and/or resources (Rosenfeld et al., 2005). "B" represents the resources available to families to cope with the event (Price, Price, & McKenry, 2010). If adequate resources are available, families avert falling into a crisis. If resources are not accessible, a crisis may occur depending on the interpretation of the event. This brings us to the "C" in the model that stands for families' interpretation of the event (Weber, 2011). When families interpret the event as a crisis producing problems that exceed their physical and psychological resources, a crisis "X" is experienced requiring potential changes in structure and interactions to restore stability (Rosenfeld et al., 2005).

The double "aA" refers to the immediate stressor plus the demands and shifts that occur in families and individual family members resulting in a stacking of stresses one on top of the other (Boss, 2002). As the stresses continue to stack up, families feel even more squeezed, thus increasing the severity of the crisis. The "bB" in the equation concerns activating existing resources as well as seeking additional resources from outside the family (Price, Price, & McKenry, 2010). The double "cC" of the model involves families' perceptions about the way to restore balance (Rosenfeld et al., 2005). For example, if the primary breadwinner loses his or her job, a family might decide that other members in the family need to secure jobs in order to offset the loss of income. The family might also cancel planned vacations to cut cost, change eating habits such as dining out, and so on. All these measures are perceived methods to restore balance to the family. "xX" refers to families' adaptation process to crises. Successful adaptation is termed **bonadaptation**, whereas the lack of balance is called **maladaptation** (Rosenfeld et al., 2005). Bonadaptation is considered to be good, useful, and

healthy, whereas maladaptation is negative, ineffective, and unhealthy. Understand that what is bonadaptation for one family may not be the same for other families. The same is true for maladaptation. Also bonadaptation in one situation is not for another and the same holds true for maladaptation.

Contextual Model. The **contextual model** of family stress builds on the ABCX model (Weber, 2011). Introduced by Boss (2002), this model recognizes that families are unique and that events, the same or similar, will be experienced in distinctive ways. As a result, this model considers families' internal and external context as major factors in shaping reactions to stress and crisis situations. Internal context refers to things families can control and are divided into structural, psychological, and philosophical context (Boss, 2002). The structural context of families includes issues around boundaries and communications patterns that can be manipulated by families. Issues related to families' psychological context concern affective and cognitive perceptions of the stressor or crisis (Weber, 2011). Philosophical contextual issues concern values and belief systems held by families (Boss, 2002). Boss believes that because internal contextual issues are regulated by families, these should be addressed in the intervention process.

However, many external contextual issues are beyond the control of families. Issues such as history, macroeconomic human development, heredity, and culture fall into this category (Boss, 2002). Families cannot control historical events nor can they control global finances, for example, whether a recession takes place. These issues are global and are a result of a multitude of interacting factors. Aging is another external factor over which families have no control although some try through cosmetic surgery or antiaging products. The biological and genetic makeup of families is an external factor (Boss, 2002). Boss contends that we are born into families not by choice and that some families' genetic makeup is stronger than others. The final external factor concerns culture and the way it interprets events (Boss, 2002). Research supports this concept by examining cultures and studying the way some cultures react to traumatic situations (deVries, 1996). External contextual factors should be recognized as contributing to family reactions and used as a framework for understanding families' experiences (Boss, 2002).

Family Distress Model. The **family distress model** (FDM) was first introduced in by Cornille and Boroto (1992) and later was enhanced by the **family**

outreach model (FOM) (Cornille, Meyer, Mullis, Mullis, & Boroto, 2008). The purpose for the model is to identify families' patterns of coping in order to develop interventions designed to support attempts at managing the situation (Weber, 2011). FDM states that when in distress, families use strategies that are different from their daily predictable patterns (Cornille et al., 2008). If the changes in routine are not successful in reducing the stress, crises arise. FDM was broadened by the formation of FOM that added a practical intervention component. FOM goes beyond traditional family intervention models based on conceptualizations of pathology that must be diagnosed or dysfunctional families that require expert assessment (Cornille, Meyer, Mullis, Mullis, & Boroto, 2008). According to the developers, this model can be used to identify families' needs and direct the intervention process from collaborative to directive approaches.

FDM consists of five phases that move from the initial encounter with a stressful event to the tools for assisting families. Phase 1 of FDM assumes families have predictable patterns that are typical and desirable and include routines, rituals, and rules used for decision making (Weber, 2011). Decisions can be conscious or automatic, occurring with little to no thought such as when dinner is served, who is responsible for cleaning bathrooms, who drives the family car, and so on. However, situations arise, either internal or external, that disrupt day-to-day patterns resulting in families moving to Phase 2 of FDM (Weber, 2011). Tried and true strategies to correct the disturbance are attempted in this phase. These strategies have been successfully used to manage previous disturbances and are designed to reduce stress, therefore returning families to normal functioning. If these methods are not successful a family crisis occurs. Phases 3 to 5 involve families organizing around the crisis, seeking resources to manage the situation, and finally reorganizing to create a new pattern of stability (Cornille et al., 2008). In these phases families become preoccupied with the crisis and a great deal of collective energy is used to control the disruptions (Weber, 2011). Weber states that unless families are able to access support to manage the crisis, patterns will adjust to accommodate the crisis state. If, however, support is found, families will regain stability through activating old patterns or developing new patterns.

When families enter into Phases 3 to 5 of FDM, FOM can be used to understand the crisis and direct the intervention. FOM also has five phases. These

phases mirror the phases in FDM but add an applied element that directs the intervention process. The model is built on clinical or empirical observations and is meant to describe the crisis so that plans can be made to solve it. FOM is a strength-based model that engages families in collaborative problem solving consistent with family goals and values with the goal of returning families to former, stable, and predictable precrisis patterns of living (Cornille et al., 2008).

Family Communication Model. The **family communication model** depicts an approach for families to cope with and prevail during crises using internal and external verbal interactions. The model makes the assumption that the root of family crises is communication (Webb & Dickson, 2012). According to this model communication patterns change in order to discuss challenging topics that are not typically discussed. Examples of topics challenging to discuss are a family member's terminal illness and the effect on everyone in the family or the excessive consumption of alcohol or use of illegal substances by one or more members in the family. Generally issues such as these are not the average topic for day-to-day conversations; rather, they are discussed as needed and in extraordinary circumstances. The authors add that communication can be internal discussion with only family members and/or external communication with others. Dickson and Webb stress that these difficult conversations are the key element for coping with crises. The goal of this communication is the co-construction of a rational explanation that makes meaning of the experience in order to create a positive view of the ultimate outcome for crises. Dickson and Webb do caution that any change in communication patterns be strategic, rather than unregulated disclosure. According to them, discussion should be tailored for individual family members with respect to the amount of information given and to whom it is shared and how it can be handled.

Webb and Dickson (2012) further state that effective family coping with crises involves two types of communication. The first type of communication is instrumental and concerns the exchange of information. Instrumental communication involves discussions that are unique to crises and are deliberate in nature. For example, in the case of weather-related crises such as hurricanes, floods, or tornadoes, families would discuss issues such as evacuation plans and locations to meet in case members are separated. Instrumental communication is based on a

"need-to-know" basis with not everyone being given the same information. The second type of communication is emotion based. These discussions can involve sharing of feelings previously not disclosed that relate to the crisis. According to Dickson and Webb, communication of emotions is vital in helping family members to develop healthy coping mechanisms.

Resiliency Model. The **resiliency model** represents a current focus of family crisis intervention and views families not as damaged, but rather challenged by adversities (Walsh, 2012b). This model concentrates on the potential for recovery and restoration functioning rather than pathologizing families' reactions while experiencing adversity. Through activating families' belief system, organizational patterns, and communication process, families have potential for personal and interaction transformation and growth (Walsh, 2012b). According to Walsh, when adversity strikes families, a dynamic process occurs that sets a trajectory for families' reactions to the situation. Belief systems involve families' ability to make meaning of the crisis, developing a positive outlook, and culture including spiritual traditions. These elements create a perspective families employ to approach crises. Organizational patterns include the capacity of families to be flexible, feeling a sense of connectedness, and the ability to access social and economic resources. These elements must be clarified and marshaled in light of modern families' structures and resources. Walsh states there is no common configuration and therefore organizing crises will be unique for families. Finally, communication involves problem solving and includes clear messages, open emotional expression, and collaboration. Walsh recognizes culture is important and significantly influences the communication process. This influence includes the way emotions are shared along with what feelings are acceptable to communicate.

Although other models for family crises can be found, the ones presented in this chapter are representative and practical in planning and coping with a family-wide crisis. Each model provides a different perspective in working with families in crisis.

Types of Crisis Families Encounter LO5

Family crises come in all shapes, sizes, and forms with each having idiosyncratic qualities. Generally, the types of crises families experience mirror the types described in Chapter 1 such as developmental,

situational, and so on. Just as with individuals, some crises come from seemingly nowhere, shattering a family's homeostasis, while others creep up insidiously on families and before they know it a full blown chaos reigns. With families, however, several special types of crises can occur. These crises develop because as a system, stressors placed on families have an effect on the collective whole, as well as individual family members (Myer & Moore, 2006).

Knowledge of the types of crisis experienced by families is critical for identifying possible issues that may be causing problems and is important for understanding effective approaches for helping them climb out of the crisis. Recognize that although the types of crises families experience will be discussed as separate types, crises are not usually that distinct. Some issues and problems are common to all types of family crises. The most distinguishing aspect of family crises is their origin. Also you need to appreciate that families may present a crisis situation in such a way that makes it difficult to identify the type. The watch words here are "be flexible" and willing to adjust as you find out more about what is happening.

Developmental Crises. As families develop and mature, crises are inevitable (Pittman, 1987) because the transitions brought on by development strain family coping and resilience, creating the potential for stressors to accumulate and disrupting their ability to function (Bonnefil & Jacobson, 1979; Peterson, Hennon, & Knox, 2010). Crises falling into this category in many ways are governed by families' culture. In fact, the concept of family is greatly influenced by culture (McGoldrick & Ashton, 2010). For example, in many cultures family refers to the nuclear family while in others family has a multigenerational connotation. For traditional Eastern families, a crisis might occur if a member of the family eschews a collective identity and strikes out on his or her own, leaving customs behind. In contrast, a family in the Western culture might have a crisis because of the "failure to launch" that happens when young adults do not separate from parents and do not leave home. More will be said about culture later in the chapter.

Most **developmental crises** can be anticipated and therefore planned, while others cannot (McGoldrick & Shisbusawa, 2010; Pittman, 1987). Getting married, having children, children beginning school, midlife transitions, retirement, and so on are all examples of predictable situations that may cause developmental crises (Cowan & Cowan, 2012).

These situations have the potential to shift a family's day-to-day functioning (Peterson, Hennon, & Knox, 2010), straining its coping abilities and resources. If stretched far enough, a crisis occurs. **Off-time developmental crises** occur when transitions are out of sequence, not happening in the expected order (McGoldrick & Ashton, 2012). By nature, these situations are particularly troublesome as they can be extremely disruptive to families' resilience and capacity to cope (Peterson, Hennon, & Knox, 2010). Examples of off-time developmental situations are the untimely death of a parent, unplanned pregnancies, forced retirement, disability due to chronic illness, and so on. Families may not be prepared to mobilize the resources needed to manage the demands and could spiral into crises (Cowan & Cowan, 2012).

Bolts From the Blue. Bolts from the blue family crises (Pittman, 1987) are akin to individual situational crises in that these are unexpected, resulting in families feeling as if they have smashed into a brick wall at full speed. No matter how prepared families might be, these crises fracture the family homeostasis, disrupting the day-to-day functioning of a family. This category of crises includes, but is not limited to, off-time developmental crises. Most of the crises falling into this category are largely universal in nature crossing cultural boundaries. These crises are generated both internally and externally to families (Weber, 2011). Examples of internally generated crises of this nature include infidelity, mental illness, desertion, chronic gambling, and diagnosis with a chronic illness. Externally generated crises include loss of job, disasters, sexual assault, victim of a crime, and lawsuits.

Pile Up Crises. Pile up crises for families take place when stressors accumulate to the point that these derail families' ability to function (Walsh, 2012b). The idiom "the straw that broke the camel's back" captures the essence of pile up crises. Pile up crises occur when families experience a series of internal and/or external stressors over a short period of time (Patterson, 2002). Initially, families cope well, but as the stressors accumulate the capacity to cope falters and breaks down, plunging families into a crisis. Families may not be aware they are experiencing a pile up crisis. Instead, families may perceive the situations as isolated events that unfortunately have come all at once. Families may ask for assistance with just the latest of the series of events. Yet the persistent challenges eventually drain the available resources and

coping mechanisms. The refrigerator stops working one day, which may not have been a major surprise. However the same day the family car has a flat and you discover while getting the flat fixed a new set of tires are needed, not to mention the brake pads are too thin to drive safely and both must be replaced immediately. The financial strain is great, but manageable with effort. Later in the day the family discovers that an extended family member with whom they have been close has been diagnosed with a potentially fatal medical problem. Following this comes a revelation that one of the children in the family is not doing well in school and in fact is close to flunking. One situation after another ensues, none of which on its own is insurmountable, but combined eventually overwhelms families' capacity to bounce back. The breakdown of coping mechanisms and the rapid depletion of resources send the family into a nosedive and a pile up crisis is the result.

Exhaustion Crises. Exhaustion crises are similar to pile up crises but instead occur over a more prolonged period. These crises occur when families experience stressors over an extended period of time. Unlike pile up crises that involve multiple stressors, crises of this type may be due to one stressor that has unrelentingly beleaguered families over an extended period of time. Take for an example a situation where a child has a medical condition that requires repeated attention. The medical condition is not life threatening but requires numerous visits to a physician and periodic stays in the hospital. Initially families may find this situation manageable, but after a few months fatigue begins to take its toll on the family, disrupting its day-to-day function. As resilience wears down and exhaustion sets in, a crisis of some type surfaces (Patterson, 2002; Walsh, 2012b).

Perpetual Crises. Some families roll from one crisis to the next with virtually no time between the crises (Kagan & Schlosberg, 1989). Crises for these families are a way of life as they are unable to cope on a day-to-day basis because the threshold for tolerating even minimal stressors is so low almost every situation evokes a crisis response. Families in perpetual crises specialize in getting others involved, including welfare offices, schools, child protective services, and so on (Kagan & Scholsberg, 1989). Families in this category may have structural problems that constantly intentionally or unintentionally cause crises (Pittman, 1987). Examples of structural issues that cause continuous

crises in families include members who are alcoholic and disrupt family functioning or family members in persistent trouble with the law resulting in families living in a constant state of uncertainty, not knowing if the sheriff will be knocking on the door. These families live as if they are not at the edge of the cliff, but have already taken a step off that cliff.

Crises for these families are different from metastasizing crises discussed in Chapter 1. Metastasizing crises can be traced back to an isolated catalyst that spreads into other areas of families' day-to-day life. That is, you can trace a starting point to the series of crises that are linked together. However, there seems to be no starting point for families in perpetual crises. These families act out themes over and over again caught in a loop that never stops (Kagan & Scholsberg, 1989). The situations causing the crises are separate and unrelated yet the same *modus operandi* is used regardless of its appropriateness. The families may be able to acknowledge the futility of the situation but lack the energy, knowledge, or will to do anything different. Instead they rely on others to rescue them from crises.

Ambiguous Loss. Ambiguous loss is a special type of family crisis worth mentioning (Boss, 2006). Families having an ambiguous crisis experience the incongruity between physical and psychological presence and absence of family members (Price, Price, & McKenry, 2010). Clearly an ambiguous loss involves families with a member who is a soldier listed as missing in action or families of passengers of the Malaysian flight 370 that crashed and no wreckage or bodies were found. Yet family crises of this nature also involve times when someone may be physically present but not psychologically or emotionally, such as family members with dementia or possibly a chronic mental illness (Price, Price, & McKenry, 2010). According to Price, Price, and McKenry, these crises unsettle the functioning of families because of the lack of clarity to the situation. The lack of clarity prevents families from reorganizing the relationship with absent family members and completing social rituals that enable adjustment to the loss (Weber, 2011).

Dynamics of Family Intervention

LO6 and LO7

Families create systematic patterns of relating to one another and the world around them in order to maintain equilibrium as they live together (McWhirter et al., 2013). These patterns establish the