



www.savvysocialworkerexamprep.com

Email: savvyswexamprep@gmail.com

Roberts's Seven-Stage Model for Crisis Intervention

1. **Assess safety & lethality** – Begin with a fast yet thorough biopsychosocial assessment. You want to find out what the supports & stressors are, any medical issues, medications, any current substance use, and coping strategies & resources. If there is concern about suicidality, you want to find out what the thoughts are, if there is intent & the strength of the intent, whether there is a plan & if the plan is potentially lethal, any history of past attempts, and other specific risk factors (substance abuse, social isolation, losses such as divorce or employment).
2. **Rapport building** – In a crisis, you must do this quickly & it will ideally happen as part of your assessment. Here, we harken to Rogers's warmth, genuineness and empathy. These three skills will go a long way in developing rapport with your client in crisis.
3. **Problem identification** – Find out from the client why things have come to a head. There is usually a so-called last straw, but you also want to find out what other problems the client is concerned about. It can also be useful to prioritize the problems in terms of which problems the client wants to work on first.
4. **Address feelings** – Validate, validate, validate! You want to let the client vent about his or her feelings about the crisis. This is achieved using active listening skills, like paraphrasing, reflective listening and probing questions. With caution, you can also challenge maladaptive beliefs.
5. **Generating alternatives** – This is where you come up with a plan. The clinician and the client (ideally) begin to come up with options that will help improve the current situation. You can brainstorm about possibilities or ask about what has been helpful in the past as ways to get the client's input.
6. **Develop action plan** – This is where you shift from a crisis to a resolution. The client & worker will begin to take the steps negotiated in the previous stage. This is also where the client will begin to make meaning of the crisis event.
7. **Follow up** – The follow up can take on many forms. A postcrisis evaluation may look at the client's current functioning and assess the client's progress and satisfaction with treatment. It can also involve phone or in person visits at specific intervals.

Resource/Credit: <http://clinicalswexam.blogspot.com/2011/09/robertss-seven-stage-model-for-crisis.html>