

## **AN INTEGRATED PROBLEM-SOLVING MODEL OF CRISIS INTERVENTION IN AFRICA FOR INTIMATE PARTNER VIOLENCE**

By

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### **Abstract**

*In Africa today, like in America and Europe, crisis resulting from intimate partner violence is recognized as a serious problem the society needs to address. The impact of this crisis situation on victims is reflected in other aspects of society. With the increasing cases of crisis in the society from intimate partner violence, Counseling Psychologists have been called upon as professional better trained to develop ways of addressing the situation. Among the various crisis interventions reviewed by professionals, the integrated problem solving model of crisis intervention prove to offer a detail process and lasting result.*

**Keywords:** Crisis intervention, Intimate Partner Violence, Integrated Problem-solving, Post-traumatic, Stress, disorder

### **Introduction**

There have been significant reports in recent time on intimate partner violence in the United States of America and many Africa counties. With the increasing report and cases of crisis in the society, mental health professionals have seen the urgent need to help individual and group with crisis situations cope with their challenging problem. Counseling psychologists are better prepared in the society to apply the type of interventions needed in the society.

Prior to 1999, there have been relatively few publications in Counseling Psychology on crisis intervention and the role of counseling psychologists. However, there have been a great change and awareness as a review on recent studies and publications has indicated that crisis intervention has been identified as a major area of concern in counseling psychology (Rolling & Brosi, 2010)

Crisis intervention has been defined as the provision of emergency psychological care to victims as to assist those victim's in returning to an adaptive level of functioning and to prevent or mitigate the potential negative impact of psychological trauma (Everly& Mitchell, 1999 cited in Flannery, et al, 2000). Crisis intervention has proven to be an effective means of addressing lots of psychological challenges faced by individuals in the society. A review on the various studies made in counseling psychology indicates numerous crisis intervention models (Roberts, et al, 2005). For the purpose of this focus paper, the integrated problem-solving model (IPSM) as a crisis intervention model will be applied to clients who are victims of intimate partner violence.

### **An integrated problem-solving model of crisis intervention for intimate partner violence**

Intimate partner violence (IPV), is defined as "the patterned and repeated use of coercive and controlling behavior to limit, direct and shape a partner's thoughts, feelings and actions" (Almedia& Durkin, 1999 cited in Rolling & Brosi, 2010). In many Africa countries, women are recorded as mostly victims of IPV in the society. IPV is a serious and complex issue in the society that needs to be addressed because of the impact it has on victims, children and family members.

The integrated problem-solving model (IPSM) is a combination of several different models or perspective of crisis intervention but draws heavily from the cognitive-behavioral approach which has the most empirical support for use in crisis counseling. The IPSM has 10 stages, which are consistent with current trauma theory. As an intervention, it focuses on safety, stabilization and self care at the beginning and proceed to the processing of the traumatic event and finally encourages integration of all into everyday life functioning (Westefeld, et al, 2003).

The framework used to form the foundation of the IPSM are consistent with the philosophy of counseling psychology as it empower clients to draw on their inherent strengths, resources and coping skills. The IPSM is a specific, clear, detailed and a step-by-step method.

### **Applying the Integrated Problem Solving Model to Intimate Partner Violence**

One of the most common forms of violence against women in the society is that carried out by an intimate male partner. Intimate partner violence (IPV) is a

common problem, affecting large numbers of Africa women, with few men and children. IPV has become a common source of physical, psychological, and emotional “cancer”. In the United States, an intimate partner annually physically assaults approximately 1.5 million women and 834,700 men. Women are more likely than men to be injured, sexually assaulted, or murdered by an intimate partner. Studies suggest that out of every four women, one is at lifetime risk (Cronholm, et al, (2011). African countries may have an increased statistics.

IPV is a highly traumatic experience, of which many victims don’t recover from it and when not addressed immediately could result to Post-traumatic stress disorder (PTSD) and suicide. The goals of IPV crisis counseling is to address and reduce the victim’s emotional distress, enhance their coping strategies and prevent the development of a more serious psychopathology.

In using and applying IPSM for IPV, the 10 stages of IPSM will follow.

1. Establish and maintain rapport: In any crisis intervention and especially with IPSM, establishing and maintaining a strong therapeutic relation with the client is very important. This forms the foundation of the Counseling process. Through an established rapport with the IPV client a trusting relationship is created and with this trust, every other process will fall in place. Some of the tools the counselor will use with IPV client include basic attending and listening skills, empathy, reflection of affect, encouragement, support and the use of statements like “ I am sorry you went through this situation”, “you are safe now”, “it wasn’t your fault” “I know you handle this situation well because you are alive” words like these has the power of instilling of hope to the client. Others include, the use of opened and close-ended questions, restatement, summary and clarification and positive reinforcement.
2. Ensure Safety: The safety of the IPV client is of great importance to the counselor and is addressed at the forefront of the crisis intervention. Ensuring the safety of the client involve assessing the possibility of any physical and psychological danger to client either by self or by intimate partner. Ensuring safety is a continuous process that entails empowering the client to develop effective safety plan as well as identifying resources that can be incorporated into the other stages of the intervention.

3. Assess client and begin processing trauma: In this stage of IPSM the counselor begins to assess the immediate presenting problem, daily functioning and the nature of the violence. The aim of this assessment is to enable the counselor address potential goal for client which will be to process the trauma associate with IPV at an intensity level that client could tolerate and construct the trauma into narrative that are empowering and adaptive for the client.
4. Set Goals: In setting of goals with IPSM, the counselor after helping client deal with informing family or friend and with clarification will reframe negative problems into positive solution. The counselor will assist client to set goal around increasing their sense of control which include improving self care, developing coping skills, processing and managing of emotion and cognition as well as improving relationship
5. Generate Options: At this stage of IPSM, the counselor will brainstorm with the IPV client on practical and realistic way of actualizing the set goal. The counselor focus is the adaptive techniques which the client will apply in improving self care, developing coping skills, processing and managing of emotion and cognition as well as improving relationship.
6. Evaluate Options: During this stage the counselor and client will weigh the pros and cons of each arrived goals to know their attainability and assisted in deciding whom to talk to during this period. In evaluating the various options, the main concern is to restore the control that was lost through the violence and reassure client that control lost is neither permanent nor total. During this stage clients are assisted in accessing the various option like the importance of social support.
7. Select Plan: After evaluating the various options, the IPV client in collaboration with the counselor will decide on a plan action. Selecting and developing a plan involve a more directive approach from the Counselor based on the fact that the client may be at a critical and disorganized state. Cognitive-behavioral approaches like exposure, cognitive restructuring and stress-inoculation will be appropriate. A good therapeutic alliance is very important at this stage of the intervention.

8. Implement plan: During this stage, the selected plan is carried out with a full support and encouragement to avoid dwelling on the IPV from the counselor. The IPV client must assume full control over selection and implementation. Stress inoculation training (SIT) could be adapted which involve two phase; using brief behavioral intervention procedure (BBIT) to normalize client current reactions and anticipatory guidance for future and a coping skill training to deal with fear and anxiety.
9. Evaluate outcome: Evaluating the outcome of plan is an important stage of getting feedback from client and to analyze how the selected and implemented plan work. This stage will assist client to identify progress made and explain what change has taken place as well as strength demonstrated in the use of the plan. This stage serves the purpose of empowering the client for the future as well as offers the Counselor the chance of improving for the future.
10. Follow-up: This stage of follow-up is meant to assist the client after the initial implementation of the plan. Permission to contact client on telephone after initial session for follow-up is important to assist client go through the aftermath of the IPV to listen and support client with arrangement for medical care or legal service. Follow-up could also take the form of educating client about IPV and help them deal with their survivor reactions. Counselors are at risk of becoming over involved with IPV during the period of follow-up that they may become burnout from the follow-up activities so it is advised that Counselor utilize self-care strategies.

## **Conclusion**

The 10 stages of integrated problem solving model for addressing IPV has proved very effective for victims. The step-by-step approach of this model addresses and focus on safety, stabilization and self-care. In addition, it empowers victims of intimate partner violence on how to deal with crisis situation. The integrated problem-solving model to intimate partner violence is a progressive approach to problem solving. It is also very interactive in it approach of solving problems. The counselor in using this approach, brainstorm with client to come up with possible ways of addressing the crisis situation. The Cognitive-behavioral approach in this model gives it an empirical validity. The follow up stage of this model stands out as an importance aspect of this model.

This follow-up stage offers the client to review the progress they have made and areas that needs improvement.

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