Brief Crisis Therapy: Overcoming stigma and promoting hope in crisis therapy

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Abstract (300 word limit)

Statement of Problem: The pandemic has exacerbated the devastating mental health crisis globally. Service centers and hospitals are strained by the limited number mental health professionals to address the ever-growing demand for support by the public. Those who were most marginalized during the pandemic are the people who have been impacted the most.

Background: This model was developed specifically to address these populations by offering free counseling services; 'Three for Free' through the Canadian Association for Marriage and Family Therapy. The Brief Crisis Therapy (BCT) model is a new integrative model developed inductively by a team of Couple and Family therapists during the pandemic to deal with the needs of the community, by asking clients 'what their best hopes were' and by being curious about their specific needs and wants.

Methodology & Theoretical Orientation: Post-modernist, co-constructive approach to therapy where the client's perspective and experiences are viewed as just as important as the therapists if not more.

Findings: The BCT Three-Session model focuses on client's strengths, the client as expert, and a next step by the end of each session or and on their best hopes. This modality has high satisfaction rates among therapists who learn and apply it (n=24) with confidence scores increasing on average from 3 to 10 on a 10 point likert scale. When applying this model, therapists utilize everything about the individuals we work with in a way that increases hope, activates strengths, and provides the opportunity for co-construction of solutions and next steps. The BCT model is one of inclusion, respect, fairness, and celebrating the uniqueness of each person as a therapeutic intervention.

Conclusion & Significance: Self and social stigma limits potential for post traumatic growth. Mental health professionals need to address the descrimination of marginalized groups that experience greater rates of self and social stigma.

Image

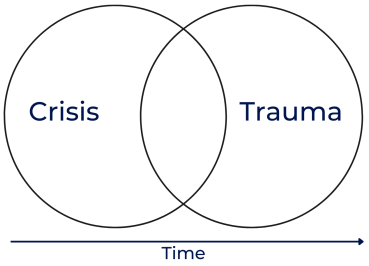


Figure 1. Depiction of the fluid relationship between crisis and trauma where crisis is described as the inability to cope in the present moment, which left unresolved may have long-term implications as trauma.

Recent Publications (minimum 5)

1. Lorona, RT, Fergus, TA, Valentiner, DP, Miller, LM, McGrath, PB (2018) Self-stigma and etiological attributions about symptoms among individuals diagnosed with anxiety disorder: Relations with symptom severity and symptom improvement following CBT. *Journal of Social Clinical Psychology 37*:536-557.
2. Roffman, AE. (2020) "I am tensing": Thoughts on active and passive language in the description of expression of emotions in psychopathyHeilig M, Egli M (2006) Pharmacological treatment of alcohol dependence: Target symptoms and target mechanisms. Pharmacology and therapeutics 111:855-876.
3. Bannock, F. (2014) Post Traumatic Success - positive psychology and solution-focused strategies to help clients survive and thrive. New York: Norton.
4. Berg, IK. (1994) Family based services: A solution-focussed approach. New York: Norton.
5. de Shazer, S. (1985) Keys to solution in brief therapy, New York: Norton.



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Dina is a Registered Psychotherapist, Registered Marriage and Family Therapist, and an American Association of Marriage and Family Therapy Approved Supervisor. Dina served at a children's mental health clinic in Hamilton, Ontario for 17 years and is currently in private practice in Ancaster, Ontario. She is the associate director of and instructor in the SFBT certificate program at Ontario Institute for Studies in Education (OISE, University of Toronto), the co-director of the Canadian Solution-Focused Center, and co-editor of the Canadian SFBT Newsletter. Dina trains groups internationally on SFBT, working with children and adolescents and Single Session Therapy

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Andrew is a Registered Marriage & Family Therapist, Registered Psychotherapist., a thérapeute conjugal et familial (licensed Quebec), and a Clinical Fellow of the American Association of Marriage and Family Therapy. He is the Clinical Director of Couples Retreat at Ocean Coral and has a private practice in Montreal, Canada. Andrew completed graduate studies at Antioch University (USA), specializing in couple and family therapy. His previous professional experience includes many years working in hospitals, residential programs, and private practice in Boston, Massachusetts. He is currently the president of the Canadian Association for Marriage & Family Therapy.

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Julia is an Advanced Practice Nurse with a specialty in Perinatal Nursing from the Canadian Nurses Association and 12 years' of experience working with families. Julia has also worked in education and research for over a decade at the University of Calgary, and is currently completing her Ph.D. She has experience in qualitative and quantitative research methods and has managed large multi-site longitudinal datasets. She is a certified mindfulness facilitator and has recently launched an introductory mindfulness podcast through the University of Calgary. Julia also has a private practice with The Family Nurse Parenting Services Inc. (a parenting support service in Alberta, Canada).

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Notes/Comments: