



## Caring for adolescents and families in crisis

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Adolescence can be a difficult and challenging period for families. Normally the family or adolescent encounters various life span or developmental tasks that are managed effectively and provide opportunities for further growth and development. Adolescence is a particularly precarious time because of tremendous biologic, psychosocial, and cultural demands that place the youth at risk of developing crises. A lack of effective coping and problem-solving skills, impulsiveness, separation issues, and the need to be a part of a social group can place additional demands on the youth and family. As these demands mount, challenges to the youth and family's coping skills occur. An inability to mobilize resources and adaptive coping skills places the family and adolescent at risk of a crisis. Families and adolescents in crises are at a turning point and face a problem that is difficult to manage using normal coping skills. They are caught in a state of emotional turmoil. As the family or adolescent has difficulty mobilizing coping and problem-solving skills, feelings of helplessness and anxiety emerge.

Ultimately the health of the family determines how a crisis is resolved. Healthy families recognize their strengths and limitations and are aware when to seek professional help or mobilize other resources, such as families and communities. Manifestations of a family crisis or turmoil include acting-out behaviors in the youth (eg, poor academic performance, substance abuse, promiscuity) and marital turmoil. As family tension mounts, the crisis situation becomes more difficult to manage, and the family seeks assistance.

Nurses are often the first to encounter the youth in various practice settings, including school or college health clinics, primary care offices, and community mental health or substance abuse facilities. Recognizing

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high-risk groups, providing health education, and using interventions, such as crisis intervention, are key roles of the nurse in restoring family stability and adaptive crisis resolution.

This article presents an overview of salient points associated with childhood and adolescent crisis and the role of families and the nurse in facilitating healthy resolution. The focus is on high-risk factors that may result in family crises and the nursing interventions that enable the youth and family to attain an optimal level of functioning and healthy growth and development.

### **High-risk factors**

Major developmental crises during adolescence stem from the youth's struggle to define himself or herself as an individual moving into adulthood and society distinct from yet connected to the family. The changing parent-child relationship is one of the biggest challenges of adolescence. There is internal conflict that comes from the desire to be independent, yet the need for structure and guidance to face the difficult issues of substance use, sex, or balancing the responsibilities of work and leisure. Adolescent problem-solving skills are still immature, often resulting in acting-out or impulsive behaviors. Adolescents often experience anxiety and conflict between the family's values and beliefs and theirs. Parents also struggle with changes in role definition and seek to understand the appropriateness of their involvement and nurturance in the youth's life.

A healthy parent-child relationship involves trust, open and clear communication, healthy boundaries (eg, appropriate involvement) that foster a sense of separateness yet closeness, and necessary autonomy that facilitates healthy transition through adolescence [1,2]. An unhealthy or dysfunctional parent-child relationship often evolves from unresolved family and developmental issues that contribute to difficulty relinquishing control and impede independence and autonomy in the youth. Predictably, these factors increase tension and result in frequent arguments and alienation from the adolescent. Separation and autonomy issues are challenged further by other developmental psychosocial factors, such as peer pressure and academic performance.

Peer pressure to conform and the need for acceptance and belonging are strong influences in an adolescent's life. The teen often struggles with many concerns of conformity and acceptance, for instance, style of dress, types of music, drug and alcohol use, sexual activity, and social activities. Approximately half of all adolescents are at moderate-to-high risk of engaging in self-destructive behaviors, including unprotected sex, school absences or academic failure, substance abuse, and delinquent behavior [3,4]. Adolescents strive to conform to pressures from their peers and are sensitive to rejection or alienation, which may result in anxiety and

developmental crises. Failure to mobilize adaptive coping skills and manage psychosocial stressors places greater demands on the adolescent, resulting in a crisis [5–8].

It is important for the nurse to understand normal childhood and development issues that confront the adolescent and family. By recognizing normal developmental stressors in the youth and the family, the nurse is able to determine if the youth and family are using adaptive coping skills.

### **Family and adolescent crises**

Normally the nurse sees families in crises when their usual coping skills fail to manage stressful situations. A youth in crisis indicates that the family is in crisis. Understanding the human response to crisis requires clarifying its origin and the meaning to the family [9]. Vulnerable youth and their families often present with histories of situational crises that further threaten the integrity of their coping skills. The following situations are examples of situations that place tremendous demands on the adolescent and family.

#### *Depression and suicide*

Current epidemiologic studies report that 8% of adolescents in the United States have depression [10]. Research indicates that the onset of depression is occurring earlier in life today than in past decades [11]. It is estimated that more than 6% of adolescents have some type of depressive disorder in any given 6-month period [12,13]. Depression in children and adolescents is associated with an increased risk of suicidal behaviors. The risk may rise, especially among adolescent boys, if depression is accompanied by conduct disorder or alcohol or substance abuse [14,15]. Suicide ranks third among the causes of deaths in individuals age 15 to 24 [16]. The numbers may be higher because many suicides are masked as accidents.

Adolescents who attempt suicide experience normal changes and problems associated with this stage of development. These problems often are worsened by dysfunctional family systems [17] (eg, substance abuse, absent parent, ill parent, and domestic violence or child abuse). Dysfunctional families often manifest as unstable, chaotic, and often transient involving numerous relocations and subsequent school changes. Frequent moves may result in reduced relationship stability and inconsistent social support. Adolescents from chaotic families often feel alienated from their families, educators, and peers [34]. Unstable and chaotic families may result from parents who have serious mental illnesses or substance abuse problems and increase the risk of ineffective coping skills [15] (eg, suicide attempt). Because suicidal ideation generally precedes suicidal threats or acts, the nurse must assess the youth's risk of danger to self and others continuously.

Additional challenges facing the adolescent include substance abuse, sexual issues, and academic performance. The nurse is in a key position to identify at-risk youths and provide crisis intervention and other resources to promote health. Working with the suicidal youth requires an empathetic and nonjudgmental approach that enables the nurse to question the youth about recent crisis, present thoughts, means, and intent. Assessing the imminent risk of acting on suicidal ideations is imperative to management of these crisis situations. (See the article by Antai-Otong concerning suicide in this issue.)

### *Substance abuse*

In the subculture of adolescence, drugs commonly used come in and out of favor. Alcohol is usually one of the first mind-altering drugs used by adolescents because of ease of access. Factors such as rebelliousness, indifference to school, tolerance for social deviance, family disruption, and parental tolerance of drug and alcohol use have been identified as risk factors for the development of adolescent substance abuse [18]. Risk factors for initial street drug use include an inadequate social support system, lack of connection to family, positive attitudes about drug use, peer influences promoting use, preexisting mental disorders (attention-deficit/hyperactivity disorder, depression, anxiety), and the belief that there would be no consequences if caught.

Adolescent substance users deny the extent of their use and addiction similar to adult abusers. As a result of their abuses, they exhibit declines in school performance, superficial peer relations (often limited to peers who use or supply drugs), emotional instability, and impulsive behavior. The negative consequences of drug and alcohol abuse during adolescence are enormous. Accidents, violence (homicide and suicide), overdose, relationship difficulties, and reduced academic or occupational performance all are associated with alcohol and drug abuse [19]. They also may be involved in motor vehicle accidents or illegal activities, such as stealing, burglary, or drug dealing. Adolescent substance users frequently come to the attention of health care professionals after involvement in some type of accident. (See the article by Patrick on dual diagnosis.)

### *Sexuality and other sex-related crises*

Today's youth is faced with a bombardment of sexuality through the media, Internet, and peers. Sex-related crises often stem from a lack of knowledge, an overriding need to be liked and accepted by peers, the need to belong and be loved, and self-esteem issues. When working with an adolescent in crisis, the nurse needs to assess the adolescent's knowledge about sex-related issues, such as sexually transmitted diseases, birth control, and self-esteem. Parental involvement in sex education is crucial. The nurse

needs to be cognizant of state laws and regulations governing sex education. A lack of knowledge about contraceptives and fertility is likely to result in teenage pregnancy or transmission of potentially life-threatening sexually transmitted diseases.

### *Teenage pregnancy*

More than 1 million teenagers become pregnant each year, with nearly half resulting in live births [20]. Teenage pregnancies are associated with health and social problems. A pregnancy during adolescence often disrupts normal educational, vocational, and developmental experiences [21,22]. Children born to teenage mothers are at risk for physical, emotional, and financial problems [23]. Adolescent parents may feel overwhelmed and depressed because of the difficult choices of child rearing, adoption, or abortion.

Managing the crisis of teenage pregnancy often overwhelms the youth's coping skills and produces intense anxiety, feelings of inadequacy, and depression. This situation is due to the youth's lack of maturity, parenting, educational, occupational, financial, and housing resources. The impact is pervasive and likely to affect the physical, psychosocial, and cognitive development of the adolescent parents and infant.

Dealing with the crisis of teenage pregnancy is a family affair that pressures the family to change their living situation and cope with the birth of an additional child. Healthy families can rally around this crisis by mobilizing resources and addressing financial and child care issues. The stress of a teenage pregnancy is likely to be influenced by the social and cultural context in which it occurs.

It is crucial for nurses working with the issues of teenage pregnancy to be aware of their own values and beliefs about these issues. The patient and family often are experiencing high anxiety and fears, and they need empathy and assistance in dealing with intense feelings, rather than a judgmental or rejecting attitude from the nurse [24]. Being empathetic and understanding does not imply condoning the behaviors but a willingness to assist the youth and family in crisis.

### *Homosexuality*

The issue of sexual identity can create significant problems for an adolescent. Homosexuality is the persistent sexual and emotional attraction to members of one's own gender. Many gay and lesbian youth first become aware of and experience their sexuality during adolescence. Gay and lesbian adolescents share the same developmental tasks as their peers [25]. Revealing one's homosexuality to family members may lead to a crisis. The parents' response may be one of anger, shock, or rejection and may affect adolescent identity formation. A negative response inhibits the adolescent's ability to explore and understand what has occurred and explore the family's feelings, doubts and confusion.

Adolescents rarely voluntarily discuss their sexual feelings or experience in relation to a same-sex friend with an adult. Peers may ridicule the adolescent or fail to provide needed emotional support. Peers also may resort to cruel name calling and physical abuse. Adolescents can become socially isolated, making it difficult to work through their anxieties and fears. Rejection may lead to isolation, runaway behaviors, domestic violence, depression, suicide, substance abuse, or school failure [8]. For these reasons, nurses must assess these patients for suicide risk and provide emotional support to facilitate adaptive coping responses and crisis resolution.

### *Sexual offenses*

Some adolescents act out and use antisocial behaviors to counteract feelings of frustration, helplessness, anger, or neediness. They may act in an aggressive manner to conform to expectations of their peer group, which condones rape, sexual assault, or molestation [26]. Research shows that sexual offenders are more likely to have experienced sexual abuse [27,28]. Adolescents who rape may involve multiple and opportunistic offenders who come on their victims during the commission of another crime.

Rape is a violent crime involving forced sexual penetration against the victim's will. It is an act causing pain, fear, humiliation, anger, and profound feelings of hopelessness. Rape has been identified as the second most frequent violent crime committed in the 1990s [29]. The victims are exposed to physically and emotionally painful experiences permeated with fear of injury, fear of death, and a sense of powerlessness. They are haunted by the terror, pain, sights, and sounds associated with the attack [30]. The immediate and long-term effects are characteristic of the posttrauma response. The intensity, pervasiveness, and persistence of posttrauma symptoms can be complicated by inadequacy of social support, lack of knowledge regarding the importance of reporting a crime, or an inability to articulate the event [23].

Nursing implications for working with the adolescent rape survivor and perpetrators of sexual offenses involve a comprehensive psychosocial assessment that includes questions about sexual violence, arrests, and acute stress-related symptoms in the survivor. In the event of a recent rape, it is imperative for the nurse to provide immediate emotional support and convey belief that the patient was raped [31]. Recovery begins with the initial contact with the nurse or crisis hotline counselor. Crisis intervention is crucial to healthy or adaptive resolution of the overall effects of sexual assault.

### *School performance problems*

School performance issues can be categorized into the areas of attendance, disruption, or achievement. School attendance problems tend to

begin in childhood and may worsen in adolescence. Social phobia, difficulty separating from home and family, or a humiliating or frightening incident at school can be an underlying trigger [32,33].

Absenteeism, tardiness, and classroom disruptions are problems associated with adolescents' rebellious behavior patterns. Adolescents sometimes have a lack of interest in the learning process and use their energy to cope with distressful emotions and feelings. Often the adolescents may have low self-esteem, difficulty in forming relationships, or an undiagnosed learning disability that interferes with academic performance. Truants tend to be troublesome and disruptive to teachers and peers. They tend to be aggressive and are bullies that engage in other antisocial behaviors. These maladaptive behaviors often mask low self-esteem and feelings of inadequacy. As a result of these disruptive behaviors, the youth is at high risk of joining gangs involved in similar behaviors in the community.

## **Family and adolescent treatment issues**

### *Assessment*

The nurse's role is to focus on the immediate problem and assist the adolescent and family to maintain a focus on the here and now. Crisis intervention is brief and solution focused and does not allow time for delving into history in depth. Three balancing factors are important in the development and resolution of the crisis. The nurse's questions need to focus assessment and data collection along the following categories.

### *Perception of the problem*

Data regarding perception of the problem should include the following:

- Each person's individual perception of the problem and its impact on family and individual functioning.
- Identification of the precipitant by the various individuals and what it will take to resolve the crisis and return the adolescent and family to their precrisis level of functioning; this assists in the establishment of outcomes.
- Safety and risk assessment data; these data should focus on the current risk for harm to self or others. The ability of the family to monitor and maintain safety, especially in the case of suicide attempts, significant substance abuse, and aggressive or violent behavior, should be assessed. This is the most important part of the assessment. Questions must be direct and specific, identifying if there was a specific suicidal or homicidal gesture, intent, or plan. The nurse must assess the seriousness of the threat. If the threat is not imminent, crisis intervention can begin. If the intent is imminent, carefully planned and specific referral for psychiatric evaluation is required.

### *Adolescent*

Data collected about the adolescent should include behavioral and emotional manifestations of the problem and onset; feelings and emotions, communicated or masked by the adolescent's behavior; and previous experiences with similar crises and the skills used to cope with or resolve these.

### *Family*

Family assessment data should include the following:

- Current family structure (nuclear and extended)—who lives with whom? Are extended family members living in the community or available to help?
- Communication patterns—who talks to whom? Whom does the family trust with confidential information?
- Past and current parent-child relationships
- Strength of the marital relationship
- Availability of financial, social, and community resources

### *Coping skills and strengths*

Coping skills and strengths refer to an individual's way of acting to solve problems. It is important to determine how a person or family has acted previously to manage a problem. All that may be necessary to achieve successful resolution of the current crisis is modification of previously used strategies. The nurse should focus questions on gaining the following information about the adolescent and family:

- Previous experience with crises along with successful resolution.
- Strength and stability of the marital relationship.
- The parents' experience during adolescence—were there similar problems experienced? What was their experience with the separation individuation process?
- The parents' understanding of normal adolescent development.
- Behavior or skills used previously to manage or address successfully conflict, increased tension or anxiety, or change.

### *Situational supports*

Humans are social and dependant on others for social interaction and emotional support. Situational supports are the important people in the adolescent and family's environment available to help them manage the crisis. Questions should focus on collection of information about current and past sources of support, such as:

- Who lives in the household?
- What is the availability and accessibility of extended family?
- What is the availability of and relationships with friends?

- Which individuals are trusted or whom have family members (individually or collectively) confided in?
- What is each member’s involvement in community or religious activities?
- Are finances adequate to meet the family’s needs, or are there financial problems?
- Are housing and transportation adequate to meet the basic needs of family members?
- Who in the family works at an occupation? Are work shifts predictable and compatible with the family needs? Is the current crisis disrupting work and productivity?

Assessing the available support system guides the nurse in determining who to include in intervention sessions. Absence of or limited access to family and friends may indicate a need to involve the adolescent or family in group therapy so that support from other group members can be elicited. When the assessment process has been completed, the planning phase can be initiated (Fig. 1).

**Outcome identification and planning**

During the planning phase, assessment data are analyzed, and specific problem-solving interventions are explored. The nurse decides which supports (situational, community, environmental) are available to use and what

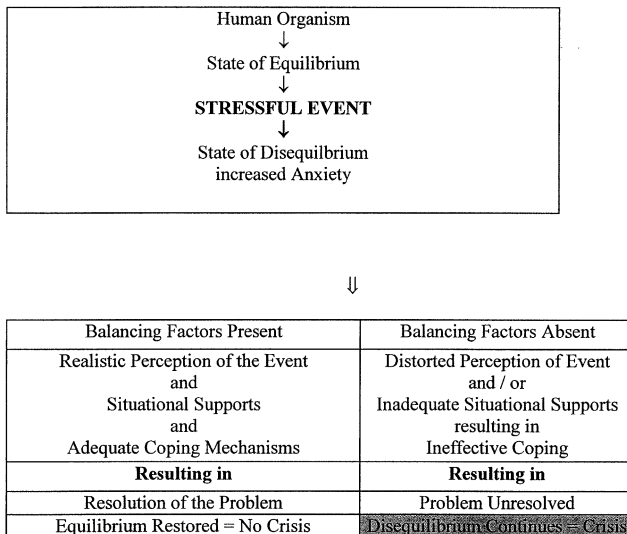


Fig. 1. Model of crisis development or resolution.

coping skills need to be strengthened or developed. Planning of interventions should focus on *tension reduction* and what can be done to decrease the intensity of anxiety until the patient and family can be referred to appropriate mental health services.

The nurse collaborates with the adolescent and family and defines the problem from the information given and reflects it back to the patient and family. This approach clarifies the problem and encourages everyone to focus on the immediate situation. When this is accomplished, the nurse proposes possible alternate solutions to reduce the distressing symptoms. The nurse, the adolescent, and the family agree on and establish goals of intervention.

### *Intervention*

Patient-centered interventions may be as simple as helping the patient gain an intellectual understanding of the problem or helping the patient to explore and ventilate his or her feelings. Other interventions may be helping the youth and family to test new coping mechanisms or identify and use other people as situational support. Exploration of coping mechanisms helps the patient look at alternative methods of coping. Sometimes behaviors used in the past to reduce tension have not been tried and can be explored for use in the current situation. Otherwise new coping mechanisms are examined, and the person chooses an original method he or she has never tried.

### *Evaluation*

The nurse works with the youth and family to identify the new problem-solving skills acquired and how these may be used in the future. The nurse reinforces adaptive coping mechanisms that the patient has used successfully to reduce tension and anxiety and provides feedback concerning goal attainment as evidenced by improvements in coping skills and positive changes, summarizing these to assist the patient in viewing the progress he or she has made. The nurse assists the patient in realistic planning for the future and discusses strategies used in the present crisis that may be helpful in coping with future problems. Evaluation also provides the opportunity to identify emerging new or unmet needs, test the individual and family's ability to meet these needs, and consolidate learning that occurred during crisis intervention.

Normally, crises resolve within 6 to 8 weeks of crisis intervention. Some improvement continues over time because integration of new skills requires using them in the real world over time. It is important for the nurse to remain accessible to the adolescent and family for consultation. Adolescents and their families who continue with ineffective coping, lack of improvement in functioning, or long-term mental health needs often require longer treatment involving referrals to appropriate community resources or agencies for continued treatment.

## Summary

Nurses are likely to see adolescents and their families in a variety of practice settings. Recognizing the youth and family at risk is significant in helping them resolve a stressful situation by mobilizing resources and strengthening coping and problem-solving skills. This article has focused on several areas, including suicide and depression, sex-related issues, substance abuse, and poor academic performance. Helping the youth and family in crisis challenges the nurse to use astute assessment skills that support a patient-centered crisis intervention model. During a time when cost-effective mental health care is a necessity, this model offers nurses an opportunity to provide quality health care.

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