Understanding Crisis and Intervention from Two Different Perspectives: Students & Counselling Teachers

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Abstract

Crisis causes imbalance and disruptions if coping skills are not properly applied. This present study aims to identify the types, causes, and effects of crisis intervention and to explore the meaning of effective crisis intervention from the perspectives of students and Counselling teachers. 12 Counselling teachers and 49 form four students were selected through purposive sampling from schools in the northern zone of Peninsular Malaysia. Data was collected through semi-structured interviews and analysed using thematic analysis. Results found that students experienced situational crisis and developmental crisis. Counselling teachers reported that effective crisis intervention should include rapport building, good teacher-student relationships and use of directive approaches such as Cognitive Behavior Therapy and Rational Emotive-Behavioral therapy. Students attempt to navigate thorough crisis by sharing problems with friends, applying spiritual deeds and listening to music to eliminate negative thoughts and feelings. The findings of this study contribute to the knowledge relevant to individuals experiencing crisis and those managing crises.

Keywords: *Counselling Teachers, Crisis, Intervention, Students*

Introduction

A crisis occurs when a person faces major obstacles that cannot be overcome in normal ways causing the individual to be controlled by this situation. Unfortunately, many people would have experienced a crisis at some point of their life, given the emergence of recurrent crises such as the coronavirus disease, natural disasters; flood, earthquake, landslides, and haze. As a result, people seem to be living under constant threats and worries of the possible emergence of emergencies and crises, that could change the course of their lives significantly (Silva, Siegmund, & Bredemeier, 2015; Bricka, He & Schroeder, 2022).

Several definitions of crisis were identified, yet, it contained similar elements. Parad and Parad (2005) stated that crisis that happened in one's life could lead to either good or bad outcomes or cause a disruption of individual functional patterns. James and Gilliland (2001) defined crisis as a perception or experience of a difficult situation that an individual is unable to overcome using their

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normal coping mechanism. In short, a crisis happens when previously known coping skills are no longer effective in the current situation, which leaves the person to be stuck in the situation. Fortunately, this is not the end of a crisis situation.

As briefly mentioned, crisis can cover a wide range of events, from health issues to natural disasters and normal developmental issues. Hoffman and Weiss (1986) divided crisis into several categories namely, situational crises, developmental crises and crises reflecting pathology. Dykeman (2005) defined situational crises as an unexpected event that could negatively affect one's emotional well-being (Hoffman & Weiss, 1986). Situational crises are often unexpected and can be caused by unanticipated events such as sudden deaths and losses, illnesses and being displaced. Developmental crisis can be defined as difficulties in resolving the normal developmental tasks that comes with growing up, such as puberty, getting married, leaving home, having children and retirement. These events are part and parcel of life and can only be transitioned through as the individual learns to cope with the situation (Cupit, 2017).

One of the most crucial years of a person's life are the adolescence years. These years are really when their identity is formed and shaped, and a lot of life's experiences in these years play an important role. In recent years, reports about decline in mental health and mental health crisis among adolescents has soared (Abrams, 2023; Cleveland Clinic, 2022).

Some causes of this drastic decline include societal and familial pressures, perception or reality of unsupportive parents, poor self-care habits, in addition to global issues such as the COVID-19 pandemic (Abrams, 2023; Cleveland Clinic, 2022). These stressors can seem to affect adolescents greater as parts of their brains are still developing, which can lead to over-stimulation and the inability to manage this over-stimulation well. One example includes the ability to manage and regulate the emotions they feel. As a result, what could be seemingly small struggles to an adult could seem like a catastrophic incident to adolescents.

If these issues are not dealt with graciously, the struggles can be carried on even to the adulthood phase. This has been noticeable even prior to the pandemic. Arnett (2011) claimed that young adults aged 18-24 years old in developed countries were experiencing identity crises as indicated by the choice to delay getting married and the choice to extend their education. Thus, such young adults may create a "hybrid identity" in which their desire for independence is balanced by a keen sense of familial responsibilities (Cupit & Servaty-Seib, 2013).

Another study by El-Azis and Rahayu (2017) reported that adolescents experienced an identity crisis during the transition period from childhood to adulthood. The study which included 228 first year students of Pondok Pesantren school found that the stress caused by family, peers and adjustment in the boarding school, as the main trigger which in turn led to the crisis. In fact, according to Yudia (2014) adolescents in the transition period would often have to decide on various matters such as future plans and are still understanding their self and their personality that consequently could cause crisis as well. This is because they are still in the phase of understanding

themselves, their interests and dislikes, elements crucial to making plans about their career and such. Making decision about future plans before having a clear picture about this can be confusing for adolescents. Thus, it can be seen that the effects of the crises are manifested cognitively, emotionally, behaviorally and physiological.

According to Bilsky, Friedman, Karlovich, Smith and Feldner (2020), physiological effects of crisis such as sleep deprivation are common among adolescents between the ages of 12 and 16 years old. They also show symptoms that associated with elevated anxiety, familial conflict and difficulties managing affect. Mohammad Jodi, Che Hussain, and Hj. Mat (2019) recognized that in times of crisis, individuals may feel restlessness, sleep disturbances, and feelings of anxiety that will affect their psychological well-being and cause abnormal behaviors. Tefera, Shah and Hsu (2006, as cited in Tseng & Verklan, 2008) agreed that the common symptoms for the individuals in crisis are anxiety, headache, and shortness of breath, especially when they face threatening situations. Other effects of crisis include decline in mental health, as evidenced by disorders such as depression, anxiety and suicide. The U.S. Department of Health and Human Services (2019) stated that the intensity, tolerance and how one perceives a crisis differ from one another as their coping mechanism, altruism, stigmatization and thoughts are different.

While current statistics of crisis prevalence among adolescents are incomprehensive, data pointing to the effects of crisis are available and alarming. According to World Health Organisation (2021), one in seven adolescents, or 14% of them have experienced some mental health conditions. Some determinants of these statistics include exposure to adversity, peer pressure, media influence and gender norms (World Health Organisation, 2021). Any of these determinants are a possibility of being classified as a crisis, given that crisis is defined by a situation in which previously known coping mechanisms are no longer functioning. Thus, any of these events could turn into a crisis for the adolescent if their coping mechanisms used do not help them.

Given that a crisis places individual in a lot of uncertainty, individuals that are frequently in a crisis state may have trouble maintaining a meaningful purpose in life that involves their relationships with others (Wollman, 1993; Flannery 2012; Bundy, Pfarrer, Short & Coombs, 2017). This could significantly affect their quality of life. Fortunately, individuals in crisis can be helped through a method called crisis intervention. The most widely used intervention when handling face-to-face and as well as tele-health crisis situation is the evidence-based approach, Cognitive Behavioural Therapy (CBT) which focuses on treatment of the trauma and preventing any long-term adverse effects (Halder & Mahato, 2019; Benhamou & Piedra, 2020; Holland et al., 2021; Kulikov et al., 2023).

Dattilio and Freeman (2004, as cited in Silva, Amaral, Sigmeund & Bredemeir, 2015) suggested that five stages can be implemented in assessing an individual's situations: (1) development and establishment of good rapport, (2) assessing the situation's severity, (3) assisting and analysing one's strength and resources, (4) planning a positive action collaboratively, and (5) evaluating novel

behaviours and thoughts. These stages alone are not the sole determinants of an effective crisis intervention. The role and traits of the counsellor also plays a very significant role, with research showing that counsellors who portray a mature personality, balanced mental reflection, calm, creative and flexible have more promising outcomes from the crisis intervention (Rahayu, 2017). A study by Mohd Haridi, Mohd Saleh and Mohammad Jodi (2019) found that spiritual practices and activities can also be used as a coping mechanism in molding adolescents' identity, particularly those in crisis.

According to Komay (2022), irrational thoughts are patterns of thinking which are not grounded in reality that is both a nuisance and also a source of disheartenment that could potentially be harmful to an individual. These thoughts are also known as cognitive distortions and can pose as a threat to mental wellbeing if it involves suicidal thoughts, persistent thoughts of the death of others, financial concerns, and fear of being unloved and alone. Study conducted by Lew et al. (2022) found out that between the years 2000 and 2019, Malaysia's lowest and highest suicide rates were 4.9% and 6.1% per 100 000 population respectively, with an estimation of 5 deaths by suicide per day. The finding is in line with a study conducted by Jager-Hyman et al., (2014) that claimed suicidal individuals exhibited higher degrees of despair, irrational beliefs, perfectionism and problem-solving deficiencies. Stellrecht et al., (2005) suggested that counsellor request clients to share suicidal plans with their loved ones who can provide support, remove any objects that can be used in a suicide attempt, or teaching the cognitive coping exercises if the suicidal urges intensify.

The Cognitive Behavioural model highlights how dysfunctional thinking could give an impact on one's emotional state (Hofman, Asnaani, Vonk, Sawyer & Fang, 2012). A recent study done identified that the use of Cognitive Behavioural Therapy as an intervention tool improved the patient's quality of life as evidenced by reduced depression, improving self-esteem and psychological well-being (Agbor, 2022). One way this can be done, as suggested by Selvapandiyan (2022) is by helping the individual who is in crisis to create an adaptive cognition or providing an alternative perspective as one of the techniques to control the dysfunctional cognitions in crises particularly those who were affected by COVID-19. The suggestions are as follows:

Dysfunctional cognition	"It's horrible that I face a threat like this, I can't bear this situation"	"I should always be free."
Adaptive cognition	"Fearing what I should fear keeps me safe." "The threat isn't just for me; it's for humanity."	"My freedom shouldn't cost others' lives."

A study conducted by Weinrach et. al (2006) proved that implementing the ABC model in Rational Emotive Behavioural Theory to themselves had helped them reduce anxiety, tolerating frustration and regret, and accepting other unconditionally. This framework identifies the activating event or the trigger of the issue, the irrational beliefs or thoughts and the consequences of these irrational thoughts. Often, a person in crisis could catastrophize the situation, leaving little to no room for

hope, which is an important element in overcoming a crisis (Frumkin, 2022). Thus, identifying the activating event could help reduce the irrational thoughts and give more room for hope and overcoming the crisis.

Another model that could be used to handle crisis interventions is the Dialectical Behavioural Therapy (DBT) derived from the Cognitive Behaviour model. In DBT, it is recognised that the person in crisis is in distress, and moving forward is challenging as it requires more change, which comes with risks. This framework combats this by first validating the magnitude of the problem and then promoting recognition and acceptance of personal limits. This takes off the burden that the individual has to make the perfect decision and encourages the person to adapt the understanding that they are already doing the very best they can which could encourage them to move forward in improving their current state. This framework promotes growth by empowering individuals with helpful skills. Among the most used skills for crisis intervention in DBT are mindfulness, emotion regulation, distress tolerance, interpersonal effective and walking the middle path (Shea, 2021).

To summarise, crisis is something that is closer to home than many people realise, and the effects of any crisis is just as devastating. Prior to this, many interventions look towards altering the cognition of people affected by crisis, as a form of crisis intervention. Therefore, irrational or dysfunctional thoughts first need to be disputed before behavioral changes can take place.

Given how fast-paced the adolescent and studying life can be for the individual, considering their developing brain, crisis interventions are important as it can reduce the intensity of the students emotional, mental, physical and behavioral reactions to a crisis, and thus, return to a normal level of functioning through the use of coping skills (Channel Islands, n.d.)

Limited studies on crisis intervention by school counselling teachers were identified. The several recent ones concluded that crisis intervention in school is still at a very early stage, and would need much more progress to be able to provide effective intervention to students who face crisis (Sokol et al., 2021). Considering that the awareness and need of crisis intervention for adolescence is in its early days, much more needs to be done to be able to equip counselling teachers for crisis intervention.

The research objectives of this study were to:

1. identify the types, causes, and effects of crisis from the different perspectives of students and the Counselling teachers.

2. explore the meaning of effective crisis intervention from the different perspectives of students and the Counselling teachers.

Methodology

This study used a survey research design with a semi-structured interview method. All respondents

were interviewed at the chosen schools suggested by State Education Department (JPN). For this purpose, applications and approvals were obtained from the Educational Planning and Policy Research Division at the Ministry of Education Malaysia and the State Education Department (JPN) before this study was conducted at schools in the northern part of Peninsular Malaysia.

Two categories respondents involved. The respondents involved were helpers who are Counselling teachers and 16 years old secondary school students. All respondents are from four states, Kedah, Perlis, Penang and Perak. Selection of the students of crisis was done by the Counselling teachers based on the criteria that they have been or are experiencing a crisis. The Counselling teachers involved were randomly selected based on their experiences managing issues of crisis at school. All of Counselling teachers have three and more years of experience at the respected schools. A total of 12 Counseling teachers which 3 male teachers and 9 female teachers were involved in this study. A total of 49 students (13 male students and 36 female students) were selected by their respective Counselling teachers. All respondent were voluntary and gave informed consent to participate. For the students, their parents also have been informed of the participation. The following is a list of teachers and students by school and state involved:

Table 1. List of respondents based on the respected schools and states

STATE	SCHOOL	NO. OF GBK		NO. OF STUDENTS	
		M	F	M	F
PERLIS	SMK A		2	1	5
	SMK B	1	1	2	4
KEDAH	SMK A		1	3	3
	SMK B		1		6
PULAU PINANG	SMK A	1	1	2	4
	SMK B		2	1	6
PERAK	SMK A	1		4	2
	SMK B		1		6
TOTAL		3	9	13	36

The findings were obtained through a semi-structured interview. Researchers has a specific set of questions to ask and each interview is audio recorded which allows a verbatim of the session to be provided. The interview questions were divided into two categories: (1) from the perspective of Counselling teachers and (2) from the perspective of students who are experiencing crisis. To obtain reliability and validity, the researcher used four experts in the field to assess the constructed interview questions. The interview questions were modified based on the recommendations of the expert panels. The following table shows the questions constructed based on the objectives of the study:

Table 2. Interview questions from the perspective of Counselling teachers

NO.	OBJECTIVE	QUESTION
1.	To identify the types of crises faced by students.	i. What is the common type of crisis that students experienced based on the counselling record? ii. Give examples of crisis cases handled by the Counselling teachers.
2.	To identify the causes of the crises faced by students.	What is the cause for the crisis that students experienced based on the counselling record?
3.	To identify the effects of crisis on students' thoughts, emotions, behaviour and physiology.	i. What are the effects faced by students when they are in a crisis? ii. What are the symptoms faced by the students when they are in a crisis? (Based on the Counselling teachers observations throughout the time when managing the crisis cases)
4.	To explore effective crisis interventions in dealing with adolescent crisis.	i. Describe or explain the strategies and approaches used by the Counselling teachers in dealing with students crisis? ii. Is the approach used by the Counselling teachers effective in helping students in crisis?

Table 3. Interview questions from the perspective of students

The interview questions for students are in the following table:

NO.	OBJECTIVE	QUESTION
1.	To identify the types of crises faced by students.	What is the common type of crisis do adolescent experienced?
2.	To identify the causes of the crises faced by students.	What is the cause for the crisis that adolescent experienced?

3.	To identify the effects of crisis on students' thoughts, emotions, behaviour and physiology.	i. What are the symptoms faced by the students when they experienced a crisis in their lives?
		ii. What are the effects faced by the students when they experienced a crisis in their lives (thoughts, emotions, behaviour and physiology)
4.	To explore effective crisis interventions in dealing with students crisis.	i. Who are the individuals that help students when they are in crisis?
		ii. How do students overcome the crisis that they experienced?

To analyse the qualitative data obtained from the semi-structured interviews, thematic analysis was implemented. The analyzed data were then categorised into several categories based on the research objectives. The analyzing process focus on reading the data, examining the data in depth, categorizing and coding and coding into themes (Mills & Gay, 2019)

Results

In relation to the objectives of this study, the types, causes, effects of crisis and crisis intervention from the perspective of Counselling teachers and students who are the victim of crisis are as follows:

Types of crisis

The common types of crises faced by students are situational crises and developmental crises. Situational crises such as family issues (parents arguing, divorce, and financial problems) have led students to neglect their studies which has shown to create disciplinary problems at the school. As for developmental crises, most students have an issue with their career pathway. The counselling record also highlighted the difficulty to understand teaching and learning at home during the extended restricted movement orders which made students to lose their motivation to study and skip classes.

Data collected from students' perspectives are concurrent with a research study, which shows that situational and developmental crisis are common among students (Robinson, Cimporescu & Thompson, 2021). The students of the present study explained that their struggles with learning at schools were related to time management, as they had to learn to juggle between responsibilities as a student and a child. Things were more challenging when they were not on good terms with their

friends and teachers as well as the uncertainty about the future career pathway given that they are final year high school students, creating a crisis scenario.

Other similarities found between findings from Counselling teachers and students were situational and developmental crisis faced. This include career dilemma, familial financial issues, and the exhaustion of having to attend online classes that had caused them to lose their motivation. In contrast, students reported that one of the common types of crises was the relationships with friends and teachers (i.e., teachers' biasedness, frustrations from failed relationship). However, they did not disclose it to their parents as they felt that parents would not understand them as well as their peers.

Causes of Crisis

Based on the semi-structured interview with the Counselling teachers, the study found that the crises happened because of the following internal and external factors as below:

1. Students' tendency to blame themselves for the crisis happened.

2. Used avoidance coping mechanism. Students keep problems to themselves instead of sharing with adults as they think the adults cannot comprehend and understand their emotions and feelings like their friends can.

3. Students have no clear long-term goals about their future. Issues in academic and career path.

4. Have low self-esteem as they often make comparison of themselves with other peers.

According to the students' perspectives, the crisis occurred based on the following factors:

1. Working parents have forced students to shoulder the responsibility in managing house chores while they are already overloaded with school assignments.

2. Unstable internet connection makes it even more difficult for students to inquire about things that they do not understand during home-based teaching and learning.

3. Students' inclination of keeping things to themselves and prefer to be alone.

4. Feelings of doubt and lack of confidence in one's abilities.

5. Poor family living conditions (low support from family).

To conclude, most of the Counselling teachers stated that crises happened due to the students' attitude in choosing to used avoidance coping mechanism. They tend to keep things to themselves and only disclose it if they had committed discipline issues.

On the other hand, students' stigma toward counselling and adults had hindered them from opening up to the teachers, parents or adults. Similarly, both the Counselling teachers and students agreed that having indicator prone to crisis such as low self-esteem, poor relationship and low

support from family had contributed to experiences of crises

Effects of Crisis

Based on the counselling records, Counselling teachers reported that the effects of the crises faced by students are as follows:

1. Feelings of hatred towards family members and choosing to trust friends and share everything with them instead.

2. Students experience sudden outbursts of aggression and tears, talking to themselves, feeling depressed and avoid talking to others.

Meanwhile, based on the students' perspectives, the effects they are experiencing can be categorised into four aspects, which are cognitive, emotional, behavioural and physiological aspects, as follows:

1. Mentally and physically tired, emotionally unstable, aggressive, demotivated and cries easily.

2. Overthinking, dizziness, stressed, depressed, having trouble sleeping, absenteeism, and laziness.

3. Trembling hands, appetite loss, and spending most of the time sleeping.

4. The act to withdraw from the crowds and preferring to be alone.

To conclude, the Counselling teachers and students reported that most individuals who are in crisis tend to exhibit symptoms at the school such as withdrawal from friends or class activities and not talking to others as much as they did before

The findings also revealed that the common effects of crisis included the inability to control one's emotions as evidenced by aggression and sensitivity over small matters. Moreover, most of the students in crisis reported to have difficulty sleeping, which was one of the main reasons for their absenteeism in classes, as reported by their teachers.

Effective Crisis Intervention

In identifying the effective and suitable crisis interventions in managing students crises, the Counselling teachers stated the following:

1. Building rapport and maintaining good relationships with teachers and students are important. It helps to build trust and overcome the stigma that the students have in counsellors and adults.

2. The Rational Emotive Behavior Therapy and Cognitive Behavioral Therapy in identifying irrational thoughts and cognitive distortions in most of the crises. For the developmental crises (career issues) that cause students to become unsure of their career pathway, the teachers will administer career inventories and relate them to the client's background.

The Students stated the following as the ways of overcoming or intervening crisis:

1. Self-empowerment.

2. Express their emotions and feelings to their friends and trusted people.

3. Support from the family members.

4. NGO helplines.

5. Motivational videos on social media (YouTube, TikTok, Instagram).

6. Playing sports.

7. Spiritual approach.

8. Listening to music to calm oneself.

Ultimately, the Counselling teachers reported that due to the stigmatisation of counselling, they have to ensure good rapport is built with students prior to implementing any techniques. This is because some students could be reluctant to open up even in the midst of crisis. Counselling teachers reported that the use of Person-Centered Therapy, one of the common models applied, helps students open up as it portrays values of unconditional positive regard, genuineness, and empathic understanding. Besides that, the cognitive triad and ABC model in the CBT and REBT theory respectively play a significant role in identifying the negative thought among the students.

The Counselling teachers also reported that the techniques applied depended on the types of crises faced by their students. In contrast, students reported that they would talk to their peers or colleagues, and use self-healing methods such as listening to music, watching motivational videos, longer sleep as coping mechanisms

Spiritual deeds such as praying five times per day, reading holy Quran and practicing *zikr* were also a few approaches mentioned by the students

Discussion

The study has identified the situational and developmental crises as crisis that are often experienced by students in the transition period from childhood into adulthood. The finding is in line with a study conducted by Dykerman (2005) that stated emotional well-being of an adolescent student often could lead to psychological distress. This is found to be true for both genders (Matud et al., 2023). In addition, Yudia (2014) agreed that students would experience the transition phase to be challenging and overwhelming as it involves uncertainty of the future. Given that the adolescence years are about transitions and preparations into adulthood, this can be quite scary for the adolescent. They could perceive that they are capable and grown up, which leads them to take matters into their own hands, when the reality is that they may need some help along the way, and that it is okay. Matud et al. (2023) also found that self-esteem, social support and problem-centred coping are protective factors in adolescents, that could prevent them from experiencing the adverse effects of a crisis. Thus, having a good support system is crucial for adolescents facing a crisis. The support step provides an opportunity to assure student that counselling teachers cares about them.

The researcher also found that students, who were in the upper level or were yet to complete their senior year of school experienced a crisis with regards to career decision making. The current finding is similar to a study conducted by Orben, Tomova and Blakemore (2020) that stated adolescence is a time of social transition associated with an increased necessity for peer interaction and enhanced interest in social stimuli. In addition, situational crises, which include family issues such as parents arguing, divorce, financial problems, have led students to neglect their academic and thus creating disciplinary problems such as skipping classes. These delinquent behaviours could be seen as a distraction to career decision making but could also indicate a greater psychological need. As Matud et al. (2023) identified, social support is a crucial role for adolescents in crisis. Given that one's family is often the primary social support giver, recognizing that the family will not be able to provide this support could cause adolescents to spiral away. Thus, having family issues could hinder adolescents from making important decisions, probably because they feel inadept of doing it on their own.

The GBK teachers further added that as they were handling a few situations of crises, the ways in which students coped with the crises were also different; some were functioning normally while others did not as they withdrew from their friends and became aggressive. According to the U.S. Department of Health and Human Services (2019), the intensity, tolerance and how one perceives a crisis differ from one another as their coping mechanism, altruism, stigmatisation, and thoughts are different. Moreover, the finding is also supported by a recent research analysis encompassing over 50,000 young people that indicated social isolation and loneliness significantly boosted the risks of crises to have occurred among students (Loades et al., 2020).

The study also reveals the effects of crises faced by students are seen in the emotional and physiological aspects shown by aggression, overly sensitive to small matters and overthinking, which led them to have sleep disturbance. The findings are aligned with a study conducted by Li et al., (2021) that claimed three quarters of the participants aged 12 to 18 years old experienced worsening mental health with negative impacts reported from online learning, friendships and family relationships. In addition, the study also highlighted higher levels of sleep disturbance, psychological distress and anxiety, as also discovered in the current findings (Li et al., 2021). Ding and Yao (2020) also reported similar findings, in which students are in poor physical states because of self-doubt and fear of the outside world had a sleep disorder.

In fact, the current study showed that the students experienced restlessness due to repeated routines as imposed by movement restriction orders by the government, while anxiousness and worrisome also caused their hands to tremble even though nothing had happened. This behavioural effect is supported by the studies of Mohamad Jodi, Che Hussain, and Mat (2019) and Tefera et al. (2006, as cited in Tseng and Verklan, 2008) who explained that students who are often anxious and restless due to emotional stress tend to experience physical disorders, which in turn affect their mental state. Moreover, the current study also reported that some students tend to withdraw from friends and class activities, and that they are prone to be alone when they are experiencing a crisis.

This is aligned with the finding of a study by Nissen, Hojgaard and Thomsen (2020) which found a correlation between pandemic crisis and the intensification of anxiety and avoidance behaviour.

Next, the study also found that the human-centred counselling approach by Carl Rogers as the approach that most Counselling teachers apply when handling crisis issues faced by students. This is in line with Rogers' belief that individual can find alternatives and make constructive changes towards oneself and can be trusted (Corey, 2000). Rahayu (2017) stated that when the Guidance and Counselling teacher is matured, calm, creative and flexible in dealing with crisis situations, any crisis interventions could be effective. The study is also supported by Hill, Roth and Cooper (2014), as well as Roth and Piling (2008), who stated that humanistic counselling, which encourages clients to become aware of and accept their strengths and weaknesses, will influence inner changes and positive behaviour, as clients will have a better understanding of themselves or others, sense of responsibility for their actions, and perceive themselves as worthy. Accordingly, Rattanawijit and Jumnian (2017) agreed that it is easier for the counsellors to comprehend an issue from the clients' perspective if they practice congruence and share first-hand experiences with those they are working with. The approach used by the GBK teachers was explained by Roberts (2005) in his Seven-Stage Model that highlights the seven crucial stages an individual must go through before the crisis is resolved; (1) conducting a thorough assessment, (2) establishing rapport, (3) identifying major problems, (4) dealing with feelings and emotions, (5) generating and exploring alternatives, (6) implementing an action plan, and (7) follow-up. The description for each stage is as follows (Roberts & Ottens, 2005):

Stage	Description
1. Conduct a thorough assessment	Conduct a simple but thorough biopsychosocial assessment addressing environmental stressors and supports, medical needs, use of drugs and alcohol, internal and external coping strategies, mental state and suicide risk assessment.
2. Establish rapport	The presence of respect, acceptance, genuineness, and empathically engaging with the client facilitate in building the therapeutic relationship.
3. Identify major problems	Identify why the client is seeking help now. The counsellor and client should decide together which problem to prioritise first.
4. Deal with feelings and emotions	Provide a challenging response as in giving information, reframing and encouraging the client to consider other constructive alternatives so that the client could realign his / her maladaptive beliefs.
5. Generate and explore alternatives	Roberts and Ottens (2005) believe that the client would be open to considering alternatives in dealing with a crisis only after it has been correctly identified and explained with emotions expressed, listened to, and validated.
6. Implement an action plan	Incorporate alternatives into the treatment plan in order to restore the equilibrium of the client and the psychological balance.
7. Follow up	Assess progress and analyse the client's post-crisis state in term of

one's physical condition, insight on the precipitating event that has occurred before, overall functioning assessment or the need for referral.

The Counselling teachers also reported that students experiencing situational crises caused by low socioeconomic status (SES) households did not require them to implement any specific techniques as the students only wanted to be heard. Thus, the approach used was similar as to the model suggested by James (2008) in his crisis intervention model that was adapted from Gilliland (1982). Gilliland's Six-Step model was carried out within the assessment framework consisting of two activities; listening and acting with three steps per activity (James & Gilliland, 2016). The description for each stage is as follows:

Activity	Steps	Description
1. Listening:	1. Define the problem	Understand the problem from the client's point of view.
	2. Ensure safety	Assess the possibility of psychological and physical danger to the client or to others.
	3. Provide support	Give emotional, instrumental, and informational supports to the client.
Acting	4. Examine alternatives	Assess situational supports and coping mechanisms and assist the client in examining the positive and constructive thinking patterns.
	5. Develop plans	The plans should be realistic so that the client will feel empowered and is able to achieve the goal of this step, i.e. to restore control of the client's life.
	6. Obtain commitment	Allow the client to move towards achieving the equilibrium and return to its normal functioning level.

The finding also revealed identification of irrational thoughts using the CBT approach and ABC model in the REBT approach implemented by the GBK teachers particularly when dealing with students with familial conflicts and situational crises as what Silva et al. (2015) agreed that the evidence-based approach is the most widely intervention used when handling face-to-face and telehealth crisis situations (Halder & Mahato, 2019; Benhamou & Piedra, 2020; Holland et al., 2021; Agbor, 2022; Kulikov et al., 2023).

The Cognitive Behavioural theory introduced by Beck et al. (1979) illustrates how dysfunctional thinking can affect an individual's emotional state and that emotional distress can be reduced by learning to recognise and respond to dysfunctional thought patterns, and hence limiting disruptive behaviour. This finding is in line with a study by Selvapandiyan (2022) that suggested helping individuals in crisis to develop an adaptive cognition or offering an alternative perspective as ways to control dysfunctional cognitions. It is also reported that the implementation of the ABC model in the REBT theory had helped the participants in their study to reduce anxiety, to tolerate frustration and regret, and accept other unconditionally; given that the stressors (A) do not trigger

the consequences (C) but individual's belief (B) about A's and the difficulties that they face lead to C's (Bond & Dryden, 2005; Weinrach et al., 2006; Misdeni et al., 2019).

On the other hand, the finding has shown that most students are most likely to share problems with peers than adults or teachers (Shachter & Margolin, 2020). This could be because of teenagers fear that confiding in their parents may lead to criticism, disciplining and other uncomfortable effects, when all they probably were looking for at that moment was a listening ear (Benson, 2017; Knudsen, 20170. Among the other self-interventions that they used include the spiritual approach by drawing closer to God, and listening to soothing music. This finding is in line with a study conducted by Mohd Haridi, Mohd Saleh and Mohammad Jodi (2019) which stated that spiritual activities and practices form an important foundation that can be used as one of the coping mechanisms.

The experience of a crisis can be devastating yet life-transforming if handled well. Providing crisis intervention doesn't merely require going through a checklist of do's and don'ts but requires understanding from the part of the crisis helper. When providing crisis intervention to adolescents, it is crucial for counselling teachers and others involved to take multiple factors into consideration, including that adolescents are only in their developing years. As adults, counselling teachers should be the stable factor, and seek to understand the various responses that students could choose. Understanding students reactions to crisis and in a crisis could also help the counselling teachers provide effective intervention.

Conclusion

In conclusion, the findings from this study have shown that most students of crisis are more likely to find alternatives on their own rather than expressing their crisis because of a sense of distrust. As such, the process of building and establishing good rapport between the counselling teachers and students plays an important role in creating trust and ending their stigma against counselling. In this case, the appropriate intervention and the application of related techniques and theories depend on the type of crises experienced by students because effective interventions could help them to deal with the crises.

Next, the findings of this study are expected to raise awareness among school personnel about the importance of creating a safe school environment. In this case, the school can promote the concept of a safe school culture through various school programmes for students to participate in. In the context of a crisis, the school can use the findings of this study to re-evaluate the attention given to students in crisis and then aid them through appropriate interventions. In addition, the findings are expected to be useful in term of practicing guidance and counselling services, particularly in schools. The findings can assist the Counselling teachers in understanding the issues and types of crises that are often experienced by students to help them to become more confident and competent in assisting students experiencing crises.

However, as this study focuses on only secondary schools, the researcher suggests that future studies include public or private institutions of higher learning, international schools, or primary schools. In fact, to identify whether different interventions are needed for different target groups, the researcher also suggests that this study be replicated in various settings because students experiencing crisis are not only those in the school environment. In addition, the researcher also suggests that future studies compare the crisis experienced by students in various types of schools (e.g., boarding schools, sports schools and cluster schools) in different states to determine the 'trend' of crises that are often experienced by students based on the types of school. Hence, the interventions described in this study can serve as a reference for participants in future research works.

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The authors have no conflicts of interest to declare.

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