



# The Dominant's Handbook

## An Intimate Guide to BDSM Play

### Crisis Intervention Training

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#### Introduction:

In all forms of BDSM play, there is the possibility that a submissive will experience emotional trauma during the scene. When playing scenes that have psychological and/or psychosexual components, the possibility of triggering an emotional land mine increases.

With the potential for a crisis situation to occur during a BDSM play scene, it is important for Dungeon Monitors and individuals who play the role of a Dominant to learn how to deal with crisis situations effectively. By learning crisis intervention techniques, you will be prepared if a person in a play scene enters into a state of severe emotional trauma.

The best intervention strategy, of course, is to avoid situations and scenes that could trigger a crisis situation. Below I will cover some techniques on identifying and avoiding situations that could result in a crisis situation. But first, it is important to understand some of the dynamics of a psychological trigger.

First, triggers are usually invisible. A trigger can be set off completely by accident. A trigger can unleash acute psychological trauma. For example, a woman goes to a therapist for hypnotherapy. The therapist asks the woman to select an object in the room to focus her attention. The woman selects a wall plug and as she starts to enter into a hypnotic trance, she suddenly panics and enters into a crisis state. It turns out that the woman had been sexually abused and raped when she was young. She had repressed all knowledge of this experience. While she was being raped, she focused all her attention on a wall plug to block out the pain. During the hypnotherapy session, focusing all her attention on a wall plug triggered her memory of the repressed event.

When a Dominant is conducting a scene, it is important to understand that there can be invisible triggers that can set off a submissive, and it is through no fault of the Dominant or the submissive that these triggers are activated during a scene. If you as a Dominant happen to activate a trigger, this does not mean that you did anything wrong or bad. However, with crisis intervention training, you will learn how to deal with the situation effectively, and this is something that you can have control over.

The best strategy is to identify and avoid situations that have the potential to trigger a crisis situation. There are several ways to identify potential emotional hazards that could arise in a scene. The first strategy is to utilize the BDSM Interest Evaluation and/or review the submissive's areas of interests in specific BDSM activities that you are interested in incorporating into a scene. As you review the submissive's responses, watch their body language for signs of stress and/or tension. When you review BDSM interest areas that indicate signs of stress and/or tension in your submissive, ask them if this is an area that is a problem for them. You may want to mention your observations. For example, say to the submissive, "I notice that as we discuss spanking, you seem to tense up. Is there anything about receiving spankings that I should be aware of?"

If the submissive indicates that spankings have caused them some form of emotional trauma in the past, then you know that this is an area to avoid during a play scene, at least until the submissive has resolved their issues surrounding the activity through professional counseling and is cleared for such play by the counselor.

If you are at a play party with other people around, it is a good idea to go to a location where your conversation about these issues are kept private. Let the submissive know that this is a confidential conversation between the two of you.

The second strategy is to ask your submissive directly if they have ever experienced emotional trauma in their life as you negotiate a scene. Let them know that answering the question will not mean that you won't play with them, but their answer will give you safe guidelines in how you play and safe guidelines in what activities will take place in a scene. When I am a Domme, I like to stress that both physical safety and emotional safety are highly important during a scene.

Depending on how the submissive answers the question of past trauma, you may suggest that they seek professional counseling to help them resolve the issues, especially if this is having a negative impact on the submissive's current life experience.

By utilizing these two strategies, many potential crisis situations can be avoided during BDSM play scenes.

This training is not intended to provide you with psychological training, but rather provide you with some basic tools and techniques to use in the event a submissive enters into a crisis state and/or becomes emotionally unstable. With these tools, you can deescalate the crisis and assist the person in crisis to regain equilibrium.

As a Domme, it is a good idea to identify professional mental health workers who are friendly and knowledgeable about BDSM issues. While you may never need to use this information, it is good to have it on hand if a situation ever does come up.

In many GLBT Communities, there are mental health care professionals who are aware of GLBT issues, but they may not necessarily be aware of BDSM issues, so do not make assumptions. Check with mental health professionals directly to determine if they

are knowledgeable about BDSM issues. If they are not, ask them if they know of other mental health care providers who are.

Unfortunately mental health workers who are not knowledgeable about BDSM can inadvertently do more harm than good simply because they do not have an understanding about BDSM. Many mental health practitioners believe the same myths about BDSM as the general population.

## Identifying Crisis and the Need for Crisis Intervention

What is a crisis? A crisis is an acute emotional upset resulting in a temporary inability to cope by means of one's usual means of problem solving abilities. (Paraphrased from Hoff, 1989, p. 4)

To identify a crisis situation, basically two elements are present when a person is in crisis. (1) They are actively experiencing acute emotional duress which (2) results in a temporary inability to utilize their usual coping skills.

Just because someone is in a state of acute emotional duress does not mean that there is a crisis situation. The person may be able to cope with the emotional duress. In such a case, there is no need for crisis intervention. There may still be good cause to stop the scene, and stopping the scene may keep the situation from escalating into a crisis, but the incident has not become a crisis and no crisis intervention is necessary in such a case.

If the submissive is experiencing acute emotional duress, stop the scene and ask them if they would like to talk about what is going on. As they discuss the situation, practice active listening skills with the submissive. Provide feedback, paraphrasing what they have told you with empathy. Ask them, "In the past when you encountered similar situations, what did you do to cope with the situation?" Through active listening and providing direction to utilize their coping skills, the submissive should be able to work through the emotional trauma.

If the person is actively experiencing acute emotional duress and they are temporarily not able to use their usual coping skills, and thus are not able to function temporarily, then they are in a state of crises. If the person is in a state of crisis, then crisis intervention is required. This is a judgment call and it is the Domme's or Dungeon Master's responsibility to make this judgment call.

There are several signs to tell if a person has indeed temporarily lost their ability to use their normal coping skills. These may include one or more of the following:

- They exhibit a sense of helplessness and seem unable to take an action of any kind.
- They may exhibit a sense of confusion and seem unable to make even a simple decision, much less a complex decision.

- They may appear to be in a state of shock.
- They may appear to be disoriented.
- They may be exhibiting a sense of disbelief.
- They may be experiencing intense emotions and seem on the edge of an emotional breakdown.
- They may be exhibiting an unexplained change in behavior. For example, if a person is usually reserved and then suddenly starts engaging in risk taking behaviors, this may indicate that they are experiencing a crisis.

## Myths about Crisis

Before I cover crisis intervention techniques, I would like to go over some myths about crisis and crisis intervention.

Myth: A person who is in a state of crisis has a mental health problem.\*

Fact: Many people who experience a crisis do not have mental health problems and have no history of mental illness.

Myth: A person who experiences a crisis will need professional mental health services.\*

Fact: Many people who experience a crisis will return to normal functioning once they resolve the issues that precipitated the crisis without the need for professional intervention. Sometimes professional mental health services are required, but the need for mental health services should be based on other factors rather than being based solely on the situation of experiencing a crisis.

Myth: Only a professional mental health worker (for example a psychologist, psychiatrist, or social worker) is qualified to provide crisis intervention.\*

Fact: Many lay people deal well with crisis situations and are able to provide crisis intervention techniques effectively.

Myth: People in crisis cannot help themselves, cannot make rational decisions, and require someone else to take care of them.\*

Fact: A person in crisis is not able to use their normal coping skills on a temporary basis. They are able to help themselves when given the tools, they can think rationally, and they can take care of themselves. We all have a natural set of defenses that will eventually kick in after the shock of the crisis alleviates.

Myth: The goal of crisis intervention is to fix the person in crisis.

Fact: The goal of crisis intervention is to assist the person in crisis through the process of reaching equilibrium – returning the person back to their normal state of functioning. Sometimes through crisis intervention, the person experiencing the crisis may learn and

adopt better skills and coping mechanisms, but this is a side benefit that may or may not occur.

It is important to involve the person in the process of crisis intervention. Do not try to fix the person's problems, rather, give them the tools to fix their own problems. If you attempt to fix a person's problems, then you run a high risk of forming a codependent bond between you and the person in crisis.

(Myths with an asterisk are adapted from Hoff's writings. Hoff, 1989, pp. 5 – 7)

## Crisis Intervention Techniques:

Case example: Mistress Anna is performing a spanking scene with Steve. Steve brought a heavy leather belt that he wanted to have used on him for the scene. Mistress Anna starts the warm up and checks in with Steve. "Steve, you have been a really bad boy and it would please me to give you a punishment that you deserve. Are you ready to take a hard punishment for me?"

Steve replies, "Yes, Mistress"

Mistress Anna intensifies the spankings, going hard with the leather belt. Suddenly Steve starts getting angry and yells at Mistress Anna while struggling in his restraints. He starts threatening her, stating that if she hits him again, she will regret it. Mistress Anna recognizes that Steve is exhibiting behaviors that are a complete change in Steve's usual behavioral patterns.

Mistress Anna stops the scene and asks Steve, "I can see that this scene is causing you to become angry. We are stopping the scene now. I need you to calm down, take a few deep breaths, and stop struggling so that I can release your restraints. Safety is important, and I can tell that we need to address this situation in a calm manner. Can you focus on calming down so that I can release you and we can talk? We need to discuss what is going on with you and address the issues that are causing you to feel angry. I am here to support you, and I care about you."

Steve takes a few deep breaths and stops struggling. He is still agitated, but for the moment has quit struggling. He replies, "Yes, Mistress." Steve is usually very easy-going, and his ongoing agitation is out of character from his usual behavior.

After releasing Steve, Mistress Anna asks, "What are some things that we can do now that would help you calm down? I did notice that taking deep breaths helped. Is there anything else that would help you to relax further?"

Steve replies that rubbing his shoulders would help him relax. Mistress Anna rubs his shoulders and asks Steve about what happened in the scene that brought up his anger.

Steve relates that his father used to beat him with a similar leather belt when he was a child. Often he would not stop the beatings even after he begged and pleaded with his father to stop. During the scene, Steve reported that suddenly he felt like he had when he was a child.

Mistress Anna says, "It must have hurt a lot, and it sounds like you did not have any control over the situation. It sounds like you still have a lot of angry feelings about this."

Steve then opens up and tells Mistress Anna about the beatings and how much he hated his father for doing this to him. He further relates that he swore that when he grew up, he would never allow his father to beat him ever again. As Mistress Anna listens to Steve, she gives feedback. "I can hear from what you are saying that you still have a lot of anger towards your father. It sounds like you never want to experience another beating from your father ever again."

After Steve has calmed down, Mistress Anna says, "Steve, it sounds like you have a lot of difficulty in facing your fears from your past experiences. What do you think would help you in the future if something similar reminds you of your father's abusive actions? It may help if we develop a plan to cope with these feelings if they come up again. What do you think would be a more effective way to deal with these issues? Is there any activity that you can think of which would help you work through your anger in a more positive and constructive way?"

Steve replies, "I suppose I could let you know that I am feeling tension build before I get to an exploding point, use a safe word to stop the scene, and talk about what is going on. It did help to have someone who would listen. I've never been able to talk about this to anyone else before. I also found that the shoulder rub helped me relax."

Mistress Anna asks, "Do you think it would be helpful to see a therapist to explore some of the issues that you have with your father or is there someone close to you that you can confide in about this that would be supportive?"

"I don't have anyone except you that I would feel comfortable talking to about my father, but I suppose seeing a therapist for a few sessions might help, but I've never seen a therapist before.

"I do know of a therapist who has an understanding about BDSM. He is very supportive and understanding about these types of issues. Would you consider seeing him?"

"I will think about it."

"Good. It sounds like we have a plan. Just so that we both are on the same page, can you summarize the plan for me?"

“When I first start to feel emotional tension building up during a scene, I will use words to stop the scene, take some deep breaths, ask for a shoulder rub, and discuss what is going on. I am not sure about seeing a therapist, but I will think about it.”

“You now have a plan that sounds like it will be effective for dealing with these feelings. I would suggest that you set a time frame for making a decision about seeing a therapist. Can you agree to make a decision within a week?”

“Sure.”

“OK. I’ll check back with you in a week. In the mean time, if you need to talk to someone, call me. While I can be a support person for you on a temporary basis, I think it would be good if you address these issues with someone who is more qualified to help than I am.”

In this case example, it was important to demonstrate empathy, genuineness and acceptance. Notice that Mistress Anna does not make any judgments about Steve’s behavior. She also provides Steve with several “directives” to help him calm down.

Mistress Anna does not react to Steve’s behavior with hostility, nor does she blame herself for triggering the crisis. Instead, she recognizes what is happening and takes steps to alleviate the crisis through crisis intervention methods.

Another aspect of this example is the situation of the leather belt becoming a trigger to Steve’s past emotional trauma of physical abuse. Mistress Anna had no idea that the belt would act as a trigger when she started the scene. Neither did Steve. She recognizes that emotional triggers are outside her control.

**Six Steps in Crisis Intervention:** ( adapted from Gilliland and James, 1988, pp. 23 – 28)

**Step 1: Define the problem from the submissive’s point of view.** Use active listening skills. As you listen, give feedback to the submissive by paraphrasing what you heard with empathy, genuineness, and acceptance.

Throughout the case example, Mistress Anna listened and provided feedback to Steve. She recognized the problem from Steve’s point of view. It would have been easy to assume that Steve was angry with her, but instead, Mistress Anna listened and identified what the problem was from Steve’s perspective without being judgmental.

**Step 2: Ensure the submissive’s safety.** Minimize physical, emotional, and psychological danger to self and others. Safety is a primary consideration throughout crisis intervention.

In the above example, safety was a stated directive. By acknowledging the anger, giving a directive with a reason for following the directive (as is exemplified in the

following statements: “I need you to calm down, take a few deep breaths, and stop struggling so that I can release your restraints”), and communicating that the scene has now stopped, Mistress Anna ensured both the submissive’s safety and her own safety on a physical, emotional, and psychological level.

**Step 3: Provide support.** Communicate to the submissive that you are a valid support person. Demonstrate (by words, voice, and body language) a caring, positive, non-possessive, non-judgmental, acceptant, and personal involvement with the submissive.

Mistress Anna demonstrated a caring, positive, non-possessive, non-judgmental, acceptant, and personal involvement with the submissive. She provided direct support by saying: “We need to discuss what is going on with you and address the issues that are causing you to feel angry. I am here to support you and I care about you.”

**Step 4: Examine alternatives.** Assist the submissive in exploring the choices that are available to them now. Facilitate a search for immediate situational supports, coping mechanisms, and positive thinking.

In the above example, Mistress Anna assists Steve in examining alternatives by asking “What are some things that we can do now that would help you calm down?” If Steve was unable to answer, then make some suggestions of activities that can help in the immediate situation. It is important to provide guidance and allow the person in crisis to make a decision on what alternatives to pursue. Remember that it is important for the person in crisis to own at least part of the resolution to the immediate crisis.

**Step 5: Assist the submissive in developing a short term plan.**

Identify people and groups that may be contacted for immediate support, for example the gay and lesbian switchboard, crisis hotline, a family member, and/or a friend.

Provide coping mechanisms(something concrete and positive for the submissive to do now) and defined action steps that the submissive can own and comprehend; a variety of constructive psychomotor activities may be considered such as running, playing a musical instrument, meditation, reading, etc., whenever it is appropriate.

The plan is realistic in terms of the submissive's coping ability.

The plan may utilize appropriate and available referral resources.

The plan may include forms of collaboration between the Domme and the submissive, for example, facilitation of relaxation techniques, emotive imagery, guided meditation, etc.

The plan focuses on systematic problem-solving for the submissive.

In this case example, Mistress Anna guided Steve in exploring coping mechanisms. She also suggested that Steve see a therapist to help him. The plan was realistic and included things that could be performed during the crisis intervention and included things that could be performed in the days to follow. Note that when Steve failed to

commit to seeing a therapist, Mistress Anna did not try to convince Steve to do so. Instead she asked Steve if he could make a decision about this within a week.

**Step 6: Building commitment.** Help the submissive commit themselves to definite positive action steps that they can own and can realistically accomplish or accept.

The Domme asks the submissive to verbally summarize the plan.

The Domme demonstrates responsibility in carrying out their part of the commitment if the Domme is in a collaborative role.

The Domme follows up on the submissive's performance.

By asking Steve to summarize his plan, Mistress Anna was able to confirm that Steve understood the plan and could follow through with the plan. This also provided a chance for Mistress Anna to reinforce the part of the plan that Steve was unsure about by setting a deadline for making a decision about seeing a therapist. Notice that Mistress Anna did not try to pressure his decision one way or another, but rather set a time frame for Steve to make a decision.

While these six steps are listed in a linear order, often during crisis intervention the six steps are utilized in a non-linear fashion. Often the first three steps are carried out simultaneously. As you actively listen to the problem, you are also providing support and ensuring safety for the submissive.

Steps 4-6 are action steps. Examining alternatives, developing a plan, and building commitment are steps that will involve the submissive in thinking processes, engage them in problem solving, and redirect their focus from the problems to active involvement in the solution process.

It is important not to try to solve the problem for the submissive, but rather guide the submissive to discover their own solutions to the problem. This serves several functions. First it involves the submissive in the process. With involvement, the submissive will own and thus develop a deeper commitment to the plan. It also gives the submissive a sense of being a part of the solution and avoids codependency issues from building up.

It is a good idea to have the phone numbers for resources in your area handy. Resources can include a crisis hotline, a counseling center, and GLBT community centers.

When working with a person who is experiencing a crisis, it is important to stay calm and focused. By utilizing the steps outlined here, you can effectively provide crisis intervention and assist the person in crisis to return to their normal level of functioning.

When you take on the role of a crisis intervention practitioner, you may be the first person who the person in crisis feels safe in discussing problems that they have never

openly discussed. Thus, active listening at this level can provide a powerful healing process for the person in crisis.

## References

Gilliland, BE and James, RK. *Crisis Intervention Strategies*. Brooks/Cole Publishing Company, 1988.

Hoff, LA. *People in Crisis – Understanding and Helping*, 3<sup>rd</sup> ed. Addison-Wesley Publishing Company, Inc. 1989.