National Organization for Victim Assistance

An Introduction to
Crisis Intervention Protocols

I. INTRODUCTION

With the gift of listening comes the gift of healing, because listening to your brothers or sisters until they have said the last words in their hearts is healing and consoling. Someone has said that it is possible "to listen a person's soul into existence." I like that.
—Catherine de Hueck Doherty

Natural caregivers have known for centuries the value of listening with great care and little judgment to a person's sorrow and pain. Though some people have a natural gift for providing that kind of help, most people need some assistance in learning the basics of crisis intervention - it is, to a degree, "contra-instinctual"—and everyone can, with study, improve their crisis intervention skills.

In the aftermath of a catastrophe, most victims must deal not only with the physical and emotional shock waves of the event but also, in short order, with the sense of helplessness, powerlessness, and a loss of control.

For many victims, the physical and emotional reactions that describe crisis are not severe and recede after a few hours or days. For others, the crisis is put on hold while they mobilize their survival skills, and only days, even years, later, are they slapped with a sense of the enormity of the event, now vividly remembered. Even victims who do not develop the symptoms of long-term stress reactions face the risk that certain "provocations" (the use of the word "triggers" should be avoided as it could distress victims of firearm violence) can reproduce the old feelings of panic, helplessness, anger, and the like.

Crisis Intervention falls under the rubric of early psychological intervention (EPI). EPI or "Crisis intervention" is obviously a humane effort to reduce the severity of a victim's crisis, to help the victim win as much mastery over the crisis experience as possible. To understand the potential benefits of crisis intervention, it is worth emphasizing that these are a battery of skills that victim advocates should possess - but so should others whose professional work brings them into contact with victims in crisis.

A common response in the shock of the moment is for the victim to retreat into a childlike state, and, when the immediate danger is passed, to turn to someone nearby who is perceived as an authority figure for help - a law enforcement officer, teacher, nurse, a friend or anyone who offers a sense of "parental" comfort. Anyone whose job constantly puts them in that role discovers how "accessible" the victim is at that moment. The helper is now invested with extraordinary influence in the life of the victim in crisis. In these circumstances, the helper *is* a crisis intervener - perhaps a gifted one, perhaps one whose talents have been forged by experience, or far more likely, a conscientious professional with no training or skills in how to interact with people in crisis - to the

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detriment of both the victim and the professional.

If it is important for those in the emergency services and criminal justice professions to use crisis intervention techniques in their short encounters with victims, it is all the more essential for victim advocates and counselors to master the ideas and skills that help restore to victims a sense of control over their lives.

"Crisis" encompasses a number of intense, tumultuous emotions; it can be a continuing condition, or alternatively flare and recede; any stressful, post-crime event, such as going to a battered women's shelter, or to a lineup, or to a trial, may put victims back into crisis. While there are no predictors about who will experience crisis, or when the onset will be, or how severe it will be in intensity or duration, a working presumption for most crisis interveners is that the sooner the service is offered, the better. Indeed, there is a conviction among many practitioners that on-scene intervention, when the victim is in the early stages of distress, may prove to prevent or greatly reduce the crisis symptoms that might otherwise afflict the victim.

The following covers the basic techniques of crisis intervention and some hints for helping victims and survivors in the aftermath of trauma. It should be noted that training and experience with traumatized victims is a prerequisite to understanding the following protocols. **Under no circumstances should the following information be implemented without training and oversight.**

II. PROTOCOLS

A. "Safety and Security"

1. The first concern of any crisis intervener should be for the physical safety of the victim. Until it is clear that the victim is not physically in danger or in need of emergency medical aid, other issues should be put aside. This is not always immediately obvious. Victims who are in physical shock may be unaware of the injuries they have already sustained or the dangers they still face.

   For the crisis intervener who is responding to a telephone crisis call, the question should be posed immediately, "Are you safe now?" Interveners who are doing on-scene or face-to-face intervention should ask victims if they are physically harmed. That question alone may cause the victim to become aware of a previously undiscovered injury.

2. A parallel concern should be whether the victim *feels* safe. The victim may not feel safe in the following circumstances:

   - The victim can see and hear the assailant being interviewed by law enforcement officers.
   - The victim is being interviewed in the same area where an attack took place.
   - The victim is not given time to replace torn clothes.
   - The victim is cold and uncomfortable.
   - The assailant has not been apprehended and has threatened to return.

Any of these may make the victim feel unsafe even if there are law enforcement officers present. In the aftermath of the Edmond, Oklahoma, post office mass murders in 1986, one of the survivors of the attack said that he would not feel safe until the assailant, Patrick Sherrill, who finally killed himself, was physically in his grave.

3. A priority for some victims and survivors is the safety of others as well. If a couple has been robbed in a street crime, each may be more worried for the other person than himself or herself. Parents are often more concerned about the safety of their children than themselves.

4. Survivors or victims of homicide may not focus on safety but rather seek a sense of security through the provision of privacy and nurturing. Their anguish and grief can be made more painful if there are unfamiliar and unwanted witnesses to their sorrow. They, too, will suffer feelings of helplessness and powerlessness. The shock of the arbitrary death of a loved one is usually not assimilated immediately and survivors may not understand questions or directives given to them. For example, one mother did not realize that she had said yes when she was asked if she wanted to identify the body of her son. When she was taken to the morgue, she became hysterical and distraught because she was not properly prepared.

5. All victims and survivors need to know that their reactions, their comments, and their pain will be considered private. If in a group setting, it should be noted that while privacy cannot be guaranteed, it should be an expressed value that is acknowledged by everyone present. If confidentiality is limited by law or policy, those limits should be clearly explained.

6. Security is also promoted when victims and survivors are given opportunities to regain control of events. They cannot undo the crime or the death of loved ones, but there may be opportunities for them to take charge of things that happen in the immediate aftermath.

7. Hints for Helping.

   a. Make sure the victims/survivors feel safe or secure at this point in time.

      - Sit down to talk.

      - Ask the victims/survivors where they would feel safest when talking to them, and move to that location.

      - If it is true, reassure them with the words, “You are safe now.”

      - Identify yourself and your agency or position clearly, and explain your standards of privacy.

        You might say, “Our program’s standards require me to keep all information that you tell me private unless you give your permission to me to release it.” If you can’t keep all information confidential

because you are with a police or prosecutorial agency, then be honest about the limits of confidentiality.
You might say, "Our program requires me to report anything you tell me that might help a defendant in this case, but I am not required to report anything else, and I will not do so unless you give permission."

- If possible, keep media away from victims/survivors or help them in responding to media questions. If the case involves a sensational crime and there are media representatives approaching the survivors, try to ensure that the victims/survivors understand that they do not have to answer questions unless they want to and under circumstances of their own choosing.

- If they have loved ones about whom they are concerned, try to find out as much information as possible about the safety of the loved ones. For instance, a mother who has been a victim on the way home from work might not be as worried about the victimization but the safety of a child who is home alone awaiting her arrival. (See if a colleague can be dispatched to the home to provide care for the child until the mother is able to return. Or, see if she can identify a relative or neighbor who might assume the caretaking role in her absence.)

- If victims are to be interviewed by law enforcement officers or others, try to ensure that they understand questions by asking them to repeat the question back to the interviewer.

- Provide victims with information to assure them of their safety. For instance, if they have been survivors of a massacre, it may help if they are assured that the gunman is dead or has been apprehended.

- If they are not safe, keep them informed about the extent of additional threat. For instance, if the gunman is still at large, try to get information about their whereabouts. If possible, find them an alternative location at which to stay for a few hours or a few days. In the aftermath of the serial killings of five co-eds in Gainesville, Florida, the victim/witness program and the community arranged for students to sleep together in dormitory-like conditions in a large auditorium surrounded by guards; all to restore a sense of safety.

- Give victims permission to express any reactions and respond non-judgmentally. Say, "You have a right to be upset over this tragedy, so don't be afraid to tell me what you are thinking."

b. Respond to the need for nurturing — but be wary of becoming a "rescuer" on whom the victim becomes dependent. The "rescuer" who ends up months later making decisions for the victim has subverted the primary goal of crisis intervention; that is, to help the victim restore control over his or her life. The following tips suggest appropriate ways in which the intervener can step in on a temporary basis.

- It is useful to take care of practical things that need to be done but are beyond the victim's ability to accomplish. For example, a victim of a sexual assault may appreciate it if you arrange for a friend to bring a new set of clothes; after—as with every courtesy—getting permission to do so. In making such offers, don't assume anything. For example, the last person a sexual assault victim may wish to see immediately after a rape is a spouse or partner.

- Offer to provide childcare, help with transportation, make telephone calls, and so forth. Be specific in making such offers so that the victim can simply respond with a "yes" or a "no".

- An apt analogy for the role of the crisis intervener at this stage is as follows: when a person breaks a leg, a doctor sets it and puts it in a cast. While it heals, the patient uses crutches to get around, and when the cast is removed, the leg still needs exercise and care to become strong again. When someone survives a violent crime or the death of a loved one, they survive with a fractured heart. The crisis intervener becomes like the doctor. The initial intervention helps the survivor by protecting that heart as much as possible against further harm. Later, the crisis intervener provides support, understanding, and a few crutches while the survivor begins the long process of healing a broken heart.

c. Help survivors to re-establish a sense of control over the small things, then the larger ones, in their lives.

- While it is important to assist survivors with practical activities, it is also important to allow them to make decisions for themselves and to take an active role in planning their future.
- The crisis intervener initially can offer survivors a sense of control by asking them simple questions involving choices that are easily made. For instance, "What name would you like me to use in talking with you?"; "Where would you like to sit while we talk?"; "Would you like a glass of water?"

- Often the recovery of a physical object that is important to the survivor helps to reestablish a sense of control. For instance, after the arson of one family's home, the entire family found hope when a law enforcement officer found their cat in the bushes nearby. The family had thought the cat had died in the fire.

B. "Ventilation and Validation"

1. Ventilation refers to the process of allowing the survivors to "tell their story" or whatever else concerns them. While the idea seems like a simple concept, the process is not easy. Some victims need to tell their story or concerns over and over again. The repetitive process can be a way of putting the pieces together and cognitively organizing the event so that it can be integrated into the survivor's

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life. The first memory of the event is likely to be narrowly focused on a particular sensory perception or a particular activity that occurred during the event. For example, victims usually see the criminal attack with tunnel vision. They know intuitively that other things are happening around them, but they may focus on an assailant's knife, their struggle to get away, or their first impression of a burglarized room.

As time goes by, memory will reveal other parts of the event. These bits of memory can come back in dreams, intrusive thoughts, and simply during the story-telling process. The victimization story will probably change over time as survivors learn new things and use new information to reorganize their memories.

For example, a victim who reported a burglary first told the crisis intervener that he had heard a noise, went downstairs to see what was wrong, and found a burglar in his front room. The burglar grabbed something and struck the victim in the stomach before running out the front door. There was a crash and then everything was silent. When the victim repeated the story the second time, he said that he remembered that it was just a noise, but it sounded like someone whispering and rustling. On a later retelling, he remembered that when he went downstairs, he saw a brief flash of light towards the back of the house.

Upon investigation, it was discovered that there probably had been two burglars, and one had exited through the kitchen window in the rear of the house. From a law enforcement perspective, the problem of reconstructing information is that it sometimes shows inconsistent or contradictory stories, which undermine an investigation or a prosecution. However, from a crisis intervention perspective, it is perfectly normal for the process of ventilation to reveal a different story over time. Realistically, a victim may tell a story over and over again, with or without a crisis intervener, in order to reconstruct the event; so, that the story will often change anyway.
The crisis intervener provides a sounding board for the victim's distress.
For some victims, the replaying of the story or concerns over again helps them get control. This usually includes the story of various incidents in the immediate aftermath; the story of ongoing traumatic incidents related to the crime or tragedy; the story of families' or friends' involvement in the event; etc. Each concern must be integrated into the victim's final mental recording of the event.

2. A part of ventilation is a process of finding words or other ways that will give expression to experiences and reactions. In this aspect, ventilation is often culturally specific. Some cultures may express their reactions through physical or various artistic forms rather than words. In most of the United States, words are the most comfortable form of expression.

   The power found in putting words to feelings and facts is tremendous. There is often a depth of emotion in telling another person that a loved one has died, even in finding the name of the loved one. The power is also illustrated in the release that many victims find when an intervener responds to their ventilation with a word that expresses what victims feel. For instance, victims may feel intense anger towards an assailant and find the word "anger" insignificant to express that

intensity. When an intervener offers a word like “outrage” or “fury” to describe their feelings, victims can feel a sense of liberation – a sense of permission to feel such intense emotions.

The exact words to describe events and experiences are often vital. For example, Mothers Against Drunk Driving (MADD) is adamant about the importance of calling the collision of a car driven by someone drunk a drunk-driving “crash,” not an “accident,” to emphasize the criminal nature of the event. Similarly, survivors of the Pan Am 103 terrorist bombing are offended when others call the event a “crash,” a term often used to describe a mechanical or human error.

3. Validation is a process through which the crisis intervener makes it clear that most reactions to horrific events are “normal.”

   a. Validation should be content-specific. For example, rather than saying, “I can’t imagine how upset you are,” it is preferable to say, “I can’t imagine how upset you are about your son’s death in the car crash.”

   b. Care should be taken in the words that are used to validate. For instance, many survivors do not want to hear that their reactions are “normal reactions to an abnormal situation” - a common summation of what crisis and trauma produce - because survivors want to have their experience validated as unique. Telling them that their reactions are “not uncommon” seems to be more effective.

   c. Where possible, repetition of the actual phrases that the survivors use to describe experiences is useful. Example, if someone says, “I can’t sleep at night, I am so afraid that someone will break in and kill me and my family,” an appropriate response would be, “It’s not unusual for you to be afraid after something horrible.”

4. The focus of validation should be that most reactions of anger, fear frustration, guilt, and grief do not mean that the victim is abnormal, immoral, or a bad person. They reflect a pattern of human distress in reaction to a unique criminal attack.

   a. While most reactions are normal, there are some people with pre-existing mental health problems who have harmful reactions. There are also some who react to personal disasters in a dangerous way— to themselves or others. In the aftermath of crisis, the intervener should always be alert to any words or other signs of suicidal thoughts or threatening behavior towards specific individuals. If these arise, seek immediate professional help — a mental health professional, a suicide hotline, or even a law enforcement agency, especially if there is an imminent threat to someone else.

   b. While most reactions are normal, most people have not experienced such intense feelings, so they may think they are “going crazy.” Survivors should be reassured that while this crisis has thrown their lives into chaos, they are not, as a consequence, crazy.

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5. Hints for Helping.

a. Affirm that victims should only discuss that with which they are comfortable. **It is important NOT to probe for sensory details as this could provoke emotional responses that the victim does not desire or need. Secondary trauma can occur when victims are asked to rehearse sensory data like images and smells and should be avoided, especially if intervention occurs weeks or months later.**

b. Ask victims to discuss where they were at the time of the crime and who they were with. These two introductory questions will help the victim focus on the crisis in an objective way. It will help the victim impose an order on the event and begin to take control of the story. It may help to ask the victim to recall that day from the beginning. Other associated questions can be, "What was helpful to you in the aftermath? What was not helpful?"

c. Ask the victim to describe his or her reactions and responses. As the victim begins the description, remember to validate the reactions and responses. If she says: "I remember turning stone cold when I felt the hand on my back and a tug at my purse," say, "Some people have called that a 'frozen fright' reaction."

d. Ask the victim to describe what has happened since the crime, including contact wit family members, friends, the criminal justice system, and so on. Responses to this question will help reveal whether the victim has suffered additional indignities as a result of the crime or whether the victim has been treated with dignity and compassion.

e. Ask the victim to describe other reactions he or she has experienced up to now. Again, validate reactions.

f. Let the victim talk for as long as needed. If you are running out of time, give the victim at least a fifteen-minute alert, such as, "Mrs. Jones, I really want to hear more about your experience and reactions, but I have to leave in about fifteen minutes. If we don't finish up this part by then, I want to do that tomorrow, at a time that is good for you. If I don't hear from you, I'll give you a call, if that's okay."

g. Do not assume anything, even the apparent pattern of the crisis reaction. So, for example, the victim's controlled calm of the moment may yield to tears in a few minutes or a few weeks. Indeed, if the victim is experiencing crisis, it is safe to bet that his or her reactions will take new form over time.

h. Remember Dos and Don'ts

Do NOT say things like:
"I understand."
"It sounds like . . ."
"I'm glad you can share those feelings."

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"You're lucky that. . ."
"It'll take some time but you'll get over it."
"I can imagine how you feel."
"Don't worry, it's going to be all right."
"Try to be strong for your children."
"Calm down and try to relax."

Do say things like:
"You are safe now (if true)."
"I'm glad you're here with me now."
"I'm glad you're talking with me now."
"I am sorry it happened."
"It wasn't your fault (if there was no attributable blame to the victim)."
"Your reaction is not an uncommon response to such a terrible thing."
"I can't imagine how terrible you are feeling."
"You are not going crazy."
"Things may never be the same, but they can get better."

i. To improve communication with the victim, **avoid** words like:

"Feelings" — although this chapter is concerned with victims' feelings, in practice it is better to stick with the word "reactions" to describe "feelings." Many people are uncomfortable with being asked to talk about their feelings or emotions.

"Share" or "sharing"—ask people to tell you about their experiences. Don't ask them to "share" those experiences or thank them for "sharing". No one can literally share another person's experience, even if they have suffered through the same event. Many people resent the presumption implicit in this term or the "social work" connotation it carries. Use the word "discuss" or some equivalent.

"Client" or "Victim" or "Survivor," when talking to or about a person for whom you are providing crisis intervention. Use the victim's preferred name.

"Incident" or "Event," when referring to the crime or the criminal attack. While such words may be used in other settings, they are inappropriate in talking with the person who has survived such an "event".

"Alleged," when referring to a victim. Let the lawyers speak of alleged victims and offenders if they need to. Victim advocates should assume that people who say they are victims of crime are so.

C. "Prediction and Preparation"

1. One of the potent needs that most victims have is for information about the crime or crisis and what will happen next in their lives. Remember, their lives have typically been thrown into chaos and they

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feel out of control. A way to regain control is to know what has happened and what will happen: when, where, how.

2. The information that is most important to victims is practical information. The following are examples. Note that some topics may raise scary possibilities that the victim has not even considered. The intervener may tactfully touch on such issues or defer them. However, never duck any unpleasant surprise if there is reason to believe that the victim will find out about it soon.

   a. Will the victim have to relocate? Some burglary victims need to move temporarily because their home is no longer secure. If relocation is necessary or recommended, what are the victim's options?

   b. Does the victim have adequate financial resources to pay for any immediate needs caused by the crime? The robbery victim may not have money to pay for food or rent. The rape victim may not have money for medical treatment. Even if a compensation program may reimburse a victim at a later date, the need for immediate money is sometimes overwhelming.

   c. What legal issues confront the victim? Will the case be processed in the criminal justice system? Will there be an investigation? What are the chances that there will be an arrest - and then prosecution, trial, conviction, and sentencing? Does the victim have civil litigation options? Might it be feasible for the victim to sue the offender or a third party who might be held responsible for factors leading to the attack? Note that honest answers and estimates are essential; to the victim of a "cold" burglary with no immediate suspects, the bad news is that fewer than one such case in fifty results in an arrest in most jurisdictions. Giving a rosier picture will undermine your future credibility. By the same token, there may be many questions that arise which are beyond the intervener's expertise; note them and help the victim get expert answers.

   d. What immediate medical concerns face the victim? An injured victim may need information about the extent of those injuries. A sexual assault victim may need information to make informed decisions on testing for pregnancy or sexually transmitted diseases, including HIV. The survivor of a victim of homicide or catastrophic injury may need detailed information about the cause of death or extent of injuries.

   e. What will be expected of the survivors of a homicide victim in the immediate future? Will they be asked to identify the body? If so, what is the condition of the body? Is there a need to address immediately funeral considerations? (Some religions

call for immediate burial.) Do the survivors know if their loved one's body will have an autopsy?

f. What does the victim need to know about the media? As indicated above, if the case is sensational or has a "newsworthy" facet to it, it is likely that there will be media coverage. Does the victim know his or her rights? Is the victim prepared for a full media intrusion? Has the victim been warned that what appears in the media may not have any relation to the truth as he or she has experienced it?

3. The second priority is for information on possible or likely emotional reactions that the victims might face over the next day or two and over the next six months or so – emphasizing that there is no particular timetable when victims can expect to experience crisis reactions or which of the intense emotions may surface. In many ways, this review will become as important as anything else they learn. In the initial stages of dealing with the crime, practical issues are their priority. Some of the emotional concerns that should be outlined, however, are the following:

   a. Immediate physical and mental reactions to crisis. These reactions may include inability to sleep, lack of appetite, anxiety, numbness, estrangement from the world, a sense of isolation, anger, fear, frustration, grief, and an inability to concentrate.

   b. Long-term physical and mental reactions. These reactions may include intrusive thoughts, nightmares, continued sense of isolation, inability to communicate with others, sleep disturbances, depression, inability to feel emotion, disturbance of sexual activity, startle reactions, irritability, lack of concentration, etc.

   c. Reactions of significant others. While some friends or family members serve as the most important source of emotional support for victims, many cause as much harm as good. Common reactions that may cause victims distress are: over-protectiveness; excessive anger and blame directed toward the victim; and an unwillingness to talk about or listen to stories of the crime.

   d. Victims should expect that everyday events may provoke crisis reactions similar to the ones they suffered when the crime occurred. Thus, the birthday of a son who was murdered may provoke overwhelming feelings of grief and anger about the murder. A sunset of a particular shade and color may provoke a panic attack in a victim who has been robbed during such a sunset. The smell of alcohol on the breath of a young man may

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provoke an outburst of rage in a young woman who had been raped by a man who had been drinking.

4. In addition to needing predictable information, victims need assistance in preparing for ways in which they can deal with the practical and emotional future.

   a. Take one day at a time. Suggest that the victim plan each day's activities around needed practical tasks. Help the victim list the tasks that need to be done and set a goal for accomplishing a certain number each day. Victims who have been severely traumatized may want to check in after each day to report their progress and to receive positive feedback on any successes.

   b. Problem-solving. Show the victim how to use problem-solving techniques to address the overwhelming problems that he might face. Suggest that the victim list the three most important problems confronting him for the next day. After he makes his list, have him analyze whether all three really need to be done in the next twenty-four hours. If he thinks so, ask him to sort the list in priority order. Take the first problem he has listed and ask him to think about all the possible ways he might deal with the problem. After he has discussed such ideas, ask him to choose the option that he thinks is most feasible. *Example:* Jim is a robbery victim. The robber stole his wallet and the contents of his pockets, which included all of his cash, his bank card, his driver's license, his car and apartment keys, and a pocket watch. Jim is panicky because it's 9 at night and he doesn't have any money and doesn't know how to get home. Even if he is able to get there, he doesn't have keys to get into his apartment or to drive to work in the morning. You ask Jim to list his three biggest problems. He says: getting home, getting in his apartment, and getting to work in the morning, in that priority order. You ask him to think of all the possible ways he might be able to get home. After some thought, he decides that he can borrow a quarter or phone from you and call a friend to come get him. He then realizes that his friend would probably let him stay at his house overnight, if needed. He also realizes, as he is thinking, that he might be able to call his landlord from his friend's house and arrange to get into his apartment. As he begins to think calmly and carefully about the problem, he remembers he has an extra set of keys to both his apartment and his car at home . . . and so the problem-solving begins and may continue.

c. Talk and write about the event. Suggest to victims that they record or write a journal to tell their unfolding stories. Even if no one else sees or hears these stories, it is a way of expressing oneself and a way of processing thoughts.

d. Plan time for memories and memorials. It can be predicted that certain things will be provoke events for future crisis reactions. Urge victims to try to think through what those provoke events might be and to allow time to deal with those reactions. For example, a woman who had been sexually assaulted on October 14 routinely took that day off from work to do something nice and to think about her experience.

e. Encourage victims to identify a friend or family member on whom they can rely for support during times when they must confront practical problems. If they are able to name that person, suggest that they call and explain their need for support and help. If this is done in advance, it makes it easier to request certain help when the time comes.

f. Good nutrition, adequate sleep, and moderate exercise can significantly help victims survive times of crisis. That underestimated triad is, in fact, the basis for virtually all stress reduction programs. Help victims set up their own regular routine of health. At first it may be difficult, but if they keep trying, they will readily realize some benefits.

III. CONCLUSION

Early psychological intervention or Crisis Intervention is more than a shoulder to cry on, a hand to hold, or an ear with which to listen. It encompasses all of those attributes in a crisis intervener and more. It involves skill and knowledge, combined in a simple but powerful way. Providing victims with a sense of safety and security; allowing them a chance for ventilation and validation; and giving them accurate prediction and preparation for the future summarizes that combination. The strength of the crisis intervention process can be seen in the tributes that thousands of victims have given their advocates who were at their sides in their times of need. It can be seen in the fact that most of those victims do not need long-term counseling or mental health therapy.

Charles Dickens said, *"No one is useless in this world who lightens the burdens of others." It is hoped that this chapter will help crisis interveners lighten the burdens of the others who are victims of crime.*

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CRISIS INTVERVENTION BIBILIOGRAPHY

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Crisis Response Team Training

Basic Crisis Intervention Course
Sample Agenda

Day One

8:30 - 9:00	Introductions
9:00 - 10:30	Orientation on crisis response teams
10:30 - 10:45	Break
10:45 - 11:15	The trauma experience: Basic Crisis Reactions
11:15 - 11:45	Dimensions of Emotion
11:45 - 12:45	Lunch
12:45 - 1:45	Acute Stress Factors
1:45 - 2:30	Crisis Intervention
2:30 - 3:00	Crisis Intervention Exercise
3:00 – 3:15	Break
3:15 - 4:15	Group Crisis Intervention
4:15 - 5:30	Group meetings

Day Two

8:30 - 9:00	Death and Dying Exercise
9:00 - 10:00	Death, Loss, and Grief
10:00- 10:15	Break
10:15 - 11:15	Death Notification
11:15 - 12:00	Long-Term Stress Reactions
12:00 - 1:00	Lunch
1:00 – 1:30	Post-Trauma Resources
1:30 - 2:30	Spiritual Dimensions in Crisis
2:30 – 2:45	Break
2:45 – 3:30	Coordinating a Community Crisis Response Team
3:30 - 4:00	Media
4:00 - 4:30	Local Planning
4:30 - 5:30	Group meetings

Day Three

8:30 - 10:30	Group Crisis Intervention Simulation
10:30 - 10:45	Break
10:45 - 12:00	Group Crisis Intervention Practice
12:00 – 1:00	Lunch
1:00 – 1:45	Cultural Issues in Crisis
1:45 – 2:45	Special issues of Age
2:45 – 3:00	Break
3:00 – 3:30	Stress of Caregivers
3:30 - 5:00	Group reports
5:00 – 5:15	Certification
5:15 – 5:30	Conclusion and Graduation

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Advanced Crisis Intervention Course
Sample Agenda

Day One

8:30 – 9:30	Introductions
9:30 – 11:30	Review of Crisis Theory
11:30 – 4:30	Disaster Strikes
4:30 – 5:30	Group Reports

Day Two

8:30 – 9:30	Group Reports
9:30 – 10:15	Group Crisis Intervention Review
10:15 – 10:30	Break
10:30 – 11:15	Group Crisis Intervention: Defusing, Retrospective
11:15 – 12:00	Group Crisis Intervention Practice: Basic
12:00 – 1:00	Lunch
1:00 – 1:45	Group Crisis Intervention Practice: Defusing
1:45 – 2:30	Group Crisis Intervention Practice: Retrospective
2:30 – 2:45	Break
2:45 – 5:30	Developing a Cross-Cultural Action Plan

Day Three

8:30 – 10:15	Children & Elderly Communication Techniques
10:15 – 10:30	Break
10:30 – 11:15	Group Crisis Intervention Practice: Children
11:15 – 12:00	Group Crisis Intervention Practice: Elderly
12:00 – 1:00	Lunch
1:00 – 3:00	Spiritual Issues
3:00 – 3:15	Break
3:15 – 4:15	Review & Questions
4:15 – 5:30	Concluding Remarks & Graduation

For further training information: http://www.trynova.org/crt/training/schedule.html

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