A Gestalt Perspective of Crisis Debriefing: Working in the Here and Now When the Here and Now is Unbearable

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Recent world events have created an urgent need to respond to those who have experienced and survived traumatic events. The group crisis response protocol created by NOVA contains many comparison points to Gestalt concepts. This article compares the three question sets of the NOVA protocol with the Gestalt contact cycle and use of dialogue to facilitate the creation of narrative. Surviving traumatic events leads to figural changes and new gestalts. The intent of this article is to form a theoretical connection between two fields, crisis response and Gestalt therapy, in order to support the healing work being done in the aftermath of recent world tragedies.

An emerging form of mental health care has become figural in the wake of the terrorist attacks on September 11, 2001. The media call providers of such services grief counselors, and the National Organization for Victim Assistance (NOVA) labels them crisis responders; the Red Cross categorizes these service workers as being within the mental health component of disaster relief, while police and firefighters use a critical incident debriefing model. As Mitchell (1991) stated:

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> In any case, disasters and other major events such as line-of-duty deaths, serious injuries to emergency workers and very traumatic deaths to children tend to strip away the usual defenses and equalize emergency service providers. What remains then is a realization that they are all very much the same regardless of the uniforms or equipment. [p.202]

Whatever the title, this type of work differs significantly from traditional therapy. The authors of this article are trained in crisis response and Gestalt therapy, and have found interesting parallels between the crisis response process and Gestalt concepts.

The purpose of this article is to explore those parallels by comparing a group crisis response protocol created by the National Organization for Victim Assistance (NOVA; Young, 1998) with selected Gestalt concepts. Our hope is that this comparison will function as a support for the healing work being done by therapists in the aftermath of tragic events worldwide.

The purpose of crisis response is to help survivors rebuild their shattered sense of self and enable them to begin again like the phoenix arising from smoke and ashes. In pace and intensity, it can be compared to work done by Mobile Army Surgical Hospital or MASH units in the Korean War. Bauer (2001) stated:

> Crisis responders are either on or near the front line; there may be a large number of people all needing help at once, necessitating some form of triage; and sometimes survivors need to be sent on to other helping personnel for long-term support to complete the healing process [p. 239].

Crisis response by definition is short and similar to emergency first aid, which is meant to keep the patient comfortable and alive until expert medical help is available. Crisis response is to trauma therapy what emergency first aid is to medical intervention. Although it is therapeutic work, crisis response should not be confused with therapy: contact time is minimal, often in a large group, and it lacks expectation of an ongoing relationship. Mitchell and Everly (2000) made a distinction between interventions for critical incident stress and post-traumatic stress. This article focuses on the more immediate crisis response that is analogous to psychological first aid and does not address long-term therapeutic interventions for post-traumatic stress disorder (PTSD). Several models exist for the delivery of psychological first aid. NOVA has created a number of large group structured protocols. One such protocol, designed in three stages or sets of questions, provides the structure for this comparison of crisis response with Gestalt concepts.

COMPARISON OF GESTALT CONCEPTS WITH NOVA PROTOCOL

To compare constructs from these two fields, we first need to state our assumptions about the Gestalt contact cycle. In keeping with Melnick and Nevis (1992), we, too, assume the following:

1. The stages of the contact cycle are not clearly defined units, but rather overlap.
2. The concepts in this cycle can be applied to either brief or extended time periods.
3. Repeated interventions facilitate enduring and long-term change.

To these three assumptions we also add that more immediate intervention, as is typical in crisis response, is potentially more powerful than intervention that occurs at a later date. Gestalt therapy has long promoted the importance of work in the here and now. In crisis responding the client does not need to re-construct the here and now from the there and then as the intervention is closely connected to the time and place of the traumatic event.

SENSATION TO AWARENESS: NOVA PROTOCOL QUESTION SET ONE

The sensation phase of the contact cycle includes emerging internal and external sensations. These could coincide with the five senses (sight, hearing, taste, touch, smell) or with physiological responses such as pain or nausea. The awareness phase begins with the identification or noticing of the emerging sensations. Awareness may also include the meaning of those sensations within the larger environmental field.

The NOVA protocol begins by questioning the survivors about sensory memories, physiological responses, and symptoms (see Appendix A: NOVA Protocol). In Question Set One of the protocol, crisis responders should be prepared to hear sensory information with little or no overlay of cognitive material. For example, when asked what did you hear, taste, smell at the time of the traumatic event, survivors recall vivid smells, sounds, and sights, such as firefighters recalling the strong scent of mingled blood and antifreeze at the site of a fatal car accident. The Gestalt cycle begins with sensation; the NOVA group crisis response protocol begins with eliciting sensory information.

Human beings are hard-wired to respond to a crisis or disaster in certain ways. The human emergency response system kicks in when there is a perceived threat to survival as the body prepares to fight or flee. Cognitive functions are impaired or shut down and emotional reactions are heightened as the body's biochemistry changes (Young, 1998). From the Gestalt theoretical perspective, this appears to be a leap from sensation to action, skipping awareness, saving precious seconds in a life-threatening situa-

tion. A perhaps familiar example of this leap occurs when you remove your hand from a hot surface before you are aware that the surface is hot. The ability of the body to save precious seconds through bypassing awareness is useful in a life-threatening situation. As the thinking process diminishes or stops, feelings may be intensified. The energy provided by more intense fear and anger enhances the ability to run or fight. These physiological changes spur one to mobilize energy to protect one's own life or the life of others as energy turns into action, as was likely to have occurred when individuals fled from or rushed into the World Trade Towers as the buildings collapsed. The added strength to save oneself or to save others comes from this physiological response (Young, 1998).

If the perceived threat is emotional rather than physical, sometimes a block can occur earlier in the cycle of contact, preventing even sensation from registering. In these cases, the initial reaction to a severe crisis often is denial and shock; it is as if the mind and spirit block the formation of the figure that contains new and terrible information. Survivors report feeling numb, going blank, or being frozen in place. As the numbness thaws and a figure begins to form, the first response that survivors experience often is sensory in nature again, with limited cognitive input. Shock and numbness was a likely response that family and friends of those in the Trade Towers, in the Pentagon, or on Flight 91 may have experienced as they heard the news of the terrorist attacks on September 11. One author experienced this kind of sensory stage block on September 11 after learning that a close family member had ridden the train under the World Trade Center moments before the attack. This response was reminiscent of a similar numbness and lack of sensation that occurred in a crisis responder while working after the school shootings in Jonesboro, Arkansas.

This sensory memory heightened by emotion and largely unregulated by cognition can have unfortunate side effects, however. These sensations can become trigger points for flashbacks at a later date. It is as though the sight, smell, or sound associated with the trauma were imprinted on the brain and body. Rubenfeld (1992) stated that body memory or cell consciousness exists. She concluded that clients can describe their past traumas, "but until they have worked through them on the cellular level, the terror continues to hide" (p. 161). Crisis responders viewing this response from the Gestalt perspective could consider the body as the survivor's contact with the traumatic event or the "discrimination of the experience of contact" (Kepner, 1999). In discussing the experience of Vietnam veterans, Pollard, Mitchell, and Daniels (2002) called such experiences viscerated or somaticized. "When a Vietnam veteran re-experiences a combat memory, it's not only a memory, but also a body experience, complete with adrenalized reactions and insulin reactions" (p.6). They cited research by the Veterans Administration that described the process of crisis reaction as follows: "the reflex to stay alive slipped through the brain, did not go to

higher cortical centers, and went directly to the amygdala pons on the old brain stem" (p.8). This creates the opportunity for future input to bypass cognition and pass directly into the old brain and into reaction. A recurrence of or contact with the sensation can bring back a panic response or flashback at full strength after the passage of many years.

In a survival situation, individuals frequently leap from sensation to action. Skipping over awareness, while important to survival, has a cost in that the survivor can get stuck with unregulated sensations. NOVA crisis responders try to dilute the strength of these sensory memories, filling in the missing step by asking questions that bring the sensations into awareness. 1) Where were you when (the event) occurred? 2) Who were you with? 3) How did you react at the time? 4) What did you see, hear, taste, or touch? These four questions comprise the first set of the NOVA crisis response protocol (see Appendix A).

ENERGY MOBILIZATION AND DIALOGUE: NOVA PROTOCOL QUESTION SET TWO

As awareness continues to form, concerns develop and become figural. Awareness heightens, and excitement is generated and expressed through mobilizing energy. Mobilization of energy leads to a clearer figure and direction. In the second set of NOVA protocol questions, crisis responders engage the survivor in a dialogue to help them clarify the figure and begin to tell their story. The second question set (that is, since the time of the event, which memories stand out, what has happened in the last 48 hours, or how have you reacted) assists with the dialogue process (see Appendix A). The answers form the nucleus of a narrative, the new chapter in the survivor's life story which began at the moment of the crisis.

At the moment of crisis, the cognitive process shuts down instantaneously. Unfortunately, the cognitive process does not re-engage as rapidly as it shuts down (Young, 1998). One of the purposes of crisis response work is to facilitate cognitive awareness, which is preliminary to the mobilization of energy stage. Diminished cognitive functioning puts the survivor at a serious disadvantage since he or she will likely be asked to make important decisions while thinking is still blurred by biochemistry and enhanced feelings. When feelings are strong and thinking is weak, it is difficult to plan.

One example of the kinds of decisions required following a crisis occurred in a small town in Arkansas. The survivors of a devastating tornado had crucial decisions to make. At a town meeting, the mayor and city council members were dealing with vital infrastructure questions involving gas, water, and electric lines, and who to hire, and how to pay for the massive cleanup. Individual survivors had to deal with finding shelter, food, and water, and talking to insurance agencies, as well as filling out forms for the Federal Emergency Management Agency. All of these

tasks are difficult under normal circumstances; impaired thinking makes these tasks more problematic. Poor decisions made at such a time increase the survivor's degree of stress and hamper future recovery.

Another poignant example of postcrisis planning occurred the night of a school shooting at the Westside Middle School in Arkansas. A group was meeting in the school cafeteria to plan a helpful response in the wake of the tragedy. During that meeting, a deputy came to the door to inform the group that one of the teachers who had been shot had just died. Feelings of pain and grief swept over the group. It was hard to think through tears, and after a long silence, the painful planning process resumed.

The general purpose of the second set of questions in the NOVA crisis response protocol is to re-engage the thinking process by gathering the scattered pieces of sensation and emotions into a coherent and organized narrative. This process would seem to parallel the Gestalt contact cycle by assisting the survivor to make the transition from sensation to awareness to mobilization of energy. In the process of answering the second set of questions, a survivor must use a cognitive process to tell a story with a beginning, middle, and end. This telling of the story fills in the gaps by bringing the event into awareness in the here and now. Often, a cathartic expression of emotion occurs from the process of telling the story as well as from the content of the story itself (Kenyon & Randall, 1997). The telling of the story facilitates the process of organizing the sensory information and drains some of the energy from the overwhelming fear or anger. As McAdams (1997) described:

> Human beings are storytellers by nature. In many guises, as folktales, legend, myth, epic, history, motion picture and television program, the story appears in every known human culture. The story is the natural package for organizing many different kinds of information [p.27].

Forming and hearing the survivor's story are keys to facilitating healing. Narrating their truths gives survivors the opportunity to organize the facts and expel some of the emotional overload. Fodor (1998) applied the "experiencing/explaining dichotomy" of Guidano (1991) to provide further support for the value of "telling stories to ourselves and to others to help form meaning out of the experience" (p. 59).

Another aspect of the second set of questions from the NOVA protocol allows crisis responders to elicit a mixture of physical symptoms such as sleeplessness, cognitive impairment such as confusion, and strong emotional responses such as terror and rage. These are often figural components of a survivor's storytelling process. When asked how they or their family members have been reacting, survivors often report feelings of unreasonable guilt, or anger that is sometimes reasonable and sometimes

not so. One classmate of children killed in a school shooting had stayed home that day because of a cold and she felt guilty that she was not in school, a good example of unreasonable guilt. The 500 community members present at a meeting the day after the Jonesboro school shootings were understandably angry about the laws that would release the shooters when they became adults and angry at the intrusive media. Sometimes, however, there is no logical target for the anger, and it gets focused illogically. A school bus driver became the target of illogical anger for driving by the scene of a train accident. The students were angry that they saw their dead classmates and their anger became misdirected towards the bus driver. Another example of unreasonable guilt, sometimes referred to as "survivor guilt" (Young, 1998), can be heard in the words of Ethan Moses, one of the students at Stuyvesant High School, a school within blocks of the World Trade Towers. He wrote, "I felt guilty for days for running from the dust cloud of the second Trade Center tower collapsing, guilty that on top of being so lucky as to escape with my life, I had the nerve to shoot pictures of the demise of thousands" (Fodor, 2002).

In order to prevent symptoms associated with post-traumatic stress disorder, proponents of the Mitchell Model, a debriefing model frequently used with police and firefighters (Mitchell, 1983, 1988a, 1988b, 1991), have recommended that debriefings or early interventions are the first mechanisms of response (Everly & Mitchell, 1997). NOVA has suggested 24 to 48 hours as the ideal window of opportunity (Young, 1998). Although the suggested time frame varies, all approaches emphasize the urgency of intervention. This sense of urgency is propelled by the desire to shift what has been recorded as a traumatic memory into a narrative memory while the memory is still fluid enough to make that shift. To understand this compelling purpose, it is necessary to explore the differences between traumatic and narrative memory.

Van der Kolk and Fisler (1995) drew clear comparisons between these two types of memory. They stated that traumatic memories are stored as images and sensations that are invariable and do not change over time. Being highly state-dependent, traumatic memories cannot be recalled at will but are automatically evoked by special circumstances that function as triggers for the recall of these images and sensations. In contrast, narrative memory is semantic and symbolic, changing over time and in different circumstances, and recalled at will by the narrator.

A further distinction can be drawn between these two types of memory storage: traumatic memories remain uncondensed over time while narrative memories condense or expand depending on social circumstances. When drawing on narrative memory to tell a story, people tailor the story to fit the audience. They lengthen or shorten it, include and delete details, and emphasize some points over others depending on the relative closeness and the time available to the listener. When drawing on a traumatic

memory to tell a story, the event is recalled as though it were happening in the here and now. This type of response is called an uncondensed narrative. When this happens, the person tells the story in intricate detail. One of the authors listened to someone relate the story of a robbery that started with the exact time, and vividly recalled the details of the clothing worn by the robber, everything that was said, and a great many of the survivor's thoughts as well. It took longer to tell this story than it did to live through the traumatic event.

The second question set, then, assists survivors in transforming traumatic memory into narrative memory. Traumatic memory contains the cues for the flashbacks associated with post-traumatic stress disorder. Flashbacks don't feel like memories; they feel like current events occurring in the here and now. Narrative memories, on the other hand, can evoke feelings of sadness or grief but are clearly distinguishable as memories and not current events (van der Kolk & Fisler, 1995). Shifting from traumatic memory storage to narrative memory assists survivors in moving from sensation to awareness to mobilization of energy.

MOBILIZATION OF ENERGY TO ACTION AND CONTACT: NOVA PROTOCOL QUESTION SET THREE

Energy builds to the critical point at which action begins. Action involves a more task-focussed time of exploration and movement. Contact is the result of the energized action. Perls, Hefferline, and Goodman (1951/1994) stated that contact is "awareness of, and behavior toward, the assimilable novelty; and the rejection of unassimilable novelty creative adjustment of the organism and environment" (p.6).

Trauma brings in its wake a myriad of problems to be solved and decisions to be made. The third set of NOVA questions shifts the field of attention to creative adjustment, facilitating the problem solving process by bringing to awareness issues yet to arise (*e.g.* funerals, returning to work, or an upcoming anniversary). Facilitators ask survivors to predict what will happen over the next few days and how they and their family will react, what practical concerns they have, and how they will deal with these reactions and concerns. The answers to these questions vary depending on the type of crisis that has occurred. Natural disasters leave in their wake basic questions of food, water, and shelter, the need to deal with insurance issues, and weeks of clean up and reconstruction. Large numbers of deaths mean many funerals and the complications of scheduling and locations for those funerals. In one case, a large extended family had the painful task of planning a funeral for their murdered sister whose killer, the children's father, was still on the loose. Family Services, who had custody of the children, had to be contacted to enable the children to attend the funeral. Arranging for the children's safety combined with the fear that the children's father, the murderer, might choose to come to the

services, complicated the planning process. Kurtz (1990) described how difficult the planning process can be following a critical incident when he stated, "The rapids are no place for studying. With white water all around and much to do to keep oneself afloat—it's no time for taking in the scenery" (p.126).

SUMMARY OF THE CONTACT AND NOVA PROTOCOL PARALLELS

The purpose of the first two sets of NOVA questions was to drain heightened emotions through a cathartic process and to re-engage cognition. During the first two sets of questions, the facilitator uses basic active listening skills to encourage the expression of emotion and narrative. Through dialogue, facilitators assist survivors to bring sensations into awareness. The process of organizing the story fosters the mobilization of energy. The third set of NOVA questions focuses the mobilized energy into action in order to engage in problem solving tasks. In contrast to the first two sets of NOVA questions, the third set can have a more instructional purpose, encouraging prediction and preparation for upcoming events. Facilitators highlight healthy coping strategies that emerge in the discussion. The NOVA process parallels the contact cycle stages, sensation to awareness to mobilization of energy into action, as survivors transform their sensations into energy and purpose in order to deal with the future in a methodical way.

The NOVA protocol stops at this point of the contact cycle (see Table 1). Perls, Hefferline, and Goodman (1951/1994) identified contact as the "creative adjustment of the organism and environment" (p.6). Nova predicts that it can take up to five years to come back to equilibrium after a traumatic event (Young, 1998). The resolution of the contact cycle, given that timeframe, could take years. Crisis responders are available for only a brief period of time to provide emergency emotional first aid. Bowman (2002) suggested that support for full contact comes from long-term mental health providers.

The withdrawal stage marks the resolution or completion of the contact cycle. Sensation, awareness, energy, action, and contact dissipate to make room for the next sensation, the next cycle. If contact were to take years, withdrawal would be delayed. It can remain unfinished business for a lifetime. Cohen (2002) suggested that post-traumatic stress disorder symptoms are indicators of unfinished business that emerge, in part, from efforts to assimilate an experience that is not assimilable, as well as repeated and unsuccessful attempts at completing the cycle of experience. Assimilating what appears unassimilable, and creating meaning from unbearable tragedy, can become a survivor's life purpose.

SHIFTS IN FIGURE GROUND AND THE FORMATION OF A NEW GESTALT

Using a narrative perspective encourages the viewing of one's life as a story with themes that allow life's events to be organized into progressive chapters (Robinson & Taylor, 1998). The gestalt that is one's life becomes a book written by living. For those who have survived a crisis, the moment of that crisis abruptly changes the story and shatters the existing gestalt. Lieberman (1999) compared what happens in the brain in response to a crisis to a shaken snow globe with all the little pieces suspended and swirling rapidly. It is possible to extend that analogy to the shattering of one's life story following the impact of a crisis. All the pieces swirl about, and when they settle down, they are never in the same place they were in before crisis struck. In order to incorporate the crisis event and its aftermath into one's life story, the story changes and a new gestalt forms. Sometimes as a part of the healing process, survivors become advocates for a cause. The organization Mothers Against Driving Drunk (MADD) began this way. One of the parents of a student killed in a school shooting has become a strong voice for gun control legislation. Surviving a crisis and its aftermath can create a pathway of new purpose in the survivor's life. Robinson and Taylor (1998) called such life changing events "plot capsules," which are used to compose life stories.

In the process of experiencing life, each person has a range of high and low polarities between which they oscillate in reaction to life events. The boundaries of that zone are broken through the instant crisis strikes. This expanded range encourages shifts in figure/ground perception. A survivor might say something like, "It used to really bother me when my kids didn't clean their room; but now, I'm just glad I still have them." Sensory perceptions that once might have been ground can stand out as figural after a crisis experience. This perceptual change can be temporary or it can last indefinitely. The day after the tragic deaths of two students struck by a train in full view of the rest of the school, many teachers, as well as students, reported that the trains that ran near the school were much louder. Six months after this tragedy, the school counselor told one of the authors that she had to leave town one weekend because she couldn't stand the sound of the trains anymore. The sound of the trains which had been background noise had become a figural cue to recall sadness and grief.

USE OF THE PROTOCOL IN A GROUP SETTING

Having presented a NOVA group crisis response protocol in comparison with Gestalt concepts, the authors believe it appropriate to complete the discussion by providing an explanation of how the protocol can be used. Readers who would like to know more are encouraged to contact NOVA for training opportunities (www.try-NOVA.org).

NOVA has several crisis response protocols designed for different potential situations. The one we have chosen to use for comparison purposes here is the most general and most commonly used. Use of the protocol requires people for several key roles: facilitator, scribe, and designated catcher(s). The facilitator sets the stage by introducing team members, talking about their tasks and discussing confidentiality. The facilitator is also the one who asks the questions and uses active listening skills in response to group members.

The scribe writes key concepts on a flip chart, focusing on sensory responses, shock, and denial in the first question set, fear, anger, and emotional turmoil in the second question set, and problem solving and healthy coping skills in the third. The scribe also functions as a substitute for the facilitator, should she or he become ill or overcome with emotion. The third part of the team, designated catcher(s), has a critical role. The group is seeded with mental health workers, identified by the facilitator, whose job is to follow group members if they leave the room during the facilitation process. Sometimes people leave for a smoke or bathroom break; sometimes they leave because they are overwhelmed by feelings. This can be a prime time for individual attention. For example, in one crisis response, a volunteer fireman was a particular concern because he had found the bodies of some children during a fire. He had also suffered a tragic personal loss six months before the fire. During the group crisis response, he abruptly left the room, visibly shaken. For this group, the designated catcher was the chaplain who had also worked as a fireman. He followed the fireman out of the room, and a healing moment occurred.

After working through the NOVA protocol with the group, the facilitator turns to the flip chart to review what has been recorded by the scribe. This process allows the survivors to be validated three times: first, when the facilitator responds to what they have said; second, as the scribe writes a summary of these words on paper; and third, when the facilitator reviews what the scribe has written. To maintain confidentiality, the flip chart pages are removed and destroyed after the crisis reponders leave the group. The group facilitator, scribe, and mental health workers remain afterwards to answer questions or converse with participants.

DISTINCTIONS AND LIMITATIONS

The NOVA protocol question sets were designed to address psychological first aid after a traumatic event. Useful as a mode of therapeutic intervention, the protocol is not intended to take the place of therapy. One limitation of this crisis-oriented approach is that it is possible to miss this distinction and not pursue the therapeutic support needed to complete the cycle of contact. Another limitation of this approach not found in therapy is the limited time for interaction as well as the lack of expectation of an ongoing relationship. Contact between survivor and responder

has tightly constructed boundaries. This construction is deliberate, and is intended to protect the crisis responder. Crisis response work is painful and costly to those providing the service. As survivors require follow-up support, so do crisis responders. If one offers therapeutic services, support or supervision may or may not be needed for the therapist. If one offers crisis response services, follow-up support is essential, and debriefings and an ongoing connection with a national organization help responders reach the withdrawal stage of their own contact cycle.

Therapy is generally individual to individual or individual to group, while crisis response as structured by NOVA is most often organization to organization. Following the NOVA model, an individual representative of an organization such as the superintendent of a school system contacts a member of an organized group of crisis responders who selects a team leader and manager to organize response efforts. This could be considered a limitation since those in need of crisis response services must be aware of the existence of the crisis response group and contact procedures. Sometimes organizations such as school systems and police or fire departments require things of individuals that they would not freely choose for themselves. For example, NOVA (Young, 1998) reported that Oklahoma City rescue workers were required to attend debriefings at the end of each shift. Organizational requirements do not take into account individual differences and the depth of resources available to them. For some, the debriefing requirement may be too little support and for others it may be unnecessary.

Research on the long term benefits of crisis response has yielded a mixed message. Raphael and Dobson (2001) reported:

> ...considerable debate (exists) between those supportive of the Mitchell model specifically or debriefing generally, on one side, and those who do not find benefit and even suggest that there is the potential for those provided with this type of acute intervention to fare worse, on the other. [p.144]

Those questioning the benefits of debriefing include Orner (1995), and Kenardy and Carr (1996) while others call for caution in a broad use of a crisis debriefing model for all psychological traumatization (Raphael & Dobson, 2001). According to Bisson, McFarlane, and Rose (2000) research that exists possesses critical empirical flaws. To resolve this debate, research based on empirical evidence is needed.

CONCLUSION

We have learned, at a cost, that sometimes the world can be a painful place. Crisis responders and others supporting the healing of survivors

hear horrendous and terrible stories that can leave scars on the listeners that change them for a lifetime. Clearer understanding of the human response to tragedy can help survivors and those that support them. This article offers a three question set protocol, grounded in theory, that is useful for working with crisis survivors. In addition, it is our hope that crisis responders and all those listening to the stories of survivors will feel support for their essential contribution to the healing process.

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APPENDIX A

FIGURE 1

Roles: Facilitator, scribe, helpers
Format:
10 minutes: safety and security (group rules, confidentiality)

35 minutes: physical sensory perceptions
Set one (ask the group as an aggregate)
- Where were you when it happened?
- Who were you with?
- What did you see, hear, taste, or touch at the time?
- What did you do at the time? How did you react?

25 minutes: reactions of self, family, and friends
Set two (ask the group as an aggregate)
- Since the time of the event, what are some memories that stand out in your mind?
- What has happened in the last 48 hours? (Length of time since event)
- How have you reacted? How have your family or friends reacted?

10 minutes: preparation for the future
Set three (ask individually)
- After all that you have been through, what do you think will happen at your job (or in your home, or school) in the next few days or weeks?
- Do you think your family has been or will continue to be affected?
- Do you have any practical concerns about what will happen next?

(Ask participants how they think they will deal with the issues that have been raised)

10 minutes: review and conclude
Review notes to identify: descriptions of acute sensory perception, descriptions of shock and denial, descriptions of emotional turmoil, coping strategies.

Allow 15 - 30 minutes postgroup to talk to individuals, give handouts

TABLE 1
Comparison of Selected Gestalt Concepts with a NOVA Crisis Response Protocol

Gestalt Concepts	NOVA Crisis Response Model
Sensation	Question set 1: Physical sensory perception
Awareness and Figure Formation	
Energy Mobilization and Dialogue	Question set 2: Re-engaging the cognitive process
Action	Question set 3: Preparation for the future
Contact	Post crisis intervention; therapy
Withdrawal	Post crisis reponse; therapy

Note: NOVA Crisis Response Model from *The Community Crisis Response Team Training Manual* by M. Young, 1998, Copyrighted by National Organization for Victim Assistance.

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