

# Crisis Response

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**Question #1: Provide both an objective (from a source e.g. dictionary, textbook) and subjective definition (in your own words) for the following terms: "crisis" and "precipitating event." (minimum 50 words each, excluding the objective definitions)**

**Crisis** (Definition) – From the American Heritage College Dictionary there are two parts of their standard definition that apply - 1a. A crucial or decisive point or situation: a turning point. And 3. An emotionally stressful event or a traumatic change in a person's Life (337).

When someone's basic human balance gets disturbed, such as through a series of small events like threats to independence, or a loss of self-identity or loss of an ability, or challenges to survival, development or mastery, tensions can build within the person. Loss can trigger depression, deprivation or mourning, and threats can trigger anxiety. When the person's balance can no longer be maintained for some reason, then a full crisis situation exists.

**Precipitating Event** (Definition) – "If there is no resolution and the tension builds to a peak, then a precipitating factor may touch off the crisis so that, in an instant, so to speak, balance collapses and disorganization takes place" (Kennedy, On Becoming a Counselor, 389). In the American Heritage College Dictionary, the word, "precipitate" has as one of its definitions, "2. To cause to happen, esp. suddenly or prematurely" (1096).

From the outside looking in, a seemingly trivial event may be the apparent cause of a crisis. But what may be hidden from the casual observer is that there may have been a long accumulation of small events or causes that the victim suffered. During this time, the victim managed to maintain his or her balance or equilibrium, but that final event, the one that seems so trivial on the outside, may have been the one that 'broke the camel's back,' as it were. Finally, the chain of events destroyed the victim's balance to the point where they simply disintegrated, and this final, even trivial event, was the one that precipitated the crisis.

**Question #2: Describe the following classifications of emergency situations and provide an example of each. Please utilize the required text pages 386-400 for your resource (minimum 40 words each)**

## **i. Interpersonal**

Interpersonal situations are those where there are significant outside players, where the victim is worried or anxious about the actions or behaviors of others (Kennedy, On Becoming a Counselor, 392). These could easily be battered spouses, an innocent parent of a child-abuse victim, a victim of bullying, etc. The point is that people outside of the victim are involved in the victim's stress.

## **ii. Intrapersonal**

Intrapersonal situations are those that come from within the victim, where they are affected by their own internal anxiety, confusion or depression (Kennedy, On Becoming a Counselor, 392). These can be people suffering extreme loss due to the death of a spouse or child, a person experiencing panic as a result of refusal to face feelings like homosexual attraction, or someone facing confusion due to demands upon them that they simply cannot meet.

## **iii. Somatic Complaints**

Somatic complaints are physical maladies or symptoms that have no real, underlying medical cause (Kennedy, On Becoming a Counselor, 395-6). A person may be seen as a hypochondriac, which actually hides her emotional difficulties with dealing with her family, for instance. Perhaps in her family, only ill people get the attention they need.

**Question #3: Describe at least five possible events or situations that may cause an individual to experience a crisis in his or her life. (minimum 100 words)**

- a. A person facing foreclosure on their home might easily fall into a crisis. The apparent power of the bank or other institution to take their home away could be overwhelming, and easily cause depression and anxiety at the same time.
- b. A parent facing a child custody battle in a divorce might also feel overwhelmed, cheated, and emotionally abused during the fight, leading to a crisis, especially if there is a good chance of losing the battle.
- c. A homosexual child of uptight, religiously conservative parents could get a double dose of trouble. Living a lie with them could cause great anxiety, from a fear of being caught, and depression could come from feelings of low self-worth due to not being able to live up to the parents' expectations.
- d. Grief at the death of a loved one, while terrible for anyone, can be worse for people who may be unable to face the reality of anyone's death, including their own, with events like a family holiday or anniversary leading to the crisis.
- e. Other financial difficulties, where people are struggling to keep their heads above water on a day-to-day basis could lead to despair, depression, and crisis.

**Question #4: Discuss how an individual's ability to appropriately cope and/or problem solve may be affected by crisis and explain the process you would use to assist this individual. (100 words)**

When a person falls into a crisis, there is a loss of balance and equilibrium, which causes the panic and confusion. And as the person continues to fail at coping with life, their fear and panic only gets worse.

First, I would be very well aware of any 'rescue' fantasies I might have. Sometimes folks just need a helping hand for a while, though, and knowing my own limitations and by clearly being aware of what I am doing, it might be appropriate to allow them to 'lean' on me during the worst parts of the crisis, to let me make the immediate decisions for them, since they are unable to make them themselves (Kennedy, On Becoming a Counselor, 390). There is a trap here, however, that must be avoided. Should it become apparent in short order that the person in crisis is not getting better at coping, it would probably be best to refer them to a professional.

In addition to this, the primary aim of crisis intervention is to help people explore coping strategies. Strategies that they have been using to no avail might be strengthened or bolstered, and new strategies could be found. The use of relaxation techniques and exercise can reduce stress. Writing in a journal can get feelings down on paper and not bottled up inside. Social support through groups of folks who have gone through similar crises can help, allowing discussion of possible solutions to the problems, plans for trying them out and evaluating the outcomes (Crisis Intervention).

**Question #5: List and discuss at least five suicide warning signs. Explain how you would respond if you were assisting an individual exhibiting one or more of these signs. (minimum 50 words each warning sign and minimum 100 words for response)**

There are lots of suicide warning signs listed on the suicide.org website (Suicide Warning Signs), and some folks who die by suicide show no warning signs at all. But five I have seen include:

1. Appearing depressed or sad most of the time is one, and untreated depression is the number one cause of suicide (Suicide Warning Signs). There is a difference between normal, minor depression, or "the blues" that everyone feels from time to time, and clinical depression.

Clinical depression has a different feel to the blues, and can seem very deep and last a long time.

2. Talking about death or suicide is another sign. Someone who talks about this a lot is obviously thinking about it. We all have entertained an occasional thought about suicide – I think it might be part of the rite of passage into adulthood (when life just seems so ‘dramatic’). But dwelling on the subject is a bad sign.
3. Feeling hopeless, feeling helpless, and feeling strong anger and rage are all part of feeling trapped. When there’s no way out of the pain, suicide begins to look attractive. The person I knew who went through this was also very intelligent, and therefore able to get around any therapies or ‘tricks’ (as he put it) that the psychologist tried.
4. Experiencing dramatic mood changes can be a sign of a mental disorder. But when someone who is habitually depressed suddenly becomes cheerful and happy, it might be because they have finally made the decision to kill themselves, and all conflict has now been resolved. Determination to commit suicide is the clearest signal we can get about someone’s suicidal intentions (Kennedy, *On Becoming a Counselor*, 352).
5. Giving away prized possessions is another indicator. To give away a cherished possession to a dear friend is one thing, but to give much of what you own away is something else altogether. When a person has decided to kill himself, he may also wish to say goodbye somehow, and giving away things that have meaning to the person is a good way of doing that.

The severity or immediacy of these signs in someone would determine how strongly I would react to them. If someone actually spoke to me about suicide I would urge them to call a suicide hotline, giving them the number while insisting they call right then. I would also try to get them to see a professional, and would refer them to one. If it appeared that someone were going to commit suicide in the immediate future and they refused to call a hotline, I would phone 911 and get the police to talk to them (and commit them involuntarily, if necessary).

For folks who are just displaying some of these signs, such as feeling hopeless or helpless or exhibiting deep depression, there may be more time. It can be counter-productive to pretend to be cheerful or to act like it’s no big deal (Kennedy, *On Becoming a Counselor*, 356), but needs to be taken seriously. I would talk with the person and try to get them to see a professional if at all possible.

One mitigating factor that could expedite events is abuse of alcohol or drugs. These two things can be signs of suicidal behavior, and can also make matters worse. This would also need to be seriously taken into account in assessing the risks that someone might commit suicide.

***Question #6: Choose four of the seven common misconceptions about suicide from the list below and discuss why each is a misconception. (minimum 50 words each)***

**i. People who talk about suicide won’t really do it.**

Talk of suicide is a cry for help. But just talking about it doesn’t take away the pain or ease the depression or anxiety that the person is going through, it can only be a temporary distraction. There are four things that one would need to find out: do they feel so bad that they are seriously thinking of suicide? If the answer is yes, then ask if they have thought how they would do it. If they have an answer of how, then ask if they have the things they would need to carry out that plan, and if they answer yes to that, then ask when they would do it (*How To Help a Suicidal Person*). For each yes answer above, the person talking about suicide is more likely to do it.

**ii. Anyone who tries to kill himself/herself must be crazy.**

While it is true that 4 in 10 people with schizophrenic illnesses (Schizophrenia and Suicide) and 25%-50% of people suffering from Bi-Polar Disorder attempt suicide (Bipolar Disorder and Suicide), most suicides are attempted by normal people who just have big problems. Bullying, post-partum depression, divorces, sexuality issues, rape, etc. are all causative in

suicide attempts, and these are problems that anyone can have. Depression, a major cause of suicide, can happen to anyone. And depressed people are not crazy.

**iv. If a person is determined to kill himself/herself, nothing is going to stop him/her.**

It is true that determined people are more likely to attempt suicide and risk can be increased by having specific means, by the lethality of those means, and by their availability (Kennedy, *On Becoming a Counselor*, 352). But no one wants to die if the pain can be reduced. Mental health professionals can work with potential suicides through treatments to reduce the personal and social factors behind them (like depression, anxiety, agitation, etc.) as well as promote protective strategies such as problem-solving and conflict resolution (Goal 7).

**vii. After a person has attempted suicide, it is unlikely he/she will try again.**

Actually, a person who has attempted suicide is likely to try again in the future. And one place where this can happen is in the hospital, hours after being admitted for the first attempt (After a Suicide Attempt). The pain is still there, as is the depression. The failure of the first attempt doesn't mean that all is well now. Conditions for suicide are still there.

**Question #7: Discuss why an individual in crisis might seek an ADF clergy person for help and explain whether or not you feel this is an appropriate function for ADF clergy, why or why not? (minimum 200 words)**

In ancient times the priesthoods were concerned with keeping the sacrifices going for the good of the state or the tribe, as well as maintaining any judicial, divinatory or other high-status roles they might have. It was not their business to minister to the people.

However, Christianity changed the paradigm long ago, and as a result, people are used to going to their priests, pastors, ministers, etc. for pastoral counseling. Indeed, for a long time, before the rise of the helping professions, the only counseling a person could receive would be from his or her local clergyperson (trained or not).

As a result, our laity may automatically assume that we will behave like the clergy from other faiths that they have known. Whether we like it or not, they will come to us when they have spiritual (or other) issues, are confused or in pain, and need help.

I also think that this is appropriate. ADF uses the Grove model as our basic organizing structure, and this model is based on the concept of churches and congregations. As long as we keep to that model (as opposed to priests spending all their time as solitaries, overseeing temples to specific deities, as in ancient times) we are creating the expectation of the Grove as a family. And the priests, along with the Senior Druids, will be seen as heads of that family. To turn our members away without even a referral would simply be wrong.

**Question #8: Discuss an example of a crisis situation to which you have responded (this may be a crisis you have personally experienced or an experience in which you tried to help someone else in crisis). Reflect upon your response to the crisis in your example, and explain what you found effective, as well as how you could have improved your response to this situation. (minimum 200 words)**

When I was 25 years old, a man that I loved very, very much left my bed, drove to a motel, and killed himself with booze and pills. I didn't even know that he was dead until a few days later when a friend called to tell me that the police had contacted her, since she was his roommate and that was the address on his drivers license. The man's parents had already come to town, identified and collected his body, and taken it back to Arkansas, without a word to anyone.

At first, all I could do was scream in agony when I found out. But we, his friends, couldn't stand being alone, so we all gathered at his house, and began the painful process of going through his

things. His roommate was in a state of shock and confusion, unable to cope with anything, and so we made her stay home with us. I couldn't just sit there, as I was hurting badly too, so to keep my balance I went through all his credit cards and bills, calling creditors to close accounts, and essentially closed down his financial affairs, such as they were. I felt like I was actually being helpful to him in some, small way. At one point the roommate screamed at me that I was heartless for worrying about this, but I could see she was only talking her pain and let it go.

Looking back, I can see all the suicide warning signs glaring at me full in the face. He had talked of suicide (to the roommate, not to me, but she had told me about the talks), he had long bouts of depression, he could be loving one moment and then withdrawn the next, and that last night, he had come over to my house (a surprise since we were not really seeing each other officially – his choice), and was very depressed. He just wanted to listen to Beethoven's *Pathetique* Sonata. We barely spoke, didn't have sex though we did sleep together, and he quietly left that morning with nary a word. I didn't realize it then, but he was saying goodbye.

Knowing what I know now, I might have been able to stop him long before he got to that stage. The 911 dial code had already come into existence and I could have used that, if nothing else. I don't kick myself for not knowing. I have forgiven myself (and him, even). But I sure would have liked to try to keep him alive.

**Question #9: Discuss how the skills required of ADF clergy in ritual, especially those which involve mitigating chaos and generating order, might relate to those necessary for appropriately responding to an emergency situation (minimum 100 words)**

Since I accidentally fell into magical healing, I have come to respect the power that an ADF rite can generate, and the effects it can have on those present, beyond the blessing.

One of the remedies used in crisis intervention is the use of relaxation techniques to relieve stress (Crisis Intervention). The use of ritual techniques for relaxation and centering, within oneself and within the Cosmos, such as the Two Powers Meditation, are well practiced and familiar to ADF folks, opening them to suggestion and hope. A specific magical working, involving holding back the chaos and strengthening the order within a person, aligning them within an ordered Cosmos, could be a very effective way of bringing some order to a person who has had a precipitating event, becoming disorganized and unbalanced.

This sort of technique might be good for stabilizing someone about to start counseling, or better yet, during the counseling period, supporting the work they are doing to pull their lives together. It could help give hope – and hope is the opposite of despair, hopelessness, and helplessness.

**Question #10: Compile and submit a list of mainstream resources providing crisis services available in your locality. Additionally, explore your locality for a hotline number to access emergency services and discuss the results of your search. (Please provide the following information for each resource listed: a) name of resource, b) contact information, c) how to make a referral, d) hours of operation, e) specific service[s] provided by the resource). (no minimum word count)**

When I began calling around using the yellow pages of the phone book, I kept wishing that there were a local directory of these services for both the Washington and Oregon sides of the Columbia River that I could use. Trout Lake has no services of its own, really, but it's not far to the Columbia and I can easily imagine having a congregation here that drew from both states, since Oregon is only 20 miles away.

There are some traps in the phone book as well – for abortion services, all the groups listed are only pro-life, and they do not offer abortion services or even balanced information so that a woman can make her own choices (the local Presbyterian minister tipped me off about them, by the way). But there are remarkably few services listed outside of the governmental listings, and only by calling the government was I able to find out much at all. However, at one point, a nice lady at the Klickitat Health Department told me that a resource directory did exist, but that it wasn't available for

general distribution. She had some extra copies, though, and asked me if I would like one. I said, "YES!" and it arrived in the mail a few days later. This booklet is good through 2010 so in a couple of years I'm going to have to see if I can wheedle a new one out of her.

The following is not comprehensive. New resources appear all the time, and old ones disappear. This is a snapshot in time, and must constantly be reviewed.

### **i. Suicidal thoughts**

Emergency (the suicide is taking place) – call 911

For thoughts only:

- a. Greater Columbia Region Support Network
- b. Goldendale Crisis Line – 1-800-572-8122 or 509-733-5801  
Oregon Alcohol and Drug Hotline (includes suicide) – 800-923-4357 or 877-553-7336
- c. These numbers are both for folks needing immediate assistance and for others calling in for information. As with the mental health issues, the folks at these numbers can talk someone down, and can get immediate referrals to therapists who will immediately call the distressed person right back.
- d. These lines are open 24 hours per day, 7 days per week.
- e. They provide over the phone counseling for people feeling the desire to commit suicide and will contact therapists for immediate referrals.

### **ii. Mental illness**

1.
  - a. Central Washington Comprehensive Mental Health Crisis Response Unit
  - b. Crisis Line – 1-800-572-8122  
Addresses - 112 West Main  
Goldendale, WA 98620  
509-773-5801  
  
251 NE Rhine Village Drive  
White Salmon, WA 98672  
509-493-3400
  - c. Call to arrange an assessment
  - d. Crisis Line open 24 hours, 7 days a week  
Office hours 8am – 5pm, Mon-Fri
  - e. Assessments, referrals and immediate call-backs from trained therapists
2.
  - a. Mid-Columbia Center for Living
  - b. After Hours Crisis Line – 541-386-7534  
Addresses - 1610 Woods Court  
Hood River, OR  
541-386-2620  
  
419 East 7<sup>th</sup> Street, Suite 207  
The Dalles, OR  
541-296-5452
  - c. Call to arrange an assessment
  - d. Normal hours Mon-Fri 8:30 am – 5 pm  
Crisis Line hours 5 pm – 8:30 am
  - e. Assessments, referrals and immediate call-backs

### **iii. Substance abuse (addiction)**

1.
  - a. Klickitat County Health Dept. (WA)
  - b. White Salmon, WA  
509-493-1558 or 503-250-4663

- Prevention Specialist  
Alcohol and Drug Coordinator  
Barb Klinger – 509-493-1927 and [klickitatcountycoordinator@yahoo.com](mailto:klickitatcountycoordinator@yahoo.com)
  - c. Call to arrange assessment
  - d. 8am – 5pm Mon-Fri
  - e. Assessment, referrals
2.
    - a. Mid-Columbia Center for Living (OR)
    - b. Addresses - 1610 Woods Court  
Hood River, OR  
541-386-2620  
  
419 East 7<sup>th</sup> Street, Suite 207  
The Dalles, OR  
541-296-5452
    - c. Call to arrange an assessment
    - d. Normal hours Mon-Fri 8:30 am – 5 pm
    - e. Assessments, referrals
  3.
    - a. Alcoholics Anonymous Hood River
    - b. 800-967-8207 or 800-784-6776
    - c. Call for information
    - d. 24 hours
    - e. Support groups

#### **iv. Financial Issues**

1.
  - a. Community Services Office, WA Department of Social and Health Services
  - b. Addresses - 806 S. Columbus  
Goldendale, WA 98620  
509-773-7450  
800-505-4686  
  
221 North Main  
White Salmon, WA 98672  
509-493-6140  
800-504-1180
  - c. Fill out application before 11am and see social worker the same day  
Before 1pm may see social worker same day
  - d. 8am – 5pm
  - e. Food stamps, limited financial assistance for families with minor children,  
payments for some medical assistance.
2.
  - a. Department of Human Services (Self Sufficiency – Oregon)
  - b. Addresses - 1610 9<sup>th</sup> Court  
Hood River, OR  
541-386-3199  
  
700 Union Street  
The Dalles, OR  
541-296-4661
  - c. Come in and fill out application
  - d. 8 am – 5 pm
  - e. Medical and temporary financial assistance, daycare program, food stamps,  
JOBS program

#### **v. Homelessness (lack of shelter, food, clothing, other basic needs)**

1. Lack of Shelter
  - A. Washington (no low-income housing available)
    - a. Guided Path (part of WA Gorge Action Programs)
    - b. 223 Wind Ranch Rd  
Bingen, WA  
509-493-4234
    - c. Show up
    - d. 8am – 4pm
    - e. Emergency, temporary shelter
  - B. Oregon (no emergency shelters available)
    - a. Mid-Columbia Housing Agency (HUD Section 8)
    - b. 312 Court Street  
The Dalles, OR  
541-296-5462
    - c. Call for appointment
    - d. 8am – 5pm
    - e. Low-income long-term housing
2. Lack of Food
  - A. Washington
    - a. Washington Gorge Action Programs Food Bank
    - b. 1250 E Steuben Street  
Bingen, WA 98605  
509-493-2662
    - c. Must prove low income for eligibility
    - d. Tuesday and Thursday 8:30 am – 12 noon and 1:30 pm – 3:30 pm
    - e. Food box once per month – some foods for people with dietary needs may be available. NOTE: Trout Lake Abbey donates 8 dozen eggs to this group weekly.
  - B. Oregon
    - a. Bread and Blessings
    - b. 315 W. 3<sup>rd</sup> Street  
The Dalles, OR  
541-296-5295
    - c. Show up for a meal
    - d. Mon. – Fri. 9am – 11 am
    - e. Breakfast provided

Also

    - a. Community Meals
    - b. 315 W. 3<sup>rd</sup> Street  
The Dalles, OR  
541-296-9566
    - c. Show up for a meal
    - d. Fri. – Sun. 4:30 pm – 5pm
    - e. Dinners provided
3. Lack of Clothing, etc.

- A. Washington
  - a. Second Hand Rose (part of WA Gorge Action Programs)
  - b. 223 W. Steuben Street  
Bingen, WA 98605
  - c. Cash only
  - d. Tues. – Sat. 10am – 12:30 pm and 1:30 pm – 5:30 pm
  - e. Second hand clothes, house wares, small appliances
  
- B. Oregon
  - a. Salvation Army Thrift Shop
  - b. 623 East 3<sup>rd</sup> Street  
The Dalles, OR 97058  
541-296-6417
  - c. Cash only
  - d. Mon. – Sat. 9am – 5pm
  - e. Second hand clothes, house wares, small appliances

**vi. Suspect abuse of individual’s child(ren)**

- 1. For emergencies, call 911
- 2. To report suspected abuse:
  - A. Washington
    - a. Department of Social & Health Services, Children Protective Services
    - b. Hotline – Toll-Free – 888-606-9639
    - c. N/A or just call and report
    - d. 24 hours/7day a week
    - e. Takes reports of suspected abuse for follow up by the agency or police.
  
  - B. Oregon
    - a. Department of Human Services (Child Welfare)
    - b. Hood River – 541-386-2962  
The Dalles – 541-298-5136  
After hours - 911
    - c. Call and make report
    - d. Mon-Fri 8am – 5pm. After hours call 911 and they will connect you to someone you can make the report to.
    - e. Takes reports of suspected abuse for follow up by the agency or police.

**vii. Criminal Victimization (victims of theft, sexual assault, domestic violence)**

- 1. Emergencies – dial 911
- 2.
  - a. Programs for Peaceful Living (Klickitat Co., WA)
  - b. Goldendale – 509-773-6100  
Toll Free – 800-352-5541  
White Salmon – 509-493-1533  
Toll Free – 800-352-5541  
State Wide Toll Free – 800-562-6025
  - c. If in immediate danger, dial 911  
For counseling appointment, call

If in urgent need of an advocate, call the toll-free number and an advocate will return your call within 20 minutes.

- d. Normal hours 10am – 5pm, Mon. – Thurs.
  - e. Advocacy and counseling services for sexual assault and domestic violence
- 3.
- a. Holly House (WA)
  - b. PO Box 477  
Stevenson, WA (Skamania Co.)  
Toll-Free – 877-427-4210
  - c. Call for help
  - d. 24 hours
  - e. Shelter for women and children victims of domestic violence
- 4.
- a. Haven From Domestic Violence (OR)
  - b. The Dalles, OR  
541-298-4789  
Toll-Free – 800-249-4789
  - c. Call for help
  - d. 24 hours
  - e. Shelter for women and children victims of domestic violence

**viii. Grief (resulting from death, terminal illness, divorce or other loss)**

- 1.
- a. Central Washington Comprehensive Mental Health Crisis Response Unit
  - b. Crisis Line – 1-800-572-8122  
Addresses - 112 West Main  
Goldendale, WA 98620  
509-773-5801  
  
251 NE Rhine Village Drive  
White Salmon, WA 98672  
509-493-3400
  - c. Call to arrange an assessment
  - d. Crisis Line open 24 hours, 7 days a week  
Office hours 8am – 5pm, Mon-Fri
  - e. Assessments, referrals and immediate call-backs from trained therapists
- 2.
- a. Mid-Columbia Center for Living
  - b. After Hours Crisis Line – 541-386-7534  
Addresses - 1610 Woods Court  
Hood River, OR  
541-386-2620  
  
419 East 7<sup>th</sup> Street, Suite 207  
The Dalles, OR  
541-296-5452
  - c. Call to arrange an assessment
  - d. Normal hours Mon-Fri 8:30 am – 5 pm  
Crisis Line hours 5 pm – 8:30 am
  - e. Assessments, referrals and immediate call-backs

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