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Dear Editors:

I enjoyed reading Professor Burgess' article on the Iranian hostage victims and crisis intervention. Can you suggest additional readings on these topics?

Nancy Weber
Rochester, New York

Dr. Burgess has furnished the following list of additional readings.

Baldwin BA. A paradigm for the classification of emotional crises: Implications for crisis intervention. *Am J Orthopsychiatry*. 1978; 48:538-51.

Burgess AW, Baldwin BA. *Crisis intervention theory and practice: A clinical guide*. Englewood Cliffs, New Jersey: Prentice-Hall, 1981.

Ewing CP. *Crisis intervention as psychotherapy*. New York: Oxford University Press, 1978.

Figley CR, Sprenkle DH. *Delayed stress response syndrome: Family therapy indication*. *J Marriage Fam Counseling*. 1978; 53-60.

Figley CR, ed. *Stress disorders among Vietnam veterans: Theory, research and treatment*. New York: Brunner/Mazel, 1978.

Emergency Care *Continued*

the client's needs herself. Rather than feel the frustration of not even attempting to meet the client's needs, a nurse may simply attempt to meet them in a rote or depersonalized way. A better solution is for the nurse to acknowledge when she cannot meet these needs and to try to find someone who can. Making real personal contact with the conscious coherent emergency client is essential to client-centered emergency care. It is the nurse's responsibility as coordinator of care to see that the client's values, life perspective and feelings are included in all forms of care as much as possible. Client judgment in care decisions is called for in client-centered care.

Gadow, in her recent article describing a self-care philosophy, articulates an approach to client care that is essential to healing but is often lacking in emergency care situations. Gadow points out that the more life-threatening the injury or illness, the more likely it is

Guiraud P. *Semiology*. London: Routledge & Kegan Paul, 1975.

Horowitz MJ, Wilner N, Kaltreider N, Alvarez W. Signs and symptoms of posttraumatic stress disorder. *Arch Gen Psychiatry*. 1980; 37:85-92.

McCubbin HI, et al., eds. *Family separation and reunion*. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1974.

McCubbin HI, Dahl BB, Lester GR, Ross BA. The returned prisoner of war: Factors in family reintegration. *J Marriage Fam*. 1975; 37:471-8.

McCubbin HI, Dahl BB, Lester GR, Ross BA. The prisoner of war and his children: Evidence of the origin of second generational effects of captivity. *International J Soc Fam*. 1977; 25-36.

McCubbin HI. Integrating coping behavior in family stress and therapy. *J Marriage Fam*. 1979; 41:237-44.

Marris P. *Loss and change*. New York: Random House, 1974.

Quarantelli EL, Dynes RR. Response to social crisis and disaster. *Ann Rev Soc*. 1977; 3:23-49.

Weigart AJ, Hastings R. Identity loss, family and social change. *Am J Soc*. 1977; 82:1171-85.

that professional judgment will be substituted for the client's judgment. "In extreme situations, of course, patient decision-making often is not feasible because of uncontrolled pain, disorientation, or other reasons."⁴ Certainly such situations arise. However, well meaning health care providers all too frequently justify substituting profession-centered for client-centered care by using such an argument. Actually, there are many situations when an additional five, ten or even sixty seconds can be taken to try to involve the client as fully as possible in his care and thus in the healing process.

The most important components of a client's decision-making are the client's values and perspectives. Often, clients find themselves immersed in the values and actions of the emergency care team who do not act as if the client's values and perspectives are equally valid and important. Nurses and other members of the emergency team must not fool themselves into believing that such

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