

Engaging in Crisis

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What is a Crisis

- Many differing ideas about it
 - Any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving and coping skills (Alaska dept. of health, 2011)
 - Any “upset” in a person’s typical state
 - A person who is suicidal or homicidal

What is a Crisis

- Certain Events
 - Life-threatening situations
 - such as natural disasters (an earthquake or tornado)
 - Sexual assault or other criminal victimization
 - Medical illness
 - Mental illness
 - thoughts of suicide or homicide
 - Loss or drastic changes in relationships

What is Crisis Intervention

- Methods use to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems
- Psychotherapy that focuses on acute critical situations with the aim of restoring the person to the level of functioning before the crisis

Suicidal Crisis

- A verbal or non-verbal communication that the individual intends to harm him/herself with the intention to die but has not acted on the behavior (STAR Outreach, 2007)

Myths about Suicide

- No one can stop a suicide, it is inevitable.
- People who complete suicides always leave notes.
- When people talk about suicide, they are only trying to get attention
- Once someone's emotional state improves, the danger of suicide is over.
- Confronting a person about suicide will only make them angry and increase the risk of suicide.
- After a person makes an attempt at suicide it is unlikely they will try again.

Myths about Suicide

- Suicidal people keep their plans to themselves. Those who talk about suicide don't do it.
- Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- Only depressed people make suicide attempts.
- Only experts can prevent suicide.

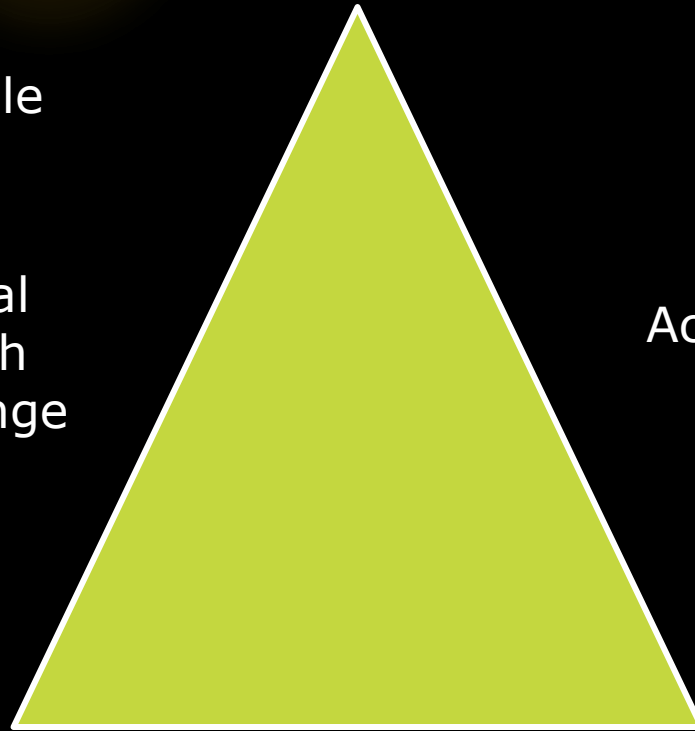
Risk For Suicide

○ Risk Triangle

Mental
Health
Challenge

Access to a
means

Substance



Risk for Suicide

- A suicidal person is in much greater danger of acting out if he or she is intoxicated. Alcohol and drugs can lower inhibitions and can increase illogical thinking (“This is a good idea.”)
- A 2004 study indicated that up to $\frac{3}{4}$ of those who completed a suicide also tested positive for at least one substance (Violent Death Reporting System, 2004).
- If possible, a suicidal person should be restricted from access to firearms or any other deadly agents
- Over $\frac{1}{2}$ of all suicides are completed with a firearm.

Risk for Suicide

○ Depression

- Up to 25% of all Americans experience an episode of clinical depression during their lifetimes.
 - Depression is one of the greatest risk factors for suicide.
- Untreated depression is the #1 cause of suicide.
 - 15% of those with clinical depression die by suicide
- Depression is treatable.
 - 80% of those who seek treatment for depression are treated successfully
- Hopelessness is the biggest indicator

Engaging the Person in Crisis

- Time
 - Allow time for the person to talk
 - Person may be reluctant
 - Why?
 - Person may have a great deal to say
 - Why?
 - Barriers to talking
 - Stigma
 - Vulnerability
 - Gender & Socialization factors

Engaging the Person in Crisis

- Meet the person where THEY are
 - Be collaborative
 - Problem solve
 - Do not abandon the client
 - Maintain empathy
 - Obtain informed consent

Engaging the Person in Crisis

- Always be mindful of your reaction to suicide
 - Religion & Spirituality
 - Personal Beliefs
 - Countertransference

Engaging the Crisis

- Assess risk and protective factors
 - What are they?
 - Wall of Resistance

Engaging the Crisis

- Lethality Assessment
 - Ideation
 - Intent
 - Plan
 - Get as much information as possible
 - Shawn Shea: CASE Approach (1998)
 - Chronological Assessment of Suicidal Events
 - Psychological Pain, Stress, Agitation, Hopelessness, Self-Hate, Plans, Actions, Intent

Engaging the Crisis

- Determine next step
 - Hospitalization?
 - Voluntary
 - How does client get to hospital?
 - Who do you call for client
 - Do you have consent?
 - What do you tell your client about the process?
 - Involuntary
 - Only crisis delegates can involuntarily hospitalize
 - What is your plan for when this happens?

Engaging the Crisis

- Safety Plan
 - Not a contract
 - Nothing anyone signs
 - Plan for the next time the client feels this way

Emergency Numbers

- Program into your phone:
 - Erie County Crisis Services: 716-834-3131
 - Niagara County Crisis Services: 716-285-3515
- Numbers to have on hand
 - National toll-free 24/7 hotlines:
 - 1-800-SUICIDE 1-800-273-TALK
(800-784-2433) (800-273-8255)

References

- Quinnett, Paul. (2011). The QPR Institute. Retrieved on March 3, 2011 from <http://www.qprinstitute.com/index.html>
- Shea, S. (1998). Psychiatric interviewing: The art of understanding. (2nd Ed.). Philadelphia, PA: W. B. Sanders, Inc.