



---

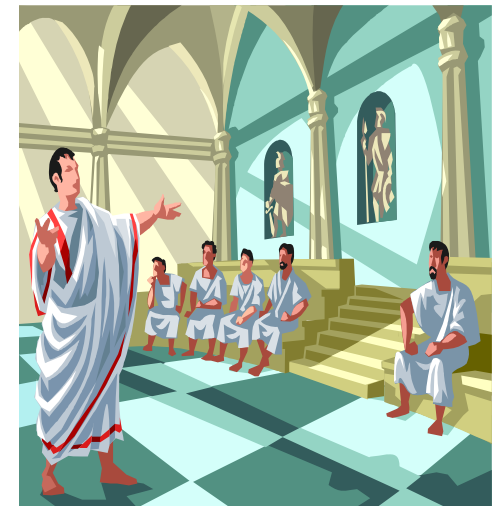
# “Dealing With Clients in Crisis”

*by Colleen Leonard, MA, MBA, LAC, CCGC, AADC*

*How do you help a client who has given up on life? Would you know what to do if one of your clients called and said they had given up all hope of getting better? These situations are especially difficult for a clinician when the client contact is by phone. Today we will discuss ways to help these members of our society who are in so much pain.*

## Historical Notes of Interest on Suicide

- Initially, suicide was not considered a cultural taboo. To the ancient Egyptians, suicide was not a violation of either the spiritual or legal code...it was simply a way to die when one was faced with unendurable suffering. Most early civilizations viewed suicide as a means of escaping an unbearable existence or of releasing loved ones from a burden associated with caring for the sick or elderly. There was no judgment attached to such a death.
- Death by one's own hand has a very long history.





# Historical Notes on Suicide

---

- This all changed during the early years of Christianity. Early Christians were often so persecuted that that suicide was considered a self-chosen death and a goal for the genuinely pious to aspire. The number of Christian martyrs rose dramatically and quickly...so much so that the ruling Jewish faction decided to forbid eulogies and public mourning for those who died by their own hand.

**This action began the stigmatization of suicide in Judeo-Christian culture.** Soon, Jewish leaders refused to allow suicide victims to be buried in hallowed ground. Christians began to look at it as a betrayal of Jesus and it developed a “guilt by



# Suicide – Just the Facts



- Suicide is a world health issue.
  - A Harvard study released in 2008 reviewed over 84,850 adults in Nigeria, South Africa, Colombia, Mexico, the United States, Japan, New Zealand, China, Belgium, France, Germany, Italy, the Netherlands, Spain, Ukraine, Israel and Lebanon and found the following information:
    - There was an overall average of 9.2 percent of people who reported having seriously thought about suicide.
    - There was a 2.7 percent of people who actually attempted suicide.



# Suicide – Just the Facts



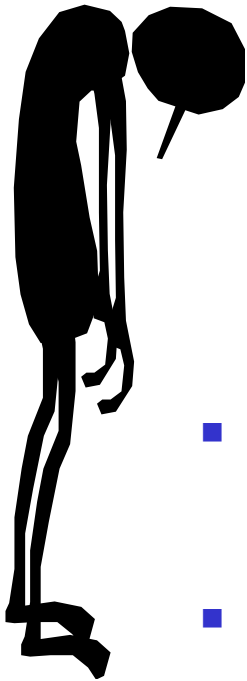
- Suicide is a world health issue.
  - Rates of suicidal ideation ranged from 3.1 in China to 15.9 in New Zealand. **This is a significant example of the influence of one's culture.**
  - In high-income countries, the strongest risk factor associated with suicidal thoughts and behaviors was MOOD DISORDERS; in low and middle income countries, it was IMPULSE control disorders (i.e. gambling)





# Suicide

---



- We often think of suicidal thoughts and behaviors as occurring among people who are depressed, but across all of these countries, we found that it is not just depression that increases the risk of suicidal behaviors but impulse control, substance abuse and anxiety disorders are all associated with a significantly higher risk of suicidal thoughts and attempts. (Depression, impulse, mood disorders, substance abuse, anxiety and stress disorders...)
- People who have a suicidal thought, 29% made a suicide attempt...usually within the first year after the onset of suicidal thoughts.
- Among those with a thought AND a plan, there is a 56% probability of an attempt.
- An average of **one person every 18 minutes** dies by suicide.
- Your goal on the phone or in person is to provide hope and give the individual time even if it is only an extra hour of life. “We

# Suicide...just the facts



- Life circumstances that may immediately precede someone committing suicide include the week following discharge from a psychiatric hospital, the loss of friends or family, breakup of romantic relationships and divorces, moving, employment changes and financial difficulties, and loss of freedom or other privileges.
- Firearms are by far the most common means by which people take their life accounting for nearly 60% of COMPLETED suicide deaths per year.
- Although firearms are the most common way people complete suicide, trying to overdose on medication is the most common way people ATTEMPT to kill themselves.
- Nearly a million people worldwide commit suicide each year, with anywhere from 10 to 20 million suicide attempts made annually.

# Suicide...just the facts



- Suicide is the eighth leading cause of death in males and the 16<sup>th</sup> leading cause of death in females and it is the third leading cause of death in people 10 to 24 years old.
- Other deliberate means of harming yourself include self mutilations, self-burning, pinching, scratching and head banging.
- Among adolescents there is a renewing of a long-time means of suicide that is now called the “choking game.”





# Depression and Suicide

---

- Depressive episodes play a major role in suicide.

General symptoms:

- 1) Decrease or increase in appetite or weight gain or loss, change in sleep patterns, fatigue or low energy, feelings of worthlessness or guilt, decreased concentration or indecisiveness, recurrent thoughts of death.
- 2) Characteristics/episode not better explained by another diagnosis with a complete family history of mental illness taken into account.
- 3) Often seen with major medical (cancer, diabetes) one or more anxiety disorders, substance abuse or other addictions, such as gambling.
- 4) Five or more symptoms are present for over two weeks.



# Psychosis

---

- Psychosis refers to a mental disorder in which the personality is seriously disorganized and contact with reality is usually impaired.
- Mania refers to wild or violent mental disorder; obsession or craze.



# Depressive Disorders

---

- Treatment basics include medications such as SSRI's (selective serotonin reuptake inhibitors) and TCA's (Tricyclic antidepressants and others).
- Psychotherapy including cognitive-behavioral therapy and interpersonal therapy.
- Others means such as electroconvulsive therapy.
- Medications are based on severity of the episode and any side effect profile, a risk of overdose, family history. Medications may take up to six, eight or twelve weeks to be maximally effective and have a 50% to 60% efficacy overall.

# Why Suicide?

How does it get to this point



- Here is the puzzle: How do I get out of this problem, this dilemma, this pain?
- Suicide is most often **not** a random act. . . but
- It is the answer – the only seemingly available one – to a problem, the resolution of an issue.
- Suicide is a death in which the decedent removes himself from intolerable pain and simultaneously from others in the world.
- It is a manner of lifelong coping patterns:
  - “You can’t fire me; I quit.”
  - “I’ll leave her before she leaves me.”



# Why Suicide?

How does it get to this point



- (From *Definition of Suicide* by Edwin Schneidman)
- Suicide is about unendurable psychological pain.
- How can I go on like this?
- The main clinical rule is: Reduce the suffering, often just a little bit, and the individual will choose to live. . .  
. But hopefully for the impulse to die takes over



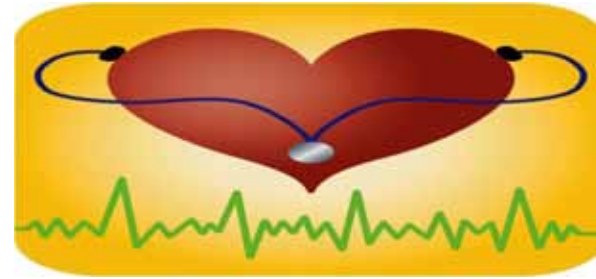


# The Plan



- There are four major stages in helping someone who is in crisis – never forget that what they tell you may or may not be the truth. A few beers may be a case, etc.
- The first stage is to listen...keep it as personal as possible by using your first name. Your voice and your ability to hear will keep the client talking...this is the goal.
- The second stage is to assess the situation at hand. You/we have determined he is in crisis and needs help immediately.
- The third stage is to develop a plan for the client and for yourself...how are you going to help? What will you say?
- The fourth stage is closure for both the client and yourself.
- Let's break these down into a little more detail.

## Crisis Call Procedures Know What To Do



- HOPE is the major message to pass on in any crisis situation. How is this accomplished?
  - To establish hope, the idea that there is a reason to continue living, you must establish a rapport with the individual. Always keep your **voice** low and free of judgment.
- Remain calm.



# Crisis Call Procedures

## Know What To Do



- Often counselors (either in person or on the phone) try to help by doing all the talking. The counselor cannot solve the problem. The answer is inside each individual and they need to talk and to feel to find it.

# Crisis Call Procedures

## Know What To Do



- If the caller is emotional and crying, do not attempt to stop the flow of tears. Continue to encourage them to talk. Remain calm so that they will hear your suggestions:



- **“Take some deep breaths”**
- **“It’s okay . . .”**
- **“Take all the time you need”**
- **“I’m not going anywhere”**

# Crisis Call Procedures

## Know What To Do



- It is okay to ask the person, **“Do you ever feel so badly that you think of harming yourself?”**
  - Do not worry about “planting” the idea in someone’s head. Suicidal thoughts are common with depressive illnesses, although not all people have them. If a person has been thinking of suicide, he will be relieved and grateful that you were willing to be so open and nonjudgmental. **It shows a person you truly care and take him seriously.**



# Crisis Call Procedures

## Know What To Do



- If the client continues discussion of suicidal ideation, be direct and find out (the truth is your best friend – “I am worried about you.”)
  - **“Have you ever harmed yourself in any way before?”**
  - **“Have you ever had similar thoughts in the past?”**
  - **“Do you have a plan to carry this out?”**



# Crisis Call Procedures

## Know What To Do



- “Do you have the means available with you?”  
(guns, pills, etc.)
- “Would you be willing to remove yourself from the method while you speak with me?”
- Go to another room, move away from the object.



# Crisis Call Procedures

## Know What To Do



- Ask the caller if they will make a verbal contract with you while you.
- **“Will you make a contract with me not to harm yourself . . . Until your family members (husband, wife, parents, etc.) arrive home?”**



# Crisis Call Procedures

## Know What To Do



- Remain calm . . . Talking in a **soothing**, even tone of voice.
- “Are you employed?”
  - “Do you like your job?”
  - “Do you have children?”
  - “Do you have any siblings?”
  - “Are your parents still living?”
  - “Do you have any pets?”





# Crisis Call Procedures

## Know What To Do

---

- Try to avoid giving advice. Telling a caller to *“count your blessings”* or any similar language could make the caller feel more guilty, worthless and hopeless.

# Crisis Call Procedures

## Know What To Do

- Get help for yourself as soon as the crisis ends!



- **Talk to your supervisor, coworker, or boss. Relay the call to that person exactly as you heard it.**
- **Give yourself some time before returning to the Helpline Call Center. (Take a walk, get something to eat, etc.)**

# Examples

## March 18, 2008



- It is 9:30am on a Sunday morning at the Helpline. Three people are manning the phones and one of our operators gets a call from a man who says “Help me.” He was 55 years old and admitted to having been on cocaine. He said he was hallucinating and having visions of his wrists being cut open by knives. He also happened to mention that he had knives with him at his home. He said his head was pounding and admitted he suffers from high blood pressure and has not taken his medication for that disorder in years. He added that he had been drinking beer as well.
- He states that his wife has just left him and she will not answer her phone and is heartbroken.
- He is unable to work and out of money.
- He has tried AA and did not like it. He said he had been to treatment and “failed.”
- We cannot SEE him...we only have his word. How can we help?

# Examples

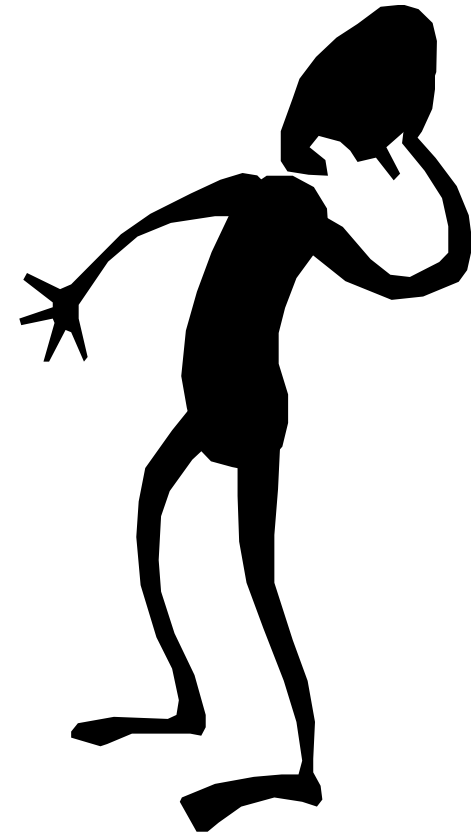
- We already have two categories of information on this caller:
  - A. His physical condition and history as he reports it: On cocaine or ingested it recently, drinking beer, diagnosed with high blood pressure at some point but does not have any medication and he is hallucinating to the point of seeing his own wrists cut open and bleeding.
  - B. His mental history describes alcoholism and drug abuse which are both mental illnesses. He is despondent from the loss of his wife and he has no idea how to cope with the problem at hand.
  - We also know that he has mentioned that he has knives in his possession so he essentially has a plan and the fact that he is “high” indicates that he is not able to think rationally.



# Dealing with Clients in Crisis

## Examples

- A female called the Substance Abuse Helpline from Kentwood, Louisiana at 11:51am stating she needed some help for her husband. She said that he was addicted to powder cocaine and crack and is threatening to kill himself before the day is over.



# Dealing with Clients in Crisis

## Examples

- How do you help a client who does not want to live anymore? Would you know what to do if one of your clients called you and said they had given up all hope of getting better and simply did not want to go on? In the heat of the moment there are so many people who decide life is no longer worth living or “too hard” and they do not want to be around to face the consequences. Talking to anyone about suicide can be scary but keeping it a secret or not addressing the issue directly can often lead to tragic results. Suicide is a fatal response to a treatable, and reversible condition. There are ways to help these individuals who are in so much pain and today we are going to talk about the way to do just



# Dealing with Clients in Crisis

## Examples

- A caller called the Helpline in complete despair from her gambling addiction. This particular female was 46 years old and lived in Lafayette. She had been gambling for over twenty years. Prior to calling the Helpline she had been gambling for three days without food or sleep. She had been in this situation before and knew that her law-enforcement husband would end the marriage if he found out she had “done it again.” She had decided that her only way out was to shoot herself in the bathtub so that there would not be a mess for her husband to clean up.



# Dealing with Clients in Crisis

## Examples

- A 38-year-old woman called from Cotton Valley, Louisiana wanted to end her life. She had a supply of Xanax and was planning on taking them all and simply “going to sleep.” She said her marriage was not going well and she also suffers from leukemia. When asked if she had any weapons in the house she said, “Of course. I am a retired police officer.”



# Dealing with Clients in Crisis

## Examples

- How do you help a client who does not want to live anymore? Would you know what to do if one of your clients called you and said they had given up all hope of getting better and simply did not want to go on? In the heat of the moment there are so many people who decide life is no longer worth living or “too hard” and they do not want to be around to face the consequences. Talking to anyone about suicide can be scary but keeping it a secret or not addressing the issue directly can often lead to tragic results. Suicide is a fatal response to a treatable, and reversible condition. There are ways to help these individuals who are in so much pain and today we are going to talk about the way to do just that.





# Crisis Call Procedures

## Know What To Do

---



- *Our problems are man-made, therefore may be solved by man ... No problem of human destiny is beyond human beings.”*
  - *John F. Kennedy*