**PHA PHriends Crisis Policy**

A crisis may occur when an individual is unable to deal effectively with stressful changes in their environment. A crisis is determined by the person’s interpretation of a stressful event and their response to it. For example, if someone experiences a situation as significant and threatening, has exhausted his/her usual coping strategies, and is unaware or unable to pursue other options, then this event might push the individual into a state of crisis. In other words, a crisis is one’s perception of an event as unmanageable.

**Types of Crisis**:

There are several categories of crisis, which can be classified by the following: 1) significance of the event in the person’s environment, 2) the individual’s ability to change their circumstance based on their current level of functioning, and 3) the resulting level of physical and/or emotional decline. For PHA PHriends, crisis can be classified the following ways:

1. Imminent Life Threatening: This is when imminent danger has been reported or assessed that could threaten the physical health or well-being of a person(s). Some examples are: suicide, homicide, accidents, physical/emotional/sexual abuse, psychiatric symptoms or extreme agitation that would cause immediate threat to safety, or criminal neglect.
2. Immediate Emergency: This is when immediate danger has been reported or assessed to a person that could possibly be a threat to the basic needs or psychological/emotional well-being of a person(s). Some examples include: accusations of abuse, exploitation, neglect or self-neglect, agitation and psychiatric symptoms causing concern for safety, emergency respite and emergency care needs, emotional distress requiring immediate supportive counseling, issues related to hospitalization, death and/or end-of-life care that requires immediate response.
3. Urgent Needs: This is when a situation requires intervention as quickly as possible to prevent further negative threats from occurring. Some examples are: financial problems, family discord, legal issues, and emotional distress requiring supportive counseling within 24hours.

**Protocol**:

These are **strict guidelines** that you must adhere to when you receive an immediate emergency or life threatening crisis call.

* Continue the conversation and provide immediate supportive listening regardless of type of crisis. DO NOT end the call right away. If you hang up right away, the caller will be discouraged to speak about suicide and most likely will not call the hotline.
* Be as calm as you can. Nothing will make the situation worse – talking to the caller is the best thing you can do.
* Ask the three crucial questions:
	+ 1. Are you thinking about suicide?
		2. Do you have a plan?
		3. Have you attempted suicide in the past?
* **If the person has a plan for harming themselves or for suicide, you *must* call the police.**
* You must disclose your limitations as a volunteer using the following language:
	+ - “I’m really glad that you called me today. As a PHA Support Line Volunteer, I am not a trained or professional counselor and I am not able to provide you with any type of counseling. My role is to listen and provide emotional support.”
	+ Must refer the caller to The National Suicide Prevention Lifeline: 1-800-273-TALK (8255) if self-harm or suicide is mentioned:
		- “Thank you for reaching out to me today. I’d like for you to be able to speak with someone who can provide the type of assistance you need in this difficult situation. Do you have a pen and paper to take down the number for the National Suicide Prevention Lifeline?”
		- National Suicide Prevention Lifeline: 1-800-273-8255 (800-799-4889 for TTY and 888-628-9454 for Spanish).
* Close call with – “I am glad we spoke. I care about you and want to help you get help. You are not alone.” Request permission to follow-up with the individual, or have a staff member follow-up with the individual.

**Best Practices:**

Crisis related interactions are unique and dynamic situations that require individualized and often immediate action plans. Take a breath and respond from a compassionate and respectful stance. Since these calls are often complex and challenging we wanted to provide you a framework for responding:

* Provide immediate supportive listening regardless of type of crisis. DO NOT end the call right away. Ending the call promptly could make the caller think this will happen any time they bring up suicide, and will most likely not call the Suicide Prevention Lifeline.
* Be as calm as can be. Nothing will make the situation worse – talking is the best they can do
* Validate the thoughts the person is having.
* Attempt to gather name, contact information, location and any identifying information if possible. This information can be used to call 911 on their behalf if you hear that the caller has means to and an active plan to commit suicide. If a caller will not share this information, try to obtain via caller-id.
* Determine if the person is alone or whether there are family or friends available that the person could engage to get additional support for the situation. If no one is in the home, ask if there is someone who can be contacted.
* When providing contact numbers, speak clearly and repeat twice. It is helpful to ask if the person can write the number down.
* Save several emergency numbers to your cell phone. The ability to get immediate help for yourself or for a friend can make a difference.
	+ The non-emergency number for the local police department
	+ The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
	+ Crisis Text Line: 741741

**Risk Factors:**

Suicide does not discriminate. People of all genders, ages and ethnicities can be at risk. Suicidal behavior is complex and many different factors contribute to someone making a suicide attempt. People most at risk tend to share certain characteristics. The main risk factors for suicide are:

* Depression, other mental disorders or substance abuse disorder
* Certain medical conditions
* Chronic pain
* A prior suicide attempt
* Family history of a mental disorder or substance abuse
* Family history of suicide
* Family violence, including physical or sexual abuse
* Having guns or other firearms in the home
* Having recently been released from prison or jail
* Being exposed to others' suicidal behavior, such as that of family members, peers or celebrities

Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.**

**Resources:**

* National Suicide Prevention Lifeline: 1-800-273-8255 (800-799-4889 for TTY and 888-628-9454 for Spanish).
* Wellness Check
	+ If you are concerned about the caller’s wellbeing, you can call the non-emergency police and they will go check on the person. All you need is the person’s phone number.
* [www.211.org](http://www.211.org) OR dial 211
	+ **211** matches the callers' needs to available resources and refers them directly to an agency or organization that can help.
* National Suicide Prevention Lifeline Website: <https://suicidepreventionlifeline.org/>
* Crisis Text Line: 741741
* <http://www.every-mind.org/services/crisis/>

**Debriefing Crisis Calls**

Always follow-up with a call and email to PHA staff, Abby Sickles, AbbyS@PHAssociation.org ; 301-565-3004 x777 to ensure all protocols were followed and to ensure emotional well-being. Be sure to fill out your intake form per usual.