



# CRISIS MODULE\*

## ▶ ABOUT THIS ACTIVITY

 **Time:** 90 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Identify someone in crisis.
- Know how to respond to crisis.
- Help someone in crisis develop a safety plan.

 **In This Activity You Will...**

- Facilitate a discussion of crisis situations (30 minutes).
- Conduct case study exercises in small groups (30 minutes).
- Debrief the case study exercise (30 minutes).

 **Materials:**

- Handout – Crisis Intervention Case Studies
- Handout – National Suicide Prevention Lifeline
- Trainer Sheet - Crisis Intervention Case Studies – Possible Responses

 **Preparation:**

- Print handouts

## Instructions

1. Follow talking points below.

- Although the chance of having a crisis situation come up is rare, peer leaders have a moral obligation to assist their clients through mental health challenges. If you suspect that someone might be suicidal or homicidal, it is important to do something about it and not ignore it.
- Many persons living with HIV/AIDS have either attempted suicide or have had suicidal ideation. Thus, potential suicide may be the type of crisis you might encounter most as a peer leader.
- Often a decision to commit suicide is not a rational decision, so don't expect to have a rational discussion in which you talk a person out of it. Be supportive by letting the person know you care. Listen to them with respect. Do not make moral judgments. Don't challenge or dare a person to commit suicide thinking you will shock them out of the idea. The impulse to end it all may be temporarily overpowering, but does not last forever. The short term goal is ensure immediate safety. Often discussion of the feelings will help to deescalate the situation.
- This type of crisis is reportable and is the only instance in which confidentiality can be broken. Peer leaders should inform their clients early on in the relationship that this is the only time in which the organization is morally obligated to break confidentiality.
- Don't simply take it upon yourself to make the report. Your agency most likely has a policy about how to handle these situations and there might be a point person that handles this. Learn your agency's protocol and ALWAYS consult with your supervisor or program director.

\* This module comes from Support Group Facilitation Training, JRI Health Peer Support Services, 2006.

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- If you are doing peer work after hours, make sure you have your supervisor or point person's telephone number so that you can call on them for help. If after making these attempts you still can't locate anyone, then you should proceed by making the report yourself.
  - It is extremely important that you have the local crisis team contact information handy at all times. Additionally, there is a national suicide prevention lifeline that you can call or have the client call. The contact information is in one of your handouts.
2. Pass out Lifeline handout.
- Be aware of the signs of potential suicide. Here are some common signs that someone may be suicidal:  
Direct or indirect statements about suicide, hopelessness or death.  
  
Final arrangements: A person may put their affairs in order, change a will, give away possessions, or talk vaguely of going away.  
  
Sudden elevated mood: Paradoxically, a depressed suicidal person may suddenly appear better after making a decision to end their life. A burden has been lifted, as they no longer have to agonize over the decision.  
  
Risk taking or self-destructive behavior: This may represent a death wish. In other words the person isn't ready to take their own life but tempts fate by taking an extreme risks.
- If someone indicates that he/she has a history of suicide attempts, has the intent to harm him/herself, and has a lethal plan, it is necessary to take the threat seriously and follow your agency's protocol.
  - Contrary to popular belief, you are not putting ideas into the persons head if you ask them about suicide. Bringing the subject out into the open and discussing it is one of the most helpful things you can do. It is normal to have suicidal thoughts when faced with a life threatening disease.
  - Develop a safety plan:  
Encourage the person to seek assistance from their doctor/therapist/case manager for potential mental health assessment and treatment
  - Ask direct questions: This enables you to assess the potential suicide:  
  
What thoughts do you have about hurting yourself?  
Have you tried to hurt yourself in the past?  
How do you think that you are going to act on these feelings?  
What ways have you thought about hurting yourself?
  - Have the person promise you verbally or in writing that they won't hurt themselves for X amount of time (until a check-in with the crisis team or suicide prevention lifeline). Having the promise be set for a specified amount of time is achievable in many cases. Build into the plan an agreement that the person will call for help if they do not feel they can keep this promise. Check ins from you and other professionals in your agency can be helpful. This also shows the person that someone cares about them enough to check in.
3. Tell participants to break out into 4 small groups and discuss the case study assigned to their group; they will have 30 minutes to do this.
4. Have each group select someone to record responses to

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*All I do is cry. Really, I thought I was going crazy. Finally, someone who gets it and understands.*

Client of a  
WORLD Peer



the accompanying questions on newsprint, and someone to be a spokesperson to report out to the larger group.

5. Assign case studies and go around the room during the exercise to assist with questions and support the small group process.
6. Have each group take a turn reporting out to the larger group.

## Summary

Wrap up session.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Support Group Facilitation Training, JRI Health Peer Support Services, 2006.

### CRISIS INTERVENTION CASE STUDIES

#### Case Study 1

John has been HIV positive for nearly 10 years. He has been your client for about a year. In the past year, his partner died and John has had to leave his job and go on disability due to his own health issues. He reports that although he struggles with depression periodically, he doesn't consider himself depressed and wouldn't do anything to harm himself. He states that he understands why people consider suicide, though.

1. What are some ways that you could respond?
2. How can you be supportive in this situation?
3. What issues should you make sure are addressed?
4. What planning steps may be helpful?

#### Case Study 2

Vincent tested positive for HIV just three weeks ago, and was referred to you immediately. During the first encounter with you he was very quiet. Today, however, he has been much more talkative, speaking of how difficult it has been for him to accept his diagnosis. He says to you, "I don't think I am going to be able to deal with this. I can't tell my family or friends and I think that I might have infected my partner. I feel so horrible I don't think I can take it anymore. I have been having thoughts of hurting myself – is this normal?"

1. What are some ways you can respond?
2. What are things that should be covered in this discussion?
3. How would you plan to follow up?

### CRISIS INTERVENTION CASE STUDIES (CONT.)

#### Case Study 3

Dana has been HIV positive for 14 years. She has had several opportunistic infections but lately her health has been stable. She brings up the fact that she is a member of an organization that supports the right to die for people with terminal illnesses. She mentions that she has had a store of enough medication to kill herself for several years now. She says it gives her comfort to know that she has that as an option, if her health worsens again. However, she states that she is not feeling that she would be using that option any time soon.

1. How might you respond?
2. What subjects might be discussed in the ensuing conversation?
3. What follow up, if any, is needed?

#### Case Study 4

Damon was diagnosed with HIV about 2 months ago. He has spoken on more than one occasion of being depressed and feeling hopeless. Today he seems as if he is carefree, and is much more animated than he has been in previous group meetings. He mentions that he knows how he would kill himself but quickly changes the subject. He tells that you may not see him anymore because he is going to be doing some traveling. When you ask where he is going, he responds, "Let's just say that I am going to much better place."

1. How might you respond?
2. What should the you make sure is addressed in the ensuing discussion?
3. What should be included in the follow-up plan?

### CRISIS INTERVENTION CASE STUDIES – POSSIBLE RESPONSES

#### Case Study 1 - John

Possible responses:

- Sounds like John believes in the right to die on his own terms; therefore, he's not suicidal
- Assure him that is normal to have these feelings and that they are very common with people who are newly diagnosed
- Although John doesn't sound serious about suicide, you may want to check it out
- Ask direct questions: "Have you had thoughts of hurting yourself? Do you think that you might act on these feelings?" If there is substantial reason to believe that John might attempt suicide, proceed to making a safety plan as discussed earlier

If you determine that John is serious about suicide:

- Encourage John to seek assistance from family, friends, or professionals with whom he is currently involved.
- John may also be in need of support services, meals on wheels, home health care. A referral for these and other services should be offered.
- Discuss how recent events might be exacerbating his depression and that these issues will not always be so intense over time.
- John may still be grieving the recent loss of his partner. Talking about grief and loss and sharing your own experience of grief and loss can be helpful and communicates to him that he is not alone.
- Also, ask him: "How have you dealt with depression in the past? What helped you?" Whatever worked in the past may work in the present.

#### Case Study 2 - Vincent

Possible responses:

- Ask Vincent: "What thoughts do you have about hurting yourself? Do you think that you are going to act on these feelings? If you have reason to believe he might attempt suicide, then proceed to making a safety plan
- Assure Vincent that is normal to have these feelings and that they are very common with people who are newly diagnosed
- Explain that even though things are feeling very intense right now, it will not always be that way
- Vincent may benefit from joining a newly diagnosed support group; offer a supported referral
- Here a self disclosure of any experience you've had with suicidal feelings and how you dealt with it could be appropriate. Make sure that the sharing does not shift the focus away from Vincent's feelings
- Provide national suicide prevention hotline and/or other local crisis hotline
- Other referrals include mental health services and case management. Follow your agency's policy on making referrals

### CRISIS INTERVENTION CASE STUDIES – POSSIBLE RESPONSES (CONT.)

#### Case Study 3 - Dana

Possible responses:

- This may not actually be a suicidal case but simply the belief in rational suicide and right to die issues
- Ask direct questions: “What thoughts do you have about hurting yourself? Do you think that you are going to act on these feelings? If you have reason to believe she might attempt suicide, then proceed to making a safety plan using the same strategies used in the previous 2 case studies.

#### Case Study 4 - Damon

Possible responses:

- Damon is showing signs of potential suicide, e.g. pre-suicide statements, vaguely talking about going away, sudden elevated mood
- Ask direct questions: “What thoughts do you have about hurting yourself? Do you think that you are going to act on these feelings? If you have reason to believe he might attempt suicide, then proceed to making a safety plan
- Notify supervisor, program director or other point person
- Encourage Damon to seek assistance from family, friends, or professionals with whom he is currently involved.
- Give him the national suicide prevention lifeline telephone number and/or local crisis hotline

NATIONAL SUICIDE  
PREVENTION LIFELINE

1-800-273-TALK

(In Spanish: 1-888-628-9454)

[WWW.SUICIDEPREVENTIONLIFELINE.ORG](http://WWW.SUICIDEPREVENTIONLIFELINE.ORG)