

## **Responding to a person in crisis or distress**

### **Identifying when a person may be in distress**

Although everyone feels "stressed" at times, excessive stress (i.e. distress) can manifest itself in a number of ways. Although the following list is by no means all-inclusive, you should suspect that a person might be distressed if any of the following apply to him/ her:

- Trouble sleeping
- Vague physical aches and pains and / or lack of energy
- Loss of interest in activities that s/he once enjoyed
- Depressed or lethargic mood
- Lack of motivation
- Excessive tension or worry
- Restlessness; hyperactivity; pressured speech
- Excessive alcohol or drug use
- Decline in academic performance; drop in class attendance
- Social withdrawal
- Changes in eating patterns
- Self-injury (cutting; scratching; burning)
- Unusual or exaggerated response to events (e.g., overly suspicious; overly agitated; easily startled)

In dealing with a distressed person, your own safety and wellbeing are just as important as that of the person in distress. Recognising the limits of what you can and can't do to help someone else is a crucial part of this.

### **What you can do:**

- Be genuinely concerned and supportive
- Listen carefully and with sensitivity. Listen in an open minded and non-judgmental way.
- Be honest and direct, but non-judgmental.

- Be honest with yourself about how much time and effort you can afford to spend in helping
- Be aware of your own needs and seek support for yourself
- Maintain and respect healthy boundaries

### **What you can't do:**

- Control how another person is going to respond to you
- Decide for another person whether or not s/he wants help or wants to change

### **Identifying when someone is in crisis**

A crisis is a situation in which a person's coping mechanisms are no longer working. By definition, it is a highly unpleasant emotional state. The nature of a crisis can be highly subjective and personal, and its severity can range from mild to life-threatening. But regardless of its nature, a crisis should always be taken seriously and responded to as swiftly as possible. When a person is in a state of emotional crisis, you might see or hear the following:

- Extreme agitation or panic
- References to or threats of suicide, or other types of self-harm
- Threats of assault, both verbal and physical
- Highly disruptive behaviour: physical or verbal hostility; violence; destruction of property
- Inability to communicate (for example, slurred or garbled speech; disjointed thoughts)
- Disorientation; confusion; loss of contact with conventional reality

From: <https://cmhc.utexas.edu/afriend.html>

### **What if someone needs urgent help or support?**

If someone is exhibiting some of the above behaviours then encourage them to try to speak to somebody they trust now.

- *Is there a family member or a friend you could call?*
- *Is there a neighbour who can help (from a safe social distance)?*

**If you believe there is imminent danger that the person might harm either him/herself or someone else, then please call the Police or Ambulance Service on [999](#).**

### **Do they need medical or mental health help now?**

If so, then it is crucial that they contact the right person - most likely their **GP**. They can help them to get **specialist help**. If their GP surgery is closed, the answerphone should direct them to the right place.

They can also call **NHS [111](#)** if they need medical help or advice that is not life-threatening.

### **24 hour support**

If no-one is available when they need help, or they'd like to speak to an impartial person in confidence, they can contact the **[Samaritans](#)** on **[116123](#)** for round-the-clock support. They can also contact them by email at: **[jo@samaritans.org](mailto:jo@samaritans.org)**.

## **SAFER MODEL**

***Use the safer model when dealing with someone in extreme distress or crisis***

**S**tabilise **A**cknowledge the crisis **F**acilitate understanding **E**ncourage effective coping **R**ecovery or Referral

**Stabilise** – The first part of the stabilization process involves introductions, build rapport. Following the introductions, see that basic needs are met within an environment of safety

- Introduction
- Meet basic needs
- Mitigate acute stressors
- Confidential
- Limitations – time
- “Any questions?”

**Acknowledge** - Acknowledgement of the issue includes listening to the, who, what, and when, of the issue.” Try not to focus on the “why” and “how”. These tend to lead to judgment statements. Stay with the facts.

- Event and the Reactions
- They do most of the talking
- Hear the story
- Listen
- Reframe and summarise
- “hunt the good stuff”
- Is there anything more to add?
- Facilitate Understanding -  
Normalisation
- what’s normal, not what’s not normal
- Remind them what they know
- Respond to what they’ve said in their story
- “is there anything I’ve missed?”

**Facilitate understanding** - This step involves encouraging the expression of difficult emotions, and helping them understand the impact of the critical issue. It is a time paraphrase the content of what is being said. It is a time to attribute reactions and emotions to the situation, and not to personal weakness

- What do you normally do to cope with situations like this?
- Consider what the others can do
- Empower them
- Where possible, make it their suggestion
- How about...
- Hope and optimism

**Encourage effective coping** – Here is the time to identify personal stress management tools. These management techniques might include time management, nutritional techniques, avoiding known stressors, relaxation response training, physical exercise, and catharsis. Also identify external support/coping resources

**Recovery or referral (signpost)** - Assess the person’s ability to safely function. Make referrals as needed.

- What do they need?
- Individuals safety
- Any doubt, then no doubt
- Facilitate access to next level of support

**FOLLOW UP**

**You may want to consider these prompts:**

#### WHAT TO SAY....

Would you like to tell me what has brought you here?  
(Tell me) what happened?  
You seem to be.....  
It sounds as if.....  
What exactly makes you think that?  
What is it that makes you say that?  
Who have you spoken about this with?  
Have you considered.....  
Have you thought of .....  
Have you been able to do that?  
Will you be able to do that?  
Is there someone at home to talk to?  
Many people find.....very effective

#### WHAT NOT TO SAY

I think.....  
Shit happens  
You'll be fine  
That happens to many people  
You should.....  
You'll get over it  
Don't worry  
I know how you feel  
It's not so bad  
You won't be given more than you can handle  
You need to forget about it  
You did the best you could  
You really need to experience the pain  
At least...

***Revised model Dr George Everly (ICISF, 1996)***

**For further information**

**Supporting your wellbeing: free apps and online programmes**

**Sleepio:** An evidence-based sleep improvement program

<https://onboarding.sleepio.com/sleepio/healthandcare-scot/77#1/1>

**Daylight:** A smart-phone based app that helps with anxiety and worry

<https://onboarding.trydaylight.com/daylight/healthandcare-scot/100#1/1>

**Silvercloud:** A structured programme based on CBT that focuses on supporting your wellbeing, including managing your mental health, resilience, stress and sleep.

Use code NHS2020

<https://nhs.silvercloudhealth.com/signup/>

CHECK – CAN WE SIGNPOST MEMBERS OF PUBLIC TO THIS OR HELPLINE STAFF?? CAN THEY USE THE CODE??

Take the Lifelines Scotland [Staying Well Road Trip](#)

**Above taken from wellbeing network:** <https://www.promis.scot/>