



LEADERSHIP



INCLUSION



INTEGRITY



COLLABORATION AND
EMPOWERMENT



ACCOUNTABILITY



Mission

To be an association that is the recognized leader in promoting collaboration and building capacity within organizations that provide distress and crisis response.

Vision

To foster an environment of collaboration and networking while providing universal access to support for individuals in distress and crisis.

Volunteer Skills

This presentation has been developed by Distress and Crisis Ontario for volunteer training purposes amongst our Member Centres. We strive to provide a trauma-informed perspective and to highlight the importance of self-care for volunteers as they support others through their moments of distress and/or crisis.

This presentation has been adapted from materials developed for the Learning Forum.

Table of Contents

Section 1: Volunteer Preparation

Section 2: During Your Shift

Section 3: Taking Care of Yourself

Section 1: Volunteer Preparation

Your ability as a crisis responder is heavily influenced by your initial preparedness.

- As a crisis responder, you will encounter individuals from all walks of life, many of whom may be in active crisis situations, or will engage you in conversation involving very sensitive subjects and emotionally-distressing information.
- Due to this, you must be mindful of your own wellbeing. Crisis response is a difficult task, and can come with a great deal of secondary stress; your mental wellness and self-compassion should be prioritized (avoiding vs managing stress).

Section 1: Volunteer Preparation

- Every caller will have a unique set of circumstances; it is impossible to anticipate what exact subjects or situations you will encounter while on the job.
- So, while you cannot anticipate the exact circumstances you will encounter, you must understand going in what you are *likely* to encounter to avoid averse shock or surprise.
- Remember: you may be the first point of contact for someone in an active crisis situation. Your ability to stay calm and collected is an asset.
 - To avoid surprise, inadvertent judgement, and panic on your end, it is important that you are aware of the circumstances/subjects you may run into.

Section 1: Volunteer Preparation

What subjects or circumstances could you expect to encounter?

- Intimate partner violence
- Mental illness
- Human trafficking
- Sexual violence
- Homelessness
- Child abuse
- Elder abuse
- Grief or loss
- Suicide
- Substance Abuse

THESE ARE ONLY SOME POTENTIAL TOPICS

Section 1: Volunteer Preparation

In addition to being able to anticipate the types of crises you may encounter, the following considerations will improve your calmness, empathy, and compassion.

- Crisis situations can result in an acute stress response.
- Callers may demonstrate a number of cognitive difficulties, such as impairments in memory, communication, emotional regulation, executive function, etc.
 - These difficulties can be indicative of a trauma response to stress.
 - You must exercise patience and compassion; callers in crisis *will not always behave rationally*. Be mindful of the impact of stress and the pain they may be suffering.

Section 1: Volunteer Preparation

Being empathetic and compassionate is not the same thing as being able to understand what a caller is going through.

- Due to the nature of crisis response, you will most likely only receive a ‘snapshot’ of the crisis situation. You will not receive a wealth of context or background information.
- Even without context or a thorough understanding of a crisis situation, your ability to remain calm and demonstrate compassion is critical to developing a positive relationship with the caller.
- **Empathy ≠ sympathy.** You do not need to understand a situation or a caller’s actions in order to be supportive. You need to be patient, empathetic, and considerate. Be kind, be warm, be welcome. It is not your job to impose judgement, nor is judgement conducive to trauma-informed care or harm reduction.

Section 2: During Your Shift

Crisis response can often be a fast-paced, high-stress working environment. As a front-line responder, you will need to understand:

- How to make connections with callers
- De-escalation techniques
- What to do when a caller will not de-escalate
- What to do when a caller (or someone other than the caller) is in immediate danger
- How to manage a mistake on your part

Section 2: During Your Shift

Techniques for Making Connections

- Active-listening; as a first point of contact, your attentiveness is crucial in developing a positive relationship with callers. Ensure that not only are callers *heard*, but that you are hearing them.
- Asking questions about their circumstances and their emotions can be a strong way to demonstrate the presence of your support, but it's important to avoid invasive inquiries.
 - Prefacing questions with phrases such as, "If you're comfortable answering," or "If it would help to talk about it," can allow you to pose questions without pressuring the caller to provide an answer.

Section 2: During Your Shift

Techniques for Making Connections

- Voicing your empathy; acknowledge the hardship a caller is experiencing. Instead of undermining their pain, empathetic acknowledgement can help them feel seen and heard.
- Using simple language; clinical jargon can alienate a caller in need. Keep your words simple and easy to understand.
- Staying silent; sometimes, if a caller just needs to talk, *let them*. Not only can your own silence indicate intent listening, but it can also allow the caller to share their circumstances and process them out-loud.

Section 3: During Your Shift

Techniques for Making Connections

- Paraphrasing; paraphrasing not only allows you to emphasize that you are listening, but re-iterating the information given to you can also aid in your own processing and general understanding of the situation.
- You may find that empathy and compassion are easier to express when you have a more thorough understanding of the circumstances you're dealing with.
- That being said, you will not be privy to a wealth of information. Do not expect a caller to provide every fact and detail about what is going on in their lives; much of this is on a 'need-to-know' basis.

Section 2: During Your Shift

The Paradox of the “Need-to-Know” Basis

- While it is important that you receive at least *some* information about a caller’s circumstances, it’s just as important to prevent the caller from over-sharing or re-traumatizing themselves through the explanation of their situation.
- Do not pressure a caller into disclosing information. You can assure them that they can share if they would like to, but it must be by their own volition.
 - Pressuring a caller to disclose information can compromise their trust, not only towards you but towards helping institutions in general.
- Be mindful of the questions you ask, and more than that, pay attention to the caller’s disposition and emotional state.

Section 2: During Your Shift

Re-traumatization: The process by which an individual re-experiences a previous trauma.

- May be incited by:
 - Encountering circumstances similar to those of the traumatic event (e.g. sights, scents, sounds, etc.)
 - Being in a similar environment to that of which the event occurred
 - In-depth or detailed discussion of the event
- Re-traumatization can result in increased, returning, or new emotional and physical stress reactions.

Section 2: During Your Shift

A Trauma-Informed Approach

- When working with a client in an active crisis situation, you must be mindful of the impact that trauma can have on their demeanour and ability to communicate. Symptoms include:
 - Disorganized, despondent, urgent, or panicked disposition
 - Anxiety, fearfulness, agitation, irritation, anger, panic
 - Social isolation, social withdrawal,
 - Hyperventilation, disorganized thoughts, frantic speech, intense emotions, uncontrollable crying
- These symptoms are normal during a crisis. Normalizing the experience can help the caller cope with their emotions and circumstances.

Section 2: During Your Shift

Possible signs of emotional or physical distress:

- Increase in volume / a change in speech pattern
- Disorganized thoughts
- Sudden aggression or agitation
- Hyperventilation (increased respiration)
- Increased rumination, cyclical thoughts
- Crying
- Difficulty recalling memory

Section 2: During Your Shift

Again; as a first responder, you are an acting source of stability for the caller. If they begin to exhibit distress, volatility, or intense emotion during the call, you must:

- Stay calm. Keep your voice at a level, even tone. Your disposition will serve as a 'baseline' for the caller, so be mindful of your language and tonal choices.
- Exercise patience; emotional reactions during high-stress situations are often inevitable. Never antagonize or shame the caller for their emotional state.
- Listen for signs that the caller's distress is increasing.

Section 2: During Your Shift

In the case that a caller becomes panicked, agitated, hostile, or overwhelmed, the employment of **de-escalation techniques** can help in ‘bringing down’ the caller’s reactivity.

- De-escalation is done with more than just the goal of ‘calming’ the caller down.
- Understanding how to respond to an escalated situation is essential. Extraordinary circumstances result in extraordinary reactions; knowing how to skillfully navigate escalation will help you better navigate a crisis in general.
- Helping a caller settle into a more stable emotional state will not only improve your ability to provide help, but can fortify the caller’s personal safety as well.

Section 2: During Your Shift

De-escalation Techniques

- When attempting to de-escalate a situation, you must act as an emotionally stable baseline. Your own calmness will serve as an anchoring point.
- Be respectful and non-judgemental. Your own hostility will likely only exacerbate their escalation.
- Change the subject. If there is a specific topic of conversation that is inciting the escalating emotions, calmly guide the conversation elsewhere.
 - Ex; ask open-ended questions, or directly suggest talking about something else.

Section 2: During Your Shift

De-escalation Techniques

- Controlled breathing exercises (Breathe in, 2, 3, 4; breathe out, 2, 3, 4) or the 5 senses grounding technique (you can learn more in the anxiety module).
- Voice your intentions; you are here to help. You are on the caller's side. You want to get them the resources and community support that they need.
- Inquire about the caller's present needs. Is there anything you can do that will help the caller calm down?
- *Remember, a caller exhibiting anger or aggression is not necessarily directed at you on purpose. They are experiencing an intense emotional response that is being channeled towards you because you're the first person in line. You become an outlet.*

Section 2: During Your Shift

When de-escalation fails:

- You may encounter situations where de-escalation does not work.
- If the caller escalates to verbal or emotional abuse, cruelty, or simply will not de-escalate regardless of your attempts, you must **disengage**.
- To disengage is to separate yourself from the caller. It may feel ‘counterintuitive’ to disengage or prematurely conclude a call, but in some cases, disengaging is the only way to de-escalate the situation.

Section 2: During Your Shift

Disengaging

- Although the caller and their crisis situation is important, your own safety and wellbeing must come first.
- Your ability to support callers is heavily influenced by your personal wellbeing. If a caller is abusing you in any way, or creating an uncomfortable, hurtful, or upsetting environment, it's important that you put yourself first.
- *If you need to hang up the phone, at any point, hang up the phone. Just as the caller is their own expert, you must be yours.*

Section 2: During Your Shift

Active Suicidality

- Managing callers who are exhibiting active suicidal behaviour requires similar skills to de-escalation.
 - Because the caller is likely in a heightened or frantic state of distress, your own stability and consistency when engaging can help ‘ground’ their emotions - your own calmness will serve as an anchoring point.
- Be empathetic and compassionate. You do not need to understand *why* someone might be suicidal; you just need to be kind and patient.
- For more information on how to support callers who are actively suicidal, visit: <https://www.dcontario.org/supporting-suicidal-callers-webinar/>

Section 3: Taking Care of Yourself

Harm reduction goes both ways

- Crisis response can be immensely stressful and traumatic.
- Above all else, you must counter this stress by taking care of yourself and prioritizing your own personal wellness.
- Remember, harm-reduction does not only pertain to reducing harm for the caller. It is important that you are cognizant of the harm that this job can cause you, as the responder, as well as the measures that can be taken to reduce said harm.

Section 3: Taking Care of Yourself

The stress and intensity of crisis response can increase an individual's risk of:

- Developing a mental health condition, such as a mood disorder, an anxiety disorder, post-traumatic stress disorder, or a substance abuse disorder.
- Increased susceptibility to physical illness due to the impact of stress on the immune system.
- Intrusive thoughts, self-endangering behaviours, high-risk behaviours, and suicidality.
- Burnout and long-term stress that pervades beyond the crisis response environment.

Section 3: Taking Care of Yourself

Why is it important to discuss the potential risks of crisis response?

- It is important that you understand the impact that crisis response may have on you when volunteering.
- More than that, it is important to understand that even the most capable, emotionally-stable volunteers are susceptible to being impacted by the job.
- Being aware of the signs and symptoms of a work-related health injury will help you identify the problems as early as possible. This will make managing the stress and resulting symptoms significantly easier.
- Remember – the symptoms and injuries listed throughout this section are highly treatable and completely normal, especially upon early identification.

Section 3: Taking Care of Yourself

Moreover, pervasive stress can have a profoundly negative impact on the body. According to the First Responder Mental Health Organization of British Columbia, crisis responders may experience:

- Psychological health problems.
- Work-related mental health injuries, such as secondary post-traumatic stress or depressive symptoms.
- An increase in the severity of symptoms of pre-existing physical conditions. For example, chronic pain may worsen over time and increase in severity due to an overall increase in stress.
- A loss of interest in previously-enjoyed activities, as well as a general lack of excitement or desire to participate in hobbies and social gatherings.
- Deterioration in relationships with companions and loved ones and/or compassion fatigue.

Section 3: Taking Care of Yourself

Compassion and Your Frame of Reference

- You are going to encounter a number of intense and dire circumstances on the job.
- Because of this, you may experience uncharacteristic apathy or difficulty understanding the struggles of your loved ones in your personal life.
- The circumstances that impact your loved ones may not seem like a big deal when compared to what you deal with while on the job, but it's important to be mindful of their relative frame of reference.
- Don't invalidate the struggles of the people in your life because they don't seem as 'dire' or 'serious' as those that you encounter while volunteering. Try to consider their perspective, instead of brushing off their pain.

Section 3: Taking Care of Yourself

Secondary Traumatic Stress (AKA Compassion Fatigue)

- “The emotional duress that results when an individual hears about the firsthand trauma experiences of another.” (*The National Child Traumatic Stress Network*)
- The Administration for Children and Families describes this occurrence as, “a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder.”
- As a crisis responder, you may be susceptible to developing secondary traumatic stress, and consequently, symptoms that reflect those associated with PTSD. These symptoms can have a significant impact on your ability to function normally, regulate your emotions, and effectively manage crisis situations while volunteering.

Section 3: Taking Care of Yourself

Symptoms of Secondary Traumatic Stress (*Administration for Children and Families*)

- Cognitive symptoms – sudden apathy, concentration difficulties, trauma-focused repetitive thoughts
- Emotional symptoms – pervasive and distressing feelings of guilt, helplessness, sadness, emptiness, agitation
- Physical symptoms – muscle and joint pain, immune system impairment, increased heartrate, respiratory problems
- Behavioural symptoms – social withdrawal, sudden change in appetite, hypervigilance, sleeping difficulties

Section 3: Taking Care of Yourself

Preventing Work-Related Mental Health Injuries

- Be mindful of the potential risks and pitfalls. This can help you navigate them upon their presentation.
- Establish an emotional support network; let your loved ones know about your position. Be open about how you are feeling prior to starting as a volunteer crisis responder.
- Focus on taking care of yourself. Build a routine around volunteer shifts, in which you partake in activities (such as hobbies, personal hygiene rituals, and meditation) that help put you in a positive mindset going in.

Section 3: Taking Care of Yourself

Day-by-Day: Managing Stress

- Upkeep regular hygiene and bodily-maintenance rituals. Keep exercising, keep showering regularly, keep tending to yourself even if you don't feel like it. Maintaining your body physically can have a positive impact on your mental wellbeing.
- Don't be afraid to talk about work-stress or how you're feeling. If an issue is confidential, seek out the support of your supervisors and/or, if appropriate, colleagues.
 - Not only can those who work with you understand what you're experiencing, but sharing your experiences can improve your overall trust in the team and comfort in working together.
- Pursue guided meditation and breathing exercises in between calls or after your shift. This can help you in regulating your emotions and processing physical stress as it happens.

Section 3: Taking Care of Yourself

Day-to-Day: Managing Stress

- Ask for help if you need it. Crisis responders need to stick together, especially in supporting one another through work-related stress.
- Be mindful of your present mental and emotional state, as well as the happenings of your personal life. Try as you might, it is difficult to keep the stress from your home-life from your volunteer time, and vice-versa.
 - If you are having a hard time in other parts of your life, be open and honest about it. Talk to someone about it, be it a friend, a colleague, or a supervisor.
 - If you need a break, take one. Taking care of yourself in a time of need or high-stress is essential and can prevent burnout down the line, therefore extending the longevity of your abilities as a responder.

Section 3: Taking Care of Yourself

Work-Related Mental Health Injuries – Addressing the Symptoms

- A mental health injury may occur even with proper prevention and stress management techniques.
- Your worth as a volunteer and as a human being *is not dictated* by whether or not an injury/mental health problem manifests.
- If you are struggling, if your life and general functioning is being impacted by this volunteer position, taking the proper steps to mitigate harm and recuperate is extremely important.
- **You need to take care of yourself before you can take care of anyone else.**

Section 3: Taking Care of Yourself

Work-Related Mental Health Injuries – Addressing the Symptoms

- Beyond being open with your loved ones, colleagues, and supervisor about the impact of volunteering, you can;
 - Speak to your doctor, perhaps request a psychiatric referral.
 - Find a counsellor or a psychotherapist. Cognitive Behavioural Therapy and Dialectical Behavioural Therapy are proven to reduce the impact of stress by improving methods of coping, processing, and moving on.
 - Join a support group; a social event involving other individuals who understand what you're going through can have a significant positive impact on your recovery.
 - Take a break from volunteering. Focusing on recovery will extend the overall longevity of your crisis response career, and will lessen the overall impact of the injury on your general wellbeing.

Bonus: What else is included in the LF module?

- A brief introduction to crisis response
- Much more information on active suicidality and de-escalation
- Additional information on trauma informed responses and self-care

This module, and many others, are on the way soon. Some other upcoming topics include:

- Self-injurious Behaviour
- Body Image
- Men's Mental Health
- Racial Trauma
- And more...

Section 4: Taking Care of Yourself

Relevant Resources

- [Guided Self-Compassion Meditations](#)
- [Mind Beacon, Virtual Therapy Clinic](#)
- [BounceBack, Virtual CBT Clinic](#)
- [Boots on the Ground, Anonymous First Responder Support Network](#)

Section 4: Taking Care of Yourself

References

<https://mycalcas.com/2014/12/8-ways-for-first-responders-to-reduce-stress/>

<https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

<https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress#:~:text=Secondary%20traumatic%20stress%20is%20the,disasters%2C%20and%20other%20adverse%20events.>

<https://www.samhsa.gov/>

<https://bcfirstrespondersmentalhealth.com/wp-content/uploads/2017/05/Recommended-Practices-for-Supporting-Mental-Health-in-First-Responders-170615.pdf>

<https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

<https://cmha.ca/find-info/mental-health/check-in-on-your-mental-health/work-life-balance-quiz/>



This presentation was created for use by Distress and Crisis Ontario and their Member Centres. (August, 2022)