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Help needed for Suicide Hotline

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Since increasing its hours to 24-7 last July, the Central Valley Suicide Prevention Hotline crisis workers have averaged assisting between 750-800 callers per month. With such a high call volume within an often-time taxing environment, volunteers are actively being recruited.

"This kind of thing doesn't speak to everyone," Barbara Breen, Suicide Prevention program manager said. "It requires a different type of dedication — it's extremely challenging, but the rewards are just amazing."

Not only are the calls challenging, but the training prior to ever taking a call can also prove to be intense and extensive — all to properly prepare staff in dealing with individuals in crisis.

Everyone must go through 40 hours of training, which is preceded by a comprehensive interview process. The Suicide Intervention training, as well as the internal training, is well-rounded, covering callers in crisis, cultural awareness, crisis theory, substance abuse and different legalities — to name just a few.

Crisis workers also practice active listening by listening in on conversations of actual calls. They learn about specific software and computer systems, as well as different response techniques. Role-playing can also occupy a large portion of the training progression. Throughout the training, individuals are tested multiple times. All this is done to ensure the new crisis worker is solidly prepared for handling the calls — so that callers feel heard and understood — so that a connection is made.

The Suicide Hotline, based in Fresno and under the umbrella of Kings View Behavioral Health Systems, opened in January 2013 with a handful of staff. At the time, the hours of operation were 12 hours per day, seven days a week. That changed just a few months later when, in July, the call center not only increased its hours, but its staff to four full-time and several part-time workers, as well as many volunteers.

While the call center is a relatively new organization, four dis-

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tinct call types have already been identified:

★Warm calls: generally third-party callers who have a family or friend they are concerned about. These callers are looking for information on available resources and support.

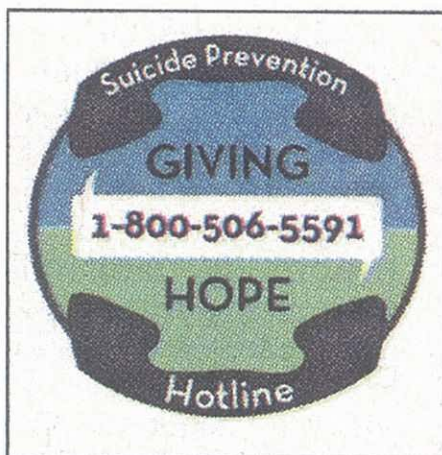
★Crisis calls (which make up the bulk of the calls received): these callers are in severe crisis, and without support would continue with the suicidal ideation. They may be depressed, have mental health issues, or it may be a situational crisis that has pushed them to the brink. Hotline workers are able to make a connection with the callers, talking to them about developing a specific and individualized safety plan to help down the road, should these feelings resurface. This plan may include contacting the Suicide Hotline again.

★Talk-down calls: the caller is actively in the middle of a suicide attempt — they may have a gun to the head, a knife to the throat, ropes nearby, bottles of pills laid-out.

"The suicide ideation is so strong right then," Breen explained, "that they're ready to do it, but they wouldn't be calling us if there wasn't some desire to live. Our crisis workers are able to touch them, to make a connection, to bring them back. We then develop safety plans for them, and get the callers permission to do follow-up."

★Active rescue: these callers are in the process of the suicide act and there's no way to pull them back, no way to talk them down. At that point, Emergency Services are contacted and someone is sent out to the caller's location.

"We stay on the phone with the caller until the



Emergency Services arrive on scene. We've been very, very fortunate. As far we know, no one has actively completed the act."

Breen credits the staff and volunteers on being able to connect with callers when they are at such a low-point.

"It's not just about us following up with our callers," Breen said. "It's the callers themselves reaching out to us when they feel they need to talk to someone again."

In addition to onsite personnel, there are two clinicians available as back-up 24-7, so if any questions arise, there is support available. These clinicians also help with debriefing staff following a particularly difficult crisis call.

"We not only take care of the people in our community — and we consider the Mountain Area as part of our community," Breen said, "but the people working here, as well."

"We're helping people at a very immediate level. Our workers are not judgmental and they're not familiar so the caller can vent, can cry, can say anything — somehow, a connection is made and once this happens, we ask what we can do to keep them safe.

"We're not telling the callers to do this, this and this," Breen continued. "We work with them to develop the safety plan. That way, they become proactive in their own plan, and once it's developed, we then recommend that the caller write the plan down."

The safety plan generally consists of a list of different places that can help so, if and when the suicidal feelings return, the callers have a list of resources to help them stop their suicidal ideation.

"It gives them a way to help themselves," Breen said, "and calling us — when they feel the need — is a part of that."

"We're very attuned to the fact that we need to be fiscally responsible to our community, and part of that responsibility is utilizing volunteers. You don't have to be a counselor to be a crisis worker," Breen said in summation. "In fact, we actually provide no counseling or therapy. It's more about skills in empathetic listening, in actively engaging the caller, and in being culturally sensitive."

To volunteer: (559) 256-0100 ext 5003, Kim DeJong.

The Central Valley Suicide Prevention Hotline: (888) 506-5991.

Breen or other Hotline representatives are available for outreach to speak on Suicide Prevention to any organizations interested.