

National Multiple Sclerosis Society

Peer Connections Volunteer Training

Challenging Conversations & Crisis Situations

Peer Connections Volunteer Toolkit Resources



We are a movement — by and for — everyone affected by MS. Hate has no place here. We have an inclusion policy that allows zero tolerance of harassment of our staff, volunteers or constituents.

At the National MS Society, we are committed to embedding diversity, equity and inclusion in everything we do, and we have zero tolerance of any ill treatment towards any person in the MS movement.

Everyone who shares our vision of a world free of MS is welcome here. Hatred is not.

This work is a journey requiring commitment, accountability, <u>transparency</u> and courage. We know it will not be easy, but we are going to do it anyway. We are not striving for perfection only intention and action as we move forward. We extend grace and empathy to everyone who wants to join us on this journey of learning, growth and change. However, we will not tolerate harmful acts of harassment and discrimination towards our staff and constituents in any form or at any time.

The National MS Society is here for every person with MS — we always will be — until we find a cure. We embrace and are committed to bringing our entire MS community together, representative of all the dimensions of diversity, so that everyone feels at home and supported by their National M\$ Society.

We understand that there will be challenges associated with our diversity, equity and inclusion efforts.

As an affiliated MS Society Peer Connections Volunteer, it is your role to uphold the Society's Diversity, Equity and Inclusion statement and you can use the Society's Inclusion Policy to respond to any type of derogatory, discriminatory or racist comments within your self-help group or within your MSFniends® interactions and conversation.

People may be unaware that their language is disruptive and/or inappropriate. Unless the language is threatening or extreme, the person should be given an opportunity to self-correct. Direct and honest conversation and education with the person, citing the language, as well as the potential consequences if self-correction does not occur -- may bring forth resolution.

During these challenging interactions, your role is to take a moment to recognize what issues are the individual's and what are yours, in terms of buttons they may have triggered for you. This may help to



For over 75 years the National Multiple Sclerosis Society has been dedicated to improving the quality of life for people with MS and their families. Suicide and assisted suicide are fundamentally inconsistent with this mission.

We are deeply concerned about people with MS and their families and aware of how difficult life with MS can be. While MS is a chronic, incurable condition, it is not fatal. Depression may occur but can be effectively treated. People with MS now have a choice of treatments that can slow the progression of the disease. Symptom management, assistive devices, and support services also can enhance the quality of life for those who have MS.

The National Multiple Sclerosis Society respects autonomy and the right to selfdetermination. We exist to affirm life and to offer programs that promote positive coping with multiple sclerosis.

While we recognize that a call or contact with a suicidal person evokes many feelings in all of us such as anxiety, fear, sadness, and even ambivalence, we nevertheless, must remain clear and consistent about our goals (as outlined below) as staff and volunteers:

- 1. Helping the individual explore life-affirming alternatives to suicide.
- 2. Helping the individual express his/her feelings.
- 3. Providing an empathic response to those feelings.
- 4. Assessing potential suicidal behaviors.
- 5. Making appropriate contact with family/authorities for referral and intervention.

HANDLING A CRISIS SITUATION

A crisis can come in at any time. A person with MS may come to share a physical or emotionally abusive situation, an eviction from their residence, or even the wish to end their life or someone else's. Or, the entire community may be facing a crisis of some kind. Although a self-help group or an MS Friends connection is not designed to be a crisis center or an emergency service, it may be the only place a person with MS feels he or she has to talk about the problem. If this is the case, it becomes the role of the Peer Connections volunteer to help the person connect to a more appropriate resource.

This document will include how to handle crisis interactions. It is imperative that you learn this section. We sincerely hope you never will be confronted with this type of situation, but if

Updated September 2022



Crisis Support Resources

National Suicide Hotline

1-800-273-8255 (TALK) or 988 (Note: 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Hotline for assistance with suicidal, mental health and/or substance use crisis')

Website: www.suicidepreventionlifeline.org

National Suicide Hotline Chat: https://suicidepreventionlifeline.org/chat/

National Domestic Violence Hotline

1-800-799-7233

thehotline.org

National Domestic Violence Hotline - Spanish

espanol.thehotline.org



This guide is meant to serve as a quick glance resource when providing support to an individual during a suicide or harm crisis.

For a more in-depth resource focused on this topic, as well as additional resources on common emotional reactions related to MS, assessing an emotional crisis, abuse & neglect, and self-care after an intervention, please review the full Challenging Conversations & Crisis Situations resource available on the Peer Connections Volunteer Website.

If you Suspect Suicidal Thoughts & Ideation

- 1. Ask: "It sounds as though you're thinking about suicide. Have you had thoughts about wanting to kill yourself?"
- 2. Find out what's going on. Try to gather as much information as you can, including the person's name, address, current location if not at home, and phone number. Ask the person, "What's been going on in your life that you're thinking about suicide."
- 3. Ask about history: "Have you ever felt this way before? Have there been past suicide attempts or hospitalizations?"
- If yes, ask: "What was going on at that time in your life?" "What did you do?" "What kept you going then? What do you think got you through that difficult time? Could that help you now?"



Training Agenda

- Managing Derogatory, Discriminatory or Racist Statements
- Abuse & Neglect
- **Emotional Challenges & Reactions**
- Assessing an Emotional Crisis
- ★ Handling a Crisis Situation- Suicide & Harm

Diversity, Equity and Inclusion

- The National Multiple Sclerosis Society is a movement by and for all people affected by MS.
- Our voices and actions reflect diversity, equity and inclusion.
- We welcome diverse perspectives.
- We actively seek out and embrace differences.
- We want everyone to feel respected and be empowered to bring their whole selves to ensure we make the best decisions to achieve our vision.







Inclusion Policy

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Managing Derogatory, Discriminatory & Racist Statements

- People may be unaware that their language is disruptive and/or inappropriate.
- Unless the language is threatening or extreme, the person should be given an opportunity to self-correct.
- In the rare instance when a warning or attempt to mitigate the language fails, the decision to terminate the conversation/interaction should be communicated to the individual.

Affirming Life Statement

For over 75 years the National Multiple Sclerosis Society has been dedicated to improving the quality of life for people with MS and their families. Suicide and assisted suicide are fundamentally inconsistent with this mission.

We are deeply concerned about people with MS and their families and aware of how difficult life with MS can be. While MS is a chronic, incurable condition, it is not fatal. Depression may occur but can be effectively treated. People with MS now have a choice of treatments that can slow the progression of the disease. Symptom management, assistive devices, and support services also can enhance the quality of life for those who have MS.

The National MS Society respects autonomy and the right to self-determination. We exist to affirm life and to offer programs that promote positive coping with multiple sclerosis.

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Community Disclaimer for Peer Connections Participation

The National MS Society respects the rights of people with MS to obtain any and all information they want related to MS including information on wellness, medical treatments or complementary therapies, products and services. The information shared during community connections does not necessarily reflect the views or official position of the National Multiple Sclerosis Society, nor carry the endorsement or support of the Society.

By choosing to participate in National MS Society-governed self-help groups, MSFriends® paired connections, and social media and online communities, you are agreeing that the Society can contact you directly in response to any posts or content that suggests risk to self and/or others. The Society reserves the right to contact you in the event that "at risk" statements or content occur.

To protect your privacy and the privacy of others, please do not record, take screenshots, or share personal information with anyone other than your staff partner.

For specific medical advice, contact your physician. For the opinion of the National Medical Advisory Committee of the National MS Society on any therapy, treatment or product, please contact an MS Navigator at 1-800-344-4867 or visit our website at www.nationalMSsociety.org

Abuse & Neglect

Abuse- can take many forms, including verbal and mental physical, financial, emotional and sexual (or a possible combination of forms).

Neglect- failure to provide adequate resources for the provision of minimal level of care.

If you suspect abuse or neglect, contact your Staff Partner and/or the Peer Connection Resource Team for guidance & support.



Emotional Challenges

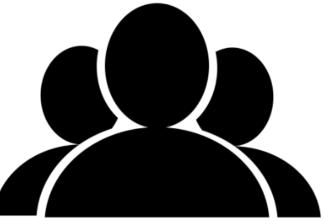
Common Emotional Responses

Anxiety

Grief

Anger

Depression



Peer connection models are NOT professional models of emotional help and support.



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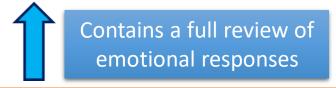
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Assessing an Emotional Crisis

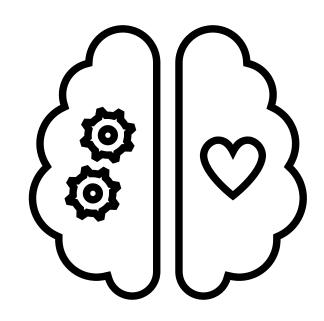
Stay calm!

Emotional control:

Tears are normal and not necessarily a sign of depression or crisis.

Actively listen. Be genuine.

Is there immediate, life-threatening danger to oneself or someone else?





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Contains a full list of potential warning signs

Crisis Situations - Suicide or Harm

Assess for warning signs

Changes in behavior, personality or sleeping/eating habits?

Do they mention a prior attempt or family history of suicide?

Does the individual have any mental health disorders?

Is there a weapon in the home?

Does the caller need medical attention currently?

If the individual seems suicidal, ask:

"It sounds as though you are thinking about suicide. Have you had thoughts about wanting to kill yourself?"

Get Specific-Inquire if the person has a plan:

Have you ever thought about how you would do it?

Do you have a specific plan? Do you have the means to carry out your plan?

Crisis Situations – Suicide or Harm

Strategies for Intervention-Assessing Impulse Control

Stay calm!

Maintain contact with the individual.

Try to assess impulse control of individual-

- Yes, Safety plan: Referral to crisis
 <u>hotlines</u>/988, their primary or mental health
 providers, and/or <u>local community health</u>
 centers
- No, Safety plan: Seek help by calling emergency services for welfare check.

Follow-up plan and additional support



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Crisis Situations-Connecting to Emergency Services

Local 911 if the caller/individual IS geographically near you

If caller/individual IS NOT geographically near you - use your technology!

- Google/internet search for local emergency services
- www.USAcops.com
- www.getzips.com



Crisis Situations- Suicide or Harm

Strategies for Intervention-When Attempt Has Been Made or is Imminent

Stay calm!

Maintain contact with the individual.

Ask questions! Any information will be helpful—the more the better.

If pills, drugs or alcohol- What kind? How many/much? Over how long?

If a gun- Where is the gun? Is it loaded?

If a knife, rope, razor, etc.- Where is it? What the plans are for using it?

Person's name (if unknown), address, current location & phone number

Encourage individual to unlock door.

Seek help - call emergency services- 911

Documentation & Next Steps





After an Intervention

Emotional Response

Seek support - contact your staff partner

Listening and Empathy





Connection Opportunities



Connect with others who understand MS



Get connected



Support Resources & Next Steps

Peer Connections Resource Team:

peerconnections@nmss.org

Peer Connections Volunteer Website:

www.nationalMSsociety.org/PeerConnectionsVolunteers

MS Navigators:

Phone: 1-800-344-4867

Online chat: www.nationalMSsociety.org

Email: contactUsNMSS@nmss.org

Please make note of your questions & thoughts within your worksheets.

