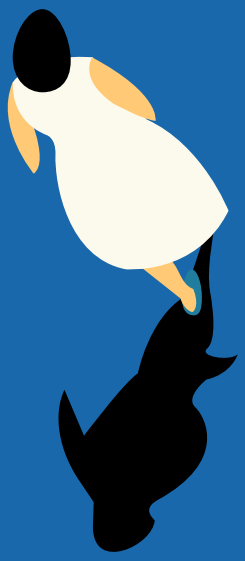

CRISIS COMMUNICATION GUIDE

THE LAW SOCIETY
OF NEW SOUTH WALES

OVERVIEW

This Guide has been produced in response to an identified need of solicitors and other legal professionals for guidance on how to respond to clients and colleagues who are experiencing acute psycho-emotional distress such as aggression, grief, or potential suicidality.

This Guide is based on the END approach to responding to acutely distressed persons and provides:

- END theory overview
- Example conversations and responses for direct use on an ad-hoc basis

The first section of this Guide provides general advice on responding to and de-escalating phone conversations with a person experiencing emotional distress. The second section outlines how to identify, assess, and respond to suicidal ideation. It concludes with information and strategies for recovering from a difficult conversation.

Any application of this resource should be accompanied by independent assessment of the relationship, context, and particular conversation taking place. There is never a "one size fits all" approach to sensitive conversations and crisis support.

The information provided in this Crisis Communication Guide is provided as general information only. It is not intended to constitute legal, business, or other professional advice or medical, psychological, or therapeutic treatment. If you believe that you or someone you know is in danger, call 000 immediately.

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E.N.D. APPROACH

The END approach provides a helpful framework for responding to individuals exhibiting high levels of psycho-emotional distress, including aggression, grief, and suicidality. The letters represent three key steps towards effective responses to a variety of situations:

E Empathise

When discussing empathy in the legal profession, it's important to clarify that we are referring to only part of the broader process of empathising. As "empathy" literally means to understand *and vicariously experience* the emotions of another person, empathising can be dangerous in helping professions like legal practice. We want to understand and attune to the emotional needs of the people we help, but we don't want to experience those emotions ourselves as this will fetter our own ability to help and will raise our risk of psychological injuries like vicarious trauma and moral distress. We look to:

- **Approach with curiosity.** Don't assume you know another person's emotional experience or thought process. Ask questions and be open to the chance that your initial understanding of the situation could be inaccurate.
- **Listen well.** Reflect the person's answers back to them to ensure you understand correctly. This will help you come up with a good estimation of what their needs are (i.e. practical assistance, space to simply talk, comfort/encouragement, specific advice, etc.).
- **Attune to the need(s) you've identified** (i.e. be ready to comfort, encourage, advise, offer practical help, etc. depending on circumstances, or be prepared to manage expectations appropriately by communicating how you *are* able to assist).

N Normalise

Mental health concerns and acute distress aren't just externally stigmatised; self-stigma is also a major factor. You will often hear people in distress express shame in relation to their current experience, i.e. "It's embarrassing to even admit this," "I'm sorry, I don't know why I'm acting like this," or "I feel like I'm going crazy." Normalisation can greatly assist in abating self-stigma, regardless of the person's current emotional state or what brought them to that point.

- Statements like "It seems to me like anyone going through this would feel that way. No one feels good during stuff like this," can go a long way towards building trust and safety in the conversation.
- When in doubt, a quote that can help normalise grief, fear, and other forms of distress comes from Viktor Frankl, a Holocaust survivor and psychiatrist: *"An abnormal reaction to an abnormal situation is normal behaviour."*

D De-escalate

The goal here is to decrease tension and eliminate any need for defensiveness. Ultimately, we're looking to reduce emotional activity, because hyperemotionality in the brain will limit a person's ability to communicate, plan, and think rationally and morally. This is best done by validating the person's current emotions / perception and then providing a clear path from that emotion to calm and rational thinking. De-escalation tactics are varied and under-researched, but some of the current best practices focus on trust building and collaborative alignment.

- **Trust building techniques** include:
  - Acknowledge and validate the emotion with statements like: "That makes sense, I certainly see why you're frustrated/scared/upset – that does sound upsetting! Thank you for taking the time to explain it to me."
  - Trust building will be defeated by the introduction of shame, judgment, or annoyance, so try to steer clear of statements like "Please calm down, I'm not going to help you if you can't get control of yourself," or "I get that you've had a bad day, but that doesn't give you the right to be rude."
- **Collaborative alignment**, or partnering with the person to solve the problem, can help with co-regulation and is often a crucial step for bringing rationality back into the spotlight. You can start this process with statements like:
  - "Alright, I think I understand what's happened. I have an idea of what we could do to help this. If you're ready, I'll run you through what the next steps will be, and you can let me know your thoughts."
  - "That makes sense. Thank you for giving me that background. Can I ask what has worked for you in the past when you've had to manage something like this? Because that might give us a good starting point."

INTERRUPTION TECHNIQUES

If you are on the phone and the other person is sharing more detail than necessary, especially if this content is graphic or not pertinent to your professional capacity, below are some strategies and examples that can be used to refocus the conversation professionally without sacrificing the established sense of trust and collaboration.

Intentional questioning: If the person has begun a narrative that is unnecessarily extensive or detailed, try to ask a question about their narrative as a way of breaking in, and then direct the conversation helpfully after their response. This sidesteps the discomfort caused by directly cutting another person off, especially if the material being shared is sensitive or emotional in nature.

There are two kinds of questions that can often assist with managing emotionality in the middle of a conversation, and they should be used only after independent assessment of your relationship with the caller and the context of the conversation

- **Asset-focused questions**, which are often used when a person is becoming increasingly distressed as they share their narrative, draw attention to the caller's existing resilience and healthy coping skills. For instance, "Could I ask, what are some of the things you've been doing to help care for yourself in this difficult time?" Once the caller has a chance to answer, you can often continue this theme by directing the conversation back to your specific capacity to assist them further.
- **Clarifying questions**: In circumstances where a person is speaking very quickly and you find yourself struggling to interject, you can also ask a clarifying question as a way of reinstating your voice. For instance:
  - **Interjection**: "I'm sorry to interrupt, but just quickly, did you say you received this news last Tuesday?"
  - **Assumed response**: "Yes, last Tuesday."
  - **Redirect**: "Ok, thank you for that. I just wanted to make sure I had the date right so that my notes here are accurate. Could you tell me…"

Questioning techniques like the above can help to maintain existing rapport while allowing you to direct the conversation in a helpful way.

Lead Ins: You can also use psychosocially sensitive lead-ins to soften more direct interruptions. Examples include:

"Excuse me, I'm very sorry to interrupt, but I wanted to mention that I know the information you're sharing is quite sensitive / difficult, and I know that sharing information like that over and over can be very stressful / frustrating. I don't want you to have to share it more than once, but I may not be able to assist you very well with this particular matter myself. Would you mind if I directed / connected you to _____ to make sure you get the assistance / care / advice that you're looking for?"

IDENTIFICATION OF SUICIDALITY

When acute distress such as suicidality arises in a conversation, it's important to remember that legal professionals should not attempt to diagnose or treat mental health disorders. However, it can be helpful to have guidelines for what can practically be done when such conversations occur.

Suicidal ideation can often be identified through the observance of several common themes. Communication that gives rise to concern about potential suicidal thoughts or behaviours may include:

- **Comments about self-harm and/or lack of self-care**, e.g. "I haven't been eating/sleeping," "I've been so sick recently but I guess that's just how it goes," "my friends/family/doctor says I need to rest but I just can't," "I know I'm not really taking care of myself," "I'm not doing well but I just haven't had the energy to do anything about it."
- **Comments about isolation**, e.g. "I haven't wanted to burden my spouse/parents/colleagues with all of this stuff," "They have enough to worry about," "I haven't told anyone," "It's embarrassing, you're the first person I've told."
- **Comments about hopelessness or resignation**, e.g. "I don't know how much longer I can do this," "It can't go on like this, that's for sure," "It's never-ending," "I'm giving up," "It just feels like there's no way out."
- **Threats about suicide**, e.g. "If *xyz* happens, I'm going to kill myself and you'll have to live with it," "I hope you know that if I kill myself next week it'll be your fault," "That's fine, just know that it'll be on you if I kill myself over this."
- **Jokes about suicide**, e.g. "Well, maybe I'll just throw myself in front of a bus before the meeting," "Catch me in the news next week after I jump off a bridge," "Perfect, I'll just go kill myself then, no dramas."
- **Other comments about suicide**, e.g. "I've actually been having really scary thoughts recently, like maybe I don't want to be here anymore," "I haven't thought about suicide in years, but I've been finding myself falling back into that place with all that's been going on."

If you do suspect suicidal ideation is a concern, **ask the person directly**, and do your best to confidently and calmly use terms like "ending your life," "suicide," or "killing yourself" rather than vague terms like "hurt yourself" or "do something."

If the concerning communication has been received in writing or by email, the sender should be called as soon as possible.

You can use lead-ins to soften the question and maintain rapport with the person, such as:

- **If something hopeless or dejected was just shared:** "Can I just pause us for a quick moment here, because what you just said sounds like things have been very, very hard. I know that feeling, and I also know that when things start feeling overwhelming or hopeless, we can sometimes genuinely consider things like suicide. I know this is personal, but I want to make sure I understand where you're at – are you thinking of killing yourself?"
- **If a nihilistic / suicidal joke was just made**: "I know you were probably joking there, but I do just want to ask quickly – were you being serious at all just then? Because if you are considering suicide, I think it would be helpful for us to talk about that and get it out into the open. Are you thinking of killing yourself?"
- **If a threat of self-injury or suicide was just made**: "I know I can't understand the full depth of what you're going through right now, and I know that explaining your experience to someone who isn't in it with you first-hand probably feels annoying. I know how infuriating that would be. I do want to tell you, though, that I am genuinely invested in this situation, and I want to help make it better for you in any way I can. That said, with the comment you just made, I do feel the need to ask now if you were being serious, because if you are genuinely considering suicide at this point, that's going to take this call in a different direction, and I'm going to be looking to help you in a different way right now before we can go back to what we were discussing earlier. Are you thinking of killing yourself?"
- **If concern was expressed about suicidality / past suicidal thoughts or behaviours**: "Can I just say: that does sound frightening / overwhelming. Can I ask you, do you believe that you pose a danger to yourself right now, or that you're approaching the place where you would take steps to end your life? Because if you are, I want to know that so that we can figure out together what we should do next to make sure you're safe."

ASSESSING FOR URGENCY

An important element of responding to suicidality is assessing the urgency of the situation. Legal professionals are not qualified to diagnose or treat mental health conditions, and as such, a conservative approach of "it's better to be safe than sorry" is typically a good approach to keep in mind, but the following guidelines may help you determine your next steps in a crisis conversation.

All suicidal thoughts / comments are serious, but not all are immediately "urgent" such that they require immediate emergency services.

Urgency with suicidality can be assessed by ascertaining the nature of the suicidal ideation, i.e. is the person experiencing feelings of depression and hopelessness, or do they have an actionable plan prepared to end their life?

Assessing urgency is an important step following the expression of suicidal thoughts or behaviours. Example questions that can be posed to assess urgency include:

- "Do you have a plan for how you would end your life?"
- "Do you have a timeline or a certain day that you're planning on killing yourself?"
- "Can you tell me if you have access to any means of ending your life?" (I.e. sleeping pills / medications, firearms, materials or equipment for hanging oneself, etc.)
- "Have you thought about when you would end your life?"
- "Have you thought about where you would end your life?" (I.e. if the plan is to jump from a ledge or put oneself on train tracks, etc.)

If you feel that there is potential suicidality but that the situation is not immediately urgent, you can support this person by offering information and encouraging them to access further care. This might be done by saying something akin to the following:

- "When things have been so hard for so long like this, many people experience thoughts of suicide. There is help available for all of us when we start feeling this way. Have you considered asking your GP about this? They are a great place to start."
- "It's not uncommon to experience thoughts of suicide when we go through things like this that are overwhelming and just feel unending. Is there anyone you would feel comfortable speaking to about how you've been feeling? It might be helpful to talk to a friend / family member / chaplain / doctor so that they can check in with you regularly about this and help figure out some steps for further care."

Solicitor outreach service (SOS)

If you are located in New South Wales and are speaking with a distressed solicitor, you can also refer them to the Solicitor Outreach Service. This is a service that provides three free individual therapy sessions with a registered psychologist as well as unlimited 24/7 access to free and confidential crisis support via telephone at **1800 592 296**.

For more details or to book an appointment through our third-party provider, solicitors can visit the Law Society of New South Wales website at the following link: **lawsociety.com.au/SOS**. We encourage the provision of this link to all New South Wales solicitors. These therapy sessions can be used for any reason including general mental health maintenance and do not require the solicitor to be in acute crisis.

CONNECTING TO FURTHER CARE

The further care to which you can refer a caller will likely depend on their individual circumstances. Below are some options for what you can suggest based on whether the person is a member of the general public or a New South Wales solicitor.

Public referral options:

Professional therapeutic care and related advice

- **Psychologists and Mental Health Care Plans**: Australians who have access to Medicare often have the option of attending their GP to be assessed for a Mental Health Care Plan (MHCP), under which they may be able to receive publicly funded professional therapeutic services. If the person seems like they may benefit from such services, especially if they have shared that something has happened that is causing them grief, distress, or hopelessness, this is often a helpful suggestion.
- You can also remind them of **external support services such as BeyondBlue (13 224 636)**, who give confidential mental health support and information for people wanting advice on next steps for mental health concerns.
- **24/7 telephone crisis support services such as Lifeline (13 11 14)** can also be a helpful recommendation, especially for those who feel they may be experiencing declining mental health and would benefit from a resource if they do start to approach a crisis point.

Alternatives to therapy

Some people are not interested in therapy or do not believe it would be helpful for them. While it will still be recommended for a person to attend their GP whenever they're experiencing declining health (whether mental or physical), you may also find it appropriate to suggest the following supports:

- **Community support groups**: If a person is in the process of recovering from something difficult such as a substance or behaviour problem (alcoholism, drug misuse, gambling, etc.), loss of a loved one, or difficulty adjusting after a particular hardship, there are many support groups offered in-person and online. Community support groups are often held at local community centres and libraries. It may be appropriate to encourage the person to search online for relevant support networks near them.
- **Friends and family**: Social support is absolutely essential to recovery from many mental health concerns. It doesn't just make it easier or less lonely: having at least one safe, secure, predictable attachment in your life is a crucial ingredient for getting your nervous system to begin to feel safe again. If appropriate, encouraging a person to speak to a trusted loved one for support is always good advice.

CONNECTING TO PROFESSIONAL CARE

If a person has expressed suicidal ideation and has an actionable plan (i.e. a chosen method of suicide and the means to carry it out), or if you have assessed the concern of suicide to be urgent for any reason, your next priority will be connecting the person to professional care as soon as possible.

This is best done collaboratively. Doing what you can to include the person in their own care is strongly recommended. Try not to conceal from the person that you're calling external aid.

You should also make your best effort to stay connected to the person until professional help can be brought into the situation.

If the person has already taken steps to kill themselves (i.e. if they have already consumed pills, etc.) **or if you feel that there is a chance they have done so or may do so imminently**, call Triple Zero right away and provide the information you have regarding the person's current location and need for assistance. If possible, have a colleague or someone near you place the call to emergency services so that you can remain on the call with the person.

If you don't know where the person is located, you should ask for this information to assist emergency services. For instance:

- "Could you give me your address so that I can make sure they come to the right spot?"

If the person has not already taken steps to end their life, use your best judgment to determine the appropriate pathway to care (i.e. to facilitate contact to someone who can come and check on the person / bring them to a doctor or to the hospital, to call the local Mental Health Crisis Team [this number varies between regions; you can find it by searching online], etc.).

Once you've determined that action needs to be taken to keep the person safe, you might say the following to keep the person involved in their own care:

- "I know that this might not be what you want to hear right now, but I think we need to call someone to come and make sure that you're safe. Do you have someone you would like to call? I'd like to stay on the phone with you until I know that someone else is there to make sure you're safe."
- (**If the person is disagreeable to professional assistance**): "I hear you, but I'm also concerned about your safety. If there's really nothing to worry about, the professionals will say the same thing when they get there, and I'll be happy to be told off by them if I'm overreacting. I'm just not comfortable with you being alone there after what you've just shared, so I am going to have to insist that we call someone else in to make sure you're safe. Is there someone I could call to come and check on you / take you to the hospital? Otherwise, I think we should call the Mental Health Crisis Team / paramedics / etc."

AFTER A CRISIS CONVERSATION

After a conversation with someone in acute distress, it's very normal to feel emotional. Many people will feel anxious, sad, hurt, annoyed, scared, or confused. Often a person will also feel symptoms of dysregulation after a conversation like those outlined above, including rapid heartrate, a flushed or hot face, a sense of disconnection with one's surroundings, or feelings of powerlessness.

It's important to self-regulate after these experiences. Self-regulation is the process by which you can bring your brain and body out of a state of reactivity and back into a state of calmness and intentionality.

Accessing your support systems is recommended at this stage. If you have routines that help you stay grounded, like going for a run, having a warm drink, or talking to a certain friend or family member, it's best to take the time to go through these processes before trying to go back to work, especially if your role requires emotional expenditure, analytical thinking, or complex decision-making. For instance, if your work involves customer service or client liaison, take a break before opening the next email or accepting the next call.

Below are self-regulation strategies that have been shown to work in a variety of contexts. Please be mindful of your capacity for each technique (i.e. breathing exercises may cause irritation if you are ill).

Slowing back down

If you are feeling very emotional, self-regulation can often be achieved through calming the body via down-regulation exercises, which will essentially send a message to the brain that you are safe and will not need to physically run away or fight for your life. Simplified examples of down-regulation techniques include:

- **Diaphragmatic Breathing / Belly Breathing**: Draw a long, deep breath into your body, expanding your belly / core rather than your chest as you do so. It is often helpful to place your dominant hand over your belly button as you focus on feeling your lower diaphragm expand with the breath. This is followed by a long exhale, where your lower diaphragm should relax back to its normal state.
- **Progressive Relaxation**: This technique is best performed while seated or lying down. Starting at the top of your head and working your way down to your toes, mentally focus on intentionally relaxing all of the muscles in a particular zone until you have physically relaxed your whole body. For instance, you would start with focusing on releasing all the tension in your forehead, and then your face, and then your neck and shoulders, etc. If tension re-enters a zone that you've previously relaxed, revisit that area or restart the exercise to ensure that by the time you complete this technique, you have relaxed your whole body from head to toe.

Speeding back up

If you are feeling numb, flat, or "shut-down," you are likely on the other side of dysregulation and will require an introduction of energy to get back into a calm state. This is achieved through up-regulation techniques. Examples of up-regulation techniques include:

- **Physical Activity**: Going for a walk, stretching your arms above your head or touching your toes, going to the gym, etc.
- **Sensory Activity**: Splashing water in your face, getting some fresh outside air, rubbing your hands together, etc.
- **Breathing Exercises**: Some breathing exercises are up-regulatory rather than down-regulatory. One example is **Fire Breathing**, which looks like doing several rapid exhales all in a row to expel all of your air, followed by an automatic inhale. When done properly, it often looks like a series of rapid sneezes. If you would like an example of this technique, many demonstration videos are available online.

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