

# A Befriender's Checklist

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The following series of questions is derived from the Samaritans of New York's hotline volunteer training program and over 20 years of input and feedback from over 25,000 students, teachers, social workers, guidance counselors and other lay and professional mental health and crisis response staff who have participated in our public education suicide prevention and awareness training workshops.

It parallels the initial orientation and introduction to Samaritans hotline volunteer training (which devotes one entire day to these questions and issues) and is offered here as a "primer" and a preparation tool for anyone who is involved in helping people in crisis, whether as a family member or friend or in the role of a lay or professional caregiver or service provider.

To maximize the benefits of this process, read each of the questions and challenge yourself to answer them as honestly as possible, filling in the blanks and coming up with your own examples as you go.

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## **What do I know about the problem?**

Frequently, a lot less than we think. Even the most educated and experienced person cannot expect to be knowledgeable about everything. And often the knowledge we do have is based solely on our own experience and is not applicable to a third party. So we begin by acknowledging what we do and do not know, what is just our personal opinion, and go from there. What are my beliefs about this problem? What are they based on? What don't I know? What do I need to learn? Then fill in the gaps.

*Example: At Samaritans, since we are responding to people who are potentially suicidal, we look at: suicide as a public health problem; the statistics and latest research; the causes, warning signs and individuals at greatest risk; the many myths tied to suicide (such as, if someone is determined to take his/her own life there is nothing you can do about it); what a person in crisis experiences; etc.*

## **How is this person experiencing this crisis?**

No two people react to the same situation in the same way and, certainly, our experience with this or similar problems provides no basis for how we should respond to this person. What is the person we are responding to experiencing? What is he/she thinking and feeling? What warning signs/ risk factors is he/she revealing and to what degree? How is this impacting his/her daily life? How aware is this person concerning what he/she is going through? What fears, concerns, etc. might this person have?

## **Where am I coming from?**

Before we approach any helping situation, we carefully examine our own agenda in this relationship, from our personal needs, goals and values to our expectations and preconceptions (e.g., the need to make someone "feel better" can be very problematic) so that we, to the best of our ability, can keep the focus on the person we are responding to and not our own issues and problems. What do we see as our role in this encounter? What are we trying to make happen? What judgements do we need to suspend?

## **What does this person need?**

Tied to the necessity of trying to understand what the person in crisis is experiencing, we also want to be sensitive to their fears, concerns and expectations about the encounter. For even the best-intentioned and most knowledgeable caregivers and service providers can have trouble separating the person from the problem. We always remember to ask ourselves: "When we were in crisis, how well did we think our *helper* understood us?" We also keep an eye on the warning signs being revealed (i.e., isolation, low self-esteem, impulsive behavior) so that we focus on what the person is feeling and thinking. At Samaritans we always ask ourselves: "When I was in crisis and reached out for help, what *didn't work*, *turned me off*, *shut me down* or made me regret asking for help in the first place?"

## How do I keep the focus on the person?

We are aware that in every helping situation we can easily become very invested in being *successful* and having a *positive* outcome and that, if we are not careful, our needs can overshadow and even sabotage the encounter. We remind ourselves of the nature of the problem (if it is depression, it is very complex and there are no simple answers), what the person is experiencing and the potential of our own needs, fears, intentions to become obstacles to helping. We rely on our rapport-building skills, active listening tools and our ability to pay attention to not only the information being expressed but the thoughts and feelings behind them. What is this bringing up for me or reminding me of that I have to be aware of?

## How do I create a safe environment?

Research as well as common sense tells us that there is a direct connection between someone's comfort level and our ability to help them. The importance of establishing rapport and utilizing active listening tools cannot be overstated. The first impression we make, starting out and maintaining the focus on the person we are responding to, using open-ended questions and steering towards that person's thoughts and feelings--whatever they may be and wherever they may go--are all part of this process. The need for a safe, secure and confidential environment is also paramount, for the possibility of interruptions or being overheard takes away from the person's trust and confidence in us. "How can I make this environment more secure and conducive to the process taking place?" is a question that should always be addressed.

## Am I remembering it's a process?

Tied to remembering to separate the person from the problem, comes the need to remind ourselves that people are not puzzles to be solved nor are they mysteries to be unraveled. Every person's situation and related problem(s), illness(es), etc. is going to take time as well as sensitivity, support and, possibly, even treatment before it will improve or alleviate. We do not try to tie everything up in a neat package, come up with options and plans and a logical course of action for every contingency. We provide a hand to hold, a shoulder to lean on, someone who can be trusted and relied upon as the person finds their way through their crisis, constantly expanding our resources and own supports as the process continues. Ask yourself: "What is it going to take for me to maintain a level of consistency and provide continuity for this person?"

## What resources do I need to be aware of?

We recognize that each of us, no matter what our role or relationship with the person, is part of a larger *helping community* and that no one person, program or prescription is going to solve his/her problems or make his/her crisis go away. It is a tragedy that many of us develop contacts and resource lists *after* we need them instead of before. Knowing who and what is available--from crisis, information and referral hotlines to the local hospital triage nurse to the neighborhood police precinct public safety officer--assists us in providing ongoing support and expanding the person's coping tools and network as well as gives us, the caregiver, some additional options and resources when we need them. Ask yourself: "Which situations and/or circumstances do I feel ill-prepared to handle?" and work backwards in developing a plan.

### **Samaritans Sayings.....**

*Samaritans uses sayings, phrases and metaphors to remind us of the challenges we face when we try to help people in crisis. Some of the statements we rely on most strongly are:*

**Always have great respect for that which you do not know!**

**You don't solve other people's problems for them, it's hard enough to handle your own.**

**You don't save another person's life, you help him or her get through a moment!**

**Just because you don't understand someone, it doesn't make *them* confused.**

**If you are afraid of the dark, it is better to be sitting holding someone's hand than sitting by yourself, alone.**

**Sometimes it's best to just shut-up and listen!**