HEADQUARTERS
Counseling Center

VOLUNTEER COUNSELOR TRAINING MANUAL

KSPHQ

Education | Support | Crisis Services

KANSAS SUICIDE PREVENTION HQ

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Section 1:
Welcome

SECTION 1: WELCOME

Meet the Trainers

In addition to your fellow trainees, these are some of the people who will become familiar to you as you get the opportunity to work with and learn from many experienced counselors and trainers throughout your training. All of the trainers who facilitate training sessions and experienced counselors who provide role-play practice and feedback have been exactly where you are, and because we have all been trainees, we remember the challenges and joys of training. We are incredibly excited to see you all grow as individuals and a group! Know that we are all invested, first and foremost, in you having a positive and safe training experience.

Your primary points of contact during training are the Training Coordinator and the Vice President for Clinical Programing. Know that all of the training staff are available for support should a need arise.

Orientation to Training

So what are we training you to do?

We are training you to provide help for another person's immediate struggles. That help begins with the use of reflective counseling skills: responses which demonstrate caring, acceptance, and your understanding of what is important to that other person.

We are training you to help callers make safe decisions in a time of crisis. Sometimes that means listening and responding until the person feels calmer. Sometimes that means helping the person come up with a safety plan.

Before you begin working counseling shifts you will have the skills to do this.

Our volunteer counselors do not provide on-going, one-on-one support for specific people. We do not socialize with callers of the center, we are not training you to provide therapy, and we do not claim to provide therapy services through our volunteer counselors.

Basic Crisis Theory

Some of the work we do falls into the broad category of crisis intervention. But, what is a crisis? From our perspective, crisis is defined by the person experiencing it.

One way to understand crisis is by looking at your own experiences. Try listing what is really important to you starting with your very basic needs and wants. Your list may include: safety, decent shelter, food, job, education, transportation, being in good health, acceptance, supportive friends and family, etc.

Now, think about a time when one or more of your very important things was jeopardized. That's one way of defining crisis. The circumstances can vary, but something very important in your life is gone.

Now, think about how you have been affected by a specific crisis in your own life. How did you feel emotionally? What kinds of thoughts did you have? How did you feel physically? How did your behaviors change? It's natural to have these changes when you experience the loss of something important. Changes in any areas can be considered signals to oneself, or warning signs to others, that something is wrong.

Unfortunately, some people experience many crises in their lives and some people endure very long-lasting crises. You will talk with some of these people and your listening and compassion will be a very powerful gift, even though their life circumstances may not change.

This training will help you learn to talk with people in crisis. As a counselor, you will listen to the person talk about their situation and not assume that you know how they are affected until they tell you. You will listen for their feelings and values and be sensitive to cultural differences. You will be aware of your reactions so that you can learn to remain neutral in your counseling.

You will respond with caring, respect, and empathy, using the counseling skills developed through this training. You will also assess danger, for example, violence directed at self or others, and help create plans for safety.

To do this well you must also take care of yourself and get the support you need.

The counseling provided through Headquarters and centers like us all over the world is not based on one specific psychological theory. We continue to evolve by paying attention to what seems to work in this setting and what seems to be working elsewhere that can be adapted to this setting.

The counseling skills we use are often called active listening skills, or reflective counseling. We listen. We try our best to understand what is important to the person, we empathize, and we demonstrate all of that through our responses.

People often contact us because they need someone to really listen. Sharing the concern doesn't "fix" everything, but it often makes the emotions less intense and helps clarify and organize the concern in ways that make it more manageable.

Sometimes a person wants help making a decision. We provide this help using the same reflective skills, as we are no better or wiser than the person asking for help. We know a little about counseling, but only the caller can be the expert on their life. We can't just tell the person what to do, we need to start by listening.

We pay special attention to people's emotions and values to hear what is especially meaningful to them. To understand and empathize, we also need some information about the situation, but we believe that we can usually gauge what is most important to the person by listening for the most intense feelings. Then we are able to respond in ways that communicate understanding, acceptance, and concern.

Hints for a Good Training Experience

In preparing for counseling skill role-plays, which will be discussed in detail later, try not to pressure yourself with unrealistic expectations. Be gentle with yourself. For most people, regardless of prior experiences, this training asks for breaking old habits and using new skills. Understandably, this is not easy. There are a few who develop these skills quickly and easily, but for most people developing these skills takes time and effort. Counseling skills development is not just a steady uphill climb but more like a roller coaster ride with some ups and downs.

We do ask you to take responsibility for your half of the training experience. Keep in mind that the reason you are completing this training program is so that you can truly be helpful to people dealing with all kinds of concerns. Please know that you are not competing with one another; you are being

evaluated on your skills. Our goal is that everyone successfully completes training and begins taking calls as they are ready.

You will get more out of training when you put more energy into the experience. If you're having trouble understanding a skill or concept ask the Training Coordinators to discuss this during the next training session, review the relevant section and/or ask the experienced counselor's opinion during your next observation shift.

Role-Plays

Counseling skills are developed largely by practice. You will get lots of practice through role-plays throughout your training. Experienced counselors will do demonstration role-plays in front of the whole group or online, so the group can hear and give feedback. During the training sessions, most trainees will complete their role-plays in small groups of two or three trainees and one or two experienced trainers. There will also be one-on-one role play opportunities on your observation shifts. A good role-play experience requires active participation of all involved.

Here are the roles for small group role-plays:

The Caller:

It is very important for you to be an effective caller to allow the counselor to practice the skills. Here are a few suggestions:

- Identify a situation that you've experienced lately when you had strong feelings, perhaps one from one of the exercises later in this chapter. Try to avoid using a situation that is too long ago.
- Talk about your feelings to give the counselor ample opportunity for practice. For trainees who tend to be very analytical or value-oriented, this can be a challenge.
- During the role-play, try to present your feelings and thoughts as accurately as possible even though self-disclosure may feel scary to you, as it does to most everyone. Remember that one very important part of the role play is to give you a sense of what real callers are experiencing when they contact HQ. It's not easy for them either. Using real situations that are as current as possible adds the benefit of building trust and rapport between you and your partners.
- Please don't talk too much. Instead of going on and on without interruption, give the counselor opportunities to talk.

The Counselor:

- Try not to worry. Instead, just relax and listen to the speaker. Focus on what the caller is saying, let there be a genuine pause, and then respond to what was most important. Let the caller's feelings be your guide.
- Use the counseling skills and then be open to feedback and respectful of the person offering feedback. The goal of feedback is to help improve your skills, so if the feedback isn't helping please let the trainer know!
- If you ever have an unclear sense of what you need to work on as a counselor and what you are doing well, let the trainers know. You might consider setting a time to discuss your perceptions of your skill development. By the mid-point in training if our sense is that you still need extra help we will talk with you about how we can help.

- As noted before, developing these skills takes some time and effort for most people. Role-plays will go better or worse than others for many reasons: whether the caller was easy to talk with, whether the skills being worked on were basic or more challenging; whether the caller's situation seemed comfortable with the values and experiences of the counselor; whether the counselor was distracted by external factors such as personal problems, interruptions, etc.; whether the counselor felt comfortable with the approach of the training helper; and so forth.
- So, we're not expecting consistent improvement. What we are expecting is that you'll be trying to use the skills and doing everything you can to be prepared for the role-plays.

The Observer

- When groups have more than two trainees, some will join the trainer in being an observer. Listening carefully (and taking notes) is another opportunity to learn about counseling skills.

The Trainers

- These trained experienced counselors are in charge of facilitating the role-play groups: checking in with you about how training is going, getting the role-plays started, intervening if necessary to help keep them on track, ending the role-plays at the right time to maintain the schedule, and facilitating the feedback.

Feedback

The usual feedback procedure follows these steps. After the role-play has ended, the trainer will ask for counselor's perceptions, then the caller's, then the observer's. Then, the trainer will offer feedback.

The trainers will be staying for a little while after the end of the role-play sessions to share perceptions on how each individual trainee is progressing. Please be aware that we are not discussing anything you haven't already been told. We're just hearing summaries of the perceptions from your trainer.

Section 2:
Foundational Counseling Skills

SECTION 2: FOUNDATIONAL COUNSELING SKILLS

The Role of Counselor

Friends Vs Counselors

Most of the time, those of us who choose to volunteer at Headquarters spend a good amount of time listening to our families and friends. We express a lot of caring and we often help others through rough times, but we generally want to relieve the person's pain as quickly as possible. We often do that by trying to cheer the person up or by offering advice. This is well-intentioned and often works with people we know but it's not the way to provide counseling through a center like Headquarters where we are talking to people who we don't know. This requires a different set of skills.

Empathy versus Sympathy

These two are truly different. Empathy means understanding and even having a sense of the feelings of another person. Sympathy means feeling sorry for that person.

We're not saying that it's always wrong to express sympathy, but if a counselor interacts only from a place of sympathy this can be perceived as less genuine than good, empathetic counseling.

Communicating empathetically is easiest when you are familiar with your own feelings. Your experiences may not match those of our callers. However, drawing on past experiences will be valuable when making an empathetic, emotional connection with the caller.

Accepting rather than Judgmental

Being judgmental is when the counselor pretends to be an expert and communicate whether the caller's views are right or wrong. We can easily get in a judgmental frame of mind because that's how most of us respond in daily conversations: For example, "I disagree…" "But what about…" "No, that's wrong…".

In counseling situations, judgmental language doesn't work very well. Here are some inherent problems if you disagree with the caller's perspective, or if you try to get the caller to agree with your perspective:

- We don't know this person well enough to know what's right or wrong for them. People need to make their own decisions, including sometimes making their own mistakes, in order to work through their own issues. The best way to avoid being judgmental is to think of the caller as an expert on their own life.
- Judgmental responses inherently communicate hidden messages such as: "I know what's really going on, and you're not smart enough to figure out things for yourself."
- Most people really hate to be judged by others and will stop listening when a perspective is forced on them. You can't help people by lecturing them.
- Be cautious of even offering judgments that agree with the caller. Aside from certain basics, such as whether a caller with serious depression should see a long-term counselor, we usually don't know whether people are making wise choices for themselves. Remember that we are just getting one person's perspective on what happened.

Examples of judgmental responses:

- "Now wait a minute… that doesn't sound accurate."

- "I hear what you're saying, but I think you're looking at it all wrong."
- "No, that's probably not what she meant at all."
- "I agree completely. He really sounds like a jerk."
- "Try looking at it this way…"

Accepting rather than Cheering Up:

We are at Headquarters to help people feel understood and accepted. Sometimes this will also help them feel good. However, sometimes as a result of getting in touch with their feelings they will feel worse for having called. Sometimes people will stay in "function" mode until they finally get a chance to call us, then they'll allow themselves to "fall apart" while they're talking with us. Our hope is that people will eventually feel better for having contacted Headquarters. Often times this means feeling comfortable listening to someone experiencing a great deal of pain.

Examples of cheering up the caller:

- "I know things look pretty bad right now, but you have to remember that it will get better tomorrow."
- "Oh, come on. Things can't be all that awful."
- "Remember, there's always someone else worse off than you."
- "I know you'll do fine on the test."
- "Well, it could have been worse."
- "So, what are some positive things in your life?"

Listening rather than Giving Advice

Giving advice is very similar to being judgmental, except it's focused on **solutions** rather than **perspectives**. Many people assume that the most helpful way to respond to someone's difficulties is to give them advice about what to do. The problems with giving advice are similar to those of being judgmental.

- People sometimes ask for advice because that's what they think they're supposed to do at a counseling center, not because they're really interested in your answer.
- Often, callers are seeking a sounding board for their own ideas rather than a counselor to come with suggestions. Sometimes people are stuck, but our first task will always be to process feelings. Frequently, the act of processing feelings will help someone get "unstuck."
- Even for people who want advice, it's not necessarily in their best interest. It is preferable for people to feel empowered to make their own choices. This is particularly important here, since we lack both the training and the on-going contact to know whether any advice we give is really that helpful.

- Be careful about giving "implied advice" through statements posed as questions. For example, "Have you considered writing her a letter and telling her how you feel?" This is not really a question.
- When responding to a caller's decision, remember to remain neutral, as opposed to agreeing or disagreeing with them. If a stated decision is a direct threat to themselves or others, we will be more directive. There is more detailed training on responding to this scenario when we cover suicide intervention.

Examples of giving advice:

- "Well, if I were you…"
- "Good idea. Go for it."
- "It sounds to me like you should consider…"
- "Have you thought about trying…"
- "That sounds like a great solution!"

As was mentioned above, sometimes you'll have contacts where the caller specifically asks for your opinion. The general suggestion for responding is:

- Deflect the question with a feeling reflection. For example: **"So, you're really feeling worried about what to do."** We will cover feeling reflection in great deal later in the chapter.
- If the person is really asking your opinion, your most honest answer is probably going to have to be a neutral response. For example: **"How about if you tell me more about what's been going on, and then we can talk out what you want to do. I can hear that you're feeling really frustrated."**

Listening rather than Being Directive

Most people call here because they want to talk and know what they want to talk about; they don't need a counselor to direct them through their conversation. In specific situations, like a suicide call or a call from a child, we will take a more directive stance to help ensure safety. However, for most calls it is best to actively listen.

Some ways we might become too directive include:

- We may direct the focus of the contact by asking questions out of curiosity. Questions should be used to help facilitate the caller's story. It is easy for us to get the caller focused on what we want them to talk about instead of what they really need to talk about.
- We might be directive by challenging the caller's perceptions. This is generally the role of a long-term counselor, not a short-term counselor.
- It is too directive to initiate problem solving when a caller is processing their feelings. Problem solving should always be prompted by statements from the caller and follow the guidelines taught later in training.

Examples of being directive:

- Interrupting the caller
- Trying to get the caller to focus on what you think is the real problem.
- Asking too many questions.
- Talking too much.
- Challenging the caller's perceptions.
- Presenting your interpretations of events.
- Saying "Well what can you do to change this?"

Active Listening

We need to give callers our undivided attention. This means making callers your only focus. This also means staying relaxed and focused, avoiding distractions, taking notes during long phone contacts, and actually using the skills developed in the rest of this chapter.

Examples of not listening:

- Worrying so much about what you're going to say next that you stop hearing the caller.
- Listening until you come up with the perfect response, then ignoring what's said next.
- Hearing what the caller is saying within your own framework of experience instead of the caller's. For example, assuming the caller feels a certain way because if you were in the same situation that's how you would feel.

It is important that we avoid:

- Sounding distant, cold, too intellectual, "business-like" or condescending
- Focusing too much on the situational details at the expense of feelings
- Letting our personal values interfere with our counseling neutrality

These suggestions are aimed at trying to break automatic bad responses rather than serving as a rule-book covering every circumstance. There are times when we set limits with regular callers. Again, we'll talk about exceptions later on in training.

Listening Well and Understanding what is Important to the Caller

This skill is the most basic and the most important. We believe that feelings indicate what is important to the caller. Emotions felt intensely and expressed by the caller guide us to what is the most important issue to them.

Sometimes you will realize that you are surprised by the caller's perspective. You may find that what you would have guessed they are concerned about is not what they are actually most concerned about. When this happens, you should continue to use your careful listening skills to find out what is truly important to the caller. Listening well is a key skill because reflecting back what you've heard from the caller is the best way to show that you understand what is important to the caller.

Separating Feelings, Thoughts & Situations

We are listening for three basic components while counseling callers: feelings, thoughts, and situations. They all run together, so it can sometimes be difficult trying to tell where one starts and the other stops. However, to truly understand what that other person is saying, it is important to understand the differences between what the caller feels, what the caller thinks, and what has actually happened. Effective listening starts with being able to hear and separate each component.

Feelings

These are the emotions that, perhaps more than anything else, define who we are, where we're going, and why we're even bothering. Feelings are the most basic reasons people laugh, dance, fall in love, have friends, fight, act silly, and virtually everything else. They are closely related to the physiological responses that demonstrate our feelings to others. For example, common signs that someone is feeling fearful include shaky hands and an accelerated heartbeat. A common sign of sadness is tears.

Feelings have sources which are the concerns that have caused the feelings. Sometimes we aren't aware of the sources of our feelings but that doesn't mean they aren't there. The sources for what we're feeling can be specific events, places, people or other things outside of ourselves or, more likely, a combination of events that have formed a wide variety of negative and positive experiences. Sources also include how we react internally to those events, such as through perceptions of pain or pleasure.

Thoughts

These are the intellectual stuff out of which hindsight, foresight and insight are made. It originated from the person's head but it can have a big impact on feelings and actions.

Situations

Situations are the people, places and things that make up an experience.

The process of remembering the situation requires that we go through our memories and think about who did what to whom, where, and when. However, at the same time we're also working overtime trying to fill in the missing piece of "why," and most of what we formulate at this level is inherently determined by our feelings and values. In counseling, when we say "the situation," what we really mean is this person's interpretation of the situation as filtered by his or her feelings, values, and thoughts as well as complications such as memory loss, sensory accuracy, etc.

Putting it All Together

In actual conversations, feelings, values, thoughts and situations are constantly communicated. As listeners, we far too often focus on just one or two, usually the thoughts and situation, but that doesn't mean there aren't any feelings or values being stated or implied.

For example, suppose someone said, "I got my English paper back today and it didn't have a single comment on it from the professor. No word of explanation, just a C-. I worked really hard on that paper, but he doesn't care about teaching us anything. It's not fair!"

The situation is that, at least from this person's perception, the paper was returned without an explanation for the grade. Obviously, however, this is only a small part of what's being communicated. The thoughts are that this isn't fair, that the professor just doesn't care enough to take the time to

explain the grade. The person feels frustrated and disappointed by this, perhaps because they value being successful in school and/or learning in general.

Exercise 2.1: Separating Feelings, Thoughts, & Situations

Suppose a client said: "My boyfriend just moved out, and I don't think he's ever coming back. The relationship was really important to me--sometimes I think maybe too important. I feel awful!"

Situation: Boyfriend recently moved out. The client (could be male, remember) can't sleep or concentrate.
Thoughts: The client thinks the boyfriend probably won't return and that they have allowed the relationship to become too important.
Feelings: "Awful," which could possibly mean devastated? Hurt? Hopeless? Abandoned? Depressed?

Identify the situation, thoughts, and feelings being stated or implied by the client in each of the following. Write your answers and be ready to discuss how you made them. Number and label your responses with the corresponding prompts.

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1. "I bombed a really big test, so I went in today and tried to make it up, but my teacher said I couldn't. I think he's just out to get me. I'm really worried what my parents will say. It's really important to them that I get good grades."

Situation:

Thoughts:

Feelings:

2. "I just found out that my boyfriend spent the night with someone else. How could he? We've been together for over two months, and I thought I could trust him! Our relationship is the most important thing in my life. I feel so betrayed! "

Situation:

Thoughts:

Feelings:

Learning to Hear and Respond to Feelings

Now you know that it's important to listen for all aspects of conversation and that it's most important for us to listen for feelings. You can do this by:

- Being precise with your feeling vocabulary
- Remembering for yourself how these feelings feel.

Exercise 2.2 Hearing and Responding to Feelings

Think of a time when you experienced each of the feelings below. Briefly write about the situation then write 3-4 more feeling words that describe how you felt. As you write these, try to remember what it really felt like. An additional benefit of this exercise is that it can give you some possibilities for being the caller in role-plays. Number and label your responses with the corresponding prompts.

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1. Angry

    Situation:

    Feelings:

2. Depressed

    Situation:

    Feelings:

3. Rejected

    Situation:

    Feelings:

4. Scared

    Situation:

    Feelings:

5. Ashamed

Situation:

Feeling:

Expand your Feeling Word Vocabulary

How many feeling words do you know? The English language has over a thousand, almost all of which are easily recognized. But how many do you actually use? We will find out in one of the exercises in this section.

Be precise with feeling words so that you can respond accurately to what you have heard. Out of the many feeling words there are no two with exactly the same meaning. There are subtle differences. One of the challenges for a counselor is to listen as closely as possible for the exact feeling being expressed. Being able to hear the differences is necessary before you can respond specifically and accurately.

Our next request is for you to let yourself be reminded of what it's like to experience these feelings. This will help you truly empathize with others. No training program could be long enough to make you an expert in every experience you could hear about. But we can help you demonstrate empathy in your responses. Effective counseling requires that, beyond dictionary definitions, you remember how these feelings feel.

Use a Caring and Confident Tone of Voice

Most of our contacts at Headquarters are over the phone. Because we will never be face-to-face with most of our callers, the tone of our voice is extremely important. Therefore, most of the role-plays you will participate in will simulate phone contacts. In face-to-face contacts we can use our facial expressions and body language, in addition to tone of voice, to express concern and interest. With phone contacts, the only nonverbal communication tool we have is our voice tone.

A good tone of voice for counseling should be warm and appropriately serious. If you naturally have a tone of voice that sounds light, cheerful, business-like, or distant, be aware of how that might affect a caller who is feeling discouraged or depressed. The caller might feel like such a cheerful-sounding or distant-sounding person would not be open to listening to someone who is feeling depressed.

Using Minimal Encouragers

Because we provide the majority of our services over the phone, we are limited in our nonverbal communication. One important response for HQCC counselors is a well-placed "Uh-huh." This "supportive noise" is what people most need, particularly during phone calls, to be assured that we're still there with them.

This is especially useful if the person gives you lots of background about what's been going on and they aren't pausing long enough for you to respond. So you can gently interject these minimal encouragers without interrupting the person. For some folks minimal encouragers come naturally as this is what they

normally do in conversation. For others this will feel artificial early on. As you progress in your learning minimal encouragers will become important.

Offering Genuine Support/Encouragement

There is a fine line between offering genuine encouragement, which is good, and trying to cheer up the client, which can feel disingenuous. Here's a comparison:

Cheering up:

The primary motivation behind a "cheering up" response is to help the client feel better quickly, even if it doesn't last. Friends tend to be experts at this.

"You didn't get that job? You'll get a better one soon. Let's go out and have some fun and get your mind off that job."

The "cheering up" counselor might respond a little differently. Shortly after the client makes a statement about pain or discouragement, the counselor might say, "Well wait a minute, just so I understand, can you also tell me some of the things that are going well in your life right now, because I'm sure there are some." Although this is caring it also communicates something like, "I don't want to hear any more of this depressing stuff. Don't worry! Be happy! And if you can't, go away so I can talk with someone else!"

Genuine support/encouragement:

HQCC counselors are caring people but beginning counselors can sometimes be so focused on the rules that they sound distant. One reason for this is that we sometimes fail to offer enough encouragement. To offer encouragement the counselor can reflect strengths that they've heard throughout the conversation.

Example of genuine support/encouragement:

"I've heard you say how frustrated you feel with your stepson showing so little effort with his school work. But I've also heard you talk about how you look for things to compliment him on, like when you told him how much you appreciated the way he played with his younger cousin. I just want to tell you that you sound like a really loving parent."

Reminders:

- Effective encouragement comes after numerous feeling reflections have demonstrated the counselor's willingness to accept and understand the client's feelings.
- The most likely time for encouragement to benefit the client is toward the end of a conversation, as part of closure.
- Effective encouragement acknowledges that person's resources: personal strengths you've heard, or the availability of support through their family, friends, faith community and agencies.

Responding with Accurate Feeling Reflections

The counseling we provide at Headquarters is also called "reflective counseling. It's possible to reflect any of the basics: feelings, thoughts or situations. However, the place we recommend starting to help the person feel comfortable talking is by reflecting feelings.

We are very aware that for most beginning counselors reflecting feelings and parroting the person's words seem very similar. It usually takes a while for feeling reflections to feel comfortable to the new counselor and sound natural.

Step One: The phrase

There are several standard phrases that are often used with feeling reflections. The most common one is, "It sounds like you're feeling...(insert feeling word)."

It might lack some elegance, but it's remarkably durable. When you are learning beginning counseling skills it's good to have a durable phrase such as this. Other good durable phrases include, "Yes, you really sound like you're feeling..." or "I can hear that you're feeling…"

Make sure that your phrase includes "you are FEELING" the emotion, as opposed to "you ARE" the emotion

Additional possibilities will occur to you as all of this becomes more familiar. For early role-plays, however, we suggest that you use one or two of these standard phrases over and over and concentrate on inserting accurate feeling words.

Step Two: Identify the feeling.

There are three components to accurately identify the feeling:

1. *Repeat the caller's feeling word*

The easiest and most obvious feeling reflection is to repeat the same feeling word used by the caller. For example, if a caller says "I'm really overwhelmed with schoolwork," the counselor can say, "It really sounds like you're feeling overwhelmed" or "I can hear that you're feeling really overwhelmed." Although this is the easiest type of feeling reflecting, many beginning counselors want to avoid repeating the same word because they're afraid they'll sound like a parrot. The problem here is more likely with the way the counselor says it rather than what the counselor is saying. If used with a warm, concerned tone of voice and with other counseling skills, reflecting the same feeling word can be very effective.

It is important to remember to always phrase the reflection using the word "feeling": "It sounds like you're feeling (accurate feeling word)," not, "It sounds like you are (accurate feeling word)." The first model communicates that this is a person who is experiencing a certain emotion. The second communicates that the emotion totally defines the person.

2. Label the feeling that is indirectly stated by the caller

Not all callers actually speak the emotion words that they are feeling. But when the feeling is obvious, not a guess, you can reflect the one-word feeling label.

For example, when the caller says "I want to kill my roommate for being so inconsiderate and leaving a huge mess in our apartment on the afternoon that my parents are coming to visit," responding with something like "I can hear that you're feeling very angry" is very appropriate.

This type of labeling is very different from just taking a guess or making an assumption about how the caller is feeling.

When the caller's language is very vague, ("I feel yucky!"), you probably need a different skill: an open-ended, clarifying question. We'll discuss that before the chapter ends.

Remember that, for now, we are addressing known feelings. It may well be that there are implied feelings, what we call undercurrent feelings. We'll come back to those in the next chapter.

3. Match the level of intensity of the caller

You'll hear a lot about needing to respond with an appropriate level of intensity, which means avoiding either over-stating or under-stating the feelings. For example, responding to the caller mentioned above by saying something like "I hear you're feeling a little annoyed with your roommate," you would be significantly understating the caller's feelings.

Please use common sense when forming your responses. For example, "pissed off" is not an appropriate response for the counselor to come up with. If the caller uses words to describe feelings like this (or stronger) you can reflect it using their words or try substituting something more appropriate without understating their feelings, which could backfire and anger the caller more.

Step Three: Include the feelings and their sources

Feelings generally are prompted by a specific source(s). When a source is stated it's often helpful to acknowledge it. "It sounds like you're feeling _____ about _____."

For example, suppose a caller says "I feel guilty about not finishing painting my Dad's house." The feeling is guilty. The source is not finishing that painting job. Put this together and you have, "It sounds like you're feeling guilty about not getting your Dad's house finished."

Combining feelings and sources can be particularly helpful when the person is basically just stating the same feeling over and over while exploring different sources of this frustration. When you include the sources you demonstrate that you're truly listening and understanding what the caller is saying. You will often be helping the caller understand things in a new way that makes these things more manageable.

You can also add a time reference: "What I'm hearing you say is that you've been feeling (accurate feeling word) a lot lately." Using anger as the example, consider how this reflection communicates that you are listening closely to this person who has been feeling angry, but has a history that includes other feelings, and a future that includes other feelings.

Exercise 2.3: Reflecting Feelings and Sources

For each of the following client statements write:

a) A feeling reflection using the stated feeling

b) A feeling reflection using the stated feeling and including the source

Example: "I'm really mad at my little sister. She knows she has to ask before using my computer, but instead she used it again without permission. What a little brat!"

a) It sounds like you're feeling really mad.

b) I hear that you're feeling really mad at your sister for not asking before using your computer.

1. “My best friend moved away in May. He’s the one I could talk to about anything. It is really awful. I’ve never felt this alone before. I don’t know what to do.”

2. "I'm supposed to be driving home right now for the break, but I really don’t want to go. I hate being around my mom any more. She criticizes everything I do. And then she pressures me to come home all the time. She makes me so mad."

3. "My teenage son and I just had another argument. I'm really pissed off at him. All he ever thinks about is himself. He's got to be the most selfish person in the world."

Asking Appropriate Questions

Questions can serve many purposes including: inviting discussion, obtaining additional information, and clarifying meaning. Questions are inherently directive, but that doesn’t mean they are always bad. Always know what you're trying to accomplish before asking a question. Misused questions can direct the conversation away from what is most important to the caller.

There are two basic categories in the questions group: closed-ended and open-ended. Closed-ended questions are questions to which the caller can respond with a one-word answer. An open-ended question is a question such as, “What’s been going on lately?” It is a way of reaching out to the caller and encouraging them to talk.

A pretty typical and helpful way to start a call at our center is:

> Counselor: “Hello, Headquarters Counseling Center.”
>
> Caller: “Uh, is there someone I can talk with?”
>
> Counselor: “Sure, we can talk right now. What’s been going on?

After the conversation has begun, consider sticking with reflections before adding questions. Be patient as the caller may get to what you are trying to understand if you just give them time.

Closed-ended questions help us get specific information, and we use them in situations such as suicide prevention counseling to assess the level and immediacy of danger.

Open-ended questions invite the caller to talk with you. They can help by providing focus for callers who are rambling and clarity for callers whose communication is confusing to us. Open questions help the

counselor expand on the callers priorities. For example, compare the following closed-ended question with its open-ended counter-part:

Closed: “Is it your math teacher who makes high school so annoying?”

Open: “What about your high school seems so annoying lately?”

Some do’s and don’ts of questions:

- Remember that our focus is mainly on the caller’s feelings and values (what is important to them), but you can’t really understand or empathize with how they’re feeling if you have no clue about what they’re experiencing. When you realize you have no context, no idea of the sources of the caller’s feelings, you need an open-ended question. “What kinds of things have been going on that get you feeling so anxious?”
- Avoid using questions as a way of labeling feelings that you expect the caller to be experiencing based on their situation. (“Would you say you’re feeling ___?”) If you’re actually hearing that feeling then you should reflect it. A “feeling question” is not as helpful as a “feeling reflection” in communicating care and understanding.
- It is rarely helpful for us to use questions about another person’s perspective. “What do you think your boyfriend wanted when he told you that you two should take a break from your relationship?” is a question no one but the boyfriend can answer. Instead, if a question is needed, focus on the impact on the caller, such as “How have you been feeling since your boyfriend said you should take a break?”
- Ask only one question at a time, and let the person answer before you respond.
- Keep the question simple!
- Try to ask “what” or “how” questions instead of “why” questions. The “why’s” tend to be somewhat threatening. For example, “Why did you call him?” may be heard as “You knew he was going to be mad if you called again.” Rephrasing this as “What did you hope to accomplish by calling him?” helps the person consider how they made this choice, and what might be more effective in the future.
- Avoid using a question as a sneaky way to deliver a lecture. For example, “You didn’t think that would actually work, did you?” is not really a question.
- In general counseling when you’ve got a helpful question but the caller keeps talking and moves on to another issue, stick with the caller.

Exercise 2.4: Asking Appropriate Questions

The questions below are being asked by an untrained counselor. Briefly explain what the problem is with each of these statements.

Example: “You don't really think refusing to talk with her will change her mind, do you?"

Problem: This is advice in the form of a question and carries with it judgement.

---

1. "What do you think he is thinking about all of this?"

Problem:

2. "Would you say you're feeling frustrated?"

Problem:

3. "Why did you feel so devastated by her leaving you?"

Problem:

4. "When you said you weren't happy, I wonder if you're saying that you're looking for some type of purpose in life or if what you're really saying is that you're feeling depressed because you're not able to discover a significant purpose in life."

Problem:

Reflecting Values

Attitudes help us make decisions that affect everything from trivial day-to-day concerns to major life changes. Attitudes can be negative or positive, intelligent or dumb, liberal or conservative, reality-based or "other" reality. Attitudes are not values.

Values are similar to attitudes, but instead of saying, "I think that…" values say, "It's important to me that..."

For example, if a client says "I'm really worried that I won't get into a grad program," the feelings and sources seem pretty obvious: feeling worried with the source of being rejected by grad schools. To really understand the level of intensity for the person, you also need to know how grad school relates to what is important to them.

Usually values are implied by clients rather than directly stated:

"I wish I'd never gotten drunk and kissed that guy because now I feel so guilty and I'm gonna have to tell my boyfriend."

It sounds like this person values honesty in relationships.

"I can't believe my girlfriend expects me to go on a trip with her right now when my mom is starting chemo next week."

It sounds like family is very important to this person.

Values can also be implied by behaviors:

"I know that people think it's weird that I have a law degree and I live in this tiny apartment, but until I can find a better job, it's the only way I can save a little money each month."

It sounds like financial security is very important to this person.

"One of the reasons I'm so busy right now is that I'm spending 10 hours a week in a training program so I can become a volunteer counselor."

It sounds like helping others is very important to this person.

Be aware that to really hear someone you have to understand what's important to them.

Responding with Value Reflections:

It's important to let client's know that we hear what's important to them.

Here's an example of the standard value reflection phrase:

"It sounds like _____ is very important to you."

Here's an example:

"I love being at college! I can finally be myself!"

Value reflection: "It sounds like being yourself is really important to you."

By reflecting values we are communicating that we understand what's important to the client. Even more importantly, well-timed value reflections can help the person better realize how their values are influencing their thoughts, actions, and feelings.

Caution: One of the most common mistakes for some beginning counselors is to use value reflections instead of feeling reflections. If the energy from the client's statement is on feelings, that's what the counselor should respond to.

Hearing a value doesn't mean you need to reflect it. Our goals are to communicate understanding and caring, as well as to help the client share their concern so they feel less alone, more hopeful, etc. When reflecting a value adds clarity to the conversation, go for it. Otherwise wait until a more appropriate time, perhaps in a summary later in the call.

Exercise 2.5: Reflecting Values

For each of the following statements, write a possible response that correctly reflects the value that the caller has expressed.

Example: I am so mad right now. I had plans with a bunch of my friends last night and they totally bailed! I hate when people don't care enough to follow through. I don't ask a lot of my friends, but I do expect them to have enough respect for me that they do what they say they are going to do.

Response: It sounds like you really value people following through and keeping their commitments.

---

1. I have been going to my classes, but it seems like nothing is working out. My professors are all trying to work with me, but I just can't seem to handle everything. I want to do really well in school so that I can get a good job after graduation.

Response:

2. I have really been enjoying my time at college and going out with my friends. However, sometimes it feels like I need to slow down. In the past I have been really involved with my Church and I have found a lot of comfort and support from going to Church. I feel like I really need that in my life right now.

Response:

3. My boss has been riding my case. My wife wants me to get a second job. My truck needs new brakes. If I were to take a 2nd job, I wouldn't have time to do the one thing that helps me feel normal, which is riding the Harley. Being able to ride has always been a way for me to think things through and to figure out what I am going to do next, and I can't image my life without that option.

Response:

4. I feel awful right now. I'm so depressed. I work so hard to try to make a good life for myself and my kids. I just want to make sure they have everything they need. But right now, I'm just not making that happen. My kids mean the world to me and I want to provide them with everything they could ever want.

Response:

Reflecting Significant Undercurrent Feelings

Until now you've been encouraged to stay with feelings that have been stated directly or indirectly by the client. But what about when there seems to be much more happening on feeling level than what's being stated by the client? This probably means that there are undercurrent feelings. Even though they're not directly stated, they may be a very critical part of the big picture.

"There are three components to a good undercurrent reflection which allow us to stay connected to the caller's feelings and intent. First we reflect a feeling stated by the client, then we repeat the client's own language that allowed us to identify the undercurrent feeling. Lastly we offer the undercurrent feeling as a suggestion."

The standard undercurrent reflection goes something like this:

"It sounds like you're feeling (known feeling). When you said (phrase from the client) I got the sense that you might also be feeling (undercurrent feeling)."

So what you are doing is:

- Reflecting stated feeling
- Using the client's language to gently offer an additional feeling that is implied so they can talk about it if they need to.
- Allowing the person to determine what they need to talk about while maintaining a strong connection even if the person chooses not to further discuss the undercurrent.

The key here is that you are offering up what you thought you heard hoping that it's helpful to the client, but you are not implying that you know better than them.

For example:

"My room-mate is driving me crazy. She never helps clean our place. She never buys stuff we share like dish soap. She spends all her time in the living room watching movies. I can't take it anymore. I lost it, and I yelled at her, and now she's in her room crying, and I feel like such a jerk."

A response to the known feelings and sources might be...

"It sounds like you're feeling really frustrated with your room-mate."

A response to the undercurrent feelings and sources might be...

"It sounds like you're feeling really frustrated with your room-mate. And when you said that you feel like a jerk because you yelled at her, I got the sense that you might also be feeling guilty about the way you talked to her."

Just because you think you hear an undercurrent doesn't mean that you should reflect it. Be clear about your goals. Because we generally let the client lead the conversation, we're more likely to follow them to the next point rather than interrupt the flow by offering an undercurrent feeling reflection. Sometimes, it's best to let undercurrents go and just to make a note to yourself so you can return to this undercurrent if it still seems relevant when you get to an opportunity for a summary.

Exercise 2.6: Reflecting Feelings, Sources, and Undercurrents

For each of the following statements, write a possible response that addresses both the known feelings and sources and a tentative reflection of undercurrent feelings. Number and label your responses with the corresponding prompts.

Example: "I have this big paper due tomorrow, and I don't know how I'm gonna get it done. I've really have to get a good grade in this course, because I need this professor to be a reference for grad school. I was such an idiot and I went out with my old boyfriend last night, when I should have been at the library. I always do stuff like that…"

Response: "You sound like you are feeling really worried about getting that paper done. When you talked about how you went out last night instead of studying, I also got the sense that you might be feeling disappointed in yourself."

1. "I just got fired from my job and I'm really pissed! The worst part is that the manager is a friend of mine, but he didn't even really give me a chance. I can't believe my friend would do this to me!"

Response:

2. "I just moved to Lawrence and now I'm feeling really alone. It's really hard meeting people if you're not a student. I moved here because this is where my best friend lives, but he's in this relationship and he never has time for me. I mean, I understand that he has his own life, too, but I really thought we would be able to spend time together, and that I'd be meeting more of his friends here. But it seems like he never has time to do anything with me.

Response:

3. "I'm really mad at my professor. I've been working really hard, and I just got a C on this paper. It seems like everyone else in my classes is getting A's. I feel like such a loser, like maybe I'm not really cut out for grad school."

Response:

Identifying and Reflecting Significant Dilemmas

Sometimes, people struggle with a decision or action because no matter which choice they make they are being untrue to one of their values. They often don't realize that those conflicting values are what make it seem impossible to move forward and they may not recognize the feeling that results from such a conflict. When we hear that dilemma and reflect it we help this person understand what has kept them stuck.

For example, someone who just got a job offer with the ACLU in New York might be feeling excited about this opportunity, yet be hesitant to accept it because it means moving across the country when his parents here are in poor health. You could say he's feeling torn between the two things.

We might reflect the dilemma like this:

"What I'm hearing from you is that you are feeling really torn about whether or not to accept the offer from the ACLU, because on the one hand being around your parents right now is really important to you and on the other it's really important to you that you use your law degree in a way that really makes a difference in people's lives."

Dilemmas usually unfold over a series of statements rather than within a sentence or two. As more information comes in and you start to recognize a dilemma, part of your summary will naturally expand to include tying together things that conflict with each other.

The formula for reflecting a dilemma can feel confusing, but essentially you are just doing two things we've already covered. You will reflect a feeling which is usually "torn" or "conflicted." Then you will give the source for this feeling. The sources are usually two value reflections

Another example:

Client: I just got a letter saying I was accepted to my top choice grad school. I was so shocked and excited because I never thought I would get in! I worked so hard and gave up so many fun nights to get ready to apply.

HQ: It sounds like you are feeling really surprised and excited.

Client: Yeah, I am. But there is just one problem. My fiancé is finishing his first year of law school at KU. He started their program, so that he could stay close to me while I was finishing up under grad. My top choice program is on the coast and so far away from him. I really love him and want to get married as planned.

HQ: You know I can hear that you are feeling really excited and proud of yourself. At the same time I can hear that you are feeling conflicted. On the one hand your education is really important to you and you've worked really hard for this. But on the other hand you love your fiancé and getting married as planned is really important to you.

In that example the counselor is doing a couple of things. The counselor is reflecting a stated feeling. Then she reflects the feeling of "conflicted" based on two values the caller has: her education and her relationship. When you are learning to construct a dilemma it can be helpful to separate the values with phrases like "on one hand and on the other hand" or "while _____ is important to you, at the same time you value____."

Reminders:

- Keep it simple.
- Don't try to find a dilemma where none exists. Having a range of feelings does not always mean there's a dilemma present, but reflecting those feelings in a summary may be appropriate.
- Identifying a dilemma is just a feeling reflection with sources where the sources are conflicting values.

In the next segment we will be covering four additional skills: using effective summaries, offering genuine support and encouragement, ending contacts with effective closure, and knowing when and how to use self-disclosure. These skills will help you with empathizing with the caller as well as bringing a call to a close.

Exercise 2.7: Identifying and Reflecting Dilemmas

For each of the following statements write a possible response to the dilemma the caller is describing.

Example: “I just don’t know what to do! After my pre-calc test at school today my friend came up and thanked me for showing my work. She definitely cheated off my test! I don’t know what to do about it because she is my friend and I don’t want her to get in trouble. But I know that cheating isn’t ok.”

Response: “It sounds like you are feeling really angry. I can hear that your friendship is really important to you. But at the same time I can hear you are feeling really torn because it is also important to you to be honest and not cheat.”

---

1. “We got assigned a presentation at work. I am working with three of my colleagues, and we have to have it done by Monday. But one of them whom I consider a friend hasn’t made it to the prep sessions, and therefore, hasn’t done his work. I really like working with him and want preserve our work and social relationship. But he is taking advantage of me. I really want to do well at this job, and not having this presentation done will make me look bad.”

Response:

2. "My girlfriend and I have been together for two years. I really love her and we agree on almost everything. But she sucks at money. I feel so mad at her right now because she spent a bunch of money on a computer without checking with me, and now we don’t have rent money! I really don’t want to fall behind on our bills, and it seems like she doesn’t care.”

Response:

3. "I’m so upset I think my dog is sick! He has been acting really weird, and I feel like I should take him to the vet. But if I take him to the vet I’ll have to borrow the money to do it. I want my parents to think I can take care of myself and my responsibilities. I’m afraid they will be disappointed in me.”

Response:

Using Effective Summaries

Sometimes clients will be very talkative and tell you their whole life story in one sentence without stopping, making it very difficult for you to reflect any feelings, values or dilemmas. If you're feeling confused because of the amount of information or because you can't figure out what the important feelings are, summarize the most important details to see if what you heard was accurate.

Example:

> *"I want to make sure I'm understanding you. It sounds like (followed by a string of feelings and sources)….."*

Some additional phrases to introduce your summary:

- "You've said a lot, so let me make sure I understand…"
- "So, if I understood you right,…"
- "It sounds like there's quite a lot going on for you right now. You started by saying..."
- "I'm feeling a little confused, and I want to make sure I'm following you..."

A summary mostly consists of reflections!

Reminders:

- Feeling reflections are your starting point. If you're responding mostly with summaries you're talking too much, and not in a helpful way.
- When the client has said a lot and you genuinely need to verify that you've understood them, use a summary.
- When the client has said a lot and you're not sure which part is most important for them to discuss, first use a summary to allow them to direct the conversation.
- A summary should also be included at the end of the call.
- Summaries do not end with "So, is there anything else you want to talk about?"

Ending Contacts with Effective Closure

Most of us are aware of socially accepted "rules" for how to gracefully end conversations in our everyday life. Those basic steps are:

- Pay attention to subtle verbal or nonverbal hints from the other person that they want to end the conversation.
- If you have anything you need to say or ask about before you leave, quickly work it into the conversation. ("Before you go, I want to ask about something...")
- If the person has a specific challenge going on, offer support and encouragement. ("Good luck on your test.")
- If you and the other person set any agreements during the course of the conversation, summarize them. ("So, I'll be seeing you and Angie after work tomorrow at Free State.")
- Those polite closing comments. ("Say `Hi' to your sister for me. Take care.")

In doing this you provide closure to the conversation. This helps us provide a smooth ending to our interactions while offering support. Providing closure in counseling functions with the same basic steps.

Reminders:

- Listen for hints that the client is ending the contact, such as: long pauses, repeating details, client's uncertainty about what to say next, or direct statements such as "Well, that's about all I wanted to say." However, if that's because the client is concerned about taking too much of your time, reach out to them.
    - *"It's really fine for us to keep talking. I have plenty of time. I'd really like to hear more about what's been going on between you and your dad since you've tried to get closer to him."*
- If you noted some important feelings, values or safety issues that didn't get clarified earlier, now might be the time to do it.
    - *"Before we stop talking, I would like to ask you about something you said a while ago. You said that you know your boyfriend really loves you and you really want to spend the rest of your life with him, but you mentioned that sometimes he gets really angry at you. I'm feeling concerned about that. Can we talk some about what happens when he gets angry?"*

When the contact is really ready to end there are three basic steps to ending the call:

1. Summarize.
2. Identify changes you heard in how the person is feeling, or ask about this. "You know, when you first called, you sounded like you were feeling so anxious, and you actually sound a lot calmer now. How are you feeling?"
3. Offer genuine support/encouragement

Exercise 2.8: Critical Analysis of Counseling Skills

The role-play has several positive qualities. Using the information you have learned so far, identify what skills were used and how they were helpful in empathizing and supporting the caller.

Client: Hi…..I think I need some advice.

HQ: I'm here to talk. What's going on?

Client: I don't know….There's something going on at work I don't feel so good about.

HQ: Tell me about what's got you feeling not so good about work.

Client: Um, I guess. I just wish I could stand up for myself more at work.

HQ: I can hear that you are feeling not good about work. When you say "I just wish I could stand up for myself at work," I'm wondering if you are feeling used?

Client: Well, yeah, I have been putting in a lot of hours at work lately and I've been going home exhausted nearly every night. It's really frustrating me that nobody seems to appreciate all of the extra work that I've been putting in.

HQ: I can hear that you have been feeling exhausted after work a lot lately and I can also hear that you feel frustrated that these efforts are going unnoticed.

Client: Yeah, I mean none of my coworkers ever ask to help out or stay late to help me finish up our projects. They simply leave when it's time to clock out.

HQ: It sounds like being dedicated to your job and finishing what you start are important to you.

Client: That's what you are supposed to do, isn't it? I've always finished everything that I do at work when I start it. It just doesn't seem very fair to leave a bunch of unfinished for the next day, ya know?

HQ: So I want to be sure that I understand everything that we have talked about so far: You have been feeling exhausted a lot lately because you have been putting in a lot of hours in at work. You have been feeling frustrated because your coworkers have not been helping out, which leaves you feeling used because your efforts are going unnoticed.

Client: Exactly! My long hours have made it difficult to be with my children. I used to spend almost every night with them, but nowadays I'm lucky to get one or two nights best. My mom has said she's not sure if she can help watch the kids much longer.

HQ: I can hear that you are feeling really frustrated about work. When you say that your "long hours have made it difficult to be with your children," I'm wondering if you're feeling guilty?

Client: Well, yeah. I hadn't really thought about it that way before, but I feel bad for not being there for them as much as I used to be.

HQ: It sounds like being available to your children and regularly spending time with them are very important to you.

Client: Yeah, it is! My daughters are both in high school right now and I'm not sure if I will have much longer to spend with them before they grow up.

HQ: I can really hear how important spending time with your daughters is to you. At the same time I can hear that you are feeling conflicted. On the one hand, you value finishing the work you start and your work is highly demanding and you end up working a lot of hours. But on the other hand, you value spending time with your children but often it late and feel exhausted when you get home.

Client: Yeah. I'm worried that I will not have a relationship with my children if I don't spend time with them while they are younger. But my boss has been pretty demanding lately and I'm feeling overwhelmed with the hours he has been giving me.

HQ: What do you think it would be like for you to talk with your boss about how you have been feeling overwhelmed with the demands and hours he has been giving you?

Client: I mean, he has been a pretty understanding manager, but our store has been asked to step up our game so his hands are usually tied. He often relies on me for getting the job done, which I feel proud of what I do and I like my job, but I just need to do more of my fair share of the work.

HQ: I remember from earlier in our talk that you were feeling frustrated with your co-workers not putting in the same amount of work that you have been doing lately. How do you think you would feel talking about this as well with your manager?

Client: I suppose that I could talk with him about that as well. It has been getting to the point where I'm tearful when I leave work and I'm growing to despise going in every day. I should probably say something to him before I burn out.

HQ: Again, I can hear how important both your job and your family are to you.

Client: Yeah, hey thank you for being there for me tonight. I've had a lot on my mind lately and I've been needing to talk to someone about everything. I think I'm gonna go spend some time with my kids before they go to bed.

HQ: Okay! Feel free to call Headquarters whenever you need to. We are here 24/7 and someone will always be here to talk.

Client: Thank you!

Critical Analysis:

Knowing when and how much to use self-disclosure

Self-disclosure in this context means the counselor chooses to share a past experience that seems similar to what the client is experiencing. It is not generally recommended. Before you, the counselor, shares part of who you are you need to think about the possible positive and negative consequences, and whose needs you are meeting.

Self-disclosure is not necessarily a good or a bad move, but it is a tricky one. In most cases the counselor is seeing the client's life through an extremely limited context having talked with the person at most only a few times before. The counselor can't be sure how the client will respond, so it's necessary to weigh the risks and benefits.

Some requests for self-disclosure just mean the client wants to get a quick sense of who they're talking with - a 20-year-old college student or a 50-year-old grandfather. Such requests are generally helpful for you to answer.

More detailed requests for counselor self-disclosure, however, are likely to have negative consequences to all involved. Please do not answer a series of increasingly intimate questions.

Example:

"Actually, I don't feel comfortable answering your questions. But I do wonder what's going on with you that prompted you to call."

Sometimes you may talk with a client whose pain hits you particularly hard or with whom you build special rapport because you've experienced something very similar. For example, you may be counseling a rape survivor and she may ask, "Are you a survivor, too?"

In these cases, sometimes it's good to share your experiences and other times it's not. Although self-disclosure can be a powerful way to connect deeply with a client, it can also alienate clients and ruin the focus of the conversation which is counseling the client, not talking about yourself. If you choose to self-disclose because you believe it will help the client, your disclosure should be brief and it should be followed by a question inviting the client to continue talking about their concern.

Example:

"Actually I did have a similar experience a long time ago, so I can imagine how hard this is for you. But I want to hear more about how you're feeling right now."

Reminders:

- Only self-disclose if it will help the client share and understand their experience.
- Only self-disclose if your experience is truly similar in intensity to the client's – not significantly better or worse.
- Avoid self-disclosure that includes details about how you resolved your experience as this may come across as advice and it may not work for this client.
- Be aware that we take the responsibility for having appropriate boundaries for ourselves and our clients. We are not here as peers involved in mutual conversations. We are here to serve our clients.
- Be aware that self-disclosure makes you vulnerable. How are you going to feel about the client's reaction to what you shared? If in doubt, don't share.
- Clients who request lots of personal information from the caller are often people who have a communication pattern of seizing control and blasting the other person. If you experience this pattern with a client, redirect the conversation or end it if redirection isn't possible.
    - *"I'm really not comfortable answering your questions about myself. I am interested in talking with you about whatever prompted you to contact us."*

Avoiding Roadblocks

Suppose a client says: "I'm just not smart enough to get through college." And suppose the counselor said: "Nonsense! You've got to quit being so down on yourself."

Although the counselor is trying to help, the response contains hidden negative messages that are not so likely to help that client feel comfortable talking about their concerns. You could think of this as advice giving, being judgmental or being directive. One of the many possible hidden negative messages with this statement is, "If you'd quit feeling what you're feeling everything would be fine. Now shape up and stop complaining!"

In motivational theory, these negative messages are called "roadblocks" because they tend to get in the way of being a supportive counselor as well as the client's abilities to explore their own feelings about

their crisis. These roadblocks have a way of completely stopping or diverting a client's line of thought about a crisis. They tend to be viewed by others as a counselor being self-centered or that they "know what's best for anyone at any given time." At Headquarters, it's our goal to allow our clients to feel that they are the experts in their lives and to directly intervene only in moments where we are concerned about safety (discussed in later chapters).

The Twelve Roadblocks to Reflective Listening:

1. Ordering, Directing, or Commanding
2. Warning, Cautioning, or Threatening
3. Giving Advice, Making Suggestions, or Providing Solutions
4. Persuading with Logic, Arguing, or Lecturing
5. Telling People What They Should Do; Moralizing
6. Disagreeing, Judging, Criticizing, or Blaming
7. Agreeing, Approving, or Praising
8. Shaming, Ridiculing, or Labeling
9. Interpreting or Analyzing
10. Reassuring, Sympathizing, or Consoling
11. Questioning or Probing
12. Withdrawing, Distracting, Humoring, or Changing the Subject

Exercise 2.9: Avoiding Roadblocks

For each of the following counselor responses, read between the lines and identify some of the potential roadblocks.

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1. "You're taking yourself too seriously. College is hard for everybody."

Roadblock(s):

2. "Maybe you should drop out of school for a while. If you had a break, maybe it would seem easier."

Roadblock(s):

3. "You need to have more self-confidence! You'll never get anywhere with that attitude."

Roadblock(s):

Section 2 Review & Reflection

1. Please give an example of a feeling reflection from your week (we want you to use the formula for this example and something that happened during the week. ex: "I hear that you are feeling pleased").

2. Please give an example of a feeling reflection with a source -- from a different part of your week (use the formula).

3. Briefly explain why minimizers can damage rapport that you have been building.

4. What is the difference between Attitudes and Values? What are some of your own values that led to your volunteering at HQ?

5. What are the three components to a good undercurrent reflection?

6. Please give an example of a reflection of a dilemma (that means you get to make up all the parts) using the formula.

7. When can you/should use a summary during a call

8. When is the best time for encouragement, if you are going to use it?

9. What are the three basic steps to ending a call?

10. When would YOU use self-disclosure (if ever)? Do you have any questions about self-disclosure or any of the other skills?

Section 3:
Life Experiences & Values

SECTION 3: LIFE EXPERIENCES & VALUES

Understanding a Person's Worldview

Combining Crisis Theory, Trauma, and Attitudes

So far in training you have learned about basic crisis theory: a crisis, defined by the person experiencing it, often has a direct and immediate impact on their life. A client's crisis can typically be linked to loss in their life, either from a single event/person or perhaps it is intertwined with many events in their life.

These losses, which either serve as the event causing the crisis or come as result of the crisis, shape our attitudes on important aspects in our lives: family, friends, work, education, our religious beliefs, or maybe even the willingness to go out and try new things—losses can practically be endless and the resulting attitudes can make our responses to future situations complex.

For example, think of a time when you experienced a difficult time in your life (such as the loss of a loved one or being fired from a job). Did you notice any changes to your life? Were there more than one? Did you lose or gain anything specific in your life? How did it feel to experience these changes? Did you feel closer (or perhaps more distant) from family and friends? Do you notice yourself trusting certain people, or groups of people, less since surviving this difficult time?

These losses, and their resulting attitudes, can be summarized as a type of trauma. Traumas, and their impacts on our worldviews, are discussed next.

Trauma

There are two types of trauma we as humans experience, either "big T" Trauma or "little t" trauma. "Big T" Traumas are losses in which our lives flash before our eyes; examples of these include surviving a tragic car accident or a natural disaster such as a tornado. Survivors of these Traumas often report their lives being completely changed, such as having to move to a completely new, foreign land or feeling completely unable to leave one's house without experiencing disabling panic attacks.

"Little t" traumas can be more difficult to recognize, but their impacts can be just as debilitating. These types of traumas cover any type of loss (or unintended gain) not covered under the category of a "Big T" Trauma. Since many aspects of life can often happen at once, the true triggers of "little t" traumas can be difficult to pinpoint. Despite this complexity, examples of "little t" traumas include: witnessing domestic violence, being the victim of a rape, experiencing repetitive moments of racism or discrimination, or feeling unable to cope with the unexpected loss of a loved one.

The key to remember with Traumas/traumas is that they have an impact on how we view future interactions. For example, consider what it might be like for a rape survivor to encounter an individual who reminds them of their abuser. What feelings do you think they might experience? What types of individuals might remind them of their abuser? What might some of their behaviors be when interacting with a similar individual?

The impacts of Trauma/trauma can be all over the place. The rape survivor might grow to distrust most men in their lives and choose to avoid future interactions with males due to feeling unsafe while being in their presence. People of color who have experienced repeated acts of discrimination might grow to not trust white men of color because nearly every white male they have encountered has taken something from them or made their lives more difficult.

Traumas/traumas have a direct impact on a person's view of the world. It can help to shape whom they've learned to trust and those to avoid. Additionally, it can make reaching out for help difficult in moments of need because previous calls for help have come unanswered.

While your work as a volunteer counselor will not involve treating these Traumas/traumas, as these are often addressed in long-term counseling, it is important to understand and consider when talking with a caller with a particularly challenging set of behaviors or histories.

Resilience

Not all of experiences in our lives result in trauma. Sometimes positive events or experiences can influence our world view, as well. Consider when a family member or friend helped you through a difficult time. Did you find it easier or harder to make it through? How did it feel knowing you had "someone on your side"? Has your family or friend consistently been there for you during difficult moments in your life? Do you belong to a particular faith community which proved to be helpful or supportive? Have your spiritual beliefs helped you hold out hope for the future?

Other examples of positive experiences including having a knack for knitting, a love for music, or enough resources (read: money) to be able to get out of an abusive relationship or to leave a town in which you "feel stuck" due to a lack of supports or opportunities.

These positive events serve as "protecting factors" while surviving through future traumas. A supportive family might prove to be helpful when you lose your home or flunk out of school. Other times having enough resources can help you with the abilities to seek out more education for a new career after being fired form a job.

Like traumas, resiliencies are often unique to every individual: the opportunities one individual has might not be available or perceived as being helpful for another. Identifying values, instilling hope, or offering genuine encouragement and support can often help a caller identify these protective factors which will help them survive through their traumatic experiences.

Other Areas Impacting a Worldview

Not all aspects of our worldview are shaped on our life experiences. Beliefs, such as political or religious, can often impact how we view the world. These beliefs can shape our ideas of who can be helpful during difficult times, offer us hope when there seems to be none, and inform how to go about resolving routine problems in life. These beliefs often come with strong opinions in controversial areas such as: abortion, marriage equality, gender identity, immigration status, secularism, healthcare, and many other areas in American life.

Consider your political or religious beliefs for a moment. Do any of your religious or political beliefs shape your views on any of the controversial areas listed above? Do you feel that your beliefs could potentially impact your abilities to work with callers experiencing events in these controversial areas?

Exercise 3.1: Reflecting on Our Own Worldviews

As volunteer counselors, it is likely that we will encounter individuals whose worldview is completely separate from our own. Factors such as age, living situation and location, family life, religious and political beliefs, gender, race, sexual identity, and the survival of various Traumas/traumas influence a person's worldview.

It is our goal at Headquarters for every caller to feel supported when they reach out, therefore it is important for each of us to understand the roots of our worldview both in "helping factors" as well as potential biases. The following exercise is designed to help you identify aspects of your own worldview.

Mental Illness/Psychiatric Disability

1. What drew you to pursue work in the mental health field?

2. What is your comfort level with delusions, hallucinations, or extreme depressed states?

3. How do you talk about mental illness with your family/friends?

4. What are your thoughts about psychiatric medications?

Spirituality

5. What are your own spiritual beliefs?

6. What kinds of experiences have you had with various aspects of spirituality and/or religions?

7. Are there religions or religious practices you feel less comfortable with?

Sexuality

8. What are your beliefs about sex and intimacy?

9. What are your thoughts about marriage and divorce?

10. What are your thoughts about people who identify as LGBTQ+?

11. What are your thoughts about birth control, abortion, and adoption?

12. How comfortable do you think you would be having conversations with callers about sex and intimacy?

Substance Use

13. What are your experiences with substance use?

14. What are your thoughts/beliefs about substance use?

15. What are your thoughts/beliefs about people who use substances?

16. What kinds of experiences have people you know had in regard to substance use?

Race/Class/Gender

17. How do you identify in terms of race, class, and gender (i.e. skin color, ethnic background, socioeconomic status, male, female, transgender, etc.)?

18. What kinds of differences are there between your identity and those people with whom you are close?

19. How does race, class, and gender impact your own experiences in your community?

Accepting Worldviews Other Than Our Own

Now that you have had the opportunity to reflect on your own worldviews, do you feel any of your worldviews might be significantly different from those whom you might interact with while answering phones? Do you feel any of your political or spiritual beliefs might influence how you would interact with a caller? What do you think you will do if you come across a caller who might be experiencing a dilemma in which one choice would directly conflict with your worldview?

One of the primary goals we at Headquarters have for every call is for the caller to feel accepted and valued. Often callers will be experiencing a crisis related to a particularly important life experience. These life experiences do not always reflect our own life experiences and the dilemmas they are experiencing might conflict with our own worldviews. Despite these conflicts, we recognize that when a person is experiencing a crisis, a change in that person's life will likely need to come in order for the crisis to be resolved. Carl Rogers, an influential psychologist in mental health treatments, said "the curious paradox is that when I accept myself just as I am, then I can change."

Theories on change, based on the work of Carl Rogers, highlights four aspects in accepting a worldview other than our own: autonomy support, absolute worth, affirmation, and accurate empathy. These four aspects are discussed next:

Autonomy Support

"We who lived in the concentration camps remember the men who walk through the huts comforting others, giving away their last piece of bread. They might have been few in number, but they offer

sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms--to choose one's attitude in any given set of circumstances, to choose one's own way." --Viktor Frankl

Many callers will be experiencing a dilemma when they are in crisis. Some of these dilemmas will be directly causing the crisis because the caller might have two (or more) conflicting values creating difficulty in them making a tough decision. Some examples include considering having an abortion, quitting a job, deciding to receive medical treatment for terminal cancer, or leaving a relationship.

When on the calls, we do not interfere with a caller's decision process. We usually do not influence their decisions because we recognize how inherently individual these decisions often become. However, remaining unbiased can prove to be difficult, particularly when our worldview does not match up with the caller.

When speaking with a caller who might have a direct dilemma in which we'd hold our own opinion on what is best for them, we have to remove ourselves from the equation. We want to continue providing emotional support and highlight the difficulties in making the decision, but we cannot allow our own personal views to cloud the call. As long as the caller's decision is ultimately safe for them and others, we can support them in this decision both emotionally, and through providing resources. Discussion on providing resources will be provided in later chapters.

Absolute Worth

Every person we will ever interact with has an inherent value in who they are as a member of our society. We recognize that every human being has something to offer our society and every human being has their own potential for growth. As long as callers remain even moderately respectful during their call, we believe that they should be able to call into Headquarters to receive support with whatever they might be experiencing. Again, we allow our callers to define their own crises. What might constitute a crisis for them might not be perceived as a crisis in our own personal lives, but we should remember that it might be possible that their crisis is one of the most difficult experiences they have yet faced in their lives.

Affirmation

When a caller reaches the point of wanting our support, it is likely that they have already tried a number of things to help them resolve their crisis on their own. Sometimes they have used their own strengths (great at problem solving, asking for help from a supportive family, etc.), to help them through their crisis and felt like their crisis was not completely resolved. When talking with a caller who might be experiencing a dilemma, it is important to identify and reflect values associated with their dilemma. In a similar fashion, we want to be supportive of safe decisions a caller makes during the call to help resolve their crisis. There are times in which we will help callers develop these solutions, which will be discussed in later chapters.

Accurate Empathy

In order for a caller to feel accepted, they need to feel validated and supported when talking about their crisis. Using your counseling skills, such as feeling reflections, value reflections, reflecting undercurrents, highlighting dilemmas, and providing summaries, will help the caller to feel heard and accepted while talking about their crisis. When we are speaking with somebody with a different worldview than our own, understanding their underlying emotions and values might prove to be difficult.

Perhaps one of the more difficult counseling skills to utilize when interacting with a caller whose worldview differs from our own is reflecting undercurrent feelings. Consider for a moment the following statement from a caller:

"I just don't know what to do anymore. I just don't feel like I will ever be able to walk by myself at night ever again. Last night I was walking to campus and all I could think about was somebody was going to jump out from nowhere and hurt me. My heart was racing and I could have sworn I saw two men sitting in the bushes. I couldn't breathe. I just kept thinking these men were going to jump out and rape me."

If you were to reflect an undercurrent feeling, what feelings come to mind? Upset? Scared? Terrified? Horrified? All of these feelings could likely resemble feelings the caller would have experienced when walking on her own, but some of these words are a more accurate reflection of their feelings. Let's assume for a moment that the caller had previously disclosed in the call that they had been raped while walking home from class late at night. How might you think the caller would feel if we were to reflect "upset" as the undercurrent feeling? Likely the caller will feel the experience was much more intense and that upset does not fully reflect their real experience. "Scared" follows a similar line of thought. Looking at the caller's statement, we first identify that their heart was racing and they couldn't breathe, which provides us with the hint that the experience was incredibly intense for them. A good counselor would be inclined to reflect "terrified" or "horrified" rather than the other two choices because they more accurately reflect the intensity of the caller's statement.

When we are interacting with a caller whose experiences/worldview differ from our own, we must try to put ourselves in their shoes to better understand how their crisis is impacting their life. Consider these questions when trying to put yourself in the shoes of a caller whose worldview differs from your own:

- Who would you feel you could trust in your life?
- How would your family life change? Would you be able to talk with a family member about what you are experiencing?
- Would this be something you could go to your friends with for support?
- How might it feel to feel unable to reach out to family or friends for support?
- How would this crisis affect your plans for the future?
- How would this crisis affect your abilities to remain living where you are currently living?
- How might your work/school involvement change? Would you have to quit or alter your career plans?
- Narratives of individuals whose worldview differ from our own are presented at the end of this chapter. Consider the above questions when reading the narratives.

Case Study #1

Counselor: Hello, Headquarters.

Caller: Ummm, yeah. Is there someone I can talk to?

Counselor: I'm here to talk. What's going on tonight?

Caller: I don't even know where to begin. I've been up all night and my mind has been going a mile a minute.

Counselor: When I hear you say that you've been up all night and that your mind has been going a mile a minute, I wonder if you are feeling exhausted?

Caller: Yeah I am. I haven't been sleeping very well in the last few days. Late nights haven't been easy for me lately. Any time I start to feel relaxed, my body immediately jolts me up and I get worried somebody is outside of my house.

Counselor: Has your body been jolting you awake for a while?

Caller: It's nearly every night in the last week. I know it sounds silly, but I get worried that somebody is outside of my bedroom window. I keep feeling like shadows I see in my room are people trying to get in through my window.

Counselor: I can hear that you feel worried about people being outside of your bedroom window. When I hear you say that you feel like you are seeing people trying to get in your room, I wonder if you are feeling terrified?

Caller: I feel terrified nearly every night. I just never feel safe anymore. Any time I feel like I see a shadow of a person or hear a sudden noise, my mind immediately goes back to last month. I haven't told too many people about this, but I was raped on my walk home last month. I can't sleep now.

Counselor: When I hear you say that you can't sleep at night since you were raped, I'm wondering if you are feeling robbed of your freedom?

Caller: Yeah. I am terrified nearly every night that he's going to break into my bedroom and rape me again. I mean, he was arrested shortly after, but I just can't stop thinking he's gonna come back somehow. To make matters worse, I was feeling sick over the last few days and went for a pregnancy test yesterday. I learned that I'm pregnant. I know this baby is his and I feel sick to my stomach thinking I'm carrying a part of him around with me every day.

Counselor: I can hear how you have been feeling terrified nearly every night that your rapist is going to break into your bedroom. I can also hear how you are feeling sick to your stomach that you are carrying around your rapist's baby.

Caller: It's like he made it where I can never move on from him. And it frustrates me that he can still hold this power over me even in jail. I have been considering getting an abortion so I can be free of this reminder, but I'm not sure how my family will react.

Counselor: I hear that you have been feeling frustrated that he can still hold this power over you, even in jail. And that this has led you to feel frustrated and considering having an abortion. On the other hand I can hear how important your family's opinion is to you.

Caller: I mean, they have been very supportive of me ever since they learned of my rape, but they are very conservative and their religion says that it's wrong to end a life. I can't say that I agree with them, but I don't want to disappoint them. I can't afford to lose them.

Counselor: So I want to make sure that I understand what's going on. You have been having difficulty sleeping lately because shadows and noises at night remind you of the night you were raped and you feel worried your rapist will come into your bedroom. You have been feeling sick

in the last few days, so went and got a pregnancy test and learned that you were pregnant. You feel sick to your stomach at the idea of you carrying around his baby and are considering an abortion, but you are worried about what your conservative family will say or do if you chose to go ahead and get the abortion.

Caller: Exactly. I just am at a complete loss of what to do and I can't afford to be all alone.

Counselor: Have you spoken to anybody else outside of your family about your rape and pregnancy?

Caller: My roommate went with me to the doctor yesterday and she knows about my rape. She has been super supportive lately.

Counselor: What do you think it would be like to talk with her about having an abortion?

Caller: I have honestly been thinking about telling her. She knows how tough most nights have been for me. I think I might go and try talking with her about all of this.

Counselor: That sounds like an excellent idea!

Caller: Thanks so much for being there for me.

Counselor: No problem. Feel free to call back at any time.

Case Study #2

Counselor: Hello, Headquarters.

Caller: Hey. Is this line confidential?

Counselor: I am here to talk with you and, yes, this line is confidential.

Caller: Okay. Well I have been fighting with my wife for the last few days and I'm worried that she's never going to forgive me.

Counselor: I can hear that you are feeling worried that your wife is not going to forgive you after the fights you two have been having.

Caller: Yeah. I mean she has every right to be angry with me. I have really messed up this time.

Counselor: When I hear that you feel like you have really messed up this time, I'm wondering if you are feeling guilty.

Caller: I am…I mean I took my vows with my wife almost a year ago and I've already broke them. I have been feeling so confused lately and caved in, but felt horrible and needed to tell my wife about what happened.

Counselor: It sounds like honesty is important to you in relationships.

Caller: It is very important. I felt like she needed to hear the whole story about what's been going on. It started with just going out for drinks with him after work, but we both realized that we really like each other. It's hard for me to say this, but I think that I might be gay.

Counselor: I want to make sure that I understand what has been going on. You have been fighting with your wife for the last couple of days since she learned that you really like another guy. You have been feeling confused lately because you feel as though you might be gay.

Caller: It honestly goes beyond that. I broke our vows the night James and I slept together. I'm terrified that my wife will never forgive me and that she's going to take my children away.

Counselor: I can hear that you're feeling terrified that you might have lost your family the night you and James slept together.

Caller: Yeah. I really am…I mean my wife has said that she's okay with me being gay, but she wishes that she would have been told about my desires earlier. She wants me to get into see a therapist to talk about it.

Counselor: When I hear you say that she's okay with you being gay and that she wants you to see a therapist, I'm wondering if you are feeling hopeful.

Caller: I am hoping therapy will be helpful, but I'm not sure where to start.

Counselor: I have a few resources that I can offer you for therapists.

Caller: Yeah that would be great…

Section 3 Review & Reflection

Please provide answers to the following questions and number and label your responses.

Reflection Questions

1. What are your hopes going into NEXT week?

2. What are your fears going into NEXT week?

3. What questions do you have about any of these topics?

4. Talk about what you think it will be like to be a caller.

5. Talk about what you think it will be like to be a counselor when talking with someone who has experiences like those covered in this section.

6. What scenarios or caller life experiences do you want to know more about? These could be topics not covered in the section.

Concept Review

7. What are the two types of trauma and what are the main differences?

8. What are some examples of "protective factors"? Why is this important?

9. Explain "Absolute Worth" and what it means to you.

10. Why is it important to understand and explore your own values and world views?

Section 4:
Children & Teens

SECTION 4: CHILDREN & TEENS

In this chapter you will hear about talking with children and teens. You will also receive handouts on tips for talking to parents, internet safety, child abuse, and child abduction, to put in your training notebook.

How to be effective when talking with young people

There are many reasons why a child might call Headquarters. Sometimes they're bored, and sometimes they're home alone and scared. They might be carrying out a prank or testing to see what Headquarters is all about.

Many kids who call Headquarters are latchkey kids, meaning they come home to an empty house every day after school. The child is expected to be self-sufficient for a couple of hours and some are responsible for younger siblings. This can be a frustrating and overwhelming experience for some children.

With most children callers, we will use our reflective, nonjudgmental listening skills. But in some calls, we may need to take a more active role in asking questions; focusing on actions that need to be taken, and offering opinions.

1. Remember, children can call about anything. That is, children do not have to be dealing with a crisis to call Headquarters. As mentioned above, children might call just to test the waters and find out what it is like to talk to a Headquarters Counselor. We want to encourage them to call – to reach out -- because they need to know that we're here if they're in crisis and need to talk to someone.
2. Try to ascertain the child's age. They may tell you and they may not; having this information will help you work more effectively with them.
3. Use feeling reflections. Like adults, children need to be able to express their feelings freely. Some children aren't comfortable expressing feelings at home so it is important that we allow them to freely express themselves. As you may recall, there is quite a large arsenal of feeling words and we shouldn't expect that children are familiar with all of them. Further, they might not know how to express their feelings. It is important to keep the child's developmental age in mind when using feeling words. For example, a very young child may not understand the concept of guilt as they have yet to develop a sense of self.
4. Try to keep responses short, wordiness will be tuned out. Listen attentively to what the child is saying. Children spend the majority of their day being talked at and being told what they do wrong. Their perception often is that adults don't listen to what a kid has to say.
5. Communicate acceptance of the child, even if they start out playing a prank. It's possible to accept people without necessarily approving of their behavior. A child who feels accepted is more likely to share their feelings and problems.
6. Be honest with the child. Children need us to be consistent and to feel we are listening to them. Take it slowly; some kids are in environments where they have learned not to trust adults.
7. Make sure the child understands any recommendations and how to act upon them. If you tell a child to speak with their Counselor or WRAP worker, be sure they know who that person is and how to access them. If they're not sure, make it clear that they can call back for additional help.

8. Speak slowly and let the child absorb what is being said. It is important to keep your voice patient and calm. Young children respond very strongly to voice inflections so if you are irritated about something, please keep that out of your voice.
9. Do not make promises with the child. This could be a trap as you never know what the child is going to say next.
10. At times, kids will hear something different than what you intend to say. Ask them to repeat back to you what they heard.
11. Always cooperate with the child's parents. Unless the situation involves extreme circumstances, such as abuse, we should never override parental instructions, rules, or established family procedures.
12. Take what is being said very seriously and always assume the worst case scenario rather than the best. In other words, if a child hears noises in the attic, assume it's a prowler, not the wind. This is the safest assumption for the child.
13. If the situation seems to be in any way dangerous, try to help the child contact an adult. This may mean calling a parent at work; calling a neighbor, or calling the police.
14. Remember that what may not seem dangerous to us as adults, may be dangerous for a child. Changing a fuse should be done by an adult, and cleaning up broken glass is potentially dangerous for Children.
15. If there is any uncertainty as to the outcome of a particular problem, ask the child to call back a bit later or arrange for HQ staff to follow up with a parent, if possible.

Talking With Adolescents

Headquarters Counseling Center sometimes receives calls from children in junior high facing tough decisions about such issues as drug use or whether to have sex. We may need to be more specific and directive with these young callers than we are with adult callers. It is also important to remember that children may place a lot of weight on whatever the Counselor tells them, so we must be careful not to appear to give approval for potentially dangerous behavior.

If a 12-year-old is thinking about having sex, there is some specific information you need to get from this child because a 12-year-old isn't mature enough to have a sexual relationship, and the aftermath of such a decision could be disastrous. So check what's really going on here. The following questions should be helpful if you get a call about this:

- Is someone pressuring you to have sex? If so, who is pressuring you? And why?
- How old is the person who wants to have sex with you? This is a very important question because at 12 or 13, a 3 year gap is significant. Are we dealing with two curious kids or are we looking at possible statutory rape? Could the caller be a victim of incest or rape?
- What is the family situation like? Are the parents divorced? Could the child be looking for much-needed attention or affection? Sometimes kids seek love, security, and affection in sexual relationships because they don't know where else to find it.
- Is there an older adult this child might be more comfortable talking with? How about a parent or older sibling? Perhaps a friend's parent? A school counselor? Checking into the child's support system is very important.
- How is the child feeling? Are they depressed, lonely, suicidal? Adolescence is a time when many children feel ugly, rejected and/or unpopular; could this be why they want to have sex?

- Has the child really considered the consequence of this act? They may know about AIDS, but what about other diseases? What about pregnancy? How will the child feel the next day, especially if the other child brags about their conquest or refuses to see the caller again? Remember, talking about emotional consequences is just as important as talking about physical consequences.
- Remind the child that sex is an adult activity with adult consequences that can be devastating if you're not ready.
- If the child appears to have doubts, point out those doubts. Stress the fact that they do not have to have sex yet; there is plenty of time to make that decision later. Make sure they know that it's not ok for someone to coerce them into having sex. Offer the child lots of support and encourage them to keep talking to HQ and other safe adults about any tough situations they are dealing with.
- Most adolescents just want to fit in, so they may make bad choices to gain the acceptance of their peers.

Talking With Teens

It is important to remember that teens are NOT simply younger versions of adults; they are often very concrete in their thinking, impulsive and they feel their emotions very intensely. Most adults are able to use their life experiences to get through difficult times; teens are more likely to conclude that this hard time is the way things will always be. Teens lack many of the important planning and decision making skills to resolve these difficult situations.

Also, today's teenagers have a lot to worry about. Drugs, alcohol, sexuality, pregnancy, body issues, rape, violence, crime, gangs, and cyberbullying are common realities for many teens. With more parents working full-time jobs or multiple jobs, many children are growing up with less parental involvement and support. Many teens must hold part-time jobs whilst going to school, and they are still pressured to get good grades so they can compete for academic or athletic scholarships. This adds up to a lot of stress.

When a teenager contacts Headquarters, try to imagine a situation similar to that of the caller. That is, try to identify with the teen's beliefs and way of thinking as well as their pressures and needs. It is important to respect the caller as an individual dealing with a hard situation where there is often very little support from the adults in their lives.

Over the years, juveniles have come to HQ as runaways, as students writing term papers, as concerned friends, as abuse victims, and substance abusers. Like all clients, they may exhibit a wide variety of emotions, or they may be sullen and/or non-verbal. During the teen years, self-image is very important, as is the teen's perception of what their peers think of them. They are often facing questions such as: What is love? Am I different? Am I attractive? Will people like me? Why am I here?

As an adult, you may have to work hard to overcome any perception that the caller may have about adults. We are primarily here to listen, not to advise. It is often difficult to know when to be directive and when to just listen. For instance, it's pretty clear that we would probably discourage a 13-year-old from making a decision to have sex. However, this becomes less clear with a 16-year-old.

There are novel social issues arising from the popularity of social networking web sites such as Facebook and Twitter. Children and teens can be shunned or cyberbullied and, in some cases, not even know who

is bullying them. Children and teens should never agree to meet someone in person that they only know from the internet.

The Children and Teens presentation and subsequent role plays will help to clarify how to decide whether we need to actively encourage looking at options and consequences instead of remaining neutral. It may take practice to get into the right frame of mind to deal with teen issues. In the meantime, here are some basics:

- How is the teenager making decisions? For instance are they being pressured by a peer? Intimidated or bullied? Is it a whim?
- How realistically is the teen looking at the possible consequences of their actions?
- How accurately is the teen looking at the long-term effects of the decision instead of just the immediate decision?
- How are the caller's parents involved with this decision? If they are not involved, how will they react when they find out?

There are no simple answers to these questions so, no matter what else you might do, it's important to use our basic counseling skills and LISTEN!

Helping Children Cope with Trauma

Talking about tragedy and trauma with children

As much as we want to protect our children from trauma and tragedy it is inevitable that most children will be affected by these events in some way.

Many times, adults are trying to sort out their own feelings that may range from intense anger to empathy for the victims or potential victims of the tragedy. It is important to keep in mind that the reactions and responses of adults to trauma and tragedy drive the reactions of children. Children will look to the adults in their lives for keys on how to react. In many cases children will not have that ability to perceive the meanings of adult reactions if we do not talk with them. There are some very specific things we can do to help our children learn from a crisis and work through their emotions in an effective manner.

Be honest with children

Kids are smart. If you are not honest with children they will hear information from another source about the trauma or tragedy. The best thing you can do is listen and answer questions as directly as possible. Children will have specific concerns about the future and the people who were hurt or people who perpetrated the event. It is tempting to minimize children's worries in order to alleviate their concern. This will have the opposite effect on the child, and, in essence, is dishonest. Children need information, just as you do. Make sure children understand that these were specific individuals NOT an entire religious or ethnic group.

Take the time to talk to children. Being available and communicating honestly and supportively is the best thing you can do to make a child feel safe and secure.

Children will respond in a variety of ways

Children will have a variety of responses to traumatic events based on their chronological and developmental age, as well as their personality. Many times children think they should feel bad, but

don't know why. Do not pressure a child to feel a certain way. Children will have reactions from intense mourning to very unemotional responses. Deal with the emotion that is present and do not try to move them from one emotion to another. Reassure the child over and over and deal with whatever emotions that you see. As you listen and talk with the child, they will work through their emotions.

Do not be surprised if the child does not act their age. In some cases a child may regress emotionally to a point where they felt safer, or just the opposite and exhibit a false sense of bravado. Children have an inherent need to take care of you as well as them. This may lead to a short term change in behaviors and maturity. This will be expressly present in children who know someone personally who was affected by a tragedy or trauma.

Exercise 4.1: Community Resources

This exercise is intended to get you familiar with the resources available in the Lawrence/ Douglas County Community. It will not be the last time we talk about resources and the skills we use to refer folks to appropriate resources based on their needs and requests. We hope you learn something you didn't know about the resources in our community or get to check-in on what's happening at an organization you're aware of. We'll also talk during training about strategies to connect callers to resources in other communities, given we serve folks across the state.

Directions: If a caller needs information on the following topics, which local resources should you give them? Provide the contact number and brief description of services or each resource that addresses these potential caller issues.

---

1. Sexual violence
2. Homeless
3. Food
4. Domestic Violence
5. Pregnancy
6. Gender Identity
7. Rent
8. Transportation
9. Alcohol abuse
10. Drug abuse
11. HIV/AIDS/STI
12. Counseling
13. Counseling (KU)
14. Employment

Section 4 Review & Reflection

Please answer the following questions when you are done reading/listening to the Chapter.

---

1. What are a couple of clarifying questions that you can ask parents when responding to questions or concerns?

2. What are a couple of things that parents and kids can do if they encounter cyber bullying?

3. What is the child abuse hotline number? What is the National Human Trafficking Resource Center hotline number?

4. What are some things that you can do if a child starts telling you about abuse they have experienced?

5. How long do you have to complete the web intake information when completing a mandated report? (The answer to this may be only on a handout that you have not received yet. Feel free to google it or ask a current volunteer, if you are so inclined)

6. If a child is calling, what are they allowed to talk with the counselor about? What should you do if it is a prank call?

7. What are the "Dos" of talking to children?

8. How do you feel about talking to Jr High children about sex (if they bring it up as something that they are thinking about doing)? What, if any, are your concerns?

9. What are some of the basics when talking to teens?

10. What do you think it will be like for you to talk with children about tragedy or trauma?

Section 5:
Assertiveness Counseling Skills

SECTION 5: ASSERTIVENESS COUNSELING SKILLS

In this section, we will talk about situations where you may have to use skills other than those that you learned about in the previous sections. There are times when we get calls that require us to do more than just reflect the person's feelings or values. The remaining skills in this section will look at ways to be directive in your responses without taking over the contact.

The skills you will learn in this section include:

- Effective Assertiveness Skills
- Feedback Guidelines
- Focusing, Limiting, & Re-directing
- Specific Situations for Assertiveness

Effective Assertiveness Skills

First, we'll focus just on the basics of assertiveness and then in a future Chapter, explain policies & procedures, including situations that are potentially dangerous. For now, here are some basics about being assertive.

To this point, the counseling skill emphasis has been mainly on reflecting or responding to what the caller is saying. However, as has been implied several times earlier, there are times when the counselor needs to do more than remain "actively passive." An obvious example of this is when the counselor needs to just say "no."

Our goal is to be assertive and never aggressive with callers, even when a caller is being disrespectful. We don't tolerate disrespectful behaviors, but ideally neither do we adopt similar behaviors when responding. We are not perfect, and our work is sometimes very intense, so mistakes sometimes happen. Ideally, we would use each other to vent any personal frustrations in dealing with a caller, because an aggressive display of our frustration really has no place on the phone.

Suggestions:

Disclaimer: These suggestions assume the caller does NOT pose you any risk of physical danger. Potential violence is discussed later.

If possible, before talking with the caller:

- Balance yourself physically, emotionally and mentally by taking a deep breath, changing your body position to feel more confident and grounded, and focusing on the goal you wish to achieve.
- Try to understand the caller's perceptions of what's going on.
- Instead of creating a "you versus me" atmosphere, try to create a sense of two people trying to find a solution to a problem. Typically, we are likely to practice assertiveness by doing feeling reflections to help deescalate the caller.
- Respond to the caller compassionately yet assertively, using all or part of the following "formula":
    - acknowledge the caller's perceptions
    - explain how the caller's behavior is causing a problem

    - Identify what you want the caller to do differently.
- Remember to be open-minded and flexible when appropriate.
- Repeat limits as necessary.
- Refer to policies.

For example, if a Regular calls more than twice on your shift, a good response is, "You know our policy is no more than two calls per shift, so I need to end our call now. You can call back during the next shift." Please don't apologize for the policies, and be prepared to justify the policy with a brief explanation of the reasoning behind it.

Stay calm!

If you think the caller is acting inappropriately, your goal is to handle the situation by being assertive and not aggressive. Try to keep your voice even and concentrate on behaviors, not personalities. Use your shift partner or staff for support after the call.

Remaining Assertive

It is expected and normal for people to feel or act defensive when their behavior is challenged with limit setting. The following are some examples of how a caller may behave when the counselor sets a limit.

Anger/Blaming:

When a limit is set some callers will have a gut reaction which is typically anger. They may blame you for causing the conflict. In this situation the best thing that you can do is remain calm and do your best not to respond with your own anger or defensiveness. Be solid, non-threatening, calm, balanced and determined.

Many people at this point just want their anger to be acknowledged, so listen to what this person is saying. Use feeling reflections. After all, this probably is difficult for this person. Acknowledging this can often help de-escalate the situation.

Another method of responding to angry behaviors is to agree with accurate statements the caller is making during an angry tirade. It's seldom that anyone is completely wrong in everything they are saying. Validating an accurate fact can have a calming effect and deescalate a caller.

Example:

> *"Yeah, I hear what you're saying. It really is a long walk to the bus station. However, we are not a transportation agency, so it won't be possible for you to get a ride from us."*

Minimizing:

Another way for callers to save face is to reduce the significance of the problematic behavior by joking about what happened or saying it was "no big deal". If this is used as an excuse to avoid responding to you, one response is to reassert the importance of the problem to you.

Ignoring:

Some people will agree to abide by our guidelines, then don't. One way to avoid this is to be clear with any agreements, summarizing them at the end of the conversation.

Example:

"So, you understand that you'll need wait until tomorrow to call back, right?"

After setting limits with a caller especially about when they can call again be sure to note this in the log and communicate it to the following shift.

Situations Where Assertiveness Might Be Necessary

- Focusing, Redirecting, and Setting limits.
- Enforcing Headquarters policies and procedures, such as:
    - Requests for information about callers or counselors
    - Requests for schedules for specific volunteers
    - Requests for your last name, phone number, or other inappropriate personal info
    - Requests to socialize outside of HQ
- Communicating with other volunteers and staff, for example:
    - Offering feedback to counselors or staff about a call
    - Receiving feedback from others regarding your counseling skills
    - Talking about interpersonal problems
    - Questioning HQ policies and procedures that bother you
- Other areas: (Since these are more specialized, they will be discussed in detail later in training)
    - Assertively intervening to protect someone in danger, such as in cases of child abuse or if someone is making threats against others
    - Offering support to survivors of violent crimes such as rape or assault
    - Being more directive when working with children or youths needing to make decisions beyond their abilities
    - Being more directive with suicide contacts in assessing danger and encouraging seeking medical assistance

Basic Feedback Guidelines

As with virtually every skill you'll be learning, these guidelines are basic enough that they really apply to almost any situation where you're giving someone feedback. Sometimes when giving feedback, you need to be able to be assertive about what you're offering to them. Even though giving feedback is not generally our role as counselors, there are some exceptions. We give feedback during training as observers in role-play scenarios. We may also give feedback to other counselors about a call that we observed them counseling, or about our opinion pertaining to a policy or administrative decision. In general, it is important to be able to fall back on some basic feedback guidelines:

- Give feedback that is intended to help the receiver.
- Keep your feedback focused on specific behaviors.
    - The more concrete and exact, the better the feedback is. Describe what the person is doing and the effect that behavior has on you. Express your feelings and the source of those feelings. "I feel (emotion) when you do (action)."
- Give feedback in appropriate doses. Focus on a few specific suggestions rather than trying to change everything at once.
- Give feedback that is well-timed, soon after the behavior and when the person can hear it.
- Give feedback that is balanced. Keep it honest, sensitive, supportive and productive. Balanced feedback is encouraging, and mentions areas of strength as well as areas that need

improvement. Do not be overly critical when offering suggestions or unrealistically complimentary.

Focusing, Re-Directing, & Limiting Callers

The remaining skills in this section address specific situations where you might need to assertively yet compassionately set limits on the content, length or frequency of a contact. These situations assume the counselor is not in any type of danger from the caller's behaviors. Here's how to respond to situations where callers are:

- verbally abusive, using inappropriate language/attitudes
- showing distrust toward the counselor
- excessively repetitive or situational
- speaking very casually when HQ is busy
- being romantic or overly familiar with the counselor
- intoxicated (if significantly interfering with effective counseling)
- talking about sexual fantasy
- experiencing other reality/paranoia

General Suggestions

- Consider individual circumstances and exercise good judgement when deciding to be assertive. For example, we are more likely to tolerate somewhat inappropriate or unproductive behaviors when the person is in an immediate crisis.
- Consider the possibility that the caller might be getting something out of the call even if it seems unproductive to you. However, if the caller is extremely abusive, do not hesitate to set limits.
- Except for extreme behavior, try to give a warning by explaining what the limits will be before they are enforced.
- Explain why you are setting limits on behaviors without blaming or sounding aggressive. If you need to be assertive in enforcing these limits, do so quickly without unnecessary explaining or arguing.

Verbally Abusive, Using Inappropriate Language/Attitudes

Headquarters has a number of regular callers. Some of these callers express a lot of anger. This is why it is best practice to start any call with a search of the caller database to see if the person with whom you are talking has existing limits or guidelines.

When we are talking with someone who is very angry, cursing or being excessively inappropriate our goal is to deescalate the caller and find out how we can be helpful. The best way to deescalate is typically to express empathy and build a rapport with the caller, so that they are aware that we are here to help. Express empathy by using feeling and value reflections with and without sources. Undercurrents can also be helpful when an emotion is being expressed by tone or volume.

Sometimes when you use your counseling skills you will not be able to deescalate the caller. At this point, the counselor needs to check for immediate safety. If there is not an imminent threat and the call is not productive then it is ok to end this call.

Example of reflecting and then ending the call:

"You're sounding really angry. I'm sure it's hard to keep calm when you're under so much pressure."

If the caller remains difficult and you decide you should start setting limits. One response could be.

"I know you are feeling very frustrated right now, but it seems like you're taking your frustration out on me. I am going to have to end the call if this continues."

If it continues, the next level would be to say:

"I don't seem to be able to be helpful to you right now, so I'm going to hang up." And then hang up.

Responding to inappropriate language being used by the caller requires that you keep two key factors in mind. One, we want our callers to be able to express themselves and tell their stories in a way that makes sense to them. For some people, this will include more swearing than for others. Two, we want to make sure that our counselors are able to remain neutral and minimally triggered by our callers' language. So, before setting limits we ask that you self-evaluate about the call and determine if setting a limit is around cursing is your preference or is necessary for effective counseling.

For example, "I can hear that you are feeling extremely angry and at your wit's end, but I'm having a hard staying focused on your story. Could you please try to limit your swearing."

Another situation that can call for assertiveness is when a caller is discussing values that express hate, disrespect, or bigotry. The values session will stress the importance of remaining neutral when people are expressing attitudes very different from our own While maintaining neutrality is often our preference for counseling, there may be times when it is necessary to ask a caller to change the subject when they are discussing something offensive.

It would be best practice to not react to the first sign of values that are very different from our own. Sometimes the caller will express themselves in an extreme manner as a response to the situation they are experiencing. Most of the time it is better to let the call continue to get a better understanding of the callers true reason for calling. If, for example, a caller states extreme intolerance for sailors and their philandering ways, the counselor has two choices. One, the counselor could set a limit about the attitude which likely devolves into an argument about the importance of the Navy, or the counselor reflects the anger and learns that the caller's wife left him for a sailor and it isn't about the Navy or sailors at all. Clearly this example will not reflect every caller. Sometimes people are just intolerant. If that is the case, set a limit.

For example, "I hear that this is really rough time for you and I want to be helpful, however, if are going to stay on the phone, you will need to stop referring sailors as dripping STDs."

Showing Distrust toward the Counselor

Sometimes callers want a particular type of counselor when they call HQ. Perhaps they're having a problem related to divorce, a drug habit, family concerns, sexual orientation, etc. and they want to talk with someone who's been through the same challenges. Although it makes sense that callers might have such a request, that's not how Headquarters operates. Our approach as an agency is to teach broad enough skills that any counselor can handle almost any situation.

Sometimes, instead of a particular type of counselor, callers may ask to speak with a particular demographic of counselor. Each counselor has received the same thorough training and is able to convey empathy for what the caller is experiencing, regardless of age, gender or marital status. If the caller challenges your ability to understand, do not let it discourage you. Try to understand the caller's perspective. It's okay to acknowledge their fears. Try saying something like:

"You're right that I probably haven't been through the same experiences as you, but it sounds like you're feeling really overwhelmed now and wanting to talk. I'd like to try to help."

Repetitive Calls

As you know from reading the logs, some of our calls are from people who tend to repeat, stories, details, and situations both within the same call and across calls. This can be true for our Regulars or first time callers.

The motive for repeating may be difficult to understand. Perhaps it is about processing or trying to connect with what happened to them. Regardless of reason, in a very repetitive call, it is helpful for the counselor to provide some structure.

As with most counseling suggestions at Headquarters, the best initial response to someone who is being repetitive is to be patient. Feeling, value, and undercurrent reflections will probably help the caller open up more. Well placed open ended questions can also help the counselor identify with the caller what is at the heart of the call. It is important to keep in mind that no headquarters call is going to be the solution to coping with a traumatic experience. We can be calming and comforting, but at a certain point, counselors need to exercise their good judgement about when repeating details is no longer helpful. At this point, it is best to summarize and gently end the call.

At other times, you will be talking to with a Regular or someone whose primary object for the call is to have Headquarters counselors acknowledge that their experiences are meaningful. When these contacts are not brief and become repetitive within the call; if your counseling skills are not effective at structure, it is time for a more assertive intervention.

> "You've mentioned these same details several times. I'm wondering what's going on for you right now that I can help with."

If a caller really has nothing new to say, then it's probably about time to end the call. Use the standard closure suggestions to summarize, ask if there's anything else he wanted to talk about, offer encouragement, and end the call.

Situational Calls

It is not unusual for us to talk with people who are more comfortable sharing situational details rather than their feelings. With callers not in immediate crisis it is fine for us to talk about situational details. Some lonely callers may want to talk about their lives or interests. This is okay and meets their needs.

If a caller in crisis is only giving situational details about their circumstances, the counselor will need to start figuring out how the situational details are affecting the caller. Try asking open ended questions to focus on feelings and values. For example, an occasional "How did you feel about that?" might help the caller identify their feelings. If the person continues to focus on other people, you might say:

"I can't really help you much with the other person's issues, but how are you being affected by this?"

If the caller is still situational, consider the possibility that the person is getting something out of this, even if you don't see it. However, if the contact is really going nowhere, you might need to end it by saying something like: "I'm not sure how I can be helpful."

Non-Crisis Calls

Our primary purpose is to respond to people in an immediate crisis, with our secondary purpose being to give people not in crisis but needing human contact a place to call and just talk. Although we are generally fine just talking, it's important that such calls not interfere with more serious calls. This means it's important to keep lines open if you are not on a crisis call. If all other lines are busy, explain to the non-crisis caller that you will need to limit the length of the call to 5 or so minutes. If there is an open line, explain to the non-crisis caller that you'll need to interrupt the call should the other line ring. Most people who call when they are not in crisis understand that our first priority is crisis calls.

Similarly, you should never be on a non-crisis call when your shift partner desperately needs your help. Pay attention to what's happening in the building and with your shift partner. If you're needed elsewhere, explain to the non-crisis caller that you need to go.

Sometimes contacts can be too long. We need to be able to set limits. Previously, we have discussed how to end contacts with closure and how to terminate calls that are repetitive or situational. Now, we'll discuss how to end calls that are too long.

If the call is not a crisis, it is fairly easy to set limits. A limit of 20 min to a half hour should be set but notice should be given before enforcing this limit. Most Regulars have previously set limits. These can be found on their profiles in iCarol.

For example, "We've been talking for about 15 minutes. We will need to wrap up in the next five minutes so I can keep the lines open."

For crisis calls, it's a lot harder to determine what is or is not productive. On one hand, what seems unproductive to the counselor might feel extremely productive to the caller; on the other hand, some people really are able to talk for hours upon hours. As a general guideline, most crisis contacts last about 90 minutes or less. For contacts that are significantly longer than this, the counselor should continue to ask themselves if anything worthwhile is still being accomplished with the additional time. If it is not, end the call. Safety planning will be covered in future chapters.

Romantic or Overly Friendly Callers

Most people who call Headquarters are appreciative of our willingness to listen and empathize. Sometimes, however, this appreciation crosses the boundaries to being inappropriate.

It is inappropriate for a caller to use romantic or sexually suggestive language with the counselors. There are a number of reasons that a caller may use this type of interaction, including manipulation, confusion of the rapport, or loneliness. Whatever the reason, we set firm limits for this type of behavior.

For example, a caller may use flattery to engage with the counselor, “You understand me so much better than anyone else.” Additionally, they may use suggestive language, “talk to me about when you get off… shift.” Or they may outright flirt with a counselor, including suggesting a date.

If a caller starts to drop romantic innuendos, set limits. A simple statement of, “I'm not comfortable with your last comment”, will probably take care of this problem. If it continues, explain that this is not an appropriate use of our service and that, if it continues, you'll have to hang up. If it still continues hang up.

Intoxicated (If Significantly Interfering With Effective Counseling)

With the exception of someone who is suicidal, we do not believe it is productive to talk with someone who is very intoxicated.

Don't be too quick to judge people according to common signs of intoxication. Some types of medication, for example, will produce slurred speech, blurred vision, poor coordination or balance, mood changes, etc. Likewise, there is a fine line between drinking and being drunk; some people call us when they're starting to sober up.

Our initial approach when someone calls sounding intoxicated is to be patient. Perhaps something else is causing the symptoms. Perhaps the person isn't as intoxicated as they seem. If they are too intoxicated to receive effective counseling, the second question is whether they are in immediate danger. If the person is in genuine crisis, at the very least try to wait and get a better sense of what's going on.

If the caller is not in crisis, our approach is to comment on behaviors. We have found that this works much better than asking if they have been drinking or accusing them of being drunk. So, for example,

> *“Your speech sounds very slurred to me. It's difficult to understand you.”*

If they acknowledges that they have been drinking or drugging, invite the person to call back when they are sober:

> *“It's very difficult for me to talk with you when you've been drinking, so I'm going to hang up now. You're welcome to call back when you are sober.”*

If they deny being drunk but they give no other explanation for the symptoms, wait a while then try again. If they still deny being drunk, use the symptoms as a reason to end the call.

> *“I need to end this call because it's impossible for me to understand you when your speech is so slurred.”*

Talking About Sexual Fantasy

Some people receive pleasure from calling and making up sexually charged stories. These calls are often difficult for Headquarters counselors because it can be hard to figure out that you are speaking with a sexual fantasy caller. Often the counselor has already invested time and effort in encouraging the person to talk, perhaps even self-disclosing personal information as a way of trying to help the caller feel comfortable enough to open up.

The first step is to be able to figure out whether a given call is legit or fantasy. A few callers are forward enough to directly state at the outset that this is a sexual fantasy call.

It's fairly easy to respond to such calls since all you have to do is say:

> *"This is a counseling center. I can't help you, so I'm going to hang up."*
>
> (And then do it!)

If the caller is not upfront about what's going on, things get more complicated. Most of the sexual fantasy calls we receive are from men wanting to talk with women. Sexual fantasy calls from women are relatively rare. We can identify most male callers by being aware of a few well-worn stories and themes. The few calls we receive each year from women are generally much more detailed and original, and therefore harder to identify.

Since most of our sexual fantasy callers are male, and since male sexual fantasies are easier to identify, the following examples assume a male gender. Please remember, however, that many women do make sexual fantasy calls here and elsewhere.

It is important to understand that a sexual fantasy caller might not be masturbating during the actual call. Instead, the caller might use the fantasy as stimulus to masturbate after the call. It isn't enough, then, to assume you can tell what's going on just by listening to how the caller sounds. Instead, it's important to listen for common stories, themes, opening lines and characteristics. Please refer to the sexual fantasy caller handout for more details.

It is important to not assume that every call that includes sexuality as a topic is a sexual fantasy call. Some people really do call here needing sexuality information; some people really do catch their spouses having affairs. Therefore, if you hear a hint that this might be a sexual fantasy call, think of this as a warning flag rather than a certain sign of what's going on.

If you hear additional warning signs (including recognizing this exact same call from the logs) or if you're sure you recognize the voice as someone you've talked with before, it's appropriate for you to follow up on your suspicions.

Possible responses include:

- "Yes, we've talked about this before." (Assuming you have.) This response will cause many callers to hang up.
- "I don't want to hear specific details."
    - As a general rule, there is no reason why anyone should have to get very graphic in explaining a legitimate sexual problem. If they persists, explain that you're uncomfortable hearing these details and offer a referral.
- "From what you're describing, it really sounds to me like you need to talk with a long-term counselor, so I'm going to give you a referral. Do you have a pen?" (Refer to Bert Nash or a sexuality counselor)

If it is obviously a sexual fantasy, just explain that it is inappropriate and hang up. Don't debate the caller or explain yourself--just do it!

Afterwards, talk about your feelings with your shift partner.

Callers Experiencing Other Reality or Paranoia

It is important with other reality (OR) callers to find middle ground, so that we're supporting the caller without encouraging the paranoia. The easiest balance is with feeling reflections. So, for example, a common theme we hear with OR callers is the fear that they or people close to them are in some type of physical danger, particularly from authority figures. Even if the situation is bizarre, the feelings are probably real. Instead of getting caught up in the situational details, simply reflect the feelings and let the person vent. "You sound like you are feeling really scared." Although this approach doesn't halt the situational details, it at least gives you more common ground to establish rapport.

As you do this, continue listening to see if there is a feeling source that is more realistic. Many OR callers do have real issues in their lives that are causing these feelings. These can get played out by venting about bizarre situations. Listen for any hints of real concerns.

> "It sounds like this has been a very difficult day for you. Is there anything else that happened today that you're feeling [angry/worried/ concerned] about?"

With a regular caller, we might add our perspective to a feeling reflection as a reality check:

> "I know you're really worried about your kids being hurt, but I've heard you say this before and they've always been OK."

We'll talk more about severe and persistent mental illness later in training.

Section 5 Review & Reflection

Please respond to the following questions and prompts.

---

1. Think of a time recently in your everyday life when you were more PASSIVE than you would have preferred. Imagine yourself in that situation again. What would you do differently?

2. Think of a time recently in your everyday life when you were more AGGRESSIVE than you would have preferred. Imagine yourself in that situation again. What would you do differently?

3. In general, how satisfied are you with your level of ASSERTIVENESS in your everyday life? In what ways do you wish you would act differently?

Section 6:
Intro to Suicide Prevention & Suicide Intervention Part I

SECTION 6: INTRO TO SUICIDE PREVENTION & SUICIDE INVERVENTION PART I

Introduction to Suicide Prevention

Exercise 6.1: Beliefs & Attitudes Survey

The following is a survey intended to get you thinking about your own beliefs and attitudes related to suicide. There is no right or wrong answer, so please feel free to be honest. Indicate on a scale of 1-10 (1-Disagree & 10-Agree) the extent to which you agree or disagree with the following statements. Please provide a rationale for your response. We will discuss the survey and your responses at our next training session.

---

1. Suicide is wrong.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

2. People have a right to suicide.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

3. There are limits to what I will do to prevent suicide.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

4. Anyone can be at risk of suicide.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

5. Persons who suicide are responsible for their actions.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

6. Persons thinking about suicide also have reasons for living.

   (Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

7. People serious about killing themselves cannot be helped

(Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

8. I am hopeful my community can work together to prevent suicide.

(Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

9. I have failed if a person I am helping kills themselves.

(Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

10. I will be ashamed if someone I am close to kills themselves.

(Disagree) 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Agree)

Suicide Intervention Skills

To guide you through the special issues of counseling a suicidal person, we have developed a flow chart and procedures that we use when we are counseling someone who is at risk of suicide or self-harm. The majority of our work during suicide intervention calls will still revolve around our basic counseling skills because we want to demonstrate empathy and establish a good initial connection with the caller. However, to use the flowchart effectively we will be utilizing some new skills.

In this section we will review the steps on the flow chart and explain in some detail how to move through each step. Later you will listen to a suicide intervention role play, so that you can see the flow chart in action. The flow chart is long and can feel confusing. The best way to gain comfort is through repeated practice during and outside role-plays. It may also be helpful to review this section a couple of times.

Suicide Intervention Flowchart

SUICIDE INTERVENTION FLOWCHART
Headquarters Counseling Center - 2012

Note:

*For self-harm intervention, substitute **self-harm/ self-harming** for **suicide/ suicidal** through these steps.*
Early in the call, at a comfortable spot, offer your first name and tell the caller that you would appreciate knowing the person's first name.

1. Listen for - and reflect - statements or hints of suicidal feelings.
Direct statements about suicide

Hints - “I just can't take it anymore; “I want to escape;” “I want to go to sleep forever;” or “They'll be sorry when I'm gone.”
Tone of Voice - very soft, weak, long pauses, sighs
Situations - significant losses
Behaviors - extreme changes such as in amount of sleep or eating, ability to concentrate, sociability, actions toward others
Feelings - intense or long-lasting **painful** ones: depressed, **alone**, **hopeless**, scared, confused, **helpless**, **lack of belonging**, **burdensomeness**, feeling **trapped**, no reason for living, dramatic mood change
Feelings of **extreme agitation, anxiety, rage**
Currently under the influence of alcohol or other drugs
Acute mental illness - out of touch with reality
Exposure to violence – abuse, prostitution, around violent crime, combat, perpetrates violence on others, suicide attempts or self-harm, rehearsal of suicide, another person’s suicide.
2. Ask directly if the person is currently thinking about suicide. *“Are you thinking about hurting yourself?” is **not** the same question as “Are you thinking about killing yourself?”*
Yes - go on to 3.
No - If you really believe the person is ***not*** suicidal, go to 12.
No – but you really believe they ***are*** suicidal, ask, “Have you thought about suicide in the last few months?” and/or, “Have you ever attempted to kill yourself?”
If this reassures you that they are **not** currently suicidal, go to 12.
If you still believe they ***are*** suicidal, go to 12 and come back to 2 after you have established more rapport.
Won't answer - handle like “No” choices.
3. Reflect ambivalence and ask if the person has already done something trying to kill her-/him-self.
Yes - go to 4.
No - go to 9.
Won’t answer - go to 9 and come back to 3 after you have established more rapport.
4. Find out HOW the person has attempted suicide shortly before (or during) the call.
If the person has attempted through injuring their body by cutting, burning, etc. - go to 5
If the person has attempted by ingesting medications/chemicals/etc. – go to 6
5. Reflect ambivalence and ask the person to place *non-medication* method(s) out of sight so they won’t continue focusing on (or use) this while talking with you. *Do not make demands or argue with the person. However, if the person refuses, return to this request after more rapport has been established.*
If a firearm is near them, ask the person to move it out of sight with as little handling as possible. *Do **not** ask them to unload it while they are still so close to acting on suicidal thoughts.*

6. Reflect ambivalence and gather information for consultation with a medical professional to determine whether the person needs medical attention.

When the person has hurt themselves with something other than (or in addition to) alcohol/drugs/chemicals/etc.
a) Let them know that you or your partner will call a nurse at LMH Emergency Department for information about whether medical care is needed.
b) Find out exactly what the person did and their condition, *and record this information on the Poison Center Worksheet:*:
When did the person attempt suicide/ self-harm?
With what?
Description of injuries – where on the body, what does injury look like, with cuts – how many, how long and how deep are each?
Currently bleeding? How much?
Feeling dizzy, lightheaded or nauseated? Other physical symptoms?
Did they also ingest any drugs, alcohol, other poisons, etc. ?
When the person has used alcohol and/or other drugs or chemicals, including carbon monoxide or other inhaled gases/fumes, as means of suicide
a) Let them know that you or your partner will call KU Med Center Poison Center to get information about whether medical care is needed.
b) Find out exactly what the person did and their physical condition, *and record this information on the Poison Center Worksheet:*
Exactly what was taken, including alcohol
How much (amount and strength) of each was taken.
How was each taken?
When was each taken?
With inhaled fumes: what type, in what environment (car, room, etc.), and for how long?
Is the person using any other medications, prescribed or over-the-counter?
Do they have any allergies or sensitivities to medications?
Approximate weight
Age
How is the person feeling physically right now?
Find out approximately how long it would take for them to get to the nearest hospital, just in case that would be needed.
c) Call the Poison Center and relay information you have gathered.
7. Reflect ambivalence and ask the person to get ALL method(s) out of sight, so they won't continue focusing on (or use) this while talking with you. Address ***all*** methods involved with this attempt. *Do not make demands or argue with the person. However, if they refuse, return to this request later.*
Ask if, in addition to what they have already used, do they have other suicide plans?
Ask them to get **all** methods out of sight
If a firearm is near, ask the person to move it out of sight with as little handling as possible. *Do **not** ask them to unload it while they are still so close to acting on suicidal thoughts.*
8. While waiting for medical recommendation, re-start counseling with a summary
Interrupt counseling to share medical recommendation
If medical attention was recommended - go to11

If no medical attention is needed - go to 12

9. Find out if the person has a suicide plan – or plans – so that you identify ALL methods available or considered. *Even with no recent attempt, the more specific and available the plan, and the more the person perceives it as dangerous, the higher risk of suicide.*

Yes - Ask:

When would they do this?

What methods are involved? *Make sure to ask about **all** methods the person is considering. (The person may have a plan that includes multiple methods, or may have multiple plans.)*

Do they have that/those available?

Is that/ are any of those near them currently?

Go to 10.

No - go to 12.

Won't answer - go on to 12, and come back to 9 when you have established more rapport.

10. Reflect ambivalence and ask the person to get ALL method(s) out of sight, so they won't continue focusing on (or use) this while talking with you. Address ***all*** methods involved with this attempt. *Do not make demands or argue with the person. However, if they refuse, return to this request later.*

If the method is a firearm, ask the person to move it out of sight with as little handling as possible. *Do **not** ask them to unload it while they are still so close to acting on suicidal thoughts.*

11. Reflect ambivalence and encourage the person to get medical attention when it has been recommended.

If they ***are willing*** to get medical attention, help them plan how to get there: friend, family, taxi, case manager or other outreach worker from their community mental health center, or ambulance (*only if appropriate)*

Offer to call to arrange that transportation and stay on the phone with them until transportation arrives.

When ambulance is needed, talk with one of the responders who arrives to treat the person

When ambulance is not needed, offer to call the hospital so they will be ready to treat the person when they arrive.

If they ***resist*** the idea of getting needed medical attention, reflect ambivalence, express your concern, explore their resistance to getting help, and encourage getting needed help.

If caller appears to be at imminent risk of death from action already taken, and resists getting help, reflect ambivalence, state your concern for them.

Consult with Director or Director of Counseling Services, our licensed social work staff

If there is truly imminent risk, the recommendation will be to reflect ambivalence, express your concern, and state that you need to arrange for an ambulance. Ask the person for location and phone information. When we have the person's location or when the phone number is available from caller or Caller ID, contact emergency dispatch for the person's area. Stay on the phone with the person until emergency response arrives.

Call them back if necessary, with the goal of staying on the phone until emergency response has arrived.

If possible, get the person's agreement to a **follow up** call. If person is not able to stay on the phone to arrange this, schedule follow-up at a time after the person has received treatment and is likely to be able to answer

12. Use your great counseling skills.
Invite the person to talk about what lead up to the suicide/self harm thoughts/actions today. *Try to gain understanding of what they are trying to fix, and help them come up with safe ways of managing that.*
Find out more about thier history of self-harm or suicide. If the person has attempted suicide/used self-harm in the past, what happened then?
Reflect ambivalence - accept and acknowledge the part that wants to die as well as the part has some hope that help is available. (Reflect ambivalence you actually hear.)
Listen attentively and take them seriously.
Reflect feelings and values.
Empathize, share your concern about their safety, and offer support.
Find out about their use or alcohol or other substances
Find out how they are doing with basic self-care – sleeping, eating healthy, drinking enough water, getting some exercise – as all these affect mood
Explore what is in this person's life, what gives them a sense of purpose.
Explore reasons for living and plans for the future
Find out about personal supports - therapists, friends, family, faith community.
Remind the person of the strengths and/or supports they mention including the crisis line.
13. Help the person plan what to do after the contact. What will the person do for the next few hours, the night, the next day,…?
a) It would be safer to be with someone for a while.
Is there someone they would be comfortable being with - friend, family? Can we help them make arrangements to be with that person?
b) **If this person is a child or teen-ager living with parent/guardian,** offer to talk with the adult they live with. If the child/teen needs protection, offer to call law enforcement or DCF.
c) **If the person has a therapist or case manager,** urge them to contact this person and inform them about this crisis, so they can help.
Would they like help contacting this person?
If the person is a client of the Bert Nash or another community mental health center, that center offers extensive crisis support resources. Encourage use of these resources.
d) **Is hospitalization needed for safety?** If so, offer to help make arrangements for this? (We can call the local hospital or community mental health center, as appropriate.)
e) **If the person has access to firearms**, encourage them to have all firearms and ammunition stored elsewhere for a while - with a friend or family member. Offer to help contact such a person.
f) Help them develop a **Safety Plan** for when they are in crisis. For many people, having this in writing and keeping it nearby is very reassuring. The plan should be a written list based on our Safety Plan example, with basically three components
Things the person can do while alone
Involving personal support people
Involving mental health supports
g) **Offer follow-up** whenever there is a high risk of this person acting on their suicidal thoughts in the near future
h) If the person will not allow follow-up, **urge them to call HQCC/NSPL** again: after a few hours, in the morning, if they are having thoughts of suicide again.

i) Tell them how much you appreciate that they were able to contact HQCC/NSPL this time, and that they can call when needed to prevent things from getting this bad again.
developed by Marcia Epstein LMSW, Director *based on NSPL's evidence-based standards for assessment and responding to imminent risk* *Headquarters, Inc., Lawrence, KS March 2012*

Updated 07/29/2020

Part 1: How to Use the Suicide Intervention Flowchart for Callers Considering Suicide Who have not made an Attempt.

Step 1: Listen for statements or hints of suicide intention

Our primary focus is on the person's emotions - and how intensely they are experiencing them. So, we listen to how the person is feeling - noting the tone of voice, the pauses, and the words - as well as any direct or indirect statements about suicide.

Example:

> *"You sound like you're feeling really depressed and totally discouraged, and when you talk about not being able to take it anymore, it makes me wonder if you're thinking about killing yourself."*

Sometimes the hints may be more situational. The person may not express their feelings directly, but may reveal that they are experiencing many significant painful events.

Example:

> *"You've had so many things not work out for so long, and when you talk about wanting to stop it all, I wonder if you've been thinking about suicide."*

This is not a complete list of suicidal statements. But others may include:

- "I just want to go to sleep and never wake up."
- "I wish it all would end."
- "Sometimes I wonder what it would be like if I weren't here anymore."
- "Everyone will understand when I'm just gone."

And other statements indicating that the caller is thinking about ending their life.

Step 2: Ask directly about suicide.

When you are listening carefully, and hear hints of suicidal feelings, it is important to ask directly about suicide. You're never going to be giving the person a new idea of how to solve their problems. The kinds of responses you can expect to hear include:

> "Yeah, I just don't know what else to do."
>
> "Well, yeah, I've thought about suicide a lot, but I'm not the kind of person who would ever do it."
>
> "What would you do if I said yes?"

Step 3: Reflect Ambivalence and ask if the caller has already done something to try to end their life.

Be aware that this is the first point in the flowchart where different responses lead you to different next steps.

A person can be very seriously considering suicide even if they have not already made an attempt before contacting us. Since we are speaking with people that we probably have never spoken with before we cannot assume that we know about their condition based purely on their non-verbal cues. You really need to ask what they have done. Asking if they have taken action will not prompt them to do so.

When we are speaking with a caller that is considering suicide there is an important assumption that we make as counselors. That is that if a person has called our line and acknowledged that they are considering suicide then there is also a part of them that is reaching out for help or is wanting to stay safe. Reflecting this ambivalence about taking the suicide action versus staying safe is one of the tools that we use to encourage safety and to work through the flow chart.

There are four parts to good ambivalence statement:

1. Feeling reflect difficult emotion that has previously been stated:

   Example: "I can hear that you are feeling so hopeless"

2. Acknowledge suicide as an option:

   Example: "And I know that suicide is a very real option for you."

3. Acknowledge the ambivalence:

   Example: "I also know that you picked up the phone today and called."

4. What that means/talk about both:

   Example: "And that tells me that at least a part of you wants to be okay. I want to talk with you about both today."

Putting it all Together

Example:

> *"I hear that you are feeling so discouraged right now that you are seriously thinking about suicide, but I also know that it took a lot for you to pick up the phone and call here, and that shows that there's at least a part of you that wants help. I really want to talk with you about what is going on in your life that got you thinking about suicide, but first I need to know how you are physically ok right now - if you have already done something tonight/today trying to kill yourself."*

Be honest, genuine, and to the point. We want to help the person talk, and hopefully come to the realization that they have other options – not just suicide. But we don't want to be counseling someone who ends up dying because we never assessed their physical condition.

WHAT TO DO WHEN THE PERSON HAS NOT MADE AN ATTEMPT

We'll work our way through the middle of a call where the caller has not done anything yet. You get to skip some steps and move to step 7 where you find out about the caller's plan for suicide. Then you will use your great counseling skills and end with a plan for the person to stay safe after the call.

Step 7: Ask if the person has a plan, and if it is available.

Remember that you must keep that balance of showing that you care, while getting the specific information you need to assess the danger of this situation by using feeling reflections.

Example:

> *"I hear that you are feeling incredibly discouraged right now, and that suicide seems like the only way to stop the pain. I'm glad that you haven't already done anything, but have you thought about what you would use for suicide? It would help me to understand better if you would tell me."*

A person with a well thought-out plan is more likely to make an attempt. A person who has rehearsed with their plan is very likely to die by it. So, a person with a well thought out, available, lethal method is likely to end up dead soon. It is very important for us to know what the person has thought about. Use the flowchart questions to make sure you are being thorough. It cannot be emphasized enough how important using feeling reflections is during this process.

For example, a person who has a firearm and is talking about shooting themselves is very likely to end up dead soon. A person who is thinking about shooting themselves, but would have to go out and buy a gun is a lot safer for that day. We need to find out the status of the plan.

It is very possible that the person is considering combining methods. Make sure you ask about all methods. It is common for people to use alcohol as a way of getting ready to die by suicide - for example, to get drunk first so they'll be able to stay in the garage with the carbon monoxide fumes from the car, or to use alcohol to increase the effects of medications for an overdose.

It is also possible that using alcohol, marijuana, or other drugs is one of this person's ways of dealing with life's stresses, by self-medicating, and they are not considering suicide at all. You really need to talk with the person to understand intent, but you also have to help the person understand if they are in danger even though that was not the intent.

Our hope is that we will reduce the chance of injury or death from a suicide attempt by getting the person to talk with us and see other options. Take any plan seriously, even if it doesn't sound dangerous to you.

After you have learned about the plan, you want to shift the person's focus back to talking about what got them to think about suicide. Part of doing that is in step 8.

Step 8: Reflect ambivalence and ask the person to get that/those method(s) out of sight

It's very hard to talk on the phone with someone who is turning the barrel of a handgun, or holding on to a knife. It's very hard for a counselor to be helpful if the person is hurting themselves during the talk.

The significance for the client of getting the method out of sight is that it decreases the likelihood that they will use the method during the contact. It also makes it easier for the person to talk, because it shifts the focus away from completing suicide at this moment.

Remember that early in the call, the person has no reason to care about what you think or feel, so reflecting ambivalence has much more meaning than simply acknowledging your discomfort and concern. However, you can add that when you truly have rapport – a good, strong connection – with the caller. Here's a good way to ask for the removal of methods from sight during the early stages of a call.

> *"I know that you are feeling really scared right now, and it seems like suicide is the only way to end the intense pain that you have been feeling for so long. But your calling here shows us both that there's at least a part of you that wants to stay safe. I would really like to talk with you, and it would really help both of us, if you stop cutting on your arm. Could you please put the knife in a drawer, for now while we are talking?... Have you done that?... Thanks."*

When the person has a firearm available, we want to guide them to get it out of sight, with as little handling of it as possible. Now is not the time to unload the weapon, just to get it out of sight.

Example:

> *"I've heard you say how overwhelmed you feel, and how you've been thinking that suicide is the only way out of your family's financial problems. But you know you've also been willing to talk with me, and that shows us both that there's a part of you that has some hope that there's another answer. And one thing that would help with that is if you just get that gun out of sight right now. Could you safely put it under your chair so we can talk about what's going on for you?... Have you done that? … Thanks."*

At times a caller will not respond to your first request for them to put their method out of sight. That's ok. Use you really good counseling skills to continue reflecting feelings and ambivalence. Then come back to it.

Once the method is out of sight you can move on to step 9.

Step 9: Use your great counseling skills

Give people time and attention, and really listen to what's going on. Help them recognize their ambivalence and increase their commitment to safety with reflections and summaries. When we are able to help them identify people who care about them, strengths they have, supports they have reasons to stay alive. And that starts with the invitation:

> *"I hear that you have been feeling so depressed for so long, and suicide seems like the only way to end that pain, but I also know that you called and at least a small part of you still thinks it's worth trying to stay alive. I'm sorry that you are feeling so much pain, but I am really glad that you called. And I would really like to talk with you about what has been going on."*

Although our training primarily prepares you to help with the immediate crisis, when counseling a person who is feeling suicidal, try to learn some things about the bigger picture for this person.

Don't interrogate the person and use your basic and more than basic counseling skills, but as you are talking, try to gain some sense of their support systems.

Hopefully you will hear some personal strengths as the caller talks with you. Then you can genuinely and gently remind them that they possess these strengths. This will probably work best toward the end of the contact and after you have built rapport. Otherwise, it might communicate a false sense of hope - that things aren't really all that bad.

Somewhere in all of this it's really great to solidify your connection by offering your first name and asking if the caller would share theirs.

Example:

> *"We've been talking for a while now, and I'm so glad you are willing to talk with me. I want you to know my first name, I'm _____. If you feel comfortable, it would be nice to know your first name, too."*

After a while, the person will have reached a point in the conversation that they have talked for all they have energy for. Before ending the talk, help the person plan what to do after the contact in step ten.

Step 10: Plan for after the contact

Some of our callers have felt suicidal many times in the past, even the recent past. With these people, before the contact ends it is very important to talk about their support systems. If the caller has a therapist or case manager, encourage them to contact one of them now. Ask if the caller would like you to help contact one of them. If there are other supportive people they might be able to turn to, help them plan how to do that.

If this person is seriously considering suicide, even if there isn't any current medical danger, but the caller believes they cannot stay safe – they need to consider hospitalization. Being in a safe place, without day-to-day pressures, and with people to help, may be exactly what the caller needs to get through this time of crisis. If you are this concerned about this person being able to stay safe, it is appropriate for you to raise this option.

Example:

> *"We have been talking for a while now, and I hear how much pain you are feeling. I'm also hearing you say that you are afraid that you may end up hurt or dead tonight. I'm feeling really worried about you, and like we've talked about, there is clearly a part of you that wants some help. It sounds to me like we really should talk about the possibility of your staying at a hospital for a day or two."*

Unfortunately Lawrence, like most Kansas communities, does not have a local inpatient unit. So that means the person will be treated in another community, which causes additional challenges. LMH does offer "crisis stabilization" in a room in the Emergency Department for less than 24 hours. But for actual hospitalization, the caller will need to go to Topeka or Kansas City or farther.

In Kansas, in most situations, the way a person gets hospitalized is by going to the local hospital ER, where a qualified mental health professional, who is employed by the local community mental health center, will complete a mental health assessment. That assessment may result in a recommendation for

outpatient services or for hospitalization. However, it is important for counselors to understand that current best practices for suicide prevention do not involve inpatient treatment, other than for temporary safety.

For any person who is currently feeling suicidal, it is recommended to avoid being alone, to get out of the environment where they have so recently been considering suicide, and to be around safe, caring people that the caller knows and trusts.

If one of the methods available to this person is a firearm, please talk about storing all firearms and ammunition elsewhere for a while. Some people will be comfortable asking a friend or family member to keep the gun. Others may be able to have a friend or family member accompany them to a pawn shop.

Step 10 Continued: Offer a Follow-up Call

We are able to offer a follow-up phone call to check on how the person is doing, say 24 hours or less after the first call. If we helped the person get admitted to the hospital, the follow-up might need to be in a few days, as opposed to the next 24 hours. If you're feeling really concerned about the person, and they won't agree to a follow-up call, you can ask if they will agree to call back the next day at a specified time. You can tell them who will be on shift, and that you would like to tell those staff to expect the call. This gets more commitment from the person to make that call.

Always encourage the person to call HQCC (or the Lifeline) again.

Example:

> *"I know this has been a really hard night for you. And it's been really hard for you for a long time. But I am so glad that you had the strength to call us. I hope that you will call when you just need to talk to someone, before things get this bad. But if you are ever thinking about suicide again, please do talk to us."*

Follow up calls are scheduled in iCarol in the call log section. There is a link for scheduling a follow up and some areas that need to be filled in, so that the appropriate information is provided to the shift person completing the call. This includes: name, phone number, time to call, and a little bit about what was going on in the original call. When scheduling the follow up give the caller a 90 minute to 2 hour window for the call to be made. This allows the people on shift at that time some flexibility to account for how busy their shift may be.

Section 7:
Suicide Intervention Part II

SECTION 7: SUICIDE INTERVENTION PART II

Suicide Intervention Skills

So far, we have worked through how to use the flow chart and some basic skills like ambivalence statements to talk with a caller who is having thoughts of suicide but has not made an attempt. In this section we will discuss the steps we take and the information we need when we are talking with someone who has called us after taking an action to end their own life.

First let's review some reminders about the basis for our counseling skills:

1. We MUST believe that for a person to call a crisis center/suicide prevention center that person MUST have some ambivalence about choosing suicide.
2. Similarly, a person who lets family, friends, or co-workers know about suicidal thoughts clearly has some ambivalence about choosing suicide.
3. We MUST do our best to work with whatever amount of the person wants help, as well as reflecting the pain that provokes thoughts of suicide.
4. We must do all that we can - honoring HQCC's core values of respect, caring, and honesty - to help the person choose safety. That means that we voice our concern to the client, tell them what help we believe they need, and tell them what we believe we must do to help. Letting the caller know that because they have contacted us, clearly at least some part of them wants that help. (This does not guarantee that the client will choose safety, but it guides us to do as much as we can to help.)
5. When we are advising a person concerned about someone else who is suicidal, we should urge that concerned person to do all they can to keep the other person safe. That may mean getting someone else involved, in addition to - or instead of - the concerned person. HQCC or a crisis center in the person's area should be one of those additional supports for the suicidal person.
6. We have to accept that the suicidal client is the one who has the power to decide what to do. But we need to know that we've done as much as we can to help.
7. Similarly, the person concerned about someone else who is suicidal should be cautioned that although they definitely should do what they can to get help for the suicidal person, that suicidal person is the only one who has control over their own actions.
8. The only person truly responsible for a death by suicide, is the person who died.
9. In spite of that, we always want to do all we can to help a person stay safe.

Part 2: Using the Flow Chart to Counsel Someone Who has Made an Attempt

During any of our contacts we will start with step 1 of the flow chart "listen for statements or hints of suicidal feelings." After we have identified that the caller is feeling suicidal, we follow the next steps in asking directly about the thoughts and then if they have taken an action to attempt suicide.

Step 4: Find out HOW the caller has attempted suicide shortly before (or during) the call.

When the caller answers "yes" to your question about if they have done something to attempt suicide we then ask directly what they have done.

Example:

"I hear that you are feeling so hopeless and that those feelings have led you to try to kill yourself. Can you tell me what you have done today to try to kill yourself?"

Another Example:

"I hear how angry and hurt you are feeling, and how you had been thinking suicide was the only way out. But you called here, and that tells us both that there is at least a part of you that wants some help. And I would really like to be able to talk with you, but I'm feeling really worried about how you're doing physically. Would you be willing to tell me more about what you did so we can find out how you are, so we can know if you are going to be able to talk?"

There are separate steps to address the kind of action that the caller has taken to try to end their life.

If they have attempted through injuring her/his body by cutting, burning, etc. - go to 5

Step 5: Reflect Ambivalence and ask the caller to put the non-medication method out of sight.

This is similar to the request you made when the caller had identified a plan and not acted on it. We want the caller to place the method out of sight, so that we can help them assess their current safety and discourage them for continuing to use it while talking with us. Once the method is out of sight or if the caller has identified that their attempt involved ingesting some kind of substance we proceed to step 6. When someone has attempted an overdose we have them keep the bottles around longer, so that we can get enough information to consult with a medical professional.

Step 6: Reflect ambivalence and gather information for consultation with a medical professional to determine whether they need medical attention.

Use the flowchart for guidance in what to ask and the Poison Center Worksheet for recording the info. If the attempt involved medications or other chemicals, that means contact a Poison Center. If the person has harmed their body, for example by cutting, then calls the Emergency Department at Lawrence Memorial Hospital for guidance about what treatment is needed.

Whenever you are responding to a question about the possibility of an overdose or other bad physical reaction to any kind of medication or drugs (including alcohol) - above all, be calm.

If the person contacting HQCC is concerned about the safety of someone else, please ask the following question. Is the person who the caller is concerned about conscious? If not, urge the caller to get an ambulance immediately. Offer to call emergency dispatch for the caller if they are not able.

If the person who has ingested the drugs is conscious, then you can begin to get some information and record it on the Poison Center worksheet which is in the phone room and has also been posted on the board. The following steps are basically the same for talking with someone who is concerned about someone else, or for talking with the person who has ingested the drugs.

Basically, if the person is alive and alert, I believe there is time to get some information that will help explain what to expect next. So, again, be calm. We want to know:

1. How is the person feeling right now?
2. What symptoms or reactions is the person already experiencing?
3. What drugs were taken, including alcohol?
4. How much of each was taken?

5. When was each taken?
6. How was each taken?
7. Does the person have any know allergies, sensitivities, or medical problems?
8. How old is the person?
9. How much does the person weigh?

All those variables relate to how a person is affected by a drug.

Once you have gathered the information on the Poison Control Worksheet, ideally you can have your shift partner call for information about the effect to be expected. If you don't have another staffer available, without putting the caller on hold, use a different phone to call the Poison Center.

The most helpful place to call is the K.U. Medical Center Poison Center 1-800-332-6633, which is our region's Poison Center. Emergency Departments of other hospitals consult with the KUMC folks. They're the experts. Sometimes we need to try the ED at Stormont-Vail in Topeka. Either place, all we should expect is for them to tell how urgent the need is for medical attention is.

If a person needs to go to an Emergency Department, it is very helpful for that E.D. to be notified in advance. Please call and tell them as much information as possible so they can be prepared for the person's arrival and treatment. The KUMC folks also want to be called to receive information about where the person will be treated.

The vast majority of our experience here is with times when the Emergency Department treatment is not needed. Sometimes, it may be recommended to have the person be around someone else who could monitor them in case their situation changes. If there is already a medical concern, the person should be at the hospital. Inpatient mental health hospitalization would only be needed if the person truly could not stay safe otherwise.

Again, be calm. If someone is calling about a friend, that caller is probably not calm. If you get freaked out too, you probably won't be able to be very helpful. Also, the caller-friend may not be a great judge of what's going on if they have been "partying" too. There is a real possibility that the caller won't know or say or remember exactly how much of what they took.

Drug overdoses are not always suicide attempts. However, assuming the person is coherent and not in any physical danger, it is important to check and see what is going on that lead to this situation. At the very least, the person is probably scared by what they just did.

Emergency phone numbers for our community, Douglas County, Kansas, are on iCarol.

To reach ambulance or law enforcement for other communities, you can start by calling our local Emergency Dispatch Center through their direct line which is posted in iCarol. Then ask that dispatcher to connect you to the city you need.

To reach the Emergency Department of a hospital in another community, you can use the internet. If you're having trouble getting the info, you can call a crisis service for that area – the community mental health center if it's a Kansas location, or one of the Lifeline centers if the need is in another state.

After you have gathered the information necessary on the worksheet you will return to step 7 which is to reflect ambivalence and ask the caller to get the methods out of sight. .

Step 8: While waiting for medical recommendation, re-start counseling with a summary

Once your shift partner has given you the recommendations from Poison Control you will interrupt the counseling to share the recommendation. Again, the information received will dictate the step on the flow chart to which you proceed.

If medical attention was recommended - go to 11
If no medical attention is needed - go to 12

Step 11: Reflect ambivalence and encourage them to get medical attention when it has been recommended.

In that case, we need some sense of how much time we have to work with before the person will be in serious danger. We need some sense of this from the medical personnel. But we also need to gently ask how long it would take for the caller to get to the nearest hospital if needed. The callers distance from a hospital may mean that an ambulance is required.

Whenever medical attention is needed, encourage the person to get to the hospital as soon as possible. Is there a friend or family member who could go with the caller? The suicidal person needs emotional support as well as encouragement to get the medical attention. Only encourage that an ambulance be called if that is truly needed.

If an ambulance was recommended by the medical personnel, help the person understand how important that is, and that since we are not medically trained, we cannot be the only ones to help. However, if the person is able to keep talking, it is very helpful to keep talking with the caller until transportation is arranged

If the person who needs an ambulance is resistant to using this service, help the person explore their concerns. Hopefully you can help them understand that some embarrassment or a medical bill is not sufficient reason for refusing needed medical care.

Example:

> *"We've been talking for a little while now, and I know that you are feeling really sad and scared right now. I know that there's still a part of you that thinks that suicide is the best choice, but I also know that there's a part of you that really wants to try to work things out with your partner. The thing is, you really need medical attention, and you need it soon. I'm really worried about you, and I want you to have the chance to make things work. That's why I'm telling you that we really need to get you to the hospital. And the thing is that you can deal with the money later, with whatever small payments you can make. Your life is worth that. You've shown me that."*

We don't do anything tricky to locate people. We express our concern, and work toward getting that person's commitment to safety. The only time we would trace a call is if the person became unable to communicate with us. You will find the tracing info on iCarol. It is very rare for us to use this. So rare that it's not even once every year.

As mentioned before, if out of town help is needed: to reach ambulance or law enforcement for other communities, you can start by calling our local Emergency Dispatch Center through their direct line which is posted in iCarol. Then ask that dispatcher to connect you to the city you need.

If no medical attention was needed then you proceed to step 12 and get to use your really great counseling skills.

Part 3: Addressing Someone Who Has Engaged in Self Harm

In this chapter we have addressed how to use the flow chart to talk with someone who is considering suicide or has acted on their thoughts of suicide. You may be asking yourself what we do in the event of self-harm. As we previously stated, the intent of self-harm is different than suicide. However, when we are talking with someone who wants to use or has used self-harm, their safety is still our focus. The flow chart is used in both scenarios as well as the relevant skills of ambivalence, getting the method out of sight and assessing the need for medical treatment. We may tweak the things we say for someone who is thinking about self-harm such as the ambivalence statement.

Example:

> *"I can hear how much pain you are experiencing. And I hear that cutting yourself is something that you are thinking about doing to help that pain go away. However, I also know that because you called here today that there is also a part of you that wants to stay safe and does not want to cut. I'd like to keep talking about what has been happening for you that is making you want to cut."*

The essential parts of the ambivalence statement stay the same, but we make it relevant for the call we are taking. We will use this adjustment as we go through the call because the focus on safety stays the same. So use the flow chart, listen for statements or hints that someone wants to use self-harm. Ask if they have already done so. If so ask them to get the method of self-harm out of sight and then ask the questions, so that you can find out if their cuts, burns, etc. need medical attention. Be calm! You have the skills you need to help. And remember, your really great counseling skills, your desire to help and your caring will serve you well in any call that you receive.

Imminent Risk

This lesson will begin with a review of key terms related to the topic of Imminent Risk.

Definitions

Imminent Risk – An individual is determined to be at imminent risk of suicide if the Crisis Counselor responding to the call believe, based on information gathered during the exchange, that there is a close temporal connection between the individual's current risk status and actions that could lead to the their suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on the Crisis Counselor to take urgent actions to reduce the individual's risk; that is, if no actions are taken, the Crisis Counselor believes that the individual is likely to seriously harm or die by suicide. Imminent Risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through the person's intent.

Emergency Rescue – refers to the need to provide potentially life-saving services. These immediate services include but are not limited to Police departments, Fire departments, County sheriff offices, Mobile crisis/psychiatric outreach teams, Hospital emergency departments, Public Safety Answering Points or 911 centers, and Emergency medical services (e.g., ambulance/transport services).

Voluntary Emergency Rescue – when a Crisis Counselor and the caller together or the caller gives permission for the Crisis Counselor to contact emergency services.

Involuntary Emergency Rescue – when a Crisis Counselor contacts emergency services to be dispatched without the consent of the person at risk.

Third Party Imminent Risk – When during a third party call the Crisis Counselor is able to determine that the person at risk (the person the caller is calling on behalf of) is at imminent risk. See Imminent Risk definition above.

Lifeline Policy for Helping Callers at Imminent Risk of Suicide

In 2012, the Lifeline completed network wide implementation of the Policy for Helping Callers at Imminent Risk of Suicide. Developed with significant contributions from Lifeline crisis centers and members of the Lifeline advisory committees, this policy represents consensus expert opinion on assisting persons at imminent risk of suicide. With the release of this Policy, the Lifeline aims to provide a unified protocol for emergency intervention. Just as the Suicide Risk Assessment Standards encouraged a greater focus on the identification of those at risk, this policy aims to encourage better engagement, assessment and interventions for those at risk of suicide. The Lifeline Policy for Helping Callers at Imminent Risk of Suicide emanates from an underlying set of values that emphasize:

- Taking all actions necessary to support a caller in staying safe;
- Active collaboration with the caller to secure the person's own safety; and
- Collaboration with other community crisis and emergency services that are likely to aid the crisis center towards ensuring the safe, continuous care of the caller at imminent risk.

The Policy can best be understood in terms of three central areas: active engagement, active rescue, and collaboration with community crisis and emergency services. These concepts are familiar to crisis hotlines and are an integral part of any call center policy that effectively addresses caller safety.

- **Active Engagement:** Requires that hotline staff make reasonable efforts to collaborate with callers at imminent risk to better secure their safety
- **Active Rescue:** Requires that staff take all action necessary to secure the safety of a caller and initiate emergency response with or without the caller's consent if they are unwilling or unable to take action on their own behalf
- **Collaboration:** with other community crisis and emergency services towards better assuring the continuous care and safety of Lifeline callers determined to be at imminent risk

Emergency Dispatch

Emergency dispatch refers to the act of a counselor contacting the 911 dispatch serving the area in which the caller is located. Emergency dispatch/ 911 is most commonly contacted by counselors when seeking assistance for a caller who is at imminent risk and in need of emergency rescue [*Reminder: Emergency Rescue – refers to the need to provide potentially life-saving services. These immediate services include but are not limited to Police departments, Fire departments, County sheriff offices, Mobile crisis/psychiatric outreach teams, Hospital emergency departments, Public Safety Answering Points (PSAP) or 911 centers, and Emergency medical services (e.g., ambulance/transport services).]

Active Engagement

This central component refers to the ability of the counselor to not only adopt an "active listening" approach but requires that they actively engage the individual at risk in a discussion of their thoughts of suicide; supporting the individuals experience, exploring strengths and resources, building hope for recovery and empowering the caller to work towards securing their own safety. While crisis call centers typically seek to "engage" all callers, "active engagement" is distinctive to "actively seek collaboration" with a caller at imminent risk of suicide to prevent a person's suicide attempt. Essentially, active engagement is the use of the foundational counseling and listening skills you have practiced, thus far. Use of the foundational counseling skills will allow you to establish good contact with callers and develop rapport.

Least Invasive Intervention is an important concept and a core component of our approach to helping individuals at risk of suicide. Building on the use of active engagement, this component promotes the use of approaches that emphasize cooperation over coercion with callers at imminent risk to secure their safety, **with the use of involuntary methods as a last resort.** Through actively engaging the caller, the goal is to include the person's own wishes in any plan to reduce risk.

Active Rescue

Active Rescue refers to the need for the counselor to initiate rescue with or without the caller's consent during circumstances in which, despite all efforts at engagement, the counselor believes that the individual is at imminent risk and unable to participate in securing their own safety. "Active rescue" is distinguished from "voluntary rescue" in a strict sense; voluntary rescue is collaboratively agreed upon by the caller and counselor. This component is specific to the counselor needing to actively initiate rescue services because the caller is unwilling or unable to do so themselves, and without rescue services, the helper believes that the caller is likely to die by suicide.

The two documents below are tip sheets developed by the Lifeline to guide counselors through the process of contacting 911 for emergency dispatch. Review these documents and we will discuss them and any questions you have during our next training session.

Exercise 7.1: Reflection & Skill Review

We would like you all to think about what you have learned watching calls (the times that you were able to do so), talking to counselors, and reading the material and talk about your feelings and fears about when you should and can call 911 for emergency rescue (Emergency Rescue refers to the need to provide potentially life-saving services. These immediate services include but are not limited to Police departments, Fire departments, County sheriff offices, Mobile crisis/psychiatric outreach teams, Hospital emergency departments, Public Safety Answering Points or 911 centers, and Emergency medical services (e.g., ambulance/transport services).

What situations will prompt you to call for emergency rescue?

What is the procedure?

What concerns do you have about calling for emergency rescue?

Now please think about Ambivalence. A lot of you did well with ambivalence during your role plays on Sunday, which is so awesome. But I think it's important to re-visit just for practice.

4. What is the purpose of an Ambivalence Statement?

5. How can you effectively use this in other areas -- like with self-harm or when you are talking to someone about their friend who called them?

6. There are FOUR parts to an Ambivalence Statement -- please write an effective statement using all four parts:

Section 8:
Self-Harm

SECTION 8: SELF-HARM

Section 9:
Suicidal Other

SECTION 9: SUICIDAL OTHER

Suicide or Self-harm Intervention with those Affected by Someone Else

In addition to working with people who are struggling with self-harm or suicide, we also frequently work with people who are affected by another person – one who uses self- harm, one who is known to be or feared to be at risk of suicide, or one who has died by suicide. For these calls and visits, the client is counting on us to be the expert about suicide. Our role includes providing supportive counseling, providing information about suicide or self-harm, providing information about how to help, and providing information about where to find additional help.

The person concerned about a friend, co-worker, acquaintance, or family member who seems to be at risk for suicide- what many centers refer to as "Third Party" suicide calls, and we have historically referred to as "Suicidal Other" calls.

Every day we hear from people who want to know what to do because someone in their life seems to be thinking about suicide. People turn to us because we are the suicide hotline.

What do we do when people ask us what to do? We stay calm, assess the level of danger, and help the person who contacted us come up with some type of plan. As part of that plan, whenever possible, we arrange to talk directly with the person who is at risk of suicide or self-harm.

Tending to the caller/visitor's concern about that other person before shifting your focus to the caller/visitor is important. Don't make that caller/visitor wait too long for the guidance they are asking for, or their anxiety may increase.

Always offer to call the person believed to be suicidal, and/or to arrange ambulance/police when needed. Also, offer a follow-up call to the original caller.

Our first priority is gathering a clear understanding of what the person who contacted you is concerned about, which means conducting a lethality assessment through the "third party" – the one we are currently talking with.

Start with a question like this:

> *"I can hear that you are feeling very concerned about your friend. I want to help, and for me to do that I need to know more. Can you tell me what got you thinking that they are suicidal?"*

The range of answers is very broad:

- Maybe the friend has shared that they have been feeling depressed lately.
- Maybe the friend has recently talked or hinted about suicide.
- Maybe the caller is in the friend's apartment, and the friend is lying on a bed with alcohol and pill bottles nearby, is and not making much sense.
- Maybe the friend is actually the caller's recent ex, and the friend/recent ex just called and said, "If you don't come back to me, I'm going to kill myself."
- Even… maybe the caller *is* "the friend"

We hear many reasons for the concern about suicide, some that actually do not sound so dangerous, some that unfortunately sound much more dangerous to us that what the caller realized, and everything in between. Thus, we need to do our best to determine urgency based on information, not just the emotion (or lack of emotion) from the caller. And we always praise the one who has contacted us for their caring.

To gather an accurate idea about the level of the immediacy of the danger, we need ask questions to learn how recently the two have been in contact, such as:

Example:

> *"I understand that you are feeling very scared right now because your aunt has been talking about how she really has no reason to live now that her husband has died. When is the last time that you talked with her?... How did she sound then?"*

And as shown above, we want to know more about what the caller/visitor is reacting to. We want to know what makes them think the other person is suicidal. So we ask questions like these:

- *"You said that your friend sounded really weird tonight. Can you tell me more about that – what sounded weird?"*
- *"What I'm hearing from you is that your daughter is feeling very alone, very pressured, and very sad. I hear how concerned you feel. Have you been able to ask her directly if she is thinking about suicide?"*
- *"When your friend has talked about suicide, have you two ever talked about whether he has a plan for how he would kill himself?"... "Do you know whether he has that (firearm, pills, etc.) available?"*
- ***If the answer about having talked about a plan is no**, ask "Do you have any idea about whether he has firearms, or a lot of medication, or other things around that he might use to kill himself?"*

When the caller/visitor's response indicates that the friend has already taken some action for suicide or self-harm, or sounds very likely to do so, we use the same assessment questions as on the 'Suicide Intervention Flowchart" to determine the immediate danger from the action, or the likelihood of an action based on what is known about a plan for suicide or self-harm.

> *Reminder to counselors: Don't forget to breathe. Staying calm and focused on this assessment and planning can get you feeling pretty tense. Breathing is a good thing.*

Before we can make recommendations for safety for the one who is at risk, we need to determine what the concerned person is willing and able to do to help, and who else can help.

It is essential that we communicate respect and remain nonjudgmental about whatever level of involvement the person says they can provide. Sometimes we wish that the caller/visitor were willing to do more, but that's just not going to happen. Sometimes we are urging the caller/visitor to get additional people involved because it is clear to us that the caller/visitor is not the one who can handle this.

We start with an open mind, and acknowledge information that we have already been told about the relationship between the caller/visitor and the one at risk. When we need to ask more, the question may sound something like this:

Example:

> *"I hear that you are feeling very concerned about your co-worker, and it definitely sounds like he needs some help. What I am wondering is whether you or someone else might be in a position to give him a call tonight, just to show some support."*

Gently assessing the caller/visitor's role as a support cannot be done with one "standard" question. Some of the complicating factors between the two might be:

- The two people may be in different parts of the country
- The two people were in a romantic relationship that has ended
- The caller may be a child or young teen
- The friend may be only through an on-line connection, and the concerned caller/visitor may have no information about who or where that suicidal person really is
- The suicidal person may have firearms, and the concerned caller may be understandably afraid

Again, many very different possibilities…. So the kinds of questions you might use include:

- *"I really want to help you and your friend. It will help me understand better if I knew how old you and your friend are. How old are each of you?"*
- *"Do you know where your cousin is right now?... Are you in the same town as he is?"*
- *"Since you've said that you know that it's in your and her best interest for the two of you to stay apart, I'm really wondering if there is someone else who can be a good support for her. Do you know how to reach any of her close friends or family who might be able to help?"*
- *"I understand that you are feeling very scared that your friend may have already done something trying to kill himself. And I know you told him you would be coming by to check on him. But from what you've said, I'm really concerned about your safety if you go there alone. I know you don't think he would hurt you intentionally, but you also said you know he's been drinking a lot, and he has guns. How would you feel about trying to talk with him on the phone again before deciding if you should go over there?"*

If the person we are talking with is a child or teen, we want to make sure that they get the help of a safe, trusted adult in their life to help with the one who is suicidal or using self-harm. You might say something like this:

Example:

> *"I hear that he is a really good friend of yours and you really want to help. I can tell you are a really good, caring friend, but I really think it's just too much pressure on you to be the only one who knows that he's thinking about suicide. It would be really good to get one of the adults who you trust to help us help your friend. Who do you think might be good to start with?"… "How can I help you reach her, so we can make sure that your friend gets some help tonight?"*

Actually, we never want one person of any age to be the only one who knows about the risk of suicide. So even if the person we are talking with is college-aged or above, we want to help them identify additional adults who can be supportive to the one who is at risk of suicide or self-harm.

Example:

"I hear how you feel so worried about your room-mate because she's been feeling so depressed for so long. And I understand that it's hard for you to think about telling anyone else how she's doing. But it really sounds like she needs all the support she can get right now. I realize you are both college students, but I still think that her family would want to know how she's feeling and would want to help. You've mentioned that she's pretty close to her mom. What do you think about letting her mom know what's going on?... Can you think of other close friends or family who could help her?"

Always offer to call the person believed to be suicidal. Also, offer a follow-up call to the original caller.

When we have learned that it is likely that the person at risk needs emergency medical attention and the caller/visitor is able to help:

When we receive a call from someone who is with a person who appears to have made a dangerous suicide attempt or self-harm (information gathered through our safety assessment questions and medical consultation), we work to get emergency medical help as soon as possible. The great news is that we don't have to talk someone in to getting help because we are already talking with the concerned person who definitely wants to help. The friend/family member can say, "We need an ambulance," Then HQCC can stay on one line to keep helping that concerned person, and after getting location information, can call for an ambulance.

Remember from earlier in the chapter – when an ambulance is needed for another area, we can call our local Emergency Communication Center/911 Dispatch, and ask them to help you reach the appropriate ambulance service.

Always offer to call the person believed to be suicidal, and/or to arrange ambulance/police response. Also offer a follow-up call to the original caller.

When the caller/visitor has a plan for checking on the person at risk, but based on what we've heard we have a lot of concern about what the caller/visitor may discover:

We have received calls where the information shared indicates that the person at risk could have already died by suicide. For us, that fear comes when the person is described with many warning signs, a specific plan and/or known access to firearms, and has not responded to calls or emails for a few days. When our gut reaction is that the person might already be dead, we need to share that concern and discourage someone from going alone to check on that person.

Example:

"I know that you would like for your son to go check on his brother. But I have to tell you, that based on what you have told me, I feel really concerned about your son's well-being. I think it's really important that no one goes alone to check the house, and really, I think it would be safest to ask for a law enforcement officer to be that second person. I know that's hard to hear, but it's something we really need to talk about."

Always offer to call the person believed to be suicidal, and/or to arrange police to check. Also, offer a follow-up call to the original caller.

When there is no known need for emergency medical attention, the people are in different locations, but the person at risk has a plan for suicide:

We do our best to help the caller/visitor be prepared for providing support. Our flowcharts provide suggestions.

ALWAYS offer to call – or have another center call - the person at risk of suicide. If the person is in Kansas, we make the call. If the person is another state, we may make the call or we may see if their Lifeline center is available to make the call. But a trained counselor needs to try to talk with this person.

The follow up arrangements also include calling back to the original caller so they know whether we were able to reach the person at risk, and what additional help is needed.

When there is no known need for emergency medical attention, no clear information about a plan, the people are in different locations, and the caller/visitor really wants to ask law enforcement to check on the person:

There are certainly times when the situation appears to be dangerous, and the only person who might be safe to go out is a law enforcement officer. However, we need to let people know that: 1) most law enforcement personnel have little if any training in responding to someone in emotional crisis, including suicide crisis; and 2) when a person in emotional crisis has firearms available, law enforcement officers also have firearms and if there appears to be a possible risk to an officer, they have been taught to shoot to kill.

Whenever possible, we would like to provide phone counseling to de-escalate an emotional crisis before dispatching law enforcement. We have the training to help people over the phone. We offer to call the person believed to be suicidal, and/or to arrange police only if truly needed. Also, offer a follow-up call to the original caller. However, if the situation cannot be de-escalated, then it is important to involve law enforcement. While some of the officers may not have had training, Lawrence PD is working hard to get their officers trained in Crisis Intervention and Mental Illness Awareness. Individuals can request a CIT trained officer or the Mental Health Team.

Lining up support for both the caller/visitor and the one at risk:

No one should have to deal with suicide alone. The caller/visitor needs to be able to share their concern, and ideally not just with HQCC. It's quite a lot of pressure to know that someone in your life is at risk of suicide. So, we make sure to talk with the caller/visitor about their supports.

In addition, we want to talk with the caller/visitor about opening up the support network for the person at risk. It is highly unlikely that the person at serious risk of suicide has any awareness that there are a bunch of people who care about them and who would feel devastated if they choose to die by suicide. Further, it is highly unlikely that many of those people already know that the person is at risk.

So, it's good for everybody when more people can be involved as supports. We should always talk with the caller/visitor about who they know who can also be support to the person at risk. Sometimes we have to remind people that the parents would probably prefer worrying and trying to get help for their suicidal child, over later losing that child to suicide and never having the chance to help.

Because the caller/visitor is feeling scared about what's going to happen to their friend/family member offer a follow-up call to that caller/visitor

Don't forget how hard this can be on the people who feel the concern. Even if they do not want us to talk with the person at risk, offer a follow-up call to the original caller. This call is an opportunity to provide additional support, as well as for additional safety planning.

What to do When Someone Asks us to Call Another Person

Sometimes a friend or family member of someone who is feeling suicidal asks if we will call that person. If that person is in Kansas, our answer is yes; if the person is elsewhere in the US, we will either call or try to arrange a call from another NSPL center. However, first, you want to know more about who you're calling and why.

When that person is in another part of the country, it's probably more helpful to that person if the National Suicide Prevention Lifeline center for their area makes the call. Go the NSPL Crisis Center Locator page on their website, find the center, go to the center's website, and find their counseling line. Call and ask if they can help. If not, we may make the call.

We assume that the friend or family member is well-intentioned. But sometimes they may feel and sound pretty frantic, and they may vent some of their fear and frustration at us. Still, before we can take any action at the request of this panicked caller/visitor, we need to know more about the needs of the person who is believed to be suicidal.

If this concerned other really can't or won't tell us much about the person is concerned about, we suggest that the concerned other:

- Let us call the person in need
- Contact that person in need and get their permission for HQCC to call and then call us back to tell us this was accomplished.
- Contact that person in need and encourage them to call HQCC; or

We will make the call without advance notice to the person in need. If the person is going through a really rough time, they might not have the energy or presence of mind to make a phone call. And they might appreciate being contacted with an offer of support.

We can't guarantee that the person will talk with us, but we want to try. And we want to be able to reach the original caller to let them know if we reached the person in need and if next steps are needed.

What to do when you receive a request for HQCC to call someone else

1. Clarify the relationship between the concerned other and the person in need. Be cautious if you gain a sense of antagonism between those two people.

2. Find out as much about the person in need as you can. What's going on? Is the need actually for an ambulance, rather than phone counseling? What city and state is that person in? Does it seem likely that the person in need would be open to some support from a crisis center?

   If they are not in Kansas, we may not be the center that should make the call. Ideally, while we are still with/on the phone with the concerned person, we use another line to call that center and verify that they will make the call. If they won't, then we will.

If your sense is that there is no reason to call the person, explain that to the caller.

3. Get the name and phone number of the person needing help, make sure to include that in your log as well as in the follow-up box on iCarol.

If that name is familiar to you because HQCC has a history with the person, you cannot tell the caller/visitor.

4. Get the name and phone number of the person requesting the call, so that you can try to notify them if you are not able to talk with the person at risk.

5. Discuss with the caller/visitor what you will need to say to encourage the person to talk to you.

Example:

"I need to be able to tell your friend why I am calling. So I would like to tell him 'My name is Greta, and I'd really like to talk with you. I work with Headquarters Counseling Center, on the National Suicide Prevention Lifeline. I'm calling because your friend Chris called us. Chris is feeling very concerned about you because you've seemed so down lately, and mentioned that you've been thinking about suicide.' "

6. Discuss with the caller/visitor what you should say if someone else answers the phone or you get voicemail. If the only one who checks that voicemail is the person at risk, it may be fine to leave a message.

Example

"*Hi. My name is Kristin. Your friend Chris is feeling very concerned about you and asked me to give you a call. I work at Headquarters Counseling Center and we're part of the national suicide prevention hotline. Please call us at 1.800.SUICIDE or 1.800.273.TALK and hopefully we can help."*

7. Remind the caller/visitor that you cannot guarantee that you will be able to talk with the person in need. It is possible that the line will be busy, that no one will answer, or the person will not want to talk with HQCC.

8. Tell the caller/visitor that if you reach the person at risk, you will not be able to share what was talked about. But you will certainly encourage that person to talk with our caller/visitor.

9. Out of kindness to the caller/visitor, tell them that you will try to call them and let them know whether you were able to talk with the person at risk, even though you cannot share details.

10. Before the contact ends, offer support to the caller for their concern for this person.

Making a Follow-up Call to the Person at Risk upon our Judgement or at a Caller's Request

When we are calling someone who is not local, we prefer to have them use the National Suicide Prevention Lifeline, not our local number 785.841.2345. It is not blocked from Caller ID display. Please do not use the Phone A Friend line because we do not want our suicidal callers to get that number and use it for crisis calls.

If you get voicemail, do whatever you and the concerned person agreed.

If someone answers, start the call with something like:

> *"Hi. May I speak with _____?"*

If another person answers the phone and says that the one you are calling for is not available, ask if there is a good time to reach them. If asked who you are, just say that you're a friend and will try again later, and hang up.

If the person comes to the phone, say whatever you and the concerned person agreed. It's probably something like this:

> *"Hi, this is _____ from Headquarters Counseling Center. Your _____ (friend, sister, dad, etc.) called here concerned about how you're doing right now. I'm wondering if I can help."*

Talk with the person if they are open to talking, and use your counseling skills.

Let the person end the call if that's what they prefer.

Always try to let the person know that HQCC and/or the National Suicide Prevention Lifeline (depending on caller's location) are always here for support. And offer those phone numbers before saying goodbye.

Example:

> *"I can understand that my calling seemed strange to you. I just want you to know that your friend is concerned, and based on what he told me, so am I. Would you be willing to get something to write with, so that if you decide that you would like to talk at some other time, you'll know how to reach us?... So you have something?... Ok, I'm at Headquarters Counseling Center in Lawrence and the way to reach us is _____. We're here 24 hours daily, and everybody here is really good to talk with… Take care… Bye."*

If the person is a local caller, give them our local number 785.841.2345

If the person is in another part of Kansas, give them the National Suicide Prevention Lifeline numbers: 1.800.273.TALK (8255).

Suicidal Other Guide

**Note "Caller" refers to the person who contacted us with concern about another person. "Friend" refers to the person - friend, co-worker, family member, partner, acquaintance, etc. - who is believed to be at risk of suicide.*

ASSESSMENT:

1. **Clarify the caller's concern:** *"Are you saying you think they are suicidal?"*
2. **Assess level of suicide risk:** *"What makes you think that they are suicidal?"*
3. **Assess immediacy of risk:** *"Did the person say something that makes you think they have just tried to kill themselves?"*

- If yes, assess level or danger using questions from Suicide Intervention Flowchart
- If friend is not able to stay awake and/or respond, call ambulance

4. Ask about a plan for suicide: *"Has your friend told you how they would kill themselves? Do you know whether they have that (those drugs, a gun, etc) available?" Always ask if firearms are available.*

The more specific and available the plan, the more likely the person will act on it.

Before the contact ends, you will work with the speaker on a plan for getting the method away from the friend.

5. Assess ability and willingness of caller to assist: *"To help us come up with a plan to try to keep your friend safe, I need to know some things about both of you."*

- Age of caller, of friend.
    - We do not want anyone to be the only one who knows about the suicide risk.
    - We want to help a juvenile identify an adult who can help the suicidal friend.
- Location of caller, of friend
- Relationship between them

URGE HELPING THE FRIEND:

1. Ambivalence of the friend: Tell the caller that the fact that the friend let the caller know (in whatever way) about suicide risk, means that although the friend may be serious about suicide, there is at least a part of them that wants help. So it is important to try to help.

2. Inform the caller it is not their sole responsibility to keep the person safe, nor can they guarantee the person will stay safe. BUT you, the counselor, will provide guidance that informs what they can do to try to help the person stay safe.

3. Offer to talk to the friend.

If they are together: offer to talk now

If they are not together: offer follow-up call, and agree on what you will say. Something like, *"I'm (name) from the suicide prevention center. I'm calling because your friend (name) is very concerned about you and wants me to help you stay safe. Can you tell me what's going on that has you thinking about suicide?"*

**Note: it is possible for us to call the network center for that area and ask if they would call the friend; however if we will be talking with the caller again, we will generally provide that referral info to the friend during our follow-up call*

Guidance, when caller will not allow us to contact the friend, or to supplement our call to the friend:

WHEN MEDICAL HELP IS NEEDED:

Plan how to get medical help for the friend**.**

A concerned friend/family member can be very assertive, can tell the friend they need help, can call an ambulance, or can take the friend for help (if that is safe for both).

When the caller is **not** in a position to help, work with them to identify someone who can help – you or someone else. When there is another person who can help, offer to contact them, or at least plan the steps for doing that

Either way, schedule follow-up for you to verify that help has been arranged.

WHEN EMERGENCY MENTAL HEALTH SUPPORT IS NEEDED because the friend cannot stay safe:

If the caller is **not** in a position to help, work with them to identify who can be contacted and the steps for doing that.

A concerned caller (friend/family member) can be very assertive, can tell the friend they need help, can take the friend for help (if that is safe for both), or can call an ambulance.

Offer to make calls for the caller while they stay on the line, if that would help.

Offer follow-up call to the caller.

WHEN CALLER PLANS TO CALL 911:

Urge the caller to slow down and explain the need. 911 is needed if the friend is already in medical danger, or shows extremely dangerous or erratic behavior. Otherwise, we would like to speak directly to the friend, hoping to help them become calmer and safer, and creating a safety plan.

WHEN CALLER PLANS TO GO TO FRIEND:

Explore the possible situations they could discover, and whether it's really safe for the caller is to do this. Is there someone else better prepared, or someone to accompany them?

WHEN EMOTIONAL SUPPORT IS NEEDED:

When the caller and/or the friend is a juvenile, in addition to talking with us, urge contact with a safe, trusted adult in the life of the caller and/or friend, ideally an adult they live with.

Encourage the caller to listen to the friend, and take their feelings very seriously.

- This includes asking directly about suicide, saying something like, "*You've seemed so down lately, I wonder if you're feeling so bad that you're thinking about suicide."* Encourage the caller to express they care and are concern.
- Coach the caller in saying something like, *"You know, when you let me know that you're feeling this bad and thinking about suicide, that means there must be a part of you that wants help, and I want to help."* The caller should always help the friend get support from additional people in their life.
- If the friend admits they are suicidal, the caller should get trained help (from us or another counselor) involved as soon as possible, and should not leave the friend should alone.

- If the friend has a therapist or case manager, an adult can share information with that person, to help the friend.
- *Note:* The mental health provider can RECEIVE information about a concern, but can only SHARE info when there is a release.

The caller should avoid: giving reassurance that everything will be ok; challenges or "scare tactics", keeping a secret about suicide, believing that alone they can provide the needed help, believing that they are totally responsible for the friend's safety.

REDUCE ACCESS TO LETHAL MEANS:

Before the call ends, help develop a plan for of getting any method(s), particularly firearms, away from the friend until they are no longer at risk of suicide.

CLOSING:

1. **Support for the caller:** Now is the time to check in with the caller about how they are feeling and thinking.

   If the caller is a juvenile, help them create a plan to get support from a safe, trusted adult in their own life, ideally an adult they live with. Offer to talk with this person.

2. **Praise and Perspective:** *"I know this is a really scary time for you. I admire you for doing what you can to help your friend stay safe. But I also need to remind you that they are the only one who really has control over what they do. You need to know that if they end up hurt or dead, it's not your fault."*

3. **Confirm follow-up call to the caller** – or when they will call back.

SECTION 11: ADDITIONAL INFORMATION & RESOURCES