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A Christian Telephone Crisis Intervention Manual

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A CHRISTIAN TELEPHONE CRISIS INTERVENTION MANUAL

A Research Project
Presented to
the Faculty of
Western Evangelical Seminary

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Religion

by
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Chapter 1

INTRODUCTION

In our society individuals face crisis situations regularly. From the beginning of life to its conclusion in death, a spider in the bathtub or an unkind remark, life moves from one crisis to another. Some things cause small emotional disturbances while others cause permanent psychological damage. What ever the cause, no crisis is small to the person going through it, and finding the resolution can become an all-consuming task. The problem of dealing with such emergencies is not new. Every generation has had to grapple with crises.

Throughout history the church has been the primary source providing help in crisis situations. Thus, many mediatorial ideas concerning helpful outreach have been expressed in theological terms. According to Keith-Lucas (1972) even govenment documents in this field have been stated and regulated by Christian principles.

The fact that members of the clergy were sought out to ameliorate crises has left no small influence on modern society. Tucker, Megenity, and Vigil (1970) reported that secular hotlines refer sixteen percent of their problem cases to rabbis, priests, or ministers.

The place of the church in crisis situations has

changed with time. Before the Protestant Reformation there was a general consensus that if an individual gave alms to the poor he would earn for himself benefits in heaven, and suffering was often viewed as virtuous and meritorious. Although this attitude nearly vanished, the Reformed concept of election was stated by certain groups in such a way as to imply that crises indicated one was not one of the elect. This limited the church's compassionate assistance and communicated God's rejection through providentially imposed problems. One aspect of this was financial. Financial success evidenced God's approval. Finding favor with God through financial success became the foundation of the Protestant work ethic (Weber, 1930). This also implied that those who did not find financial success were not finding favor with God and were out of grace. This concept hindered the helping of the poor on occasions (Keith-Lucas, 1972).

After these attitudes had existed for some time, sources of help developed outside the Church. The sin of being poor changed into the sin of society for allowing poverty to exist and the individual was not seen as being totally responsible for his own behavior. Along with the sin of society came a new approach to people's problems: diagnosis.

The diagnostic approach taken during this period was very objective, like a doctor's approach to a patient. Analytic psychology began to develop during this same

period and became a way of seeing man's problems with causes other than sin. Outreach to others became less limited to the Church as scientific approaches to problems developed. This procedure did not gain much acceptance in America until the great depression that tended to put all men on a rather equal plane of need beyond their own resources. The social sciences were turned to in an attempt to solve man's problems, and to find the root cause(s) (Keith-Lucas, 1972). The current practices in crisis intervention have resulted from various amalgamations of three concepts; pre-Reformation ideas that helping the poor gains God's favor, the Reformation concept that God's favor can be seen in financial affluence, and the Twentieth Century scientific approach.

After World War II, as society took on the responsibility of aiding individuals, new techniques and organizations were developed. One of these was the hotline. In the early sixties, quite by accident, a Los Angeles hospital found itself reaching the youth of the area by telephone. Since the hospital was meeting a previously unmet need, its services became the pilot hotline project (Sycamore, 1975). Since that time hotlines have flourished in our society. Some of them developed into Suicide Prevention Services, others into youth lines (Fisher, 1973).

Many hotlines were established by youth of the counter-culture in the late sixties, who used the phone as a means of becoming socially involved, while keeping the

"hip, hangloose" style of life. While some remain counter-culture in nature, others became agencies with paid staff, office hours, and job strata (Killeen and Schmitz, 1973).

Some Christians saw the potential of telephone crisis intervention as an effective ministry. Such was the foundation of a local church outreach in 1970 called the New Hope Hotline (Smith, K., 1975).

PROBLEM

The problem had several elements that contributed to its existence. First, non-professional volunteers operated the hotline. This meant they were essentially untrained prior to working on a hotline. Second, there was a shortage of training materials for hotlines. This meant that for an adequate training program to develop material designed for purposes other than hotline counseling needed to be adapted to a hotline setting. And third, the shortage of material was acute for hotlines operating from a Christian perspective. This resulted in part from the amoral character of secular society. The problem was a lack of adequate training materials for volunteers on a Christian hotline.

JUSTIFICATION

The need for adequate training materials has been based on several factors. First, for the counselor to be confident in his counseling he needs to have adequate training. This confidence increases the aid that can be given to the caller.

Second, individuals calling several times need similar responses to similar situations to avoid confusion. This reliability of content also establishes confidence based on predictability from the community at large. Thus in order to be effective in meeting the needs of people in crisis and to establish credibility and predictability, counselors need similar training and reference points, which a manual provides.

The study and materials were put in manual form to be easily accessible to counselors. Non-professional language has been used for understanding and the material has been condensed so the most useful information could be compiled in to one source.

DEFINITION OF TERMS

Christian: a person who believes in Jesus as both Lord and Christ, His death as an atonement for one's sins, Jesus' bodily resurrection from the dead, and who has committed his life to Jesus Christ (I Cor. 15.1-9).

Crisis: "A threatening situation with high requirements for action that changes the social relations of the individual involved" (Robinson, 1968, pp. 510-513).

Hotline: A phone maintained for people to call in time of personal crisis.

Christian perspective: Having the proclamation of the Gospel of the Kingdom of God, with Christian values as the primary aim of life (Rom. 15.21, I Tim. 4.5).

LIMITATIONS

Due to the wide scope of the study under investigation and to the voluminous amount of literature related to this field, the study was limited to:

1. Material designed for training volunteers with no prior training in counseling.
2. Crisis counseling in a Christian perspective.
3. Crisis intervention on the telephone.
4. The production of a manual for the New Hope Hotline.

Chapter 2

REVIEW OF LITERATURE

Several distinct types of literature regarding hotlines were encountered. The literature was reviewed according to categories: historical, manuals, training, evaluation of hotline performance, and survey of calls received.

So recent is the development of hotlines as a popular means of crisis intervention that not much literature is available (Motto, 1974). Further evidence of the recent development was seen by the absence of topics of hotline and crisis intervention in the Psychological Abstract prior to 1969, and the lack of an agreed-upon-terms to designate such services, such as "hotline" or "crisis intervention." The concept has not been in existence long enough for society to develop a clear understanding or description of such services.

HISTORICAL

In this paper historical literature is divided unto a discussion of the hotline movement, and histories of particular hotlines. The first consists of brief paragraphs introducing books and journal articles, while the second comprises detailed development of particular hotlines.

The hotline movement began in the United States and England in the 1950's. In 1953 the first hotline, called

The Samaritans, began in London, England (Varah, 1973). In America the Los Angeles Suicide Prevention Center was founded in 1958 with a grant from the government (Farberow and Shenidman, 1961). Three hotlines existed at the end of 1958 in the United States, and there were over a hundred by 1969 (Pederson and Babigian, 1972). The increase in the late sixties correlates with the rise of the counter-culture with its drugs and anti-establishment tenor.. At this time hotlines were loosely organized units to help friends through negative reactions to psychotropic drugs, and were also used to inform friends where they could obtain drugs, rides or a place to sleep (Killeen and Schmitz, 1973). As these hotlines became job orientated there was a shift to more conventional settings, functions, and values (Killeen and Schmitz, 1973) with an emphasis on para-professional counselors. The hotlines that contributed the most to the movement were the Samaritans of England and the Los Angeles Suicide Prevention Center.

Some of the histories regarding particular hotlines used to establish a perspective for hotline counseling were: "Need Help? Pooneil Corner (a Phone Referral Service) and How it Got its Name!" (Buck, 1973); "An Unusual Social Experiment to Help Youth in Crisis," (Denison, 1971); "Ten Years of Suicide Prevention: Past and Future," (Farberow, 1970); "A Hotline Telephone Service for Young People in Crisis," (Garell, 1969); and "The Mobile Unit," (Ruiz and Vasquez, 1973). These historical studies relate how different

hotlines came into existence, their purpose, and how they function. The express purpose for existence of the hotlines discussed was helpful in clarifying the reason for existence of any hotline. These and similar historical studies have assisted in inter-communication between hotlines and the public regarding the existence and purpose of hotlines.

The Samaritans, to which reference has been made were started by a clergyman, Rev. Chad Varah (Stengel, 1974). Varah began his hotline service after reading about two people who committed suicide in London. He asked what he could do. The basic technique he used was that of befriending the caller. The Samaritans have expanded to more than one hundred and forty hotlines (Varah, 1973). Since they began, the suicide rate in places where they function has been reduced by thirty-four percent (Fox, 1973).

A significant hotline that developed in the United States in terms of the literature produced was the Los Angeles Suicide Prevention Center. The staff of the Los Angeles Suicide Prevention Center gave the basics of suicide prevention, principles for recognition of suicidal risk, telephone techniques, and ways to mobilize resources. They added to other research on the characteristics of callers (Fisher, 1973), and other material relevant to the study of suicide. Some of their work was: The Cry for Help (Farberow and Shneidman, 1961); Suicide Prevention Center Inc. Los Angeles, California (Farberow, Heilig, and Litman, 1968); Training in Suicide Prevention (Heilig, 1970);

"The Role of the Non-professional Volunteer in the Suicide Prevention Center," (Heilig, Farberow, Litman, and Shenidman, 1963); Clues to Suicide (Shneidman and Farberow, 1957); and "How to Prevent Suicide" (Shenidman and Mandelkorn, 1967). Their material also provided an outline for training.

MANUALS

The review of manuals covers documentation, philosophy, suicide prevention, and religion. The reader is referred to the section on training for a consensus of the content of the manuals and training programs.

Documentation

A lack of consistent documentation was observed. This may have resulted from the volunteer nature of many of the services. The inconsistency was a limitation to the quality because it reflected a lack of research.

Another characteristic was the anecdotal nature of the manuals. This meant that the material was composed from the personal experience of the authors, rather than reflecting the research available.

Most of the published literature on the establishment and operation of suicide and/or crisis prevention services is strictly anecdotal describing what has happened in a particular service. The Suicide Prevention Center in Los Angeles, an important pioneer in the field in the United States, is responsible for a great deal of valuable literature, however most of it is anecdotal in nature as well (Fisher, 1973, p. 11).

Many programs did not rely on outside sources in describing how to handle calls. An example was found

in the excellent Outside-In Crash Crew Manual (Parker, 1976) where no outside sources were quoted. Other manuals were written in a somilar manner (Eastburn, Todd, Zickefoose, Beall, and Fryer, 1970; Mills, 1973). The result of this approach has been that each program has filled in the gaps from their own experience when material was not found (Motto, 1974).

Philosophy

The philosophic approach taken with callers significantly influenced the operation and content of the manuals. The basic idea was that the individual should be allowed to choose his own lifestyle. For example, if a person wants to take drugs and it does not interfere with others, the manual's philosophy stated he should be allowed to do so. In relation to sex the attitude was similar. The secular manual's support sexual relationships outside of marriage if that is the persons choice. The following is an example of this philosophic approach.

A 19-year-old male states that he has been living with his 20-year-old girlfriend for about three months now and that he wonders if it is wrong to do this. He is feeling somewhat upset over this and is now finding it difficult to have meaningful relationship with the girl. He is ashamed to go home and talk to some of his friends.

One should recognize that the caller seems to feel guilty about what is happening. Therefore, the caller should be informed that many people do this nowadays, but that if he has begun to feel uncomfortable about the situation, he should probably talk it over with the girl and cease living together. It should be explained that, although this does not mean he has to give up the girl, there is a chance he will feel compelled to do so. If this happens, he should seek to look at it all

as a means of restoring a sense of happiness for both of them. He should be made aware that he can still develop meaningful relationships with others around him. . . . The caller must be able to make up his own mind about his problem. If the staff member takes sides or expresses his own experience, it may make it difficult for the caller to make his own decision (O'Neil, 1974, p. 60).

The approach, that every individual has the right to do what he chooses, has become central in the ethics of much of our culture. Brown (1976) found approaches giving free choice different from the Christian approach. He felt Christians should only offer a choice in doing right. Choices to do what is wrong should not be considered. In the above situation the caller would not be made aware that others are living together or that it is possible to live with someone outside of marriage again.

Suicide Prevention

The attention given in the manuals often centered on the prevention of suicide. An example of this can be found in the Los Angeles manual (Farberow, Heilig, and Litman, 1968) where only suicide is discussed extensively. Other examples were found, yet less than 3 percent of all calls were found to be concerned with suicide (Fisher, 1973). This concentration resulted in counselors filling in from personal experience when dealing with other problems.

Religion

Hotlines not having a Christian orientation also lacked overt religious material. The lack resulted in part from a low percentage of calls concerning religious topics.

Fisher (1973) in her survey found less than three percent of all calls concerned religion.

The most successful Christian hotline found was Melodyland. Their manual was similar to a secular manual except in the reading suggested. Melodyland also cautioned counselors not to "push Christianity down their callers' throats." This indicated they probably do not have a high percentage of callers inquiring about Christianity (Hotline Counseling Center, 1974). The general knowledge a hotline has a Christian orientation may increase the religious calls however.

SURVEY OF SERVICES

In the historical articles three distinct types of hotlines were found. The basic distinguishing feature between the three types was the way in which professional counselors were distributed, even though 80 percent of the counselors on all hotlines considered were volunteers (Motto, 1974).

The first group of hotlines were usually called suicide prevention centers. They were found to have a full time paid director or group of directors with doctorates. Many times they were found to be connected to a public mental health department or university. A drop-in counseling center with paid staff occurred in some cases. This group was found to have the tightest control over the phone, and as has been stated, produced the most literature regarding

crisis intervention with particular emphasis on suicide prevention. Examples found were the Los Angeles Suicide Prevention Center and the Buffalo Suicide Prevention Center.

The second group usually was found to have one paid staff member, and generally started as a strictly volunteer service. Later they obtained a grant so paid staff was possible. Their name usually included the word, hotline, i. e. "Youth Hot Line," "N. E. Hotline," and "Rape Relief Hotline."

The third group were found to be completely volunteer. Their training ranged from excellent to poor. Lack of funds was the greatest factor hindering adequate training and supervision of the phones. They excelled in cohesion and feeling of purpose. As these hotlines became structured they lost some cohesiveness (Killeen and Schmitz, 1973).

TRAINING

Three approaches, or combinations were used to train volunteers for hotline work. These different approaches were described by Mills (1973) as the "didactic model," the "encounter group model," and the "role playing model."

Mills found the "didactic model" used lecture as the primary method of teaching. In criticism of this method Mills stated, "... it tends to make your trainees problem oriented" (p. 8). This orientation created barriers to creative listening since volunteers oriented to problems.

The "encounter group model" Mills found emphasises the volunteers awareness of himself in the listening process. This approach lacked the information necessary to cope with certain problems.

The "role playing model" placed the volunteer in a situation where he acted out the various situations which occur on the phone. Mills indicated this allowed the volunteer to encounter some of the feelings of the actual counseling.

A degree of consensus about the content for training was found in the following authors: Motto (1974), Fisher (1973), Lester and Brockopp (1969), and Dozoretz (1970). While some variation existed, such as suicide prevention centers leaving out material on crisis and concentrating on suicide prevention (Farberow, Heilig, and Litman, 1968), a general consensus was apparent. A summary of the consensus follows:

- I. Communication Skills
- II. Crisis (its nature)
- III. Suicide
- IV. Special Problems
- V. Referrals
- VI. Record Keeping
- VII. Ethical Considerations

Communication skill received a common emphasis in all training programs and hotline manuals. Included in this area were active listening skills such as the reflection of

feeling, paraphrasing and the limitations of the telephone in communication with a person in crisis.

Training sessions included a discussion of crisis - its causes and cures. The training in some cases included a discussion of family problems and a concept of homostatics.

Suicide was a major concern in all programs. Means of assessing a suicide potential were discussed. Some included more specific information of suicide than on other subjects. How to respond to an emergency such as suicide, drug overdose, or medical emergencies was common.

Special problems in telephone counseling were explored. This included legal problems, counseling the aged, or adolescents. In addition, how to handle third party calls, silent calls and obscene calls occasionally received attention.

Material on referrals varied with each hotline. The approach depended on how the hotline viewed itself. Some hotlines saw themselves as referral agencies, while others saw themselves as an end in themselves. The manuals reflected this distinction.

Record keeping varied. Some of the record keeping was quite detailed requiring extensive instruction. Others were minimal in the information recorded.

The approach to ethical problems was primarily that of a concern for confidentiality. Several differing approaches were found and described in the manual.

Training, in addition to the preparation of volunteers

for work on the phone, was used to screen applicants on several hotlines (Varah, 1973). Motto also indicated that the evaluation of volunteers in the training process was beneficial. Fisher (1973) suggested that volunteers who didn't qualify as counselors could be used for other necessary operations of the hotline. Publicity, record keeping, and collecting goods for distribution are examples.

EVALUATION

Evaluation of hotlines included the effectiveness in meeting the caller's needs and the efficiency of internal operation. The need for standards in the operation of a hotline has been pointed out by several authors, such as: Michael Dillon (1972), David Lester (1972a), Robert Litman (1971), Richard McGee (1972), Jerome Motto (1973, 1974), and Singh and Brown (1973).

Motto most comprehensively covered the area of standards in his book, Standards for Suicide Prevention and Crisis Centers (1974). He found little resource material, so his book discussed where crisis centers needed to develop standards. The areas he considered were: organization, staffing, training, service, and ethics. Motto's approach was more to limit the practice than to give positive definition to the task.

The effectiveness of hotlines in the prevention of suicide has been questioned. Keiv found only 4 percent of known suicide attempts over a two year period had called a

suicide prevention center (1971). Lester's (1972b) investigation the following year concurred with Kiev's study. Yet the Samaritans in England demonstrated that in cities where their service existed 34 percent less suicides occurred than in cities without their service (Fox, 1973).

SURVEY OF CALLS

The study of hotlines would be incomplete without some record of the kinds of calls received. A record of calls gives the statistical background so decisions can be made on what information needs to be included in a hotline manual and training program. Several of these have been published. Fisher (1973) did a survey on a national basis of numerous hotlines. Lester and Brockopp (1973) gave a statement of their records at the Buffalo suicide prevention center. These two sources gave the most comprehensive and accurate record of calls received. A summary of the Lester and Brockopp's findings are found in Table 1. The findings of Fisher were similar to Lester and Brockopp's. Her presentation was more difficult to follow. The results from the New Hope Hotline log sheets were similar in the distribution of calls to these mentioned.

Several conclusions were made from the record of calls received.

Marital conflict and boy/girl relationships are the primary concern Drugs, including alcohol, are the second single major problem; sexual problems follow (Fisher, 1973, p. 68).

In contrast, most of the written material on crisis intervention discussed suicide, drugs and sex with little information related to the solving of relationship problems.

Table 1
Summary of Calls Recieved
Buffalo, New York

Type of Call	Percent of Callers		
	Major Problem	Mentioned Problem	Total
Alcohol	3	5	8
Anxiety	0	15	15
Depression	8	18	26
Drugs	5	9	14
Employment	1	5	6
Family	18	28	46
Financial	0	1	1
Homicide	0	1	1
Information	9	12	21
Legal	1	3	4
Lonely	7	11	18
Mental Disturbance	2	5	7
Pregnancy	2	3	5
School	2	3	5
Sexual	7	9	16
Suicide	9	18	27
Boyfriend	11	13	24
Other	3	5	8

source: Lester and Brockopp, 1973, p. 20

Chapter 3

HOTLINE MANUAL

The material in the first two chapters was written to give a background to hotline counseling. The following is a Christian hotline manual.

The material was written for Christian counselors. This means that the material will discuss questions that relate to a Christian and the issues he faces in answering a hotline. Some of the material will be of value to others, but some of it, like the section on Christ or Social Control, relates only to a Christian.

The content assumes the counselor depends on Jesus Christ in his daily life and in his counseling. This means material on the necessity of trusting Christ was not included. A person needs to be committed to Christ before he works on a Christian hotline. This limitation was not made to prevent individuals from working on a hotline, rather to assist them in selecting a hotline consistent with their life view.

The manual limits the discussion to materials relevant to the nature of calls received and telephone counseling.

The section on Aims and Principles was included for management purposes and to give direction to the rest of the material. The need of guidelines for telephone counseling

is always present, and these guidelines have to be kept up to date with current practice. The next section developed several issues that need to be resolved before working in hotline counseling, such as, confidentiality, hope, and others. Without these prerequisites Christian telephone counseling fails.

The third section deals with isolation and its impact on human behavior. A large portion of the callers experience loneliness because of bitterness, death, environment, sensory deprivation from drugs, disease, or living alone. Such a condition produces specific results on human behavior and these results have implications on the type of aid a hotline can give and indicate the type of action necessary to assist the caller.

The fourth section deals with the process of hotline counseling. An attempt was made to present the process in a logical sequence. This will enable the counselor to determine where in the process he is working and to evaluate his effectiveness after the conversation is completed.

The final section deals with specific problems encountered, and approaches found helpful. Material in this section needs to be kept up to date since the types of problems and/or solutions may change with time and the increase of knowledge.

Occasionally throughout the manual scriptures are quoted. This is done to give the counselor insight, not for the purpose of the counselor quoting scripture to the caller.

Remember not to play the sage (Ecc. 7.17 JB). Proverbs also cautions "You see a man wise in his own eyes? / There is more hope for a fool than for him (Prov. 26.12 JB).

The Jerusalem Bible and the New International Version were the translations quoted in the manual. They were selected because of their readability. The Jerusalem Bible is a translation done by Roman Catholic scholars.

AIMS, PRINCIPLES, METHODS, AND RESPONSIBILITIES

John Alexander suggests organizations need to have their objectives, goals, and standards stated to enable them to run smoothly (1975). This need was further supported by Motto (1974) who said in reference to hotline operation "... there can be no excellence without criteria for attainment" (p. vii).

The example of the Samaritans (Varah, 1973) and the International Federation of Telephone Emergency Services (Varah, 1973) were helpful in forming the guidelines stated in this section. Many modifications were made in their content so they would fit in a Christian frame of reference.

Aims

1. The New Hope Hotline's primary and overriding objective is to lead a caller to personal trust in Jesus Christ, no matter what situation is existent in the caller's life.
2. The second objective is to assist anyone in distress, despair, or contemplating suicide so that they might

better cope with their problems. This, of course, does not mean that our assistance is withheld until they first trust in Jesus Christ.

Principles

1. The caller needs confidentiality with the hotline, therefore, information received from callers should not go beyond the counselors.

2. The outcome of a call remains the callers responsibility including responsibility for rejecting help. The exception occurs in a life threatening situation (Motto, 1974).

3. The New Hope Hotline provides its services without charge to the caller. Financial responsibility arising from a referral, however, shall belong to the caller.

4. Callers or counselors are to be kept free from political and ideological pressure.

5. Follow-up contact is encouraged, but only with the caller's permission. The caller establishes, maintains, breaks off and reestablishes contact.

6. The hotline counselor cannot help all callers. The counselor needs to recognize the limitations of the hotline, and communicate a sense of this limited ability to help to the caller. At times the caller should be clearly told that the hotline cannot be of further help. The oversight of the director or supervisor can be valuable at this point.

7. The hotline will refer medical, welfare and legal problems to professionals in these areas.

8. The acceptance or rejection of Jesus Christ does not influence the quantity or quality of aid the hotline will give. This means assistance will not be used as a tool for coercion.

9. Counselors can only commit and obligate themselves. Promises of help involving other counselors, the hotline, or even God must of necessity be conditional. This includes appointments, rides, healing, and demon expulsion.

10. A counselor is chosen by using the aims of the hotline as criteria. These can best be met by a person of understanding, compassion, emotional stability, knowledge of God and the Scriptures, and personal dedication.

11. The hotline recognizes that helping a person can sometimes increase a sense of turmoil for that person.

12. It is recognized that a single call rarely results in a changed life.

13. When a caller accepts Jesus the counselor's objective continues. If the counselor feels unable to give further assistance he should endeavor to utilize other members of the hotline staff for additional assistance.

Methods

1. The hotline encourages long term friendships as well as short term crisis intervention for the depressed and friendless.

2. The hotline receives callers in person and invites those who seem likely to benefit from a face-to-face situation.

3. Third party calls (someone calling for someone else) are difficult. In such cases the counselor is to support the caller in his concern and suggest ways of obtaining help for his friend. The center does not extend direct help to those who have not directly asked for assistance unless there are qualifying factors such as age or health problems.

4. First names only are given as the general rule. Last names should only be given to facilitate further contact, and only with the permission of the director.

5. The counselors are under the supervision of the director of the hotline.

6. The hotline must have specialists who can be consulted, but these need not be members of the organization.

7. All appointments for face-to-face counseling are to be coordinated by the director.

8. The counselor may assist the caller in securing aid from other agencies with the caller's consent. The hotline will not normally pay for these services.

9. Chronic callers, who restrict the use of the hotline, may be asked to limit their use of the hotline so others may call.

10. All calls are considered serious since they might be covert calls for help.

11. Since telephone counseling has not been found helpful to the masturbating caller, counselors are to terminate calls of this nature as soon as possible, suggesting the caller get professional help (see section on Masturbation).

12. Only the director may authorize departures from these guidelines.

Responsibilities of Counselors

1. Counselors are to be at the center at their assigned time unless they have made other arrangements with the director.

2. Counselors must record all calls received on the log sheet.

3. Counselors will maintain a tidy phone room.

4. Counselors will clear with the director all commitments made for the hotline with the director before they are finalized.

5. Counselors will be asked to resign if their personal behavior would damage the reputation of the hotline.

6. Counselors are responsible to attend the training sessions.

7. Counselors will eliminate distracting noises from the phone room. Also, when the hotline has made arrangements so the phone can be answered at the counselors home noise and other distractions need to be kept to a minimum.

GENERAL CONSIDERATIONS

Before a Christian hotline can function the following concepts must be dealt with: immediacy, proximity, concurrence, commitment, hope, confidentiality, and Christ or social control. Hausman and Rioch (1967) found the first five concepts essential for effective crisis intervention. The other two concepts of confidentiality and Christ or social control are essential to the operation of a hotline from the author's viewpoint.

Immediacy

It is important the solution to a problem come as close as possible to its occurrence. This, Lester and Brockopp (1973) point out, prevents negative response patterns from being established.

... the sooner we can work with him the more likely we are to minimize the possible deterioration of the personality and to develop an effective solution which will improve the personality functioning of the individual (p. 97).

After a crisis has existed for a period of time the possibility of a solution decreases. When adaptation is made to the problem it allows the problem to exist for a prolonged period.

Proximity

In order for help to be immediate it is necessary for it to be accessible to the person in need. The solution must be contained within the caller's environment (Lester and Brockopp, 1973).

Where the solution involves change in the caller's life style a bigger problem is created.

Lester and Brockopp (1973) suggest two values for having the solution found within the caller's environment: the greater likelihood that they will be used, and his role value or identity do not suffer a great change as the result of crisis.

Concurrence

The caller needs to have the solution of his problems worked out within his own life space. This concept is called concurrence.

The person in crisis is an individual who in essence has lost his mooring or his anchor point. One of our tasks is to help him find within his life space or his neighborhood the links which he needs to maintain himself; those links which will give him support, self and social esteem (Lester and Brockopp, 1973, p. 98).

The counselor is a transitional person assisting him in finding the place to tie up. This point of stability is necessary for each of us. The unanchored person has a life of crisis.

Commitment

Calling a hotline involves less commitment on the part of a caller than one has seeking a more traditional form of assistance. Callers don't need to identify themselves. They can hang up at any time. Since the hotline has no means of checking on the caller, the caller feels no obligation to follow through with decisions made. And often the phone

is used before one has the courage to meet someone face-to-face or before they are ready to make a monetary commitment.

This lack of commitment limits the effectiveness of phone counseling. Verbal contact may be all the counselor can achieve. Any advice given needs to be constructed in such a way as to involve the caller in its formation. When Christianity is presented it should be done in a way that causes the counselee to ask questions, as Jesus did in John four.

Lester and Brockopp (1973) indicate commitment is increased when the counselor and caller act in cooperation rather than having the counselor develop and communicate the plan of action.

It means that the person is not acted on, but acting in concert with the therapist. The adequacy and correctness of the solution which is developed will then be one which is developed by the two individuals; not one that is decided by the therapist and given to the person as a prescription or treatment plan (p. 98).

Confidentiality

The question of confidentiality needs to be answered in cases where a counselor needs to consult with an experienced or knowledgeable counselor; where the caller is threatening suicide; and where the caller may be involved in a crime.

Within the Hotline: Recognizing the call is to the hotline and not to an individual aids in understanding the nature of confidentiality. Therefore, the entire phone service should receive information about difficult callers.

A person who calls frequently or has an acute problem indicates the problem needs to be shared with those dealing with that caller (Motto, 1974). Because the director has responsibility for the hotline he should be informed of calls of extraordinary nature so he can improve and regulate the help given.

Outside the Hotline: The problem is more complex when information gained from a call may be passed to people outside the hotline. The two main conditions where this may occur are suicide and criminal activity.

A. Suicide: Several principles of dealing with suicide are possible. The first occurs when the person calling seeks to prevent his death. The hotline needs to do its best to assist him in living. Thus it is clearly not against the caller's will to call the police or other emergency service (Motto, 1974).

The difficulty in dealing with a suicidal person occurs when he indicates he does not want outside help. Some hotlines assume when a person calls he is seeking help. These hotlines do their best to assist the caller in avoiding the completion of suicide just on the basis of the call and no other verbalization. Such was the Los Angeles Suicide Prevention Center's principle of operation.

The alternative is that the life of the caller belongs to himself including its termination. On this basis the hotline would not seek additional help unless specifically requested. On this basis the Samaritans of England stress

to the caller that he has the responsibility for the outcome. They do not call in help unless help is requested (Varah, 1973). They also have documented a 34% drop in suicide rates in cities where they exist (Fox, 1973).

B. Criminal activity: It is the policy of the hotline that no personal information be passed on to anyone outside the hotline. The one possible exception regarding life or bodily harm.

In situations where life and bodily harm are threatened and the individual calls for help there are two different assumptions. First, the individual calling wants to be stopped. This would be indicated by such factors as a previous call to the police who may have indicated they can do nothing until a crime has been committed. Preventing injury is of greater value than confidentiality.

The second assumes the call would not come if the individual thought he was turning himself in. He would not seek further aid from the hotline if this were found out. The reputation of the center can hinder those seeking help if confidentiality questions come up frequently.

Each of the leading hotlines, Los Angeles Suicide Prevention Center and the Samaritans, assumes one of these positions. Either position negates the other. But knowing the opposing views aids the counselor in deciding each case on its own merits.

The use of first names by both the counselor and caller can prevent unnecessary legal problems.

Anonymity protects both counselor and caller.

Christ or Social Control

A difficult question any Christian ministry must answer is whether the ministry is supporting Christian values or simply the values of the surrounding society. Society's values include: a nice neighborhood, peaceful living, do your own thing without hurting others, elimination of threatening situations, safety, public good will, obedience to government and parents, hard work, saving money or gas, and raising productive children (Berger, 1960).

The confusion of some of these values with Christian values is wide spread. Where people adhere to these values, and when they also are church attenders, they may assume that these are in each instance Christian values. The result is a blindness to Christ and salvation.

Hotline counseling may reinforce this confusion. This occurs when the solution of a problem involves these value systems, but not in the context of the Gospel. The Gospel may have distinct implications for these values, but it must be remembered that Christ is a Savior, and not simply synonymous with a certain social system with its values.

The main guard against confusing society's values with the elements of Christianity is knowing what is essential to the Gospel. The following books will be helpful:

The Dust of Death by Oz Guinness

The Noise of Solemn Assemblies by Peter Berger

Christianity on Trial by Colin Chapman.

ISOLATION

This section is included to assist the counselor in a basic understanding of human behavior. It is to be used as a conceptual framework for crisis situations. A definition of crisis was:

... a threatening situation with high requirements for action that changes the social relations of the individual involved (Robinson, 1968, pp. 510-513).

This definition places the emphasis on social relationships. When relationships change isolation in various forms often occurs. Therefore, this section discusses isolation, its impact on human behavior, and some of its causes.

Impact

How does an individual react in a situation where he thinks he is alone? Aspects of this question come up constantly in hotline counseling. Isolation occurs for several reasons. An individual lives alone for health reasons, another shuts others out of his life with alcohol or drugs, and another may be bitter because a close friend rejected him. Numerous examples like these can be found on the log sheets of hotlines. Therefore, the counselor needs to know isolation's impact on human behavior.

What would it be like to be completely alone? Physical experiments show normal life depends on contact with others. Without interaction with other people man's senses become undependable, his thinking irrational, and he becomes inactive and lacks motive for living.

The mental sanity of college students was shaken when they were physically isolated:

The twenty-two male college students who served as subjects in this study were paid twenty dollars a day to do absolutely nothing. Their task was simply to lie in a comfortable bed in a lighted cubicle for twenty-four hours a day with time out for eating and toilet activities. The subjects wore translucent goggles admitting diffuse light, and gloves and cardboard cuffs limiting tactual perception. Auditory stimulation was limited by a masking noise and the partial sound-proofing of the cubicle. Again, all the subjects were required to do was to rest and relax - a seemingly easy task for twenty dollars a day! It proved to be a pleasant holiday.

And yet the experimenters found that it was difficult to keep subjects for more than two or three days. Somehow they were not finding the experience to be as easy as it appeared. After an initial period of sleep, the subjects became very bored and extremely eager for some kind of stimulation. They seemed to find difficulty in concentrating, and they reported many forms of hallucination - visual, kinesthetic, and somasthetic. There was intellectual and perceptual deterioration. In short, the subjects found this "restful" environment to be extremely unpleasant (Schultz, 1965, pp. 3-4).

Although the isolation above was extreme, it would appear that similar results occur in degree in social alienation. (Mead, 1934). Deterioration of interpersonal relations producing various forms of crisis is constantly encountered by any telephone counseling service. When a counselor understands isolation he is much more able to assist a caller to keep in touch with reality. Individuals need people for clarity of thought. A person does not have the ability to check out their own thought processes.

Language is frequently the bridge between people. Clear thinking needs language. "In the human race the development of thought through language, is inseperably

connected with stimulation from the social group" (Allport, 1924). Thought requires language, and language requires people. Therefore to have clarity in thinking individuals need other people.

Words by themselves do not contain meanings. Words relate to experience as maps do to territories (Hayakawa, 1964). It takes man to assign the symbols meaning. Man uses words to share his experiences and give other men a way to think through their experiences.

This principle evidences itself amongst children. Where children have been isolated for a long time following birth they have no speech or outward signs of intelligence (Faris, 1952). This suggests that a person must be in contact with others to learn thinking and speaking. Even older persons subjected to periods of isolation decrease in speech ability. Admiral Byrd (1938) explains how, after being alone for a prolonged period, he became bored, depressed, and had difficulty when thinking in words. Another scientist, C. L. Lundell, experienced similar loss of words and thoughts:

The effects of isolation were noticeable even to me. My fluency of speech was temporarily impaired, for words would not flow out as they had done before. My mental processes appeared to be temporarily dulled, and I became convinced that continued isolation in the tropics might result in gradual intellectual and mental degeneration (Faris, 1952).

People play a part in shaping behavior. Byrd's behavior changed when he was in isolation. He ceased to swear when there was no one to hear him. His eating habits became

erratic and savage. He ceased to use utensils (1938). Byrd found it unnecessary to keep his room in any order and left ". . . cans of half-eaten frozen food scattered on the deck. Books had tumbled out of the shelves and I let them lie where they fell" (p. 176). The military services have used isolation as a means of shaping behavior:

The assignment of low status encourages the cadet to place a high value on successfully completing the steps in an Academy career, and requires that there be a loss of identity based on pre-existing statuses. This clean break with the past must be achieved in a relatively short time. For two months, therefore, the swab is not allowed to leave the base or to engage in social intercourse with non-cadets. This complete isolation helps to produce a unified group of swabs, rather than a heterogeneous collection of person of high and low status (Dornbusch, 1963, p. 124).

These examples demonstrate a little of how isolation and/or social approval shape an individual's life.

Finally, others play a vital role in forming goals.

Goals are the focus of our value system. Our value system is acquired from society (Ruch, 1963). People provide the image for attainment and give assistance to attain. Looking at people who have attained knowledge, experience, status, and material possessions enables an individual to visualize themselves attaining the same. There are also a number of negative and restricting influences on peoples lives resulting from social interaction. Individuals are restricted when the social group says some means of getting wealth are not acceptable, such as stealing. So whether by limitation or positive guidance, people shape others value systems and goals in life.

When it is realized that clarity of thought, behavior, and goals are derived in part from other people--one then realizes the significance of healthy social contact and the import of isolation.

Causes of isolation

Having established man's need for others, the question arises--"How does man become separated from others in a world full of people?" The following are possible answers.

An occupation can isolate when the work does not require interaction with people. Examples of such can be a forest ranger on a lookout, a researcher who spends days in a library, a night watchman, or a wife of a traveling salesman.

Death isolates. An older person's friends die leaving them alone. Even young people find it difficult to make new acquaintances after a spouse or parent dies.

Disease often isolates when the treatment requires bedrest for weeks or months. Then the individual is unable to contact his usual friends and they often forget about him. Communication can also be restricted by any illness which interferes with clear thinking, hearing or speech.

Psychotropic drugs isolate by altering individuals perceptions of reality. The interpretations of experiences are often faulty and lead to misunderstanding between the individual and others.

When meditations becomes a style of life, it produces a type of isolation. The occurrences in the mind interfere

with external events. During meditation feedback from others loses significance in relation to the individual's own internal thoughts.

The above are minor reasons in the cause of isolation. They contribute to the occurrence of isolation, but they are not the primary cause in the more disturbing forms of isolation.

The primary cause of the more disturbing form of isolation is bitterness. Bitterness cripples the spirit of a person. It poisons relationships and builds walls which isolate.

Walls have a way of growing higher,
You don't even know they've grown;
Walls have a way of growing higher,
Soon you'll find yourself alone.

- Linda Rich

Bitterness grows daily in many lives, coming from big hurts and small. These hurts cause people to separate from one another. Thus a grandmother in a nursing home may become bitter because her children or grandchildren don't come and visit her. When they do come, her bitter and accusing attitude toward them makes them not want to come again. She has isolated herself.

A child may not like his parents telling him what to do and therefore shuts them out of his life. His bitterness toward parental authority becomes generalized creating difficulty with other authority figures.

The individuals in these examples do not choose to be alone, they simply choose not to have certain people in

their lives. The difficulty being they are excluding those who are closest to themselves. If they cannot relate to those who are close, only strangers - relatively speaking - are left. When a small problem comes up, to whom will they turn? Some will call the hotline.

Where isolation is complete life in its normal course will cease through illness, alcoholism, drugs, or suicide. Thus it is important to establish effective contact with the caller. The task of the counselor then is to become an individual to whom the caller can relate to during a transitional period when he is cut off from other relationships.

This cycle of bitterness defines not only what happens in relation to people but also to God. If we fail in our relationship to God, failure in relationship to men will often follow. Joyce Baldwin (1972) expressed it this way:

Having failed to love God, they failed also to love their neighbor. A broken relationship with God led on to broken relationships in human society, intermarriage and divorce being the examples of unfaithfulness (p. 217).

This points us to the necessity of properly relating to God, before our problems in our relationships with men can be solved. The Christian message of forgiveness is essential to sustaining humanness and sanity. Forgiveness bridges the isolating barriers and restores relationships. The counselor may be a healing instrument in communicating this forgiveness.

PRINCIPLES OF COUNSELING ON THE TELEPHONE

This section discusses elements necessary for effective telephone counseling. The order of the material is the author's, while the content was derived from several sources including the author's experience as a telephone counselor.

Trust must first be established for effective counseling, so elements of trust and hinderances to trust are placed at the beginning of this section. To build trust listening skills enabling the counselor to hear perceptively are presented. So trust doesn't break down, the counselor must determine if the caller is in a stage of crisis and what other factors may influence the outcome.

The next section relates to arriving at acceptable solutions including such factors as problem solving, alternatives, referrals, and the Gospel. Termination of calls, follow up and record keeping conclude the principles of counseling section.

Trust

Trust is the major requirement for effective counseling. It has been observed when trust is not established the caller will either hang up within the first ten minutes or listen compliantly. Compliant listening means the caller will give responses the counselor expects and not reveal his true feelings and thoughts. Therefore, trust must be achieved before any other goal. Three factors were found that aid in the establishment of trust: genuineness,

empathy and warmth.

Genuineness is the quality of being "your real self" in a relationship, being authentic rather than using defensive phoniness or hiding "behind the facade of a role" (Truax, 1967, p. 329).

A person calling for help senses when the counselor is being honest and will evaluate what is said accordingly. The counselor must be aware of his values, beliefs and emotions presenting an accurate representation to the client. This is difficult when the feelings of the counselor are those of anger or irritation. However, few things are as devastating to a client as finding the person he trusted was phoney.

Many describe themselves as kindly men,
but who can find a man really to be trusted.
Prov. 20.6 JB

He who returns an honest answer plants a kiss on the
lips. Prov. 24.26 JB

Empathy is the ability to perceive and communicate accurately with sensitivity, the feelings of the caller and their meaning (Truax, 1967).

Note the dual nature of empathy - perceiving and communicating. Perception involves listening to the tone, speed and character of speech as well as words. Communicating involves letting the caller know what the listener has perceived. "You sound angry with your mother." Even if the counselor is not completely accurate, the attempt communicates concern, and this itself is important. (See listening skill).

Warmth is unconditional positive regard: an intensive and intimate personal participation with another person (Truax, 1967). The awareness of the counselor relaxes the caller. He can then share his feelings freely.

It is helpful for both caller and listener to differentiate between rejection of a person and disagreement with ideas. A lack of distinction may result in a break down in the counseling process. A counselor's attitude of "but for the grace of God go I" decreases judgment.

If the listener is having difficulty accepting some action of the person, it is more important to be honest than accepting. If not, acceptance will be phoney and both genuineness and warmth will fail.

Judging Others

A problem of being judgmental occurs when Christians establish a social service agency such as a hotline. There is a tendency for those who operate the social service agency to expect their clients to conform to Christian standards (Motto, 1974). There is a fundamental difference between Christians and non-Christians. A Christian confesses Jesus as his Lord, is in a different kingdom and sees things from a different point of view. When Christian standards are imposed on non-Christians they will simply experience a feeling of rejection. Communication will thus be frustrated.

Judging is qualified in the New Testament by the words of Jesus and Paul (Matt. 7.1-5 and Rom. 2.1-5). Both exclude a judgmental attitude. (Several related passages are:

Mk. 7.1-13, where no sin was claimed; Jn. 8.3-11, where the guiltless throw stones; Matt. 18.23-35, where forgiveness needed to be passed on; Rom. 14.1-15, where Paul deals particularly with judging weaker Christians.)

The counselor needs humility and not a judgmental attitude. He needs to remember that he is sent to proclaim reconciliation rather than judgment (2 Cor. 5.19), to become all things to all men to save some (1 Cor. 9.22). The telephone counselor bears good news, the news that the sins for which men should be judged have been placed upon Jesus.

Judging occurs on two levels. Rejecting a person or his behavior is one, and refusal of assistance because of unqualified behavior is the second. Such attitudes reflect badly on a Christian as an ambassador of Jesus Christ (Cf. 2 Cor. 5.14-21).

In responding to a caller remember:

1. The person probably feels guilty already, and has been receiving condemnatory communications.
2. A person in the process of being rejected by family or friends does not need to experience further rejection.
3. A person's own thoughts about himself are usually all that is necessary for change to be motivated. The counselor should communicate a feeling of acceptance while endeavoring to help the person live in the light of his own conscience.

Listening Skills

This not only designates listening, but some activities a counselor can do to assist the caller in a therapeutic manner. These skill and a brief explanation are intended to be a reference for use while on the phone. A counselor needs to refer to other sources to become expert in the use of listening skills. Some of the are Interpersonal Communication by Jung Howard, Emory, and Pino (1972), and Therapeutic Psychology by Brammer and Shostrom (1968). The latter is the major source for information in this section.

These skills should be practiced prior to use on the hotline. This practice can be facilitated by supervision so common mistakes can be eliminated.

The main point of these skills is to aid the counselor in establishing verbal and emotional contact with the caller. As discussed earlier, isolation is a major factor in the lives of those calling. Isolation ends when contact with another person is made.

When the cause of the caller's problem is isolation, establishing contact with him as a person is more important than any advice. People are willing to pay vast sums of money for a friend who will listen to them. This is often the case in mental health as the title to George Spaul's book indicates, - Psychotherapy: The Purchase of Friendship. The least a hotline can do for its callers is provide someone to listen to them with understanding and interest.

Warning: The techniques are not intended to be used as

just techniques but as aids in making real contact with people.

. . . There is a danger in becoming too "technique-conscious or formula centered" (Brammer and Shostrom, 1968, p. 191).

Eaton and Peterson (1969) list several benefits that result from adding a non-critical listener to the individuals environment. A hotline counselor can fill this role for many callers. Their list includes:

1. Relief of loneliness.
2. Someone to turn to at a time of crisis.
3. A feeling of being understood.
4. An implied suggestion that the illness (problem) is not hopeless.
5. A confession.

Reflection and Paraphrasing: These two techniques are included in one section because of their similarity. Mastery of these techniques is essential for hotline counseling.

Reflection helps a person become aware of his real feelings. Often a caller is unsure of his feelings toward people and his behavior becomes confused. The person may constantly change his mind and become unable to accomplish anything.

The basic method in reflection is the restatement of the caller's basic attitudes. The emphasis on attitudes is essential. When an individual becomes aware of his own feelings, it is possible for him to make necessary changes. Confusing content for attitudes is the most common mistake.

Several mistakes need to be avoided for effective use of this technique. Avoid repetition of the same feeling or method of stating the feeling. This can become boring to the caller and sound like "cook-book" counseling.

Second, avoid using words not in the caller's vocabulary. Using words too difficult or too simple can build vocabulary barriers. Use the language of the caller to reflect.

Avoid changing the meaning of what is said. The caller may feel you are attempting to say something he does not mean, thereby indicating you are not listening to or caring for him. Examples of reflection:

1. Caller: My parents don't understand me.

Counselor: You feel angry when they don't let you do as you please.

2. Caller: My parents don't understand me.

Counselor: You feel rejected.

3. Caller: My husband never comes home.

Counselor: That really hurts.

4. Caller: My wife spends all her time with her family.

Counselor: You're just not important.

5. Caller: I don't like living alone.

Counselor: It's awful lonely.

Paraphrasing is similar to reflection except that it concentrates on the content rather than the feeling. This should only be done when the caller is wandering or when the facts are not clear.

Examples of paraphrasing:

1. Caller: I'm having a difficult time at school.
 Counselor: You're having difficulty finding time to study.
2. Caller: My children don't pay much attention to me.
 Counselor: They don't visit very often.
3. Caller: My husband drinks too much.
 Counselor: He drinks every day.

Acceptance: The purpose of acceptance techniques is to encourage conversation. This occurs at the beginning when the caller needs to know you are interested in what he is saying. It may also be used later in the conversation when the caller is having difficulty verbalizing. This technique is particularly important for telephone counseling since other forms of showing interest are not possible. Some examples are: "Uh, huh," "I see," "Yes, go on," "I follow what you said."

Silence: In counseling silence can be used as an effective tool in that it allows the caller to think over what he has said or will say. In addition, silence can allow the counselor to control the pace of the call, allowing himself time to gain understanding of the caller. A final use of silence is as a means of encouraging the caller to talk more. This use of silence is like that of acceptance.

When a counselor first uses silence he may find himself threatened by the situation, but this will pass with experience.

He keeps his life who guards his mouth,
he who talks too much is lost. Prov. 13.3 JB
You see some man too ready of speech?
More hope for a fool than for him. Prov. 29.20 JB

Questioning: Asking questions can be one of the most difficult things done on the hotline. The difficulty comes in knowing how and when to ask questions. Questions need not only be used to find out about the caller, but may be used to determine what the caller wants from the counselor.

The attitude of the counselor in asking questions has significant impact on the result of the call. If too many questions are asked without time for reflection and general conversation the caller may get the feeling he is going through a police inquisition. This feeling may also result if the questions are too confrontive before adequate trust has developed.

Questions may be used to determine the direction of the call. This allows the counselor to maintain control when the conversation is not making progress by suggesting new areas for discussion or clarifying cloudy ideas.

Focusing and Structuring: A caller may have many things he wishes to discuss. To effectively meet the caller's needs it is important to focus on one thing at a time. It is not likely that all problems are solvable when presented as a whole. Determine what is most important and work to the least important. The ordering of material is called structuring. The selecting of one point to talk about is called focusing. A few examples: "Was this before or after?" "When did this happen?" "You were doing ____ when it occurred."

"This seems worth looking at more closely." "Let's talk about _____ and discuss _____ later." "How does that fit into what we are talking about?"

Caution: Avoid asking "Why?" This tends to produce a list of reasons for current behavior. If these reasons are accepted by the caller no change will result.

Stages of Crisis

Dr. Elizabeth Kubler-Ross' five stages of dying - denial, anger, bargaining, depression, and acceptance - may also be called stages of crisis. These steps are taken in most forms of crisis, from a child with a broken doll to an adult who is faced with the loss of a loved one.

People call for help at any stage of crisis. They may have been at a certain crisis level for years, or just for moments. The listener needs to facilitate the caller in recognizing his particular feeling. This helps the caller to reality.

One stage of crisis does not exclude others. Having progressed through one stage does not negate the possibility of regression. This regression may occur in a few minutes, or take years.

Forgiveness sometimes needs to be added between the fourth and the final stage to emphasize the process from depression to acceptance.

Denial: "No! It's not true." The person denies the reality of the events. Generally this person does not seek help, but rather, a third party calls for him.

The counselors' task is to help the third party understand the stages of crisis. No argument regarding the crisis will make a person give up denial. Others can only support, and not shut the doors that have been slowly opened.

Anger: "Why me?" The caller recognizes the crisis but is bitter and angry about it. He is often difficult and will blame others for no reason.

The best solution is not to judge, or react personally, but to listen and reflect feelings (see Reflection). The specific reason for their anger may then come out and be dealt with (Kubler-Ross, 1971).

Bargaining: "Yes-But ____." The caller is trying to get out of a tight spot. "If I take my wife out to dinner once a week, she won't divorce me." "If I promise to be a good Christian, God will let me live two more years." The promise is often made in a period of panic with no commitment (Kubler-Ross, 1971).

The caller will displace the counselor's sympathy and try to bargain for support. A lot of energy can be spent in impossible situations which could be better spent bringing the person to reality.

Depression: "Oh, no!" Here comes the grief over the loss. There is quietness and often tears as the person grieves and becomes separated (Kubler-Ross, 1971). The task of the counselor is to listen and empathize. When sorrow decreases, instruction in forgiveness may bring acceptance.

Forgiveness: As the individual continues to blame

others, or God, he cannot accept forgiveness. Forgiveness is essential for peace and acceptance to be a reality.

Acceptance: "The person reaches a place where he is neither depressed nor angry about his 'fate'" (Kubler-Ross, 1969). The circumstance is accepted - "So let's make the best of what lies ahead." Hope rises that something was learned from the situation - "I am or will be a better person for having gone through the crisis," or "Maybe I can help someone else because of what I have gone through." The person is ready to go on.

A difficulty arises in distinguishing between the circumstances that need to be accepted and circumstances which can and need to be changed. Some problems have to be accepted for their very nature they cannot be changed. The counselor's task is to help the caller accept the situation, and learn something from it.

Through the learning process the individual can become a more caring and understanding person. A few cases where circumstances cannot be changed are:

1. Pregnancy: no amount of counseling will undo conception.
2. One's spouse has divorced and married someone else.
3. A loved one, or close friend, has died.
4. Some unalterable action in the past.
5. A dishonoring of one's parents in the past, particularly if those parents are dead.
6. Consequences of past sins.

Factors in Responding

What is the question being asked? It is possible for the counselor to completely misunderstand the nature of the call, and with sometimes rather tragic results. When the counselor misunderstands the caller cannot get any satisfaction nor can any basic need be met. The counselor may even be correct in determining what the real need is, but if the caller is not in agreement as to the question being asked there cannot help but be confusion and frustration.

It is important for the caller not to get the feeling he is being interrogated. Privacy must be respected. Only as the caller develops an attitude of respect and trust will he share more fully with the counselor.

The caller may be asking for someone just to listen. He needs to vent his feelings. The problem occurs when the counselor over-answers, indicating the counselor is uncomfortable with the subject. The situation when the caller wants to vent his feelings is not a bad call to receive, since it allows the counselor to give feedback, and eventually advice, once trust is established.

Some situations are impossible to solve. This cannot be overstated. The caller may expect you to solve all of his problems. This is recognized as impossible.

It is important not to put Christianity in a place where it has to answer all the questions either. Terrel Smith (1975) tells a tragic tale describing such an incident. This points out the importance of giving the right impression.

I heard of a girl who believed that in order to present a clear picture of being a Christian she had to live a perfect, sparkling life before her roommate. She did it. She never let this roommate know that she had any problems or was struggling with anything. Her roommate eventually became a Christian and two weeks later committed suicide. She couldn't hack it. Her life still had problems which didn't evaporate at conversion (p. 29).

Unstated Questions: The counselor needs to determine what is the caller's basic question. A caller may present the counselor with a problem just to see how it will be handled. The original problem is generally referred to as the presenting problem. Hidden agenda (a term which refers to the same time of situation) calls are among the most difficult to cope with since the counselor may never know what is the callers real question or problem.

Confrontation on the purpose of the call, such as inquiring "What you are asking?" or "What are you going to use this for?" may be appropriate. Several possible motivations for the caller not stating his purpose are suggested: to give the person a reason for doing something he knows to be wrong - i. e. getting drunk; or sleeping with someone; or to provide information aiding him in manipulating others, such as getting a child to obey, or a husband to take the garbage out.

Caller Readiness for Change: Is the caller ready for change. This needs consideration before giving advice. Sometimes a particular behavior is necessary for current stability. This means the caller may become defensive when new information appears which may alter his present behavior.

Many times the caller needs someone to listen to him. The movement to better adjustment will come at its own time.

Solutions and Peers: Will the solution be acceptable to the caller's support group? Family and peers are the two main support groups in an individual's life. If the solution is contrary to these groups the caller will have more conflict. The counselor needs to understand the culture of the caller and select a solution accordingly. Where the caller has no support group the counselor becomes the caller's support.

Anxiety and Importance: Caller anxiety indicates the importance he places on the event. Anxiety increases in proportion to the value placed on finding a solution (Aguilera and Messick, 1974). This means a crisis will be great when the value involved is great.

Anxiety's Benefits: Anxiety can be useful in seeking a solution.

When anxiety is kept within tolerable limits, it can be an effective stimulant to action But as anxiety increases, there is a narrowing of perceptual awareness, and all perceptions are focused on the difficulty (Aguilera and Messick, 1974, p. 56).

Anxiety's Hindrances: "If a solution is not found, anxiety may become more severe. Feelings of discomfort become intensified, and perceptions are narrowed to a crippling degree" (Aguilera and Messick, 1974, p. 56). The narrowing of focus in high anxiety situations may cause the person to immobilize and become depressed while doing nothing about the cause.

Past Experience: When a person calls, often he has already looked through his experience and has found nothing to help him cope with the current crisis (Aguilera and Messick, 1974). The solution may exist but he does not have the experience to find it. The caller may feel helpless and hopeless.

Language and Terminology: The words a counselor chooses when they symbolize cultural differences or have meaning not common can be barriers to giving and receiving help (Aguilera and Messick, 1974). Words separate cultures in our society. Thus a person from the drug culture may use jargon to separate those he can trust from those who would turn him over to the police.

Christian language may be a barrier. Some do not know what common Christian terms mean, such as, saved (saved from what, I'm o.k., "Datsun saves and sets you free," etc.); eternal life (everyone knows men die); sin (I've never killed anyone). This list could be extended. The problem of using Christian language belongs to the counselor. He needs to adequately define words so the caller can understand, or better yet use words the caller already understands. There is not an easy way to do this.

Christian Culture: There is a difference between Christian values and those of society. Since the Christian view values differently a conflict about behavior can develop. Be aware of this difference. (See Judging Others and Christ or Social Control).

Cultural Differences: Variations of cultural values apart from Christian culture can be a barrier between the counselor and the caller (Aguilera and Messick, 1974). Some of these values are "Early to bed, early to rise, makes a man healthy, wealthy, and wise." "A stitch in time saves nine." and "Virtue is its own reward." These values are not accepted by all. Even values within the middle class change. Currently there is a high value on freedom of expression that has not always been present.

Counselors need to be careful about the values they support, since these values can cause the communication to be incomplete. Care needs to be taken that the values supported are essential to Christianity.

Problem Solving

Knowing how to solve problems in a specific manner can be of great benefit to the caller. As problems and solutions are evaluated the caller's anxiety is decreased. He moves to a "level of emotional equilibrium equal to or better than his pre-crisis level" (Aguilera, 1974, p.55).

While many different ways of labeling the problem solving process are available, the steps listed here were not taken from any one author. However, the basic resource used was Aguilera and Messick's Crisis Intervention: Theory and Methodology (1974).

Step one: Identify the Problem: The problem(s) causing the crisis needs to be isolated. Ask, "What do you think

is the problem?" One problem or many may be offered, so limit the discussion as much as possible to one problem at a time.

Some situations are so complex that no one event will be seen as the problem. Even in this situation discuss one event at a time so thorough discussion is achieved.

Step two: Identify the caller's goal: Before attempting to solve a problem it is necessary to determine what the caller wants to have happen. A caller may just want to share his problem with someone. In this case any attempt to solve the problem, pray about it, or attempt a referral would be in vain.

Step three: Identify solutions attempted: Sweeny (1974) pointed out a caller can repeat his failures if the counselor is unaware of previously attempted solutions. This can result in the failure of a referral, or in giving up. For example, it is rather obvious to suggest a teenager talk his problems over with his parents, but this may not work if they do not communicate. It is better to find out what has been tried rather than be told "I know that won't work."

Sometimes the situation requires a previous solution be tried again. Then the solutions need to be evaluated, regardless of the reasons for their previous failure.

Step four: Find alternatives: After the problem has been identified it is important to arrive at a list of possible solutions. When making this list, do not attempt to evaluate each alternative as it is suggested. List as

many alternatives as possible. Evaluation was found to hinder new alternatives from being suggested. See Alternatives in the caller's environment, Referrals and Follow-up for possible suggestions.

Part of finding the alternatives is identifying the individuals who can support the caller. In crisis situations, there is a shortage of time, therefore, the more individuals providing support the better.

Step five: Evaluation of alternatives: After completing the list of possible solutions it is necessary to evaluate them. This is done by establishing reasons for the acceptance or rejection of any alternative. Each alternative must be evaluated or a good solution may be rejected.

On occasion a caller will reject all possibilities. When this happens refer to the section on the "yes-but" call.

Step six: Choice of an alternative: Actual commitment to carry out a specific alternative is necessary. If this does not occur there is no guarantee anything beneficial will result.

There are times when the alternative taken will not appear to the counselor to be the best action to take. The significant thing is that the caller begin to act. Once he begins to do something a solution is on the way.

Step seven: Evaluation of action taken: After action is taken evaluation needs to occur. Introduce the idea of evaluation to the caller so he can gain information needed

to cope with the next situation better. This also permits modification of the action if the problem was not solved.

Alternatives open to the Caller

Resources in the callers' environment often get overlooked. Sometimes crisis narrows a caller's point of view so much he cannot recognize existing resources. To help the counselor be aware of possibilities and to thus help the caller, the following list is presented:

1. Family
2. Friends
3. Clergy
4. Family physician
5. Employer
6. Fire department for first aid
7. Police.

The police and fire departments should be called only in cases of "clear and immediate emergency" (Portland Suicide Prevention Manual, 1969, p. 16).

Referrals

This section was included to be a guide to referrals when the need arises. The impression that the Hotline is a referral agency should not be implied from this section.

Remember: The hotline is not primarily a referral agency (Roseberry, et al., 1972).

There are several considerations in referring callers to other sources. Some of the callers simply needed to

be referred to other counselors on the hotline.

Personal Considerations: The counselor making the referral has to consider:

1. Is there something about the relationship that is troubling you?
2. Are you more concerned about solving the caller's problems than he is? But have the feeling you are not experienced enough?
3. Do you feel guilty for some reason about the caller? Do you dislike him or wish to unload him for your comfort? (Listening Post, 1973, p. 158).

An individual often calls with less commitment than would be found in a person who looks up a counselor or psychologist in the phone book. This may mean the counselor is more committed to solving the problem than the caller is. In cases where the hotline counselor is more committed, the helping relationship does not develop successfully (Listening Post, 1973).

Feeling of the Caller Considered: Referrals require consideration of the caller's feelings.

1. Rejection feelings the caller may have hinder his receiving help. Being referred to another agency can convey the impression of rejection, or worse yet that Christ has rejected him. Pay particular attention to the caller's feelings since we are ambassadors of Christ (2 Cor. 5.20). One of the dangers is that the caller may not call the hotline again, or ever again seek Christ as a solution to his problems.

2. Anxiety feelings are also a hinderance to the caller receiving help. This would be true where concern for one's sanity is questioned by the caller. In such a case a referral

to a psychologist confirms the fears. Also referrals to where the caller has failed (i.e. employment service) can result in frustration. This may be just as true in asking a person to attend church. Before referring, explore what the caller has already tried and the caller's feelings about these attempts to receive help (Listening Post, 1973).

Procedural Considerations: Making referrals requires specific procedures.

1. Check to see if the caller is actively cooperating to receive help, and if he does not, send him to someone else. If the caller expresses difficulty in seeing the value of cooperating with a referral, the caller may be avoiding facing the issues of his life. "If you refer this caller to somebody else you are in effect, helping them avoid change" (Crisis Clinic, 1973).

2. Many times a caller feels urgent about a problem and the next day feels no urgency. The counselor may feel unsure about where to refer such a caller for further consultation. For this reason it is not necessary to make an appointment the first time called, and it may be wise to think about a referral before making it. Suggest that they call back in a reasonable amount of time, so you can consult the resources of the hotline. "Not every call is intended to end in a referral" (Crisis Clinic, 1973).

3. Remember some are calling because they cannot deal with the situation by themselves. It should be rare, but sometime necessary to make contact for the caller (Crisis Clinic, 1973).

4. In regard to fees charged by the person to whom the referral is made, it is not your responsibility to set them, or to make terms; therefore, do not give fee information, rather encourage the caller to inquire when making an appointment (Listening Post, 1973).

5. Refer the caller to one place at a time. This results in less confusion and more successful referrals. This is true when sending someone to a doctor or a lawyer also. Encourage the client to call back if the resource doesn't work out.

6. Make sure the caller has accurate information on the location, type of service, and what expectations to have. Information, such as, addresses and phone numbers, should be repeated back to the counselor by the caller to insure correctness (Crisis Clinic, 1973).

Note: A person seeking referral to another source generally has a basic need which can be met at least in part on the phone. Needs other than the one presented, may be causal factors leading to crisis.

Resources Considered: Resources are constantly changing. Therefore specific places to which referrals can be made are not included. The following discusses some of the principles and considerations necessary in referring to specific types of resources.

1. Legal-Medical: The hotline counselor is not in a position to give legal or medical advice. This legal restriction limits legal advice to those licensed to practice

law. All medical problems should be referred to a competent medical advisor immediately. The hotline is liable if it violates the law. Note: free medical care is generally available to those of low income brackets through welfare and the public health office. People who have money rarely call for medical advice unless something else is the causal factor. Legal aid provides legal help for the poor, but there can be a long waiting list.

2. Welfare: The hotline exists to give people help not otherwise available and does not want to duplicate services. It may be necessary to assist a person in receiving available aid. Direct aid occasionally needs to be given. Before doing so, check to make sure existing resources have been exhausted.

3. Employment: The hotline may get a few employment opportunities. But in most cases it is necessary to refer the caller to the State or other employment agencies.

4. Counseling: First check to see if you can assist the person calling before referring him to someone else for counseling. They may be testing to see if they can trust you. Remember the hotline is primarily a phone service and further appointments should be kept to a minimum. Check with the director to see who should get what appointments. Many counselors feel more comfortable with some clients than others. Some do not want to do face to face counseling.

5. Food: Most people have friends, family or church that should be able to meet their needs. There is food

available for most emergencies. (See Acts 6 and 1 Timothy.)

6. Crashers: A crasher is a person looking for a place to spend the night. Most non-Christian crash-pads have vanished because of prevalent theft. Jesus' People houses still take crashers, but place expectations on their occupants. Make sure an individual knows what to expect or he will feel trapped.

7. Transportation: The hotline is not generally equipped to cope with this unless it is an absolute emergency, or if the counselor taking the call is willing to commit himself. Most communities have resources for the aged and handicapped.

8. Singles Groups: These are social organizations designed to meet the needs of single adults. If possible referral should be made to a church related group. A certain amount of caution needs to be exercised in referring to non-Christian groups.

9. Activities: Some people call because they cannot think of anything to do. Generally the person has other problems causing this lack of activity and involvement. If possible this needs exploration. The newspaper is a good resource for activities. If possible suggest activities which involve people. Movies are not good activities since there is no interaction with real people involved.

10. Church: The best referral is to the church you attend, unless the distance is too great. This shows the commitment of the counselor. If you don't wish to associate

with the caller, is it fair to dump him on other Christians?

Note: The hotline needs to keep an up-to-date list of resources available. All counselors should contribute to the list increasing the effectiveness of the hotline. Hotline counselors are encouraged to visit the place to which they refer callers. This has been helpful in making appropriate referrals, establishing rapport, and being credible (Motto, 1974).

Note: The location, organization and purpose of community mental and public health departments has been found to be helpful to hotline counselors (Motto, 1974). Changes in government funding of programs continues to alter services available, so no attempt has been made to describe these programs.

Transitions to the Gospel

Many people in desperate conditions are not open to the alternatives available. Often a person only looks at a solution if it provides immediate alleviation of the crisis. The caller gives little attention to either long term causes or long term solutions. Long term solutions are often unacceptable (Blachley, 1970), while solutions such as drugs and alcohol are sought because of their immediate effect.

The Gospel is a long term solution, but it may not seem to a person with a problem as being relevant to the situation. This places the burden on the counselor to show the relevance of Christianity. This relevance must be clear

to both counselor and caller.

Paul Little (1966) suggested several areas of need, or places where the gospel is relevant. His list includes:

1. Inner emptiness.
2. Purposelessness.
3. Fear of death.
4. Desire for inner peace.
5. Loneliness.
6. Lack of self-control.

These are likely problems for the caller, or for anyone else for that matter. In addition to being aware of the needs met by the gospel, it is important to know needs that will not be met by the gospel (see the brief list under Acceptance).

Little goes on to suggest an approach to witnessing which is summarized below. One of the reasons his approach was selected was that it is not a formula approach. A formula approach would be like having a doctor hand you a form letter when you are desperately sick.

Little's approach:

1. "Contact with others." This is provided by the hotline. It is an advantage to have people calling for help.
2. "Establish a common interest." This may be the problem the caller has, or the counselor sharing some of his feelings with the caller.
3. "Arouse interest." Say something that will cause the caller to ask questions relating to the gospel. Just the

fact that you are on the hotline may cause the caller to ask why you are doing this.

4. "Don't go too far." This can be done in several ways. Don't tell the whole story all at the same time. Allow the person's curiosity to develop questions which will lead him to the gospel.

5. "Don't condemn." (See discussion of Judging others.)

6. "Stick with the main issue." Secondary questions can sidetrack the conversation. Be wise in your selection of the main issue. It is important that the caller and counselor know what the main issue is. If the caller has not agreed that the gospel is the main issue you may be going too far, and adequate interest may not be achieved.

7. "Confront him directly." Do this only if the main issue has been clearly understood. If the caller is put in a position where he has to make a decision about which he does not have sufficient information, the decision has to be a negative one. Or, he may not realize there is a decision to make.

In witnessing, the Christian's confidence has a large part in effective communication. Jesus emphasized this in John 8.14-18 (New International Version).

Jesus answered, "Even if I testify on my own behalf, my testimony is valid, for I know where I came from and where I am going. But you have no idea where I come from or where I am going. You judge by human standards; I pass judgment on no one. But if I do judge, my decisions are right, because I am not alone. I stand with the Father who sent me. In your own Law it is written that the testimony of two men is valid. I am one who testifies for myself; my other witness is the one who sent me - the Father."

This discussion on witnessing is incomplete. Further reading on witnessing and apologetics is necessary for effective witnessing on the phone. Here is a small suggested reading list:

Christianity on Trial by Colin Chapman

The Dust of Death by Os Guinness

Escape from Reason by Francis Schaeffer

How to Give Away Your Faith by Paul Little

Principles of War by James Wilson

The Use of Prayer

Prayer for the callers cannot be neglected. However, wisdom needs to be exercised when using prayer as a technique for relating to callers.

If the caller is a Christian the use of prayer can become a significant aid in meeting the need. Honesty and fellowship in prayer can develop spiritual growth in client and counselor. The use of listening skills in prayer can aid the relationship. This can be done by reflecting the persons feelings in prayer to God rather than to the person. Honesty may be encouraged through the use of prayer. Scripture gives examples of prayer where honesty and feelings are expressed during prayer. Jeremiah twenty and Psalm fifty-five provide good examples.

If the caller is a non-Christian prayer needs to be used with caution.

1. The counselor should hesitate in using prayer when the caller does not have a positive concept of God and thus

be hindered in getting help by its use.

2. The caller may have a negative view of prayer.

3. The caller may develop the idea you are promising him something by praying. All prayers should be qualified by a statement about the will of God (James 4:3-7).

The caller needs to be encouraged to privately pray to God for help.

Christianity and People in Crisis

In answering the hotline from a Christian perspective, we often, implicitly or explicitly, give the impression that turning to Christ solves all problems. This attitude presents difficulties. First, how will Christ solve my problem? Second, if Christ will not solve this problem of what benefit is it for me to place trust in Him?

An example would be an individual calling about someone dying. Death may not be prevented by Christ, so the immediate problem of death would not get solved in a manner desired.

Similar problems show the short term solution to the large problem of living does not come by placing trust in Jesus, yet He is the only real solution. As in medicine, many diseases can be prevented if proper care is taken before they take hold on a life. But proper care is often not sought until a crisis occurs. This places medical personnel in a difficult if not hopeless situation. So with general problems, if fellowship with Christ was of paramount importance in the person's life, many problems with their

natural consequences would be prevented.

Termination of Calls

Sometimes a caller has such a great need to talk with someone he does not know when to quit. This leads to calls of up to an hour or longer. To deal with these calls certain skills need development so the call can be closed without giving a feeling of rejection to the caller. This is often true when the caller is extremely lonely.

Under normal circumstances there should be no necessity to terminate a call in less than thirty minutes. Research found short calls ineffective in meeting the caller's needs (Dillon, 1972). One exception to the rule is the chronic caller who has been listed for briefer contact.

The counselor needs to know methods to terminate a call. One is to indicate a limit exists on the length of a call. This indication of limit may encourage the caller to become serious and urgent in his statement of need and thus facilitate the helping process (Roseberry, nd.).

Another method of terminating the call is to suggest the caller think about his problem further and call back after a specific period of time. This both ends the call and provides a situation where the caller may work on his own solution to the problem.

In addition to thinking how the call can be concluded, the counselor should consider ways to speed up the helping process. This can be done by indicating something important may be left out (Roseberry, nd.). Also by having the

caller think of possible solutions, including what he would like to do if there were no strings (Roseberry, nd.).

Be sure in ending a call to suggest the caller call back if the problem requires more attention. If no solution is found suggest he may call back after more thought has been given to the problem. This allows the caller to feel the hotline cares about him in particular.

Follow-up

A hotline caller rarely solves all his problems in one call. In fact, for many several calls occur before they begin to solve their problem. In view of this, the need for follow-up appears great.

There are several alternatives that can be taken for follow-up:

1. Have the caller call again.
2. Secure the caller's number and call him. (This may be done when not on duty.)
3. Refer the caller to another counselor on the hotline.
4. Make an appointment for the person to see a staff member.
5. Have a member of the hotline staff visit the caller.
6. Have the caller com
7. Pray for the caller after the call.

In doing follow-up there are several principles to remember. First, the best results occur if the caller is getting advice from one adviser at a time. This suggests that

the original counselor is the best one to do follow-up. Second, when visiting the first time, always go in twos. And third, clear all personal appointments with the director giving him detailed information about the caller so he may provide some guidance about the action to be taken.

Record Keeping

Reasons for keeping records: An adequate record of calls and other contacts with the hotline is essential. This allows the hotline to provide information to the counselors on any new problems. It also allows the hotline to meet the needs of the chronic caller who might otherwise go undetected.

In examining records counselor weaknesses with certain calls can be discovered. This allows the director to assist the counselor.

Since most of the hotline calls come from advertising rather than word of mouth, records enable the hotline to evaluate the effectiveness of the advertisements.

How to keep records: Every space of the log sheet should be filled in for each call both made and received. Only first names need to be recorded.

In the space marked 'Problem and Description' record the presenting problem first, then other problems. Note that an ad response (#62) is not a presenting problem and should not be listed first. (See the sample log sheet in the appendix.)

PROBLEMS

This section was written to provide information regarding specific problems encountered. The outline was developed from the log sheets and surveys of calls to hot-lines. The content comes from many sources. Some of the items are not in response to common calls but were included because it is essential the counselor know how to deal with them. The attempt here is not to deal with all the problems, rather with those where the counselor can make a significant difference.

Alcohol Addiction

Alcoholism is one of the more serious problems of our society. It presents major problems in health, law, and social life. In spite of the wide-spread nature of this problem, very few of the calls deal directly with alcohol. Generally a person will call about the surrounding problems, such as a broken family or the loss of a job. This puts the counselor in a position of evaluating the problems without knowledge of all the factors contributing to their development.

There are several theories about the causes of alcoholism. However, alcohol cannot be consumed in the manner it is without having great impact on human behavior. The impact of alcohol was listed by Eaton and Peterson (1969) as:

1. Tranquilizing or sedative effect. Alcohol relieves anxiety and tension. It is "the people's tranquilizer."
2. Increasing aggressivity or ability to express aggression. In the past, the idea that alcohol gave one

strength and courage was accepted as common knowledge.
 3. Alteration of mood. Some people become more cheerful when they drink; others become morose. People speak of "drowning their grief" in alcohol (p. 279-280).

This effect is expressed in scripture:

Procure strong drink for a man about to perish,
 Wine for the heart that is full of bitterness:
 Let him drink and forget his misfortune,
 And remember his misery no more. Prov. 31.6,7 JB

Eaton and Peterson continue:

4. Relaxation of inhibitions. Alcohol is something of a super ego solvent. It weakens cortical controls and permits more expression of id impulses. ... some sexual impulses that are otherwise suppressed or repressed find expression under the influence of alcohol.
5. Facilitating social contacts. Contrary to some popular opinion most people with alcohol problems are not solitary drinkers. Many go to considerable effort to find a place to drink with other people. The tavern, the club and the cocktail party are place where one may feel relatively free to strike up conversation with strangers. This opportunity, coupled with some relaxation of inhibitions, makes the drinking place especially comforting to the shy lonely person (p. 280-281).

The effect of alcohol on human behavior is important to understand if the counselor is to assist the alcoholic in coping with his problem. Some persons find it necessary to use this crutch to get along. If a cure is to be effective it must provide the person with the benefits he was gaining from drinking. Self control by itself may cause a person more problems by causing further isolation from his associates.

Christianity is an effective solution. It gives an individual an effective way of coping with life without drinking. The difficulty in this solution is that the

alcoholic usually desires to commit himself to Christ so that he can stop drinking. This type of commitment fails. Jesus must be sought for who He is, and not merely for the benefits He brings.

The following stages and their symptoms were developed by Jellinek (1952)

<u>Stage</u>	<u>Symptom</u>
1. Early Alcoholism	Sneaking drinks Preoccupation with drinking Gulping drinks Avoiding reference to drinking Blackouts become frequent Loss of control
2. Crucial Phase	Alibis Reproof by family Extravagance Aggression Persistent remorse Water wagon Change in drinking pattern Loss of friends Loss of jobs Family changes habits First hospitalization Resentments Geographic escape Protecting supply "Medicinal" drinking Prolonged benders
3. Chronic Alcoholism	Ethical deterioration Paralogic Decrease of tolerance Indefinable fears Tremors Psycho-motor inhibition Religious need

One of the major characteristics of alcoholics is defensiveness about their drinking and the place it plays in their lives. It is common for a person to be unaware and not think of himself as having a problem even after

losing jobs, family, position, and friends. The following questions were developed by the National Institute on Alcohol Abuse and Alcoholism (no date) and have helped alcoholics recognize their problem.

What Kind of Drinker are You?

Take this test and find out for yourself.

1. Do you think and talk about drinking often?
 2. Do you drink more now than you used to?
 3. Do you sometimes gulp drinks?
 4. Do you often take a drink to help you relax?
 5. Do you drink when you are alone?
 6. Do you sometimes forget what happened while you were drinking?
 7. Do you keep a bottle hidden somewhere at home or work for quick pick-me-ups?
 8. Do you need to drink to have fun?
 9. Do you ever just start drinking without really thinking about it?
 10. Do you drink in the morning to relieve a hangover?
- If you had four or more "yes" answers you may be one of the nine million Americans with a drinking problem.

Drugs (Bad Trip Treatment)

A bad trip is when an individual has taken some drugs which result in some psychological problems. They may experience great fear or take on bizarre behavior.

From the study of isolation and the impact of drugs on the mental processes it is apparent that it is absolutely essential to establish contact with the person on a drug trip. Contact will enable the person to make a more speedy recovery than if left to themselves. Contact can be made verbally, visually, and physically. But the contact must not be sudden or startling to the individual. If they have someone present (other than the counselor), the companion should remain with them unless the companion is contributing to the crisis. Sweet drinks such as fruit juices or soft

drinks have been found helpful (Outside In, Memo).

The feedback a person receives at this time can greatly influence his drug experience. While the caller is under the influence of drugs, talk about good experiences. But do not assume a good experience for yourself is necessarily a good experience for another person. The caller may have bad memories about the same places and events (Outside In, Memo).

Attitudes of rejection and judgment cause the caller difficulties in relating to a counselor. These attitudes distort messages until a bigger crisis results. When a person rejects or looks down on another he becomes a part of the problem instead of part of the solution.

Family Problems and Giving Advice

Giving advice to members of a small social unit such as a family is difficult when all members are not present or all the facts are not known. Several guidelines for coping with this situation follow:

A. Underage callers (minors) present some unusual opportunities and dangers. Often they are the victims of generation-gap alienation and need to establish communications and relationships anew. There are legal limitations for giving advice to minors. Tate and Greenfield (1972) indicates no advice should be given by hotlines to minors without the consent of the parents. This advice is not followed for society sanctions aid to minors. However, aiding a runaway can still cause legal problems.

B. Divorce is another area hotline callers ask about. Remember the person must make his own decision about his future. The hotline counselor can neither advise staying together or separating. Regardless of what advice the counselor gives, he might be wrong. If you are wrong (or perceived to be wrong) the caller may reject the hotline as a means of obtaining help, or more seriously, he may reject Christ.

C. Parent-child problems usually come to the hotline after they have become intolerable, i.e. at an age when it is difficult to make up for the mistakes. Often this is a third party call. In other words, the parent is calling for the child rather than the child calling for their own problem, or vice versa. In third party situations it is essential for the person needing help to seek it. In parent-child problems it may be wise to refer them to a church, YMCA/YWCA, or a similar group that copes with this type of problem.

Sex

The information included here relates to problem calls the hotline receives about sex. Sexual adjustment problems are rarely resolved over the telephone. Therefore, sexual adjustment problems are referred to professional counselors.

Rape: An ever increasing problem in our society is rape. Recently organizations have been formed for both the prevention of rape and the counseling of those who have been raped.

If a person who has been raped calls the hotline there are two important things she should do.

1. Call the police immediately. Give her name, location and description of the attacker.
2. Do not bathe, shower or douche, or launder or throw away clothing (Portland Crime Prevention Bureau, 1975)

These are important if the victim wishes to press charges against the attacker. For further information call the police.

A victim of a rape needs support to go through the process involved in legally prosecuting the attacker. Find the social agency which provides this assistance and refer the person to the agency.

Warning: Do not pass judgment on the caller or in any way suggest that she might have been party to the crime.

Homosexuality: When a homosexual calls first deal with the presenting problem. After trust has been established or when the Gospel is a natural solution to the caller's problem, it is appropriate to mention Jesus to him.

The counselor should be aware of his own emotions regarding homosexuality and Christianity. Because Scripture explicitly forbids this behavior there is a tendency for a Christian to become judgmental. This attitude may cause the individual to feel Christ has rejected him as a person. The dilemma is how to show the homosexual the love of Christ, without compromising the attitude of scripture toward this behavior.

Remember, the most important thing for an individual is

to trust in Jesus. Once trust has been placed in Jesus behavior will change. But the homosexual will find it difficult to change without supernatural assistance.

For an individual to cope with homosexuality he needs the support of a primary group. The necessity of continuing Christian fellowship is essential once an individual accepts the Gospel. This fellowship includes prayer, Bible study, and recreation.

As these parables of Jesus point out being a Christian costs everything we have, including behavior patterns.

The kingdom of heaven is like treasure hidden in a field. When a man found it, he hid it again, and then in his joy went and sold all he had and bought that field. Again, the kingdom of heaven is like a merchant looking for fine pearls. When he found one of great value, he went away and sold everything he had and bought it. Matt. 13.44-46 (New International Version).

Masturbation Calls: Most counselors will encounter a masturbation call if they work very long on a hotline. This call is when a male phones and masturbates while talking to a counselor. A masturbation call is more frequent and disconcerting for female counselors (Varah, 1973).

Since the development of telephone counseling several approaches have been tried. These range from communicating disgust and hanging up, to silence, or tolerating the call, while attempting to discuss loneliness in the caller's life (Varah, 1973; Brockopp and Lester, 1969).

After trying these and other approaches Lester (1973) concludes:

In my experience, no masturbator has ever been persuaded to visit the clinic for a face-to-face interview. No counselor has ever felt that she has been able to move the conversation to a therapeutic level. No masturbator has been moved to the point where he calls but does not masturbate. The conclusion seems to be that the counseling service is merely providing a source for them to masturbate (p. 259).

He goes on to say:

There is no obvious solution to this problem. Perhaps, telephone counseling services must accept that they cannot help these men and that all a counselor can do is to emphasize that the caller has a problem and should think about getting into counseling (p. 260).

As a result of Lester's information and similar experiences on the New Hope Hotline, counselors are encouraged, when they discover this type of call, to remain calm and tell the caller that they cannot be helped by telephone counseling, and suggest the caller seek help from a professional, and hang up.

Financial

Evaluate carefully calls which present finances as the main problem. Bramer and Shostrom (1968) found that difficulties in this area are symptomatic of other problems rather than being causal factors. This is important for the counselor to determine if the caller is thinking clearly about the cause of his lack of funds.

While the causal factor may not be finances, the shortage of money and the things money can be exchanged for, such as, food, clothes, and shelter may be a definite problem. The hotline has some resources available for emergency

situations at the discretion of the director. It does not, however, assume responsibility for the caller's lack of resources.

Suicide

Suicide prevention was the major area of concern leading to the development of standards for hotlines. In order to meet the standards developed in other localities this section contains more detailed information.

Farberow and Shneidman found in 1961 suicide was a taboo subject in American culture. As a result of this many false ideas about suicide have developed. The taboo on suicide may not be as strong today, however, its impact is still influencing current attitudes. The existence of this taboo has led to research into attitudes toward suicide. A summary of the conclusions was stated by Shneidman and Farberow (1961). The following is their summary:

Facts and Fables about Suicide

Fable: People who talk about suicide don't commit suicide.

Fact: Of any ten persons who kill themselves, eight have given definite warning of their suicidal intentions.

Fable: Suicide happens without warning

Fact: Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.

Fable: Suicidal people are fully intent on dying.

Fact: Most suicidal people are undecided about living or dying, and they "gamble on death," leaving it to others to save them. Almost no one commits suicide without letting others know how he is feeling.

Fable: Once a person is suicidal, he is suicidal forever.

- Fact: Individuals who wish to kill themselves are "Suicidal" only for a limited period of time.
- Fable: Improvement following a suicidal crisis means that the suicidal risk is over.
- Fact: Most suicides occur within about three months following the beginning of "improvement," when the individual has the energy to put his morbid thoughts and feelings into effect.
- Fable: Suicide strikes much more often among the rich - or - conversely, it occurs almost exclusively among the poor.
- Fact: Suicide is neither a rich man's disease nor the poor man's curse. Suicide is very "democratic" and is represented proportionately among all levels of society.
- Fable: Suicide is inherited or "runs in the family."
- Fact: Suicide does not run in families. It is an individual pattern.
- Fable: All suicidal individuals are mentally ill, and suicide is always the act of a psychotic person.
- Fact: Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

History of Ideas about Suicide: A discussion of historical attitudes about suicide increase the understanding of current attitudes and practices (Motto, 1974). The following is a brief summary of Grollman's history (1971).

Suicide has occurred since the beginning of time, while attitudes have varied with time and culture. Sometimes it was sanctioned, other times condemned. Plato (c. 400 B. C.) condemned suicide, while Cato (c. 200 B. C.) approved.

With the passage of time suicide became taboo. This developed with the attitude that suicide in Kant's words "is an insult to humanity." Laws were enacted and social sanctions were enforced against suicide. Prison was the penalty for attempting suicide. This changed with the

growing study of mental health. Currently only nine states list suicide as a crime.

Religious views are significant in understanding suicide both in the development and status of current attitudes toward it.

Judaism viewed suicide as an unacceptable act for a sane man. It could be considered breaking one of the ten commandments. The current view is that suicide must not be condemned, but understood and prevented.

Christianity came into existence in a world where suicide was approved. "The early Christians apparently accepted the prevailing attitudes of their era" (p. 22). No official position existed before Augustine. Augustine (c. 400 A.D.) appears to have been the first Christian to denounce suicide in writing.

Thomas Aquinas' writings (c. 1250 A.D.) against suicide influenced the position of Christians ever since. He said an individual who commits suicide is sinning when they die, so no chance to repent exists. This willful act of sin causes them to go to hell. The result has been that those who hold to Aquinas' position (Catholics) do not commit suicide as frequently as others (Protestant and unchurched).

Protestants have continued to condemn suicide, but not as severely as Catholics. Protestants tend to believe salvation is more dependent on faith than on works.

Islam. The Koran expressly forbids suicide. This is

seen as going against the will of Alla or fate.

Shinto has a place for suicide in their religion. This is thought to have caused the high suicide rate in Japan.

Characteristics of Depression: There seems to be a connection between suicide and depression. For this reason the characteristics of depression are included in this section on suicide.

The symptoms of depression are given by Bagg (1973) as:

1. Indecisiveness.
2. Decline in interest and initiative.
3. Decline in emotional response.
4. Self-reproach.
5. Delusion of futility.
6. Hypochondriasis (believing the body to be sick when healthy).
7. Loss of appetite (food and sex).
8. Delusions of poverty.
9. Insomnia (lack of ability to sleep).
10. Worse in the morning than in the evening.

Indicators: When individuals call the hotline it is important to know who has the highest likelihood of committing suicide. This is necessary for the counselor's peace of mind and the caller's safety. Fortunately specific characteristics have been developed by the Los Angeles Suicide Prevention Center to indicate those most likely to commit suicide. Each of the authorities, Varah, Delworth, Mills, and Fisher agree with the characteristics developed.

1. Age: The older the person is the greater the chance of committing suicide.

2. Sex: If a male indicates he is thinking about suicide there is a greater chance that he will attempt it than a female. Also, if a male attempts suicide there is a higher chance he will kill himself in such an attempt than a female.

3. Mood: If the caller is anxious or depressed there is a greater threat.

4. Acute or Chronic Situations: If these situations exist:

- a. Recent loss or separation from a loved one.
- b. Medical symptoms.
- c. Use of alcohol or drugs.

in an acute or chronic state the risk is increased. Acute means a sudden turn of events. Chronic means a long term difficult situation.

5. Prior Attempts: This indicates the person has run into difficult problems before and chosen this alternative. The chance that this method of coping will be chosen again is greatly increased since past behavior is a good indicator of future behavior.

6. Lack of Resources: The resources present in an individual's life makes the difference in the course of action taken. Lack of resources may cause a person to see a situation as hopeless and suicide as the only way out. Possible resources include not only a specific solution to

the problem but also friends, relatives and a belief in God.

7. Means of Self-destruction: When the means are present the risk is greatly increased. A gun, pills, a knife, an automobile can all be used.

8. A Plan: When the caller knows specific details with respect to time, place and method, risk is increased. When these are present the caller has been thinking about the situation more than just casually. If there is a note, it should be considered as part of a plan.

Chronic Callers

The chronic caller phones the hotline continuously, in contrast to most clients who call once. The opportunity to aid the caller is increased with each encounter, but the caller can pick up conflicting advice. This can be like trying to catch two balls at the same time, usually both are missed. When the chronic caller is already having difficulty deciding what is best for him, conflicting advice intensifies the problem.

The chronic caller is often equated with the label of chronic problem. Lester and Brockopp (1973) point out the chronic caller does not differ in characteristics from the average caller, but tends to be therapy orientated, i. e. he is or has or wants to be in on-going therapy.

Lester and Brockopp suggest three constructive approaches for the hotline to use with the chronic caller.

1. Limit the time the caller can spend on the phone.
2. Develop a list of chronic callers and approach taken to give the counselor and caller a point of reference to operate from.
3. Have a designated person call the chronic caller rather than the caller always call the hotline.

Third Party Calls (genuine)

There are two distinct types of third party calls. First, an individual calls because of a genuine concern for another person. Second, the individual represents himself as another person. The latter is discussed under covert calls.

Limitations: There are a few drawbacks with not dealing directly with the individual who has the problem being discussed. First, the commitment of the caller is often greater than the person who has the problem. In many social relationships the person with the least commitment has the most control. So the degree of problem resolution will be limited by the degree of reception of the third party. Second, any message given the caller will lose meaning when transmitted to a third party.

Advantages: First, the party in need has someone who is interested in him. He has someone with whom he can discuss his problems. He is not in isolation. Second, if some sort of treatment is necessary, he has a resource for moral and material support.

Possibilities: The caller is the prime person who can help the needy individual. Therefore, the counselor should aid the caller by equipping him to meet the need. This can be accomplished in part through discussion and clarification of the problem. The feelings of the caller should be explored to identify the reason for concern.

Caution: The hotline extends help to those who ask for it directly. To do otherwise is often not helpful to those in need.

Covert Calls for Help

A covert call for help has the main purpose hidden or covered by other elements. Any call may be a covert call, but there are recognized types such as the phantom or silent call, information call, wrong number, humorous call, hostile call, "yes-but" call, and the third party call (Lester and Brockopp, 1973).

Lester and Brockopp suggest several possible reasons for the covert call. First, the caller may feel calling a hotline indicates weakness; second, he may want to avoid being rejected (which other experiences have led him to believe will happen again); next, he may be uncertain about trying to obtain help again; or fourth, he may be too proud to ask for assistance in a direct manner.

The covert cry for help is often a method by which they hope to make a determination whether or not they can trust the unseen helper with the problems that are upsetting them and putting them in crisis (1973, p. 193).

Humorous Calls may be calls for help. The caller is presenting a serious problem as a joke. This may be to test if the listener will treat his particular problem as a joke. In dealing with humor be cautious in accepting it as a joke. Remember the book of Proverbs indicates jokes are serious.

Like a madman hurling firebrands,
arrows and death
so is the man who lies to his neighbor
and then says "it was all a joke." Prov. 25.18-19

and

Even in laughter the heart finds sadness,
and joy makes way for sorrow. Prov. 14.13

Brockopp and Lester found the best way to respond was to ignore the humor, but respond in a direct and factual manner. The caller may be asking "Will you handle my call in a humorous manner, or will you be serious about what I have to say?"

The Hostile Call is often a hidden call for help. The anger is often part of the problem. The anger is in the person and the form it takes is a projection. Good results come with a cool, intellectual response. The counselor tolerates the abuse and uses control and stability in the response (Lester and Brockopp, 1973, p. 197).

The Yes-But Call can be most frustrating. Every solution suggested is responded to with objection. All solutions are exhausted.

Three possible reasons for this response:

1. The person may want support for their hopeless condition.
2. The person has defused and not acknowledged anger.
3. This response may be evoked by a counselor who does

not listen.

The solution lies in including the caller in the process of finding solutions. Helpful questions would be: "What would you do"? (Brockopp and Lester, 1973, p. 197-198). Some callers know the course of action they are going to take and are looking for support. The above questions may evoke such an answer.

Wrong Numbers are more frequent on the hotline than on other phones. This indicates some people are using the statement as a cover for their curiosity or a cover for their sudden shyness. On the hotline assume there is no such thing as a wrong number (Lester and Brockopp, 1973, p. 195). If possible tell them what the hotline does so the caller can decide to call again.

Never accuse someone of lying. We are not out to catch people lying. Such judgmental attitudes would destroy the effectiveness of the hotline.

Third Party Calls are covert calls when an individual represents himself as someone else. This reduces the risk of personal rejection, and allows the caller to discuss an embarrassing problem with objectivity.

There will always be a difficulty in distinguishing who the caller is really talking about. With this in mind Lester and Brockopp (1973) suggest rules appropriate in dealing with such calls.

1. Always make the assumption that the caller is the person he is calling about.
2. Never attempt to force the individual to prove the call is about someone else (p. 194).

The Phantom Call, where there is no verbal contact by the caller, can be an emotional defeat to the counselor. In other forms of counseling the presence of non-verbal cues enables the counselor to have some perception of what is occurring. In situations where the communication is restricted to the telephone, silence threatens the whole process.

The first assumption may be that the caller is making a joke. This is not a safe assumption. The caller may hesitate about discussing his problem and not have emotionally committed himself to speak. In such cases he needs reasons to trust the listener. Therefore, it is important to respond in a manner creating trust. Treating such calls as jokes defeats the purpose of the hotline.

A caller may remain silent because the telephone brings immediate intimacy. This comes as a shock to an isolated person. This is true when the subject is personal and important (Lester and Brockopp, 1973).

There are several possible responses. The importance of courtesy needs to be stressed. Give the caller time to respond. Possible responses include:

"I want to help." (Pause)

"I'm here to listen." (Pause)

"It's difficult to know how to help, but there will be someone here to listen." (Pause)

"You can call back when you're ready to talk." (Pause)

"You can write us." (Give address.)

Information Calls may or may not be covert calls for help. This, like other covert calls, may be a test to see how the counselor will respond to information about the problem the individual is having. An example of this would be when a caller asks "Would you talk to a frind of mine about drugs?" This and similar questions may be testing your sincerity.

When a person is making a call for information they are operating in an intellectual fashion. As you answer the question let the peron know you are willing and able to discuss the matter on an emotional level. How the counselor deals with an information call may determine if the person will be honest about deeper problems in the future.

Medical

Occasionally a person asks for medical advice over the telephone. Since this advice can cost a life if not correct, it is important that the caller contact someone who can help. Unless you know for certain what you are talking about, suggest they reach a doctor or hospital. It is much safer if any doubt exists to send the person to a doctor or an emergency room no matter how insignificant the problem may seem.

Parker (1976) listed conditions which should receive immediate hospital attention. Other situations may arise, so don't limit yourself to this list.

1. Difficulty breathing and/or severe chest pain.
2. Unconciousness for any reason, even if lasting only a few minutes.

3. Unexplained onset of confusion, delirium, violent or grossly abnormal behavior.
4. Constant severe abdominal pain, persistent severe vomiting, or bloody vomiting or diarrhea.
5. Uncontrollable bleeding, large or dirty wounds, any stab wound, or any closed injury to an extremity involving severe pain, gross deformity, or loss of function.
6. Burns: 2nd degree (blistering) of more than one hand-area, or any 3rd degree (whitish or charred, without feeling).
7. Severe allergic reaction, especially if the person is having any difficulty breathing, or if it is not known what caused the reaction.
8. Eye injuries, including foreign bodies in the eye, or rapidly progressing infections.
9. Severe vaginal bleeding (saturating a pad an hour, or a little less, but passing large clots) or less severe bleeding in which bits of tissue are being passed.
10. Temperature exceeding 104 F which is not promptly reduced by aspirin or tepid sponge baths.
11. Convulsion- in anyone except a known epileptic.
12. Poisoning, or ingestion of an unknown substance.
Drug overdoses - if in any doubt, phone for advice from emergency room physician at a hospital.
If at all possible, bring in a sample of the substance, or the best possible description of it. Pills should be described by size, color, form, manufactures marks, scoring, and presumed usual use (heart pill etc.).
13. Any drug ingestion, major injury, illness giving abdominal symptoms, or vaginal bleeding even of a small amount in a woman known or suspected to be pregnant.

Chapter 4

SUMMARY AND SUGGESTIONS FOR FURTHER STUDY

SUMMARY

The goal of this paper has been to provide Christian volunteers with information necessary for effective telephone crisis intervention. This was done through approaching the counseling process from several viewpoints. First, objectives and rules of procedure, which were necessary to direct the volunteer were itemized. Next prerequisites to helping someone in crisis situations were considered. Third, isolation was discussed recognizing the important place this plays in many crises encountered. This it was hoped, would give the counselor some insight into the thought processes of the caller. Fourth, several principles of telephone counseling were discussed. This included techniques in counseling, factors involved in responding to callers, and how to relate the call to the Gospel. The final discussion was from the viewpoint of the problems encountered. This section was an attempt to give the counselor some guidelines on how to respond to specific problems.

SUGGESTIONS FOR FURTHER STUDY

Hotline work needs additional research in many areas. Some areas are essential to the operation of a hotline,

while others will generate incidental information.

Two areas found to be of vital importance were the relationship between advertizing and the number of calls received. Both the amount and type of advertizing need to be compared with the number of calls.

The second area needing investigation is the influence part-time phone answering has on the quantity of calls received. There has been some indication that calls cluster in the evening (Fisher, 1973) indicating the phone may not need to be answered twenty-four hours per day.

A Christian hotline has problems other hotlines do not have as a result of their attempt to present the Gospel. Research needs to be done on the various approaches for presenting the Gospel to see if this can be done more efficiently. Currently it takes new counselors several months to get the feel for what occurs when they present the Gospel.

Occasionally it may be possible to set up behavior modification over the phone. Research needs to be done in a controlled setting so guidelines can be established. Some problems may lend themselves to this approach. The results would need to be compared with the success rates of those referred to a more conventional setting.

Further study needs to be done on the referral process. The effectiveness of the hotline many times is dependent on getting the caller to adequate professional care.

Methods of referral need to be compared. This area is difficult to research because the caller remains unknown in many cases.

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APPENDIX

Problem Code:	Day - Date:	Time of Call St. / Fin.	Listener's Name	Caller's Name	Age	Sex	Problem # and Description	Type of Intervention
1. Spiritual								
10. Alcohol								
11. Drugs								
20. Social Relationships								
21. Loneliness								
22. Discouragement								
23. Family								
24. Physical Abuse								
25. Parent-Child Relationships								
26. Divorce								
27. Sexual								
30. Legal								
31. Medical								
40. Financial								
41. Employment								
42. Food								
43. Crashers								
50. Death								
51. Suicide								
60. Information								
61. Curious								
62. Ad Response								
63. Phantom								
64. Wrong Number								
70. Other Define								
M. Multiple (List #'s)								

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