

CRISIS INTERVENTION

Dealing with individuals in various states of crisis is one of the primary responsibilities of shelter workers whether it is in person or supporting someone on a telephone crisis line. In order to manage a crisis situation it is helpful to have a framework from which to work. Roberts (2002) stresses it is imperative for crisis workers to have a blueprint to guide them in responding to crises. Roberts and Roberts (1990) believe that counsellors in shelters must have “an understanding of crisis theory and the techniques of crisis intervention” in order to meet the needs of clients (p. 38).

When working with a woman in crisis, frontline counsellors need to address her level of distress, impairment and instability by operating in a logical and orderly manner. Roberts (2002) stresses that a comprehensive model allows the counsellor to be aware of intervening in a way that is active and directive enough but does not take problem ownership away from the client. A crisis intervention model recommends steps to be taken in order to meet the client where she is at, assess her level of risk, mobilize her resources and move strategically towards stabilizing the crisis situation.

LEARNING OBJECTIVES:

To understand the 6-step model of crisis intervention

To be able to use the skills outlined in the 6 step model of crisis intervention

To understand the importance of establishing connections quickly with individuals calling the crisis line

To understand the importance of having a blueprint to work from when intervening in a crisis whether it be in person or supporting an individual over the telephone

CRISIS DEFINED:

- James (2008) describes crisis as “a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms” (p. 3). He states that unless an individual receives relief, the crisis has “the potential to result in severe affective, behavioural and cognitive malfunctioning” (p. 3).
- Roberts (2005) defines crisis as “(a)n acute disruption of psychological homeostasis in which one’s usual coping mechanisms fail and there exists evidence of distress and functional impairment. The subjective reaction to a stressful life experience compromises the individual’s stability and ability to cope and function. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event, but two other conditions are also necessary:
 1. An individual’s perception of the event as the cause of considerable upset and/or disruption

2. An individual's inability to resolve the disruption by previously used coping mechanisms" (p. 778).

James (2008) outlines the following principles and characteristics of crisis: (p. 19)

1. Crisis embodies both danger and opportunity for the person experiencing the crisis
2. Crisis is usually time limited but may develop into a series of recurring transcrisis points
3. Crisis is often complex and difficult to resolve
4. The life experiences of crisis and other human services workers may greatly enhance their effectiveness in crisis intervention
5. Crisis contains the seeds of growth and impetus for change
6. Quick fixes may not be applicable to many crisis situations
7. Crisis confronts people with choices
8. Emotional disequilibrium or disorganization accompany crisis
9. The resolution of crisis and the personhood of crisis workers interrelate

James (2008) states that individuals experiencing crisis often react in one of three ways:

1. In ideal circumstances, some individuals are able to effectively cope on their own and emerge stronger as a result of their experiences.
2. Others appear to survive the crisis but effectively block the pain from their awareness resulting in ongoing impacts of the crisis situation.
3. Others appear to become immobilized at the time of the crisis and become incapable of moving on with their lives unless provided with immediate and intensive intervention.

In the disequilibrium that results from a crisis, anxiety is always present and it is this discomfort that provides the catalyst for change. "Choosing to do something at least contains the seeds of growth and allows a person the chance to set goals and formulate a plan to begin to overcome the dilemma" (James, 2008. p. 4).

CRISIS INTERVENTION

THE SIX -STEP MODEL OF CRISIS INTERVENTION: James (2008) has developed a six-step model of crisis intervention. This model provides a useful framework from which to work when confronted with crisis situations in a shelter setting.

ASSESSING: Assessment is an important part of each of the six-steps of crisis intervention. The first three steps of this model are usually more passive listening activities than actions. When safety considerations are presented that concern anyone's potential to be hurt or killed you need to take action immediately. The final three steps are largely action behaviours on your part even though listening is always present along with assessment as an overarching theme.

LISTENING involves attending, observing, understanding and responding with empathy, genuinness, respect, acceptance, nonjudgment, and caring. It is essential to establish an environment that provides individuals with "psychological first aid" which is defined as the establishment of safety of the client, reducing stress-related symptoms, providing rest and physical recuperation and linking clients to critical resources and social support systems is an essential part of the helping process (James, 2008, p. 39).

The first three steps of the six-step model are:

1. Defining the problem: The first step is to define and understand the problem from the client's point of view. You will need to use the core listening skills of empathy, genuinness, and acceptance.

2. Ensuring client safety: It is necessary that you continually keep client safety at the forefront of all interventions. Ensuring safety means constantly assessing the possibility of physical and psychological danger to the client as well as to others. This step is a fluid one in that assessing and ensuring safety is a continuous part of the process of crisis intervention.

3. Providing support: It is important that you communicate to the client that you care about her. The support given may be emotional as well as instrumental and informational.

ACTING: Steps 4, 5, and 6 involve acting strategies. Ideally these steps are worked through in a collaborative manner but if the client is unable to participate, you may need to become more directive in helping the client mobilize her coping skills. Listening skills are an important part of these steps.

4. Examining alternatives: Alternatives are examined from three possible perspectives. The first is supporting the individual to assess their situational supports or those people known to the client in the present or past who might care about what happens to the client. The second perspective is helping the client identify coping mechanisms or actions, behaviours, or environmental resources that she might use to help her get through the present crisis. The third perspective is assisting the client to examine her thinking patterns and if possible find ways to reframe her situation in order that the client's view of the problem will be altered which will in turn lessen the client's anxiety level.

5. Making Plans: The client is supported to make a plan that is very detailed and outlines the persons, groups and other referral resources that can be contacted for immediate support; provide coping mechanisms and action steps which are concrete and positive for the client to do in the present. As much as possible it is important that the planning be done in collaboration with a client in order that she feels a sense of ownership of the plan. It is important that she does not feel robbed of her power, independence and self-respect. The most important issues in planning are the client's sense of control and autonomy. Planning is about getting through the short term in order to achieve some sense of equilibrium and stability.

6. Obtaining commitment. In this last step the issues of control and autonomy are also important to the process. This step involves asking the client to verbally summarize the plan. In some incidents where lethality is involved the commitment may be written down and signed by both individuals. The goal is to enable the client to commit to the plan and to take definite positive steps designed to facilitate them moving towards re-establishing a pre-crisis state of equilibrium. The commitments made by the client need to be voluntary and doable. A plan that has been developed by you will not be effective.

ASSESSMENT IN CRISIS INTERVENTION

The six-step model of crisis intervention focuses on the immediate process of actively, assertively, intentionally, and continuously assessing, listening and acting to systemically assist the client to regain as much of the pre-crisis equilibrium, mobility and autonomy as possible. "It becomes every crisis worker's job to figuratively get the client back into the driver's seat of the psychological vehicle" (James, 2008. p. 41).

THE ABCS OF ASSESSING IN CRISIS INTERVENTION

- Assessment is primary, intentional and ongoing. It is important because it enables you to determine the severity of the crisis, the client's presenting emotional state, the client's level of emotional mobility or immobility; the alternatives, coping mechanism, support systems and other resources available to the client; the clients' level of lethality (danger to self and others); and how well you are doing in de-escalating and defusing the situation and returning the client to a state of equilibrium and mobility.
- It is crucial for you to evaluate the crisis severity as quickly as possible during the first contact with the client. Objective assessment is based on an appraisal of the client's functioning in three areas: affective state, behavioural functioning and cognitive state.
- **Affective state:** Abnormal or impaired affect is often the initial sign that the client is in a state of disequilibrium. The client may be emotionally out of control or severely withdrawn. You can assist the client to regain control and mobility by assisting her to express feelings in appropriate and realistic ways.

- **Behavioural functioning.** Observe the behaviour of the client. Is she pacing? Is she having difficult time breathing? Is she able to sit calmly? Is she withdrawn and unresponsive? In crisis intervention the quickest way to get the client to become mobile is to facilitate positive actions that the client can take at once. This may involve asking the client to breathe slowly with you. It may mean leading the client through a grounding exercise.
- **Cognitive state:** Your assessment of the client's thinking pattern is essential. Is what the client saying coherent and logical? Do her words make sense?

By assessing these three areas, you can get a sense of how well the client is functioning and gear your interventions appropriately.



A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

LISTENING IN CRISIS INTERVENTION:

Listening skills are a major component of all of the six steps. Following are some suggested strategies for focusing on listening:

1. Use **open-ended questions**. It is helpful to start with what or how questions or ask for more clarification or details. Open-ended questions encourage clients to respond with full statements and at deeper levels of meaning. They are used to elicit from clients information about their feelings, thoughts and behaviours and are particularly helpful in the problem exploration step.
2. **Close-ended questions** seek specific concrete information and are designed to elicit specific behavioural data and yes or no responses. Closed-ended questions usually begin with verbs such as do, does, can, have, had, will, are, is and was. Closed-ended questions are useful for obtaining commitments to take action and request specific information.
3. **Restatement and summary clarification.** By restating what the client has said in your own words, you can get clarification and/or agreement from the client on what she has attempted to say, feel, think and do. Restatement helps to focus the client.
4. **Owning feelings.** "I" statements are important in crisis intervention because of the directive stance you may have to take with clients who are immobilized or in disequilibrium. James (2008) outlines a number of different types of owning statements:
 - Disowned statements:** Disowned statements are used when you are willing to own your confusion or frustration about what the client is telling you. For example "I am not sure that I clearly understand the relationship between you and your daughter. Can you tell me more about what happened?"
 - Conveying understanding:** The "I understand statement" is one that conveys to the client that you do understand that what is happening to them is causing them distress.

- **Value judgments:** There are times where you may have to make judgment calls about the client's behaviour especially when she is in danger of hurting herself or someone else. The value judgment needs to focus on the behaviour not the client. For example: "I am very concerned when you talk about thinking about wanting to get even with Bill. What do you mean by that?"

- **Positive reinforcement:** Pointing out when a client is doing well is important as it positively reinforces helpful behaviours. For example, "Good work. You've been able to take deep breathes in order to help calm yourself. Now that you are more relaxed you will be able to think more clearly".

- **Personal integrity and limit setting.** It is important to set clear limits when clients get out of control. Example: "I can see that you are very angry but you cannot continue to swear at me. If you continue I will need to end our session and ask you to leave".

- **Assertion statements:** Crisis intervention often means that you will need to take control of the situation. In making requests for compliance you will often need to be very directive and specific. Example "I want you to agree to not harm yourself and to sign this agreement".

5. **Facilitative listening** involves focusing completely on the client's experience. Listening involves paying attention to both the client's verbal and nonverbal messages as well as picking up on the client's cues that she is ready to engage in emotional and/or physical contact with others, especially you. It also means utilizing attending behaviour to strengthen the relationship with the client. Attending behaviours include eye contact as well as body posture, for example. For example: "Betty, I noticed that when you talked about the time you spend at your grandma's, your eyes lit up and there was an excitement in your voice."

The second important aspect of listening is to respond in ways that let the client know you accurately have heard both the facts and the emotional state from which the client's message comes. There is a need to look for both the affective and the content dimensions of the problem. For example "You have told me that you want to leave your relationship but I sensing some sadness about your decision".

The third component in listening is facilitating responding which enables clients to gain a clearer understanding of their feelings, inner motives and choices. Facilitative responses enable clients to feel hopeful and to sense an inclination to move forward toward resolution. For example "You've talked about the energy you get when you spend time with your friend, Linda as well as the hope that you feel when you attend your AA meetings. Which of these options do you want to follow through on first?"

The fourth dimension is helping clients to understand the full impact of the crisis situation. This allows clients to become more like objective, external observers of the crisis and to refocus in rational ways. For example "It appears like you are feeling stuck. I wondering what would happen if you could take a step back and look at your situation as though you were observing someone else.

What would you say to that person?" or "If your best friend was here right now what would she say about your situation?"

BASIC STRATEGIES OF CRISIS INTERVENTION

Myer and James (2005) have outlined nine strategies used in crisis intervention. The listening and responding skills outlined previously are the foundation of these strategies. The use of the strategies depends on the context of the events, the assessment of the client and within what step of the six-step model you are operating. The nine strategies useful in crisis intervention include:

- **Creating awareness.** In creating awareness you are attempting to bring to the client's awareness the denied and repressed feelings, thoughts and behaviours that have immobilized her. Creating awareness is especially important in step one – defining the problem.
- **Allowing catharsis.** Allowing clients to vent feelings and thoughts may be one of the most therapeutic strategies you can use. In order to do this you need to provide a safe and accepting environment. In doing so you are saying that you accept the client's feelings and thoughts. This strategy is most often used with individuals who have struggled to get in touch with their feelings or thoughts. This strategy is useful in step 1 and step 3. **A cautionary note** – allowing angry feelings to build and escalate may not be the best strategy.
- **Providing support.** Sometimes you may be the sole support available to the client. It can be helpful for you to validate the client's responses as being reasonable given her situation. At times clients believe they must be crazy and it is helpful to share that many others would act in a similar way given the crisis situation. While validating the client it is essential not to give the impression that you are supporting injurious or lethal behaviours. Providing support is essential throughout the six step model but is particularly important in Steps 1, 3, 4, 5, and 6. It is sometimes necessary when intervening in a crisis for a client to be dependent for a short time with the longer term goal being to empower the client.
- **Increasing expansion** means engaging the client in activities to expand her view of the situation. Individuals are often unable to see other perceptions and possibilities and tend to focus on one perspective only. By presenting another view of the situation, clients are able to step back, reframe their problems and gain new perspectives. This is particularly useful when clients appear to be stuck cognitively in any of the steps of the six-step model. For example "You say that there is nothing that can be done but I am going to ask you to think about the possibility of getting an emergency protection order. Are you open to learning more about this possibility?"
- **Emphasizing focus:** Sometimes clients are unfocused and talk about numerous issues in their lives that are not working. At times some may appear to be out of control. It can be helpful for you to attempt to focus the client's often overwhelming interpretation of the crisis event to more specific, realistic and manageable options. This strategy is useful across

all six steps. For example “You’ve talked about the struggles with finances, lack of housing as well as the strained relationship with your mother. What is one thing that you can do now to bring you some relief?” It can be helpful to write down all of the issues that the client expresses and then ask her to focus on the one that she is able to take some action steps to bring about some change.

- **Providing guidance.** When clients are in crisis they often may need guidance and direction. They may not have the knowledge or the resources needed to make good decisions. When you provide information, referrals and direction in regards to the client receiving assistance from specific external resources and support systems you empower the client by providing information that they did not have previously. For example “You talked about feeling lonely and isolated and not having any supports in your community. Were you aware that there is a Parent Link Centre in your area where you could meet other moms as well as gain valuable information about parenting and other resources in the community? Are you interested in learning more?” This strategy is used primarily in steps 4 and 5 but is also utilized in steps 2 and 3 when clients are not able to access support systems or are engaging in unsafe behaviour.
- **Promoting mobilization** means that you attempt to activate and organize the client’s internal resources and to find and use external support systems to assist in generating coping skills and problem solving abilities. For example “You seem pretty confident that you want to leave your relationship. You have some good ideas about how you are going to manage on your own. There is a support group for women who have experienced domestic abuse that meets here every Wednesday. This may be helpful for you to gain additional support”.
- **Implementing order:** There may be times where you need to assist a client to classify and categorize problems in order to prioritize and systematically deal with the crisis in a logical and linear manner. For example “You seem overwhelmed with all that is going on in your life right not. Let’s make a list of all of the issues. Which one would you like to deal with first?”
- **Providing protection.** This is essential through out the six-step model. Your role is to protect clients from engaging in harmful, destructive, detrimental and unsafe feelings, behaviours and thoughts that may be harmful to themselves or others. For example “I am concerned about your safety if you do choose to go to your home on your own to get your belongings. Would you consider calling the police for a police stand-by?”

When these nine strategies are used with the basic verbal crisis intervention skills outlined previously, they form the backbone of crisis intervention techniques.

CLIMATE OF HUMAN GROWTH

Rogers (1977- cited in James, 2008) stated that the most effective helper is someone that can provide three necessary and sufficient conditions for client growth – empathy, genuineness and acceptance. If these three conditions are present it is likely that the client will experience positive emotional movement.

1. Communicating empathy – five techniques:

- **Attending**—this involves focusing fully on the client both in facial expression and in body posture. It involves nodding, keeping eye contact, smiling, showing appropriate seriousness of expression, leaning forward, keeping an open stance, and sitting or standing close to the client without invading her space. It is important that you convey a sense of involvement, concern, commitment and trust. Vocal tone, diction, pitch, and smoothness of delivery also tell clients about your attentiveness. Attentiveness is both an attitude and a skill. It is an attitude in that you focus on the client in the here and now. It is a skill in that attending takes practice. Effective attending is unobtrusive and real.
- **Verbally communicating empathic understanding:** when you accurately hear and understand the core emotional feelings of a client and then accurately and caringly communicate that understanding to the client, you are demonstrating active listening. The deeper your level of listening, the more helpful you will be.
- **Reflecting feelings** is a powerful tool to get at denied affect. In crisis intervention sometimes it is not in the client's best interest to uncover feelings. The prime issue in empathic understanding is to zero in the client's current feelings and concerns and to communicate to the client the gist of what the client is experiencing.
- **Nonverbally communicating empathic understanding.** Empathetic understanding means accurately picking up and reflecting more than verbal messages. It also involves accurately sensing and reflecting all the unspoken cues, messages and behaviours of clients. It is important to observe body posture, body movement, gestures, grimaces, vocal pitch, and movement of eyes, movement of arms and legs and other body indicators. It is also important to be aware of whether nonverbal messages are consistent with the client's verbal messages. It is useful to point out inconsistencies to the client.
- **Silence as a means of communicating empathic understanding.** Silence gives the client time to think as well as time for you to think. Taking time to process both the content and the affect of what the client has said is often very useful.

2. Communicating Genuineness: It is necessary for you to be fully yourself in interacting with clients.

- 3. Communicating Acceptance:** It is important for you to convey to the client that you accept her even if her behaviours are contrary to your own values. It is important that you put aside your own needs and ensure that your responses reflect acceptance of the client

ACTING IN CRISIS INTERVENTION

During the acting mode (steps 4, 5, 6) of the six-step model, you will function mainly in one of three ways – nondirective, collaborative or directive depending on the assessment of the client.

Nondirective counselling – is desirable when clients are able to initiate and carry out their own action steps. Your role is to assist the client to mobilizing what already is inside of her which is the capacity to solve her own problem. For example: “What do you want to have happen”; “Who could support you with this plan?”

Collaborative counselling- occurs when you develop a partnership with the client in evaluating the problem, generating alternatives and taking action steps. Collaboration is a “we” approach. For example “You tell me that you have decided to leave your partner but you are unsure of the legal steps you need to take. Let’s explore where you could go for legal advice”.

Directive counselling is necessary when the client is assessed as being too immobile to cope with the crisis. This is an “I” approach. By using a very directive stance, you take temporary control, authority and responsibility for the situation. At times, you may start out in a directive mode but move to a collaborative mode during the session as the client’s anxiety level decreases to a point where she is able to be more involved in the process. For example: “What I want you to do right now is breath with me. That’s it. Breathe in for a count of 6 and out for a count of 6”. “You have just told me that you have thoughts of killing yourself and that you are at a 9 on a scale of 1-10. I am concerned about your safety. You have not chosen to agree to not harm yourself. I am contacting the Mobile Response Team to meet with you”.

TELEPHONE CRISIS COUNSELLING

A large part of your day may involve interacting with individuals over the telephone. Many of the above strategies apply to telephone crisis work. Telephone crisis work is challenging as you are reliant on your verbal ability to stabilize and support individuals. Without the benefit of face-to-face contact it is often difficult to get a clear sense of what is happening for individuals calling the crisis line.

James (2008) outlines the following telephone counselling strategies:

1. **Make psychological contact.** It is important to attempt to establish as quickly as possible a nonjudgmental, caring, accepting and empathetic relationship with the individual calling for support. Step 3 – providing support -becomes the priority while working towards defining the problem utilizing active listening and responding skills. You need to respond in a calm and controlled manner, paying attention to the tone and pitch of your voice.
2. **Defining the problem:** Once psychological contact has been made it is important to attempt to define the problem by gaining an understanding of the events that led to the crisis and by assessing the client's coping mechanisms. The use of open- ended questions is useful in gaining information. It can be difficult to get a clear picture of the client's affect; therefore you need to be sensitive to the underlying emotional content and to reflect the implied feeling content more than in a face to face encounter. You can use supportive aids without distracting from the intervention. For example, it can be helpful to have a list of feeling words handy to refer to, or to have a list of standard questions to assist in guiding the interaction. It is also handy to have a notepad to document the most important information to assist in the assessment process.
 
3. **Ensuring safety and providing support:** During the problem definition stage you need to be very specific in determining the client's lethality level. If you determine the potential is high then it is useful to use closed-ended questions in order to obtain information specific to the safety of the client. For example – “Are you safe right now? Who is there with you? Is your partner present? Where are the children? Are you able to get out of the home? Do you have a way of getting to the shelter? “Are you alone or is there someone there with you?” Is there someone you could call to be with you tonight?”
4. **Looking at alternatives and making plans.** Alternatives need to be explored in a slow, stepwise manner checking in often with the client to determine if the client is able to do the necessary work to complete the task. It is important to always have the client restate the agreed upon plan **in all of its details.**
5. **Obtaining commitment.** Commitment to a plan of action that has been developed over the phone needs to be simple, specific, and time limited. It may be useful to arrange to call the client back or have her call back at a specified time in order to review the action steps and any challenges that she may have encountered in following through. In some situations it may be necessary to arrange for transportation to the shelter for a face-to-face session or to provide information about how to contact a follow-up or an outreach counsellor.
6. **Errors and fallacies.** Telephone crisis work is challenging work and there will be difficult situations and callers that you will encounter. You will not automatically know how to

handle each situation but you can always listen and often listening is what is most important for an individual in crisis. If you are struggling with a caller and feel like you need support you can always let them know that you are going to consult with your supervisor or a colleague.

There may be times when you encounter a caller that is too distraught to communicate her situation clearly. You may need to be very directive in guiding the caller through a grounding, breathing or relaxation exercise prior to engaging with her to determine her problem.

CASE EXAMPLE #1:

Jenny had been a resident of the shelter in the past and was now living on her own in the community. She was seeing one of the outreach counsellors on a regular basis. On the particular day that she called the shelter's crisis line she had encountered her x-partner, Jim, while at a shopping mall. This encounter resulted in Jenny re-experiencing many of the emotions that she had felt during the time that she lived with Jim. Jenny called the crisis line but was unable to talk. She sobbed uncontrollably and then appeared to have difficulties breathing. The frontline counsellor who took the call was very directive with Jenny and asked her to breath as the counsellor counted. The counsellor then instructed Jenny to sit down and to take off her shoes and tap her toes on the ground. When Jenny's breathing slowed down the counsellor instructed Jenny to go to the kitchen and get herself a glass of water and then asked Jenny to slowly take sips of water. Gradually Jenny was able to focus and share with the worker what had happened for her earlier in the day. Once the worker was clear what the problem was, she was able to guide Jenny through the remaining steps of telephone crisis intervention.

In the above example, the counsellor took the time to establish "psychological contact" with Jenny. By leading Jenny through a series of grounding exercises, the caller was stabilized enough to work on problem solving.

CASE EXAMPLE #2:

Wendy called the crisis line from her neighbour's home. When the counsellor answered the phone all she heard was sobbing. The counsellor responded in a very calm voice, encouraging the caller to take some deep breaths. The counsellor reassured the caller that she was listening and she wanted to be able to provide support for her. She began asking close ended questions – trying to determine whether the caller was safe or not. "Are you in a safe place right now? Do you have children? Are the children with you? Are you alone with your children? Where is your partner right now? Do you need a safe place to stay? As Wendy was able to answer the questions she began to calm down more and was able to explain her situation.

PROBLEM CALLERS

There are times when regular, severely disturbed, or abusive callers use the crisis line for reasons other than it intended use. “Crisis lines should not cater to a caller’s every whim, fantasy, deviant behaviour or self-indulgence” (James, 2008, p. 106). It is important to remember that those who regularly use the crisis line do so for a reason which usually helps them make it through the day. It is part of their coping mechanism. By setting limits for regular callers it is possible to acknowledge their needs but also not be controlled by them. You are most helpful when you show that you are not willing to be manipulated or abused.

It is helpful to view regular severely disturbed callers as individuals whose developmental processes are not functioning well. James (2008) suggests the following strategies in dealing with severely disturbed callers:

1. Slow emotions down by focusing on here and now issues that are concrete and reality oriented. You likely will have to be directive.
2. Refuse to share hallucinations and delusions. You can affirm that a delusion is real for the individual without agreeing to its reality.
3. Determine medication usage. Where possible try to elicit information about prescribed medication or if the caller had stopped taking prescribed medication. It can be useful to redirect the caller back to their doctor for follow-up regarding their medication.
4. Keep expectations realistic. Callers to the crisis line with mental health issues likely did not become unwell just prior to the call. You are not going to be able to change chronic psychotic behaviour in one phone call. You can do your best to try to stabilize the caller enough so that she is able to then make contact with her doctor or a mental health worker.
5. Maintain professional distance. Calls from severely disturbed individuals can be very upsetting. If you feel overwhelmed it can be helpful to ask a colleague to take over the phone call if possible. After ending certain phone calls, it may be useful to debrief with a co-worker or supervisor.
6. Avoid placating. It is better to empathetically respond to a caller and explore her past coping mechanisms and focus on the caller’s strengths.
7. Assess lethality. Your major goal is to disrupt the irrational thinking of the caller that is leading her to use unsafe behaviours.

“Crisis intervention over the telephone with those who are severely disturbed is clearly not meant to be curative. It is a stopgap measure designed to be palliative enough to keep action in abeyance until help arrives” (James, 2008, p. 112).

Ideas for Handling Problem Callers:

Pose open-ended questions: Open-ended questions refocus the problem back to the caller. For example “What did you hope to get from calling the crisis line?”

Set time limits: When attempts to refocus the problem back to the caller do not work, it can be helpful to set time limits. “We can talk about your situation for five minutes and then I need to take another call”.

Terminate abuse: It is okay to interrupt an abusive call and inform the caller that you are ending the call and invite them to call back when they can communicate appropriately.

Switch workers: If you are having a difficult time with a caller and there is another worker available it is ok to say to the caller that you are transferring the call to someone who is better able to assist them.

Working as a frontline crisis counsellor is demanding and necessitates you playing a variety of diverse roles throughout your day. It is essential that you ensure that you have opportunities to debrief difficult situations and receive on going supervision to support you in your valuable work. (See Module on Impacts of working in the area of domestic abuse)

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